



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

July 13, 2017

CERTIFIED MAIL # 7014 2120 0002 7631 1687

David Feeney, CFO
Careage Home Health, LLC
4411 Point Fosdick Drive Northwest, #203
Gig Harbor, Washington 98335

RE: Certificate of Need Application #17-08

Dear Mr. Feeney:

Enclosed is Certificate of Need #1607 issued to Careage Home Health, LLC approving the establishment of a Medicare and Medicaid home health agency in Pierce 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. The appeal options are listed below.

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

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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,



Steve Bowman, PhD, MHA
Director, Office of Community Health Systems

Enclosure



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 #1607 is issued to:

Legal Name of Applicant: Careage Home Health, LLC
Address of Applicant: 4411 Point Fosdick Drive Northwest, #203
Gig Harbor, Washington 98335
Type of Service: Medicare and Medicaid Home Health Agency
Facility Name: Careage Home Health
Facility Address: 1600 Marshall Circle
Dupont, Washington 98327

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED JUNE 26, 2017 (CN App #17-08)**

Project Description

This Certificate of Need approves Careage Home Health, LLC to establish a Medicare and Medicaid certified home health agency in Dupont to serve the residents of Pierce County. Home health services provided at the new agency include physical therapy, skilled nursing care, certified home health aide services, occupational therapy, speech therapy, and medical social work services.

Service Area
Pierce County

Conditions
Conditions Identified on Page Two

Approved Capital Expenditure
The approved capital expenditure for the establishment of the
Pierce County home health agency is \$49,800.

This Certificate authorizes commencement of the project from July 13, 2017 to July 13, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 13, 2017

A handwritten signature in black ink, appearing to read 'Steve Bowman', written over a horizontal line.

Steve Bowman, PhD, MHA
Director, Office of Community Health Systems

This Certificate is not transferable

Certificate of Need #1607

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Conditions

1. Approval of the project description as stated above. Careage Home Health, LLC 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. Careage Home Health, LLC shall finance the project using the financing as described in the application.
3. Careage Home Health, LLC will provide charity care in compliance with its charity care policies provided in the application.
4. Careage Home Health, LLC will maintain Medicare and Medicaid certification regardless of ownership.
5. Prior to providing Medicare and Medicaid certified home health services in Pierce County, Careage Home Health, LLC will provide a listing of key staff to the Certificate of Need Program. The listing of key staff shall include the name and professional license number.
6. Prior to providing Medicare and Medicaid home health services in Pierce County, Careage Home Health, LLC shall provide the Certificate of Need Program with a copy of the executed medical director agreement. The executed agreement shall be consistent with the draft agreement provided in the application.
7. Prior to commencement of the project, Careage Home Health, LLC shall provide the Certificate of Need Program with a copy of the executed lease agreement. The executed agreement shall be consistent with the draft agreement provided in the application.