



Official Use Only-Date Received:

**Application for Certificate of Need
Lease of Part or All of a Hospital**

(Do Not Use this form for any other type of hospital project)

To be accepted Certificate of Need applications must include the appropriate fee (WAC 246-310-990.)

This is an application for a Certificate of Need under state law and rules. (RCW Chapter 70.38 and WAC 246-310). I hereby certify that the statements in this application are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in WAC 246-310-500.

My signature authorizes the Department of Health to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.

Applicants(s)

Lessor (Owner):

Legal Name of Lessor:

MPT of Vancouver-Springstone, LLC

Lessee (Operator):

Legal Name of Lessee:

Rainier Springs, LLC d/b/a Rainier Springs Psychiatric Hospital

Address of Lessor:

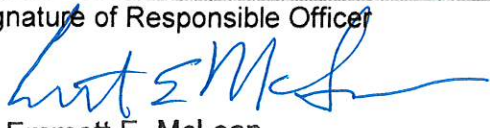
1209 Orange St.
Wilmington, DE 19801


Address of Lessee:

2805 NE 129th St,
Vancouver, WA 98686

Name and Title of Responsible Officer: **(Print)**
Emmett McLean,
Executive Vice President, COO and Secretary

Name and Title of Responsible Officer: **(Print)**
Deena G. Ombres, JD, MSPH, CHC
Chief Legal & Compliance Officer

Signature of Responsible Officer

Emmett E. McLean
Executive Vice President, COO
and Secretary

Signature of Responsible Officer


Date:

Date: 8/31/2022

Telephone: (205) 969-3755

Telephone: (502) 628-4154

Current Ownership Type:

- District
- Private Non-Profit
- Proprietary - Corporation
- Proprietary - Individual
- Proprietary - Partnership
- State or County

Purchaser Type:

- District
- Private Non-Profit
- Proprietary - Corporation
- Proprietary - Individual
- Proprietary - Partnership
- State or County

Project Description Summary: This is an amendment application for the project in which MPT of Vancouver-Springstone, LLC will acquire the real property, building and other improvements, and certain related non-operational assets and immediately enter into a lease agreement with Rainier Springs Hospital.

Estimated Capital Expenditure as defined in WAC 246-310-010(10):
\$22,900,000

Intended Project Start Date: Upon CN approval Intended Project Completion Date: Upon CN approval

Application Contacts:

Primary:

Name: Deena G. Ombres, JD, MSPH, CHC
 Title: Chief Legal & Compliance Officer
 Address: 4801 Olympia Park Plaza, Suite 1000, Louisville, KY 40241
 Phone: (502) 628-4154

Financial Projections/Statements

Name: Brent Nash,
 Title: SVP, Strategic Planning and Development
 Address: 101 South 5th Street, Suite 3850
Louisville, KY 40241
 Phone: 502-400-8467

Other:

Role: Consultant
 Name: Jody Carona
 Title: Principal
 Address: 120 1st Avenue West, Suite 100
Seattle, WA 98119
 Phone: 206-441-0971

September 1, 2022

Eric Hernandez, Program Manager
Andrew Struska, Management Analyst
Certificate of Need Program
Community Health Systems
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852
*Via email: FSLCON@DOH.WA.GOV; eric.hernandez@doh.wa.gov,
Andrew.Struska@doh.wa.gov*

Dear Mr. Hernandez and Mr. Struska:

As was discussed and agreed to during the August 10, 2022 Technical Assistance call, enclosed please find the certificate of need amendment application related to the purchase and leaseback of the real property, building and improvements, and certain related non-operational assets of Rainier Springs, LLC dba Rainier Springs Psychiatric Hospital (the "Hospital"), located in Clark County. This amendment application was discussed with Certificate of Need Program staff


MPT of Vancouver-Springstone, LLC, (the "PropCo"), whose ultimate corporate parent is Medical Properties Trust, Inc., is the acquiring party and lessor. There will be no change to the Hospital's license, certification, or hospital operations.

The required certificate of need amendment fee, in the amount of \$2,060.00 was sent under separate cover.

Sincerely,

Medical Properties Trust, Inc.
By:  _____

Its: Corporate Secretary

Rainier Springs, LLC
By:  _____
Its: General Counsel and Secretary