



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 #1393 is issued to:**

**Legal Name of Applicants:** Coulee Medical Foundation and  
Grant, Okanogan, Lincoln, and Douglas County Public Hospital District #6 dba  
Coulee Community Hospital  
**Address of Applicants:** 411 Fortuyn Road, Grand Coulee, Washington 99133-8718  
**Type of Service:** Hospital  
**Facility Name:** Coulee Community Hospital  
**Facility Address:** 411 Fortuyn Road, Grand Coulee, Washington 99133-8718

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF FEBRUARY 5, 2009 (CN APP #09-02) AND THE FINDINGS ARE INCORPORATED.**

**Description/Services to be Provided:**

This certificate approves the lease Coulee Community Hospital's property, plant, and equipment to Coulee Medical Foundation. Under Revised Code of Washington 70.44, the district, as a unit of local government, does not have the ability to mortgage its own property. The district owns the real estate where the hospital and two medical clinics operate. The district intends to replace the existing hospital with a new hospital at the same site. To accomplish this and to comply with the public hospital district and National Housing Act requirements required for FHA mortgage insurance, the district will lease the site of the hospital to an existing and separate corporation known as Coulee Medical Foundation.

The new replacement hospital will be a 66,000 sf single-story facility built adjacent to the existing hospital on the same parcel of land. The replacement hospital will have 25 private rooms, which include two labor and delivery rooms. The new facility will have a two operating room surgery area, one outpatient procedure room, one endoscopy room, four pre-op/recovery rooms. The emergency area will house four exam rooms, with two of the rooms used primarily for trauma patients. The new hospital will house laboratory, pharmacy, therapy areas, and support space.

**Service Area**

The hospital is located in Okanogan County.  
The service area includes portions of Grant, Okanogan, Lincoln, and Douglas counties.

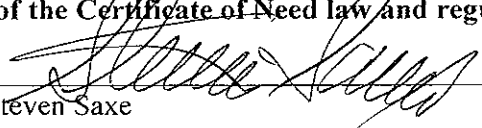
**Five Terms and One Condition are identified on the attached page.**

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$29,493,573. The specific break down of the approved capital expenditure is identified in the department's evaluation dated February 5, 2009..

This Certificate of Need is effective from February 24, 2009, through February 24, 2011, unless withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: February 24, 2009

  
Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**