



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

February 23, 2017

CERTIFIED MAIL #7015 0640 0000 6441 5973

Faye Lincoln, Sr. Vice President  
Policy & Government Relations  
Avalon Health Care Group  
2016 North 2100 West  
Salt Lake City, UT 84116

RE: Determination of Reviewability #17-08

Dear Ms. Lincoln:

Enclosed is Replacement Authorization (RA) #089 issued to Avalon Care Center – Pullman, approving the replacement of Avalon Care Center – Pullman to a new site within Pullman, within Whitman County. At project completion, the new facility will have a maximum of 48 skilled nursing beds as noted on the certificate.

Replacement Authorization #089 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal option is listed below.

Appeal Option:

You or 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:

Faye Lincoln, Sr. VP  
Avalon Health Care Group  
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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

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, please contact me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

**Replacement Authorization #089 is issued to:**

**Existing Licensee:** Avalon Care Center – Pullman  
**Current Facility Name:** Avalon Care Center – Pullman  
**Current Facility Address:** 1310 Northwest Deane Street  
Pullman, WA 99163  
**Current County Location:** Whitman  
**Current Number of Licensed Beds:** 48 licensed and zero banked

**Replacement Facility Information**

**Renovation Facility Licensee:** Avalon Care Center – Pullman  
**Renovation Facility Name:** Avalon Care Center – Pullman  
**Renovation Facility Address:** 1060 Southeast Clearwater Drive  
Pullman, WA 99163  
**Renovation Facility County Location:** Whitman  
**Renovation Facility Number of Beds:** 48 licensed and zero banked  
**Capital Expenditure of Project:** \$6,935,225

**Project Description**


This Replacement Authorization approves the replacement of 48 beds at Avalon Care Center – Pullman to a new site at 1060 Southeast Clearwater Drive in Pullman, Washington within Whitman County.

**Conditions:**

1. Approval of the project description as stated above. Avalon Care Center – Pullman further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Avalon Care Center – Pullman will continue to participate in both the Medicare and Medicaid programs.
3. Avalon Care Center – Pullman will participate in both the Medicare and Medicaid programs at the new replacement nursing home, regardless of facility ownership.

**This Replacement Authorization is effective from February 23, 2017, through February 23, 2019, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Issued:** February 23, 2017

  
Janis Sigman  
Manager, Certificate of Need Program  
Community Health Systems

**This Renovation Authorization is not transferable.**