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R E C E I V E D

NOV 30 2011

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH



November 23, 2011

Ms. Janis Sigman
Manager, Facilities Certification Program
Washington State Department of Health
PO Box 47852
Olympia WA 98504

RE: Letter of Intent

Dear Ms. Sigman:

Pursuant to WAC 246-310-080, Providence St. Peter Hospital plans to request certificate of need approval to expand its Level I Rehabilitation Unit.

1. Description of Proposed Service

Add an additional six Level I rehabilitation beds to the currently-recognized 18 Level I rehabilitation beds. When approved, Providence St. Peter Hospital would have 396 acute care, licensed beds, including 24 Level I rehabilitation beds.

2. Estimated Cost of the Project


Estimated capital expenditures are \$1,800,000.

3. Identification of the Service Area

The service area is Grays Harbor, Lewis, Mason and Thurston counties.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to call me directly at (360) 493-7446, or at Jeffery.Robert@providence.org

Sincerely yours,


Jeffery L. Robert
Chief Strategic Officer
Providence St. Peter Hospital
413 Lilly Road N.E.
Olympia WA 98506-5166