



BB25-02

Nursing Home Alternative Use Bed Banking Certificate of Need Application Packet

Received by the Certificate of Need Program on August 22, 2024

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To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Submission Instructions:

One electronic copy of your application, including any application addendum – no paper copy is required. A check or money order for the review fee of **\$1,347** payable to **Department of Health**.

If you submit the application and fee separately include a copy of the signed cover sheet with the fee. This allows us to connect your application to your fee. We also strongly encourage sending payment with a tracking number. **Do not** submit a copy of your check with your application; your application documents are publicly disclosable.

Submit the application and review fee to:

Mailing Address:

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

In Person:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Email:

FSLCON@doh.wa.gov

Contact Us:

Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov

application emailed 8/5/24



**Certificate of Need Application
Alternative Use Bed Banking Application / Notice**

The following information will be used to evaluate the conformance of the project with all applicable exemption criteria contained in RCW 70.38.111 and WAC 246-310-395.

Alternate Use Bed Banking notices must include appropriate fee in accordance with WAC 246-310-990.

This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in chapter 70.38 RCW and WAC 246-310-395, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Washington Odd Fellows Home

Name of the Nursing Home (facility)

Washington Odd Fellows Home

Name of the Facility's Licensee

Jeanette Bartholomew, MHSA, LNHA

Printed Name of person making the request

EVP of Healthcare Operations

Title of person making the request

Authorized Representative (509) 526-6869

Relationship to Licensee Telephone Number

administratorsnf@oddfellows.com

Email address

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

Signature of Licensee

8/5/2024

Date

534 Boyer Ave

Walla Walla, WA 99362

administratorsnf@oddfellows.com

Email address

Address



June 20, 2024

VIA ELECTRONIC MAIL (FSLCON@doh.wa.gov)

Department of Health
Certificate of Need Program
PO Box 47852
Olympia, WA 98504-7852

RE: Bed Banking – Washington Odd Fellows Home

Dear Certificate of Need Program,

Washington Odd Fellows is the licensee and operator of the nursing home located at 534 Boyer Ave, Walla Walla, WA 99362, currently licenses as Washington Odd Fellows Home (“Odd Fellows”).

As further detailed in the attached Nursing Home Alternative Use Bed Banking Application (the “Application”), Odd Fellows plans to reduce its licenses bed capacity by thirty five (35) beds (from 117 to 82), pursuant to RCW 70.38.111 and WAC 246-310-395. Oddfellows submits this request for voluntary bed reduction (“banking”) due to the Companies change of business plan.

Should you have any questions, please feel free to contact me via email at administratorsnf@oddfellows.com or via telephone at (509) 526-6869.

Respectfully submitted,

Jeanette Bartholomew, MHSA, LNHA
EVP of Healthcare Operations



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In Person:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Email:

FSLCON@doh.wa.gov

Contact Us:

Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov

Application Instructions

The Certificate of Need Program will use the information in your application to determine if your project meets the applicable exemption criteria found in [chapter 70.38 RCW](#) and [chapter 246-310 WAC](#).

General Instructions:

- Include a table of contents for application sections and appendices/exhibits
- Number **all** pages consecutively
- Make the narrative information complete and to the point.
- Cite all data sources.
- Provide copies of articles, studies, etc. cited in the application.
- Place extensive supporting data in an appendix.
- Under no circumstance should your application contain any patient identifying information.

Do not skip any questions in this application. If you believe a question is not applicable to your project, explain why it is not applicable.

Answer the following questions in a manner that makes sense for your project. In some cases, a table may make more sense than a narrative. The department will follow up in screening if there are questions.

Program staff members are available to provide technical assistance (TA) at no cost to you before submitting your application. While TA isn't required, it's highly recommended and can make any required review easier. To request a TA meeting, call 360-236-2955 or [email us at FSLCON@doh.wa.gov](mailto:FSLCON@doh.wa.gov).



Certificate of Need Application
Alternative Use Bed Banking Application / Notice

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This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in chapter [70.38 RCW](#) and [WAC 246-310-395](#), rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Washington Odd Fellows Home

Name of the Nursing Home (facility)

Washington Odd Fellows Home

Name of the Facility's Licensee

Jeanette Bartholomew, MHSA, LNHA

Printed Name of person making the request

EVP of Healthcare Operations

Title of person making the request

Authorized Representative (509) 526-6869

Relationship to Licensee Telephone Number

administratorsnf@oddfellows.com

Email address

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of [WAC 246-310-500](#) and forfeiture of the beds.

Signature of Licensee

8/5/2024

Date

534 Boyer Ave

Walla Walla, WA 99362

administratorsnf@oddfellows.com

Email address

Address



Required Information:

1. For the entire facility, provide a **current** facility room listing including each room, its room number, its use, and the number of beds in each room.
2. For the entire facility, provide a floor diagram of the **current** facility room listing including each room, its room number, its use, the number of beds in each room. Note: The diagrams provided must be clearly readable.
3. For the entire facility, provide a **proposed** facility room listing including each room, its room number, its use, and the number of beds in each room.
4. For the entire facility, provide a floor diagram of the **proposed** facility room listing including each room, its room number, its use, the number of beds in each room. Note: The diagrams provided must be clearly readable.
5. Complete the table below for the beds proposed to be banked. Note that the purpose of the beds being banked must be consistent with alternate uses outlined in [RCW 70.38.111\(9\)\(a\)](#) and [chapter 246-310 WAC](#). (Additional space provided on page 7; add pages as necessary.)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
12	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
14	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
15	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
16	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
17	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
18	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
21	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
28	2	1	Change of Business Plan per WAC246-310-043(1(a))	1
29	2	2	Change of Business Plan per WAC246-310-043(1(a))	0
30	1	1	Change of Business Plan per WAC246-310-043(1(a))	0
Total	19	11		8

Note: "Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications shall not include those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. ([WAC 246-310-010\(20\)](#))



6. Is the existing licensee the building owner?

Yes _____ No **X** _____ (If yes, go to question 9; if no, go to question 7)

7. Does the building owner have a secured interest in the nursing home bed rights?

Yes _____ No **X** _____ (If yes, go to question 8a; if no, go to question 8b)

8. If the existing nursing home licensee is not the building owner, the licensee must provide:

- a. If the building owner has a secured interest in the bed rights, submit an **original** written statement signed by the building owner indicating the building owner’s approval of the bed reduction.
- b. If the building owner does not have a secured interest in the bed rights, submit a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

9. Proposed Timetables for Project Implementation. Fill in fields appropriate to this project.

- This project was completed within the last 30 days of this submission. **All activities** listed below are complete and I am notifying DOH of the project as required under WAC 246-310-395(1). I understand that if my project is not approved, I may be required to forfeit the beds that I have deactivated.

Activity	Date
Funds necessary to undertake the project obtained	N/A
Preliminary drawings submitted to Department of Health’s Construction Review Services (CRS)	N/A
Final drawings and specifications submitted to Department of Health’s CRS	N/A
Construction contract awarded	N/A
50% of construction completed (based on dollar value of the construction contract awarded)	N/A
Construction completed	N/A
Licensure approval obtained	5/2025
Facility operating-serving residents	5/2025

NOTE: If the above table does not identify project events applicable to this project and the change from nursing home beds to the proposed alternate use, provide a listing of those project events with the projected completion dates. This information is used when evaluating potential future extension requests.



By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided:

1. The facility has remained in continuous operation; and
2. The facility has not been purchased or leased; and
3. The use of the alternative use has otherwise continued to qualify for bed banking.

I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in [WAC 246-310-395](#) or request an extension as outlined in [WAC 246-310-580](#) for one an additional four-year period.

To complete this bed banking:

For facilities licensed under [chapter 18.51 RCW](#) the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS).

For facilities licensed under [chapter 70.41 RCW](#) the licensee must proceed with de-licensing the beds with the Department of Health (DOH).

Following receipt of the facility's modified license, the Department of Health will notify you of the bed banking expiration date.



Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program laws [chapter 70.38 RCW](#)

Certificate of Need Program rules [chapter 246-310 WAC](#)

Certificate of Need [Frequently Asked Questions](#)

Nursing Home Alternative Use Bed Banking rules and statutes:

RCW Reference	Title/Topic
Chapter 18.51	Nursing homes
70.38.111	Certificates of need—Exemptions
Chapter 70.41	Hospital licensing and regulation
WAC Reference	Title/Topic
246-310-010	Definitions
246-310-395	Nursing home bed banking for alternative use notice requirements
246-310-500	Issuance, suspension, denial, revocation, and transfer of a certificate of need.
246-310-580	Validity and extensions.
246-310-990	Certificate of need review fees.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

WASHINGTON ODD FELLOWS HOME

SUPPLEMENTS TO NURSING HOME ALTERNATIVE USE BED BANKING CERTIFICATE OF NEED APPLICATION

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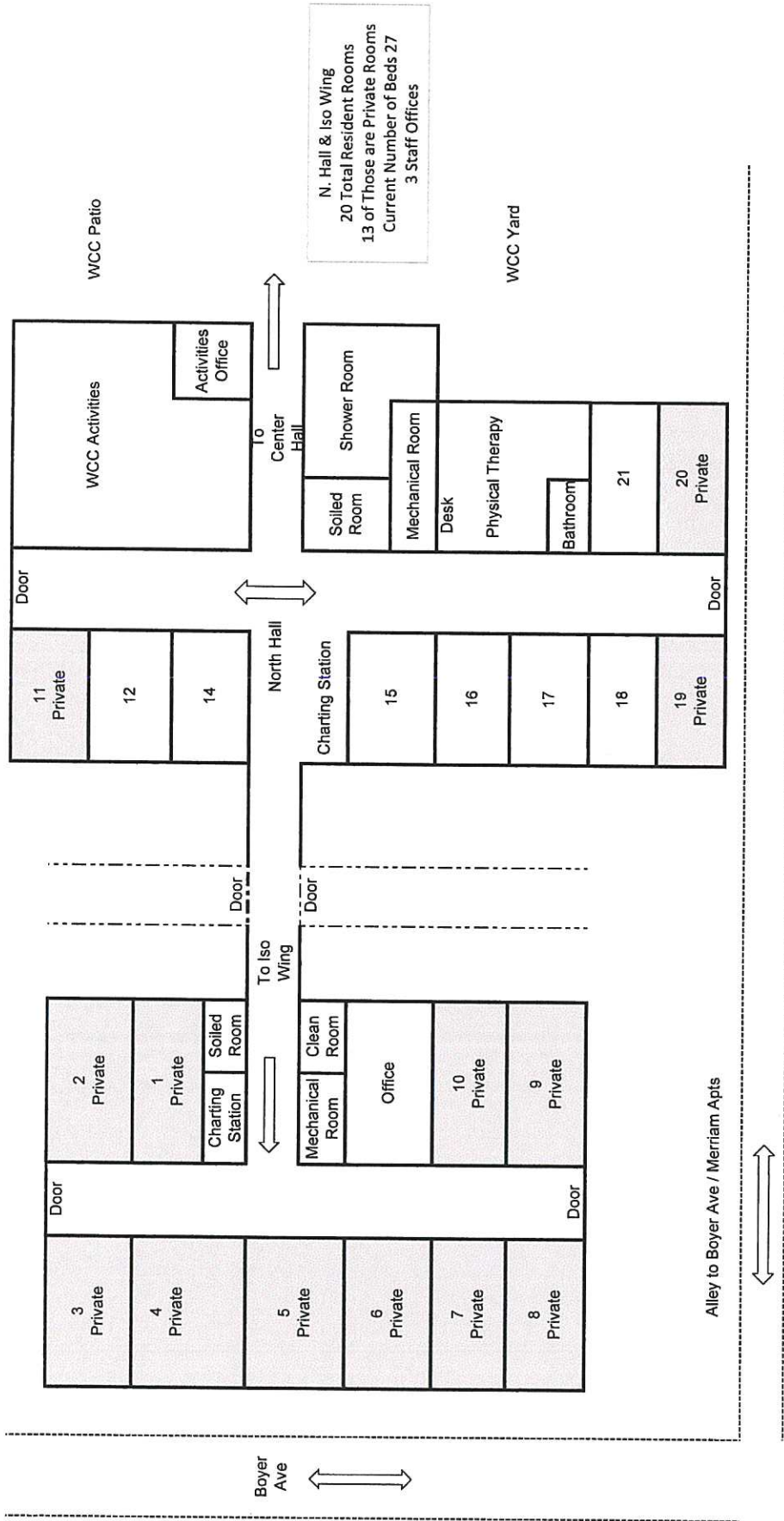
Question 1: Supplement (Current Facility Room Listing)

ROOM NUMBER	ROOM USE	NUMBER OF LICENESSES BEDS PER ROOM
12	Resident Room	2
14	Resident Room	2
15	Resident Room	2
16	Resident Room	2
17	Resident Room	2
18	Resident Room	2
21	Resident Room	2
28	Resident Room	2
29	Resident Room	2
30	Resident Room	1
31	Resident Room	1
32	Resident Room	1
33	Resident Room	2
34	Resident Room	1
35	Resident Room	2
36	Resident Room	1
37	Resident Room	2
38	Resident Room	2
39	Resident Room	2
40	Resident Room	2
41	Resident Room	2
42	Resident Room	2
43	Resident Room	2
44	Resident Room	2
		43

Question 2: Supplement (Current Facility Floor Diagram)

(ATTACHED)

WCC North Hall & ISO Wing



Question 3: Supplement (Proposed Facility Room Listing)

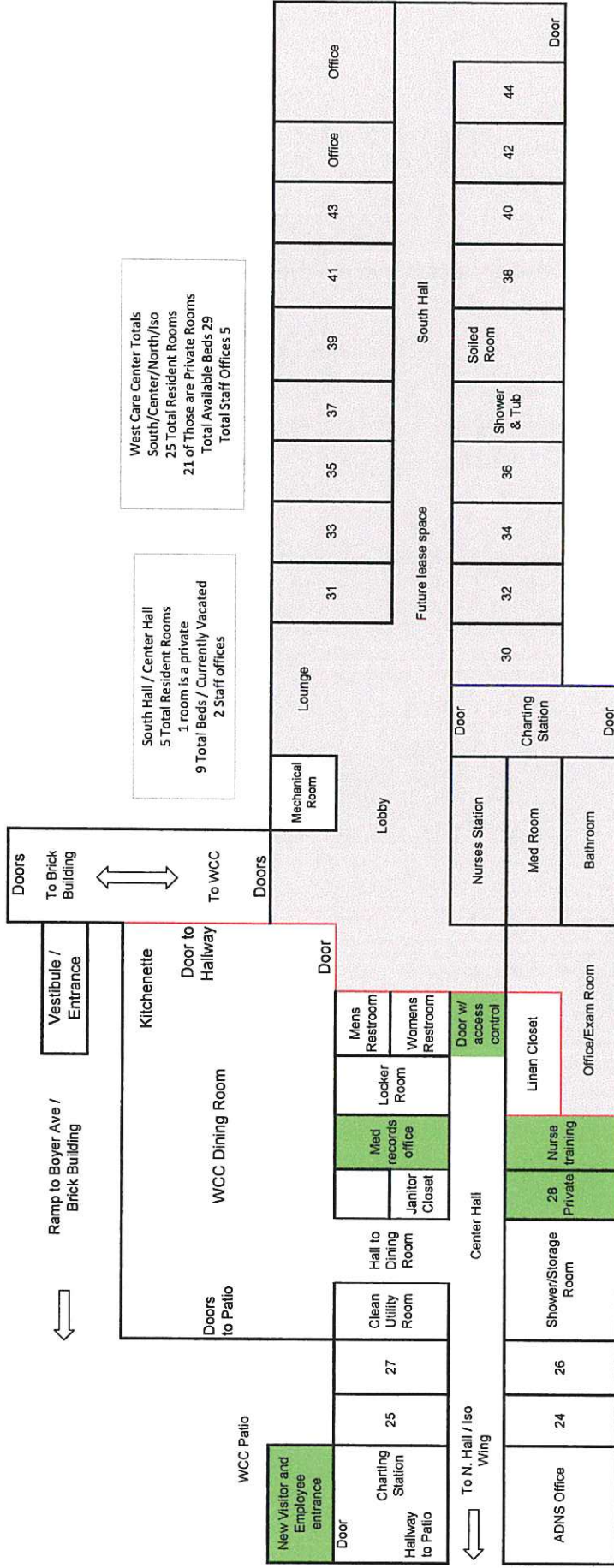
Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	# of Beds Remaining in Room (if any)
12	2	1	1
14	2	1	1
15	2	1	1
16	2	1	1
17	2	1	1
18	2	1	1
21	2	1	1
28	2	1	1
29	2	2	0
30	1	1	0
31	1	1	0
32	1	1	0
33	2	2	0
34	1	1	0
35	2	2	0
36	1	1	0
37	2	2	0
38	2	2	0
39	2	2	0
40	2	2	0
41	2	2	0
42	2	2	0
43	2	2	0
44	2	2	0
Total	43	35	8

Question 4: Supplement (Proposed Facility Floor Diagram)

(ATTACHED)

61584310 proposed resident room changed to nurse training room

West Care Center South/Center Hall



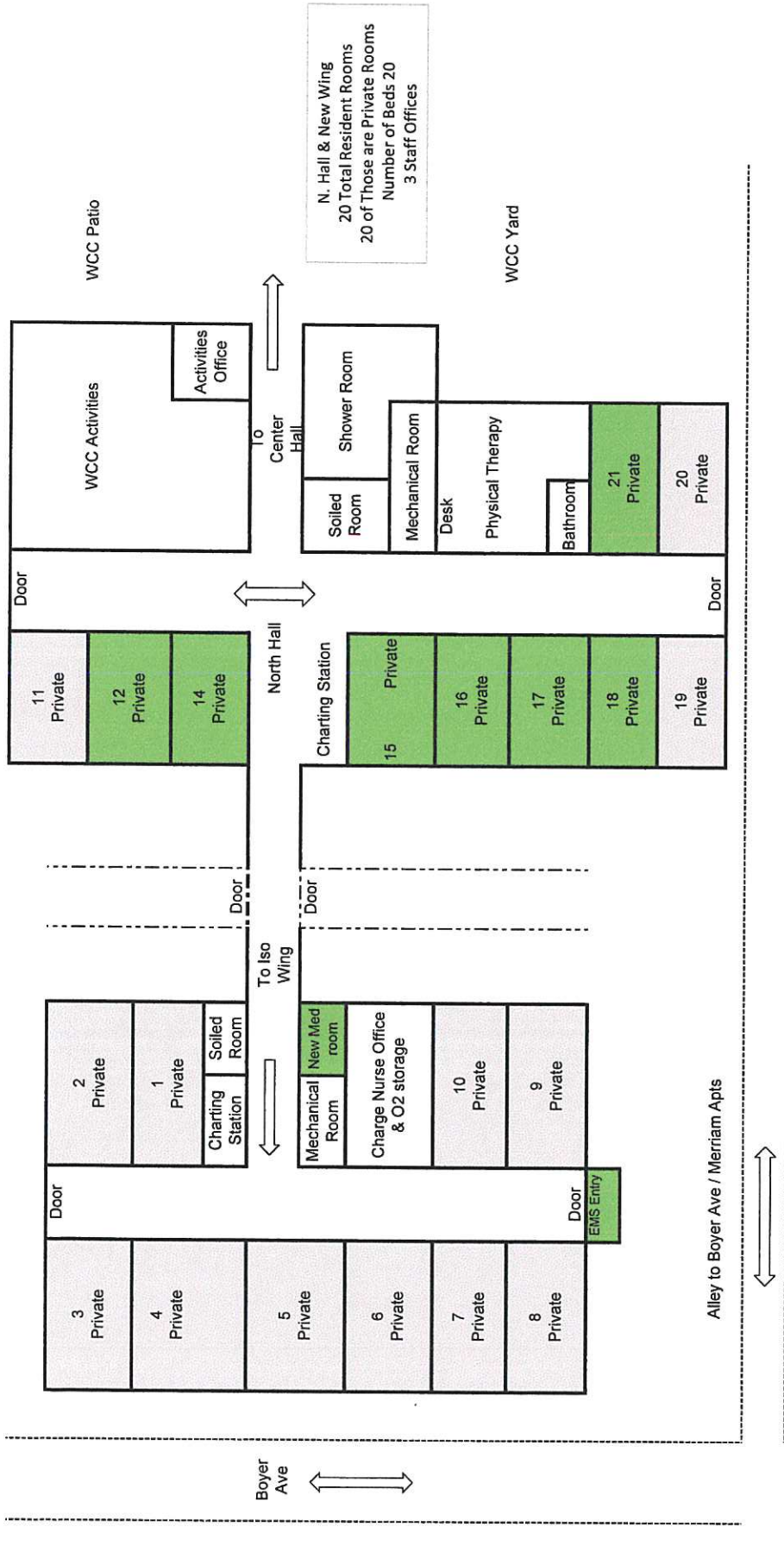
West Care Center Totals
 South/Center/North/Iso
 25 Total Resident Rooms
 21 of Those are Private Rooms
 Total Available Beds 29
 Total Staff Offices 5

South Hall / Center Hall
 5 Total Resident Rooms
 1 room is a private
 9 Total Beds / Currently Vacated
 2 Staff offices

WCC Yard / Patio

61584310 proposed location of new med room

WCC North Hall & NEW Wing





July 15, 2024

VIA ELECTRONIC MAIL

Washington Sovereign Grand Lodge
P.O. Box 377
Buckley, WA 98321-0377

RE: Notice of Planned Bed Reduction at Washington Odd Fellows Home

Dear Mr. Dave Delony,

As you know, Washington Odd Fellows Home (Odd Fellows”) operates the nursing home currently licenses as Washington Odd Fellows Home (“Facility”) in the building located at 534 Boyer Ave in Walla Walla, WA which is owned by Grand Lodge of Washington (“Building Owner”)

Odd Fellows intends to reduce the number of licenses beds in the Facility from 117 to 82 in order to comply with applicable Centers for Medicare & Medicaid Services (“CMS”) occupancy regulations. CMS compliance ensures that the Facility’s services are available to as many members of the community as possible.

Accordingly, Odd Fellows submits this notice to inform the Building Owner of the planned licenses bed reduction at the Facility pursuant to WAC 246-310-395(1)©

Please feel free to contact Dave Delony, Board Member, via telephone at (509) 516-9672 with any questions.

Sincerely,

Jeanette Bartholomew, MHSA, LNHA
EVP of Healthcare Operations