



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Certificate of Need Program
111 Israel Road Southeast – MS 4-7852
Olympia, Washington 98504

November 24, 2014

CERTIFIED MAIL # 7009 0960 0000 5565 0390

Lawrence Lopardo, General Counsel
Georgian Rehab, LLC
25117 Southwest Parkway, #F
Wilsonville, Oregon 97070

RE: DOR 15-18

Dear Mr. Lopardo:

We have completed review of the Replacement Authorization application submitted by Georgian Rehab, LLC proposing replacement of Avamere Georgian House of Lakewood as allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. The application is consistent with the applicable criteria of the Certificate of Need Program, provided Georgian Rehab, LLC agrees to the following in its entirety.

Project Description:

This Replacement Authorization approves the replacement of Avamere Georgian House of Lakewood, a 73-bed Medicare and Medicaid certified nursing home, to a new site in Pierce County. The estimated cost of the project is \$10,320,277.

Conditions:

1. Approval of the project description as stated above. Georgian Rehab, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Once operational at the new site, the replacement nursing home will participate in both the Medicare and Medicaid programs.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a Replacement Authorization will be sent to you. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept

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the above in its entirety. Your written response should be sent to the Certificate of Need Program, at one of the following addresses.

Mailing Address:

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact me at (360) 236-2955.

Sincerely,



Janis R. Sigman, Manger
Certificate of Need Program
Community Health Systems