



**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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**RENEWAL APPLICATION FOR LICENSE OF SERVICES  
FOR HOSPITAL/OUTPATIENT DIAGNOSTIC CENTER**

**1. NAME AND PHYSICAL ADDRESS OF FACILITY OF SERVICE**

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

Maury Regional Hospital d/b/a Wayne Medical Center

Name

103 JV Mangubat Dr.

Address

Waynesboro

TN

38485

City

State

ZIP

125

License Number:

**2. CEO/ADMINISTRATOR OF PROVIDER**

Phyllis Brown

CEO

Name

Title

pbrown@mauryregional.com

Email Address

Wayne Medical Center

Company Name

103 JV Mangubat Dr.

Address

Waynesboro

TN

38485

City

State

ZIP

931-722-2019

Phone Number

3. BILLING INFORMATION FOR FACILITY

Franklin Cole Director of Imaging  
Name Title

fcole@mauryregional.com  
Email Address

Wayne Medical Center  
Company Name

103 JV Mangubat Dr.  
Address

Waynesboro TN 38485  
City State ZIP

931-722-2060  
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?:

RENEWAL 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: 103 JV Mangubat Dr., Waynesboro, TN 38485

Name Brand of Unit General Electric

Tesla 1.5

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

Unit's Serial Number R5463

Will the MRI Unit be Accredited?:  Yes  No

If MRI Unit will be Accredited, is it  PENDING  ACCREDITED

If ACCREDITED, What Organization? American College of Radiology  
(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

**RENEWAL NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: \_\_\_\_\_

Choose Designation Type:  Designation at Different Level

What is the Current License  
Level of Care? \_\_\_\_\_

- Renewal of NICU License
- 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

Phyllis Brown

Printed Name



Wayne Medical Center

103 JV Mangubat Drive  
Waynesboro, Tennessee 38485

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) ECHOSPEED SIGNA 2006

For

Head, MSK, Spine

Accredited from:

March 29, 2024 through April 28, 2027

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 51756-04



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**[EXTERNAL] RE: Wayne Medical Center - additional information needed**

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**From** Meredith, Mollie <mmeredith@mauryregional.com>

**Date** Wed 12/10/2025 2:09 PM

**To** Holly Vickers <Holly.Vickers@tn.gov>

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**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

Hi Holly,

The MRI at Wayne Medical Center was recently replaced. The GE MRI is correct. Do we need to submit a new application?

Thank you,

**Mollie Meredith**

Administrative Assistant

Physician Credentialing

Wayne Medical Center

103 J.V. Mangubat Drive, Waynesboro, TN 38485

931.722.2021 | [mmeredith@mauryregional.com](mailto:mmeredith@mauryregional.com)



**UPCOMING PTO: 12/16/25 – 12/22/25**

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**From:** Holly Vickers <Holly.Vickers@tn.gov>

**Sent:** Wednesday, December 10, 2025 12:25 PM

**To:** Meredith, Mollie <mmeredith@mauryregional.com>

**Cc:** Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

**Subject:** Wayne Medical Center - additional information needed

Dear Mollie Meredith,

This is to notify you that your application for a quality license for Wayne Medical Center has the following conflicting information:

- MRI GE – serial number R5463 is not listed on the registry. We have GE Signa HDXT 1.5T – serial number R6713. Please confirm.

We need this information to continue processing your application. You will have three (3) days from the date of this email to return the application to [hfc.service@tn.gov](mailto:hfc.service@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 contact me at [Holly.Vickers@tn.gov](mailto:Holly.Vickers@tn.gov).

Sincerely,



**Holly Vickers** | Health Planner Quality Officer  
Health Facilities Commission

Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
502 Deaderick Street, Nashville, TN 37243

[holly.vickers@tn.gov](mailto:holly.vickers@tn.gov)

[tn.gov/hfc](http://tn.gov/hfc)

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

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