

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER TNPL55728	Y1	MULTIPLE CONSTRUCTION A. Building 02 - STATE BUILDING B. Wing	Y2	DATE OF REVISIT 10/31/2025	Y3
NAME OF FACILITY SPRING HILL IMAGING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5421 MAIN STREET, SUITE C SPRING HILL, TN 37174		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix G1401	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 1200-8-35-.14(1)(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/25/2025	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
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Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>AW</i>	DATE <i>11/6/25</i>	SIGNATURE OF SURVEYOR <i>[Signature]</i>	DATE <i>10/31/25</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/12/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Health Facilities Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNPL55728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 10/31/2025
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NAME OF PROVIDER OR SUPPLIER SPRING HILL IMAGING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5421 MAIN STREET, SUITE C SPRING HILL, TN 37174
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{G 001}	1200-8-35 Initial This Rule is not met as evidenced by: A Life Safety Code follow-up Survey was conducted by the Tennessee Health Facilities Commission on 10/31/2025. During this Life Safety Code follow-up Survey, Spring Hill Imaging Center was found not in substantial compliance with the requirements of the rules of the Tennessee Health Facilities Commission 0720-36 Standards For Outpatient Diagnostic Centers and the National Fire Protection Association (NFPA) 101 Life Safety Code (2021 Edition).	{G 001}		
{G 801}	1200-8-35-.08 (1) Building Standards (1) An ODC shall construct, arrange, and maintain the condition of the physical plant and the overall ODC environment in such a manner that the safety and well-being of the patients are assured. This Rule is not met as evidenced by: Based on document review and observations, the facility failed to maintain the physical plant and overall ODC environment. The findings include: 1. Observation on 10/31/2025 at 10:15 AM, revealed the fire door in the 1 hour fire barrier at the lab corp office was not equipped with a self-closure device. NFPA 101, 4.6.12.1 (2021 Edition) NFPA 101, 8.3.3.1 (2021 Edition) 2. Observation and testing on 10/31/2025 at 10:25 AM, revealed the emergency light in the MRI equipment room did not function. NFPA 101,	{G 801}		

Health Facilities Commission
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Health Facilities Commission

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{G 801}	Continued From page 1 4.6.12.1 (2021 Edition) NFPA 101, 7.9.2.1 (2021 Edition) The Facility Manager was present when these findings were identified and acknowledged them during the exit conference on 10/31/2025.	{G 801}		
{G 805}	1200-8-35-.08 (5) Building Standards (5) No new ODC shall be constructed, nor shall major alterations be made to an existing ODC without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new ODC is licensed or before any alteration or expansion of a licensed ODC can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners. This Rule is not met as evidenced by: Based on observations and office records review, the facility failed to obtain approval from the Commission prior to conducting alterations and expansion of the ODC. The findings include: Office based-records review and interview with	{G 805}		

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{G 805}	Continued From page 2 Senior Director of Facilities and Technology on 10/31/2025, revealed the facility has not obtained approval from the Commission for the alterations previously observed below. Observations and interview on 3/13/2025 between 9:00 AM and 11:30 AM, revealed the following: a) The facility has added an additional ultrasound exam room. b) Interview with facility manager revealed the floors have been replaced throughout the ODC within the last 2 years. c) Fire rated barrier exists, encompassing the waiting room and reception area, part of the corridor, the facility managers office, lab corps office, and a storage room, as well as the original approved ODC space. This barrier includes fire rated doors, fire dampers, and rated walls to deck. d) The waiting room is being used by the ODC and a laboratory company that occupies the building. Office records review revealed the approved plans for this occupancy do not include any fire barrier walls, fire dampers, or fire doors. Multiple renovations appear to have been conducted since the original approval, including walls, interior windows and doors, some of which are outside of the original approved occupancy area but are now used as part of the ODC. The original floor coverings were approved as carpet. The additional ultrasound room is located in an area that was not part of the approved occupancy and is shown to be part of a specialty clinic. The Facility Managers office in a room approved for soiled holding, which is outside of the original occupancy area and the soiled holding has been moved to a room originally approved as a dark	{G 805}		

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{G 805}	Continued From page 3 room for xray. The Facility Manager was present when these findings were identified and acknowledged them during the exit conference on 10/31/2025.	{G 805}		