



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 #1394 is issued to:**

**Legal Name of Applicant:** Providence Health System – Washington / St. Peter Hospital  
**Address of Applicant:** 413 Lilly Road NE, Olympia, Washington 98506  
**Type of Service:** Acute Care / Chemical Dependency Hospital  
**Facility Name:** St. Peter Hospital  
**Facility Address:** 413 Lilly Road NE, Olympia, Washington 98506

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF FEBRUARY 18, 2009 (CN APP #09-04)**

**Description/Services to be Provided:**

This certificate approves the consolidation of 50 beds currently licensed as a Chemical Dependency Hospital with the 340 acute care beds currently licensed at St. Peter Hospital. The result would be a single acute care bed license of 390 beds. There will be no change to the number of beds at each location.

**Service Area**

Facilities are located in Thurston County.

**Condition**

These 50 beds are limited to the provision of chemical dependent services as described in the application. To be used for any other type of acute care service, prior CN approval is required.

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$3,116,652. The specific break down of the approved capital expenditure is identified in the department's evaluation dated February 18, 2009.

**This Certificate of Need is effective from March 4, 2009, through March 4, 2011, unless withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** March 4, 2009

A handwritten signature in black ink, appearing to read "Steven Saxe", is written over a horizontal line. The signature is fluid and cursive.

Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**