



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

July 1, 2015

CERTIFIED MAIL # 7009 0960 0000 5565 0604

Thomas Brown, RN MSN
Wesley Homes at Home, LLC
815 South 216th Street
Des Moines, Washington 98198

RE: Certificate of Need Application #15-13

Dear Mr. Brown:

Enclosed is Certificate of Need #1553 approving the establishment of a Medicare and Medicaid certified hospice agency in Des Moines, within King 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:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

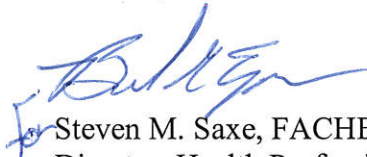
Physical Address
Department of Health
Adjudicative Clerk Office
111 Israel Road SE
Tumwater, WA 98501

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Saxe", is written over the typed name.

Steven M. Saxe, FACHE
Director, Health Professions and Facilities

cc: Department of Health, Office of Investigations and Inspections



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 #1553 is issued to:

Legal Name of Applicant: Wesley Homes Community Health Services
Address of Applicant: 815 South 216th Street, Des Moines, Washington 98198
Type of Service: Medicare and Medicaid certified hospice agency
Facility Name: Wesley Homes at Home
Facility Address: 815 South 216th Street, Des Moines, Washington 98198

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JUNE 22, 2015 (CN App #15-13)

Project Description:

This certificate approves the establishment of Medicare and Medicaid certified hospice agency in Des Moines, within King County. Hospice services to be provided include pain and symptom management, direct nursing care and education, spiritual services, bereavement services, personal care assistance, social services, therapy services, and patient and family education and support. Additionally, hospice staff would be available 24/7 for emergencies.

Service Area
King County

Conditions
See Page 2

Approved Capital Expenditure

The approved capital expenditure for this project is \$54,416 and is limited to purchase of minor medical equipment, hospice computers and software, and consultant/review fees associated with the establishment of the application.

This Certificate authorizes commencement of the project from July 1, 2015 to July 1, 2017, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 1, 2015


Steven Saxe, Director

This Certificate of Need is not transferable.

Certificate of Need #1553

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Conditions:

1. Wesley Homes Community Health Services agrees with the project description as stated above. Wesley Homes Community Health Services 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. The hospice agency must maintain its Medicare and Medicaid certification throughout the operation of the facility, regardless of ownership.
3. The Medicare and Medicaid certified hospice agency shall be available to all residents of King County.
4. Before providing hospice services, Wesley Homes Community Health Services must provide to the department for review and approval a copy of the adopted Admission Policy to be used for the hospice agency. The adopted policy must be consistent with the draft policy provided in the application.
5. Before providing hospice services, Wesley Homes Community Health Services must provide to the department for review and approval a copy of the adopted Charity Care Policy to be used for the hospice agency. The adopted policy must be consistent with the draft policy provided in the application.
6. Before providing hospice services, Wesley Homes Community Health Services must provide to the department for review and approval a copy of the executed Medical Director Agreement to be used for the hospice agency. The executed agreement must be consistent with the draft agreement provided in the application and identify the name of the medical director.