



**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 hsdastaff@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)

HH Lincoln Health

Name

106 Medical Center Boulevard

Address

Fayetteville

TN

37334

City

State

ZIP

85

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Mary Beth Seals

President

Name

Title

marybeth.seals@hhlincolnhealth.org

Email Address

HH Lincoln Health

Company Name

106 Medical Center Boulevard

Address

Fayetteville

TN

37334

City

State

ZIP

931-438-7469

Phone Number

3. BILLING INFORMATION FOR FACILITY

Tammy Cobb	Chief Financial Officer	
Name	Title	
tammy.cobb@hhlincolnhealth.org		
Email Address		
HH Lincoln Health		
Company Name		
106 Medical Center Boulevard		
Address		
Fayetteville	TN	37334
City	State	ZIP
931-438-7471		
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: 106 Medical Center Boulevard, Fayetteville, TN 37334

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number R6793

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



February 4, 2026

Mary Beth Seals
President
HH Health System – Lincoln Inc.
106 Medical Center Blvd
Fayetteville, TN 37334

Re: # 4621
CCN: # 440102
Deemed Program: Hospital
Accreditation Expiration Date: October 31, 2028

Dear Mrs. Seals:

This letter confirms that your October 28, 2025 - October 30, 2025 unannounced full resurvey event was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 27, 2026, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of October 31, 2025.

The Joint Commission is also recommending your organization for continued Medicare certification effective October 31, 2025. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

Patrick Rehab/Wellness Center
1001 Huntsville Highway, Fayetteville, TN, 37334

HH Health System-Lincoln, Inc.
d/b/a Lincoln Medical Center
106 Medical Center Boulevard, Fayetteville, TN, 37334

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.



Sincerely,

A handwritten signature in black ink, appearing to read "Ken Grubbs".

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

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers
CMS/SOG Location 4 /Survey and Certification Staff