



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

May 7, 2012

CERTIFIED MAIL # 7010 2780 0003 6529 7700

Richard Petrich, Vice President  
Planning and Business Development  
Franciscan Health System  
1142 Broadway, #300  
Post Office Box 2197  
Tacoma, Washington 98402

Re: CN #11-32

Dear Mr. Petrich:

Enclosed is Certificate of Need #1471 issued to Franciscan Health System approving the establishment of a Medicare certified and Medicaid eligible home health agency to service King 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. 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

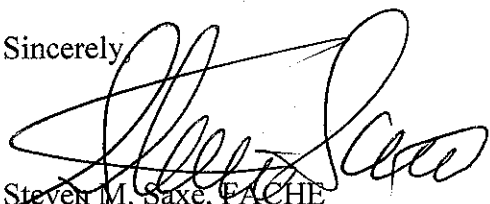


Richard Petrich  
Franciscan Health System  
May 7, 2012  
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We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Saxe". The signature is fluid and cursive, with a large initial "S" and "M".

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

Enclosure

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



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 #1471 is issued to:**

**Legal Name of Applicant:** Franciscan Health System  
**Address of Applicant:** 1717 South J Street, Tacoma, Washington 98401  
**Type of Service:** Medicare certified and Medicaid eligible home health agency  
**Facility Name:** Franciscan Home Health  
**Facility Address:** 2901 Bridgeport Way West, University Place, Washington 98466

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED APRIL 23, 2012 (App #11-32)**

**Project Description:**

This project approves the establishment of a Medicare certified and Medicaid eligible home health agency to be known as Franciscan Home Health. The home health agency would be co-located with the hospice agency located at 2901 Bridgeport Way West in University Place, within Pierce County. Home health services to be provided include skilled nursing, medical social services, and a variety of therapies, including physical, occupational, and speech therapy.

**Service Area**  
King County

**Conditions**

1. Franciscan Health System agrees with the project description stated above.
2. Franciscan Health System's Medicare certified and Medicaid eligible home health agency shall be available to provide home health services to all residents of King County.
3. Before commencement of the project, Franciscan Health System will provide to the department for review and approval a final Admission Policy. The final Admission Policy must be consistent with the draft agreement provided in the application.
4. Before commencement of the project, Franciscan Health System will provide to the department for review and approval an executed Physician Employment Agreement. The executed Physician Employment Agreement must be consistent with the draft agreement provided in the application.

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$70,429.

This Certificate authorizes commencement of the project from May 4, 2012 to May 4, 2014, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: May 4, 2012

A handwritten signature in black ink, appearing to read "Steven Saxe", is written over a horizontal line.

Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**