

STATE OF WASHINGTON DEPARTMENT OF HEALTH

September 4, 2012

CERTIFIED MAIL # 7011 1570 0002 7808 7297

Kristopher Kitz, Director Strategic Planning and business Development MultiCare Health System 315 Martin Luther King Jr. Way Post Office Box 5299 Tacoma, Washington 98415-0299

Dear Mr. Kitz:

This responds to your letter requesting a six-month extension to Certificate of Need (CN) #1437. CN #1437 was issued on January 7, 2011, approving the construction of a new 58-bed hospital in Covington.

In support of your request, you provided a copy of the working drawing that had been submitted to Construction Review Services. Based on these documents provided, your request for an extension is granted. Certificate of Need #1437E is enclosed.

Certificate of Need #1437E extends the expiration date from January 7, 2013 to July 7, 2013. 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.

Sylutoxil

Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office Karen Stricklett, Department of Health, Customer Service Office

¹ CRS #60300702



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 #1437E is issued to:

Legal Name of Applicant:

MultiCare Health System

Address of Applicant:

315 Martin Luther King Jr. Way Tacoma, Washington 98415

Type of Service:

Acute Care Hospital

Facility Name:

MultiCare Covington Medical Center

Facility Address:

17700 Southeast 272nd Street Covington, Washington 98042

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF DECEMBER 21, 2010(CN APP #10-22) AND DOCUMENTS PROVIDED ON AUGUST 16, 2012, SUPPORTING AN EXTENSION.

Project Description:

This certificate approves the establishment of a new 58-bed acute care hospital in Covington, Washington.

Service Area

Southeast King County

Approved Capital Expenditure

The approved capital expenditure for the project is \$158,516,892.

Term

MultiCare will provide to the department, for review and approval, an executed version of the Admission Policy to be used at the proposed hospital. The adopted policy must specifically address a patient's guaranteed admission without regard to items such as race, ethnicity, national origin, citizenship, age, sex, pre-existing condition, physical or mental status and be consistent with the proposed agreement provided in the application.

This Certificate authorizes commencement of the project from <u>January 7, 2013</u>, to <u>July 7, 2013</u>, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 4, 2012

Steven Saxe

Director, Health Professions and Facilities

This Certificate is not transferable