



**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

---

**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)

Southern Tennessee Regional Health System Pulaski  
Name

1265 E. College St  
Address

Pulaski  
City

TN  
State

38418  
ZIP

52  
License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Jason Fugleberg  
Name

CEO  
Title

Jason.fugleberg1@cpnt.net  
Email Address

Hillside Hospital doing business as Southern Tennessee Regional Health System - Pulaski  
Company Name

1265 E. College St  
Address

Pulaski  
City

TN  
State

38418  
ZIP

931-363-9302  
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Kristie Taylor

Name

CFO

Title

Kristie.Taylor@LPNT.NET

Email Address

Hillside Hospital doing business as Southern TN regional Health System Pulaski

Company Name

1265 E College St

Address

Pulaski

City

TN

State

38478

ZIP

931-363-9310

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: 1205 E. College St., Pulaski, TN 38478

Name Brand of Unit GE

Tesla 1.5

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

Unit's Serial Number HM1357

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**

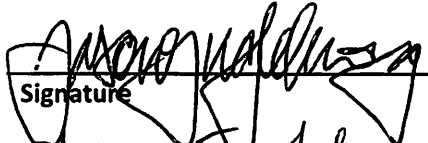
**Neonatal Medical Director**

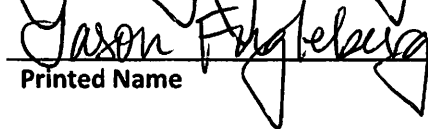
\_\_\_\_\_  
**Name** **Title**

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

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

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.

  
Signature \_\_\_\_\_ Date 1/30/26

  
Printed Name \_\_\_\_\_



February 10, 2023

Jason Fugleberg  
Chief Executive Officer  
Hillside Hospital, L.L.C.  
1265 East College Street  
Pulaski, TN 38478

Joint Commission ID #: 7899  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed: 2/6/2023

Dear Mr. Fugleberg:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning December 8, 2022, and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Deborah A. Ryan, MS, RN  
Executive Vice President  
Division of Accreditation and Certification Operations

**Non-Refundable Licensing Fees for Listed Licensed Services**

An invoice will be sent to the contact for Billing for total payment of fees.

**Burn Unit**

Hospital: \$1040

**Neonatal Intensive Care Unit (NICU)**

Hospital: \$1040

**MRI:**

Hospital: \$500 per MRI unit  
Outpatient Diagnostic Center: Included with ODC License  
Physician Office: \$500 per MRI unit

**PET:**

Hospital: \$500 per MRI unit  
Outpatient Diagnostic Center: Included with ODC License  
Physician Office: \$500 per MRI unit

*(as of December 1, 2025)*