



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

August 29, 2008

CERTIFIED MAIL # 7007 2560 0000 4822 1248

Kenneth Hawkins
Community Health Systems
Post Office Box 689020
400 Meridian Boulevard
Franklin, Tennessee 37067

Dear Mr. Hawkins:

Thank you for your letter of August 28, 2008, accepting the conditions related to the approval of the Certificate of Need application proposing to purchase Deaconess Medical Center located in Spokane County. Enclosed is Certificate of Need #1382 for that project.

NOTE: 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 Section of the Department of Health, facility licensing/certification through the Department of Health, or other federal or local jurisdiction permits.

Certificate of Need #1382 has a validity period of two years during which time the project must commence. The validity period may be extended for one six-month period if there has been substantial and continuing progress toward commencement. An extension request must be submitted to the Certificate of Need Program at least 120 days prior to the expiration date of the Certificate of Need. A project may not be commenced after the validity period (*or extended validity period*) has expired.

The statute requires the Certificate of Need Program monitor approved projects through completion or through the end of the validity period, whichever occurs last. This is accomplished with quarterly progress reports. At least 30 days prior to the progress report's due date, we will mail you a report to complete and return.

Kenneth Hawkins
Community Health Systems
Deaconess Medical Center, CN App #08-35
August 29, 2008
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Please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955 if you have any questions or concerns as you proceed with your project.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Saxe". The signature is fluid and cursive, with the first name "Steven" being the most prominent part.

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

Enclosure

cc: Department of Health, Office of Health Care Survey



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 #1382 is issued to:

Legal Name of Applicant: Community Health Systems dba Spokane Washington Hospital Company, LLC
Address of Applicant: 400 Meridian Boulevard, Franklin Tennessee 37067
Type of Service: Acute Care Hospital
Facility Name: Deaconess Medical Center
Facility Address: 800 West Fifth Avenue, Spokane, Washington 99210

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF August 20, 2008 (CN App #08-35)

Description/Services To Be Provided:

This certificate approves the purchase of Deaconess Medical Center located in Spokane County.

Primary Service Area
Spokane County

Conditions:

1. Within 45 days of finalizing the purchase of Deaconess Medical Center, Community Health System, Inc. will submit to the Certificate of Need Program for review and approval a final, executed Admission Policy. The final Admission Policy will be consistent with the draft policy provided in the application.
2. Within 60 days of finalizing the purchase of Deaconess Medical Center, Community Health System, Inc. will submit to the Certificate of Need Program an executed copy of a Department of Health's Hospital and Patient Data Systems program, approved Charity Care Policy.
3. Deaconess Medical Center will provide charity care in compliance with the charity care policies provided in this Certificate of Need application, or any subsequent policies reviewed and approved by the Department of Health. Deaconess Medical Center will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Eastern Washington Region. Currently, this amount is 3.35% of adjusted revenue. Deaconess Medical Center will maintain records documenting the amount of charity care it provides and demonstrating its compliance with its charity care policies.
4. Community Health System, Inc. cites the following items as essential services for Deaconess Medical Center. These services will remain available at the hospital for a minimum of ten years.

24-Hour Emergency Care	Intensive Care	MRI Services
Cardiac Catheterization	Lab Services	Nuclear Medicine
Cardiovascular Surgery & CT Scanning	Labor & Delivery	Outpatient Surgery
Diagnostic Radiology	Neonatal Intensive Care	Pharmacy
General Surgery	Mammography	Therapy Services
Inpatient Medical & Surgical Services		

If Community Health System determines that any of the listed essential services are to be discontinued, Community Health System will submit an application, with all appropriate supporting documentation to modify the issued Certificate of Need.

Approved Capital Expenditure

The approved capital expenditure is \$112,843,560 and is broken down as follows.

This Certificate authorizes commencement of the project from August 29, 2008, to August 29, 2010, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations:

Date Certificate Issued: August 29, 2008

Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable.