



**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 hsda.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)

Covenant Health – LeConte Medical Center

Name

742 Middle Creek Road

Address

Sevierville

TN

37862

City

State

ZIP

103

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Aaron Burns

CAO

Name

Title

aburns6@covhlth.com

Email Address

Covenant Health – LeConte Medical Center

Company Name

742 Middle Creek Road

Address

Sevierville

TN

37862

City

State

ZIP

(865) 446-7508

Phone Number

**3. BILLING INFORMATION FOR FACILITY**

**Teresa Huskey** **Medical Imaging Manager**  
Name Title

**Accountspayable@CovHlth.com**  
Email Address

**Covenant Health – LeConte Medical Center**  
Company Name

**P.O. Box 22790**  
Address

**Knoxville** **TN** **37933**  
City State ZIP

**(865) 374-6896**  
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:

X **ESTABLISHING MRI UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 742 Middle Creek Road Sevierville TN 37862

Name Brand of Unit Siemens Magnetom Sola

Tesla 1.5

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

Unit's Serial Number (21) 183544

Will the MRI Unit be Accredited?: X Yes  No

If MRI Unit will be Accredited, is it  PENDING X ACCREDITED

If ACCREDITED, What Organization? Joint Commission (TJC), ACR  
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. X Yes  No

X **ESTABLISHING PET UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 742 Middle Creek Road Sevierville TN 37862

Name Brand of Unit United Imaging uMI 550

Type (i.e. PET Only, PET/CT, PET/MRI) PET/CT

Unit's Serial Number Shared Medical Services 232014

Will the PET Unit be Accredited?: X Yes  No

If PET Unit will be Accredited, is it  PENDING X ACCREDITED

If ACCREDITED, What Organization? Joint Commission (TJC), ACR  
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. X 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**

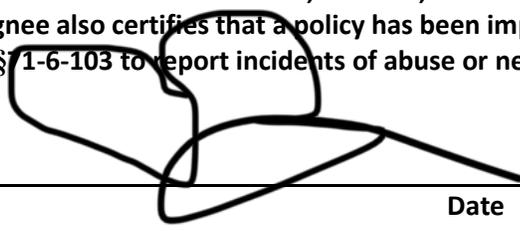
**Neonatal Medical Director**

\_\_\_\_\_  
**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 § 1-6-103 to report incidents of abuse or neglect.



11/26/25

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Signature

Date

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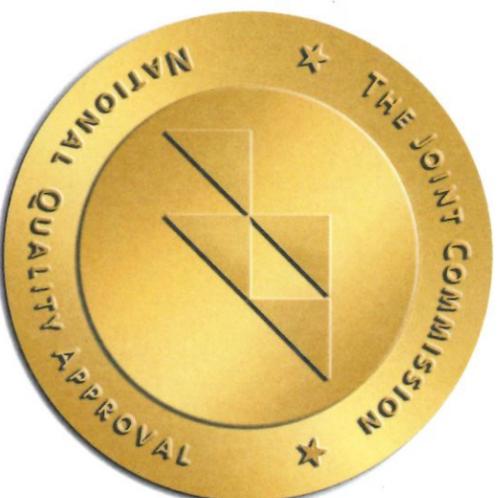
Aaron M Burns

Printed Name

# LeConte Medical Center

## Sevierville, TN

has been Accredited by

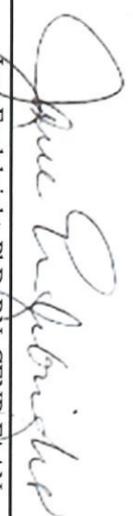


## The Joint Commission

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

February 11, 2023

Accreditation is customarily valid for up to 36 months.

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

ID #4132  
Print/Reprint Date: 05/03/2023

  
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](http://www.jointcommission.org).





# American College of Radiology

Magnetic Resonance Imaging Services of

**LECONTE MEDICAL CENTER**

**742 Middle Creek Road  
Sevierville, Tennessee 37862**

were surveyed by the  
Committee on MRI Accreditation of the  
Commission on Quality and Safety

The following magnet was approved

**Siemens MAGNETOM Sola 2022**

For

**Head, Spine, Body, MSK, MRA**

Accredited from:

**January 10, 2023 through May 23, 2026**

A handwritten signature in black ink, appearing to be "K. A. H.", written over a horizontal line.

CHAIRMAN, COMMITTEE ON MRI ACCREDITATION

A handwritten signature in black ink, appearing to be "Richard B. De", written over a horizontal line.

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

AMERICAN COLLEGE OF RADIOLOGY®

# Certificate of Accreditation



**Thompson PET Services a department of LeConte  
Medical Center**  
710 Middle Creek Rd  
Sevierville, Tennessee 37862

was surveyed by the ACR® Committee on Nuclear Medicine  
Accreditation of the Commission on Quality and Safety

The following unit was approved

**United Imaging  
UMI 550 2023**

for

**Oncology**

Accredited from  
January 09, 2025 through January 09, 2028

Chair, Committee ON  
Nuclear Medicine Accreditation

Chair, Commission on  
Quality and Safety

PETAP# 60558