PROCEDURES FOR APPLYING FOR INITIAL SERVICE LINE FOR HOSPITALS OR OUTPATIENT DIAGNOSTIC CENTERS

1. Beginning December 1, 2025, NICU, Burn Unit, MRI, and PET service lines must submit a licensure application to the Health Facilities Commission (HFC) followed by the designated fee.

   A licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.

3. All applications will need to be emailed to hfc.service@tn.gov . An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.

4, Any hospital seeking to initiate a new NICU/Burn service line that was previously not licensed, or seeks to modify NICU (Level II-IV) or Burn Unit services, must submit architectural plans to Plans review through the online portal at https://apps.tn.gov/tnhcf/

   If a hospital is modifying an existing NICU/Burn service line (e.g. renovations, increasing a NICU level, or increasing bed capacity), the hospital must submit architectural plans to Plans Review as well.

5. If an initial service is being implemented, after Plans Review has been completed and approved, a Life Safety Inspector will be sent out within ten (10) days. Within thirty (30) to forty-five (45) days, a health licensure surveyor will be sent out to determine approval.

6. If the application is for a new Burn or NICU service, after the Plans Review approval, a HFC surveyor will conduct an on-site review for the initial occupancy approval.

7. If the application involves MRI and/or PET, please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.

8. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.

   a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.

   b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html..
Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.

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)**

Saint Francis Hospital Bartlett
Name

2986 Kate Bond Rd
Address

Bartlett	TN	38133
City	State	ZIP

License Number:000000061

2. CEO/ADMINISTRATOR OF PROVIDER

Dr. Sherwin Stewart	Chief Executive Officer
Name	Title

sherwin.stewart@tenethealth.com
Email Address

Tenet Health
Company Name

2986 Kate Bond Rd
Address

Bartlett	TN	38133
City	State	ZIP

901-820-7050
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Ryan Nelson	Chief Financial Officer, Market
Name	Title

r.nelson@tenethealth.com
Email Address

Tenet Health
Company Name

5959 Park Avenue
Address

Memphis	TN	38119
City	State	ZIP

901-765-1825
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: 2986 Kate Bond Rd Bartlett, TN 38133

Name Brand of Unit Philips

Tesla 1.5

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

Unit's Serial Number 10196

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** 11/25/25

SHERWIN L. STEWART

Printed Name

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)

The Joint Commission

August 26, 2025

Sherwin Stewart
CEO
Saint Francis Hospital - Bartlett
2986 Kate Bond Road,
Bartlett, TN 38133

Joint Commission ID #: 394923
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 8/25/2025

Dear Mr. Stewart:

I am pleased to share The Joint Commission's accreditation decision of Accredited for all services surveyed following your recent survey. For all services surveyed under the applicable manuals below, you have been **ACCREDITED.**

- **Comprehensive Accreditation Manual for Hospitals**

This accreditation award represents your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

This accreditation cycle is effective beginning June 14, 2025 and is customarily valid for up to 36 months, although, The Joint Commission may, in certain situations, shorten the duration of the cycle.

Knowing the power of the Gold Seal in inspiring confidence and trust in your community, we provide resources so that you can promote your accreditation decision. You can find information and tips in the "Publicity Kit" link located on your secure extranet site, The Joint Commission Connect.

To recognize your commitment and achievement to quality, The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our website. Congratulations on your accomplishment.

Sincerely,

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

Rachel L. Lamascus

From: Mcghee, Diamond <Diamond.Mcghee@tenethealth.com>
Sent: Wednesday, December 17, 2025 12:08 PM
To: Rachel L. Lamascus
Subject: [EXTERNAL] Re: Quality Service License Application Update - St. Francis Bartlett

This Message Is From an External Sender
This message came from outside your organization.
Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Good afternoon, Ms. Rachel,

Thank you so much for your email. Our Bartlett campus does have one inoperable MRI unit on site. I spoke with Ms. Alecia Craighead on November 24, 2025, regarding the unit, and she advised that at this time the unit does not need to be licensed until it returns to operation. She further explained that the unit should be noted as damaged and unusable in the Medical Equipment Registry, but that no notation is required on the application itself. When the Medical Equipment Registry update information is distributed and the reports are submitted, the inoperable unit can be reported at that time.

Please let me know if you would still like me to send you the information regarding the inoperable machine.

Best regards,

Diamond McGhee

Diamond McGhee
5959 Park Ave Memphis, TN 38119
Office : 901-765-1000
Ext: 2260
Fax: 901-765-1799

Saint Fran
Hospital • Mer

5959 Park Avenue
Memphis, TN 38119-5198
Tel 901.765.1000

From: Rachel L. Lamascus <Rachel.L.Lamascus@tn.gov>
Sent: Wednesday, December 17, 2025 12:00 PM

To: Mcghee, Diamond <Diamond.Mcghee@tenethealth.com>
Subject: Quality Service License Application Update - St. Francis Bartlett

Dear Diamond McGhee,

This is to notify you that your application for a quality license is missing the following information:

- Second MRI information
  - The Medical Equipment Registry has 2 MRIs listed and there was only one on the application.
  - Please submit the second MRI's information on attachment A

We need this information to continue processing your application. You will have three (3) days from the date of this email to return the requested information to Rachel.l.lamascus@tn.gov. In the subject line of the email please include the name of your facility/Physician Practice.
If the information is not returned within the allotted time, the processing of your application will be delayed.
Should you have any questions or if I can be of assistance to you, please email me at Rachel.l.lamascus@tn.gov.

Sincerely,

Rachel LaMascus, BSN, RN | Quality Initiatives Administrator
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
rachel.l.lamascus@tn.gov
tn.gov/hfc

Mission Statement: *To promote access to quality, cost-effective healthcare in Tennessee*