



05/27/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 27 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice

Address: 1417 South Pioneer Way

City: Moses Lake State: WA Zip: 98837-2458

Person completing survey, include title (if any): Rachel Brown - Licensure & Regulatory Paralegal

Phone # (337) 233-1307

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: President

Date: 05-22-13



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams		<input checked="" type="checkbox"/>	
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant		<input checked="" type="checkbox"/>	
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln		<input checked="" type="checkbox"/>	
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Washington HomeCare and Hospice of Central Basin, LLC d/b/a Assured Hospice

Please provide the following information *for each county served, separately*

County 1: Adams

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	10
Total # of patients admitted aged 65 and older with non-cancer diagnosis	18
Total Annual Patient Days	1611

County 2: Grant

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	31
Total # of patients admitted under aged 65 with non-cancer diagnosis	9
Total # of patients admitted aged 65 and older with cancer diagnosis	71
Total # of patients admitted aged 65 and older with non-cancer diagnosis	127
Total Annual Patient Days	11648

County 3: Lincoln

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	16
Total # of patients admitted aged 65 and older with non-cancer diagnosis	10
Total Annual Patient Days	1501

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
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*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



1020 N Wenatchee Ave, Wenatchee, WA. 98801  
(509) 665-6049  
FAX: (509) 665-6038

**HOSPICE**

**Fax**

Central Washington

To: Certificate of Need Program - CWH From: Home Care Services

---

Fax: 360-236-2901 Pages: 5 Including cover

---

Phone: \_\_\_\_\_ Date: 5/22/2014

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Re: CON-2013-Data cc: \_\_\_\_\_

- Urgent   
 For Review   
 Please Comment   
 Please Reply   
 Please

Recycle

Please review the attached information and reply as needed.

**R E C E I V E D**  
MAY 22 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Confluence Health is an affiliation between CWH and the Wenatchee Valley Medical Center.

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Thank you.



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**Agency Identification**

Name of Agency: Central Washington Homecare Services

Address: 1020 N. Wenatchee Ave

City: Wenatchee State: WA Zip: 98801

Person completing survey, include title (if any): Dixie Randall - Director

Phone # 509-665-6049

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Director of Homecare Services

Date: 5/22/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan		X	9/1/78
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas		X	9/10/50
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Central Washington Homecare Services  
Please provide the following information for each county served, separately

County 1: Chelan

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	29
Total # of patients admitted under aged 65 with non-cancer diagnosis	14
Total # of patients admitted aged 65 and older with cancer diagnosis	68
Total # of patients admitted aged 65 and older with non-cancer diagnosis	190
Total Annual Patient Days	11,587

County 2: Douglas

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	7
Total # of patients admitted aged 65 and older with cancer diagnosis	26
Total # of patients admitted aged 65 and older with non-cancer diagnosis	101
Total Annual Patient Days	6061

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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- You can fax it to the Certificate of Need Program at (360) 236-2901
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Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*

05/23/14



Community Home Health  
& Hospice  
Care. Comfort. Love.

1000 12<sup>th</sup> Avenue • PO Box 2067 • Longview, WA 98632  
Telephone: 360.414.5401 • Fax: 360.425.4667  
www.chhh.org

**FACSIMILE TRANSMISSION**

Date: May 27, 2014

**R E C E I V E D**

MAY 27 2014

To: Washington Dept of Health/Certificate of Need Program

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Fax No: 360.236.2901

From: Cari Clizbe  
[cari.clizbe@chhh.org](mailto:cari.clizbe@chhh.org)

360.414.5401  
Phone

Fax No.: 360.425.4667

Re: Hospice use survey calendar year 2013

No. of pages including this page: 4

**MESSAGE**

Here is the data for calendar year 2013. Please let me know if you need anything else.

Kind Regards,  
Cari Clizbe  
Executive Assistant  
360.414.5401



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**RECEIVED**

MAY 27 2014

**Agency Identification**

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Name of Agency: Community Home Health & Hospice

Address: PO Box 2067 - 1035 11th Ave

City: Longview State: WA Zip: 98632

Person completing survey, include title (if any): Terry Skrentny - QI/Medical Records Director

Phone # 360-425-8510

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: CEO

Date: 5/27/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark	X	X	X
Columbia			
Cowlitz	X	X	
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kititas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum	X	X	
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Community Home Health & Hospice

Please provide the following information for *each county served, separately*

County 1: Cowlitz

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	71
Total # of patients admitted under aged 65 with non-cancer diagnosis	62
Total # of patients admitted aged 65 and older with cancer diagnosis	182
Total # of patients admitted aged 65 and older with non-cancer diagnosis	458
Total Annual Patient Days	34,824

County 2: Clark

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	31
Total # of patients admitted under aged 65 with non-cancer diagnosis	28
Total # of patients admitted aged 65 and older with cancer diagnosis	65
Total # of patients admitted aged 65 and older with non-cancer diagnosis	169
Total Annual Patient Days	17,497

County 3: Wahkiakum

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	9
Total # of patients admitted aged 65 and older with non-cancer diagnosis	12
Total Annual Patient Days	1,312

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

1372 Bridge Street  
Clarkston, WA 99403  
Phone: 509-758-2568  
Fax: 509-758-3413

**R E C E I V E D**

APR 29 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH



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**FAX**

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To: Certificate of Need Program  
From: Brian Wayment  
Fax Number: (360) 236-2901 Pages: 5 (including cover)  
Date: 4/29/14  
RE: Hospice Agency Survey

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- Urgent     For Review     Please Comment     Please Reply
- 

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**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**Agency Identification**Name of Agency: Alpowa Healthcare Inc DBA Elite Home Health + HospiceAddress: 1372 Bridge St.City: Clarksston State: WA Zip: 99403Person completing survey, include title (if any): Brian Wayment, Executive DirectorPhone # 509-758-2568Previous names for this agency (if any): Tri State Home Health and Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Shirley RobinsonTitle: AdministratorDate: 4/30/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin		X	6/17/97
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield		X	6/17/97
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Alpowa Healthcare Inc. DBA Elite Home Health + Hospice  
Please provide the following information *for each county served, separately*

County 1: Asotin

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	11
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	19
Total # of patients admitted aged 65 and older with non-cancer diagnosis	19
Total Annual Patient Days	2,629

County 2: Garfield

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	60

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

05/09/14

**R E C E I V E D**

MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Frontier Home Health and Hospice

Address: 800 Jasmine St. #2

City: Omak State: WA Zip: 98841

Person completing survey, include title (if any): Gloria Lay Branch Director

Phone # 509-422-8621

Previous names for this agency (if any): Amedisys Home Health & Hospice  
Okanogan Regional Home Health & Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Gloria Lay BD

Title: Branch Director

Date: 4-25-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas		✓	
Ferry		✓	
Franklin			
Garfield			
Grant		✓	
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln		✓	
Mason			
Okanogan		✓	
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Frontier Home Health and Hospice

Please provide the following information *for each county served, separately*

County 1: Okanogan

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	10
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	35
Total # of patients admitted aged 65 and older with non-cancer diagnosis	47
Total Annual Patient Days	6599

County 2: Douglas

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	1
Total # of patients admitted aged 65 and older with non-cancer diagnosis	2
Total Annual Patient Days	25

County 3: Grant

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	12

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



06/03/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

JUN 03 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Gentiva Hospice

Address: 22820 E. Appleway Ave.

City: Liberty Lake State: WA Zip: 99019

Person completing survey, include title (if any): Steven R. Horton, Executive Director

Phone # 509-789-4377

Previous names for this agency (if any): Family Home Care

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Executive Director

Date: 5/29/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane		✓	8/9/12
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman		✓	9/1/12
Yakima			

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Gentiva Hospice

Please provide the following information *for each county served, separately*

County 1: Whitman

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	22
Total # of patients admitted aged 65 and older with non-cancer diagnosis	52
Total Annual Patient Days	8,405

County 2: Spokane

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	16
Total # of patients admitted aged 65 and older with non-cancer diagnosis	91
Total Annual Patient Days	6,696

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



05/27/14

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*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 27 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Group Health Home Health & Hospice

Address: 201 16<sup>th</sup> Ave EAST CMB - C140

City: Seattle State: WA Zip: 98112

Person completing survey, include title (if any): TRACY CREVIOUS

Phone # 206 326 4498

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Tracy Crevous

Title: Continuing Care - Assoc. Director Date: 5/21/14



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HOSPICE AGENCY SURVEY**  
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Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		X	
Kitsap		X	
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce		X	
San Juan			
Skagit			
Skamania			
Snohomish		X	
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Group Health Home Health & Hospice

Please provide the following information *for each county served, separately*

County 1: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	42
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	212
Total # of patients admitted aged 65 and older with non-cancer diagnosis	495
Total Annual Patient Days	39497

County 2: Snohomish

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	6
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	37
Total # of patients admitted aged 65 and older with non-cancer diagnosis	67
Total Annual Patient Days	8395

County 3: Pierce

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	34
Total # of patients admitted under aged 65 with non-cancer diagnosis	7
Total # of patients admitted aged 65 and older with cancer diagnosis	67
Total # of patients admitted aged 65 and older with non-cancer diagnosis	128
Total Annual Patient Days	13427

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Group Health Home Health & Hospice

Please provide the following information *for each county served, separately*

County 1: Kitsap

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	9
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	33
Total # of patients admitted aged 65 and older with non-cancer diagnosis	48
Total Annual Patient Days	7123

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

05/08/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**RECEIVED**  
MAY 08 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Harbors Home Health & Hospice

Address: 201 7th Street

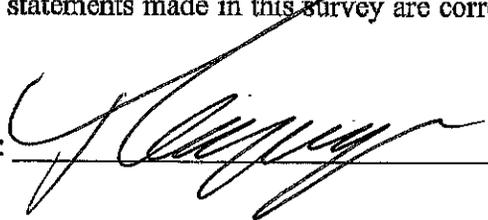
City: Hoquiam State: Washington Zip: 98550

Person completing survey, include title (if any): Tom Mayr, Chief Financial Officer

Phone # 360-532-5454

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Tom Mayr, Chief Financial Officer

Date: 5/6/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor		Yes	11/17/90
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific		Yes	11/12/90
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Harbors Home Health & Hospice

Please provide the following information *for each county served, separately*

County 1: Grays Harbor County

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	24
Total # of patients admitted under aged 65 with non-cancer diagnosis	7
Total # of patients admitted aged 65 and older with cancer diagnosis	96
Total # of patients admitted aged 65 and older with non-cancer diagnosis	52
Total Annual Patient Days	8844

County 2: Pacific County

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	9
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	31
Total # of patients admitted aged 65 and older with non-cancer diagnosis	27
Total Annual Patient Days	4246

County 3: N/A

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 13 2014

**Agency Identification**

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Name of Agency: Heartlinks (formerly Lower Valley Hospice)

Address: 3920 Octhoda Rd

City: Sunnyside State: WA Zip: 98944

Person completing survey, include title (if any): Ronald K. Jetter, Exec. Dir.

Phone # (509) 837-1676

Previous names for this agency (if any): Lower Valley Hospice, Lower Valley Hospice & Palliative Care

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature]

Title: EXECUTIVE DIRECTOR

Date: 5/12/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton		yes	Renewed 8/1/2013 - 8/1/2015 *
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima		yes	Renewed 8/1/2013 - 8/1/2015 *

*(originally grandfathered in)*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Heart Link (formerly Lower Valley Hospice)  
Please provide the following information for each county served, separately

County 1: BENTON

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	6
Total # of patients admitted under aged 65 with non-cancer diagnosis	14
Total # of patients admitted aged 65 and older with cancer diagnosis	49
Total # of patients admitted aged 65 and older with non-cancer diagnosis	114
Total Annual Patient Days	11,276

County 2: YOAKUM

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	6
Total # of patients admitted under aged 65 with non-cancer diagnosis	15
Total # of patients admitted aged 65 and older with cancer diagnosis	53
Total # of patients admitted aged 65 and older with non-cancer diagnosis	125
Total Annual Patient Days	12,215

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

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- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



5/21/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 28 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: HIGHLINE HOSPICE

Address: 16251 SYLVESTER RD SW

City: BURIED State: WA Zip: 98166

Person completing survey, include title (if any): JULIE GOODWIN, BUSINESS OPERATIONS  
MANAGER

Phone # 206-439-9095

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Carolyn M. Bowner

Title: Director

Date: 5/21/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		✓	7/16/1993
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: HIGHLINE HOSPICE

Please provide the following information *for each county served, separately*

County 1: KING

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	21
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	83
Total # of patients admitted aged 65 and older with non-cancer diagnosis	221
Total Annual Patient Days	17627

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**RECEIVED**

MAY 29 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: HOSPICE of JEFFERSON COUNTY

Address: 2500 W. SIMS WAY SUITE 300

City: PORT TOWNSEND State: WA Zip: 98368

Person completing survey, include title (if any): KAREN OSTGAARD  
BUSINESS OFFICE MANAGER

Phone # 360 385-0610

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Karen Ostgaard

Title: BUSINESS MANAGER

Date: 5/28/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson		✓	2-12-2002
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: HOSPICE of JEFFERSON COUNTY  
Please provide the following information for each county served, separately

County 1: JEFFERSON COUNTY

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	13
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	44
Total # of patients admitted aged 65 and older with non-cancer diagnosis	54
Total Annual Patient Days	9237

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

05-09-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
Include Hospice Data for Calendar Year 2013 Only

**RECEIVED**  
MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Hospice of Kitsap County

Address: 10856 Silverdell Way

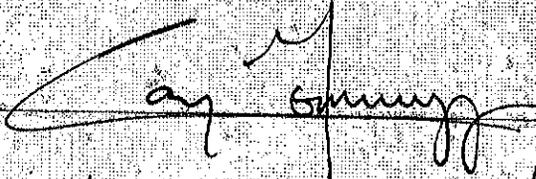
City: Silverdale State: WA Zip: 98883

Person completing survey, include title (if any): Bev Hokkanen, Finance Mgr

Phone #: 360-1620-9497

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer:  Kay Gunning Cecilia Gunning

Title: EXECUTIVE Director

Date: 4/29/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clatsop			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		Grandfathered 3440 operations	
Kitsap			
Kittitas			
Klickitat			
Kowia			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice of Kitsap County  
Please provide the following information for each county served, separately

County 1: Kitsap

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	70
Total # of patients admitted under aged 65 with non-cancer diagnosis	380
Total # of patients admitted aged 65 and older with cancer diagnosis	215
Total # of patients admitted aged 65 and older with non-cancer diagnosis	380
Total Annual Patient Days	25,184

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

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- You can e-mail it to the Certificate of Need Program at [fsicon@doh.wa.gov](mailto:fsicon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*

05/14/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**RECEIVED**

MAY 14 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Hospice of the Northwest

Address: 227 Freeway Dr., Suite A

City: Mount Vernon State: WA Zip: 98273

Person completing survey, include title (if any): Christine Nidd, Quality & Compliance Manager

Phone # 360-814-5554

Previous names for this agency (if any): Skagit Hospice Services

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer:

Title: Manager of Quality & Compliance

Date: 5/13/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island		✓	Dec 11/89
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan		✓	Dec 11/89
Skagit		✓	Dec 11/89
Skamania			
Snohomish		✓	Dec. 11/89
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice of the Northwest

Please provide the following information for each county served, separately

County 1: Skagit

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	47
Total # of patients admitted under aged 65 with non-cancer diagnosis	23
Total # of patients admitted aged 65 and older with cancer diagnosis	158
Total # of patients admitted aged 65 and older with non-cancer diagnosis	363
Total Annual Patient Days	30,795

County 2: Island

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	14
Total # of patients admitted under aged 65 with non-cancer diagnosis	5
Total # of patients admitted aged 65 and older with cancer diagnosis	64
Total # of patients admitted aged 65 and older with non-cancer diagnosis	97
Total Annual Patient Days	7,447

County 3: Snohomish

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	23
Total # of patients admitted aged 65 and older with non-cancer diagnosis	35
Total Annual Patient Days	4,493

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice of the Northwest

County: San Juan

	2012
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	17
Total # of patients admitted aged 65 and older with non-cancer diagnosis	22
Total Annual Patient Days	2,259

County: \_\_\_\_\_

	2012
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: \_\_\_\_\_

	2012
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY  
Include Hospice Data for Calendar Year 2013 Only

RECEIVED

APR 29 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Hospice of Spokane

Address: 121 S Arthur St PO Box 2215

City: Spokane State: WA Zip: 99210

Person completing survey, include title (if any): Gina Drummond, CEO

Phone # 509 444 1059

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature]

Title: CEO

Date: 4-29-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry		✓	1996
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille		✓	1996
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane		✓	1982
Stevens		✓	1996
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice of Spokane  
Please provide the following information for each county served, separately

County 1: Spokane

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	219
Total # of patients admitted under aged 65 with non-cancer diagnosis	103
Total # of patients admitted aged 65 and older with cancer diagnosis	512
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1056
Total Annual Patient Days	91386

County 2: Stevens

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	9
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	49
Total # of patients admitted aged 65 and older with non-cancer diagnosis	53
Total Annual Patient Days	6503

County 3: Ferry

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	7
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	3
Total # of patients admitted aged 65 and older with non-cancer diagnosis	18
Total Annual Patient Days	2899

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice of Spokane

County: Pend Oreille

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	8
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	22
Total # of patients admitted aged 65 and older with non-cancer diagnosis	18
Total Annual Patient Days	1881

County: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

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- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

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Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

04/28/14

**RECEIVED**

MAY 02 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Horizon Hospice LLC

Address: 123 W. Cascade way, Ste A

City: Spokane State: WA Zip: 99208

Person completing survey, include title (if any): Loren Guske - Admin.

Phone # (509) 489-4581

Previous names for this agency (if any): NA

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Administrator

Date: 4-28-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane		X	March 1998
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Horizon Hospice

Please provide the following information for each county served, separately

County 1: Spokane

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	17
Total # of patients admitted under aged 65 with non-cancer diagnosis	15
Total # of patients admitted aged 65 and older with cancer diagnosis	83
Total # of patients admitted aged 65 and older with non-cancer diagnosis	235
Total Annual Patient Days	40,077

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



5/20/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 19 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Kittitas Valley Healthcare - Hospice

Address: 401 E Mt. View Ave Ste 3

City: Ellensburg State: WA Zip: 98926

Person completing survey, include title (if any): Sherill Boehm Director

Phone # 509-962-7438

Previous names for this agency (if any): Kittitas Valley Home Healthcare Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Sherill Boehm

Title: Director

Date: 5/13/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas		✓	1995
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: \_\_\_\_\_

Please provide the following information *for each county served, separately*

County 1: Kittitas

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	10
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	38
Total # of patients admitted aged 65 and older with non-cancer diagnosis	53
Total Annual Patient Days	6,656

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



05/27/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 27 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Northwest Healthcare Alliance, Inc. d/b/a Assured Home Health, Hospice & Home Care

Address: 2120 Northpark St, Suite B

City: Centralia State: WA Zip: 98531-9098

Person completing survey, include title (if any): Rachel Brown - Licensure & Regulatory Paralegal

Phone # (337) 233-1307

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Vice President

Date: 05-22-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam		<input checked="" type="checkbox"/>	
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson		<input checked="" type="checkbox"/>	
King			
Kitsap			
Kittitas			
Klickitat			
Lewis		<input checked="" type="checkbox"/>	
Lincoln			
Mason		<input checked="" type="checkbox"/>	
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston		<input checked="" type="checkbox"/>	
Wahkiakum			
Walla Walla			
Whatecom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Assured Home Health, Hospice & Home Care

Please provide the following information *for each county served, separately*

County 1: Clallam

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	17
Total # of patients admitted under aged 65 with non-cancer diagnosis	108
Total # of patients admitted aged 65 and older with cancer diagnosis	48
Total # of patients admitted aged 65 and older with non-cancer diagnosis	108
Total Annual Patient Days	5439

County 2: Jefferson

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	1
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	4
Total Annual Patient Days	279

County 3: Lewis

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	15
Total # of patients admitted under aged 65 with non-cancer diagnosis	14
Total # of patients admitted aged 65 and older with cancer diagnosis	68
Total # of patients admitted aged 65 and older with non-cancer diagnosis	149
Total Annual Patient Days	13087

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Assured Home Health, Hospice & Home Care

Please provide the following information *for each county served, separately*

County 1: Mason

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	12
Total # of patients admitted aged 65 and older with non-cancer diagnosis	19
Total Annual Patient Days	1148

County 2: Thurston

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	25
Total # of patients admitted under aged 65 with non-cancer diagnosis	14
Total # of patients admitted aged 65 and older with cancer diagnosis	69
Total # of patients admitted aged 65 and older with non-cancer diagnosis	122
Total Annual Patient Days	11656

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*

05/09/14



CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY  
Include Hospice Data for Calendar Year 2013 Only

RECEIVED  
MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Agency Identification

Name of Agency: Odyssey Hospice

Address: 115 NE 100th St. Suite 210

City: Seattle State: WA Zip: 98125

Person completing survey, include title (if any): Kara Pearson Office  
Manager

Phone # 206 525-1090

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Maurandigan

Title: Executive Director

Date: 4/22/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King	✓		Sept 5, 2013
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Odyssey Hospice  
Please provide the following information *for each county served, separately*

County 1: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	3
Total # of patients admitted aged 65 and older with non-cancer diagnosis	50
Total Annual Patient Days	1438

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*

05/12/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Providence Hospice

Address: 6410 NE Halsey #300

City: PHD State: OR Zip: 97213

Person completing survey, include title (if any): MARIA KATIGBAK RN

Phone # 503 215 4640

Previous names for this agency (if any): At Hospice of the Gorge

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: MARIA A. KATIGBAK

Title: Quality Manager

Date: 4/28/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark	✓	✓	11/8/93
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat	✓	✓	11/8/93
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania	✓	✓	11/8/93
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Providence Hospice

Please provide the following information *for each county served, separately*

County 1: CLATSOP

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	1
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	60

County 2: CLATSOP

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	1
Total # of patients admitted under aged 65 with non-cancer diagnosis	3
Total # of patients admitted aged 65 and older with cancer diagnosis	8
Total # of patients admitted aged 65 and older with non-cancer diagnosis	17
Total Annual Patient Days	1749

County 3: SKAMMIA

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	10
Total Annual Patient Days	666

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

05/12/14

**RECEIVED**  
MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Providence Hospice and Home Health of Shomomish County

Address: 2731 Wetmore Ave Ste 500

City: Everett State: WA Zip: 98201

Person completing survey, include title (if any): Lori Hermanson - Director

Phone # 425-261-4843

Previous names for this agency (if any): WA

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Lori Hermanson

Title: Director

Date: 5/5/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island		yes - 9828 only exception	
Jefferson			
King		yes - 98288 exception	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish		yes	
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY

*Include Hospice Data for Calendar Year 2013 Only* CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Agency: Providence Hospice and Home Care of Snohomish County

County: Snohomish

	2012
Total # of patients admitted under aged 65 with cancer diagnosis	173
Total # of patients admitted under aged 65 with non-cancer diagnosis	85
Total # of patients admitted aged 65 and older with cancer diagnosis	457
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1,047
Total Annual Patient Days	103,998

County: Island Exception for zip code 98282

	2012
Total # of patients admitted under aged 65 with cancer diagnosis	2
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	10
Total # of patients admitted aged 65 and older with non-cancer diagnosis	11
Total Annual Patient Days	1,726

County: King - Exception for zip code 98288

	2012
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	0



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



R E C E I V E D  
MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

May 9, 2014

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
111 Israel Road SE  
Tumwater, WA 98501

Re: Response to the Hospice Use Survey for Calendar Year 2013

Dear Ms. Sigman:

In response to your letter regarding the Hospice Use Survey for Calendar Year 2013, please refer to the enclosed responses from the following hospice agencies: Providence Hospice and Home Care of Snohomish County, Providence Hospice of Seattle, Providence SoundHomeCare and Hospice, and Providence Hospice.

Please let me know if you have any questions. You can reach me at 360-486-6655 or via e-mail at [Lisa.Crockett@providence.org](mailto:Lisa.Crockett@providence.org).

Sincerely,

Lisa Crockett  
Director, Strategy  
Providence Health & Services  
2024 Caton Way SW, Ste. 201  
Olympia, WA 98502

Enclosures



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

05/12/14

**R E C E I V E D**  
MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Providence Hospice of Seattle

Address: 425 Pontius Ave, suite 300

City: Seattle State: WA Zip: 98133

Person completing survey, include title (if any): Lorrie Shamanin, Program Coord.

Phone # 206 320 4000

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Kathleen S. Belsky

Title: Hospice Director

Date: 5/1/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		X	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Providence Hospice of Seattle  
Please provide the following information *for each county served, separately*

County 1: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	318
Total # of patients admitted under aged 65 with non-cancer diagnosis	109
Total # of patients admitted aged 65 and older with cancer diagnosis	615
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1199
Total Annual Patient Days	167,657

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

05/11/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**  
MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Providence Sound Home Care and Hospice

Address: 3432 S. Bay Road NE

City: Olympia State: WA Zip: 98506

Person completing survey, include title (if any): Catherine Kozlar, Dir. of Hospice

Phone # 360.493.4697

Previous names for this agency (if any): Sound Health Services of Thurston-Mason Counties

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Catherine Kozlar

Title: Dir of Hospice

Date: 4/30/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis		✓	9/12/85
Lincoln			
Mason		✓	9/12/85
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston		✓	9/12/85
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Providence Sound Home Care and Hospice  
Please provide the following information for each county served, separately

County 1: Thurston

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	66
Total # of patients admitted under aged 65 with non-cancer diagnosis	38
Total # of patients admitted aged 65 and older with cancer diagnosis	190
Total # of patients admitted aged 65 and older with non-cancer diagnosis	402
Total Annual Patient Days	50,531

County 2: Mason

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	22
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	69
Total # of patients admitted aged 65 and older with non-cancer diagnosis	95
Total Annual Patient Days	9,742

County 3: Lewis

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	26
Total # of patients admitted under aged 65 with non-cancer diagnosis	6
Total # of patients admitted aged 65 and older with cancer diagnosis	35
Total # of patients admitted aged 65 and older with non-cancer diagnosis	52
Total Annual Patient Days	7,012

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



R E C E I V E D

MAY 09 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

May 9, 2014

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
111 Israel Road SE  
Tumwater, WA 98501

Re: Response to the Hospice Use Survey for Calendar Year 2013

Dear Ms. Sigman:

In response to your letter regarding the Hospice Use Survey for Calendar Year 2013, please refer to the enclosed responses from the following hospice agencies: Providence Hospice and Home Care of Snohomish County, Providence Hospice of Seattle, Providence SoundHomeCare and Hospice, and Providence Hospice.

Please let me know if you have any questions. You can reach me at 360-486-6655 or via e-mail at [Lisa.Crockett@providence.org](mailto:Lisa.Crockett@providence.org).

Sincerely,

Lisa Crockett  
Director, Strategy  
Providence Health & Services  
2024 Caton Way SW, Ste. 201  
Olympia, WA 98502

Enclosures



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

04/23/14

**R E C E I V E D**

APR 29 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Walla Walla Community Hospice

Address: 1067 Isaacs Ave

City: Walla Walla State: WA Zip: 99362

Person completing survey, include title (if any): Chris Pacheco

Phone # 509-525-5561

Previous names for this agency (if any): N/A

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Shirley Hendrick, Executive Director

Title: Executive Director

Date: 4/23/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia		✓	
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla		✓	
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Walla Walla Community Hospice

Please provide the following information *for each county served, separately*

County 1: Walla Walla

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	25
Total # of patients admitted under aged 65 with non-cancer diagnosis	21
Total # of patients admitted aged 65 and older with cancer diagnosis	82
Total # of patients admitted aged 65 and older with non-cancer diagnosis	164
Total Annual Patient Days	11,651

County 2: Columbia

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	1
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	3
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	110

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

05/02/14



PeaceHealth  
St. Joseph Medical Center

Whatcom Hospice

RECEIVED

MAY 02 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

DATE 5/1/14 FAX NUMBER: 360 236-2901

TO: CERTIFICATE OF NEED PROGRAM

COMPANY: WA STATE DEPT OF HEALTH

FROM: Vickie Christy EXT: 4582

TOTAL PAGES SENT (INCLUDING COVER): 4

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**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**Agency Identification**

A PROGRAM OF  
PEACEHEALTH  
ST JOSEPH MEDICAL CENTER

Name of Agency: WHATCOM HOSPICE

Address: 2800 DOUGLAS AVE.

City: BELLINGHAM State: WA Zip: 98225

Person completing survey, include title (if any): VICKIE CHRISTY  
HOSPICE OFFICE MANAGER

Phone # 360-733-5877

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: *A Hammond LICSW*

Title: Director of Hospice & Palliative Care

Date: 5/2/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom		✓	06/28/2001
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: WHATCOM HOSPICE

Please provide the following information *for each county served, separately*

County 1: WHATCOM

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	98
Total # of patients admitted under aged 65 with non-cancer diagnosis	50
Total # of patients admitted aged 65 and older with cancer diagnosis	219
Total # of patients admitted aged 65 and older with non-cancer diagnosis	558
Total Annual Patient Days	47,124

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



05/27/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 23 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Yakima HNA Home Health Yakima Regional Hospice

Address: 7<sup>S</sup> 10<sup>th</sup> AVE

City: Yakima State: WA Zip: 98902

Person completing survey, include title (if any): Serina Ramos Records Analyst

Phone # 1509 575-5093

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: [Signature] LaDonna Chamberl

Title: Director Home Health & Hospice Date: 5-14-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima	X		



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: \_\_\_\_\_

Please provide the following information *for each county served, separately*

County 1: Yakima

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	9
Total # of patients admitted under aged 65 with non-cancer diagnosis	7
Total # of patients admitted aged 65 and older with cancer diagnosis	12
Total # of patients admitted aged 65 and older with non-cancer diagnosis	18
Total Annual Patient Days	6949

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

04/02/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

MAY 20 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Hospice Southwest

Address: 5400 Mac Arthur Blvd 98161/POBox 11600

City: Vancouver State: WA Zip: for PO Box 98168

Person completing survey, include title (if any): Kama Ferryman, RN  
Clinical Value Improvement

Phone # 360-696-5100

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Clinical Value Improvement

Date: 5-20-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark	x	x	1983
Columbia			
Cowlitz	x	x	1983
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania	x	x	1983
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice Southwest

Please provide the following information *for each county served, separately*

County 1: Clark

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	98
Total # of patients admitted under aged 65 with non-cancer diagnosis	47
Total # of patients admitted aged 65 and older with cancer diagnosis	253
Total # of patients admitted aged 65 and older with non-cancer diagnosis	634
Total Annual Patient Days	68,701

County 2: Cowlitz

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	3
Total # of patients admitted under aged 65 with non-cancer diagnosis	1
Total # of patients admitted aged 65 and older with cancer diagnosis	4
Total # of patients admitted aged 65 and older with non-cancer diagnosis	9
Total Annual Patient Days	1,115

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

06/09/14

**RECEIVED**

MAY 29 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: EvergreenHealth Home Care

Address: 12040 NE 128<sup>th</sup> St. MS-119

City: Kirkland State: WA Zip: 98034

Person completing survey, include title (if any): Molly E McDonald, Program Manager

Phone # 425-899-3300

Previous names for this agency (if any): Evergreen Health care

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Melinda Paper RN, MSN, CHPCA  
 Title: \_\_\_\_\_  
 Date: 5/28/14  
 Director - Hospice & Palliative care



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
x Island (Caminis only)		✓	12/4/86
Jefferson			1
y King		✓	12/4/86
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
x Snohomish		✓	12/4/86
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Evergreenhealth Hospice  
Please provide the following information for each county served, separately

County 1: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	204
Total # of patients admitted under aged 65 with non-cancer diagnosis	710
Total # of patients admitted aged 65 and older with cancer diagnosis	571
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1395
Total Annual Patient Days	122,444

County 2: Snohomish

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	44
Total # of patients admitted under aged 65 with non-cancer diagnosis	22
Total # of patients admitted aged 65 and older with cancer diagnosis	114
Total # of patients admitted aged 65 and older with non-cancer diagnosis	396
Total Annual Patient Days	44,120

County 3: Island

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	393

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

06/29/14

**RECEIVED**  
MAY 30 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Memorial Home Care Services

Address: 302 SOUTH 10TH AVENUE

City: YAKIMA State: WA Zip: 98902-3521

Person completing survey, include title (if any): Carolyn Neiswender, Director

Phone # 509-574-3600

Previous names for this agency (if any): N/A

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Carolyn Neiswender

Title: Director

Date: 5/29/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima		✓	



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Memorial Home Care Services

Please provide the following information *for each county served, separately*

County 1: Yakima

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	54
Total # of patients admitted under aged 65 with non-cancer diagnosis	43
Total # of patients admitted aged 65 and older with cancer diagnosis	134
Total # of patients admitted aged 65 and older with non-cancer diagnosis	356
Total Annual Patient Days	24,586

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

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- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

06/09/14  
**RECEIVED**

JUN 02 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: MultiCare Good Samaritan Hospice

Address: 3901 S. Fife Street

City: Tacoma State: WA Zip: 98409

Person completing survey, include title (if any): PEG ISEUNOWER, Coordinator, Quality Performance

Phone # 253-301-6450

Previous names for this agency (if any): <sup>2</sup>MultiCare Hospice; <sup>3</sup>Good Samaritan Hospice  
<sup>1</sup>Hospice of Tacoma

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Margaret K. Anderson

Title: Coordinator, Quality Performance Date: 5/30/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		X	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce		X	
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: MultiCare Good Samaritan Hospice

Please provide the following information *for each county served, separately*

County 1: Pierce

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	66
Total # of patients admitted under aged 65 with non-cancer diagnosis	115
Total # of patients admitted aged 65 and older with cancer diagnosis	237
Total # of patients admitted aged 65 and older with non-cancer diagnosis	435
Total Annual Patient Days	49,233

County 2: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	23
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	47
Total # of patients admitted aged 65 and older with non-cancer diagnosis	82
Total Annual Patient Days	6,927

County 3: n/a

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

261-21-2

**RECEIVED**

JUN 10 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Kaiser Continuing Care Services - Hospice

Address: 2701 NW Vaughn Suite #148

City: Portland State: OR Zip: 97210

Person completing survey, include title (if any): Susan Mulligan RN BSN  
Hospice Palliative Care Dir

Phone # 503-499-5236

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Susan Mulligan

Title: Hospice Palliative  
Program Dir

Date: 5/30/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: \_\_\_\_\_  
Please provide the following information *for each county served, separately*

County 1: Clark

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	27
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	76
Total # of patients admitted aged 65 and older with non-cancer diagnosis	196
Total Annual Patient Days	19302

County 2: Cowlitz

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	1
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1
Total Annual Patient Days	36

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



06/12/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

JUN 12 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Tri-Cities Chaplaincy

Address: 1480 FOWLER

City: Richland State: WA Zip: \_\_\_\_\_

Person completing survey, include title (if any): GARY CASTLE, CFO

Phone # 509 783 7416

Previous names for this agency (if any): N/A

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: CFO

Date: 6/11/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton		✓	
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin		✓	
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Tri City Chaplains  
Please provide the following information *for each county served, separately*

County 1: Benton

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	69
Total # of patients admitted under aged 65 with non-cancer diagnosis	29
Total # of patients admitted aged 65 and older with cancer diagnosis	142
Total # of patients admitted aged 65 and older with non-cancer diagnosis	318
Total Annual Patient Days	25607

County 2: Franklin

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	23
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	29
Total # of patients admitted aged 65 and older with non-cancer diagnosis	97
Total Annual Patient Days	7297

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*



April 18, 2014

TO: Washington State Hospice Agencies  
FROM: Washington State Department of Health  
Certificate of Need Program  
RE: Hospice Use Survey for Calendar Year 2013

The Certificate of Need program is conducting its annual survey of hospice agencies operating in Washington State. The survey asks for the data about care provided in calendar year 2013. I'm asking for your help by returning the completed survey by **May 31, 2014**.

The data you provide will be used in the 2014-2015 hospice need methodology that projects future need for hospice services throughout Washington. Because the projections are specific to each county, please complete one table for each county you serve.

Thank you in advance for taking the time to complete this survey. If you have any questions regarding the survey or would like an electronic version of it, please call Kim-Boi Shadduck at (360) 236-2931 or the Certificate of Need office general number at (360) 236-2955.

Sincerely,

Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

Attachment



07/11/14

**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

JUL 11 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Lake Cleland Community Hospital Home Health & Hospice

Address: 115A S Emerson, PO Box 908

City: Cleland State: WA Zip: 98816

Person completing survey, include title (if any): Jill Thompson, RN, BSN, Manager

Phone # 509-682-8235

Previous names for this agency (if any): Leah Thompson

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Jill Thompson RN

Title: Manager

Date: 7/31/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Lake Chelan Community Hospital Home Health & Hospice  
 Please provide the following information *for each county served, separately*

County 1: Chelan

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	5
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	0
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	132

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED

07/07/14



KVH Home Health & Hospice  
310 S Roosevelt  
Goldendale, WA 98620

CONFIDENTIAL FAX COVERSHEET

This facsimile may contain information that is privileged and confidential and intended for the sole use of the individual or entity to which it is addressed. If you are not the intended recipient, please notify the above facility immediately and shred or otherwise destroy the Fax cover sheet and any attached documentation. Any unauthorized disclosure of this information by copying or distribution is strictly prohibited by law.

Date: 6-30-14 Fax No.: 1-360-236-2901

Attention: Certificate of Need

Facility: WA STATE Dept. of Health

Phone No.: 360-236-2955 Pages Faxed: 8 **R E C E I V E D**

From: Klickitat Valley Health Home Health & Hospice

JUL 07 2014

Name: Tina

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Sent by Phone No.: 509-773-0380 Sent by Fax No.: 509-773-0384

Message: RE: Hospice Use Survey for Calendar Year 2013

Please find enclosed our Survey. We are very SORRY for the delay. If you need anything else please let us know. Thank you.

YES  NO  Other

MD Signature and Date \_\_\_\_\_

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose (section 2:32-[a]). Important Notice regarding redisclosure - RCW 70.24.105 (5) This information has been disclosed to you from records whose confidentiality is protected by State law. State law prohibits further disclosure of this information without a specific written consent of the person to whom it pertains, or as otherwise permitted by State law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**Agency Identification**

Name of Agency: Klickitat Valley Health Home Health & Hospice

Address: 310 S. Roosevelt

City: Gladendale

State: WA

Zip: 98620

Person completing survey, include title (if any): Laura Parades RN-Director

Phone # 509 773 0390

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Laura Parades RN

Title: Director of Home Health & Hospice

Date: 05-01-1



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat		X	
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Klickitat Valley Health Home Health & Hospice  
Please provide the following information for each county served, separately

County 1: Klickitat

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	4
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	14
Total # of patients admitted aged 65 and older with non-cancer diagnosis	11
Total Annual Patient Days	1226

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*

1372 Bridge Street  
Clarkston, WA 99403  
Phone: 509-758-2568  
Fax: 509-758-3413

**R E C E I V E D**

APR 29 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH



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**FAX**

To: Certificate of Need Program  
From: Brian Wayment  
Fax Number: (360) 236-2901 Pages: 5 (including cover)  
Date: 4/29/14  
RE: Hospice Agency Survey

- Urgent     For Review     Please Comment     Please Reply

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The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

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**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**Agency Identification**

Name of Agency: Alpowa Healthcare Inc DBA Elite Home Health + Hospice

Address: 1372 Bridge St.

City: Clarkston State: WA Zip: 99403

Person completing survey, include title (if any): Brian Wayment, Executive Director

Phone # 509-758-2568

Previous names for this agency (if any): Tri State Home Health and Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Shari Johnson

Title: Administrator

Date: 4/30/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin		X	6/17/97
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield		X	6/17/97
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: Alpowa Healthcare Inc. DBA Elite Home Health + Hospice  
Please provide the following information for each county served, separately

County 1: Asotin

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	11
Total # of patients admitted under aged 65 with non-cancer diagnosis	2
Total # of patients admitted aged 65 and older with cancer diagnosis	19
Total # of patients admitted aged 65 and older with non-cancer diagnosis	19
Total Annual Patient Days	2,629

County 2: Garfield

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	0
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	2
Total # of patients admitted aged 65 and older with non-cancer diagnosis	0
Total Annual Patient Days	60

*telephone confirmed w/brayn on 07/22/14 @ 2:37 pm*

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

JUL 22 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Kline Galland Community Based Services

Address: 5950 6<sup>th</sup> Avenue South, Suite 100

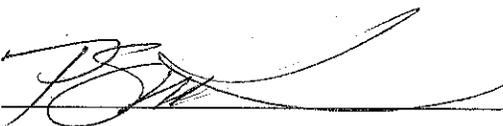
City: Seattle State: WA Zip: 98108

Person completing survey, include title (if any): Pam Swanborn, PT Director

Phone # 206 805-1930

Previous names for this agency (if any): Kline Galland  
Home Health and Hospice

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Director

Date: 7/21/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King		✓	
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Kline Galland Hospice

Please provide the following information *for each county served, separately*

County 1: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	6
Total # of patients admitted under aged 65 with non-cancer diagnosis	4
Total # of patients admitted aged 65 and older with cancer diagnosis	50
Total # of patients admitted aged 65 and older with non-cancer diagnosis	106
Total Annual Patient Days	8423

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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FedEx and UPS:

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Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**RECEIVED**  
JUL 22 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**RECEIVED**  
JUL 22 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: HEART OF HOSPICE

Address: 2621 WASCO ST

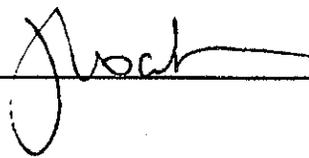
City: HOOD RIVER State: OR Zip: 97031

Person completing survey, include title (if any): JODI GOATCHER TSN, RN, CNP CEO

Phone # 541 386-1942

Previous names for this agency (if any): —

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: CEO

Date: 7/21/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat	✓		
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania		✓	6/30/08 #1373
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Agency: HEART OF HOSPICE  
Please provide the following information *for each county served, separately*

County 1: SKAMANIA

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	5
Total # of patients admitted under aged 65 with non-cancer diagnosis	0
Total # of patients admitted aged 65 and older with cancer diagnosis	6
Total # of patients admitted aged 65 and older with non-cancer diagnosis	20
Total Annual Patient Days	2336

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**  
JUL 24 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Franciscan Hospice

Address: 2901 Bridgeport Way West

City: University Place State: WA Zip: 98466

Person completing survey, include title (if any): Mark Rake Marone

Phone # 253-534-7026

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: Mark Rake Marone

Title: Director

Date: 7-24-14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island			
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Franciscan Hospice  
Please provide the following information *for each county served, separately*

County 1: King

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	50
Total # of patients admitted under aged 65 with non-cancer diagnosis	26
Total # of patients admitted aged 65 and older with cancer diagnosis	260
Total # of patients admitted aged 65 and older with non-cancer diagnosis	529
Total Annual Patient Days	54,385

County 2: Pierce

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	178
Total # of patients admitted under aged 65 with non-cancer diagnosis	83
Total # of patients admitted aged 65 and older with cancer diagnosis	792
Total # of patients admitted aged 65 and older with non-cancer diagnosis	1413
Total Annual Patient Days	108,405

County 3: Kitsap

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	15
Total # of patients admitted under aged 65 with non-cancer diagnosis	10
Total # of patients admitted aged 65 and older with cancer diagnosis	84
Total # of patients admitted aged 65 and older with non-cancer diagnosis	170
Total Annual Patient Days	18,615

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

There are many ways you can provide your information:

- You can mail this completed survey using the enclosed, self-addressed envelope.
- You can e-mail it to the Certificate of Need Program at [fslcon@doh.wa.gov](mailto:fslcon@doh.wa.gov)
- You can fax it to the Certificate of Need Program at (360) 236-2901
- You can send it to one of the following addresses.

Mailing Address:

Department of Health  
Certificate of Need Program  
Hospice Survey  
Mail Stop 47852  
Olympia, WA 98504-7852

FedEx and UPS:

Department of Health  
Certificate of Need Program  
Hospice Survey  
111 Israel Road SE  
Tumwater, WA 98501

*Thank you for your cooperation*



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

**R E C E I V E D**

JUL 28 2014

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**Agency Identification**

Name of Agency: Hospice of Whidbey General Hospital

Address: 101 N. Main St.

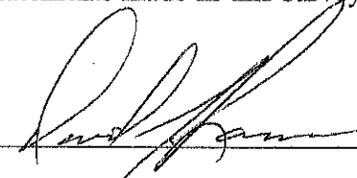
City: Coupeville State: WA Zip: 98239

Person completing survey, include title (if any): David Lenson, Director of Hospice

Phone # 360-678-7656 x 2407

Previous names for this agency (if any): \_\_\_\_\_

Responses provided are in accordance with provisions in Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310 adopted by the Washington State Department of Health. I hereby certify that the statements made in this survey are correct to the best of my knowledge and belief.

Signature of Responsible Officer: 

Title: Director of Hospice

Date: 7/28/2014



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

Check all service areas that apply:

County	Licensed-Only	Medicare/Medicaid (CN Approved)	Date CN Approved
Adams			
Asotin			
Benton			
Chelan			
Clallam			
Clark			
Columbia			
Cowlitz			
Douglas			
Ferry			
Franklin			
Garfield			
Grant			
Grays Harbor			
Island	✓	*	
Jefferson			
King			
Kitsap			
Kittitas			
Klickitat			
Lewis			
Lincoln			
Mason			
Okanogan			
Pacific			
Pend Oreille			
Pierce			
San Juan			
Skagit			
Skamania			
Snohomish			
Spokane			
Stevens			
Thurston			
Wahkiakum			
Walla Walla			
Whatcom			
Whitman			
Yakima			

DOH 505-078 April 2011 \* This Hospice program is not fully operational yet, we are waiting for our Medicare number

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1/28/14



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**

*Include Hospice Data for Calendar Year 2013 Only*

Agency: Hospice of Whidbey General Hospital

Please provide the following information *for each county served, separately*

County 1: Island - N/A

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 2: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

County 3: \_\_\_\_\_

	2013
Total # of patients admitted under aged 65 with cancer diagnosis	
Total # of patients admitted under aged 65 with non-cancer diagnosis	
Total # of patients admitted aged 65 and older with cancer diagnosis	
Total # of patients admitted aged 65 and older with non-cancer diagnosis	
Total Annual Patient Days	

ADD MORE COUNTY TABLES IF NEEDED. BLANK TABLES ARE ATTACHED



**CERTIFICATE OF NEED  
HOSPICE AGENCY SURVEY**  
*Include Hospice Data for Calendar Year 2013 Only*

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- You can send it to one of the following addresses.

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Department of Health  
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*Thank you for your cooperation*