



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

December 6, 2017

CERTIFIED MAIL # 7016 3010 0001 0575 0723

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

RE: Certificate of Need Application #17-36

Dear Mr. Feeney:

Enclosed is Certificate of Need #1623 issued to Careage Home Health, LLC approving the establishment of a Medicare and Medicaid home health agency to serve Thurston 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

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 #1623 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 NOVEMBER 13, 2017 (CN App #17-36)**

**Project Description**

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

**Service Area**

Thurston County

**Conditions**

Conditions Identified on Page Two

**Approved Capital Expenditure**

The approved capital expenditure for the establishment of the  
Thurston County home health agency is \$16,000.

**This Certificate authorizes commencement of the project from December 6, 2017 to December 6, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** December 6, 2017

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

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

**This Certificate is not transferable**



## **Certificate of Need #1623**

### **Page Two**

#### **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 Thurston 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 Thurston 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 providing Medicare and Medicaid home health services in Thurston County, Careage Home Health, LLC shall provide the Certificate of Need Program with a copy of the executed medical director agreement addendum. The executed agreement shall be consistent with the draft agreement provided in the application.
8. 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.