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

INITIAL APPLICATION FOR LICENSE OF SERVICES FOR HOSPITAL OR OUTPATIENT DIAGNOSTIC CENTER

1. NAME AND PHYSICIAL ADDRESS OF FACILITY OF SERVICE

Provider Type (Check One): x Hospital □ Outpatient Diagnostic Center (ODC)

Ascension Saint Thomas Midtown
Name

2000 Church St
Address

Nashville	TN	37203
City	State	ZIP

TN53124
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Dr. Shubhada Jagasia	President and CEO, Asension Saint Thomas Hospital
Name	Title

Shubhada.jagasia@ascension.org
Email Address

Ascension Saint Thomas
Company Name

2000 Church St
Address

Nashville	TN	37203
City	State	ZIP

615-284-5555
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

David Cantrell	Chief Financial Officer	
Name	Title	
Charles.cantrell@ascension.org		
Email Address		
Ascension Saint Thomas		
Company Name		
2000 Church St		
Address		
Nashville	TN	37172
City	State	ZIP
615-284-5555		
Phone Number		

On the following items, check all appropriate services to be licensed.

Have any of the following services been changed since the last occupancy approval or have had a Plans Review related to that service since the last approval? □ Yes x No

If yes, what were the changes and date of changes?:

□ **ESTABLISHMENT OF A BURN UNIT:**

Physical Address of Service: _____

Number of Beds _____

What Age Group Will Be Served/Licensed?: □ Pediatric □ Adult □ Both

Will the Burn Unit be Verified by ABA?: □ Yes □ No (Please attach documentation of verification.)

If no, why:

x **ESTABLISHING MRI UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 2000 Church St. Nashville Tn 37203

Name Brand of Unit Philips Ingenia

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) 70 CM Wide Bore

Unit's Serial Number 201ww08215386

Will the MRI Unit be Accredited?: x Yes □ No

If MRI Unit will be Accredited, is it □ PENDING x ACCREDITED

If ACCREDITED, What Organization? Joint Commission
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. x Yes □ No

□ **ESTABLISHING PET UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: _____

Name Brand of Unit _____

Type (i.e. PET Only, PET/CT, PET/MRI) _____

Unit's Serial Number _____

Will the PET Unit be Accredited?: □ Yes □ No

If PET Unit will be Accredited, is it □ PENDING □ ACCREDITED

If ACCREDITED, What Organization? _____
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. □ Yes □ No

x **ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: 2000 Church St Nashville TN 37203

Choose Designation Type: x First Time Self Designation/Initial NICU License

□ Designation at Different Level

What is the Current License Level of Care? _____

What is the Requested Level? _____

□ Ownership/Physical Location Change

Number of Beds by Each Level

Level II	
Level III	52
Level III with Surgery	
Level IV	

Have you been evaluated by AAP?: □ Yes x No
If yes, please provide documentation.

Designate Expiration Date: _____

Neonatal Program Manager

Amy Hines — Director of Nursing- Women's & Children
Name — Title

Amy.hines@ascension.org
Email Address

615-284-5555
Phone Number

Neonatal Medical Director

Dr. Marta Papp — Medical Director
Name — Title

Marta.papp@pediatrix.com
Email Address

615-284-5555
Phone Number

Pursuant to Tennessee Rule of Civil Procedure 72, I hereby declare under perjury that the information provided in this application is true and correct. Signee for this application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or services for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated §68-11-201 and Rules 0720-.14, 0720-36, and 0720-47 adopted by the Commission effective December 1, 2025. Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA §71-6-103 to report incidents of abuse or neglect.

Richelle Graham — **12.1.25**

Signature — **Date**

Richelle Graham

Printed Name

January 14, 2025

Shubhada Jagasia, MD, MMHC
President and CEO
Ascension Saint Thomas Hospital
4220 Harding Pike ,
Nashville, TN 37205

Joint Commission ID #: 7891
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 1/13/2025

Dear Dr. Jagasia:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning September 14, 2024 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations