

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000007331
<b>DBA Name of Facility/Agency</b>	Carilion Roanoke Memorial Hospital
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/11/2025
<b>Effective Date</b>	1/1/2026
<b>Expiration Date</b>	12/31/2026

## **Confirm changes to your facility/agency**

Changes to your facility/agency :

- Has the number of licensed beds changed?
- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Have you changed or added new freestanding facilities?
- Has the number of operating rooms or procedure rooms changed?
- Have you changed or added new programs or services?
  
- None of these changes apply

### Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Carilion Medical Center		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Carilion Roanoke Memorial Hospital		
Facility/Agency Physical Address	1906 Belleview Avenue		
Street	1906 Belleview Avenue		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24014
Telephone Number	5409817000	Fax Number	5409817670

**Mailing Address**

Mailing Address	1906 Belleview Avenue		
Street	1906 Belleview Avenue		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24014

Facility/Agency Email Address : [scarner@carilionclinic.org](mailto:scarner@carilionclinic.org)

Federal Employer Identification Number (FEIN) : 54-0506332

Current License Number : H-0001840

**Administrator of Record(If different than Owner/Operator)**

Full Name : Steven C. Arner  
 Title : Chief Executive Officer  
 Telephone Number : 5409818844  
 Email Address : [scarner@carilionclinic.org](mailto:scarner@carilionclinic.org)

## **Ownership Information**

Legal Name of Owner : Carilion Medical Center

**Physical Address** : 1906 Belleview Ave SE

Street : 1906 Belleview Avenue

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24014

**Mailing Address** : 1906 Belleview Ave SE

Street : 1906 Belleview Avenue

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24014

Email Address : scarner@carilionclinic.org

Telephone Number : 5409818844

Fax Number : 5409817670

Federal Employer Identification Number (FEIN) : 54-0506332

### **Chief Executive Officer**

Full Name : Steven C. Arner

Email Address : scarner@carilionclinic.org

### **Chief Financial Officer**

Full Name : Donald B. Halliwill

Email Address : dbhalliwill@carilionclinic.org

## **Additional Ownership Information**

Names of any individual or entities having a financial interest of 5% or more

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
Carilion Medical Center	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Carilion Medical Center

Physical Address : 1906 Belleview Ave SE  
Street : 1906 Belleview Avenue  
City/Town : Roanoke  
County/Independent City : Roanoke City  
State : VA  
Zip Code : 24014

Mailing Address : 1906 Belleview Ave SE  
Street : 1906 Belleview Avenue  
City/Town : Roanoke  
County/Independent City : Roanoke City  
State : VA  
Zip Code : 24014

Phone Number : 5409818844  
Email Address : scarner@carilionclinic.org

Federal Employer Identification Number (FEIN) : 54-0506332

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0024

Medicaid Provider Number : 49-0024

Accreditation : Yes

Accrediting Organization(s) : The Joint Commission

Is any part of the facility licensed by another state agency? : Yes

### **Programs Licensed by Other State Agencies**

<b>Type of Beds</b>	<b>Number of Beds</b>
Behavioral Health Inpatient Beds	66

## **Inpatient Hospital - Services Offered**

### **Burn Unit**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Cardiac Care**

#### **Cardiac Catheterization Laboratory**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

#### **Cardiac Surgery**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Certified Comprehensive Stroke Center**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Chemotherapy**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Cancer Center - 2013 S Jefferson St.  
Roanoke VA 24014

### **Emergency Department**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Hyperbaric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Imaging (Diagnostic)**

#### **CT Scanner**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Imaging, Crystal Spring - 2001 Crystal  
Spring Ave Roanoke VA 24014 • Carilion Clinic Imaging - 3 Riverside Cr Roanoke VA 24016 •  
Carilion Clinic Imaging Daleville - 150 Market Ridge Lane Daleville VA 24083

#### **MRI**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Imaging, Crystal Spring - 2001 Crystal  
Spring Ave Roanoke VA 24014 • Carilion Clinic Imaging - 3 Riverside Cr Roanoke VA 24016

#### **PET Scan**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Imaging (Therapeutic)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Cancer Center - 2013 S Jefferson St.  
Roanoke VA 24014

**Intensive Care**

**Medical/Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Cardiac (Nonsurgical)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Other**

Names of sub-services : Cardiac Surgery ICU Neonatal ICU

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Laboratory (Clinical)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Medical/Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Nuclear Medicine**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Imaging, Crystal Spring - 2001 Crystal  
Spring Ave Roanoke VA 24014 • Carilion Clinic Imaging - 3 Riverside Cr Roanoke VA 24016

**Nursery Level**

**Basic**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Intermediate (also provides Basic Care)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Specialty (also provides Basic and Intermediate)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Subspecialty(also provides Basic, Intermediate, Specialty Care)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Obstetric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : •OBGYN-3 Riverside Roanoke Va 24016,150 Market Ridge Ln Daleville VA 24083,902 S. Jefferson St Roanoke VA 24016, 102 Highland Ave Roanoke VA 24013 •Urogyn-35 Medical Ct Hardy VA 24101, 101 Elm Ave Roanoke VA 24014 • GYN Onc-1 Riverside Cr Roanoke VA 24016

**Organ Transplant Services (Adult)**

**Bone Marrow**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Heart**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Intestine**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Kidney**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Liver**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Lung**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pancreas**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Organ Transplant Services (Pediatric)**

**Bone Marrow**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Heart**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Intestine**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Kidney**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Liver**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Lung**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pancreas**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Outpatient Surgical**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Children's Outpatient Specialty Clinics - 4348 Electric Rd Roanoke VA 24018 • Ortho 2331 Franklin Rd Roanoke VA 24018 • Gen Peds 390 S. Main St Rocky Mt VA 24151

**Psychiatric/Substance Abuse Services**

**Emergency**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pediatric Inpatient**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Psychiatry and Behavioral Medicine -  
2017 S. Jefferson St. Roanoke VA 24014

**Forensic**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Adult Inpatient**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Carilion Clinic Psychiatry and Behavioral Medicine -  
2017 S. Jefferson St. Roanoke VA 24014

**Outpatient**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Department of Psych & Behavioral Medicine - 4434  
Electric Rd Roanoke VA 24018 • Pediatric Behavioral Health - 4348 Electric Rd Roanoke VA 24018 •  
GAP Clinic & Addiction Services - 2017 S. Jefferson St Roanoke VA 24014

**Rehabilitation or Therapy**

**Inpatient Unit**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Inpatient (Other)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Outpatient**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : • Peds Therapy 101 Elm Ave Roanoke VA 24013 & 4348  
Electric Rd Roanoke VA 24018 • Outpatient Therapy - 2331 Electric Rd Roanoke VA 24014, 105  
Summerfield Ct Roanoke VA 24019, 4508 Starkey Rd Roanoke VA 24018

**Renal Dialysis**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Respiratory/Pulmonary Services**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Sexual Assault Treatment Services**

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

**Adult**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Sexual Assault Transfer Services**

Provision of this service on or after July 1, 2023 must be in accordance with a plan approved by the Virginia Department of Health. Hospitals wishing to transition from sexual assault treatment services to sexual assault transfer services (or vice versa) for either adult or pediatric populations must submit a midterm change application.

**Adult**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Pediatric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Skilled LTC Nursing**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Trauma Center (Designated)**

**Level III**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Level II**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Level I**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Urgent Care Services**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Ventilator**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

## **Inpatient Hospital - Bed Capacity & Operating Rooms**

### **Bed Capacity**

Total number of authorized beds : 718

Total number of authorized infant care stations : 96

### **Additional Bed/Room Information**

Number of ICU beds (Adult) : 96

Number of ICU beds (Pediatric) : 8

Number of Inpatient Psychiatric beds (Adult) : 43

Number of Inpatient Psychiatric beds (Pediatric) : 23

Number of Inpatient Rehab beds : 0

Number of negative pressure rooms : 50

Number of decontamination stations : 4

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 170

### **Operating Rooms**

Total number of operating rooms : 35

## **Inpatient Hospital - Compliance with conditioned Certificates of Public Need (COPN)**

The facility has reviewed its COPNs and has determined that

Conditioned COPNs are applicable to the facility : Yes

Conditioned COPNs are applicable to the facility and the facility has met the conditioned requirements.  
Pursuant to 12VAC5-410-70, a license cannot be renewed if the agreed upon conditions have not been met. :  
Yes

## **Inpatient Information - Small Business Information**

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? :

Does the facility/agency have fewer than 500 employees? :

## **Certification and Submission**

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Kelli Robtison, Accreditation Team Lead

Date : 9/25/2025