



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

April 2, 2012

CERTIFIED MAIL # 7011 1570 0002 7802 5916

Jeffrey Cohen, Executive Officer  
The Kline Galland Center  
7500 Seward Park Avenue  
Seattle, Washington 98118

Re: CN #11-17

Dear Mr. Cohen:

Enclosed is Certificate of Need #1466 issued to Kline Galland Center approving the establishment of a Medicare certified/Medicaid eligible home health agency in King 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. Any affected 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  
310 Israel Road SE, Building 6  
Tumwater, WA 98501



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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: Linda Foss, Department of Health, Investigations and Inspections Office  
Karen Stricklett, 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 #1466 is issued to:**

**Legal Name of Applicant:** The Kline Galland Center  
**Address of Applicant:** 7500 Seward Park Avenue South  
Seattle Washington 98118  
**Type of Service:** Medicare certified and Medicaid eligible home health agency  
**Facility Name:** Kline Galland Home Health  
**Facility Address:** 7500 Seward Park Avenue South  
Seattle Washington 98118

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORDS AND EVALUATIONS DATED MARCH 15, 2012 AND MARCH 20, 2012 (App #11-17)**

**Project Description:**

This project approves the establishment of a Medicare certified and Medicaid eligible home health agency to be known as Kline Galland Home Health. The home health agency is to be co-located with Kline Galland Center's hospice agency at its Caroline Kline Galland Home (nursing home) located at 7500 Seward Park Avenue South in Seattle. Home health services to be provided include skilled nursing, medical social services, and a variety of therapies, including IV therapy, physical therapy, occupational therapy, and speech therapy.

**Service Area**  
King County

**Conditions**

The seven conditions are identified on page two.

**Approved Capital Expenditure**

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from April 2, 2012 to April 2, 2014, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: April 2, 2012

A handwritten signature in black ink, appearing to read "Steven Saxe", is written over a horizontal line.

Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**

## **CN #1466 Conditions**

1. Kline Galland Center agrees with the project description stated above.
2. Kline Galland Center's Medicare certified and Medicaid eligible home health agency shall be available to all residents of King County.
3. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Admission Policy. The final Admission Policy must be consistent with the draft agreement provided in the application.
4. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Charity Care Policy. The final Charity Care must be consistent with the draft policy provided in the application.
5. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Employee Education Policy and Procedures document. The final document must be consistent with the draft document provided in the application.
6. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Employee Quality Assurance/Performance Improvement Policy. The final policy must be consistent with the draft policy provided in the application.
7. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Patient/Family/Care Giver Satisfaction Survey Policy. The final policy must be consistent with the draft policy provided in the application.