



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)

Highpoint Health Riverview

Name

158 Hospital Drive

Address

Carthage

City

TN

State

37030

ZIP

129

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Cole Stockton

Name

CEO

Title

Cole.Stockton@lpnt.net

Email Address

Highpoint Health - Riverview

Company Name

158 Hospital Drive

Address

Carthage

City

TN

State

37030

ZIP

615-735-1560

Phone Number

3. BILLING INFORMATION FOR FACILITY

Leslie Kittrell _____ Radiology Director _____
Name Title

Leslie.Kittrell@lpnt.net _____
Email Address

Highpoint Health - Riverview with Ascension Saint Thomas _____
Company Name

153 Hospital Drive _____
Address

Carthage _____ TN _____ 37030 _____
City State ZIP

615-735-5164 _____
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: 158 Hospital Drive, Carthage, TN 37030

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number 963331YM4

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.

Leslie Kittrell

12/04/2025

Signature

Date

Leslie Kittrell

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)



November 17, 2025

Cole Stockton
CEO
Riverview Medical Center, LLC
158 Hospital Drive,
Carthage, TN 37030

Joint Commission ID #: 7810
Program: Critical Access Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 11/14/2025

Dear Mr. Stockton:

I am pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been **ACCREDITED**.

- **Comprehensive Accreditation Manual for Critical Access Hospitals**

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning September 19, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our [website](#). Congratulations on your accomplishment.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

Rachel L. Lamascus

From: Rachel L. Lamascus
Sent: Monday, December 15, 2025 8:37 AM
To: 'Kittrell Leslie'
Subject: RE: [EXTERNAL] Quality Service License Application Update - Highpoint Health Riverview

Great, thank you for letting me know. I will update my notes accordingly.

Thank you,
Rachel

From: Kittrell Leslie <Leslie.Kittrell@LPNT.net>
Sent: Friday, December 12, 2025 7:52 PM
To: Rachel L. Lamascus <Rachel.L.Lamascus@tn.gov>
Subject: Re: [EXTERNAL] Quality Service License Application Update - Highpoint Health Riverview

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

It is the same piece of equipment. I emailed Alecia Craighead earlier in the week. She is updating the state registry to match the serial number I put on the application. Please let me know if I need to provide additional information.

Thank you,
Leslie Kittrell

From: Rachel L. Lamascus <Rachel.L.Lamascus@tn.gov>
Sent: Friday, December 12, 2025 3:37:47 PM
To: Kittrell Leslie <Leslie.Kittrell@LPNT.net>
Subject: [EXTERNAL] Quality Service License Application Update - Highpoint Health Riverview

Dear Leslie Kittrell,

This is to notify you that your application for a quality license is missing the following information:

- Please confirm if these are the same MRI.
 - Serial number on application: 963331YM4. Serial number on Medical Equipment Registry: R5821

We need this information to continue processing your application. You will have three (3) days from the date of this email to return the requested information to Rachel.l.lamascus@tn.gov. In the subject line of the email please include the name of your facility/Physician Practice.

If the information is not returned within the allotted time, the processing of your application will be delayed.

Should you have any questions or if I can be of assistance to you, please email me at Rachel.l.lamascus@tn.gov.

Sincerely,



Rachel LaMascus, BSN, RN | Quality Initiatives Administrator

Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
rachel.l.lamascus@tn.gov
tn.gov/hfc

Mission Statement: *To promote access to quality, cost-effective healthcare in Tennessee*

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