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)**

Hughston Clinic Orthopaedics
Name

394 Harding Place, Suite 101
Address

Nashville | TN | 37211
City | **State** | **ZIP**

27
License Number:

2. **CEO/ADMINISTRATOR OF PROVIDER**

Lee Pearce | COO
Name | **Title**

lpearce@hughston.com
Email Address

Hughston Clinic Orthopaedics
Company Name

394 Harding Place, Suite 101
Address

Nashville | TN | 37211
City | **State** | **ZIP**

615 342-6304
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Kayla Barnes — Staff accountant
Name — Title

hco-ap@hughston.com
Email Address

Hughston Clinic Orthopaedics
Company Name

P.O. Box 400
Address

Fortson — GA — 31808
City — State — ZIP

706 494-3241
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: 394 Harding Place, Suite 101 Nashville, TN 372

Name Brand of Unit Philips

Tesla 1.5T

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

Unit's Serial Number 72331

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.

Stan Gray — 12/17/25

Signature **Date**

Stan Gray

Printed Name

From: Gray, Stan
To: Alecia L. Craighead
Subject: [EXTERNAL] RE: application for license number 27
Date: Thursday, December 18, 2025 11:08:05 AM
Attachments: image001.png
image003.png

The SN is actually 72331. I can fix it on the next equipment registry.

From: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>
Sent: Thursday, December 18, 2025 9:36 AM
To: Gray, Stan <sgray@hughston.com>
Subject: RE: application for license number 27

You are good for the signature.

There is one little issue that I noticed. The SN for the MRI does not match what we have on the Medical Equipment Registry. More than likely they are the same machine, but could you let me know if the application SN (72331) and Registry SN (1031749) is the same machine?

Thanks.

Alecia

Alecia Craighead | Data and Analysis Administrator
Health Facilities Commission
Andrew Jackson State Office Building, 9th Floor
502 Deaderick Street, Nashville, TN 37243
p. 615-253-2782
c: 615.674.0370
alecia.l.craighead@tn.gov
www.tn.gov/hfc

From: Gray, Stan <sgray@hughston.com>
Sent: Wednesday, December 17, 2025 1:53 PM
To: Alecia L. Craighead <Alecia.L.Craighead@tn.gov>

Subject: [EXTERNAL] application for license number 27

Hey Alecia!

Please let me know if I'm missing something before this is made official I'm assuming that I can sign as the Director of Radiology. Or should I have the COO sign it? Also, our current ACR certificate expires in February of 2026 but we've sent everything in for the renewal and are just waiting to see if we are accredited for the next three years.

Hughston Clinic Orthopaedics

394 Harding Place
Suite 101
Nashville, Tennessee 37211

was surveyed by the
ACR Committee on MRI Accreditation
of the Commission on Quality and Safety

The following magnet was approved

Philips Medical Systems Inc. ACHIEVA 2018

For

MSK, Spine

Accredited from:

March 06, 2023 through February 25, 2026

CHAIR, COMMITTEE ON MRI ACCREDITATION

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 04184-03