2025/12/01

State of Tennessee Application for License Hospital

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): X□Hospital □ Outpatient Diagnostic Center (ODC)

Baptist Memorial Hospital - Memphis
Name

6019 Walnut Grove Road
Address

Memphis	**Tn**	**38120**
City	State	ZIP

104
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Paul Cade	**CEO**
Name	Title

Paul.Cade@bmhcc.org
Email Address

Baptist Memorial Hospital
Company Name

6019 Walnut Grove Road
Address

Memphis	**Tn**	**38120**
City	State	ZIP

901-226-5003
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Debbie Davies	Administrative Assistant
Name	Title

Debbie.Davies@bmhcc.org
Email Address

Baptist Memorial Hospital
Company Name

6019 Walnut Grove Road
Address

Memphis	Tn.	38120
City	State	ZIP

901-226-5003
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:

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

Physical Address of Service: 6019 Walnut Grove Road Memphis, Tn 38120

Name Brand of Unit Siemens Aera

Tesla 1.5

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

Unit's Serial Number 141769

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

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

If ACCREDITED, What Organization? American College of Radiology
(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: 6027 Walnut Grove Road Memphis,Tn 38120

Name Brand of Unit Siemens Biograph

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

Unit's Serial Number 60016

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

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

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

If no, why: Unit has not be accredited due to age of unit

The PET unit will be registered with the Health Facilities Commission. X □ **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.

Paul Cade — 12/1/25

Signature **Date**

Paul Cade

Printed Name

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	6027 Walnut Grove Rd. Memphis, Tn 38120	Siemens Aera	1.5 T	41714	Yes	American College of Radiology	No
MRI	6027 Walnut Grove Rd Memphis, Tn 38120	GE Signa Architect	3.0 T	UA1911	Yes	American College of Radiology	No
MRI	5150 Airline Rd., Suite 200 Arlington, Tn 38002	Siemens Magnetom	1.5 T	142622	Pending submission	American College of Radiology	No

Distribution List:
Purchaser
Assembler
State Radiation Health Office

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
REPORT OF ASSEMBLY OF A DIAGNOSTIC X-RAY SYSTEM

Form Approved: OMB No. 0910-0025
Expiration Date: February 28,2026
See Reverse for PRA Statement

Assembler/Purchaser Control Number
904196 06-25-2025

1. EQUIPMENT LOCATION

a. NAME OF HOSPITAL, DOCTOR OR OFFICE WHERE INSTALLED
Akumin / Alliance Healthcare Services

b. STREET ADDRESS
18201 Von Karman- Suite 600

c. CITY: Irvine
d. STATE: CA
e. ZIPCODE: 92612
f. TELEPHONE NUMBER: 502-706-9290

2. ASSEMBLER INFORMATION

a. COMPANY NAME
Siemens Medical Solutions USA, Inc.

b. STREET ADDRESS
221 Gregson Drive

c. CITY: Cary
d. STATE: NC
e. ZIPCODE: 27511
f. TELEPHONE NUMBER: 919-804-8395

3. GENERAL INFORMATION

a. THIS REPORT IS FOR ASSEMBLY OF CERTIFIED COMPONENTS WHICH ARE (Check appropriate box(es))

- [ ] REASSEMBLY-MIXED SYSTEM (Both certified and non-certified components)
- [x] NEW ASSEMBLY- FULLY CERTIFIED SYSTEM
- [ ] REPLACEMENT COMPONENTS IN AN EXISTING SYSTEM
- [ ] REASSEMBLY-FULLY CERTIFIED SYSTEM
- [ ] AN ADDITION TO AN EXISTING SYSTEM

b. INTENDED USE(S) (Check appropriate box(es))

[ ] GENERAL PURPOSE RADIOGRAPHY	[ ] UROLOGY	[x] CT WHOLE BODY SCANNER	[ ] RADIATION THERAPY SIMULATOR	[ ] OTHER (Specify in comments)
[ ] GENERAL PURPOSE FLUOROSCOPY	[ ] MAMMOGRAPHY	[ ] HEAD-NECK (Medical)	[ ] C-ARM FLUOROSCOPIC	
[ ] TOMOGRAPHY (Other than CT)	[ ] CHEST	[ ] DENTAL-INTRAORAL	[x] DIGITAL	
[ ] ANGIOGRAPHY	[ ] CHIROPRACTIC	[ ] DENTAL-CEPHALOMETRIC	[ ] BONE MINERAL ANALYSIS	
[ ] PODIATRY	[x] CT HEADSCANNER	[ ] DENTAL-PANORAMIC	[ ] DENTAL-CT	

c. THE X-RAY SYSTEM IS (Check one)
- [x] STATIONARY
- [ ] MOBILE

d. THE MASTER CONTROL IS IN ROOM: Mobile Control room

e. DATE OF ASSEMBLY: 06/25/2025 (mm) (dd) (yyyy)

4.COMPONENT INFORMATION *(If additional space is needed for the section use another form, replacing the preprinted number with this Form Number, and complete Items 1, 4, and 5 only)*

a. THE MASTER CONTROL IS
- [x] NEW INSTALLATION
- [ ] EXISTING (Certified)
- [ ] EXISTING (Non-certified)

b. CONTROL MANUFACTURER: Siemens AG
d. CONTROL SERIAL NUMBER: 28468
e. DATE MANUFACTURED: 03/2025
c. CONTROL MODEL NUMBER: 11061357
f. SYSTEM MODEL NAME (CT Systems Only): Biograph Trinion

Complete the following information for the certified components listed below which you installed. For beam limiting devices, tables and CT gantries enter the manufacturer and Model number in the indicated spaces. For other certified components, enter in the appropriate blocks how many of each you installed in the system.

g. SELECTED COMPONENTS

	MANUFACTURER	MODEL NUMBER	DATE MANUFACTURED
	Siemens AG	11061232	04/2025
	Siemens AG	10755469	04/2025
	Siemens AG	11664100	04/2025

h. OTHER CERTIFIED COMPONENTS (Enter number of each installed in appropriate blocks)

1	X-RAY CONTROL	0	CRADLE
1	HIGH VOLTAGE GENERATOR	0	FILM CHANGER
0	VERTICAL CASSETTE HOLDER	0	IMAGE INTENSIFIER
1	TUBE HOUSING ASSEMBLY	0	SPOT FILM DEVICE
0	DENTAL TUBE HEAD	0	FLUOROSCOPIC IMAGING ASSEMBLY
0	CEPHALOMETRIC DEVICE	0	IMAGE RECEPTOR
0	IMAGE RECEPTOR SUPPORT DEVICE	0	FLUOROSCOPIC AIR KERMA DISPLAY DEVICE
0	OTHER		

5.ASSEMBLER CERTIFICATION

I affirm that all certified components assembled or installed by me, for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacture(s), were of the type required by the manufacturer(s), were of the type required by the diagnostic x-ray performance standard (21 CFR Part 1020), were not modified to adversely affect performance, and were installed in accordance with provisions of 21 CFR Part 1020. I also affirm that all instruction manuals and other information required by 21 CFR Part 1020 for this assembly have been furnished to the purchaser and, within 15 days following completion of the assembly, a copy of this form will be submitted to the purchaser and, where applicable, to the State agency responsible for radiation protection.

a. PRINTED NAME: Headrick,Steve

b. SIGNATURE
Signature: Sandi S. Christianson
Electronically signed by: Sandi Christianson
Reason: I have reviewed this document
Date: Jun 26, 2025 11:19 EDT
Email: sandi.christianson@siemens-healthineers.com
Signed for: Headrick,Steve 6/25/2025

6.COMMENTS

New Install:Biograph Trinion FL:400-904196

Contact Information for State Radiation Health Offices is available on the website of the Conference of Radiation Control Program Directors (CRCPD), https://www.crcpd.org/mpage/Map

Form may be downloaded at: https://www.fda.gov/media/144454/download

This section applies only to requirements of the Paperwork Reduction Act of 1995

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 18 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

AMERICAN COLLEGE OF RADIOLOGY®

Certificate *of* Accreditation

Baptist Memorial Hospital Memphis

6019 Walnut Grove Road
Memphis, Tennessee 38120

was surveyed by the ACR® Committee on MRI Accreditation of the Commission on Quality and Safety

The following magnet was approved

Siemens Medical Systems MAGNETOM AERA 2018

for

Body, Cardiac, Head, MRA, MSK, Spine

Accredited from
September 12, 2024 through September 12, 2027

David B Larson

Chair, Committee ON
MRI Accreditation

Chair, Commission on
Quality and Safety

MRAP# 03492-02

Baptist Memorial Hospital Memphis Outpatient Radiology

6027 Walnut Grove Road
Memphis, Tennessee 38120

was surveyed by the
ACR Committee on MRI Accreditation
of the Commission on Quality and Safety

The following magnet was approved

Siemens Medical Systems MAGNETOM AERA 2012

For

Body, Cardiac, Head, MRA, MSK, Spine

Accredited from:

April 04, 2024 through June 03, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 00082-06

Baptist Memorial Hospital Memphis Outpatient Radiology

6027 Walnut Grove Road
Memphis, Tennessee 38120

was surveyed by the
ACR Committee on MRI Accreditation
of the Commission on Quality and Safety

The following magnet was approved

Siemens Medical Systems MAGNETOM AERA 2012

For

Body, Cardiac, Head, MRA, MSK, Spine

Accredited from:

April 04, 2024 through June 03, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 00082-06

State of Tennessee

License No. 104
No. Beds 927

Health Facilities Commission

Board for Licensing Health Care Facilities

This is to certify that a license is hereby granted by the Health Facilities Commission to BAPTIST MEMORIAL HOSPITAL to conduct and maintain an Hospital
BAPTIST MEMORIAL HOSPITAL
Located at 6019 WALNUT GROVE ROAD, MEMPHIS TN 38120
County of SHELBY, TENNESSEE.

The license shall expire September 01, 2026 and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable and shall be subject to revocation at any time by the Health Facilities Commission, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the Health Facilities Commission issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State
this 9th day September, 2025.

HFC

GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL
STEMI-RECEIVING CENTER

By Caroline R. Pyeatt, Esq., C.H.C.
Director, Licensure & Regulation

By
Executive Director

Baptist Memorial Hospital - Memphis

Memphis, TN

has been Accredited by

The Joint Commission

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

Hospital Accreditation Program

February 24, 2024

Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #7869
Print/Reprint Date: 05/22/2024

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.

Outlook

[EXTERNAL] RE: Baptist Memorial Hospital – Memphis - additional information needed

From Pam Jennings <Pam.Jennings@BMHCC.org>
Date Tue 12/16/2025 11:50 AM
To Holly Vickers <Holly.Vickers@tn.gov>

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

Good morning Holly,
Our PET equipment is scheduled to receive an upgrade in the coming months. Currently, we are under the Joint Commission Accreditation which reviewed all documentation and physic reporting for this unit.
Thank you,
Pam

Pam Jennings
(901) 226-4161

From: Holly Vickers <Holly.Vickers@tn.gov>
Sent: Thursday, December 11, 2025 7:42 AM
To: Pam Jennings <Pam.Jennings@BMHCC.org>
Subject: Baptist Memorial Hospital – Memphis - additional information needed
Importance: High

You don't often get email from holly.vickers@tn.gov. Learn why this is important

CAUTION: Security REMINDER: This is an EXTERNAL EMAIL. Stop and think before RESPONDING or CLICKING a link or OPENING attachments!

Dear Pam,

We received your application for a quality license for Baptist Memorial Hospital – Memphis. We acknowledge that the PET will not be accredited due to age. Are their any plans for the PET to be replaced?

Sincerely,

Holly Vickers | Health Planner Quality Officer
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor

502 Deaderick Street,
Nashville, TN 37243
holly.vickers@tn.gov
tn.gov/hfc

Unit Name: Akumin Standard Siemens Trinion PETCT

Manufacturer: Siemens Model: Biograph Trinion EP CT64

Software Version: VK10A Serial Number: 100239

Slice Count or # of Channels: 64 Slice

Bore Size (cm) : 70 Weight Limit (kg) : 227

Software Features:

PET Cardiac gating, MI Cardio Add-On-, MI Routine Onco-, FAST IRS, Multi-index RTP overlay, ultraHDPET, CT Lung Cancer Screening, Care Dose 4D, CARE kV, CARE Profile, Adaptive Dose Shield, DICOM Viewer, CARE Bolus, CARE Dashboard, Digital PET Signal, HD Field of View Pro, iMAR (Metal Artifact Reduction), PET Cardiac Metal Artifact Reduction, Prompts Gamma Correction, SureView

Other Features/Accessories:

2- Patient Recliners, Complete Hotlab, Flat Table Top for Treatment Planning, Low Contrast Test Tool with Holder, Uniform Source Shield,

Alliance HealthCare Radiology

Plantation, FL

has been Accredited by

The Joint Commission

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

Ambulatory Health Care Accreditation Program

February 11, 2023

Accreditation is customarily valid for up to 36 months.

Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #600902

Print/Reprint Date: 04/10/2023

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

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