



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

September 14, 2012

CERTIFIED MAIL # 7011 1570 0002 7808 7273

Victor Ometu, Administrator  
VOTO Health Care, Inc.  
1213 – 68<sup>th</sup> Loop Southeast  
Auburn, Washington 98092

Re: CN #12-30

Dear Mr. Ometu:

Enclosed is Certificate of Need #1487 issued to VOTO Health Care, Inc. approving the establishment of a Medicare certified and Medicaid eligible home health agency to serve 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 affected 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

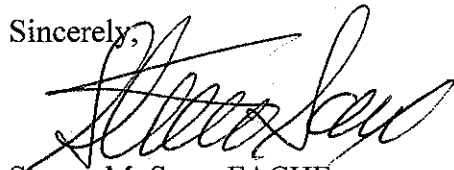
Other Than By Mail  
Department of Health  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

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

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Saxe". The signature is written in a cursive style with a large, sweeping initial "S".

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

Enclosure

cc: Department of Health, Investigations and Inspections Office



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 #1487 is issued to:**

**Legal Name of Applicant:** VOTO Health Care, Inc.  
**Address of Applicant:** 1213 – 68<sup>th</sup> Loop Southeast, Auburn, Washington 98092  
**Type of Service:** Medicare certified and Medicaid eligible home health agency  
**Facility Name:** VOTO Health Care, Inc.  
**Facility Address:** 5211 Olive Avenue Southeast, Auburn, Washington 98092

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S  
RECORD AND EVALUATION DATED AUGUST 30, 2012 (App #12-30)**

**Project Description:**

This certificate approves the establishment of a Medicare certified and Medicaid eligible home health agency in King County. Home health services to be provided directly by the home health agency includes skilled nursing, occupational therapy, and home health aide. Contracted services include physical and speech therapies, and medical social services. Both Medicare and Medicaid patients will be served by the home health agency.

**Service Area**  
King County

**Conditions**


1. VOTO Health Care, Inc. agrees with the project description stated above. VOTO Health Care, Inc. 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. VOTO Health Care, Inc.'s Medicare certified and Medicaid eligible home health agency shall be available to provide home health services to all residents of King County.
3. Before commencement of the project, VOTO Health Care, Inc. will provide to the department for review and approval an executed Medical Director Agreement. The executed Medical Director Agreement must be consistent with the draft agreement provided in the application.

**Approved Capital Expenditure**

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from September 14, 2012, to September 14, 2014, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 14, 2012

  
Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**