



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)

Covenant Health - Parkwest Medical Center

Name

9352 Parkwest Blvd

Address

Knoxville

TN

37923

City

State

ZIP

42

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Devan Johnson

CAO

Name

Title

djohns38@covhlth.com

Email Address

Covenant Health – Parkwest Medical Center

Company Name

9352 Parkwest Blvd

Address

Knoxville

TN

37923

City

State

ZIP

(865) 373-1008

Phone Number

3. BILLING INFORMATION FOR FACILITY

Cody Garland Director of Radiology  
Name Title

Accountspayable@CovHlth.com  
Email Address

Covenant Health – Parkwest Medical Center  
Company Name

P.O. Box 22790  
Address

Knoxville TN 37933  
City State ZIP

(865) 374-6896  
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:

X ESTABLISHING MRI UNIT/SERVICE: (If more than one unit, use ATTACHMENT – A.)

Physical Address of Service: 9352 Parkwest Blvd Knoxville, TN 37923

Name Brand of Unit Siemens Magnetom Vida System

Tesla 3.0

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

Unit's Serial Number (21) 175869

Will the MRI Unit be Accredited?: X Yes  No

If MRI Unit will be Accredited, is it  PENDING X ACCREDITED

If ACCREDITED, What Organization? Joint Commission (TJC)  
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. X Yes  No

X ESTABLISHING PET UNIT/SERVICE: (If more than one unit, use ATTACHMENT – A.)

Physical Address of Service: 9352 Parkwest Blvd Knoxville, TN 37923

Name Brand of Unit Siemens Biograph Trinion

Type (i.e. PET Only, PET/CT, PET/MRI) PET/CT

Unit's Serial Number 100236

Will the PET Unit be Accredited?: X Yes  No

If PET Unit will be Accredited, is it  PENDING X ACCREDITED

If ACCREDITED, What Organization? Joint Commission (TJC)  
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. X 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

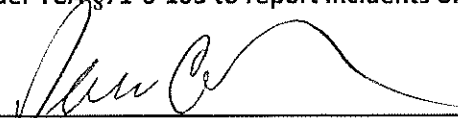
Neonatal Medical Director

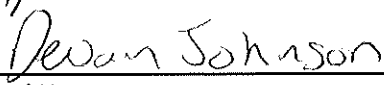
\_\_\_\_\_  
Name Title

\_\_\_\_\_  
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.

 11-24-22  
\_\_\_\_\_  
Signature Date

  
\_\_\_\_\_  
Printed Name



# Parkwest Medical Center

Knoxville, 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**

**April 15, 2023**

Accreditation is customarily valid for up to 36 months.

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

ID #7851  
Print/Reprint Date: 06/22/2023

  
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](http://www.jointcommission.org).

