



**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)

TriStar Hendersonville Medical Center

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**Name**

355 New Shackle Island Road

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**Address**

Hendersonville

TN

37075

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**City**

**State**

**ZIP**

135

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**License Number:**

**2. CEO/ADMINISTRATOR OF PROVIDER**

Justin Coury

Chief Executive Officer

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**Name**

**Title**

justin.coury@hcahealthcare.com

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**Email Address**

TriStar Hendersonville Medical Center

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**Company Name**

355 New Shackle Island Road

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**Address**

Hendersonville

TN

37075

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**City**

**State**

**ZIP**

615.338.1100

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**Phone Number**

**3. BILLING INFORMATION FOR FACILITY**

Jodie Compton		Executive Assistant	
<b>Name</b>		<b>Title</b>	
jodie.compton@hcahealthcare.com			
<b>Email Address</b>			
TriStar Hendersonville Medical Center			
<b>Company Name</b>			
355 New Shackle Island Road			
<b>Address</b>			
Hendersonville		TN	37075
<b>City</b>		<b>State</b>	<b>ZIP</b>
615.338.1100			
<b>Phone Number</b>			

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: 355 New Shackle Island Road, Hendersonville, TN 37075

Name Brand of Unit GE Signa Artist

Tesla 1.5

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

Unit's Serial Number PM1097

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? ACR  
(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

**X ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: 355 New Shackle Island Road, Hendersonville, TN 37075

Choose Designation Type:  First Time Self Designation/Initial NICU License

Designation at Different Level

What is the Current License  
Level of Care? Level II

What is the Requested Level? \_\_\_\_\_

Ownership/Physical Location Change

**Number of Beds by Each Level**

Level II	<u>10</u>
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**

<u>Leslie McClendon</u>	<u>NICU Manager</u>
Name	Title

leslie.mcclendon@hcahealthcare.com  
Email Address

615.338.1732  
Phone Number

**Neonatal Medical Director**

<u>Hadeer Karmo, MD</u>	<u>Neonatal Medical Director</u>
Name	Title

hadeer.karmo@pediatrix.com  
Email Address

615.342.4660  
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

11.25.2025

Date

Justin Coury

Printed Name

# Certificate of Accreditation



## 3Hendersonville Medical Center

355 New Shackle Island Road  
Department of Radiology  
Hendersonville, Tennessee 37075

was surveyed by the ACR® Committee on MRI  
Accreditation of the Commission on Quality and Safety

The following magnet was approved

**General Electric Co. (GE Medical Systems)**  
**1.5 GE SIGNA LX 2023**

for

**Body, Breast, Cardiac, Head, MRA, MSK, Spine**

Accredited from  
December 20, 2024 through July 29, 2028

A handwritten signature in black ink, appearing to be "K. A. H.", written over a horizontal line.

Chair, Committee ON  
MRI Accreditation

A handwritten signature in black ink, appearing to be "David B. Jovan", written over a horizontal line.

Chair, Commission on  
Quality and Safety