



**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 hsd.a.staff@tn.gov

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

1. NAME AND PHYSICAL ADDRESS OF FACILITY OF SERVICE

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

ASCENSION SAINT THOMAS RIVER PARK

Name

1559 SPARTA STREET

Address

MCMINNVILLE

TN

37110

City

State

ZIP

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

ERIC PAUL

PRESIDENT

Name

Title

ERIC.PAUL@ASCENSION.ORG

Email Address

ASCENSION SAINT THOMAS RIVER PARK HOSPITAL

Company Name

1559 SPARTA STREET

Address

MCMINNVILLE

TN

37110

City

State

ZIP

931-815-4202

Phone Number

3. BILLING INFORMATION FOR FACILITY

ALAN PHELPS	CFO	
Name	Title	
SAMUEL.PHELPS@ASCENSION.ORG		
Email Address		
ASCENSION SAINT THOMAS RIVER PARK		
Company Name		
1559 SPARTA STREET		
Address		
MCMINNVILLE	TN	37110
City	State	ZIP
931-815-4102		
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 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: 1559 SPARTA STREET, MCMINNVILLE TN 37110

Name Brand of Unit GENERAL ELECTRIC

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) SHORT BORE

Unit's Serial Number 675253BU9

Will the MRI Unit be Accredited? Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? THE JOINT COMMISSION
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. 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

ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):

Physical Address of Service: _____

Choose Designation Type: 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 _____
Level III with Surgery _____
Level IV _____

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

Designate Expiration Date: _____

Neonatal Program Manager

Name Title

Email Address

Phone Number

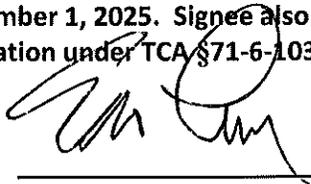
Neonatal Medical Director

Name Title

Email Address

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.



12-2-25

Signature

Date

ERIC H. PAUL

Printed Name



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Health Facilities Commission

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MCMINNVILLE

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37110

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120

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ERIC PAUL

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Name

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TN

37110

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931-815-4102

Phone Number

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

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Name Brand of Unit GENERAL ELECTRIC

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) SHORT BORE

Unit's Serial Number R4405

Will the MRI Unit be Accredited? Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? THE JOINT COMMISSION
(Attach certificate or proof of accreditation.)

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Name Brand of Unit _____

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

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If yes, please provide documentation.

Designate Expiration Date: _____

Neonatal Program Manager

Name Title

Email Address

Phone Number

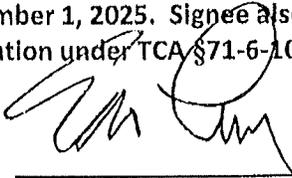
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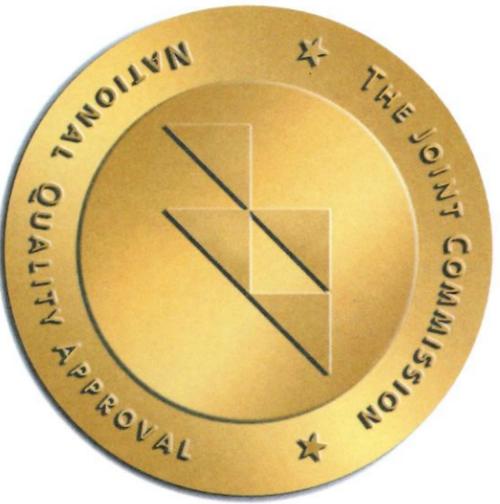
ERIC H. PAUL

Printed Name

Saint Thomas River Park Hospital, LLC

McMinnville, TN

has been Accredited by



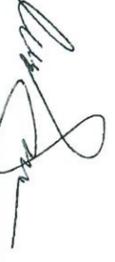
The Joint Commission

Hospital Accreditation Program

Which has surveyed this organization and found it to meet the requirements for the

May 31, 2025

Accreditation is customarily valid for up to 36 months.


Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #7866
Print/Reprint Date: 08/08/2025


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

