



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

August 22, 2019

CERTIFIED MAIL # 7018 2290 0001 8591 8278

Louise Coomes, Controller  
Clearview Eye and Laser, PLLC

Emily R. Studebaker, Esq.  
Studebaker Nault, PLLC

RE: Certificate of Need Application #19-28

Dear Ms. Coomes and Ms. Studebaker:

Enclosed is Certificate of Need #1805 issued to Clearview Eye and Laser, PLLC approving the establishment an ambulatory surgery center in Seattle, within Southwest King County.

The certificate is not an 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

Louise Coomes, Controller  
Emily R. Studebaker, Esq.  
Certificate of Need App #19-28  
August 22, 2019  
Page 2 of 2

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

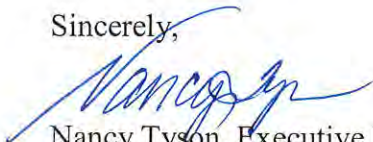
Physical Address

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 the Certificate of Need Program at (360) 236-2955.

Sincerely,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
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 #1805 is issued to:**

**Applicant's Legal Name:** Clearview Eye and Laser, PLLC  
**Applicant's Address:** 7520 35th Avenue S.W., Seattle, WA 98126  
**Facility Type** Ambulatory Surgical Facility  
**Project Type** Ambulatory Surgical Facility  
**Facility Name:** Westwood Eye Surgery and Laser  
**Facility Address:** 7520 35th Avenue S.W., Seattle, WA 98126

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED AUGUST 2, 2019 (CN APP # 19-28 )**

**Project Description**

This certificate approves the establishment of a two operating-room ambulatory surgical facility located in Seattle, within Southwest King County. Surgical services are limited to those associated with ophthalmological services, otolaryngological, oral maxillofacial, and plastic surgeries that can be appropriately performed in an outpatient setting.

**Service Area**

Southwest King County

**Conditions**

The conditions are identified on page 2 of this certificate

**Approved Capital Expenditure**

None

**This Certificate authorizes commencement of the project from August 22, 2019 to August 22, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: August 22, 2019**

  
\_\_\_\_\_  
Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**

## **Certificate of Need #1805**

### **Page Two**

#### **Conditions**

1. Clearview Eye and Laser, PLLC agrees with the project description as stated above. Clearview Eye and Laser, PLLC 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. Clearview Eye and Laser, PLLC will provide charity care in compliance with its charity care policy. Clearview Eye and Laser, PLLC will use reasonable efforts to provide charity care consistent with the regional average. The regional charity care average from 2015-2017 was 0.86% of gross revenue and 1.88% of adjusted revenue.
3. Clearview Eye and Laser, PLLC will maintain records of charity care applications received and the dollar amount of charity care discounts granted at the location of the surgery center. The records must be available upon request.
4. Clearview Eye and Laser, PLLC agrees that the facility will maintain Medicare and Medicaid certification, regardless of the facility ownership.