

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Olympia, Washington 98504

April 23, 2018

CERTIFIED MAIL #7016 3010 0001 0575 0631

Mark Gustafson, CEO Franke Tobey Jones 5340 North Bristol Tacoma, WA 98407

RE: Determination of Reviewability #18-06

Dear Mr. Gustafson:

Enclosed is Replacement Authorization (RA) #093 issued to Franke Tobey Jones, approving the replacement of Franke Tobey Jones on the same site within Tacoma, within Pierce County. At project completion, the new facility will have a maximum of 43 skilled nursing beds as noted on the certificate.

Replacement Authorization #093 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal option is listed below.

## Appeal Option:

You or 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
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

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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 me at (360) 236-2955.

Sincerely,

Nancy Tyson, Executive Director

Health Facilities and Certificate of Need

Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

## Replacement Authorization #093 is issued to:

**Existing Licensee:** 

Franke Tobey Jones

**Current Facility Name:** 

Franke Tobey Jones

**Current Facility Address:** 

5340 North Bristol Tacoma, WA 98407

**Current County Location:** 

Pierce

**Current Number of Licensed Beds:** 

43 licensed and zero banked

## **Replacement Facility Information**

**Renovation Facility Licensee:** 

Franke Tobey Jones

**Renovation Facility Name:** 

Franke Tobey Jones

**Renovation Facility Address:** 

5340 North Bristol Tacoma, WA 98407

**Renovation Facility County Location:** 

Pierce

**Renovation Facility Number of Beds:** 

43 licensed and zero banked

Capital Expenditure of Project:

\$8,391,086

#### **Project Description**

This Replacement Authorization approves the replacement of 43 beds at Franke Tobey Jones to a new building on the same site at 5340 North Bristol in Tacoma, Washington within Pierce County.

#### **Conditions:**

1. Approval of the project description as stated above. Franke Tobey Jones further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.

This Replacement Authorization is effective from <u>April 23, 2018</u>, through <u>February 23, 2020</u>, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Issued:

April 23, 2018

Nancy Tyson, Executive Director

Health Facilities and Certificate of Need

Community Health Systems

This Renovation Authorization is not transferable.