



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)

Campbell County HMA LLC d/b/a LaFollette Medical Center

Name

923 East Central Ave

Address

LaFollette

TN

37766

City

State

ZIP

0000000008

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Mark Cain

CEO

Name

Title

mark.cain@tennova.com

Email Address

Campbell County HMA^{LLC} d/b/a LaFollette Medical Center

Company Name

923 East Central Ave

Address

LaFollette

TN

37766

City

State

ZIP

423-907-1440

Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Crystal Claunch CFO
Name Title

SBOAP-invoicesonly@chs.net
Email Address

Campbell County HMA LLC d/b/a LaFollette Medical Center
Company Name

923 East Central Ave
Address

LaFollette TN 37766
City State ZIP

423-907-1440
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: 923 East Central Ave

Name Brand of Unit Philips Ingenia

Tesla 1.5

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

Unit's Serial Number 70694

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:

Hospital IS
The Joint Commission
Accredited.

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.

DCarranza

Signature

2/9/26

Date

Deonna Carranza

Printed Name

Campbell County HMA, LLC

La Follette, TN

has been Accredited by




The Joint Commission

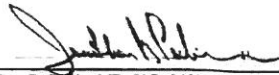
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

October 21, 2023

Accreditation is customarily valid for up to 36 months.


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

ID #3915
Print/Reprint Date: 01/05/2024


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.





State of Tennessee

License No. 8
No. Beds 66

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 CAMPBELL COUNTY HMA, LLC to conduct and maintain an Hospital TENNOVA HEALTHCARE - LAFOLLETTE MEDICAL CENTER Located at 923 EAST CENTRAL AVENUE, LAFOLLETTE TN 37766 County of CAMPBELL, TENNESSEE.

The license shall expire May 17, 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 14th day May, 2025.

GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL
STROKE RELATED-ACUTE READY

By Candice R. Spaulding, Esq., J.D.
Director, Licensure & Regulation

By [Signature]
Executive Director

