



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

October 21, 2010

CERTIFIED MAIL # 7007 3020 0000 3056 2179

Jonathan Avery, CAO  
Legacy Salmon Creek Hospital  
2211 NE 139<sup>th</sup> Street  
Vancouver, Washington 98686

Dear Mr. Avery:

We have completed review of the Certificate of Need (CN) application submitted on behalf of Legacy Health System proposing to amend CN #1263 because of increase in the capital expenditure beyond the 12% allowable and the removal of a condition. Enclosed is a written evaluation of the application and amended CN #1263A.

For the reasons stated in this evaluation, the department has concluded that the project is consistent with the Certificate of Need review criteria with the conditions identified in the department's initial approval.

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

Appeal Option 1:

You or any interested or affected person 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

Other Than By Mail

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

Appeal Option 2:

You or any affected 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

Other Than By Mail

Adjudicative Clerk Office  
310 Israel Road SE, Building 6  
Tumwater, WA 98501

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact Janis Sigman with the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE  
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office  
Karen Stricklett, Department of Health, Office of Customer Service



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 #1263A is issued to:**

**Legal Name of Applicant:** Legacy Health System  
**Address of Applicant:** 1919 NW Lovejoy  
Portland, Oregon 97209  
**Type of Service:** Acute Care Hospital  
**Facility Name:** Legacy Salmon Creek Hospital  
**Facility Address:** 2211 NE 139<sup>th</sup> Street  
Vancouver, Washington 98686

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORDS AND EVALUATIONS OF MARCH 15, 2002 AND OCTOBER 21, 2010**

**Description/Services To Be Provided:**

This certificate approves the construction of Legacy Salmon Creek Hospital a 220 bed hospital. A breakdown of Legacy Salmon Creek Hospital's 220 licensed acute care beds is shown below.

Type of Service	Currently Licensed
General Medical/Surgical	195
Level 2 intermediate care nursery	10
Level 3 neonatal intensive care unit	15
<b>Total</b>	<b>220</b>

**Service Area**

The location of the hospital is Vancouver, within Clark County.

**Conditions**

See Page 2

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$200,357,568

This Certificate authorized commencement of the project from May 1, 2003, to May 1, 2005, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations. The project commenced September 2003.

Date Certificate Issued: October 21, 2010

Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**

**Conditions**

1. Legacy Health System will provide charity care in compliance with the charity care policies provided in its Certificate of Need application and the requirements of the applicable law. Legacy Health System will use reasonable efforts to provide charity care in an amount comparable to the average amount of charity care provided by all hospitals in the Southwest Washington Region during the three most recent years. Currently, these amounts are 1.05% of gross revenue and 2.21% of adjusted revenue. Legacy Health System will maintain records documenting the amount of charity care it provides and demonstrating its compliance with its charity care policies and applicable laws.
2. Prior to offering NICU Level III services, Legacy Health System shall provide the department with a signed copy of the Medical Director's agreement consistent with the terms of the draft agreement provided in the application. [Condition met August 29, 2005]
3. *Condition #3 has been met and is removed from the amendment certificate*
4. Prior to the provision of services at Legacy Salmon Creek, Legacy Health System shall provide a signed management agreement consistent with the terms of the draft agreement provided in the application. [Condition met August 29, 2005]
5. Construction of the facility is to be in two phases. Phase one shall consist of 165 beds. Phase two shall consist of 55 beds. If phase two is not completed by 2015, any remaining bed authorization not meeting licensing requirements shall be forfeited.