



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

November 16, 2018

CERTIFIED MAIL # 7017 3380 0000 0863 8352

Eric Jensen, FACHE, Chief Executive Officer  
Astria Toppenish Hospital  
502 West 4<sup>th</sup> Avenue  
Toppenish, Washington 98948

RE: Determination of Reviewability #19-07

Dear Mr. Jensen:

Enclosed is Certificate of Need (CN) #1751 approving Astria Toppenish Hospital's exemption request to add 15 psychiatric beds to the 63 bed hospital located in Yakima County. CN #1751 replaces CN #1622 that was issued on December 1, 2017. Please return CN #1622 to the Certificate of Need Program no later than November 26, 2018.

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 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:  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address:  
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 questions or would like to arrange for a meeting to discuss this decision, please call me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager  
Certificate of Need Program  
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 #1751 is issued to:**

**Legal Name of Applicant:** SCH Medical Center - Toppenish  
**Address of Applicant:** 502 West 4<sup>th</sup> Avenue, Toppenish, Washington 98948  
**Type of Service:** Acute Care Hospital  
**Facility Name:** Astria Toppenish Hospital  
**Facility Address:** 502 West 4<sup>th</sup> Avenue, Toppenish, Washington 98948

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE EXEMPTION APPLICATION RECEIVED AT THE CERTIFICATE OF NEED PROGRAM ON NOVEMBER 8, 2018 (DOR #19-07)**

**Project Description:**

This certificate approves the addition of 15 psychiatric beds to Astria Toppenish Hospital as allowed by Revised Code of Washington 70.38.260(2). The psychiatric beds will be used for the development and operation of a mental health services program, including inpatient care. Astria Toppenish Hospital is licensed for a total of 63 acute care beds. The Certificate of Need beds authorized before and after the bed addition are below.

Astria Toppenish Hospital		
Bed Type	Beds Before Conversion	Beds After Conversion
General Medical Surgical	63	63
PPS Exempt Psychiatric	0	15
<b>Total Licensed Beds</b>	<b>63</b>	<b>78</b>

These 15 psychiatric beds must remain psychiatric beds unless a Certificate of Need is granted to change their use or the hospital voluntarily reduces its licensed capacity. Certificate of Need #1751 replaces Certificate of Need #1622 that was issued on December 1, 2017.

**Service Area**

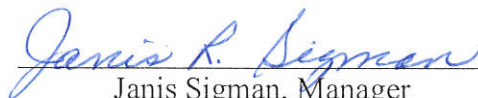
Yakima County and surrounding areas

**Conditions**

Astria Toppenish Hospital will seek certification from Department of Social and Health Services to become a provider of Involuntary Treatment Act services at the hospital.

This Certificate authorizes commencement of the project from November 16, 2018, to November 16, 2020, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: November 16, 2018

  
Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

**This Certificate of Need is not transferable.**