February 23, 2016

CERTIFIED MAIL # 7015 0640 0000 6441 5829

Lawrence Lopardo, General Counsel
Georgian Rehab, LLC
25117 Southwest Parkway, #F
Wilsonville, Oregon 97070

RE: DOR #16-13

Dear Mr. Lopardo:

Enclosed is Second Amended Replacement Authorization (RA) #080A2 issued to Georgian Rehab, LLC approving the replacement of Avamere Georgian House of Lakewood to a new site within Pierce County. At project completion, Avamere Georgian House of Lakewood will have a maximum of 73 skilled nursing beds as noted on the Replacement Authorization. This amendment RA approves the increase in capital cost to $12,578,028.

Expiration date for RA #080A2 does not change from the initial expiration date identified on RA #080 issued on December 12, 2014. According to the December 2015 progress report, the project has commenced as defined in Washington Administrative Code 246-310-010(13).

This decision may be appealed. The appeal option is listed below.

Appeal Option:
You or any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:	Physical Address
Department of Health	Department of Health
Adjudicative Service Unit	Adjudicative Service Unit
Mail Stop 47879	111 Israel Road SE
Olympia, WA 98504-7879	Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. If you have any questions, please contact me at (360) 236-2955.

Sincerely,

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Enclosure

Washington State Department of
Health

In accordance with RCW 70.38 and implementing rules and regulations, 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.

Replacement Authorization #080A2 is issued to:

Existing Licensee:	Georgian House, LLC
Current Facility Name:	Avamere Georgian House of Lakewood
Current Facility Address:	8407 Steilacoom Boulevard
	Lakewood, Washington 98498
Current County Location:	Pierce
Current Number of Licensed Beds:	73 licensed and zero banked

Replacement Facility Information
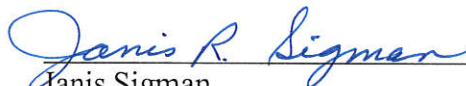
Replacement Facility Licensee:	Georgian House, LLC
Replacement Facility Name:	Avamere Georgian House of Lakewood
Replacement Facility Address:	630 South Pearl
	Tacoma, Washington 98465
Replacement Facility County Location:	Pierce
Replacement Facility Number of Beds:	73
Capital Expenditure of Project:	$12,578,028

Project Description

This Second Amended Replacement Authorization approves the replacement of Avamere Georgian House of Lakewood, a 73-bed Medicare and Medicaid certified nursing home, to a new site in Pierce County. The estimated cost of the project is $12,578,028.

This Amended Replacement Authorization is effective from <u>December 12, 2014</u>, through <u>December 12, 2016</u>, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Second Amended Replacement Authorization Issued: <u>February 23, 2016</u>

Janis R. Sigman

Janis Sigman
Manager, Certificate of Need Program
Community Health Systems

This Amended Replacement Authorization is not transferable.