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): ■ **Hospital** □ **Outpatient Diagnostic Center (ODC)**

Prisma Health Medical Park-Alcoa		
Name		
266 Joule Street		
Address		
Alcoa	TN	37701
City	**State**	**ZIP**
0000000004		
License Number:		

2. CEO/ADMINISTRATOR OF PROVIDER

Jonathan Smith	CEO	
Name	**Title**	
Jonathan.Smith@prismahealth.org		
Email Address		
Prisma Health Blount Memorial Hospital		
Company Name		
907 East Lamar Alexander Parkway		
Address		
Maryville	TN	37804
City	**State**	**ZIP**
865-977-5532		
Phone Number		

3. **BILLING INFORMATION FOR FACILITY**

Don Lamkey	Imaging Compliance Coordinator	
Name	Title	
don.lamkey@prismahealth.org		
Email Address		
Prisma Health Blount Memorial Hospital		
Company Name		
907 East Lamar Alexander Parkway		
Address		
Maryville	TN	37804
City	State	ZIP
865-980-4966		
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: 266 Joule Street, Alcoa, TN 37701

Name Brand of Unit GE DISCOVERY 750W

Tesla 3

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

Unit's Serial Number UA0325

Will the MRI Unit be Accredited?: ☑ Yes ☐ No

If MRI Unit will be Accredited, is it ☐ PENDING ☑ ACCREDITED

If ACCREDITED, What Organization? 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

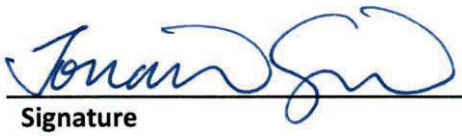
Neonatal Medical Director

_____
Name **Title**

_____
Email Address

_____
Phone Number

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.



NOVEMBER 24, 2025

Signature **Date**

JONATHAN SMITH

Printed Name

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	266 Joule St, Alcoa, TN 37701	GE DISCOVERY 750W	3T-SHORT BORE-WIDE	UA0325	YES	JOINT COMMISION	YES

ATTACHMENT - B

INDIVIDUAL OWNERS INFORMATION

Name	Address	City	State	ZIP
PRISMA HEALTH BLOUNT MEMORIAL HOSPITAL	907 EAST LAMAR ALEXANDER PKWY	MARYVILLE	TN	37804

License No. 4
No. Beds 304

State of Tennessee

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 PRISMA HEALTH - BLOUNT MEMORIAL HOSPITAL, INCORPORATED to conduct and maintain an Hospital
PRISMA HEALTH-BLOUNT MEMORIAL HOSPITAL, INC
Located at 907 EAST LAMAR ALEXANDER PARKWAY, MARYVILLE TN 37804
County of BLOUNT, TENNESSEE.

The license shall expire April 15, 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 9th day April, 2025.

HFC

GENERAL HOSPITAL
PEDIATRIC BASIC HOSPITAL
STEMI-RECEIVING CENTER
STROKE RELATED-PRIMARY

By _____
Director, Licensure & Regulation

By _____
Executive Director

STATE OF TENNESSEE
DEPARTMENT OF REVENUE

ACCOUNTING DEPARTMENT
PRISMA HEALTH - BLOUNT MEMORIAL HOSPITAL, INC.
907 E LAMAR ALEXANDER PKWY
MARYVILLE TN 37804-5016

Effective Date: August 18, 2025
Expiration Date: June 30, 2027
Account No: 1000018141-SLC
Exemption No: 1932260096
Facility Address:
PRISMA HEALTH - BLOUNT MEMORIAL HOSPITAL, INC.
907 E LAMAR ALEXANDER PKWY
MARYVILLE TN 37804-5015

Exempt Organizations or Institutions
Sales and Use Tax Certificate of Exemption

This organization or institution qualifies for the authority to make sales and use tax exempt purchases of goods and services that it will use, consume or give away.

This authorization for exemption is limited to sales made directly to the referenced organization. This exemption certificate may not be used for sales made to individuals paying with personal checks or personal debit or credit cards, even if the individual is a representative or employee of the organization, and he or she will be reimbursed for the purchase. Sellers must refuse to accept the certificate when the sale is made to someone other than the organization.

This exemption certificate may not be used to make purchases without the payment of sales and use tax for other locations and may not be transferred to or used by any other person.

Ensure this lower portion is properly completed and signed before presenting to a vendor.

PRISMA HEALTH - BLOUNT MEMORIAL HOSPITAL — MARYVILLE, TN
Seller's Name — *Seller's Address (City & State)*

I, BRIAN HOLLOMON, as an authorized representative of the taxpayer named above, affirm that the purchases qualify for the exemption and will be used at the location of the facility address referenced above. Under penalty of perjury, I affirm this to be a true and correct statement.

BRIAN HOLLOMON — Brian Hollomon — 8/20/25
Print Name of Authorized Representative — *Signature of Authorized Representative* — *Date*

The supplier must maintain a copy of this document as evidence of the sales tax exemption.

The Joint Commission

May 21, 2025

Jonathan C Smith
Chief Executive Officer
Prisma Health- Blount Memorial Hospital
907 East Lamar Alexander Parkway
Maryville, TN 37804-5016

Re: # 7865
CCN: # 440011
Deemed Program: Hospital
Accreditation Expiration Date: March 8, 2028

Dear Mr. Smith:

This letter confirms that your March 4, 2025 - March 7, 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 April 28, 2025 and the successful unannounced Medicare Deficiency follow-up event conducted on April 17, 2025, the areas of deficiency listed below have been removed, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 8, 2025. We congratulate you on your effective resolution of these deficiencies.

§482.42 Infection Control
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective March 8, 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 location(s):

Blount Memorial Hospital, Inc.
d/b/a Blount Memorial Hospital
907 East Lamar Alexander Parkway, Maryville, TN, 37804-5016

Blount Memorial Hospital Home Services and Hospice
1095 East Lamar Alexander Parkway, Maryville, TN, 37804

Blount Memorial Hospital
d/b/a Blount Memorial Hospital

907 E Lamar Alexander Pkw, Maryville, TN, 37804

Blount Memorial Sleep Health Center
710 Morganton Square, Maryville, TN, 37801

Blount Memorial Total Rehabilitation at Springbrook
220 Associates Blvd, Alcoa, TN, 37701

Blount Memorial Total Rehabilitation at Cherokee
1410 Sevierville Road, Maryville, TN, 37804

Blount Memorial Total Rehabilitation at Vonore
110 Deer Crossing, Vonore, TN, 37885

Blount Memorial Total Rehabilitation at Maryville
829 East Lamar Alexander Parkway, Maryville, TN, 37804

East Tennessee Medical Group
266 Joule Street, Alcoa, TN, 37701

Blount Memorial Hospital Total Rehabilitation at Alcoa
264 Joule Street, Alcoa, TN, 37701

Blount Memorial Hospital, Inc.
d/b/a Blount Memorial Hospital Outpatient Surgery
763 East Lamar Alexander Parkway, Maryville, TN, 37804-5000

Blount Memorial Total Rehabilitation at Fairview
2602 U.S. Highway 411 S. Suite 101, Maryville, TN, 37801

Blount Memorial Pediatric Rehabilitation
131 Cherokee Heights Drive, Maryville, TN, 37801

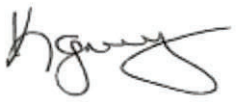
Blount Memorial Wound Care Center and Mend Clinic
d/b/a Blount Memorial Wound Care Center
907 E. Lamar Alexander Pkwy- 5 East, Maryville, TN, 37804

Prisma Health Total Rehabilitation Madisonville
d/b/a Prisma Health Total Rehabilitation Madisonville
520 Cook Street, Suite D, Madisonville, Madisonville, TN, 37354

The Joint Commission

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,



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