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)

Name

Jackson-Madison County General Hospital

Address

620 Skyline Drive

City	State	ZIP
Jackson	Tennessee	38301

License Number: 78

2. CEO/ADMINISTRATOR OF PROVIDER

Name	Title
Tina Prescott	President and CEO

Email Address
tina.prescott@wth.org

Company Name

Jackson-Madison County General Hospital District dba West Tennessee Healthcare

Address
620 Skyline Drive

City	State	ZIP
Jackson	Tennessee	38301

Phone Number (731) 541-6767

3. **BILLING INFORMATION FOR FACILITY**

Name	Title
Victoria S. Lake	Director, Community Health Institute

Email Address
Vicki.lake@wth.org

Company Name
Jackson-Madison County General Hospital

Address
620 Skyline Drive

City	State	ZIP
Jackson	Tennessee	38301

Phone Number	(731) 984-2160

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? □ X Yes □ No

If yes, what were the changes and date of changes?:	November 10 2025 approval of Phase 1 of 2 replacing existing MRI#2 with new MRI machine and equipment. Project consists of new RF Shielded door, new finishes, mill work, lighting, new chiller and mini splits. Project number 2025-07-28-04.

□ **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 attached

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: _____

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**

□ X **ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: 620 Skyline Drive Jackson, Tennessee 38301

Choose Designation Type: □X **First Time Self Designation/Initial NICU License**

□ **Designation at Different Level**

What is the Current License Level of Care? III

What is the Requested Level? _____

□ **Ownership/Physical Location Change**

Number of Beds by Each Level

Level II	
Level III	**42**
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**
Tabitha Kozlowski	**Nursing Director**

Email Address

Tabitha.kozlowski@wth.org

Phone Number **(731) 541-3400**

Neonatal Medical Director

Name	**Title**
Dr. Josefina Go	**Medical Director**

Email Address
Josefina.go@wth.org

Phone Number **(731) 541-3400**

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.

Tina Prescott 11/21/25

Signature **Date**

Printed Name **Tina Prescott**

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	620 Skyline Drive	GE	1.5 Fixed Closed	731541MRI	Yes	The Joint Commission	Yes
MRI	620 Skyline Drive	GE SIGNA Artist	1.5 Fixed Short Bore	PM2072	Yes	The Joint Commission	Yes, submitted
MRI	620 Skyline Drive	GE Signa Voyager MRI System	1.5 Mobile Leased Closed	RD0421	No		Yes submitted

ORGANIZATION

Jackson-Madison County General Hospital

HCO ID: 4717

620 Skyline Drive
Jackson, Tennessee 38301

http://www.wth.org

Accredited Programs

Accredited Programs	Decision	Effective Date
Hospital	Accredited	December 8, 2023
Home Care	Accredited	December 2, 2022

Certifications

Certifications	Decision	Effective Date
Joint Replacement - Hip	Certification	August 29, 2025
Joint Replacement - Knee	Certification	August 30, 2025

Advanced Certifications

Advanced Certifications	Decision	Effective Date
Thrombectomy-Capable Stroke Center	Certification	November 21, 2025

Deemed and CMS-Recognized Programs

Hospital

Sites

West Tennessee Surgery Center

Available Services

- Ambulatory Surgery Center

Accredited Programs

- Hospital

700 W. Forest Ave., Suite 100, Jackson, TN, 38301

- Anesthesia
- Perform Invasive Procedure

Hospice of West Tennessee

1804 Highway 45 ByPass Suite 100, Jackson, TN, 38305

Available Services

- Hospice Care

Accredited Programs

- Home Care

West Tennessee Imaging Center

300 Coatsland Drive, Jackson, TN, 38301

Available Services

- Single Specialty Practitioner

Accredited Programs

- Hospital

Medical Center Infusion

1061 West Forest Avenue, Jackson, TN, 38301

Available Services

- Enteral Equipment and/or Supplies
- Enteral Nutrients
- External Infusion Pump Supplies
- External Infusion Pumps
- Infusion Pharmacy
- Parenteral Equipment and/or Supplies
- Parenteral Nutrients
- Pharmacy, Clinical Consulting Services
- Pharmacy/Dispensary,General Services
- Sterile Medication Compounding

Additional Sites

- Medical Center Infusion Services

Accredited Programs

- Home Care

Jackson-Madison County General Hospital

620 Skyline Drive, Jackson, TN, 38301

Available Services

- Allergen Extract
- Cardiac Catheterization Lab
- Cardiac Surgery
- Cardiothoracic Surgery
- Cardiovascular Unit
- Coronary Care Unit
- CT Scanner
- Dialysis Unit
- Ear/Nose/Throat Surgery
- EEG/EKG/EMG Lab
- Gastroenterology
- GI or Endoscopy Lab
- Gynecological Surgery
- Gynecology
- Hazardous Medication Compounding
- Hematology/Oncology Unit
- Inpatient Unit
- Interventional Radiology
- Joint Replacement - Hip
- Joint Replacement - Knee
- Labor & Delivery
- Magnetic Resonance Imaging
- Medical /Surgical Unit
- Medical ICU
- Neuro/Spine ICU
- Neuro/Spine Unit
- Neurosurgery
- Non-Sterile Medication Compounding
- Normal Newborn Nursery
- Nuclear Medicine
- Ophthalmology
- Orthopedic Surgery
- Orthopedic/Spine Unit
- Outpatient Clinics
- Plastic Surgery
- Positron Emission Tomography (PET)
- Post Anesthesia Care Unit (PACU)
- Sterile Medication Compounding
- Surgical ICU
- Surgical Unit
- Teleradiology
- Thoracic Surgery
- Ultrasound
- Urology
- Vascular Surgery

Accredited Programs

Certifications

- Hospital
- Joint Replacement - Hip; Joint Replacement - Knee

Advanced Certifications

- Thrombectomy-Capable Stroke Center

Additional Sites

- Infusion Services

Alice and Carl Kirkland Cancer Center

DBA: Kirkland Cancer Center Radiation Oncology
935A Wayne Road,
Savannah, TN, 38372

Available Services

- Single Specialty Practitioner

Accredited Programs

- Hospital

Alice and Carl Kirkland Cancer Center

720 West Forest Avenue,
Jackson, TN, 38301

Available Services

- Administration of Blood Product
- Administration of High Risk Medications
- Breast Prostheses and Accessories
- Hazardous Medication Compounding
- Outpatient Clinics
- Perform Invasive Procedure

Accredited Programs

- Home Care
- Hospital

Additional Sites

- Inspirations Boutique;Kirkland Cancer Center physician office;Outpatient Infusion and Chemotherapy;Radiation Oncology

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Jackson-Madison County General Hospital

DBA: West Tennessee Healthcare North Hospital
367 Hospital Boulevard,
Jackson, TN, 38305

Available Services

- CT Scanner
- Inpatient Unit
- Interventional Radiology
- Joint Replacement - Hip
- Joint Replacement - Knee
- Magnetic Resonance Imaging
- Orthopedic Surgery
- Orthopedic/Spine Unit
- Outpatient Clinics
- Post Anesthesia Care Unit (PACU)
- Sleep Laboratory
- Sterile Medication Compounding
- Teleradiology
- Ultrasound

Accredited Programs

- Hospital

Certifications

- Joint Replacement - Hip; Joint Replacement - Knee

Additional Sites

- Sleep Disorders Center - North Hospital

Alice and Carl Kirkland Cancer Center

DBA: Alice and Carl Kirkland Cancer Center
322 Hospital Blvd,
Jackson, TN, 38305

Available Services

- Administration of High Risk Medications
- Outpatient Clinics
- Perform Invasive Procedure

Accredited Programs

- Hospital

Additional Sites

- Kirkland Cancer Center physician office;Outpatient infusion clinic

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Jackson Madison County General

Available Services

- Single Specialty Practitioner

Accredited Programs

- Hospital

Hospital Infectious Disease

DBA: West Tennessee Medical Group Infectious Disease Clinic
8 Medical Center Drive,
Jackson, TN, 38301

Additional Sites

- Infusion Clinic