



FOR DEPARTMENT USE ONLY

Date Stamp Here

**RECEIVED**

By Eric Hernandez at 3:50 pm, Mar 06, 2025

Fee Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Initials \_\_\_\_\_

## NURSING HOME ALTERNATIVE USE BED BANKING NOTICE

**SNF Lic # 505465**

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 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 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.

Josephine Caring Community  
Name of the Nursing Home (facility)

Josephine Caring Community  
Name of the facility's Licensee

Terry Robertson  
Print Name of person making the request

(360) 510-2083  
Telephone Number

CEO  
Title of person making the request

CEO  
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.

[Signature]  
Signature of Licensee

01/08/2025  
Date

Address:  
9901 272nd Pl NW  
Stanwood, WA 98292

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

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

REVIEW FEE: \$ 770.00 (Refer to Fee Schedule)

APPLICANT NAME: Josephine Caring Community

DATE OF SUBMISSION: 01/08/2025 CHECK NUMBER: 81689

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

**Physical Address:**

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

To mail overnight, UPS or FedEx:

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

# WASHINGTON STATE CERTIFICATE OF NEED PROGRAM

## RCW 70.38 AND WAC 246-310

### ALTERNATE USE BED BANKING NOTICE REQUIREMENTS

Please note the following definition:

"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)

#### Information Requirements

1. 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.

2. 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.

3. For the entire facility, please provide a proposed 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.

4. For the entire facility, please provide a floor diagram of the proposed 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.

5. Please complete the table below for the beds proposed to be banked. Note that the purpose of the beds banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional 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)
	160	29	Convert to Assisted Living Apartments	131
See attached explanation and before/after maps				
Total	160	29		131

6. Is the existing licensee the building owner? X Yes \_\_\_\_\_ No. (If yes, go to question 8)

7. Does the building owner have a secured interest in the nursing home bed rights? X Yes \_\_\_\_\_ No. In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction,

OR

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

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

Activity	Date
Funds necessary to undertake the project obtained	\$ 7.2 M
Preliminary drawings submitted to Department of Health's Consultation and Construction Review program	Done
Final drawings and specifications submitted to Department of Health's Consultation and Construction Review program	Done
Construction contract awarded	Done
50% of construction completed (based on dollar value of the construction contract awarded)	\$ 3.6 M
Construction Completed	Tentative 1/10/2025
Licensure Approval Obtained	In Process - Assisted Living
Facility Operating-serving residents	Skilled nursing 121 today. Existing ALF 58 today

NOTE: If the above table does not identify correct project events in the change from nursing home beds to the proposed alternate use, please provide a listing of those project events with the projected completion dates. This information is used when evaluating 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 that the facility has remained in continuous operation, the facility has not been purchased or leased and 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 effectuate this banking, the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS). The Department of Health will bank the eligible beds as of the effective date of the license modification from DSHS.

We have closed down two hallways on the north and north west end of the facility. These are the 800 beds. Then on the end of the 600 hall closed four rooms. These hallways are in the process of being converted to an Assisted Living Memory care Unit.

We are banking 29 Skilled Nursing beds. These will be replaced with 21 Assisted Living Memory care apartments.

Effective date for the banking is 01/01/2025.

Existing Room	Moved to Room	Total number of moved beds	
812 two beds	515 two beds	4	
811 two beds	727 two beds		
Banked Room (beds)	Banked Room (beds)	Banked Room (beds)	
810 two beds	820 one bed	601 one bed	
809 two beds	821 one bed	602 one bed	
808 two beds	822 one bed	603 one bed	
807 two beds	823 one bed	604 one bed	
806 two beds	824 one bed		
805 two beds	825 one bed		
804 one bed	826 one bed		
803 one bed	827 one bed		
802 one bed	828 one bed		
	830 one bed		
Total number of banked beds on this hallway	Total number of banked beds on this hallway	Total number of banked beds on this hallway	TOTAL NUMBER OF BANKED BEDS
15	10	4	29

Total Capacity to 12/31/2024	Total Capacity as of 01/01/2025	TOTAL NUMBER OF BANKED BEDS	
160	131	29	

81689

1739

DEPARTMENT OF HEALTH

01/08/2025

81689

Invoice Number	Invoice Date	Description	Gross Amount	Discount Taken	Net Amount Paid
010825	01/08/2025	Bed Banking Fee	\$770.00	\$0.00	\$770.00
			\$770.00	\$0.00	\$770.00

**Josephine**  
Caring Community  
One Street Many Hands  
9901 272ND PL. NW  
STANWOOD, WA 98292  
(360) 629-2126

HERITAGE BANK  
26317 72nd Ave NW  
Stanwood, WA 98292

98-7083/3251  
81689

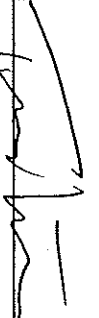
Seven Hundred Seventy Dollars and 00 Cents

PAY  
TO THE  
ORDER OF

DEPARTMENT OF HEALTH  
Certificate of Need Program  
PO Box 47852  
Olympia, WA 98504-7852



BY:



VOID AFTER 60 DAYS

REGISTER NO.	DATE	AMOUNT
81689	01/08/2025	\$770.00

11081689 1232517083510207002320

THIS DOCUMENT CONTAINS NEARLY SENSITIVE INFORMATION. IT IS NOT TO BE RELEASED TO THE PUBLIC.

