



**State of Tennessee**

**Health Facilities Commission**

502 Deaderick Street, Andrew Jackson Building, 9<sup>th</sup> Floor, Nashville, TN 37243

www.tn.gov/hfc

Phone: 615-741-2364

hxda.staff@tn.gov

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**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)

Lauderdale Community Hospital

Name

340 Asbury Ave.

Address

Ripley

City

TN

State

38063

ZIP

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Tracy Byers

Name

CEO

Title

tbyers@lauderdalehospital.org

Email Address

Lauderdale Community Hospital

Company Name

340 Asbury Ave

Address

Ripley

City

TN

State

38063

ZIP

731-221-2403

Phone Number

3. BILLING INFORMATION FOR FACILITY

Tonya Kissell Accounts Payable / Admin Asst. / HR  
Name Title

tkissell@lauderdalehospital.org  
Email Address

Lauderdale Community Hospital  
Company Name

340 Asbury Ave.  
Address

Ripley TN 38063  
City State ZIP

731-221-2494  
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: 340 Asbury Ave. Ripley, TN 38063

Name Brand of Unit GE Voyager 1.5

Tesla 1.5T

Type (i.e. Close, Short Bore, etc.) Closed, large bore/wide bore

Unit's Serial Number RDO333

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:

Unit is a mobile and hospital is governed by OIG/state.  
Mobile Service Utilized Shared Medical Services, INC.

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.

Jessica Moss  
Signature

12-1-25  
Date

Director of Radiology  
Title of Signee

Jessica Moss R.T.(R)(CT)(MR) Director of Radiology Lauderdale Community Hospital  
Printed Name