January 5, 2022

ARCADIA
MEDICAL RESORT

Department of Health
Certificate of Need Program
Janis Sigman, Manager
P.O. Box 47852
Olympia, WA 98504-7852

RECEIVED
By CERTIFICATE OF NEED PROGRAM at 9:57 am, Jan 13, 2022

BB22-02

RE: Bed Banking – Arcadia Healthcare – Parkside

Dear Ms. Sigman:

Under RCW 70.38111(9), we hereby submit to you our request for voluntary bed reduction (banking). PREST OP LLC is the licensee of Arcadia Healthcare Parkside, located at 308 W Emma St, Union Gap, WA 98903.

We plan to reduce our licensed bed capacity by 24 beds (from 88 to 64) on December 30, 2021 so that the vacated space can be used to enhance the quality of life of our residents in accordance with the attached schedule.

We understand that by submitting this request to convert licensed nursing home beds for some permitted alternate use also preserves our right to bring these same beds back on line at a later date. This may be up to four years with an additional four years possible upon showing of "good cause" and DOH approval, within the same nursing home.

Please contact me at (917) 499-7754, if you have any questions or need additional information. Thank you in advance for your prompt review and determination of this request for voluntary bed banking.

Sincerely,

Gabriel Mayer
Executive VP of Asset Management
PREST OP LLC (Arcadia Healthcare - Parkside)

Arcadia Healthcare - Parkside (Bed Reduction)

Effective 12/30/21

Arcadia Healthcare - Proposed Bed Banking listing

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
101	2	0		2
103	2	0		2
105	2	1	Convert to Private Room	1
106	2	1	Convert to Private Room	1
107	2	1	Convert to Private Room	1
108	2	1	Convert to Private Room	1
200	2	1	Convert to Private Room	1
202	2	1	Convert to Private Room	1
204	2	0		2
206	2	0		2
208	2	0		2
210	2	0		2
212	2	0		2
214	2	0		2
216	2	0		2
218	3	1	Convert to 2 bed room	2
220	2	0		2
222	2	0		2
224	2	0		2
225	2	0		2
226	2	0		2
227	2	0		2
228	2	0		2
230	3	1	Convert to 2 bed room	2
232	3	1	Convert to 2 bed room	2
301	3	3	Private Dining Room	0
303	2	2	Converted to Family Meeting Space	0
305	4	2	Convert to 2 bed room	2
306	4	2	Convert to 2 bed room	2
307	4	2	Convert to 2 bed room	2
308	4	2	Convert to 2 bed room	2
402	4	2	Convert to 2 bed room	2
406	2	0		2
408	2	0		2
410	2	0		2

412	2	0		2
414	2	0		2
Total	88	24		64

Total beds Banked 24

Total license after banking 64

Washington State Department of Health

BB22-02

FOR DEPARTMENT USE ONLY
Date Stamp Here
RECEIVED By CERTIFICATE OF NEED PROGRAM at 9:57 am, Jan 13, 2022
Fee Received:
Check #:
Initials

NURSING HOME ALTERNATIVEUSE BED BANKING NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Alternate Use Bed Banking notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in RCW 70.38 and WAC 246-310-395, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

ARCADIA HEALTHCARE - PARKSIDE
Name of the Nursing Home (facility)

PREST OP LLC
Name of the facility's Licensee

Gabriel Mayer
Print Name of person making the request

(917) 499-7754
Telephone Number

Executive VP of Asset Management
Title of person making the request

Officer of Company
Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

Signature of Licensee

Date

Address: 308 W EMMA ST, UNION GAP, WA 98903

Invoice for Submission of Alternate Use Bed Banking Notice

1. This form must be accompanied by a check payable to: ***The Department of Health*** for the review fee as identified below.

2. Complete the following prior to submission for review:

REVIEW FEE: $ ___1,347_____ (Refer to Fee Schedule)

APPLICANT NAME: ARCADIA HEALTHCARE - PARKSIDE

DATE OF SUBMISSION: _____CHECK NUMBER: _____

4. Mail **ORIGINAL,** signed notice and payment to:

Physical Address:

Department of Health
Certificate of Need Program
310 Israel Road
Tumwater, Washington 98501

To mail overnight, UPS or FedEx:

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

ALTERNATE USE BED BANKING NOTICE REQUIREMENTS

Please note the following definition:
"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications **shall not include** those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010)

Information Requirements

1. For the entire facility, please provide a **current** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.

2. For the entire facility, please provide a floor diagram of the **current** facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE**: The diagrams provided must be clearly readable.

3. For the entire facility, please provide a **proposed** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.

4. For the entire facility, please provide a floor diagram of the **proposed** facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE**: The diagrams provided must be clearly readable.

5. Please complete the table below for the beds proposed to be banked. Note that the purpose of the beds banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional pages as necessary)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
			See listing attached	
Total				

6. Is the existing licensee the building owner? _____Yes ___X___No**(If yes, go to question 8)**

7. Does the building owner have a secured interest in the nursing home bed rights? __X__Yes _____No. In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction,

OR

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

8. Proposed Timetables for Project Implementation. Fill in those fields appropriate to this project.

Activity	Date
Funds necessary to undertake the project obtained	NA
Preliminary drawings submitted to Department of Health's Consultation and Construction Review program	NA
Final drawings and specifications submitted to Department of Health's Consultation and Construction Review program	NA
Construction contract awarded	NA
50% of construction completed (based on dollar value of the construction contract awarded)	NA
Construction Completed	NA
Licensure Approval Obtained	NA
Facility Operating-serving residents	NA

NOTE: If the above table does not identify correct project events in the change from nursing home beds to the proposed alternate use, please provide a listing of those project events with the projected completion dates. This information is used when evaluating future extension requests.

By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided that the facility has remained in continuous operation, the facility has not been purchased or leased and has otherwise continued to qualify for bed banking. I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in WAC 246-310-395 or request an extension as outlined in WAC 246-310-580 for one an additional four year period.

To effectuate this banking, the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS). The Department of Health will bank the eligible beds as of the effective date of the license modification from DSHS.

Department of Social & Health Services

Transforming lives

NURSING HOME LICENSE

License Number: 1640 **First Issued: May 21, 2021**

Pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services, a license is hereby granted to

Arcadia Healthcare - Parkside

operated by PrestOp LLC

to conduct and maintain at 308 W Emma St

City of Union Gap, Zip Code 98903 County of Yakima State of Washington

A facility providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours, for 88 adults.

This license shall be in force from the 1st day of November, 2021 through the 31st day of October, 2022 subject to revocation for due cause.

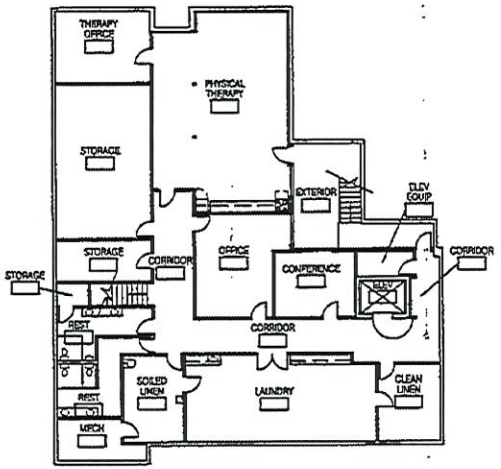
Licensing Authority

NOTE: The department renewal of a license does not preclude the department from taking any action under RCW 18.51.060 based on inspection.

This license is not transferable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above described.

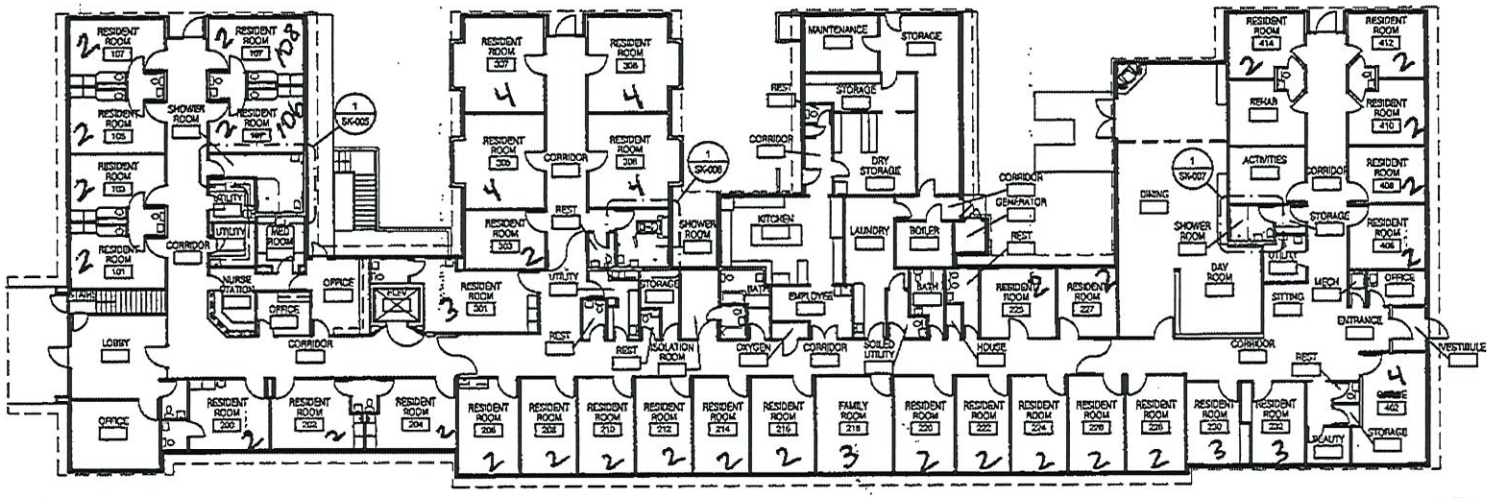
Issued by Authority of Chapter RCW 18.51 and 74.46

ORIGINAL



2 SK-004 BASEMENT FLOOR PLAN

NORTH



1 SK-004 OVERALL FIRST FLOOR PLAN

NORTH

MCA ARCHITECTS
813 SW ALDER STREET, SUITE 200
PORTLAND OREGON 97205
PHONE 503/226-0622
FAX 503/226-0626
WWW.MCA-ARCHITECTS.COM

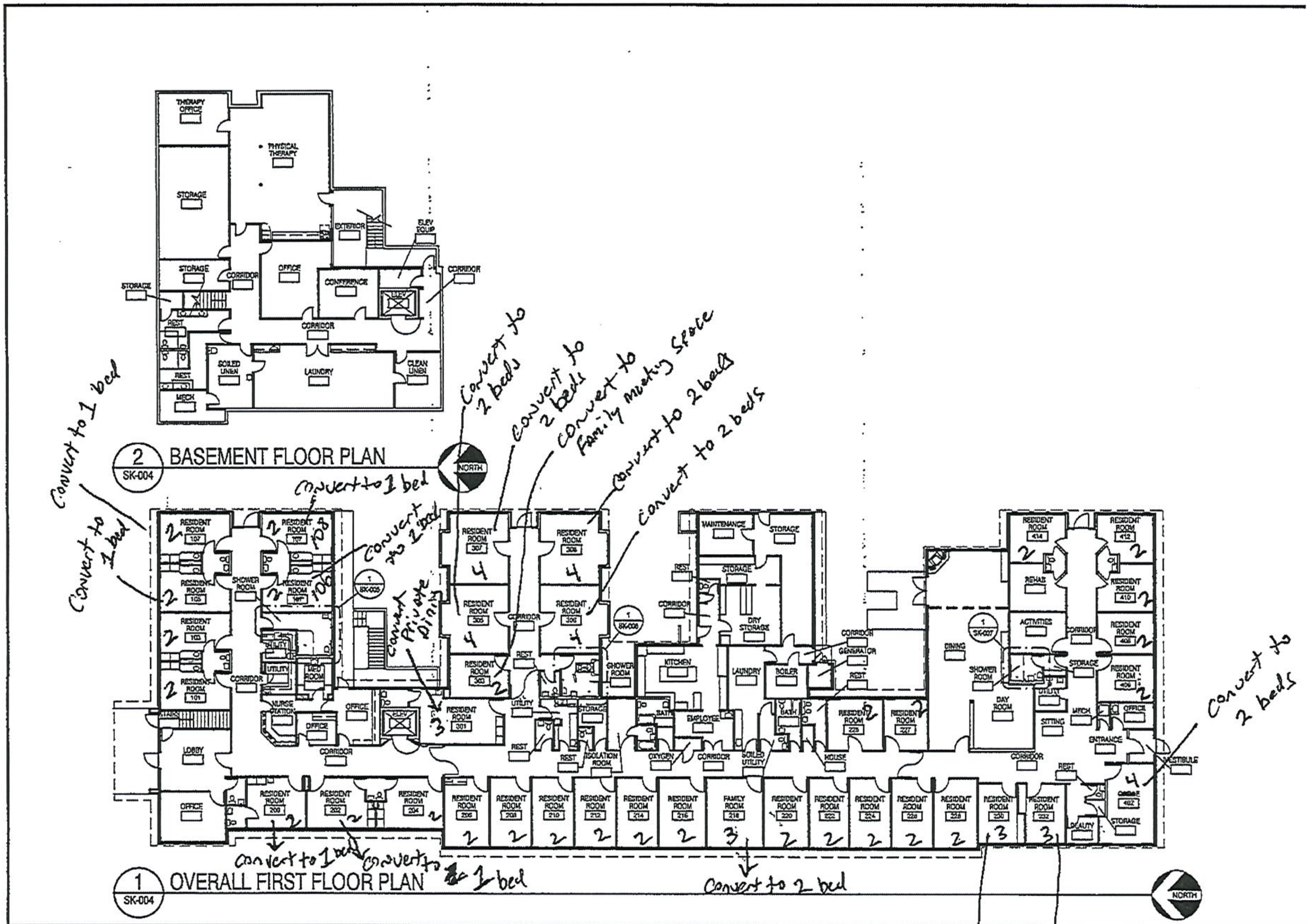
PRESTIGE CARE AND REHABILITATION
PARKSIDE
308 WEST EMMA STREET
UNION GAP, WA 98903

OVERALL FLOOR PLANS

PROJECT NO: 13-130
DATE: 09/18/13

SK-004

Proposed



Convert to 2 bed - Convert to 2 bed

MCA ARCHITECTS

813 SW ALDER STREET, SUITE 200
PORTLAND OREGON 97205
PHONE 503/226-0622
FAX 503/226-0626
WWW.MCA-ARCHITECTS.COM

PRESTIGE CARE AND REHABILITATION
PARKSIDE
308 WEST EMMA STREET
UNION GAP, WA 98903

OVERALL FLOOR PLANS

PROJECT NO: 13-030
DATE: 09/10/13

SK-004