



**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)

Rhea Medical Center

Name

9400 Rhea County Highway

Address

Dayton

TN

37321

City

State

ZIP

State License Number: 00000096

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Hoss Whitt

CEO

Name

Title

hwhitt@rheamedical.org

Email Address

Rhea Medical Center

Company Name

9400 Rhea County Highway

Address

Dayton

TN

37321

City

State

ZIP

423-775-1121

Phone Number



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

Physical Address of Service: 9400 Rhea County Highway

Name Brand of Unit Phillips

Tesla 1.5

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

Unit's Serial Number 18726

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? DNV

(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: N/A

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:  N/A .

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**

N/A  
Name Title

\_\_\_\_\_ Email Address

\_\_\_\_\_ Phone Number

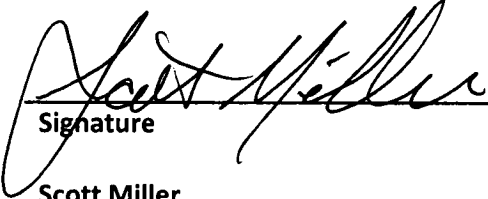
**Neonatal Medical Director**

N/A  
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.



2/2/2026

Signature

Date

Scott Miller

Printed Name



September 4, 2025

Hoss Whitt  
Chief Executive Officer  
Rhea Medical Center  
9400 Rhea County Highway  
Dayton, TN 37321

Program: CAH  
CCN: 441310  
Survey Type: Medicare Recertification/DNV Reaccreditation  
Certificate #: C541644  
Survey Dates: July 29-31, 2025  
Accreditation Decision: Full accreditation  
Date Acceptable Plan of Correction Received: 9/3/2025  
Method of Follow-up: Acceptable Plan of Correction,  
Self- Attestation, Document Review, Follow-up Survey on 7/31/2025  
Effective Date of Accreditation: 9/23/2025  
Expiration Date of Accreditation: 9/23/2028  
Term of Accreditation: Three (3) years

Dear Mr. Whitt:

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Rhea Medical Center is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485) and awarded full accreditation for a three (3) year term effective on the date referenced above DNV Healthcare USA Inc. is recommending your organization for continued deemed status in the Medicare Program.

This accreditation is applicable to all facilities operating under the above-referenced CCN number at the following address(es):

Rhea Medical Center - 9400 Rhea County Highway - Dayton, TN 37321  
Professional Therapy – 188 16<sup>th</sup> Avenue, Suite 101 - Dayton, TN 37321  
Rhea Pain Management Center - 9400 Rhea County Highway - Dayton, TN 37321  
Rhea Medical Center Infusion Clinic - 9400 Rhea County Highway - Dayton, TN 37321

This accreditation also encompasses the swing beds in place and Rhea Medical Center is deemed in compliance with the Medicare Conditions of Participation at 42 C.F.R §485.645 to meet the special requirements for CAH providers of long-term care services (“swing-beds”).

This accreditation requires an annual survey and the organization’s continual compliance with the DNVHC Accreditation Process. Failure to complete these actions or otherwise comply with your Management System Certification/Accreditation Agreement may result in a change in your organization’s accreditation status.

Congratulations on this significant achievement.

Sincerely,

Kelly Proctor  
President  
cc: CMS CO and CMS RO IV (Atlanta)