



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 PHYSICAL ADDRESS OF FACILITY OF SERVICE

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

TriStar NorthCrest Medical Center

Name

100 NorthCrest Drive

Address

Springfield

City

TN

State

37172

ZIP

99

License Number:

2. CEO/ADMINISTRATOR OF PROVIDER

Pete Long-Innes

Name

Chief Executive Officer

Title

Pete.LongInnes@hcahealthcare.com

Email Address

NorthCrest Medical Center

Company Name

100 NorthCrest Drive

Address

Springfield

City

TN

State

37172

ZIP

615-698-3010

Phone Number

3. BILLING INFORMATION FOR FACILITY

Misty Coleman Controller
Name Title

Misty.Coleman@hcahealthcare.com
Email Address

TriStar Northcrest Medical Center
Company Name

100 North Crest Drive
Address

Springfield TN 37172
City State ZIP

615-698-3676
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: 100 Northcrest Drive, Springfield, TN 37172

Name Brand of Unit Siemens

Tesla 1.5

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

Unit's Serial Number 41560

Will the MRI Unit be Accredited?: Yes No

If MRI Unit will be Accredited, is it PENDING ACCREDITED

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

If no, why:

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

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

Physical Address of Service: 100 Northcrest Drive, Springfield, TN 37172

Name Brand of Unit United Imaging

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

Unit's Serial Number 232014

Will the PET Unit be Accredited?: Yes No

If PET Unit will be Accredited, is it PENDING ACCREDITED

If ACCREDITED, What Organization? Joint Commission
(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

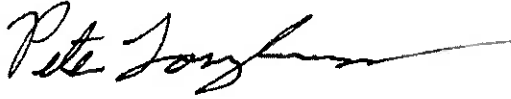
Neonatal Medical Director

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.



11/25/2025

Signature

Date

Pete Long-Innes

Printed Name



April 22, 2025

Sean Patterson, MHA
Chief Executive Officer
TriStar NorthCrest Medical Center
100 NorthCrest Drive ,
Springfield, TN 37172

Joint Commission ID #: 7910
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 4/21/2025

Dear Mr. Patterson:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning February 14, 2025 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations
