

Application Details

Application Status	Approved
Application Id	BLA-0000007635
DBA Name of Facility/Agency	Riverside Smithfield Hospital
Facility Type	Inpatient Hospital
Application Type	Mid-Term Change License
Approved Date	2/19/2026
Effective Date	1/1/2026
Expiration Date	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	Mid-Term Change License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Riverside Hospital, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Riverside Smithfield Hospital		
Facility/Agency Physical Address	19339 Benns Grant Boulevard, Smithfield, VA 23430		
Street	19339 Benns Grant Boulevard		
City/Town	Smithfield	County/Independent City	Smithfield City
State	Virginia	Zip Code	23430
Telephone Number	7575347020	Fax Number	7575347087

Mailing Address

Mailing Address	19339 Benns Grant Boulevard, Smithfield, VA 23430		
Street	19339 Benns Grant Boulevard		
City/Town	Smithfield	County/Independent City	Smithfield City
State	Virginia	Zip Code	23430

Facility/Agency Email Address : kelly.taylor@rivhs.com

Federal Employer Identification Number (FEIN) : 52-1245746

Current License Number : H-0002014

Administrator of Record(If different than Owner/Operator)

Full Name : Jessica Macalino, MSHA, FACHE

Title : Hospital President

Telephone Number : 7576748000

Email Address : jessica.macalino@rivhs.com

Ownership Information

Legal Name of Owner : Riverside Hospital, Inc.

Physical Address : 500 J Clyde Morris Blvd, Newport News, VA 23601, USA
Street : 500 J Clyde Morris Boulevard
City/Town : Newport News
County/Independent City : Newport News City
State : VA
Zip Code : 23601

Mailing Address : 500 J Clyde Morris Blvd, Newport News, VA 23601, USA
Street : 500 J Clyde Morris Boulevard
City/Town : Newport News
County/Independent City : Newport News City
State : VA
Zip Code : 23601

Email Address : kelly.taylor@rivhs.com
Telephone Number : 7575347020
Fax Number :

Federal Employer Identification Number (FEIN) : 52-1245746

Chief Executive Officer

Full Name : Michael J. Dacey, M.D.
Email Address : mike.dacey@rivhs.com

Chief Financial Officer

Full Name : W. William Austin, Jr.
Email Address : bill.austin@rivhs.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Riverside Hospital, Inc.	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Not-for-Profit

For Profit :

Not-for-Profit : Corporation

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Riverside Hospital, Inc.

Physical Address : 500 J Clyde Morris Blvd, Newport News, VA 23601, USA
Street : 500 J Clyde Morris Boulevard
City/Town : Newport News
County/Independent City : Newport News City
State : VA
Zip Code : 23601

Mailing Address : 500 J Clyde Morris Blvd, Newport News, VA 23601, USA
Street : 500 J Clyde Morris Boulevard
City/Town : Newport News
County/Independent City : Newport News City
State : VA
Zip Code : 23601

Phone Number : 7575347020
Email Address : kelly.taylor@rivhs.com

Federal Employer Identification Number (FEIN) : 52-1245746

Inpatient Hospital Information

Type of Hospital : General Hospital

Type of Special Hospital :

If Other, please specify :

Certification : Medicare;Medicaid

Medicare Provider Number : 49-0000

Medicaid Provider Number : 49-0000

Accreditation : Yes

Accrediting Organization(s) : DNV - see attached certificate Valid January 30, 2026 - January 30, 2029
Medicare/Medicaid provider numbers pending initial enrollments.

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

Programs Licensed by Other State Agencies

Type of Beds	Number of Beds
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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 :

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 : 50

Total number of authorized infant care stations : 1

Additional Bed/Room Information

Number of ICU beds (Adult) : 12

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 : 8

Number of decontamination stations : 1

Total Bed Capacity (Excluding Negative pressure rooms and decontamination stations) : 12

Operating Rooms

Total number of operating rooms : 4

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? : No

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

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 : Kelly A. Taylor, Paralegal

Date : 2/3/2026