



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

September 25, 2018

CERTIFIED MAIL # 7017 3380 0000 0863 8277

Sherie Stewart, MSW Chief Operating Officer
Envision Hospice of Washington, LLC
1345 West 16000 North, #202
Orem, Utah 84057

Dear Ms. Stewart:

RE: CN Application #18-07 – Envision Hospice of Washington

Enclosed is Certificate of Need #1745 issued to Envision Hospice of Washington, LLC approving the establishment of a Medicare and Medicaid certified hospice agency in Thurston 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

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

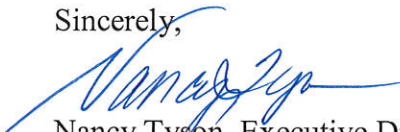
Physical Address

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
Community Health Systems

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 #1745 is issued to:

Applicant's Legal Name: Envision Hospice of Washington, LLC
Applicant's Address: 1345 West 1600 North, #202, Orem Utah 84057
Facility Type Hospice
Project Type Hospice
Facility Name: Envision Hospice of Washington, LLC
Facility Address: 402 Black Hills Lane, Southwest #B
Olympia, Washington 98502

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED SEPTEMBER 14, 2018 (CN APP # 18-07)**

Project Description

This certificate approves the establishment of a Medicare and Medicaid certified hospice agency in Olympia, within Thurston County. Hospice services provided at the new agency include nursing care, pastoral care, medical social work, respite services, and home care aide services. Additional services include 24-hour continuous care in the home at critical periods and bereavement services for the family for 13 months post end of life. Envision Hospice also intends to provide these hospice services to nursing home residents.

Service Area

Thurston County

Conditions

The conditions are identified on page 2 of this certificate

Approved Capital Expenditure

The approved capital expenditure for this project is \$20,000, which is solely related to office equipment and furnishings necessary to open an office in Olympia.

This Certificate authorizes commencement of the project from September 25, 2018 to September 25, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 25, 2018

A handwritten signature in blue ink, appearing to read "Nancy Tyson", written over a horizontal line.

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

This Certificate is not transferable

Certificate of Need #1745

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Conditions

1. Approval of the project description as stated above. Envision Hospice of Washington, 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. Envision Hospice of Washington, LLC shall finance the project using cash reserves as described in the application.
3. Prior to providing Medicare and Medicaid certified hospice services in Thurston County, Envision Hospice of Washington, LLC will provide a listing of key staff to the Certificate of Need Program for its review. The listing of key staff shall include the name and professional license number.