



BB 22-01

FOR DEPARTMENT USE ONLY
RECEIVED <small>Date Stamp Here</small>
DEC 01 2021
Fee Received: _____
Check #: CERTIFICATE OF NEED PROGRAM DEPARTMENT OF HEALTH
Initials _____

NURSING HOME ALTERNATIVE USE BED BANKING NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Alternate Use Bed Banking notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in RCW 70.38 and WAC 246-310-395, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Bainbridge Island Health and Rehabilitation Center

Name of the Nursing Home (facility)

Eagle Harbor Healthcare, Inc.

Name of the facility's Licensee

Soon Burnam

949-540-1249

Print Name of person making the request

Telephone Number

Treasurer

Treasurer

Title of person making the request

Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

A handwritten signature in blue ink, appearing to be 'S. Burnam'.

Signature of Licensee

11/29/21

Date

Address:

835 Madison Avenue N

Bainbridge Island, WA 98110

Invoice for Submission of Alternate Use Bed Banking Notice

1. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: \$ 1,347.00 (Refer to Fee Schedule)

APPLICANT NAME: Eagle Harbor Healthcare, Inc.

DATE OF SUBMISSION: 11/29/21 CHECK NUMBER: 2586781

4. Mail **ORIGINAL**, signed notice and payment to:

Physical Address:

**Department of Health
Certificate of Need Program
310 Israel Road
Tumwater, Washington 98501**

To mail overnight, UPS or FedEx:

**Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852**

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

ALTERNATE USE BED BANKING NOTICE REQUIREMENTS

Please note the following definition:

"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications **shall not include** those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010)

Information Requirements

1. For the entire facility, please provide a **current** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
2. For the entire facility, please provide a floor diagram of the **current** facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
3. For the entire facility, please provide a **proposed** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
4. For the entire facility, please provide a floor diagram of the **proposed** facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
5. Please complete the table below for the beds proposed to be banked. Note that the purpose of the beds banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional pages as necessary)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
17	2	1	Make a private room	1
18	2	2	Add space for gym and Restorative Gym	0
19	2	1	Make a private room	1
20	2	2	Make space for gym	0
21	2	1	Make a private room	1
22	2	2	Make space for gym	0
23	2	2	Make space for gym	0
Total	14	11		3



Re: Proposal for bed banking

Hi,

All rooms are dual eligible, thus certified for both Medicare and Medicaid use.

Room listing for rooms not changing:

Room Number	Number of licensed beds
1	2
2	2
3	2
4	2
5	2
6	2
7	2
8	2
9	2
10	2
11	2
12	2
14	2
16	2
15	1
25	1
27	2
28	1
29	2
30	2
31	2
32	2
33	2
34	2
35	2
36	2
37	2
38	2
39	2

835 Madison Avenue, Bainbridge Island, WA 98110

Phone: 206-842-4765

Fax 206-842-4426

Admission's Fax: 1-855-229-5767

www.bainbridgerehab.com



Room listing for rooms with a proposed bed banking change:

Room Number	Number of licensed beds / proposed number of licensed beds
17	2 / 1
18	2 / 0
19	2 / 1
20	2 / 0
21	2 / 1
22	2 / 0
23	2 / 1

Please find the above line listing, to address the below requirements.

1. For the entire facility, please provide a current facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
2. For the entire facility, please provide a floor diagram of the current facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. PLEASE NOTE: The diagrams provided must be clearly readable.
3. For the entire facility, please provide a proposed facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
4. For the entire facility, please provide a floor diagram of the proposed facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. PLEASE NOTE: The diagrams provided must be clearly readable.

Should you have any questions, please feel free to reach out.

Best wishes,

Adam Canary – LN, LNHA

835 Madison Avenue, Bainbridge Island, WA 98110

Phone: 206-842-4765

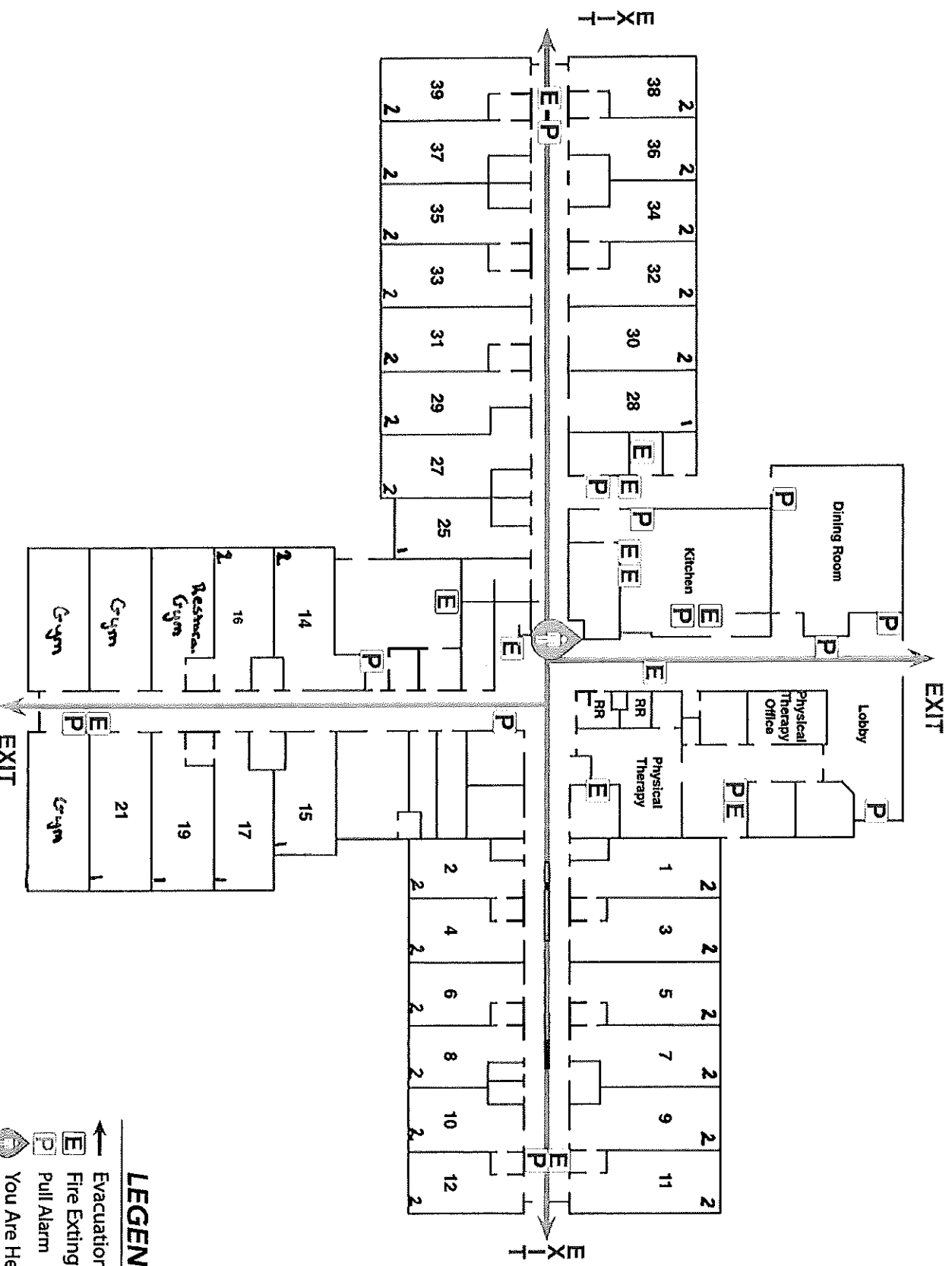
Fax 206-842-4426

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Bainbridge Island Health & Rehabilitation

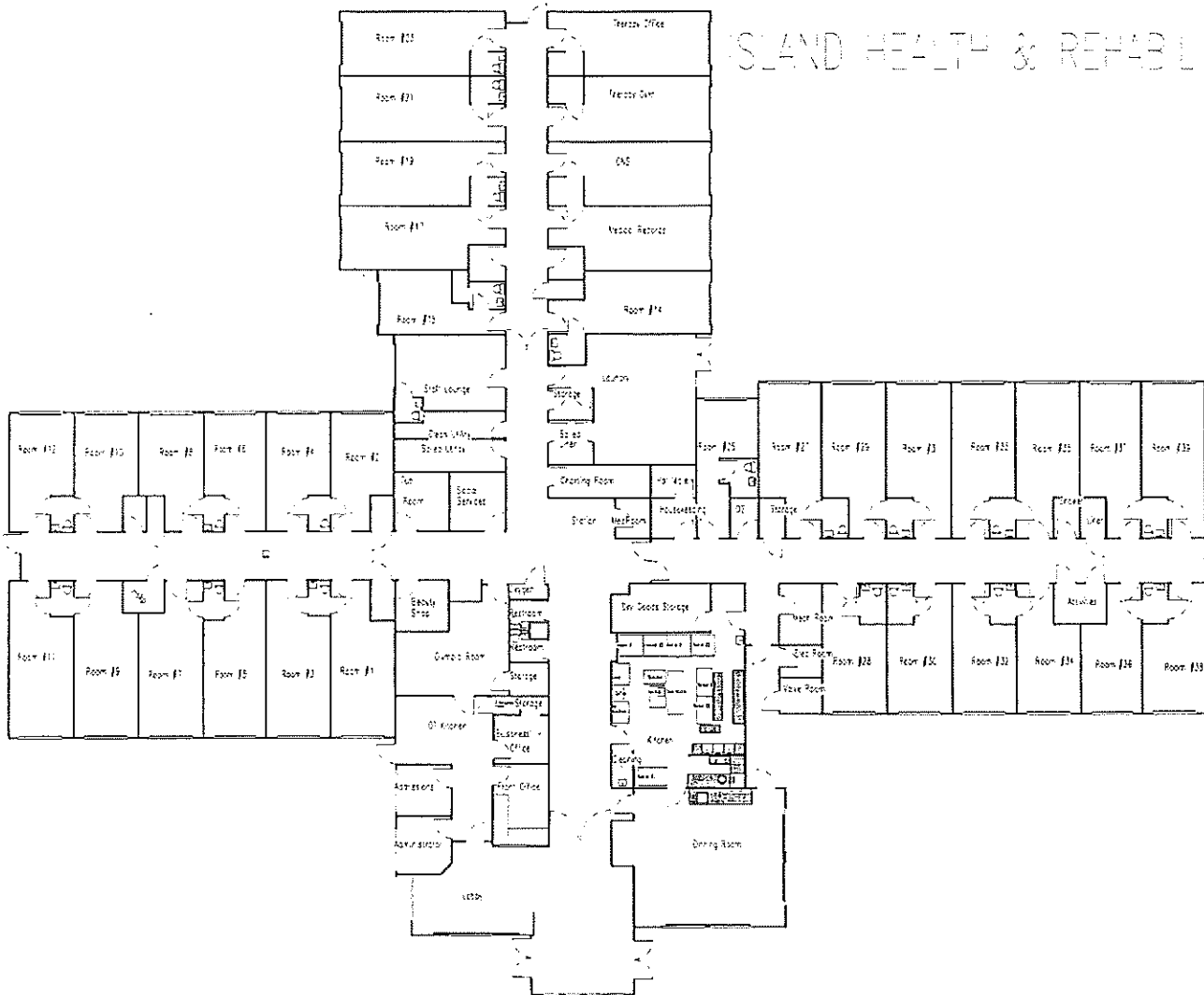
Evacuation Plan



LEGEND

- Evacuation Route
- E Fire Extinguisher
- P Pull Alarm
- A You Are Here

ISLAND HEALTH & REHABILITATION



6. Is the existing licensee the building owner? _____ Yes XX No. (If yes, go to question 8)

7. Does the building owner have a secured interest in the nursing home bed rights? XX Yes _____ No. In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction,

OR

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

8. Proposed Timetables for Project Implementation. Fill in those fields appropriate to this project. N/A

Activity	Date
Funds necessary to undertake the project obtained	
Preliminary drawings submitted to Department of Health's Consultation and Construction Review program	
Final drawings and specifications submitted to Department of Health's Consultation and Construction Review program	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction Completed	
Licensure Approval Obtained	
Facility Operating-serving residents	

NOTE: If the above table does not identify correct project events in the change from nursing home beds to the proposed alternate use, please provide a listing of those project events with the projected completion dates. This information is used when evaluating future extension requests.

By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided that the facility has remained in continuous operation, the facility has not been purchased or leased and has otherwise continued to qualify for bed banking. I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in WAC 246-310-395 or request an extension as outlined in WAC 246-310-580 for one an additional four year period.

To effectuate this banking, the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS). The Department of Health will bank the eligible beds as of the effective date of the license modification from DSHS.

BAINBRIDGE HEALTH HOLDINGS LLC
29222 Rancho Viejo Road, Suite 127
San Juan Capistrano, CA 92675

November 29, 2021

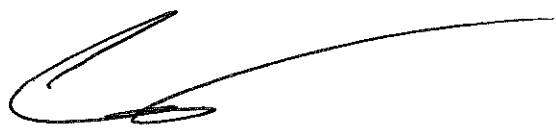
Eagle Harbor Healthcare, Inc.
835 Madison Avenue N
Bainbridge Island, WA 98110
Attn: Adam Canary

Re: Banked Beds at Bainbridge Island Health and Rehabilitation

Dear Adam,

As set forth in our separate lease agreement, Bainbridge Health Holdings LLC, in its capacity as the owner and secured interest holder of the building and related assets of that certain skilled nursing facility known as Bainbridge Island Health and Rehabilitation located at 835 Madison Avenue N, Bainbridge Island, Washington 98110 (the "Bainbridge Facility"), hereby consents to the banking of 11 beds at the Bainbridge Facility effective December 1, 2021.

Bainbridge Health Holdings LLC,
A Nevada limited liability company


By: _____
Name: Chad Keetch
Title: EVP, CIO & Secretary of Sole Member



SOON BURNAM

DIRECTOR OF LICENSING AND REGULATORY SERVICES
ENSIGN SERVICES, INC.

phone number (949) 540-1249

direct fax (949) 540-1966

sburnam@ensignservices.net

November 29, 2021

VIA Next Business Day

WA Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-785

RE: Request to Bank 11 Beds at Eagle Harbor Healthcare, Inc., dba Bainbridge Island Health and Rehabilitation located at 835 Madison Avenue N, Bainbridge Island, WA 98110 ("Facility")

To Whom It May Concern,

Please accept this letter as our formal request to bank eleven (11) beds at the above-mentioned Facility in accordance with Washington Administrative Code (WAC) 246-310-395. Enclosed with this letter of intent is the completed Form 260, applicable fee in the total amount of \$1,347, and landlord's written approval of the banked beds at the above location.

In order to enhance the quality of life for our Facility residents, we plan do the following:

- The curtain rails for rooms 20, 22, and 23 will be taken down completely, the holes will be filled and ceiling repainted.
- Rooms 17, 18, 19, and 21 will have one curtain rail taken down and holes will be filled and the ceiling will be painted, the curtain rail for the one bed will remain the same.
- Room 20, 22, and 23 will have gym equipment placed in there.
- Only modifications will be to take a bed out and add chairs and table to act as a sitting area in the private rooms.
- No rooms will be converted solely for office use, however in room 20 we will have desks added for therapy staff to chart.

By these implementations of banked beds and changes, they will directly and immediately benefit our residents. There is no construction required at the Facility in order to bank the beds. The beds and rooms can be easily converted back within 24 hours.

The effective date of the banking of beds is December 1, 2021; thus, we respectfully request your office's approval of the effective date to be the same.

ENSIGN SERVICES, INC.

29222 RANCHO VIEJO ROAD, SUITE 127 * SAN JUAN CAPISTRANO, CA 92675

PHONE (949) 487-9500 * FAX (949) 540-3007

November 29, 2021
Page 2

Should you have any questions or require further information, please do not hesitate to contact me directly at (949) 540-1249 or Adam Canary, the Administrator of the Facility, at (206) 842-4765.

Thank you for your time and attention to this matter, it is greatly appreciated.

Sincerely,
Eagle Harbor Healthcare, Inc., dba
Bainbridge Island Health and Rehabilitation



Soon Burnam
Treasurer

ENSIGN SERVICES, INC.

29222 RANCHO VIEJO ROAD, SUITE 127 * SAN JUAN CAPISTRANO, CA 92675
PHONE (949) 487-9500 * FAX (949) 487-9300