



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852•Olympia, Washington 98504-7852

June 6, 2017

CERTIFIED MAIL # 7012 1010 0000 5625 0488

DeAnne Okazaki, Strategic Services Manager
Providence Regional Medical Center Everett
1321 Colby Avenue
Everett, WA 98201

RE: CN Application #17-13

Dear Ms. Okazaki:

Enclosed is Certificate of Need #1602 issued to Providence St Joseph Health, on behalf of Providence Health & Services – Washington d/b/a Providence Regional Medical Center Everett, approving the addition of 70 licensed acute care beds on the Colby campus.

The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

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

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

Appeal Option 1:

Any person with standing 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

Appeal Option 2:

Any 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
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 Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steve Bowman, PhD, MHA
Director, Office of Community Health Systems

Enclosure



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 #1602 is issued to:

Legal Name of Applicant: Providence St Joseph Health on behalf of Providence Health & Services – Washington d/b/a Providence Regional Medical Center Everett
Address of Applicant: 1321 Colby Avenue Everett, Washington 98201
Type of Service: Acute Care Beds
Facility Name: Providence Regional Medical Center Everett
Facility Address: 1321 Colby Avenue Everett, Washington 98201

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED MAY 23, 2017 (CN App #17-13)

Project Description

Providence Regional Medical Center Everett currently operates 501 acute care beds. This certificate approves the addition of 70 acute care beds. At project completion, Providence Regional Medical Center Everett will license and operate a total of 571 acute care beds. The approved bed breakdown is shown below.

Type	Colby Campus	Pacific Campus
Acute Care	448	75
Level II Intermediate Care Nursery	0	13
Level III NICU	0	16
Level II Rehabilitation	0	19
Total Campus Bed Capacity	448	123
Total PRMCE Bed Capacity	571	

Service Area

Snohomish County and surrounding communities

Conditions

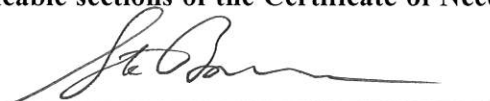
Conditions Identified on Page Two

Approved Capital Expenditure

The approved capital expenditure for the project for both phases is \$32,160,158.

This Certificate authorizes commencement of the project from June 6, 2017 to June 6, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 6, 2017


Steve Bowman, PhD, MHA
Director, Office of Community Health Systems

This Certificate is not transferable

Certificate of Need #1602

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Conditions

1. Approval of the project description as stated above. Providence further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Providence shall finance the project using cash reserves from Providence Health & Services, as described in the application.
3. Providence Regional Medical Center Everett will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health, or any subsequent policies reviewed and approved by the Department of Health. Providence Regional Medical Center Everett will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amounts of charity care provided by hospitals in the Puget Sound Region. Currently, this amount is 1.87% gross revenue and 4.70% of adjusted revenue. Providence Regional Medical Center Everett will maintain records documenting the amount of charity care provided and demonstrating its compliance with its charity care policies.
4. Providence Regional Medical Center Everett will submit annual budgets (required under WAC 246-454-030) that include budgeted charity care amounts of at least the regional average amount of charity care provided by hospitals in the Puget Sound Region.