



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

December 31, 2013

CERTIFIED MAIL #7011 1570 0002 7809 5599

April Gibson, Administrator
Lakewood Surgery Center
7308 Bridgeport Way West, Suite 102
Lakewood, Washington 98499

Dear Ms. Gibson:

Enclosed is Certificate of Need #1521 issued to Proliance Surgeons, PS, dba Lakewood Surgery Center proposing to establish a Certificate of Need approved ambulatory surgery center in Lakewood within Pierce County.

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. The two 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 following addresses:

Mailing Address:

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

Other Than By Mail

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



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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:

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

Other Than By Mail

Adjudicative Clerk Office
111 Israel Road SE
Tumwater, WA 98501

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.

Sincerely,



Steven M. Saxe, FACHE
Director, Health Professions and Facilities

Enclosure

cc: Shannon Walker, Department of Health, Investigations and Inspections Office
Karen Stricklett, Department of Health, Customer Service Office



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 #1521 is issued to:

Legal Name of Applicant: Proliance Surgeons, PS, dba Lakewood Surgery Center
Address of Applicant: 7308 Bridgeport Way W., Suite 102, Lakewood, Washington 98499
Type of Service: Ambulatory Surgery Center
Facility Name: Lakewood Surgery Center
Facility Address: 7308 Bridgeport Way W., Suite 102, Lakewood, Washington 98499

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF OCTOBER 8, 2013, (App #13-37).

Project Description:

This certificate approves the establishment of a new healthcare facility by converting their two-OR ASC from an exempt ASC to a CN approved two-OR ASC. This action would allow physicians not employed by Lakewood to use its facility. Additionally, Lakewood proposes to expand the types of surgeries performed at the ASC to include general, gynecology, cosmetic/plastic, urology, ENT, and oral/maxilla-facial surgery. The services at Lakewood will not include a gastroenterology lab, ophthalmology, or care for pediatric patients. Lakewood does not propose to increase or decrease the number of operating rooms at Lakewood ASC

Service Area

West Pierce County

Conditions

Please see page 2

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$315,000.

This Certificate authorizes commencement of the project from December 31, 2013 to December 31, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 31, 2013


Steven Saxe

Director, Community Health Systems

This Certificate is not transferable.

Certificate of Need #1521

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Conditions

1. Approval of the project description as stated above. Lakewood Surgery Center 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. Lakewood Surgery Center will provide charity care in compliance with the charity care policies reviewed and approved by the Department of Health. Lakewood Surgery Center will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the West Pierce sub planning area. Currently, this amount is 1.57% gross revenue and 3.61% of adjusted revenue. Lakewood Surgery Center will maintain records documenting the amount of charity care it provides and demonstrating compliance with its charity care policies.