



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

February 14, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 0983

DeAnne Okazaki, Strategic Services Manager  
Providence Regional Medical Center Everett  
1321 Colby Avenue  
Everett, WA 98201

RE: CN Application #17-12

Dear Ms. Okazaki:

Enclosed is Certificate of Need #1628 issued to Providence St Joseph Health, on behalf of Providence Health & Services – Washington d/b/a Providence Regional Medical Center Everett, approving the establishment of a five operating room ambulatory surgery center in Everett, within Central Snohomish 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,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

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 #1628 is issued to:**

**Legal Name of Applicant:** Providence St Joseph Health on behalf of Providence Health & Services – Washington d/b/a Providence Regional Medical Center Everett  
**Address of Applicant:** 1321 Colby Avenue Everett, Washington 98201  
**Type of Service:** Acute Care Beds  
**Facility Name:** Providence Regional Medical Center Everett  
**Facility Address:** 916 Pacific Avenue, Everett, Washington 98201

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED JANUARY 10, 2018 (CN App #17-12)**

**Project Description**

This certificate approves the establishment of a five-operating room ambulatory surgery center in Everett, within Central Snohomish County. This will be accomplished by converting the existing eight-operating room mixed-use surgical department to a separately licensed, five-operating room ASF. The ASF will provide care to patients of all ages who require surgical services, are not expected to require hospitalization, and can be served appropriately in an outpatient surgery setting. Approved surgical types include bariatrics, ophthalmology, ENT, gastroenterology, gynecology, general surgery, orthopedics, spine, plastics, podiatry, urology, vascular surgery, pain management, cardiovascular, oral/maxillofacial, oncology, thoracic, and neurosurgery.

**Service Area**

Central Snohomish County

**Conditions**

Conditions Identified on Page Two

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$95,403

**This Certificate authorizes commencement of the project from February 14, 2018 to February 14, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** February 14, 2018

  
Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**

## **Certificate of Need #1628**

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#### **Conditions**

1. Providence Regional Medical Center Everett agrees with the project description as stated above. Providence Regional Medical Center Everett further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. Providence Regional Medical Center Everett will license this facility as an ASF under WAC 246-330.
3. Providence Regional Medical Center Everett will maintain Medicare and Medicaid certification for this proposed ASF, regardless of facility ownership.
4. Providence Regional Medical Center Everett will submit a copy of the final executed admission policy prior to offering services. This policy shall be consistent with the draft provided in the application, with the addition of language that describes the types of patients that would be treated as the surgery center. The types of patients shall be consistent with those described in the application.
5. Percutaneous Coronary Interventions (PCI) as defined in WAC 246-310-705 will not be performed at the ASF.
6. Providence Regional Medical Center Everett will submit a copy of the final executed charity care policy prior to offering services. The agreement must be consistent with the draft provided to the department within the application.
7. Providence Regional Medical Center Everett will submit a copy of the final executed patients rights and responsibilities policy prior to offering services. The agreement must be consistent with the draft provided to the department within the application.
8. Providence Regional Medical Center Everett will provide the department with a listing of key staff for the ASF prior to offering services. Key staff includes all credentialed or licensed management staff, including the director of nursing and the medical director.

## **Certificate of Need #1628**

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### **Conditions**

9. Providence Regional Medical Center Everett will submit a copy of the final executed medical director agreement prior to offering services. The agreement must be consistent with the draft provided to the department within the application.
10. Providence Regional Medical Center Everett will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health at this ASF. Providence Regional Medical Center Everett will use reasonable efforts to provide charity care at the planning area average. The planning area average is 2.6% of gross revenue. Providence Regional Medical Center Everett will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires that these records be available upon request.
11. Providence Regional Medical Center Everett will complete all of the Center for Medicare and Medicaid Services and Department of Health required steps in order for this proposed facility to operate as a distinct entity from the hospital.
12. Prior to providing services in the ASF, Providence Regional Medical Center Everett will submit to the Department a final listing of ancillary and support vendors for the five operating room ambulatory surgical facility.
13. Providence Regional Medical Center Everett will provide the pharmacy license number(s) for the pharmacy services that will be used by the ASF.