



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

October 31, 2014

CERTIFIED MAIL # 7009 0960 0000 5565 0345

Elaine Couture, Regional Chief Executive  
Providence Health Care  
101 West Eighth  
Spokane, Washington 99204

RE: CN 14-16

Dear Ms. Couture:

Enclosed is Certificate of Need #1538 approving the establishment of an ambulatory surgery center in Spokane Valley within Spokane County.

The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

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

This decision may be appealed. 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:  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address:  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

Elaine Couture, Regional Chief Executive  
Providence Health Care  
October 31, 2014  
Page 2 of 2

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 Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.



Steven M. Saxe, FACHE  
Director, Community Health Systems

Enclosure

cc: Department of Health, Office of Investigations and Inspections  
Department of Health, Office of Customer Service  
Department of Health, Construction Review Services



This Certificate is granted under the authority of RCW 70.38. 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.

**Certificate of Need #1538 is issued to:**

**Legal Name of Applicant:** Providence Health & Services-Washington  
**Address of Applicant:** 101 West Eighth, Spokane, Washington 99205  
**Type of Service:** Ambulatory Surgery Center  
**Facility Name:** Providence Medical Park Ambulatory Surgery Center  
**Facility Address:** 16528 East Desmet Court, Spokane Valley, Washington 99216

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED OCTOBER 20, 2014 (CN App #14-16)**

**Project Description:**

This certificate approves the establishment of a four-operating room ambulatory surgery center in Spokane Valley, within Spokane County. The surgery center would serve patients of all ages who require surgical services that can be served appropriately in an outpatient setting. Services to be provided at the ASC include gastroenterology, gynecology, ENT, neurology, orthopedics, plastics, podiatry, urology, vascular surgery, and general surgery as described in the application.

**Service Area**

Spokane County and surrounding areas

**Conditions**

See Page 2

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$8,441,110.

This Certificate authorizes commencement of the project from October 31, 2014 to October 31, 2016, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: October 31, 2014

  
Steven Saxe, Director

**This Certificate of Need is not transferable.**

## Certificate of Need #1538

### Page 2

#### Conditions:

1. Providence Health Services-Washington agrees with the project description as stated above. Providence Health Services-Washington further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prior to providing services, Providence Health Services-Washington will identify the four operating rooms of the seven built that will be used under this approval. Use of the remaining three operating rooms requires prior Certificate of Need review and approval.
3. Providence Health Services-Washington must license the ambulatory surgery center under chapter 70.230 of the Revised Code of Washington. Providence Health Services-Washington must agree to maintain licensure for the ambulatory surgery center under this chapter.
4. The ambulatory surgery center must maintain its Medicare and Medicaid certification throughout the operation of the facility, regardless of ownership.
5. Providence Health Services-Washington and any subsequent owners of the ambulatory surgery center must not develop any policies or practices that discriminate against admission of patients based on payer source.
6. Providence Health Services-Washington will provide to the department for review and approval a copy of the adopted Admission Policy to be used at the ambulatory surgery center. The Admission Policy must be consistent with the draft policy provided in the application.
7. Providence Health Services-Washington will provide to the department for review and approval a copy of the adopted Non-Discrimination Policy to be used at the ambulatory surgery center. The Non-Discrimination Policy must be consistent with the draft policy provided in the application.
8. Providence Health Services-Washington will provide to the department for review and approval a copy of the adopted charity care policy to be used at the ambulatory surgery center. The adopted Charity Care Policy must be consistent with the draft policy provided in the application.
9. Prior to providing services at the surgery center, Providence Health Services-Washington will submit to the department for review and approval a listing of key staff for the surgery center. Key staff includes all credentialed or licensed management staff, including the director of nursing, and medical director.
10. The ambulatory surgery center will provide charity care in compliance with the charity care policy referenced above, or any subsequent policies reviewed and approved by the Department of Health. Providence Health Services-Washington will use reasonable efforts to provide charity care at the ambulatory surgery center in an amount comparable to or exceeding the average amount of charity care provided by the four hospitals in the Eastern Washington Region. Currently, this amount is 1.94% for gross revenue and 4.92% for adjusted revenue. Providence Health Services-Washington will maintain records at the ambulatory surgery center documenting the amount of charity care it provides and demonstrating its compliance with its charity care policies.