



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

August 24, 2016

CERTIFIED MAIL # 7009 0960 0000 5565 0734

Mike Fitzgerald
Franciscan Specialty Care, LLC
1145 Broadway Plaza, #1200
Tacoma, Washington 98402

RE: Certificate of Need Application #16-18

Dear Mr. Fitzgerald:

Thank you for the August 19, 2016, letter accepting the conditions related to the approval of the Franciscan Specialty Care proposal to construct a 60-bed dedicated level I rehabilitation hospital in Tacoma, within Pierce County.

Because of the size of the construction project, the Department of Health may not issue a Certificate of Need until it receives a copy of the approved Conditional Use Permit.¹ However, the department may commit to issuing a Certificate of Need. This letter serves as that commitment. Once Franciscan Specialty Care, LLC provides the department with a copy of a determination of non-significance or final environmental impact statement pertaining to the site for the hospital, the department will issue a Certificate of Need for the project with the conditions identified in the July 20, 2016, approval.

This "Intent to Issue" commitment is not approval for any other local, federal, or state statutes, rules, or regulations. This project may also need Department of Health approval for its construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

This decision may be appealed. The date of this letter starts the 28-day time period for requesting appeals unless otherwise specified in rule.² The appeal options are listed below.

¹ Washington Administrative Code 246-03-030(4).

² Washington Administrative Code 246-310-560 and 246-310-610.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:

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

Appeal Option 2:

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

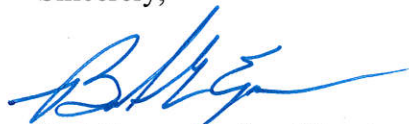
Physical Address:

Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

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,



Bart Eggen, Acting Director
Community Health Systems