



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 Valley Hospital and Medical Center located in Spokane County. Enclosed is Certificate of Need #1383 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.

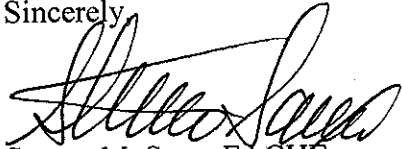
Certificate of Need #1383 has a validity period of two years during which time the project must commence. The validity period may be extended for one six-month period if there has been substantial and continuing progress toward commencement. An extension request must be submitted to the Certificate of 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  
Valley Hospital and Medical Center, CN App #08-36  
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 a large initial "S" and "M".

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 #1383 is issued to:**

**Legal Name of Applicant:** Community Health Systems dba Spokane Valley Washington Hospital Company, LLC  
**Address of Applicant:** 400 Meridian Boulevard, Franklin Tennessee 37067  
**Type of Service:** Acute Care Hospital  
**Facility Name:** Valley Hospital and Medical Center  
**Facility Address:** 12606 East Mission Avenue, Spokane Valley, Washington 99216

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF AUGUST 20, 2008 (CN App #08-36)**

**Description/Services to Be Provided:**

This certificate approves the purchase of Valley Hospital and Medical Center located in Spokane County.

**Primary Service Area**  
Spokane County

**CONDITIONS**

1. Within 45 days of finalizing the purchase of Valley Hospital and 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 Valley Hospital and 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. Valley Hospital and Medical Center will provide charity care in compliance with the charity care policies provided in this Certificate of Need application, or any subsequent polices reviewed and approved by the Department of Health. Valley Hospital and 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. Valley Hospital and 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 Valley Hospital and Medical Center. These services will remain available at the hospital for a minimum of ten years.

|                                       |                  |                    |
|---------------------------------------|------------------|--------------------|
| 24-Hour Emergency Care                | Intensive Care   | Nuclear Medicine   |
| Diagnostic Radiology                  | Lab Services     | Outpatient Surgery |
| General Surgery                       | Labor & Delivery | Pharmacy           |
| Inpatient Medical & Surgical Services | Mammography      | Therapy Services   |
|                                       | MRI 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 \$34,909,360.

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.**