



**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)

Sweetwater Hospital Association

Name

304 Wright Street

Address

Sweetwater

City

TN

State

37874

ZIP

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Melissa Harris, MSN COO, Interim CEO

Name

Title

melissa.harris@sweetwaterhospital.org

Email Address

Sweetwater Hospital Association

Company Name

304 Wright Street

Address

Sweetwater,

City

TN

State

37874

ZIP

(865) 213-8399

Phone Number

3. BILLING INFORMATION FOR FACILITY

Brandie Hopper Accounting
Name Title

accounting@sweetwaterhospital.org
Email Address

Sweetwater Hospital Association
Company Name

304 Wright Street
Address

Sweetwater TN 37874
City State ZIP

(865) 213-8403
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: 304 Wright Street Sweetwater, TN 37874

Name Brand of Unit Canon

Tesla 1.5

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

Unit's Serial Number S201832101

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.

 CDD 12/4/2025

Signature

Date

Melissa Harris

Printed Name



December 9, 2024

Andrea Henry, RN
Chief Executive Officer
Sweetwater Hospital Association
304 Wright Street
Sweetwater, TN 37874

Re: # 165957
CCN: # 440084
Deemed Program: Hospital
Accreditation Expiration Date: September 7, 2027

Dear Mrs. Henry:

This letter confirms that your September 4, 2024 - September 6, 2024 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 November 21, 2024 and the successful unannounced Medicare Deficiency follow-up event conducted on October 17, 2024, 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 September 7, 2024. We congratulate you on your effective resolution of these deficiencies.

§482.13 Patient's Rights
§482.41 Physical Environment
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective September 7, 2024. 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):

Sweetwater Hospital Association
d/b/a Sweetwater Hospital Association
304 Wright Street, Sweetwater, TN, 37874

Sweetwater Hospital Physical Therapy - Tellico Plains
412 Hunt Street, Tellico Plains, TN, 37385

Sweetwater Hospital Physical Therapy - Vonore

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



125 Mountain View Drive, Vonore, TN, 37885

Sweetwater Physician Group - Loudon
d/b/a Sweetwater Physician Group
901 Grove Street, Loudon, TN, 37774

Sweetwater Physician Group
d/b/a Sweetwater Physician Group
304 Wright Street, Sweetwater, TN, 37874

Sweetwater Physician Group - Madisonville
d/b/a Sweetwater Physician Group
321 Tellico Street, Madisonville, TN, 37354

Physical Therapy Sweetwater
d/b/a Physical Therapy
202 North High Street, Sweetwater, TN, 37874

Sweetwater Hospital Sleep Center
d/b/a Sleep Center
402 Church Street, Sweetwater, TN, 37874

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



www.jointcommission.org

Headquarters

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

Rachel L. Lamascus

From: HFC Service
Sent: Friday, December 12, 2025 10:48 AM
To: Holly Vickers; Rachel L. Lamascus
Subject: FW: Sweetwater Hospital Association- missing information for quality license
Attachments: 20251210085902387.pdf

I think this may relate to a question???

Alecia

From: Katie Poe <katie.poe@sweetwaterhospital.org>
Sent: Wednesday, December 10, 2025 9:15 AM
To: HFC Service <HFC.Service@tn.gov>
Subject: [EXTERNAL] Sweetwater Hospital Association- missing information for quality license

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Facility License # 00000089

Katie Poe RT(R)
Director of Radiology



304 Wright Street
Sweetwater, Tennessee 37874
Telephone 865-213-8427
Email: katie.poe@sweetwaterhospital.org

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