



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
*PO Box 47852•Olympia, Washington 98504-7852*

January 2, 2024

Veerpal Kaur, ARNP  
President  
Vue Home Health  
Post Office Box 6544  
Kennewick, Washington 99336  
*Sent via email only: [vkaur@vuehomecare.com](mailto:vkaur@vuehomecare.com)*

**RE: Certificate of Need Application #24-03 – CN #1991**

Veerpal Kaur:

Attached is Certificate of Need #1991 issued to Vue Home Health, LLC. The certificate approves the establishment of a Medicare and Medicaid-certified home health agency to serve the residents of Benton County, within Washington State.

The Certificate of Need is not an 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. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington 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 on the following page:

Veerpal Kaur, Vue Home Health, LLC  
Certificate of Need Application #24-03 & CN #1991  
January 2, 2024  
Page 2 of 2

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

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

Appeal Option 2:

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

Physical Address  
Department of Health  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs first. 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 our decision, please contact the Certificate of Need Program at (360) 236-2955.

Sincerely,



Ross Valore, Executive Director  
Certificate of Need  
Office of Community Health Systems

Attachment

cc: Frank Fox, PhD, [frankgfox@comcast.net](mailto:frankgfox@comcast.net)



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 #1991 is issued to:**

**Applicant's Legal Name:** Vue Home Health, LLC  
**Applicant's Address:** Post Office Box 6544  
Kennewick, Washington 99336  
**Facility Type:** Home Health  
**Project Type:** Home Health  
**Facility Name:** Vue Home Health, LLC  
**Facility Address:** 636 North Colorado Street, Suite 24  
Kennewick, Washington 99336

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED DECEMBER 26, 2023 (CN APP # 24-03 )**

**Project Description**

This Certificate of Need approves Vue Home Health, LLC to establish a Medicare and Medicaid-certified home health agency in Kennewick to serve the residents of Benton County, Washington. Home health services provided to Benton County residents include skilled nursing; physical, occupational, speech, and respiratory therapies; medical social work; home health aide; and IV therapy. Services may be provided directly or under contract.

**Service Area**  
Benton County

**Conditions**


1. Approval of the project description as stated above. Vue Home Health, LLC 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. Vue Home Health, LLC will obtain and maintain Medicare and Medicaid certification.
3. Vue Home Health, LLC shall finance the project using its member's funds as described in the application.
4. The service area for this Medicare and Medicaid-certified home health agency is Benton County. Vue Home Health, LLC must provide home health services to the entire county for which this Certificate of Need is granted.

**Approved Capital Expenditure**

This project's capital costs are \$20,033, which includes office furniture, office and IT equipment, and related sales tax.

**This Certificate authorizes commencement of the project from January 2, 2024 to January 2, 2026 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: January 2, 2024**

  
\_\_\_\_\_  
Ross Valore, Executive Director  
Certificate of Need  
Community Health Systems

**This Certificate is not transferable.**