

REVISED

WTRO/ISTD/PR/APPL#10181/FILE#280 RECEIVED 01/15/2026



AMBULATORY SURGICAL TREATMENT CENTERS
APPLICATION FOR INITIAL LICENSURE

All applicable law, rules, policies, and guidelines affecting your practice are available for viewing at <https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html>. Please check this website periodically for updates.

Name of the Facility/Agency Grassland Surgery Center, LLC

Location of the Facility:

Street 1200 Old Hillsboro Road, Building B1 City Franklin

County Williamson State TN Zip 37069

Phone Number (615) 914-0080 Fax Number (615) 914-3664

Twenty-four (24) Hour Emergency Phone Number (615) 587-2785

E-Mail Address jgoodwin@grasslandasc.com

Administrator Information:

Administrator Jessica Goodwin

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement, or fraud)? Yes _____ No X

If yes, what charge(s)? _____

Location of Conviction? _____ Date _____
(City) (County) (State)

Mailing address if different from the Facility location address:

Name PhyBus, LLC / Rodney Lunn

Street 215 Jamestown Park Road, Suite 205

City Brentwood State TN Zip 37027

Ownership of Building:

Name Grassland Medical Realty Partners, GP Phone Number (615) 579-7455

Street 1406 Moran Road

City Franklin State TN Zip 37069

1. Check classification of institution for which application is made:

General Surgical _____ Maternity _____ Gynecological _____ Other (specify) _____

Cancer Treatment _____ Plastic Surgery X Ophthalmological _____

EENT _____ Urological _____ Gastroenterology _____

Dental _____ Acupuncture _____ Abortion (*See 3.) _____

2. Briefly state the overall objective of the surgical treatment center: Performance of plastic and reconstructive related surgical cases and procedures.

General Hospital _____ Orthopedic _____ Pediatric _____ EENT _____ Rehab _____ Chronic Disease _____

3. Are you a Physician's Practice performing more than 50 surgical abortions annually? Yes _____ No X
If yes, when was the Physician's Practice established to provide surgical abortions _____

4. Provide proof of the ability to meet the financial needs of the facility.

OWNERSHIP OF BUSINESS:

1. a. Check the type of Legal Entity:

Individual _____ Partnership _____ Corporation _____ Limited Liability Company X

Church Related _____ Government/County _____ Other _____

b. Check one: For Profit X Non-profit _____

c. Legal Entity checked in 1.a:

Name Grassland Surgery Center, LLC Phone Number (615) 914-0080

Street 1200 Old Hillsboro Road, Building B1

City Franklin State TN Zip 37069

d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity: See Attached

Name	Street	City, State, Zip
------	--------	------------------

Name	Street	City, State, Zip
------	--------	------------------

(If additional space is needed, please use a separate sheet)

e. If a government/county owned facility, does the administrator have authority to act on behalf of the government/county as it relates to the operation of this facility? Yes _____ No _____ N/A

f. If no to e., who has said authority? Not government/county owned

2. a. Is your ambulatory surgical treatment center a hospital-based ambulatory surgical treatment center? Yes _____ No X

b. Is the ambulatory surgical treatment center a non-hospital ambulatory surgical treatment center? Yes X No _____

3. a. Is your facility/organization accredited by a federally approved accrediting body including but not limited to JCAHO, CARF, etc.? Provide proof of accreditation.

New facility; when completed will obtain accreditation.

Yes _____ No _____ Expiration Date _____

4. Is this facility chain affiliated? Yes _____ No

5. If you have a parent company, please provide the following information: N/A

Name _____ Phone Number (_____) _____

Address _____

City _____ State _____ Zip _____

6. a. If a corporation is there a holding company? Yes _____ No

b. If yes, list the name, address, and phone number of the holding company:

Name _____ Phone Number (_____) _____

Street _____

City _____ State _____ Zip _____

7. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes _____ No

b. If yes, list names and addresses of all such facilities:

8. a. Do you have a contract with a management firm to operate this facility? Yes No _____
When facility opens
If yes, specify the dates: From: _____ To: _____

b. If yes, specify name of firm: PhyBus, LLC

Street 215 Jamestown Park Road, Suite 205 Phone Number (615) 620-9302

City Brentwood State TN Zip 37027

9. For any item in (9) a-h below, please identify, explain and provide documentation of the item(s) noted if response is "Yes". Have either the licensed entity for any of the other health care facilities in Tennessee and/or other states on the list in question (7.b.), above, OR the management firm listed in question (8.) above; been subjected to any of the following within the last (5) years:

a. Licensure

i) denied a license? Yes _____ No

ii) had a license suspended or revoked by any state licensure agency? Yes _____ No

iii) been subject to a final order or judgment in a state licensure action? Yes _____ No

b. Convictions

- i) convicted of a criminal offense related to that person's involvement in any program under any state or Federal health care program (including Medicare, Medicaid, and Tricare)?
Yes _____ No X

c. Exclusion

- i) excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP, or Tricare) in the past? Yes _____ No X

(Note: "Excluded" is defined as a provider or entity has been told by the Department of Health and Human Services, Office Of the Inspector General (HHS-OIG) that they may no longer be a provider for any federally funded healthcare program).

d. Termination/Suspension

- i) suspended or terminated from participation in Medicare or Medicaid/TennCare programs?
Yes _____ No X

(Note: This would include involuntary termination of a nursing facility or skilled nursing facility by the Centers for Medicare and Medicaid Services (CMS) or state Medicaid agency).

e. Fraud and Abuse

- i) paid through settlement, or civil or criminal fines, any monies to the federal government or any state as a result of any administrative or judicial proceeding based on allegations of fraud or abuse involving claims related to the provision of health care items and services? Yes _____ No X

f. Corporate Integrity Agreement

- i) Is presently an entity covered by and subject the terms of a corporate integrity agreement?
Yes _____ No X

(Note: If yes, provide a copy of CIA)

g. Bankruptcy

- i) filed bankruptcy under any provision of the United States Bankruptcy Code? Yes _____ No X

h. Civil Monetary Penalty (CMP)

- i) paid to the Centers for Medicare and Medicaid Services or any state Medicaid agency a civil money penalty equal to or greater than \$250,000.00 as a result of an enforcement action during a survey?
Yes _____ No X

Failure to provide true and correct copies of any documents related to the items list in 9(a - h) listed above may be grounds for referral of the application for special consideration, and/or may be grounds for disciplines.



State of Tennessee
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-7221

January 23, 2026

Sent Via Email

Rodney Lunn (rlunn@phybus.com)
PhyBus, LLC / Rodney Lunn
c/o Grassland Surgery Center, LLC
215 Jamestown Park Road, Suite 205
Brentwood, Tennessee 37027

Facility Type: Ambulatory Surgical Treatment Center

Dear Rodney Lunn:

It is my pleasure to inform you that your application for licensure of Grassland Surgery Center, LLC located at 1200 Old Hillsboro Road, Building B, Franklin, Tennessee 37069 has been initially approved Effective January 23, 2026. The license number shall be 280. For this initial approval to become final and permanent, your application must be ratified by the Commission pursuant to T.C.A. §68-11-206. The Commission will consider your application at its next meeting, scheduled for February 25, 2026. **You are hereby authorized to commence operation pending the final decision of the Commission.**

For certification purposes, please be advised it is your responsibility to contact your Health Facilities Commission regional office for participation in Medicare/Medicaid. The West Regional Office phone number is 731-984-9684.

If the Commission **does** ratify the approval of your application, the license number listed above will become your permanent license number and a letter will be forwarded to you within three (3) business days, notifying you of the Commission's final decision.

If the Commission **does not** ratify the initial approval of your application, a letter will be forwarded to you providing an explanation and specific instructions as to any action(s) you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

Please contact me if I can be of further assistance.

Sincerely,

Amy Whitaker

Amy Whitaker, ASA 2
Health Facilities Commission
Phone: (615) 741-7188
Fax: (615) 253-8798
Email: Amy.Whitaker@tn.gov

cc: West Tennessee Regional Office



APPROVAL FOR FACILITY LICENSURE OR OCCUPANCY

Facility Type: ASTC License # (if applicable): _____ County: Williamson

Initial X Renovation _____ Satellite/Off Campus Location _____
Physical Plant/Services/New Addition _____ Relocation/Replacement Facility _____
(Circle One) (Circle One)

Facility Name: Grassland Surgery Center, LLC

Address: 1200 Old Hillsboro Rd City: Franklin Zip Code: 37069

Application and fee on file in Central Office (CO)? Yes X No _____ CON #: CN2103-011

Project #: 2023-03-17-02 Phase: 1 of 1

Facility approved for (if satellite/off campus site include address): Approval for new ASTC. Approval includes 2 OR's, 5 pre/post op bays, 1 private pre/post op room, waiting room, reception area, nurse station, storage areas, public restroom, men and women's staff locker rooms, decontamination room, soiled and clean utility areas, medical gas room, janitors closet, office space and breakroom.

Sprinklered: 100 (Full 100%) Partial: _____ (%)

Licensed bed count from: _____ to _____ Number of beds increased/decreased: 0

Total Licensed bed count: _____

If secured unit, number of beds in unit: _____ If Alzheimer's unit, number of beds in unit: _____
(NOTE: If this is an increase in the number of beds in a secured Alzheimer's unit, indicate number of beds approved for the increase number only)

Health Surveyor: Donald Milam

Date: 1/22/2026

Fire Safety: Britni Spears

Date: 01/21/2026

CD Approved: Yes X No _____ N/A _____

Health Survey Required: Yes X No _____; if Yes, please indicate which region: West

Facility's Letter of Notification received in Licensure: Yes _____ No ✓ (CON Approved)
(Completed by Central Office Licensure Staff)

CMS Paperwork (855, etc) approved and received in regional office: Yes _____ No _____
(NOTE: With exception of Initial Licensure Approvals)

Effective date: 01/23/2026
(Completed by Central Office Licensure Staff)

Licensure is recommended: Yes X No _____

Donald Milam, ACC Supervisor 1/22/2026
Regional Administrator/Facilities Construction Director or Designee Date



Amy Whitaker

01/23/2026

Licensure Program Unit Staff

Date



State of Tennessee
Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

October 27, 2021

John Wellborn, Consultant
Development Support Group
4505 Harding Pike, Suite 53-E
Nashville, TN 37205

RE: Certificate of Need Application – Grassland Surgery Center – CN2103-011A

Dear Mr. Wellborn,

On October 27, 2021, the Tennessee Health Services and Development Agency met in regular session to consider your application. The application proposed the following:

The establishment of a single-specialty ambulatory surgical treatment center (ASTC) limited to plastic and reconstructive surgery with two operating rooms located at 1200 Old Hillsboro Road, Franklin (Williamson County), TN 37069. The proposed service area consists of Davidson, Rutherford, Sumner, and Williamson counties. The applicant is owned by Grassland Surgery Center, LLC. Estimated project cost is \$3,513,102.

This letter is to advise you that the Agency voted to **approve** the Certificate of Need for the referenced project.

Per TCA § 68-11-1609(b) the Agency found the application should be approved because the action proposed in the application is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, will provide health care that meets appropriate quality standards, and will contribute to the orderly development of adequate and effective health care facilities or services. Please note the quality standards language was added as the fourth criterion necessary for a certificate of need to be granted, effective July 1, 2016.

Agency members made this decision after full consideration of all the information provided to them including but not limited to the original application and supplemental responses; staff summary and reviewing agency report; support and opposition letters, if applicable; consideration of the criteria and standards and all other applicable parts of the State Health Plan; Agency Rules; and all additional evidence gathered during the presentation of the application. The HSDA maintains a publically available detailed written record that fully documents the factual and legal basis for this decision.

Mr. Wellborn
Page 2

In accordance with T.C.A. § 68-11-1609(g)(1) (as amended by Public Chapter 780, Acts of 2002), the applicant or any person who filed directly with the Agency a prior objection to the granting of a Certificate of Need may petition the Agency in writing for a hearing. To be timely filed, the petition must be filed within fifteen (15) days from the date of the Agency's meeting at which the challenged action was taken. You are encouraged to review T.C.A. § 68-11-1610(a) and the Agency Rules so that you may fully understand your rights.

Your Certificate of Need will be issued to you within the next sixty (60) days and transmitted under separate letter. Please note that the Certificate of Need has an expiration date on its face, after which time the Certificate is null and void. The expiration date is strictly enforced, and the certification period can only be extended by the Agency upon written application and for good cause shown, as defined by Agency Rules.

T.C.A. § 68-11-1611 requires that the Agency review annual progress of each project. Agency Rules require that within ninety (90) days after completion of a project that a Final Project Form be submitted to this office. The Annual Progress Report form is available on the Agency website at <http://www.tn.gov/hsda/article/con-forms>. The Final Project Form, which shall include completion date, final costs, and other relevant information, is also available on the Agency website at <http://www.tn.gov/hsda/article/con-forms>. These forms may be filled-in, printed, and submitted with any applicable supporting documentation. These forms may also be obtained by contacting us at the phone number or address listed above.

Please note an additional requirement was added per PC 1043, effective July 1, 2016. It is codified at TCA § 68-11-1609 (h) and it directs the Health Services and Development Agency to maintain continuing oversight of certificates of need approved after July 1, 2016 by requiring applicants to submit annual reports concerning continued need and appropriate quality measures as determined by the agency. The agency may impose conditions that require the demonstration of compliance with continued need and quality measures; provided, that the conditions for quality measures may not be more stringent than those measures identified in the applicant's submitted application. **Continuing oversight of this project will begin one year after project completion and will continue each year thereafter. The Annual Reporting Form will be available on the Agency's website.** The form may be filled-in, printed, and submitted with any applicable supporting documentation. It may also be obtained by contacting us at the phone number or address listed above.

If you have questions or require additional information, please feel free to contact this office.

Sincerely,



Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, TDH/HCF



State of Tennessee
Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

December 15, 2021

John Wellborn, Consultant
Development Support Group
4505 Harding Pike, Suite 53-E
Nashville, TN 37205

RE: Grassland Surgery Center – CN2103-011A

Dear Mr. Wellborn:

As referenced in our recent letter, please find enclosed your Certificate of Need for the above-referenced application that was approved at the October 27, 2021, meeting of the Tennessee Health Services and Development Agency.

The Health Services and Development Agency Rules require that an Annual Progress Report be submitted each year and a Final Project Report form is to be submitted within ninety (90) days after completion of a project which shall include completion date, final costs, and other relevant information in regards to the project, per 68-11-1611. Also required is the registration of certain medical equipment pursuant to Tennessee Code Annotated § 68-11-1607(i), which states "The owners of the following types of equipment shall register such equipment with the health services and development agency: computerized axial tomographers, magnetic resonance imagers, linear accelerators and positron emission tomography." "The survey shall include but not limited to the identification of the equipment and utilization data according to source of payment."

The aforementioned forms can be found on the Agency's website at www.tennessee.gov/HSDA. Should you have any questions or require further information regarding this Certificate, please do not hesitate to contact this office.

Sincerely,

Logan Grant
Executive Director

cc: Trent Sansing, TDH/Health Statistics, PPA
Ann R. Reed, TDH/HCF

STATE OF TENNESSEE
Health Services and Development Agency



Certificate of Need # **CN2103-011A** is hereby granted under the provisions of T.C.A. § 68-11-1601, et seq., and rules and regulations issued thereunder by this Agency.

To: **Grassland Surgery Center, LLC**
1200 Old Hillsboro Road
Franklin (Williamson County), Tennessee 37069

For: **Grassland Surgery Center**

This Certificate is issued for:

The establishment of a single-specialty ambulatory surgical treatment center (ASTC) limited to plastic and reconstructive surgery, with two operating rooms.

On the premises located at: **1200 Old Hillsboro Road**
Franklin (Williamson County), Tennessee 37069

For an estimated project cost of: **\$3,513,102.**

LIMITATION: Limited to plastic and reconstructive surgery.

The Expiration Date for this Certificate of Need is: December 1, 2023 or upon completion of the action for which the Certificate of Need was granted, whichever occurs first. After the expiration date, this Certificate of Need is null and void.

Date Approved: October 27, 2021

Date Issued: December 15, 2021


Chairman


Executive Director



Amy Whitaker

Health Facilities Commission

665 Mainstream Drive, 2nd Floor, Nashville, TN 37243

RE: Initial Application Status

Dear Ms. Whitaker:

I respectfully request to continue with our Licensure Application. We have had our Life Safety Survey in which some deficiencies were identified, which at this time have either been corrected or are in the process of being corrected. However, outside of our control, the building in which the Grassland Surgery Center is located, experienced a leak outside the building in the water line supplying the fire sprinkler system. Locating the leak is underway, however, until this issue is resolved the Licensure process cannot proceed. Considering this situation, I need to request a 30-day extension of our Licensure Application.

In addition to the Licensure Application, I will also send a request to Logan Grant for a 30-day extension of the implementation of our Certificate of Need.

Please let me know if I need to provide any additional information.

Thank you for your help,

Rodney Lunn

September 25, 2025

Mr. Logan Grant, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Dear Mr. Grant:

This letter is to request a 2 month extension for the implementation of CN#2103-011, for the Grassland Surgery Center, an ambulatory surgical treatment center (ASTC) limited to plastic surgery, located in Williamson County. At present, the CON will expire December 1, 2025.

Leasehold improvements have been completed and the contractor is now working through punch list items which are to be completed by October 1st. Equipment and furnishings are now being delivered to the site. We plan on utilizing the month of October to complete equipping, furnishing and supplying the facility, inservicing the staff, and all other things necessary to prepare for inspections. With only the month of November remaining to complete final inspection for fire safety and licensing surveys, we therefore respectfully request an extension of the CON expiration date from December 1, 2025 to February 1, 2026.

Please let me know if any additional information is needed.

Thank you for your help,



Rodney H. Lunn

Partner and Manager

Please note: Hard copy of letter will follow in mail.

April 25, 2025

Mr. Logan Grant, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Dear Mr. Grant:

This letter is to request an additional 6-month extension for the implementation of CN#2103-011, for the Grassland Surgery Center, an ambulatory surgical treatment center (ASTC) limited to plastic surgery, located in Willamson County. At present, the CON will expire June 1, 2025.

Tenant improvement construction continues to move forward but we have experienced some delays. The shell building experienced water intrusion in the basement area which is where substantially all of the mechanical equipment is located. This has now been rectified. Additionally, we experienced delays on some long-lead items which were part of the facility's infrastructure.

We have been advised by the building contractor that the tenant improvement for our ASTC will be completed by August 1, 2025. Following that, four more months will be needed for us to move into the space and to complete final inspections for fire safety and licensing surveys. We therefore request an extension of the CON's expiration date from June 1, 2025 to December 1, 2025.

Please let me know if any additional information is needed.

Thank you for your help,


Rodney H. Lunn

Partner and Manager

Please note: Hard copy of letter will follow in mail.



State of Tennessee
Health Facilities Commission
502 Deaderick Street,
Andrew Jackson Building, 9th Floor
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364

September 6, 2023

Nicholas Sieveking, MD
Grassland Surgery Center
204 23rd Avenue North
Nashville, TN 37203

RE: Certificate of Need Application CN2103-011A
Grassland Surgery Center

Dear Dr. Sieveking:

On August 29, 2023, the Health Facilities Commission approved your request to extend the expiration date of the above-referenced certificate of need from December 1, 2023 to June 1, 2025.

If you have any questions or require additional information, please feel free to contact this office.

Sincerely,

Logan G. Grant
Executive Director

cc: Ann Rutherford Reed, HFC Deputy Director, License and Regulation
John Wellborn, Development Support Group
File

August 29, 2024

Mr. Logan Grant, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Dear Mr. Grant:

This letter is to request an additional 6-month extension for the implementation of CN#2103-011, for the Grassland Surgery Center, an ambulatory surgical treatment center (ASTC) limited to plastic surgery, located in Williamson County. At present, the CON will expire December 1, 2024.

The shell building in which the ASTC is to lease space has experienced construction delays, but has now reached the stage whereby tenant improvement is proceeding. Tenant buildout has begun this week.

We have been advised by the building contractor that the tenant improvement for our ASTC will be completed by March 1, 2025. Following that, three more months will be needed for us to move into the space and to complete final inspections for fire safety and licensing surveys. We therefore request a short extension of the CON's expiration date from December 1, 2024 to June 1, 2025.

Please let me know if any additional information is needed.

Thank you for your help,


Rodney H. Lunn

Partner and Manager

Please note: Hard copy of letter will follow in mail.



August 28, 2023

Mr. Logan Grant, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Request for Extension with Cost Increase, for CN2103-011A
Grassland Surgery Center (Plastic & Reconstructive Surgery)

Dear Mr. Grant:

This letter is to request an 18-month extension for completion of this project, with a cost increase from \$3,513,102 to \$5,709,669. The attached spreadsheet shows the categories in which costs will be higher than anticipated. The total cost increase of \$2,196,567 is a 62.5% increase. However, please note the following:

First, the plastic surgery center will be in leased space. More than 70% of the requested cost increase is not due to a true capital expenditure or lease expense by the applicant. It is due to an increase in the fair market value (not the lease outlay) of the building space being leased. The fair market value calculation in the original application did not include an allocation of the lessor's land cost at its current market value.

Second, more than a third of the cost increase is from spiraling prices of construction (increased 52%) and equipment (increased 36%), caused by unforeseen delays in the lessor's obtaining needed easements, etc. for a multi-building development. During that time labor and materials costs, and equipment prices, soared; and equipment purchasing and delivery became difficult due to nationwide supply line issues. Only now, two years after CON approval, is the developer's work beginning on site work and building foundations. The ASTC will therefore take more than another year to complete.

Third, the original projected cost per square foot was \$285 per square foot. This amount was provided by an experienced healthcare architect. Today's costs for the equivalent facility would now exceed \$400 a square foot, again provided by an experienced healthcare architect. The Grassland Surgery Center leasehold buildout cost was additionally increased due to the design of the building shell. The shell building, which was designed by a commercial architect not familiar with health care design needs, resulted in additional cost to the project. Changes in the roof structure prevent having a chiller for HVAC, requiring more expensive split systems with long condensate runs. Due to limited overhead space in ceiling cavities, an Ultrasuite Operating Room Diffuser System has been budgeted to be installed in lieu of standard air distribution. Medgas systems have to move to the basement, requiring long pipe runs. A larger emergency generator is required to achieve full HVAC services, not just ventilation, to the operating rooms.

Nicholas E. Sieveking, MD | *Board Certified Plastic Surgeon*

204 2366 Ave. N • Nashville, TN 37203 • ☎ 615.321.1010 • 📧 615.321.0022

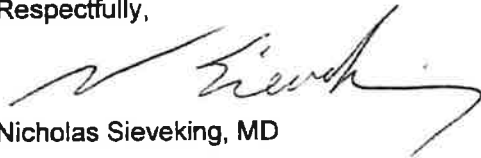


SIEVEKING
PLASTIC SURGERY

All of these have driven up the project cost and were unknown to us at the time of our CON application.

We respectfully request your approval of an extension and project cost increase at your September meeting, because the Grassland CON expires on December 1. The application was approved unanimously and without opposition; and its services are needed. It will take us up to 18 months to complete the project. Please let me know if you need further details. Thank you for your consideration.

Respectfully,



Nicholas Sieveking, MD

Nicholas E. Sieveking, MD | *Board-Certified Plastic Surgeon*

204 23rd Ave N. • Nashville, TN 37203 • O: 615.321.1010 • F: 615.321.0022

From: [Amy Whitaker](#)
To: [Ann R. Reed](#); [Wanda E. Hines](#)
Cc: [Eddie Stewart](#)
Subject: FW: Grassland Surgery Center, LLC #264 45-Day Letter
Date: Tuesday, December 23, 2025 1:58:00 PM
Attachments: [image001.png](#)
[20251223135553355.pdf](#)

Ann, I am forwarding extension letter for Grassland Surgery Center, LLC (Initial) license number 264. Thank you!

****Please note our mailing address has changed. Effective immediately please direct all mail to the new address listed in the signature block below.**



Amy Whitaker, ASA 2
ASTC, ODC, ESRD, BC
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
Phone: 615-741-7188
Email: Amy.Whitaker@tn.gov
www.tn.gov/hfc

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

From: Rodney Lunn <rlunn@phybus.com>
Sent: Tuesday, December 23, 2025 1:49 PM
To: Amy Whitaker <Amy.Whitaker@tn.gov>
Cc: Ann R. Reed <Ann.R.Reed@tn.gov>; Eddie Stewart <Eddie.Stewart@tn.gov>
Subject: [EXTERNAL] RE: Grassland Surgery Center, LLC #264 45-Day Letter

This Message Is From an External Sender

This message came from outside your organization.

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Amy attached is my request for extension.

Thank you for your help,

Rodney Lunn
PhyBus, LLC

From: Amy Whitaker <Amy.Whitaker@tn.gov>

Amy Whitaker

From: Amy Whitaker
Sent: Tuesday, December 16, 2025 7:59 AM
To: rlunn@phybus.com
Cc: Ann R. Reed; Eddie Stewart
Subject: Grassland Surgery Center, LLC #264 45-Day Letter
Attachments: Grassland Surgery Center, LLC #264 45-Day Letter.pdf

Rodney Lunn,
Good morning. Attached is a 45-Day Letter for (Grassland Surgery Center, LLC file #264).

****Please note our mailing address has changed. Effective immediately please direct all mail to the new address listed in the signature block below.**



Amy Whitaker, ASA 2
ASTC, ODC, ESRD, BC
Health Facilities Commission
Andrew Jackson State Building
502 Deaderick Street, 9th Floor, Nashville, TN 37243
Phone: 615-741-7188
Email: Amy.Whitaker@tn.gov
www.tn.gov/hfc

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

Amy Whitaker

From: Amy Whitaker
Sent: Wednesday, October 8, 2025 11:33 AM
To: rlunn@phybus.com
Subject: Grassland Surgery Center File number 264 Initial application

Dear Rodney Lunn: Good Morning. Sending courtesy notification of receipt of extension letter for CON expiration date from December 1, 2025, to February 1, 2026. Also I will need you to provide proof of ability to meet financial obligations. This can be sent via email at your earliest convenience. Thank you!

Please let me know if I can be of any assistance.
Sincerely,



Amy Whitaker, ASA 2
ASTC, ODC, ESRD, BC
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc
Phone: 615-741-7188
Email: Amy.Whitaker@tn.gov

Mission Statement: *Protecting patients and promoting quality in healthcare facilities.*

Amy Whitaker

From: Amy Whitaker
Sent: Wednesday, October 1, 2025 2:44 PM
To: rlunn@phybus.com
Subject: Grassland Surgery Center File #264 Extension approval.

Dear Rodney Lunn: We received letter for 2-month extension for Grassland Surgery Center File #264 expiration date February 1, 2026. This is approved and I will note file. Thank you!

Please let me know if I can be of any assistance.
Sincerely,



Amy Whitaker, ASA 2
ASTC, ODC, ESRD, BC
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc
Phone: 615-741-7188
Email: Amy.Whitaker@tn.gov

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

Amy Whitaker

From: Amy Whitaker
Sent: Wednesday, October 1, 2025 2:06 PM
To: Kathy Zeigler; Tara Wilson; Chasity Langston; Anna Baker
Cc: Ann R. Reed; Eddie Stewart
Subject: Grassland Surgery Center, LLC File #264 extension letter
Attachments: Grassland Surgery Center, LLC File #264 3rd Extension Request-9_25_2025 -.pdf

To whom it may concern: Attached above is 3rd extension letter for Grassland Surgery Center, LLC File #264.
Thank you!

Please let me know if I can be of any assistance.
Sincerely,



Amy Whitaker, ASA 2
ASTC, ODC, ESRD, BC
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
www.tn.gov/hfc
Phone: 615-741-7188
Email: Amy_Whitaker@tn.gov

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

Amy Whitaker

From: Ann R. Reed
Sent: Wednesday, October 1, 2025 1:08 PM
To: Amy Whitaker
Cc: Eddie Stewart
Subject: Grassland Surgery Center ASTC CON Extension
Attachments: 3rd Extension Request-9_25_2025 -.pdf; RE_ Extension CN#2103-011 - Apprv'd JC 093025 (2 months, Exp 120125).msg

Amy

The attached documents are the request for a 2-month extension of this CON to 12/1/2025. It was approved by Jim and the approval is found in the attached email chain. This is for your files and to share with the appropriate regional office and Plans Review.



Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
Ph: 615-532-6595
Email: ann.r.reed@tn.gov
<https://tn.gov/hfc>

Mission Statement: Protecting patients and promoting quality in healthcare facilities.



RE: Extension CN#2103-011

From Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Date Wed 10/1/2025 9:58 AM

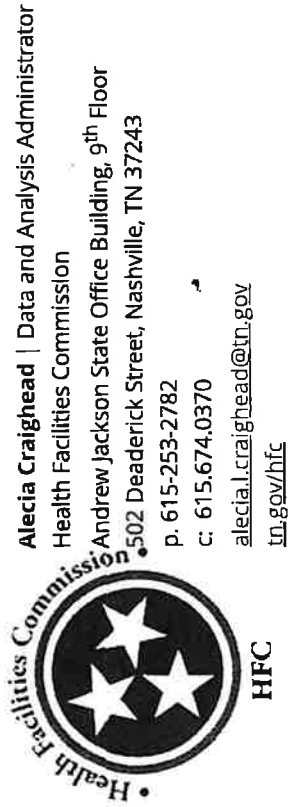
To Ann R. Reed <Ann.R.Reed@tn.gov>; Jim Christoffersen <Jim.Christoffersen@tn.gov>

1 attachment (260 KB)
Extension REqust-9_25_2025.pdf;

Here you go, Ann.

If you need anything else, let us know.

Alecia



From: Ann R. Reed <Ann.R.Reed@tn.gov>
Sent: Wednesday, October 1, 2025 9:56 AM
To: Jim Christoffersen <Jim.Christoffersen@tn.gov>; Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: RE: Extension CN#2103-011

Good morning. Was a copy of the extension request shared? I don't see in my emails if it was. Thanks.



Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
Ph: 615-532-6595
Email: ann.r.reed@tn.gov
<https://tn.gov/hfc>

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

From: Jim Christoffersen <Jim.Christoffersen@tn.gov>
Sent: Tuesday, September 30, 2025 8:40 AM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>; Ann R. Reed <Ann.R.Reed@tn.gov>
Subject: Re: Extension CN#2103-011

The request has been approved.

Jim Christoffersen
General Counsel
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-305-4706
Jim.Christoffersen@tn.gov
tn.gov/hsda



From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Monday, September 29, 2025 1:56 PM

10/1/25, 1:13 PM

RE: Extension CN#2103-011 - Amy Whitaker - Outlook

To: Jim Christoffersen <Jim.Christoffersen@tn.gov>
Subject: FW: Extension CN#2103-011

Here is an extension request for consideration/approval. Their expiration date is currently December 1, 2025. I'll be contacting them on any extension fee.

Let me know if I need to forward this to Logan.

Thanks.

Alecia

From: Rodney Lunn <rlunn@phybus.com>
Sent: Friday, September 26, 2025 11:26 AM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Cc: Tracy Chambers <trchambers@phybus.com>
Subject: [EXTERNAL] Extension CN#2103-011

This Message Is From an External Sender

This message came from outside your organization.

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Alecia, I have attached request for a two-month extension of CN#2103-011. Please let me know if there is anything else that you need. Thank you for your help.
Rodney

Rodney H. Lunn
CEO, PhyBus LLC
215 Jamestown Park Road, Ste 205
Brentwood, TN 37027
Main: (615) 620-9300
Direct: (615) 620-9302
Cell: (615) 414-1207
Fax: (615) 620-9301
www.phybus.com

10/1/25, 1:13 PM

RE: Extension CN#2103-011 - Amy Whitaker - Outlook



Amy Whitaker

From: Ann R. Reed
Sent: Wednesday, April 30, 2025 11:33 AM
To: Amy Whitaker
Cc: Eddie Stewart
Subject: FW: CON Extension Request for Grassland Surgery Center,LLC CN#2103-011
Attachments: GSC CON Letter for Extension Request 04252025.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Amy

Good morning. See attached extension request for Grassland Surgery Center for six (6) months and the approval from Logan for this extension. Adjust the facility's application file to accommodate for this extension. Maintain this email and attachment with the application file. Thanks.



Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
Ph: 615-532-6595
Email: ann.r.reed@tn.gov
<https://tn.gov/hfc>

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

From: Jim Christoffersen <Jim.Christoffersen@tn.gov>
Sent: Tuesday, April 29, 2025 3:52 PM
To: Ann R. Reed <Ann.R.Reed@tn.gov>; Niraj Soni <Niraj.Soni@tn.gov>; Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: Fw: CON Extension Request for Grassland Surgery Center,LLC CN#2103-011

From: Logan Grant <Logan.Grant@tn.gov>
Sent: Sunday, April 27, 2025 9:04 PM
To: Jim Christoffersen <Jim.Christoffersen@tn.gov>; Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: FW: CON Extension Request for Grassland Surgery Center,LLC CN#2103-011

I approve the extension. Please let them know.

Logan Grant
Executive Director
Health Facilities Commission

Amy Whitaker

From: Eddie Stewart
Sent: Wednesday, April 30, 2025 6:52 AM
To: Amy Whitaker
Cc: Ann R. Reed
Subject: FW: Grassland Surgery Center, CN#2103-011 GSC / Update to Application
Attachments: GSC ASTC Application Info Update 04292025.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Amy

Forwarding this onto you to updates the Initial Application pending for this facility. Please do not hesitate to reach out to me to assist where needed.

Thank you.



Eddie Stewart
Health Facilities Program Manager
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
Ph: 615-770-6922
Email: eddie.stewart@tn.gov
<https://tn.gov/hfc>

Mission Statement: Protecting patients and promoting quality in healthcare facilities.

From: Ann R. Reed <Ann.R.Reed@tn.gov>
Sent: Tuesday, April 29, 2025 3:45 PM
To: Eddie Stewart <Eddie.Stewart@tn.gov>
Subject: FW: Grassland Surgery Center, CN#2103-011 GSC / Update to Application

Here is the document. Amy will probably need assistance with this as I am not sure she has received this type of information from an applicant.



Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
Ph: 615-532-6595
Email: ann.r.reed@tn.gov
<https://tn.gov/hfc>

Mission Statement: Protecting patients and promoting quality in healthcare facilities.



[EXTERNAL] Grassland Surgery Center, CN#2103-011 GSC / Update to Application

From Tracy Chambers <tchambers@phybus.com>
Date Tue 4/29/2025 2:57 PM
To Amy Whitaker <Amy.Whitaker@tn.gov>
Cc Ann R. Reed <Ann.R.Reed@tn.gov>; Rodney Lunn <rlunn@phybus.com>

1 attachment (16 KB)
GSC ASTC Application Info Update 04292025.docx;

This Message Is From an External Sender

This message came from outside your organization.

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Hello. Sending this document on behalf of Rodney Lunn.
This document provides an update to the information provided on Grassland Surgery Center's ASTC Application for Licensure, CN#2103-011.

Thank you,

Tracy Chambers
Administrative Assistant
PhyBus
215 Jamestown Park Road
Suite 205
Brentwood, TN 37027
Direct: (615) 620-9315
Fax: (615) 620-9301
tchambers@phybus.com



From: Tracy Chambers <tchambers@phybus.com>
Sent: Tuesday, April 29, 2025 2:55 PM
To: Amy Whitaker <Amy.Whitaker@tn.gov>
Cc: Ann R. Reed <Ann.R.Reed@tn.gov>; Rodney Lunn <rlunn@phybus.com>
Subject: [EXTERNAL] Grassland Surgery Center, CN#2103-011 GSC / Update to Application

This Message Is From an External Sender

This message came from outside your organization.

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Hello. Sending this document on behalf of Rodney Lunn.
This document provides an update to the information provided on Grassland Surgery Center's ASTC Application for Licensure, CN#2103-011.

Thank you,

Tracy Chambers
Administrative Assistant
PhyBus
215 Jamestown Park Road
Suite 205
Brentwood, TN 37027
Direct: (615) 620-9315
Fax: (615) 620-9301
tchambers@phybus.com



From: Rodney Lunn <rlunn@phybus.com>
Sent: Friday, April 25, 2025 2:23 PM
To: Logan Grant <Logan.Grant@tn.gov>
Cc: Jim Christoffersen <Jim.Christoffersen@tn.gov>; Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: [EXTERNAL] CON Extension Request for Grassland Surgery Center, LLC CN#2103-011

This Message Is From an External Sender

This message came from outside your organization.

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Mr. Grant, I have attached a request for a CON extension. Please let me know if there is any additional information that you need.

Thank you,
Rodney Lunn

Rodney H. Lunn
CEO, PhyBus LLC
215 Jamestown Park Road, Ste 205
Brentwood, TN 37027
Main: (615) 620-9300
Direct: (615) 620-9302
Cell: (615) 414-1207
Fax: (615) 620-9301
www.phybus.com



Amy Whitaker

From: Ann R. Reed
Sent: Friday, September 13, 2024 1:37 PM
To: Amy Whitaker
Cc: Eddie Stewart
Subject: FW: Request for extension for Grassland Surgery Center CN#2103-011
Attachments: GSC CON Request for Extension Letter 08292024.pdf

Amy

Good afternoon. Please find attached a request for the extension of the CON for Grassland Surgery Center and the subsequent approval by Logan in the email string below. Place in the facility's application for licensure file if they have submitted such. Thanks.



Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Health Facilities Commission
665 Mainstream Drive, 2nd Floor, Nashville, TN 37243
Phone: 615-532-6595
Email: ann.r.reed@tn.gov
<https://tn.gov/hfc>

Mission Statement: *Protecting patients and promoting quality in healthcare facilities.*

From: Jim Christoffersen <Jim.Christoffersen@tn.gov>
Sent: Thursday, September 12, 2024 11:26 AM
To: Ann R. Reed <Ann.R.Reed@tn.gov>; Niraj Soni <Niraj.Soni@tn.gov>
Subject: FW: Request for extension for Grassland Surgery Center CN#2103-011

Jim Christoffersen
General Counsel
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-741-2364
Jim.Christoffersen@tn.gov
tn.gov/hsda



From: Logan Grant <Logan.Grant@tn.gov>
Sent: Thursday, August 29, 2024 6:23 PM
To: Jim Christoffersen <Jim.Christoffersen@tn.gov>; Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: FW: Request for extension for Grassland Surgery Center CN#2103-011

I approve. Jim, please let them know!

Logan Grant
Executive Director
Health Facilities Commission

From: Rodney Lunn <rlunn@phybus.com>
Sent: Thursday, August 29, 2024 5:03 PM
To: Logan Grant <Logan.Grant@tn.gov>
Cc: nicholas sieveking <n.sieveking@gmail.com>
Subject: [EXTERNAL] Request for extension for Grassland Surgery Center CN#2103-011

This Message Is From an External Sender

This message came from outside your organization.

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Mr. Grant ,
Please see attached letter requesting an extension of the Certificate of Need for the Grassland Surgery Center CN#2103-011.
Thank you,
Rodney Lunn

Rodney H. Lunn
CEO, PhyBus LLC
215 Jamestown Park Road, Ste 205
Brentwood, TN 37027
Main: (615) 620-9300
Direct: (615) 620-9302
Cell: (615) 414-1207
Fax: (615) 620-9301
www.phybus.com



July 12, 2023

Health Facilities Commission
Licensure Division
665 Mainstream Drive
2nd Floor
Nashville, TN 37243

Attn: Ms. Kayla Watson

Dear Ms. Watson,

Enclosed is a check made payable to the Health Facilities Commission for Grassland Surgery Center's ASTC Application for Initial Licensure and Grassland Surgery Center's Application. If you have any questions, please contact Rodney Lunn at (615) 620-9302. Thank you for your assistance!

Sincerely,



Tracy Chambers

Administrative Assistant to Rodney Lunn
(615) 620-9315