

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000007358
<b>DBA Name of Facility/Agency</b>	Bon Secours Mary Immaculate Hospital
<b>Facility Type</b>	Inpatient Hospital
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	12/15/2025
<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	Mary Immaculate Hospital, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Bon Secours Mary Immaculate Hospital		
Facility/Agency Physical Address	2 Bernardine Drive		
Street	2 Bernardine Drive		
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23602
Telephone Number	7578866000	Fax Number	7578866751

### Mailing Address

Mailing Address	2 Bernardine Drive		
Street	2 Bernardine Drive		
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23602

Facility/Agency Email Address : alan\_george@bshsi.org

Federal Employer Identification Number (FEIN) : 54-0548200

Current License Number : H-0001873

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

Full Name : Alan George

Title : Hospital President

Telephone Number : 7578866200

Email Address : alan\_george@bshsi.org

## **Ownership Information**

Legal Name of Owner : Bon Secours Mercy Health, Inc.

**Physical Address** : 1701 Mercy Health Pl, Cincinnati, OH 45237, USA

Street : 1701 Mercy Health Pl

City/Town : Cincinnati

County/Independent City : Hamilton County

State : OH

Zip Code : 45237

**Mailing Address** : 1701 Mercy Health Pl, Cincinnati, OH 45237, USA

Street : 1701 Mercy Health Pl

City/Town : Cincinnati

County/Independent City : Hamilton County

State : OH

Zip Code : 45237

Email Address : jmstarcher@bsmhealth.org

Telephone Number : 5139524682

Fax Number :

Federal Employer Identification Number (FEIN) : 52-1301088

### **Chief Executive Officer**

Full Name : John M. Starcher

Email Address : jmstarcher@bsmhealth.org

### **Chief Financial Officer**

Full Name : Travis L. Crum

Email Address : tlcrum@bsmhealth.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>
Bon Secours Mercy Health, Inc.	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit : Other Not-for-profit

Public :

Other(Specify) : Healthcare System

## **Operator Information**

Legal Name of Operator : Bon Secours Mercy Health, Inc.

Physical Address : 1008 Bon Secours Dr, Suffolk, VA 23435, USA  
Street : 1008 Bon Secours Drive  
City/Town : Suffolk  
County/Independent City : Suffolk City  
State : VA  
Zip Code : 23435

Mailing Address : 1008 Bon Secours Dr, Suffolk, VA 23435, USA  
Street : 1008 Bon Secours Drive  
City/Town : Suffolk  
County/Independent City : Suffolk City  
State : VA  
Zip Code : 23435

Phone Number : 7576735929  
Email Address : [pjdavis-hagens@mercy.com](mailto:pjdavis-hagens@mercy.com)

Federal Employer Identification Number (FEIN) : 52-1538513

## **Inpatient Hospital Information**

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0041

Medicaid Provider Number : 49-0041

Accreditation : Yes

Accrediting Organization(s) : The Joint Commission

Is any part of the facility licensed by another state agency? : No

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

<b>Type of Beds</b>	<b>Number of Beds</b>
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## **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 :

### **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 :

#### **MRI**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

#### **PET Scan**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

### **Imaging (Therapeutic)**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**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 :

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 :

**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 :

**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 :

**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 :

**Forensic**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Adult Inpatient**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Outpatient**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**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 : Mary Immaculate Hospital, Inc. DBA In Motion at Boo Williams Sportsplex--5 Armistead Pointe Parkway Hampton, VA 23666; Mary Immaculate Hospital, Inc. DBA In Motion Physical Therapy--Victory YMCA 101 Long Green Blvd Yorktown, VA 23693; Onsite In Motion

**Renal Dialysis**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities :

**Respiratory/Pulmonary Services**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : Bon Secours Mary Immaculate Hospital  
Cardiopulmonary Rehabilitation 2 Bernardine Dr. Newport News, VA 23602

**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 : Riverside Regional Medical Center 500 J. Clyde Morris Blvd. Newport News, VA 23601

**Pediatric**

Hospital Campus     Freestanding

Name and Address of Freestanding Facilities : Riverside Regional Medical Center 500 J. Clyde Morris Blvd. Newport News, VA 23601

**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 : 123

Total number of authorized infant care stations : 38

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

Number of ICU beds (Adult) : 10

Number of ICU beds (Pediatric) : 0

Number of Inpatient Psychiatric beds (Adult) : 0

Number of Inpatient Psychiatric beds (Pediatric) : 0

Number of Inpatient Rehab beds : 0

Number of negative pressure rooms : 10

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 10

### **Operating Rooms**

Total number of operating rooms : 8

## **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 : Shakeela Dickerson, Director of Quality

Date : 12/15/2025