

November 25, 2024

VIA EMAIL AND UPS #1Z 788 116 01 9425 9942

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

RE: Heritage Rehab, LLC – License No. 1403 – Avamere Heritage Rehabilitation of Tacoma  
Request for Bed Unbanking

To Whom It May Concern:

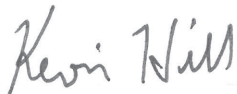
Heritage Rehab, LLC hereby requests for the bed unbanking for Avamere Heritage Rehabilitation of Tacoma located at 7411 Pacific Avenue, Tacoma, WA 98408.

This request to unbank applies to all 8 beds that were previously approved on February 23, 2024, under Alternate Use Bed Banking Extension #20-08. This will increase the licensed beds from 81 to 89 which is required prior to the approval of the Change of Ownership (CHOW) License Application by DSHS.

Please contact me at (714) 329-9039 if you have any questions or require additional information.

Thank you in advance for your prompt review and determination of this request for bed unbanking.

Thank you,



Kevin Hill



<b>FOR DEPARTMENT USE ONLY</b>
<i>Date Stamp Here</i>
Fee Received: _____
Check #: _____
Initials _____

**NURSING HOME ALTERNATIVE BED BANKING CONVERSION NOTICE**

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

**Alternate Use Bed Banking Conversion notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.**

This notice is made for Nursing Home Bed Banking for Alternative Use Conversion in accordance with provisions in RCW 70.38 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.

Avamere Heritage Rehabilitation of Tacoma  
Name of the Nursing Home (facility)

Heritage Rehab, LLC  
Name of the facility's Licensee

Kevin Hill  
Print Name of person making the request

(714) 329-9039  
Telephone Number

General Counsel  
Title of person making the request

General Counsel  
Relationship to licensee

**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.**

Kevin Hill  
Signature of Licensee

1/25/2024  
Date

Address:  
7411 Pacific Avenue, Tacoma, WA 98408  
\_\_\_\_\_  
\_\_\_\_\_

December 31, 2024  
Expected Date of Conversion

**Invoice for Submission of Alternate Use Bed Banking-Conversion Notice**

1. Submit two copies of the signed application with review fee to the Department
2. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
3. Complete the following prior to submission for review:

REVIEW FEE: \$ 1347.00 (refer to fee schedule)

APPLICANT NAME: Avamere Heritage Rehabilitation of Tacoma

DATE OF SUBMISSION: 12/5/2024 CHECK NUMBER: 254370

4. Mail **ORIGINAL**, signed notice and payment to:

**Physical Address:**

Department of Health  
Certificate of Need Program  
310 Israel Road SE  
Tumwater, WA 98501

**Mailing Address:**

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

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM  
RCW 70.38 AND WAC 246-310

**ALTERNATE USE BED BANKING CONVERSION NOTICE REQUIREMENTS**

**Note:** Conversion notices shall be submitted to the Department of Health and a copy to the Department of Social and Health Services a minimum of ninety days prior to the effective date of the bed conversion unless construction is required to convert the beds back. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice, a new notice must be resubmitted a minimum of ninety days prior to the effective date of the licensure modification.

If construction is required to convert beds back to nursing home bed use, the notice shall be submitted to the Department of Health and a copy to the Department of Social and Health Services a minimum of one year prior to the effective date of the bed conversion. The same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds shall be complied with unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice, a new notice of intent must be resubmitted a minimum of one year prior to the effective date of the licensure modification.

The term "construction," as used in relationship to Alternate Use Bed Banking Conversion, is limited to those projects that are expected to equal or exceed the expenditure minimum amount. Currently this figure is \$2,000,000.

Information Requirements:

1. Construction is: \_\_\_\_\_ is not Is Not required to convert the beds.
2. For the entire facility, please provide a current facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
3. For the entire facility, please provide a floor diagram of the current facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
4. For the entire facility, please provide a facility room listing showing each room and each one to be converted, its room number, its use, the number of beds in each room, and whether the room is to be Medicare certified.
5. For the entire facility, please provide a floor diagram of the facility showing each room and each one to be converted, its room number, its use, the number of beds in each room and whether the room is to be Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.



Only room 301 = 1 per  
All other rooms = 2 per

All rooms MCR/MCD certified





## FACILITY ROOM LISTING

(Before Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
102	Double Room	2	Yes
103	Double Room	2	Yes
104	Double Room	2	Yes
105	Double Room	2	Yes
106	Double Room	2	Yes
107	Double Room	2	Yes
108	Double Room	2	Yes
109	Double Room	2	Yes
110	Double Room	2	Yes
111	Double Room	2	Yes
203	Double Room	2	Yes
204	Double Room	2	Yes
205	Double Room	2	Yes
206	Double Room	2	Yes
207	Double Room	2	Yes
208	Double Room	2	Yes
209	Double Room	2	Yes
210	Double Room	2	Yes
211	Double Room	2	Yes
301	Single Room	1	Yes
302	Double Room	2	Yes
303	Double Room	2	Yes
304	Double Room	2	Yes
305	Double Room	2	Yes
306	Double Room	2	Yes
307	Double Room	2	Yes
308	Double Room	2	Yes
309	Double Room	2	Yes
310	Double Room	2	Yes
402	Double Room	2	Yes
403	Double Room	2	Yes
404	Double Room	2	Yes
405	Double Room	2	Yes
406	Double Room	2	Yes
407	Double Room	2	Yes
408	Double Room	2	Yes
409	Double Room	2	Yes
410	Double Room	2	Yes
411	Double Room	2	Yes
412	Double Room	2	Yes
413	Double Room	2	Yes
	<b>Total Beds</b>	<b>81</b>	

Only room 301 = 1 per  
All other rooms = 2 per

All rooms MCR/MCD certified





## FACILITY ROOM LISTING

(After Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
<b>101</b>	<b>Double Room</b>	<b>2</b>	<b>Yes</b>
102	Double Room	2	Yes
103	Double Room	2	Yes
104	Double Room	2	Yes
105	Double Room	2	Yes
106	Double Room	2	Yes
107	Double Room	2	Yes
108	Double Room	2	Yes
109	Double Room	2	Yes
110	Double Room	2	Yes
111	Double Room	2	Yes
<b>202</b>	<b>Double Room</b>	<b>2</b>	<b>Yes</b>
203	Double Room	2	Yes
204	Double Room	2	Yes
205	Double Room	2	Yes
206	Double Room	2	Yes
207	Double Room	2	Yes
208	Double Room	2	Yes
209	Double Room	2	Yes
210	Double Room	2	Yes
211	Double Room	2	Yes
301	Single Room	1	Yes
302	Double Room	2	Yes
303	Double Room	2	Yes
304	Double Room	2	Yes
305	Double Room	2	Yes
306	Double Room	2	Yes
307	Double Room	2	Yes
308	Double Room	2	Yes
309	Double Room	2	Yes
310	Double Room	2	Yes
<b>401</b>	<b>Double Room</b>	<b>2</b>	<b>Yes</b>
402	Double Room	2	Yes
403	Double Room	2	Yes
404	Double Room	2	Yes
405	Double Room	2	Yes
406	Double Room	2	Yes
407	Double Room	2	Yes
408	Double Room	2	Yes
409	Double Room	2	Yes
410	Double Room	2	Yes
411	Double Room	2	Yes
412	Double Room	2	Yes
413	Double Room	2	Yes

**FACILITY ROOM LISTING**  
(After Unbanking)

<b>Room Number</b>	<b>Use</b>	<b>No of. Beds</b>	<b>Medicare Certified (Yes/No?)</b>
<b>414</b>	<b>Double Room</b>	<b>2</b>	<b>Yes</b>
	<b>Total Beds</b>	<b>89</b>	

***AVALON HEALTHCARE – TACOMA, LLC***  
***206 North 2100 West Suite 100***  
***Salt Lake City, UT 84116***

November 25, 2024

Heritage Rehab, LLC  
25115 SW Parkway Ave Ste B  
Wilsonville, OR 97070

Re: Unbanking Beds at Avamere Heritage Rehabilitation of Tacoma

To Whom It May Concern:

As set forth in our separate lease agreement, Avalon Healthcare – Tacoma, LLC, in its capacity as the owner and interest holder of the building and related assets of that certain skilled nursing facility known as Avamere Heritage Rehabilitation of Tacoma located at 7411 Pacific Avenue, Tacoma, Washington 98408 (the "Tacoma Facility"), hereby consents to the unbanking of eight (8) beds at the Tacoma Facility by Heritage Rehab, LLC, as licensee, effective December 31, 2024 (or upon approval of the Washington State Department of Health).

AVALON HEALTHCARE – TACOMA, LLC,  
a Washington limited liability company

DocuSigned by:  
By:  \_\_\_\_\_  
Name: Alan Hash  
ID4832144A68442...  
Title: Manager