



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Certificate of Need Program  
111 Israel Road Southeast – MS 47852  
Olympia, Washington 98504

February 2, 2017

CERTIFIED MAIL # 7009 0960 0000 5565 0765

Faye Lincoln, Sr. Vice President  
Policy & Government Relations  
Avalon Health Care Group  
2016 North 2100 West  
Salt Lake City, UT 84116

RE: Determination of Reviewability #17-08

Dear Ms. Lincoln:

We have completed review of the Replacement Authorization application submitted by Avalon Care Center – Pullman, proposing the replacement of Avalon Care Center – Pullman as allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. This application is consistent with the applicable criteria of the Certificate of Need Program, provided Avalon Care Center – Pullman agrees to the following in its entirety.

**Project Description:**

This Replacement Authorization approves the replacement of 48 beds at Avalon Care Center – Pullman to a new site at 1060 Southeast Clearwater Drive in Pullman, Washington within Whitman County. The estimated costs of the project is \$6,935,225

**Conditions:**

1. Approval of the project description as stated above. Avalon Care Center – Pullman further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Avalon Care Center – Pullman will continue to participate in both the Medicare and Medicaid programs.
3. Avalon Care Center – Pullman will participate in both the Medicare and Medicaid programs at the new replacement nursing home, regardless of facility ownership.

Faye Lincoln, Sr. Vice President  
Avalon Health Care Group  
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You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a Replacement Authorization will be sent to you. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety. Your written response should be sent to the Certificate of Need Program 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

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact me at (360) 236-2955.

Sincerely,



Janis R. Sigman, Manager  
Certificate of Need Program  
Community Health Systems