



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

March 9, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1010

Elaine Couture, Regional Chief Executive  
Providence Health Care  
101 West Eighth Avenue  
Spokane, Washington 99204

RE: Certificate of Need Application #18-01

Dear Ms. Couture:

Enclosed is Certificate of Need #1733 issued to Providence Health & Services approving the addition of three operating rooms to the existing Providence Surgery and Procedure Center in Spokane Valley, within Spokane County.

The certificate 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 following addresses:

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

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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:

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 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 Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

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 #1733 is issued to:**

**Legal Name of Applicant:** Providence Health & Services – Washington dba Providence Health Care  
**Address of Applicant:** 101 West Eighth Avenue, Spokane, Washington 99204  
**Type of Service:** Ambulatory Surgery Center  
**Facility Name:** Providence Surgery and Procedure Center  
**Facility Address:** 16528 Desmet Court, Spokane Valley, Washington 99216

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED FEBRUARY 20, 2018 (CN App #18-01)**

**Project Description**

This certificate approves the addition of three operating rooms to Providence Surgery and Procedure Center located in Spokane Valley, within Spokane County. Services provided in the three additional operating rooms are gastroenterology/endoscopy procedures, digestive health services, and pain management. Other procedures that may be provided in the three operating rooms include those that could be performed under a local anesthesia but that do not require sedation of the patient. Examples include wound closures excision of lesions, such as lipoma, sebaceous cysts and mole removal, removal of foreign bodies, urology procedures, such as cystoscopy, circumcision, urodynamics, or vasectomy, hand-trigger finger procedures, and general procedures, such as those for an umbilical hernia or breast biopsy.

At project completion, Providence Surgery and Procedure Center will have a total of seven operating rooms. Surgical types to be provided in the seven operating rooms include bariatrics, ophthalmology, ENT, gastroenterology, gynecology, general surgery, orthopedics, spine, plastics, podiatry, urology, vascular surgery, pain management, cardiovascular, oral/maxillofacial, oncology, thoracic, and neurosurgery.

The surgery center will provide care to patients of all ages who require surgical services, are not expected to require hospitalization, and can be served appropriately in an outpatient surgery setting.

**Service Area**  
Spokane County

**Conditions**  
Conditions Identified on Page Two

**Approved Capital Expenditure**  
The approved capital expenditure for this project is \$459,500.

This Certificate authorizes commencement of the project from March 9, 2018 to March 9, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Certificate Issued:** March 9, 2018

  
Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**

## **Certificate of Need #1733**

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#### **Conditions**

1. Providence Health & Services agrees with the project description as stated above. Providence Health & Services further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. Providence Health & Services will maintain its license as an ASF under WAC 246-330 for Providence Surgery and Procedure Center.
3. Providence Health & Services will maintain Medicare and Medicaid certification for this Providence Surgery and Procedure Center., regardless of facility ownership.
4. Percutaneous Coronary Interventions (PCI) as defined in WAC 246-310-705 will not be performed at Providence Surgery and Procedure Center.
5. Providence Surgery and Procedure Center will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health. Providence Health & Services will use reasonable efforts to provide charity care at Providence Surgery and Procedure Center in an amount comparable to or exceeding the average amount of charity care provided by the four hospitals located in Spokane County, within the Eastern Washington Region. Currently, this amount is 1.05% of gross revenue. Providence Health & Services will maintain records of charity care applications received and the dollar amount of charity care discounts granted at Providence Surgery and Procedure Center. The department requires that these records be available upon request.