



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

September 4, 2014

CERTIFIED MAIL # 7011 1570 0002 7809 5735

Lori Hermansen, Director of Providence Hospice
Providence Hospice and Home Care of Snohomish County
2731 Wetmore Avenue, Suite 500
Everett, WA 98201

RE: CN14-17

Dear Ms. Hermansen:

Enclosed is Certificate of Need #1530 issued to establish a 16-bed Medicare and Medicaid hospice care center in leased space on the 8th floor "A" wing at Providence Regional Medical Center-Colby Campus within the city of Everett in Snohomish County.

The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501



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Appeal Option 2:

Any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address:

Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

If you have any questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director, Community Health Systems

Enclosure

cc: Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1530 is issued to:

Legal Name of Applicant: Providence Health & Services-Washington dba Providence Hospice and Home Care of Snohomish County
Address of Applicant: 2731 Wetmore Avenue, Suite 500, Everett , Washington 98201
Type of Service: Hospice Care Center
Facility Name: Providence Health & Services-Washington dba Providence Hospice and Home Care of Snohomish County
Facility Address: 1321 Colby Avenue, Everett, Washington 98201

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED August 22, 2014, (CN App #14-17)

Project Description:

Providence Health & Services-Washington dba Providence Hospice and Home Care of Snohomish County is approved to construct a 16-bed Medicare and Medicaid certified hospice care center in leased space on the 8th floor “A” wing at Providence Regional Medical Center-Colby Campus at 1321 Colby Avenue within the city of Everett, in Snohomish County.

Service Area

Snohomish County

Conditions Listed

1. Approval of the project description as stated above. Providence Health & Services- Washington dba Providence Hospice and Home Care of Snohomish County further agree that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prior to providing services, Providence Health & Services-Washington dba Providence Hospice and Home Care of Snohomish County will provide an executed copy of the lease agreement for the department’s review and approval. The executed lease agreement must be consistent with the draft copy provided in the application.
3. Prior to the hospice care center becoming licensed, Providence Health & Services-Washington dba Providence Hospice and Home Care of Snohomish County will provide a copy of the letter to the Department of Health’s Office of Investigations and Inspections requesting the 8th floor space where the hospice care center is to be located at Providence Regional Medical Center–Everett has been removed from the hospital’s licensed space.
4. Prior to providing hospice care center services, Providence Health & Services-Washington dba Providence Hospice and Home Care of Snohomish County will identify the Medical director and provide an executed copy of the medical director agreement for the department’s review and approval. The roles and responsibilities must be consistent with those outlined in the draft Medical Director job description reviewed by the department.

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$5,027,135.

This Certificate authorizes commencement of the project from September 4, 2014, to September 4, 2016, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 4, 2014

Steven Saxe, Director

This Certificate is not transferable