



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 PHYSICAL ADDRESS OF FACILITY OF SERVICE

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

Saint Thomas Rutherford Hospital

Name

1700 Medical Center Pkwy

Address

Murfreesboro

TN

37129

City

State

ZIP

00000100

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Daphne David

President/Chief Executive Officer

Name

Title

Daphne.david@ascension.org

Email Address

Saint Thomas Rutherford Hospital

Company Name

1700 Medical Center Pkwy

Address

Murfreesboro

TN

37129

City

State

ZIP

615-396-4103

Phone Number

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

Physical Address of Service: 1700 Medical Center Parkway, Murfreesboro, TN 37129

Name Brand of Unit Siemens

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) Closed bore

Unit's Serial Number 183502

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: 1700 Medical Center Parkway, Murfreesboro, TN 37129

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 | <u>22</u> |
| 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

| | |
|----------------------------|-----------------------------|
| <u>Elishia Gifford, RN</u> | <u>NICU/Nursery Manager</u> |
| Name | Title |

Elishia.gifford@ascension.org
Email Address

615-396-6713
Phone Number

Neonatal Medical Director

| | |
|--------------------------------|----------------------------------|
| <u>Elizabeth Harrelson, MD</u> | <u>Neonatal Medical Director</u> |
| Name | Title |

euharrelson@gmail.com
Email Address

615-587-6435
Phone Number



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State

ZIP

615-396-4103

Phone Number

3. BILLING INFORMATION FOR FACILITY

Jamie Underwood

Executive Assistant

Name

Title

Jamie.underwood1@ascension.org

Email Address

Saint Thomas Rutherford Hospital

Company Name

1700 Medical Center Pkwy

Address

Murfreesboro

TN

37129

City

State

ZIP

615-396-4103

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:

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Physical Address of Service: 1700 Medical Center Parkway, Murfreesboro, TN 37129

Name Brand of Unit Siemens

Tesla 1.5

Type (i.e. Close, Short Bore, etc.) Closed bore

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If no, why:

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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 _____

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(Attach certificate or proof of accreditation.)

If no, why:

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

Designate Expiration Date: _____

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| <u>Elishia Gifford, RN</u> | <u>NICU/Nursery Manager</u> |
| Name | Title |

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| <u>Elishia.gifford@ascension.org</u> |
| Email Address |

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| <u>615-396-6713</u> |
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Neonatal Medical Director

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| <u>Elizabeth Harrelson, MD</u> | <u>Neonatal Medical Director</u> |
| Name | Title |

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|------------------------------|
| <u>euharrelson@gmail.com</u> |
| Email Address |

| |
|---------------------|
| <u>615-587-6435</u> |
| Phone Number |

From: [Christy Siemer](#)
To: [Alecia L. Craighead](#)
Subject: Re: [secure email]RE: [EXTERNAL] Forms submitted previously
Date: Tuesday, December 30, 2025 3:18:02 PM
Attachments: [image002.png](#)
[image004.png](#)

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

My GE 3T serial number is 12571YR6

On Tue, Dec 30, 2025 at 3:13 PM Alecia L. Craighead <Alecia.L.Craighead@tn.gov> wrote:

Let me know which one needs to be the correct one. If the incorrect one is the one placed on the Quality Service License, just let us know. Otherwise, I'll update the Registry to reflect the correct number.

Alecia



Alecia Craighead | Data and Analysis Administrator

Health Facilities Commission

Andrew Jackson State Office Building, 9th Floor

502 Deaderick Street, Nashville, TN 37243

p. 615-253-2782

c: 615.674.0370

alecia.l.craighead@tn.gov

www.tn.gov/hfc

From: Christy Siemer <christy.siemer@ascension.org>
Sent: Tuesday, December 30, 2025 3:08 PM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Subject: Re: [secure email]RE: [EXTERNAL] Forms submitted previously

That's the one! My MRI has a wrong serial number on this list. What do I need to do to change that?

On Tue, Dec 30, 2025 at 2:53 PM Alecia L. Craighead <Alecia.L.Craighead@tn.gov> wrote:

If you are referring to the Great and Fantastic Medical Equipment Registry, that will be me. So, I've attached all that was received for Ascension St. Thomas Rutherford. The utilization by supplied by a group collection that was sent to me.

If you are talking about a different animal, sorry if I can help you much. ()

Alecia



Alecia Craighead | Data and Analysis Administrator

Health Facilities Commission

Andrew Jackson State Office Building, 9th Floor

502 Deaderick Street, Nashville, TN 37243

p. 615-253-2782

c: 615.674.0370

alecia.l.craighead@tn.gov

www.tn.gov/hfc

From: Christy Siemer <christy.siemer@ascension.org>

Sent: Tuesday, December 30, 2025 2:29 PM

To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

Subject: [EXTERNAL] Forms submitted previously

Hi Alecia,

Is there any way you can tell me who I would have sent my state forms to in the spring for Tennessee registration? Or send me back a copy of what I submitted if it was to you? I thought I had emailed them to you but I can't find them in my sent emails to you. I'm looking for what we have listed as the serial number for the 3T MRI here at Saint Thomas Rutherford.

Thanks so much!

--

Christy Siemer, MBA, CNMT, RT(N)

Director Cardiac and Diagnostic Imaging Services

Ascension Saint Thomas Rutherford

Murfreesboro, TN 37129

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--

Christy Siemer, MBA, CNMT, RT(N)

Director Cardiac and Diagnostic Imaging Services

Ascension Saint Thomas Rutherford

Murfreesboro, TN 37129

--

Christy Siemer, MBA, CNMT, RT(N)

Director Cardiac and Diagnostic Imaging Services

Ascension Saint Thomas Rutherford

Murfreesboro, TN 37129

Saint Thomas Rutherford Hospital

Murfreesboro, 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

April 5, 2025
Accreditation is customarily valid for up to 36 months.



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

ID #7883
Print/Reprint Date: 07/22/2025



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.



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Murfreesboro, TN

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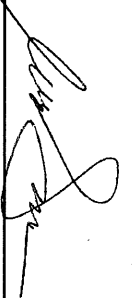


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