



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

December 21, 2012

CERTIFIED MAIL # 7011 1570 0002 7808 7235

Kristopher Kitz, Director
Strategic Planning and Business Development
MultiCare Health System
315 Martin Luther King Jr. Way
Post Office Box 5299
Tacoma, Washington 98415-0299

Dear Mr. Kitz:

Enclosed is Certificate of Need #1437E2 issued to MultiCare Health System amending the validity of CN #1437E from October 4, 2012, to October 4, 2014.

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

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

Sincerely,

Lisa Hodgson for

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

Enclosure

cc: Department of Health, Investigations and Inspections Office





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

Certificate of Need #1437E2 is issued to:

Legal Name of Applicant: MultiCare Health System
Address of Applicant: 315 Martin Luther King Jr. Way
Tacoma, Washington 98415
Type of Service: Acute Care Hospital
Facility Name: MultiCare Covington Medical Center
Facility Address: 17700 Southeast 272nd Street
Covington, Washington 98042

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF DECEMBER 21, 2010(CN APP #10-22), DOCUMENTS PROVIDED ON AUGUST 16, 2012, SUPPORTING AN EXTENSION, AND THE SIGNED SETTLEMENT AGREEMENT EFFECTIVE OCTOBER 1, 2012.

Project Description:

This certificate approves the establishment of a new 58-bed acute care hospital in Covington, Washington.

Service Area

Southeast King County

Approved Capital Expenditure

The approved capital expenditure for the project is \$158,516,892.

Term

MultiCare will provide to the department, for review and approval, an executed version of the Admission Policy to be used at the proposed hospital. The adopted policy must specifically address a patient's guaranteed admission without regard to items such as race, ethnicity, national origin, citizenship, age, sex, pre-existing condition, physical or mental status and be consistent with the proposed agreement provided in the application.

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

Date Certificate Issued: December 21, 2012

Lisa Hodgson for
Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable