



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

January 14, 2016

CERTIFIED MAIL #7015 0640 0000 6441 5799

Larry Anderson, II  
Anderson House  
17127 – 15<sup>th</sup> Avenue Northeast  
Shoreline, Washington 98155

RE: DOR #16-15

Dear Mr. Anderson:

Enclosed is Renovation Authorization (RA) #085 issued to Anderson Nursing Home, LLC approving the renovation of Anderson House located in Shoreline, within King County. At project completion, Anderson House will continue to have a maximum of 112 skilled nursing beds as noted on the certificate.

Renovation Authorization #085 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision 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

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Appeal Option 2:

You or any affected person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

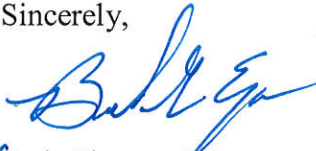
Department of Health  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address

Department of Health  
Adjudicative Service Unit  
111 Israel Road SE, Building 6  
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. If you have any questions, please contact me at (360) 236-2955.

Sincerely,



*For* Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

**Renovation Authorization #085 is issued to:**

**Existing Licensee:** Anderson Nursing Home, LLC  
**Current Facility Name:** Anderson House  
**Current Facility Address:** 17127 – 15<sup>th</sup> Avenue Northeast  
Shoreline, Washington 98155  
**Current County Location:** King  
**Current Number of Licensed Beds:** 112 licensed and zero banked

**Renovation Facility Information**

**Renovation Facility Licensee:** Anderson Nursing Home, LLC  
**Renovation Facility Name:** Anderson House  
**Renovation Facility Address:** 17127 – 15<sup>th</sup> Avenue Northeast  
Shoreline, Washington 98155  
**Renovation Facility County Location:** King  
**Renovation Facility Number of Beds:** 112  
**Capital Expenditure of Project:** \$5,000,000

**Project Description**

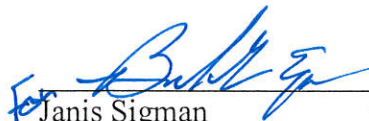
This Renovation Authorization approves the renovation of Anderson House, a 112-bed Medicare certified nursing home at its current site in King County. The estimated cost of the project is \$5,000,000.

**Conditions:**

1. Approval of the project description as stated above. Anderson Nursing Home, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Renovation Authorization.

This Renovation Authorization is effective from January 14, 2016, through January 14, 2018, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Issued:** January 14, 2016

  
\_\_\_\_\_  
Janis Sigman  
Manager, Certificate of Need Program  
Community Health Systems

**This Renovation Authorization is not transferable.**