

### STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

PO Box 47852•Olympia, Washington 98504-7852

December 10, 2019

CERTIFIED MAIL # 7016 3010 0001 0575 0402

Tammy Tanula, RN Eye Associates Northwest, P.C. 1455 NW Leary Way, Suite 300 Seattle, WA 98107

Emily R. Studebaker, Esq. Studebaker Nault, PLLC 11900 NE 1<sup>st</sup> Street, Suite 300 Bellevue, WA 98005

RE: Application #19-68- Eye Associates Northwest, P.C.

Dear Ms. Tanula and Ms. Studebaker

Enclosed is Certificate of Need #1827 issued to Eye Associates Northwest, P.C. to establish a two operating room ambulatory surgery center in Seattle within north King secondary health services planning area.

The certificate is not an 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:

Tammy Tanula, RN Eye Associates Northwest, P.C.

Emily R. Studebaker, Esq. Studebaker Nault, PLLC Certificate of Need App #19-68 December 10, 2019 Page 2 of 2

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

## 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:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Physical Address
Department of Health
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 the Certificate of Need Program at (360) 236-2955.

Sincerely,

Nathan Weed, Director Community Health Systems

Enclosure



Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not 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 constitute approval under any other local, federal or state statute, implementing rules and regulations. jurisdiction permits.

# Certificate of Need #1827 is issued to:

Eye Associates Northwest, P.C Applicant's Legal Name:

1455 NW Leary Way, Suite 300,

Seattle, WA 98107 Applicant's Address:

Facility Type Project Type

Ambulatory Surgical Facility Ambulatory Surgical Facility Facility Name:

Eye Associates Northwest, P.C.

Facility Address:

1455 NW Leary Way, Suite 300, Seattle, WA 98107

# ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED NOVEMBER 26, 2019 (CN APP # 19-68)

## Project Description

This certificate approves the establishment of a two-operating room ambulatory surgical facility in Seattle, within north King County secondary health services planning area. The surgery center will serve patients age 18 years and older that require surgical services that can be served appropriately in an outpatient setting. Surgical services provided within the two ORs (operating rooms) are limited to those associated with ophthalmic surgical procedures, Lasik and refractive surgery, facial and aesthetic surgery; optometry; cataract surgery; DSAEK; retina, glaucoma, and cornea procedures; and blepharoplasty.

## North King County Service Area

## Conditions

The conditions are identified on page 2 of this certificate

## Approved Capital Expenditure

There is no capital expenditure associated with this project

This Certificate authorizes commencement of the project from December 10, 2019 to December 10, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 10, 2019

Nathan Weed, Director

Washington State Department of Health Community Health Systems

## Certificate of Need #1827 Page Two

### **Conditions**

- 1. Eye Associates Northwest, P.C. agrees with the project description as stated. Eye Associates Northwest, P.C. further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
- 2. Eye Associates Northwest, P.C. will provide charity care in compliance with its charity care policy provided in the application, or any subsequent policies. Eye Associates Northwest, P.C. will use reasonable efforts to provide charity care in the amount identified in the application, or the planning—whichever is higher. Currently, the planning area is 1.02% of gross revenue and 2.25% of adjusted revenue. Eye Associates Northwest, P.C. will maintain records of charity care amount provided by Eye Associates Northwest, P.C. documenting the amount of charity care its provides and demonstrating compliance with its charity care policies.
- 3. Eye Associates Northwest, P.C. will maintain records of charity care applications received and the dollar amount of charity care discounts granted at the location of the surgery center. The records must be available upon request.
- 4. Eye Associates Northwest, P.C. agrees that the facility will maintain Medicare and Medicaid certification, regardless of the facility ownership.