



**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 hsd.a.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)

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**Name**

**West Tennessee Healthcare Dyersburg Hospital**

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**Address**

**400 East Tickle Street**

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**City**

**State**

**ZIP**

**Dyersburg**

**Tennessee**

**38024**

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**License Number: 30**

**2. CEO/ADMINISTRATOR OF PROVIDER**

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**Name**

**Tina Prescott**

**Title**

**President and CEO**

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**Email Address**

**tina.prescott@wth.org**

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**Company Name**

**Dyersburg Health**

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**Address**

**620 Skyline Drive**

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**City**

**Jackson**

**State**

**Tennessee**

**ZIP**

**38301**

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**Phone Number**

**(731) 541-6767**

**3. BILLING INFORMATION FOR FACILITY**

<b>Name</b> Victoria S. Lake	<b>Title</b> Director, Community Health Institute	
<b>Email Address</b> Vicki.lake@wth.org		
<b>Company Name</b> Jackson-Madison County General Hospital		
<b>Address</b> 620 Skyline Drive		
<b>City</b> Jackson	<b>State</b> Tennessee	<b>ZIP</b> 38301
<b>Phone Number</b>	(731) 984-2160	

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: 400 East Tickle Street

Name Brand of Unit Philips Ingenia

Tesla 1.5

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

Unit's Serial Number 70403

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

**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.

*Tina Prescott*  
Signature

11/21/25  
Date

Printed Name Tina Prescott



## ORGANIZATION

# Dyersburg Health

HCO ID: 4049

DBA: West Tenn Healthcare Dyersburg Hospit

400 East Tickle Street

Dyersburg, Tennessee 38024

<http://www.wth.org>

	Accredited Programs	Decision	Effective Date
	Ambulatory Care	Accredited	November 3, 2022
	Hospital	Accredited	November 4, 2022
	Deemed and CMS-Recognized Programs		
	Hospital		
	Sites		
<p><b>Dyersburg Health</b> DBA: West Tennessee Healthcare Dyersburg Hospital 400 Tickle Street, Dyersburg, TN, 38024</p>	<p><b>Available Services</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab</li> <li>• CT Scanner</li> <li>• EEG/EKG/EMG Lab</li> <li>• Gastroenterology</li> <li>• GI or Endoscopy Lab</li> <li>• Gynecological Surgery</li> <li>• Gynecology</li> <li>• Inpatient Unit</li> <li>• Interventional Radiology</li> <li>• Labor &amp; Delivery</li> <li>• Magnetic Resonance Imaging</li> <li>• Mammography</li> <li>• Medical /Surgical Unit</li> <li>• Medical ICU</li> </ul>	<ul style="list-style-type: none"> <li>• Non-Sterile Medication Compounding</li> <li>• Normal Newborn Nursery</li> <li>• Nuclear Medicine</li> <li>• Orthopedic Surgery</li> <li>• Post Anesthesia Care Unit (PACU)</li> <li>• Sleep Laboratory</li> <li>• Sleep Studies</li> <li>• Sterile Medication Compounding</li> <li>• Surgical ICU</li> <li>• Surgical Unit</li> <li>• Teleradiology</li> <li>• Ultrasound</li> <li>• Urology</li> </ul>	
	<p><b>Accredited Programs</b></p> <ul style="list-style-type: none"> <li>• Ambulatory Care; Hospital</li> </ul>		

**West Tenn Healthcare  
Dyersburg Health**

DBA: West Tennessee  
Healthcare Dyersburg  
Hospital  
420 Wilkinson Drive,  
Dyersburg, TN, 38024

**Available Services**

- Administration of Blood Product
- Administration of High Risk Medications
- Ambulatory Surgery Center
- Anesthesia
- Perform Invasive Procedure

**Additional Sites**

- West Tennessee Healthcare  
Interventional Pain Dyersburg Hosp

**Accredited Programs**

- Hospital

**West Tennessee  
Healthcare Wound  
Center Dyersburg**

1716 Parr Ave, Suite A,  
Dyersburg, TN, 38024

**Available Services**

- Single Specialty Practitioner

**Accredited Programs**

- Hospital

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