



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

July 15, 2013

William Philip Werschler, MD  
104 West 5<sup>th</sup> Avenue, #330W  
Spokane, Washington 99204

Dear Dr. Werschler:

RE: DOR 13-45

The department has completed the review of your exemption request regarding the proposed construction of an ambulatory surgery center in Spokane, within Spokane County. Below is the information considered and the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding your project.

**INFORMATION CONSIDERED**

- Ambulatory Surgery Center (ASC) exemption application submitted June 18, 2013
- Your supplemental information submitted June 27, 2013
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- Washington Secretary of State and Department of Revenue information obtained from the respective websites
- Department of Health external provider look-up
- Department of Health Integrated Licensing and Regulatory System (ILRS)

**FACTS CONSIDERED**

- On October 1, 1999, you established a practice corporation with the Washington Secretary of State's office. The corporation name is 'Werschler, LLC.'
- At that time, you operated a solo clinical practice at 104 West 5<sup>th</sup> Avenue, #330W in Spokane [99204]. Your practice is currently located at this site.
- On January 4, 2008, you received an exemption from Certificate of Need for the establishment of an ASC at the West 5<sup>th</sup> Avenue site.<sup>1</sup> The ASC was never established.
- You intend to relocate your clinical practice to a new site at 324 South Sherman Avenue in Spokane [99202].
- The proposed ASC will be located at the same site as the clinical practice in dedicated space on the second floor.

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<sup>1</sup> DOR#08-13 issued to Spokane Dermatology Clinic, PS.



- The proposed ASC will be operated under the practice corporation of Werschler, LLC.
- At this time, only you intend to use the exempt ASC. Future owners or employees may have access to the ASC. Specific physician credentialing information is below.

Name	Credential Status	Practice Status
William Philip Werschler	Active	Owner

- The procedures proposed include those typically associated with facial reconstruction and cosmetic surgery.
- The ASC will not be operated as a separate legal entity from the Werschler, LLC practice.
- No management agreement is proposed.

### **CONCLUSION**

Based on the totality of information considered, the department concludes the proposed ASC would be exempt from Certificate of Need review. This exemption is not transferable and the conclusions reached concerning this proposed ASC are based on the facts about this facility and it should not be assumed the department would reach the same conclusion in future exemption requests for other future ASCs. If changes are made in the operation or ownership of this proposed ASC, the ASC may no longer be eligible for this exemption. In that case, prior Certificate of Need review and approval or new exemption would be required. Examples of such changes include the following. This list is not intended to be all inclusive.

- The scope of services is expanded to include services subject to Certificate of Need review under the provisions of WAC 246-310-020.
- The provision of any procedure as identified under WAC 246-310-705(4).
- The ASC is operated under a management agreement.
- The ASC is organized as a separate legal entity from the practice.
- The ASC is moved to a different site than identified in the exemption application.
- Use of the ASC is extended to any physician who is not a member or employed by Werschler, LLC.
- The ASC ceases operations or relinquishes its Medicare certification and then chooses to resume services as an ASC.
- The ASC or the practice is purchased or leased.
- ASC patients are routinely transferred from the ASC for observation care at one of the area's hospitals.

### **APPEAL OPTIONS**

This decision may be appealed. The two appeal options are listed below.

#### Appeal Option 1:

You or any interested or affected person may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington

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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 addresses below.

Mailing Address:

Department of Health  
Certificate of Need Program  
Mail Stop 47852  
Olympia, WA 98504-7852

Other Than By Mail

Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

Appeal Option 2:

You or 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 addresses below.

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

Please call me at (360) 236-2957 if you have any questions regarding this determination.

Sincerely,



Karen Nidermayer, Analyst  
Certificate of Need Program  
Office of Certification and Technical Support

Enclosure

cc: Department of Health, Investigations and Inspections Office  
Department of Health, Construction Review Services