August 28, 2019

CERTIFIED MAIL #7016 3010 0001 0575 0150

Matthew Todd, Chief Executive Officer
Bethany of the Northwest
916 Pacific Avenue
Everett, Washington 98201

RE: Determination of Reviewability #20-02

Dear Mr. Todd:

We have completed review of the Replacement Authorization application submitted by Bethany of the Northwest proposing to replace 31 nursing home beds at Bethany at Pacific located at 916 Pacific Avenue in Everett. The 31 beds are currently located on floor 4 of the facility and they will be replaced to floor 6 of the facility.

The replacement project is allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. This application is consistent with the applicable criteria of the Certificate of Need Program provided Bethany of the Northwest agrees to the following in its entirety.

**Project Description:**
Bethany at Pacific is a nursing home located on floors #3, #4, and #5 at 916 Pacific Avenue in Everett [98201] within Snohomish County. On April 25, 2019, Replacement Authorization (RA) #098 was issued to Bethany of the Northwest approving the replacement of 31 beds from Bethany at Pacific (on floor #5) to Bethany at Silver Lake. At project completion, Bethany at Pacific will be operating 80 nursing home beds. As of August 28, 2019, project authorized under RA #098 is not yet complete and Bethany at Pacific is currently licensed for 111-beds.

This project requests replacement of 31 nursing home beds at Bethany at Pacific. The 31 beds are currently located on floor 4 at 916 Pacific Avenue in Everett [98201]. The beds will be replaced to floor 6 at 916 Pacific Avenue in Everett. At project completion of both RA #098 and this project, Bethany at Pacific will be operating 80 nursing home beds on floors #3 and #6.

There is no estimated capital expenditure for this replacement project.
Conditions:
1. Approval of the project description as stated above. Bethany of the Northwest further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Bethany at Pacific will maintain both Medicare and Medicaid certifications.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a replacement authorization for the project will be issued. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety.

Your written response should be sent to the Certificate of Need Program, 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

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact our office at (360) 236-2955.

Sincerely,

[Signature]

Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Community Health Systems