

Friday, July 12, 2019

BB 20-02

RECEIVED

JUL 16 2019

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Mr. Jeff Hyatt, President and CEO
Avventura Inc, dba Selah Care and Rehabilitation
601 W Walnut Street
Yakima, WA 98902

Dear Mr. Hyatt,

Please accept this letter as our permission to bank the 39 beds at Selah Care and Rehabilitation in Selah, Washington. This action will bring the licensed skilled bed count to 0. We concur with your intention to bank these beds under full facility closure.

As you know, however, we retain the right to require you, under appropriate circumstances, to set up or replace some or all of these beds back into operation.

Please countersign below to acknowledge your acceptance of the foregoing. Please retain one copy for your records and return to me a copy with original signatures.

Sincerely,

Jeff Hyatt, Managing Member
HyCo Properties, LLC



Jeff Hyatt, President and CEO
Avventura, Inc



FOR DEPARTMENT USE ONLY	
Date Stamp Here	
R E C E I V E D	
Fee Received: _____	
Check #: JUL 16 2019	
CERTIFICATE OF NEED PROGRAM	
Initials DEPARTMENT OF HEALTH	

NURSING HOME FULL FACILITY CLOSURE BED BANKING NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.115 and Washington Administrative Code (WAC) 246-310-396.

Full Facility Closure Bed banking notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Full Facility Closure Bed Banking in accordance with provisions in RCW 70.38 and WAC 246-310-396, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.


Selah Care and Rehabilitation
Name of the Nursing Home (facility)

Avventura Inc
Name of the facility's Licensee

Jeff Hyatt (509) 249-5558
Print Name of Person Making the Request Telephone Number

CEO Chief Executive Officer
Title of person making the request Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.


Signature of Licensee

July 15, 2019
Date

Address:
Avventura Inc
601 W Walnut Street
Yakima, WA 98902

Invoice for Submission of Full Facility Closure Bed Banking Notice

1. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: \$ 1,347 (Refer to fee schedule)

APPLICANT NAME: Avventura Inc

DATE OF SUBMISSION: July 15, 2019 CHECK NUMBER: 1945

3. Mail **ORIGINAL**, signed notice and payment to:

Physical Address:

**Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, Washington 98501**

To mail overnight, UPS or FedEx

**Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852**

CERTIFICATE OF NEED FEE SCHEDULE

Effective 7/1/08

Application Fees

An application for a certificate of need under chapter 246-310-990 WAC must include payment of a fee consisting of the following:

- A review fee based on the facility/project type.
- If more than one facility/project type applies to an application, the review fee for each type of facility/project must be included.

Facility/Project Type	Review Fee
Ambulatory Surgical Centers/Facilities	\$17,392
Amendments to Issued Certificates of Need	\$10,961
Emergency Review	\$7,055
Exemption Requests (Non-Refundable Fee)	
• Continuing Care Retirement Communities (CCRCs)/Health Maintenance Organization (HMOs)	\$7,055
• Bed Banking/Conversions	\$ 1,147
• Determinations of Non-Reviewability	\$ 1,639
• Hospice care center	\$ 1,476
• Nursing Home Replacement/Renovation Authorizations	\$ 1,476
• Nursing Home Capital Threshold under RCW 70.38.105(4)(e) (excluding replacement/renovation authorizations)	\$1,476
• Rural Hospital/Rural Health Care Facility	\$1,476
Extensions (Non-Refundable Fee)	
• Bed Banking	\$656
• Certificate of Need/Replacement-Renovation Authorization Validity Period	\$656
Home Health Agency	\$21,001
Hospice Agency	\$18,704
Hospice Care Centers	\$10,961
Hospital (excluding Transitional Care Units-TCUs, Ambulatory Surgical Center/Facilities, Home Health, Hospice, and Kidney Disease Treatment Centers)	\$34,457
Kidney Disease Treatment Centers	\$21,331
Nursing Homes (including CCRCs and TCUs)	\$39,380

Fees for Amending Pending Applications

The fee for amending a pending certificate of need application is determined as follows: -

- If an amendment to a pending certificate of need application results in the addition of one or more facility/project types the review for each additional facility/project type must accompany the amendment application;
- If an amendment to a pending certificate of need application results in the removal of one or more facility/project types the department shall refund to the applicant the difference between the review fee previously paid and the review fee applicable to the new facility/project type;
- If an amendment to a pending certificate of need application results in any other change as identified in WAC 246-310-100, a fee of \$1,756 must accompany the amendment application.

Refunds

- If a certificate of need application is returned by the department under WAC 246-310-090 (2)(b) or (e), the department shall refund 75% of the review fees paid.
- If an applicant submits a written request to withdraw a certificate of need application before the beginning of review, the department shall refund 75% of the review fees paid by the applicant.
- If an applicant submits a written request to withdraw certificate of need application after the beginning of review, but before the beginning of the ex parte period the department shall refund 50% of all review fees paid.
- If an applicant submits a written request to withdraw an application after the beginning of the ex parte period the department shall not refund any of the review fees paid.
- Review fees for exemptions and extensions are nonrefundable.

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

FULL FACILITY CLOSURE BED BANKING

The following information is used to evaluate the conformance of the project with all applicable review criteria in Revised Code of Washington (RCW) 70.38.115 and Washington Administrative Code (WAC) 246-310-396.

Please note the following definition:

"Effective date of facility closure" means:

- The date on which the facility's license was relinquished, revoked or expired; or
- The date the last resident leaves the facility, whichever comes first.

Information Requirements:

1. Effective Date of the Facility's Closure: June 26, 2019 [Last Patient Left]

2. Number of beds to be banked: 39

3. Is the existing licensee the building owner? Yes _____ No **XX** (Yes, go to question 5)

4. Does the building owner have a secured interest in the nursing home bed rights? Yes **XX** No _____
In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

- a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the facility's closure,
- OR**
- b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned facility closure.

5. If the party making this banking request is other than the licensee, provide documentation of the secured interest in the bed rights.

6. Name and address of Contact Person throughout the bed banking period:

Jeff Hyatt (509) 249-5558
Name Telephone Number
Address :
Avventura Inc
601 W Walnut Street
Yakima, WA 98902

Please note: If the beds being banked are licensed as part of an acute care hospital and used for transitional care (TCU), skilled nursing care (SNF), or nursing home care and recognized by the Certificate of Need program as nursing home beds, I understand that the use of these beds for any acute care services requires Certificate of Need review and approval under RCW 70.38.105(4) (e).

I understand that Certificate of need review shall be required for ANY party proposing to re-license the nursing home beds. Need shall be deemed met when the applicant is the licensee and who had operated the beds for at least one year immediately preceding the bed banking, and who is proposing to re-license the beds in the same planning area.