



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 19, 2010

CERTIFIED MAIL # 7007 3020 0000 3056 2254

Jeff Cohen, Executive Director
Kline Galland
7500 Stewart Park Avenue S
P.O. Box 6128
Seattle, Washington 98118-4256

Dear Mr. Cohen:

Enclosed is Certificate of Need #1428 issued to Kline Galland approving the establishment of a Medicare certified/Medicaid eligible Hospice serving residents of King County.

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 during which time you must start the project. 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 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

Other Than By Mail
Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501



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:

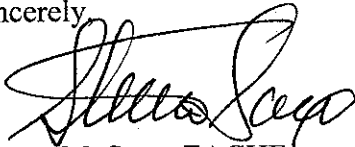
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Clerk Office
310 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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office
Karen Stricklett, Department of Health, Customer Service Office



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 #1428 is issued to:

Legal Name of Applicant: Kline Galland
Address of Applicant: 7500 Seward Park Avenue, Seattle, Washington 98118
Type of Service: Hospice
Facility Name: Kline Galland Hospice
Facility Address: 7500 Seward Park Avenue, Seattle, Washington 98118

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON
THE DEPARTMENT 'S RECORD AND EVALUATION OF OCTOBER 6, 2010
(CN APP #10-14)**

Project Description:

This certificate approves the establishment a Medicare certified/Medicaid Eligible Hospice to serve residents of King County.

Service Area
King County

Approved Capital Expenditure Breakdown

The approved capital expenditure for the project is zero dollars

Terms and Condition

None

This Certificate authorizes commencement of the project from October 19, 2010, to October 19, 2012, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: October 19, 2010

A handwritten signature in black ink, appearing to read "Steven Saxe", written over a horizontal line.

Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable