November 6, 2018

CERTIFIED MAIL # 7017 3380 0000 0863 8390

Lance Baldwin, Director of Nursing
Northwest Eye Surgeons, PC
1330 Meridian Avenue North, #370
Seattle, Washington 98133

RE: Certificate of Need Application #18-24-East Skagit County

Dear Mr. Baldwin:

Enclosed is Certificate of Need #1748 issued to Northwest Eye Surgeons, PC approving the establishment of an ambulatory surgery center in Mount Vernon, within East Skagit 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
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,

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 #1748 is issued to:
Applicant’s Legal Name: Northwest Eye Surgeons, PC
Applicant’s Address: 10330 Meridian Avenue North, #370 Seattle Washington 98133
Facility Type: Ambulatory Surgical Facility
Project Type: Ambulatory Surgical Facility
Facility Name: Northwest Eye Surgeons
Facility Address: 1306 Roosevelt Avenue Mount Vernon, Washington 98274

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED OCTOBER 24, 2018 (CN APP # 18-24)

Project Description
This certificate approves the establishment of a two-operating room ambulatory surgical facility in Mount Vernon, within East Skagit County. The surgery center will serve patients aged 5 years and older that require surgical services that can be served appropriately in an outpatient setting. Surgical services within the two ORs are limited those associated with ophthalmic surgical procedures, such as cataract extraction and laser eye surgery.

Service Area
East Skagit County

Conditions
The conditions are identified on page 2 of this certificate

Approved Capital Expenditure
There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from November 6, 2018 to November 6, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: November 6, 2018

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

This Certificate is not transferable
Conditions

1. Northwest Eye Surgeons, PC agrees with the project description as stated above. Northwest Eye Surgeons, PC 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. Northwest Eye Surgeons, PC will provide charity care in compliance with its charity care. Northwest Eye Surgeons, PC will use reasonable efforts to provide charity care consistent with the regional average or the amount identified in the application – whichever is higher. The regional charity care average from 2014-2016 was 1.16% of gross revenue and 3.20% of adjusted revenue. Northwest Eye Surgeons, PC 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.

3. Northwest Eye Surgeons, PC agrees that the ASF will maintain Medicare and Medicaid certification, regardless of facility ownership.