



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 PHYSICAL ADDRESS OF FACILITY OF SERVICE

Provider Type (Check One): Hospital Outpatient Diagnostic Center (ODC)

STARR REGIONAL MEDICAL CENTER

Name

1114 WEST MADISON AVENUE

Address

ATHENS

City

TN

State

37303

ZIP

83

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

JOHN MCLAIN

Name

CEO

Title

JOHN.MCLAIN@LPNT.NET

Email Address

STARR REGIONAL MEDICAL CENTER

Company Name

1114 WEST MADISON AVENUE

Address

ATHENS

City

TN

State

37303

ZIP

423-744-3200

Phone Number

3. BILLING INFORMATION FOR FACILITY

DAVID ALLEY CFO
Name Title

DAVID.ALLEY@LPNT.NET
Email Address

ATHENS REGIONAL MEDICAL CENTER, LLC.
Company Name

103 POWEL COURT
Address

BRENTWOOD TN 37027
City State ZIP

423-744-3202
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:

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

Physical Address of Service: 1114 WEST MADISON AVENUE ATHENS, TN 37303

Name Brand of Unit GE VOYAGER

Tesla 1.5 T

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

Unit's Serial Number PM1545

Will the MRI Unit be Accredited?: X Yes No

If MRI Unit will be Accredited, is it PENDING X 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. X Yes No

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

Physical Address of Service: 1114 WEST MADISON AVENUE ATHENS, TN 37303

Name Brand of Unit SIEMENS

Type (i.e. PET Only, PET/CT, PET/MRI) PET/CT

Unit's Serial Number 901073

Will the PET Unit be Accredited?: X Yes No

If PET Unit will be Accredited, is it PENDING X ACCREDITED

If ACCREDITED, What Organization? JOINT COMMISSION
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. X 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

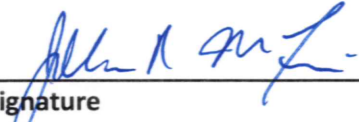
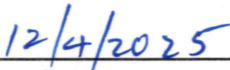
Neonatal Medical Director

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



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)

Athens Regional Medical Center, LLC

Athens, TN

has been Accredited by




The Joint Commission

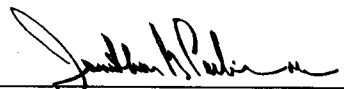
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

December 9, 2023

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #7803
Print/Reprint Date: 04/18/2024


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





April 17, 2024

John McLain
CEO
Athens Regional Medical Center, LLC
1114 West Madison Avenue
Athens, TN 37371-0250

Re: # 7803
CCN: # 440068
Deemed Program: Hospital
Accreditation Expiration Date: December 9, 2026

Dear Mr. McLain:

This letter confirms that your December 5, 2023 - December 8, 2023 unannounced full resurvey 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 February 28, 2024 and April 11, 2024. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of December 9, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective December 9, 2023. 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):

Athens Regional Rehabilitation Center
d/b/a Starr Regional Rehabilitation Center - Athens
425 Old Riceville Road Suite 1, Athens, TN, 37303

Athens Regional Medical Center, LLC
d/b/a Starr Regional Medical Center - Athens
1114 West Madison Avenue, Athens, TN, 37371-0250

Athens Regional Cardiac Rehabilitation
d/b/a Starr Regional Cardiopulmonary Rehabilitation
1031 W. Madison, Athens, TN, 37303

Athens Regional Breast Center
d/b/a Starr Regional Breast Center



711 Cook Drive Suite 240, Athens, TN, 37303

Athens Regional Sleep Diagnostic Center
d/b/a Starr Regional Sleep Diagnostic Center - Athens
719 Cook Drive , Suite 113, Athens, TN, 37303

Athens Regional Medical Center, LLC
d/b/a Starr Regional Medical Center - Etowah
886 Highway 411 North, Etowah, TN, 37331

Athens Regional Medical Center LLC
d/b/a Starr Regional Outpatient Rehabilitation Services - Etowah
886 Highway 411 North, Etowah, TN, 37331

Athens Regional Oncology Center
d/b/a Starr Regional Oncology Center
705 Cook Drive Suite 201, Athens, TN, 37303

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', written in a cursive style.

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