HFC

PROCEDURES FOR APPLYING FOR INITIAL SERVICE LINE FOR HOSPITALS OR OUTPATIENT DIAGNOSTIC CENTERS

1. Beginning December 1, 2025, NICU, Burn Unit, MRI, and PET service lines must submit a licensure application to the Health Facilities Commission (HFC) followed by the designated fee.

   A licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.

3. All applications will need to be emailed to hfc.service@tn.gov . An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.

4, Any hospital seeking to initiate a new NICU/Burn service line that was previously not licensed, or seeks to modify NICU (Level II-IV) or Burn Unit services, must submit architectural plans to Plans review through the online portal at https://apps.tn.gov/tnhcf/

   If a hospital is modifying an existing NICU/Burn service line (e.g. renovations, increasing a NICU level, or increasing bed capacity), the hospital must submit architectural plans to Plans Review as well.

5. If an initial service is being implemented, after Plans Review has been completed and approved, a Life Safety Inspector will be sent out within ten (10) days. Within thirty (30) to forty-five (45) days, a health licensure surveyor will be sent out to determine approval.

6. If the application is for a new Burn or NICU service, after the Plans Review approval, a HFC surveyor will conduct an on-site review for the initial occupancy approval.

7. If the application involves MRI and/or PET, please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.

8. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.

    a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.

    b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html.. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.

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): ☒ **Hospital** ☐ **Outpatient Diagnostic Center (ODC)**

Ascension Saint Thomas West
Name

4220 Harding Pike
Address

Nashville | TN | 37205
City | **State** | **ZIP**

Facility License Number: 00000024
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Dr. Shubhada Jagasia | CEO
Name | **Title**

shubhada.jagasia@ascension.org
Email Address

Ascension Saint Thomas West
Company Name

4220 Harding Pike
Address

Nashville | TN | 37205
City | **State** | **ZIP**

615.222.6258
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Amber Gustin	Director of Medical Imaging	
Name	**Title**	
amber.gustin@ascension.org		
Email Address		
Ascension Saint Thomas West		
Company Name		
4220 Harding Pike		
Address		
Nashville	TN	37205
City	**State**	**ZIP**
(615) 222-2858		
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:

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

Physical Address of Service: See Attachment A.

Name Brand of Unit _____

Tesla _____

Type (i.e. Close, Short Bore, etc.) _____

Unit's Serial Number _____

Will the MRI Unit be Accredited?: ☐ **Yes** ☐ **No**

If MRI Unit will be Accredited, is it ☐ **PENDING** ☐ **ACCREDITED**

If ACCREDITED, What Organization? _____
(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: 4220 Harding Pike Nashville, TN 37205

Name Brand of Unit GE

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

Unit's Serial Number 01638905SB

Will the PET Unit be Accredited?: ☒ **Yes** ☐ **No**

If PET 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 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.

Amber Gustin 12/5/2025

Signature **Date**

Amber Gustin

Printed Name

Non-Refundable Licensing Fees for Listed Licensed Services

An invoice will be sent to the contact for Billing for total payment of fees.

Burn Unit

Hospital: $1040

Neonatal Intensive Care Unit (NICU)

Hospital: $1040

MRI:

Hospital: $500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: $500 per MRI unit

PET:

Hospital: $500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: $500 per MRI unit

(as of December 1, 2025)

ATTACHMENT - A

MEDICAL EQUIPMENT INFORMATION

Equipment Type (i.e. MRI or PET)	Physical Address of Service	Brand Name	Type (i.e. Tesla/Short Bore; PET/CT)	Serial Number	Accredited (Yes/No/Pending)	Accreditation Organization	Unit Registered with HFC (Yes/No)
MRI	4220 Harding Pike Nashville, TN 37205	Philips	Ingenia 1.5T Bore size 70cm	84526	Yes	The Joint Commission	Yes
MRI	4220 Harding Pike Nashville, TN 37205	Siemens	Espree 1.5T Bore size 70cm	31213	Yes	The Joint Commission	Yes

The Joint Commission

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

January 14, 2025

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President and CEO
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