



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1547 is issued to:

Legal Name of Applicant: Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics
Address of Applicant: 1016 Tacoma Avenue, P.O. Box 719, Sunnyside, WA 98944
Type of Service: Home Health Agency
Facility Name: Sunnyside Home Health
Facility Address: 812 Miller, Suite A, Sunnyside, Washington 98944

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 12, 2015, (CN App #15-10)

PROJECT DESCRIPTION:

This Certificate of Need approves Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics to establish a new Medicare/Medicaid certified home health agency in Yakima County to serve the residents of Yakima County. Sunnyside Yakima County Home Health will provide skilled nursing care and certified home health aide. Physical therapy, occupational therapy, speech therapy, and medical social work services will be provided through contract services or directly by the hospital. Services will be available to all residents of Yakima County.

Service Area
Yakima County

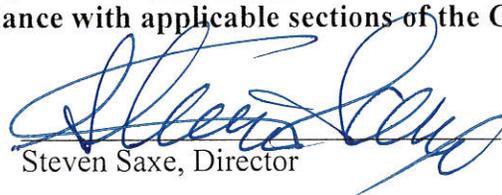
Conditions:
See page #2

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$12,500

This Certificate authorizes commencement of the project from June 4, 2015 to June 4, 2017, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 4, 2015


Steven Saxe, Director

This Certificate is not transferable.

Certificate of Need #1547

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Conditions

1. Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics agrees with the project description stated above. Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide copies of the fiscal intermediary forms as stated on page 25 of the application for the department's review and approval. The fiscal intermediary forms must be consistent with the forms Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics provided to National Government Services.
3. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide the approved version of the adopted medical director's role and responsibility for the department's review and approval. Copy of the approved document must be consistent with the draft document provided in the application.
4. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide the approved versions of the adopted policies listed below for the department's review and approval. Copies of the approved versions of the adopted policies must be consistent with the draft policies provided in the application.
 - Patient Rights
 - Informed Consent Policy
 - Non Discrimination Policy
 - Charity Care Policy 1
5. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide an executed copy of the office space co-sharing agreement for the department's review and approval. The executed office space co-sharing agreement must be consistent with the information provided in the application.