

**Health Systems Agency of Northern Virginia  
Board of Directors Meeting  
April 13, 2026**

**Members Present**

Ana Alvarez  
Patricia Deitos, RN  
Lee Draznin  
Cody Hennelly  
Pamela Kincheloe, RN, Chairperson  
Patrice Lepczyk  
Anitha Raj  
Douglas Samuelson  
Robert Sharpe  
James Smith, MD  
Jennifer Weber

**Staff Present**

Ann McFeeley  
Dean Montgomery

**Guests (Partial List)**

Matt Cobb, Williams Mullen, Counsel, Loudoun VA PropCo  
Susan Carroll, President, Inova Loudoun Hospital  
Jamie Martin, Williams Mullen, Counsel, VHC Health  
Shabnam Lankarani, MD, Chief Medical Officer, Inova Fair Oaks Hospital  
Adrian Stanton, Vice-President, Virginia Hospital Center  
Brian Stone, MD, VHC Health  
Spencer Wildonger, Director of Planning, Transformation, JHU Medicine  
Alicia Wiygul, Director, Strategy and Planning, Inova Health System

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**I. Call to Order**

Pam Kincheloe, RN, Chairperson, Health Systems Agency of Northern Virginia (HSANV), called the meeting to order at 7:30 PM. She welcomed guests and reviewed the agenda.

Kincheloe stated that, among other matters, the board would consider three certificate of public need (COPN) applications:

- **Inova Loudoun Hospital, Add 48 Beds (COPN Request VA-8866)**
- **VHC Health, Expand Cardiac Catheterization Service (COPN Request VA-8869)**
- **Loudoun Rehabilitation & Nursing Center, Add 24 Beds (COPN Request VA-8870)**

## **II. Previous Minutes**

The board approved minutes of its March 2, 2026, meeting.

## **III. Conflict of Interest**

Kincheloe followed HSANV conflict of interest procedures to determine whether any member had a conflict of interest on any COPN application on the agenda. No conflicts were declared, alleged, or otherwise identified.

## **IV. COPN Applications**

### **1. Inova Loudoun Hospital, COPN Request VA 8866**

#### **Inova Loudoun Hospital Presentation**

Alicia Wiygul, Director, Strategy and Planning, Inova Health System, introduced herself and others present to discuss the application: Susan Carroll, President, Inova Loudoun Hospital and Shabnam Lankarani, MD, Chief Medical Officer, Inova Fair Oaks Hospital

Among other considerations, Wiygul, Carroll, and Lankarani stated:

- Inova Loudoun Hospital (ILH) seeks COPN approval to add 48 medical-surgical beds, increasing its licensed capacity to 259 beds.
- Demand at ILH has grown rapidly recently (2022 – 2025). Average occupancy was 87% in 2024 and increased to 102% in 2025.
- Operating at capacity, and beyond, results in the boarding of patients in the emergency department and elsewhere, making service delivery more difficult and less efficient.
- There is no unused medical-surgical capacity in Inova Health System hospitals to accommodate or otherwise respond to increasing demand at ILH.
- The capital cost of the project, about \$33.8 million, a comparatively low cost per bed expense, entails “building out” and equipping shelled space in one of the hospital’s patient towers. Two 24-bed nursing units are planned.
- ILH serves most Loudoun County residents hospitalized in Virginia hospitals.
- There is no indication that the project would affect demand at neighboring hospitals.
- The proposal is consistent with the institutional need provision of the Virginia State Medical Facilities Plan.

The information presented by Inova Loudoun Hospital representatives is summarized in Attachment 1.

#### **Board & Staff Questions, Discussion**

In response to questions Wiygul, Carroll and Lankarani indicated that:

- Unused medical-surgical capacity at StoneSprings Hospital Center and UVA Haymarket Medical Center has not reduced, or otherwise affected, demand at ILH. Both neighboring facilities have been operational for more than a decade without affecting demand at ILH or at other neighboring hospitals noticeably.
- Increasing the bed capacity at ILH may reduce somewhat Loudoun County resident use of Inova

Fairfax Hospital and Inova Fair Oaks Hospital, both of which serve substantial numbers of Loudoun County residents.

- The project would consume all ILH shelved space.

### **Public Comment**

There was no public comment on the ILH proposal other than the letters of support submitted with the application. There is no known opposition to the project.

### **Applicant Final Summary**

Wiygul summarized the need for and benefits of the proposal. She thanked the board for its consideration of the proposal and offered to answer any additional questions.

### **Staff Recommendation, COPN Request VA-8866**

Based on the data and information presented in the agency staff report on the application, notably the unusually high service volumes and average occupancy at the hospital, and on the testimony presented by the applicant, Montgomery recommended approval of the application.

### **Board Deliberation and Vote, COPN Request VA-8866**

James Smith offered a motion to recommend approval of the application. Douglas Samuelson seconded the motion. The motion passed by a vote of eleven in favor (Alvarez, Deitos, Draznin, Hennelly, Kincheloe, Lepczyk, Raj, Samuelson, Sharpe, Smith, Weber) and no one opposed.

## **2. VHC Health, Expand Cardiac Catheterization Service, COPN Request VA-8869**

### **VHC Health Presentation**

Adrian Stanton, Vice-President, VHC Health, introduced himself and others representing the applicant: Brian Stone, MD, VHC Health, and Jamie Martin, Counsel, VHC Health.

Stanton and Stone summarized the application. Among other considerations, they recounted the history of the 2025 VHC Health “corner” expansion project that included a request for an additional cardiac catheterization laboratory. Though space for the catheterization laboratory was approved, the laboratory equipment and technology requested was not authorized. Rather than appealing the decision, VHC Health chose to apply again for authorization to expand the cardiac catheterization laboratory, to add a fifth lab. Hence, the current application.

VHC Health representatives also noted that

- VHC’s cardiac catheterization laboratories are heavily used, and service volumes continue to grow. When all visits to the labs (heart catheterizations and other cardiovascular procedures performed in the labs are considered average annual service volumes (workload measured in diagnostic equivalent procedures [DEPs] exceed substantially the Virginia State Medical Facilities Plan (SMFP) planning target of 1,200 DEPs per laboratory annually.

- Virginia Hospital Center cardiovascular service demand increased significantly between 2024 and 2025. Service volumes are expected to increase steadily for several years.
- An additional catheterization laboratory is necessary to meet current and projected demand.
- Unused capacity in some local cardiac catheterization services notwithstanding, Virginia Hospital Center demonstrates an institution specific need for additional catheterization capacity.
- Projected capital costs are within the range seen for similar projects, locally and statewide.
- The capital cost to develop space to house the laboratory has already received COPN authorization.
- There is no known opposition to the project.
- The project is consistent with the applicable provisions of the Virginia State Medical Facilities Plan (SMFP).

### **Board & Staff Questions, Discussion**

In response to questions Stanton and Stone confirmed:

- VHC Health has received authorization to establish a cardiac PET-CT service, which will be off the hospital campus in its McLean, VA outpatient medical complex.
- Cardiovascular service staff and demand are expected to continue to increase steadily over the next three to five years.
- The authorized capital budget for the 2025 corner addition to Virginia Hospital Center, which obtained COPN approval, includes the projected capital cost to build the space that is to house the fifth catheterization laboratory. The corner addition project is underway.
- Use of catheterization laboratories for multiple cardiovascular procedures usually permits more efficient use and increases responsiveness to local need.

### **Public Comment**

There was no public comment on the proposal other than the letters of support submitted with the application. There is no known opposition to the project.

### **Final Summary**

Stanton restated the immediate need for the laboratory and thanked the board for its consideration of the proposal.

### **Staff Recommendation, COPN Request VA-8869**

Montgomery observed that HSAHV recommended approval of adding a cardiac catheterization laboratory at Virginia Hospital Center as an element of the 2025 VHC Health corner addition project. The need for the project was strong then and is, if anything, more evident a year later. He noted that the project is consistent with applicable provisions of the Virginia State Medical Facilities Plan.

Based on these considerations, on the data and information presented in the agency staff report on the application, and on the testimony presented by VHC Health representatives, Montgomery recommended approval of the application.

### **Board Deliberation and Vote, COPN Request VA-8869**

Ana Alvarez offered a motion to recommend approval of the application. Douglas Samuelson seconded the motion. The motion passed by a vote of eleven in favor (Alvarez, Deitos, Draznin, Hennelly, Kincheloe, Lepczyk, Raj, Samuelson, Sharpe, Smith, Weber) and no one opposed.

### **3. Loudoun Rehabilitation & Nursing Center, Add 24 Beds, COPN Request VA-8870**

#### **Loudoun Rehabilitation & Nursing Center Presentation**

Matt Cobb, Williams Mullen, Counsel, Loudoun VA PropCo presented the Loudoun Rehabilitation & Nursing Center proposal. In addition to summarizing key elements of the proposal, he emphasized:

- The proposed transfer of 24 nursing home beds from The View in Alexandria, VA to Loudoun Rehabilitation and Nursing Center (Loudoun RNC) is an intra planning district transfer (relocation) of capacity, not an inter planning district transfer to northern Virginia like those the agency has opposed over the last decade or so.
- There is strong precedent for approval of the proposal. Virginia Commissioners of Health have considered dozens of such proposals over several decades. All have been approved.
- Though the Virginia SMFP does not address directly the question of the intra planning district bed transfers, consideration and approval of all such projects suggests they are consistent with the intent of the plan.
- With the transfer of The View's licensed capacity of twenty-four beds, that facility will be delicensed and closed.
- The beds would be transferred to Loudoun County, the fastest growing jurisdiction in the planning region, which has increasing demand for long-term nursing care.
- Loudoun Rehabilitation and Nursing Center has high occupancy, more than 90% in 2024. It needs additional capacity.
- Projected capital costs are reasonable, within the range seen for similar projects locally and statewide.

The information presented by Loudoun RHC is summarized in Attachment 2.

#### **Board & Staff Questions, Discussion**

In response to questions Cobb indicated or acknowledged:

- The View has failed to report service volumes to Virginia Health Information (VHI) since 2022.
- Efforts are being made to obtain the required licensing and use data for the years 2022 – 2025.
- Loudoun RHC has an agreement to pay the owner of The View beds a “forbearance fee” of \$1,800,000, which equates to \$75,000 per bed. The forbearance fee increases the capital cost of the project by 47%.
- The forbearance agreement/fee is contingent on approval of the certificate of public need application.
- The applicant is not required to share or disclose the forbearance agreement.
- Inclusion of the \$1.8 million forbearance fee as a capital expense is for transparency purposes

only. It is not to ensure that the fee is included in insurance payments or other economic considerations..

- The applicant will not postpone review of the application until The View licensing and service data are reported and otherwise disclosed.
- A representative of The View is not available to respond to questions about the status, recent use, and disposition of its nursing home beds.
- Loudoun RHC is unable to explain why The View's beds are not to be transferred to one or both nearby sister Goodwin House nursing home units, both of which have much higher occupancy than Loudoun RHC.

### **Public Comment**

There was no public comment on the proposal. There is no known opposition to the project.

### **Final Summary**

Cobb restated the merits of the project, emphasizing that it is an intra planning district relocation of nursing home capacity, is inventory neutral, and is consistent with dozens of similar projects authorized, locally and statewide.

### **Staff Recommendation, COPN Request VA-8870**

Montgomery said, though consistent with several projects authorized over the last couple of decades, the proposal is problematic in many respects. Beyond the forbearance fee question, it is unclear whether the twenty-four beds were licensed and used as nursing home beds, were closed, or were committed to another project or use over the last three years. The applicant rejects the request that consideration of the application deferred for a month, until the status and operations The View can be ascertained and documented.

Based on these considerations, and on the unresolved questions posed by several members, Montgomery recommend conditional approval of the application, pending the applicant documenting the status and operations of The View nursing home beds since 2022.

### **Board Deliberation and Vote, COPN Request VA-8870**

Lee Draznin offered a motion to recommend conditional approval of the application, conditioned on Loudoun HRC providing data and information documenting the status of The View's twenty-four nursing home beds and their use over the twelve months ending on April 1, 2026. James Smith seconded the motion. The motion passed by a vote of eleven in favor (Alvarez, Deitos, Draznin, Hennelly, Kincheloe, Lepczyk, Raj, Samuelson, Sharpe, Smith, Weber) and no one opposed.

## **V. Other Business**

The next board meeting was set for Monday, May 11, 2026.

**VI. Adjourn**

Kincheloe adjourned the meeting at 9:25 PM.

**Respectfully submitted,**

A handwritten signature in dark ink, appearing to read "Dean Montgomery". The signature is written in a cursive, flowing style.

**Dean Montgomery**

**Attachments (2)**