



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

December 12, 2014

CERTIFIED MAIL #7009 0960 0000 5565 0383

Lawrence Lopardo, General Counsel
Georgian Rehab, LLC
25117 Southwest Parkway, #F
Wilsonville, Oregon 97070

RE: DOR #15-18

Dear Mr. Lopardo:

Enclosed is Replacement Authorization (RA) #080 issued to Georgian Rehab, LLC approving the replacement of Avamere Georgian House of Lakewood to a new site within Pierce County. At project completion, Avamere Georgian House of Lakewood will have a maximum of 73 skilled nursing beds as noted on the certificate.

Replacement Authorization #080 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:
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail
Adjudicative Service Unit
111 Israel Road SE, Building 6
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,



Janis Sigman, Manager
Certificate of Need Program
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 #080 is issued to:

Existing Licensee: Georgian House, LLC
Current Facility Name: Avamere Georgian House of Lakewood
Current Facility Address: 8407 Steilacoom Boulevard
Lakewood, Washington 98498
Current County Location: Pierce
Current Number of Licensed Beds: 73 licensed and zero banked

Replacement Facility Information

Replacement Facility Licensee: Georgian House, LLC
Replacement Facility Name: Avamere Georgian House of Lakewood
Replacement Facility Address: 630 South Pearl
Tacoma, Washington 98465
Replacement Facility County Location: Pierce
Replacement Facility Number of Beds: 73
Capital Expenditure of Project: \$10,327,277

Project Description

This Replacement Authorization approves the replacement of Avamere Georgian House of Lakewood, a 73-bed Medicare and Medicaid certified nursing home, to a new site in Pierce County. The estimated cost of the project is \$10,320,277.

Conditions:

1. Approval of the project description as stated above. Georgian Rehab, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Once operational at the new site, the replacement nursing home will participate in both the Medicare and Medicaid programs.

This Replacement Authorization is effective from December 12, 2014, through December 12, 2016, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Issued: December 12, 2014

A handwritten signature in blue ink that reads "Janis P. Sigman".

Janis Sigman
Manager, Certificate of Need Program
Community Health Systems

This Replacement Authorization is not transferable.