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May 29, 2026

VIA EMAIL

Ms. Ann Rutherford Reed RN, BSN, MBA
Deputy Director, Licensure & Regulation
Health Facilities Commission
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Email: ann.r.reed@tn.gov

Re: AMISUB (SFH) Inc., Saint Francis Hospital

Dear Ann:

AMISUB (SFH) Inc., Saint Francis Hospital (SFH) is a licensed acute care hospital located at 5959 Park Avenue, Memphis (Shelby County), Tennessee. Among other services, it has a Subpart NPI for a 40-bed psychiatric unit, NPI 1457413551. The utilization of this unit steadily declined from 2021 – 2024, from 506 admissions or discharges and 4,642 patient days in 2021 to 110 admissions or discharges and 2,153 patient days in 2024. This represents a decline in admissions or discharges of almost 80% and a decline in patient days of over 50%. The decline has made it difficult to attract and retain qualified staff. SFH made the difficult decision to temporarily discontinue services in this unit on June 30, 2025, and notified the Department of Mental Health & Substance Abuse Services on May 15, 2025. A copy of this notification is attached. SFH was unaware that it needed to request a waiver from the HFC until recently.

SFH is requesting an inactive status waiver for 2 years from July 1, 2025 through June 30, 2027. SFH is evaluating its options and hopes that it will be able to reopen the unit in the near future.

Please place this request on the agenda for the HFC for its June 24 meeting. If you need additional information or clarification, please do not hesitate to contact me.

Sincerely,
Kim Harvey Looney
Kim Harvey Looney



OFFICE OF LICENSURE: AGENCY/SERVICE CHANGE OF STATUS FORM

INSTRUCTIONS: Use this form to report or request a change in the status of previously submitted application information or the conditions of a current license. This form is not for use in changing the ownership or operator of a currently licensed facility or service, the addition of another facility or service by a current Licensee, the relocation of a currently licensed facility or service, or a major change in use or occupancy of a currently licensed facility or service.

DATE: May 15, 2025

LICENSEE NAME: AMISUB(SFH), INC. Saint Francis Hospital

LIST THE SITE NAME OF THE FACILITY OR SERVICE IN WHICH THE CHANGE INDICATED BELOW IS TO OCCUR:
Behavioral Health Unit

CHECK THE ITEM(S) BELOW WHICH DESCRIBE(S) THE CHANGE(S) TO OCCUR AND SUBMIT THE REQUESTED INFORMATION

1. **CHANGE IN CHIEF EXECUTIVE OFFICER OR DIRECTOR:** The Licensee has appointed or hired the individual listed below to serve as Chief Executive Officer or Executive Director on whom rests the authority and responsibility for the overall management of the organization/company: (Do not submit this form for site director change.)

NAME: _____

TITLE: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

Proof of citizenship, three character references, a Licensure Background Check Information form, and a Non-criminal Justice Applicant's Privacy Rights form must be submitted on the individual identified above. An appointment to be fingerprinted will be scheduled for this individual by the regional licensure office.

2. **CHANGE IN LICENSEE NAME:** The Licensee is changing IN NAME ONLY from the name listed above to the following name:

This is **NOT** a change in ownership or operator of the facility or service. The Licensee is changing in name only. Attach a copy of the legal documentation which evidences this change of name, such as revised corporate charter from the Secretary of State, marriage certificate, court papers, partnership agreement, etc.

3. **CHANGE IN THE PUBLIC NAME OF THE FACILITY OR SERVICE:** The Licensee is changing the site name of the facility or service listed above as it is currently known to the public and listed on the current license to the following new name. Use one (1) form for each site name change.
