



**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)

Bradley Medical Center

Name

2305 Chambliss Avenue

Address

Cleveland

TN

37312

City

State

ZIP

31

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Lisa Lovelace, MBA, MS

President and CEO

Name

Title

llovelace@hhcs.org

Email Address

Bradley Medical Center

Company Name

2305 Chambliss Avenue

Address

Cleveland

TN

37311

City

State

ZIP

423-559-6101

Phone Number

3. BILLING INFORMATION FOR FACILITY

Jeanette Fetter, MBA, RN		Vice President and CQO	
Name	Title		
jfetter@vhcs.org			
Email Address	Bradley Medical Center		
Company Name			
2305 Chambliss Avenue			
Address			
Cleveland	TN	37311	
City	State	ZIP	
423-559-6085			
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?:

We have existing architectural plans/drawings that were approved by the State of Tennessee in 1994 for six NICU beds. The project number is #9255 and it was drafted by Barber and McMurray architects. A formal letter to this effect was submitted to the TN Department of Health in October 2025. On 11/4/2025 we received email communication from Mr. Craig Parrish stating "Thanks for sharing the attached formal letter of notification for the Level II NICU services. This letter and the information you provided earlier identifying the six beds approved as a specialty nursery will be sufficed and nothing additional will be needed for plans review."

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: 2305 Chambliss Avenue
Cleveland, TN 37311

Name Brand of Unit Philips

Tesla 1.5

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

Unit's Serial Number 81034

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:

Seeking accreditation with ACR.

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):

2305 Chambliss Avenue
Cleveland, TN 37311

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	6
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

Jamie Tant, RN

Women's Center Director

Name

Title

jtant@vhcs.org

Email Address

423-559-6122

Phone Number

Neonatal Medical Director

Shannon Rigler, M.D.

Medical Director Neonatology

Name

Title

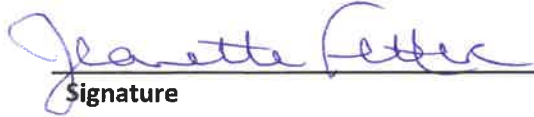
shannon.rigler@erlanger.org

Email Address

423-778-8654

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.



11/10/2025

Signature

Date

Jeanette Fetter, RN, MBA

VP, CQO

Printed Name

From: [Rico, William](#)
To: [Alecia L. Craighead](#); [Stacey Akin](#)
Subject: [EXTERNAL] Re: Bradley Westside - Follow Up
Date: Thursday, February 19, 2026 4:03:52 PM
Attachments: [image003.png](#)
[Outlook-evn4qxjs.png](#)

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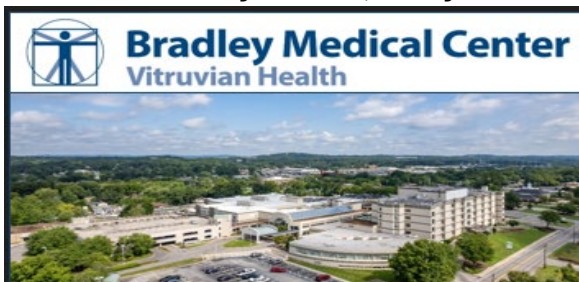
Hi Alecia,

There are not any magnets currently at our Westside facility. When I came to work at this facility, I was told that those units were removed and disposed of. Do I need to do anything to remove them from our listing?

Thank you
Shannon

Shannon Rico, BSRT (R) (T) (ARRT) | Imaging Director
Bradley Medical Center | 2305 Chambliss Ave | Cleveland, TN 37311
Tel: 423.559.6191 | Fax: 423.559.6622 | Email: wrico@vhcs.org

Excellence-Every Person, Every Time!



From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Thursday, February 19, 2026 3:26 PM
To: Rico, William <wrico@vhcs.org>; Stacey Akin <aakin@vhcs.org>
Subject: Bradley Westside - Follow Up

CAUTION: This email originated from outside the HHCS email system. DO NOT click links or attachments unless you recognize the sender and know the content is safe.

I'm following up on the question below relating to Bradley Medical Center Westside's MRI. Please respond immediately so Bradley Medical Center's Quality Service License application review can be completed.

Thank you for your assistance.

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: Alecia L. Craighead

Sent: Wednesday, January 28, 2026 1:36 PM

To: wrico@vhcs.org; aakin@vhcs.org

Subject: Bradley Westside

We are trying to finalize the Quality Service License application for Bradley Medical Center. Could you tell me the status on Bradley Medical Center Westside? More specifically, that location's MRI?

Thank you so much.

Alecia



Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission

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