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)**

Vanderbilt University Medical Center
Name

1211 Medical Center Drive
Address

Nashville	TN	37232
City	**State**	**ZIP**

27
License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Jane Freedman, M.D.	Deputy Chief Executive Officer, Chief Health System Oficer
Name	**Title**

ginna.felts@vumc.org
Email Address

Vanderbilt University Medical Center
Company Name

1211 Medical Center Drive, Suite D3300
Address

Nashville	TN	37232
City	**State**	**ZIP**

615-322-3454
Phone Number

3. BILLING INFORMATION FOR FACILITY

Jane Freedman, M.D. — Deputy Chief Executive Officer, Chief Health System Officer
Name **Title**

ginna.felts@vumc.org or vumcdisbursements@vumc.org
Email Address

Vanderbilt University Medical Center
Company Name

1211 Medical Center Drive, Suite D3300
Address

Nashville — TN — 37232
City **State** **ZIP**

615-322-3454
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: TVC 1758

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 185023

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.

7/31/2026

Signature **Date**

Jane E. Freedman, MD, Deputy CEO and Chief Health System Officer

Printed Name

Vanderbilt University Medical Center

Nashville, 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

August 10, 2024

Accreditation is customarily valid for up to 36 months.

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

ID #7892
Print/Reprint Date: 11/21/2024

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.

The Joint Commission

November 20, 2024

Wright Pinson, MBA, MD
Deputy Vice Chancellor for Health Affairs, CEO
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232-2101

Re: # 7892
CCN: # 440039
Deemed Program: Hospital
Accreditation Expiration Date: August 10, 2027

Dear Dr. Pinson:

This letter confirms that your August 5, 2024 - August 9, 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 October 17, 2024 and November 15, 2024 and the successful unannounced Medicare Deficiency follow-up event conducted on September 18, 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 August 10, 2024. We congratulate you on your effective resolution of these deficiencies.

§482.41 Physical Environment
§482.42 Infection Control
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective August 10, 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):

Vanderbilt University Medical Center
d/b/a Vanderbilt University Hospital
1211 Medical Center Drive, Nashville, TN, 37232-2101

Vanderbilt Sleep Disorders Center
Marriott @ Vanderbilt, 2555 West End Ave, Nashville, TN, 37203

Vanderbilt Surgery Center

225 Bedford Way, Franklin, TN, 37064

Vanderbilt Health One Hundred Oaks
719 Thompson Lane, Nashville, TN, 37204

Vanderbilt University Medical Center
d/b/a Monroe Carell Jr. Children's Hospital
2200 Children's Way, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a 3601 The Vanderbilt Clinic
1301 Medical Center Drive, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Medical Center North Building
1161 21st Ave. South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Village at Vanderbilt building
1500 21st Ave. South, Nashville, TN, 37232

Vanderbilt Free Electron Laser Building
410 24th Ave. South, Nashville, TN, 37232

Vanderbilt Dayani Center
1500 22nd Ave South, Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Vanderbilt Eye Institute building
2311 Pierce Ave., Nashville, TN, 37232

Vanderbilt University Medical Center
d/b/a Vanderbilt Psychiatric Hospital
1601 23rd Ave. South, Nashville, TN, 37232

Vanderbilt Medical Center East North Tower
1215 21st Ave. South, Nashville, TN, 37232

Vanderbilt Medical Center East, South Tower Building
1215 21st Avenue South, Nashville, TN, 37232

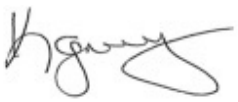
The Joint Commission

Vanderbilt Medical Arts Building
1211 21st Ave. South, Nashville, TN, 37232

Osher Center for Integrative Medicine at Vanderbilt
3401 West End Ave.; Suite 380, Nashville, TN, 37203

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

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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: 1211 Medical Center Drive, Nashville, TN 37232, Jim Ayers Tower, Room 4824A

Name Brand of Unit Phillips, Ingenia Ambition X

Tesla 1.5

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

Unit's Serial Number 92039

Will the MRI Unit be Accredited?: X Yes □ No

If MRI Unit will be Accredited, is it □ PENDING X 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. X 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)

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Physical Address of Service: _____

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

□ **Designation at Different Level**

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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**

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Email Address

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Phone Number

Neonatal Medical Director

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Name **Title**

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03/25/2026

Signature **Date**

Jane E. Freedman, MD, Deputy CEO and Chief Health System Officer

Printed Name

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