

January 19, 2022

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 9:24 am, Jan 27, 2022

Department of Health
Certificate of Need Program
Janis Sigman, Manager
P.O. Box 47852
Olympia, WA 98504-7852

BB22-03

RE: Bed Banking – Sunshine Health & Rehab

Dear Ms. Sigman:

Under RCW 70.38111(9), we hereby submit to you our request for voluntary bed reduction (banking). Sunshine Health Facilities, Inc is the licensee of Sunshine Health & Rehab, located at 10410 E 9th Ave, Spokane Valley, WA 99206.

We plan to reduce our licensed bed capacity by 47 beds (from 84 to 37) on 4/1/2022 so that the vacated space can be used to enhance the quality of life of our residents in accordance with the attached schedule.

We understand that by submitting this request to convert licensed nursing home beds for some permitted alternate use also preserves our right to bring these same beds back on line at a later date. This may be up to four years with an additional four years possible upon showing of “good cause” and DOH approval, within the same nursing home.

Please contact me at (509) 321-9058, if you have any questions or need additional information. Thank you in advance for your prompt review and determination of this request for voluntary bed banking.

Sincerely,



Nathan Dikes

CEO

Sunshine Health Facilities, Inc (Sunshine Health & Rehab)

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 9:24 am, Jan 27, 2022



FOR DEPARTMENT USE ONLY	
Date Stamp Here	
BB22-03	
Fee Received:	_____
Check #:	_____
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.

SUNSHINE HEALTH & REHAB

Name of the Nursing Home (facility)

SUNSHINE HEALTH FACILITIES, INC. DBA: SUNSHINE HEALTH & REHAB

Name of the facility's Licensee

NATHAN DIKES

509-321-9058

Print Name of person making the request

Telephone Number

CEO

OWNER

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.

Signature of Licensee

Date

Address:

10410 E 9TH AVE

SPOKANE VALLEY, WA 99206

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: \$ 1347.00 (Refer to Fee Schedule)

APPLICANT NAME: SUNSHINE HEALTH FACILITIES, INC, DBA: SUNSHINE HEALTH & REHAB

DATE OF SUBMISSION: 1/20/2022 CHECK NUMBER: 822853

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

ALTERNATE USE BED BANKING NOTICE REQUIREMENTS

"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)

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)
	See Attached			
Total				

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

7. Does the building owner have a secured interest in the nursing home bed rights? X 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.

Activity	Date
Funds necessary to undertake the project obtained	10/29/2021
Preliminary drawings submitted to Department of Health's Consultation and Construction Review program	10/29/2021
Final drawings and specifications submitted to Department of Health's Consultation and Construction Review program	11/30/2021
Construction contract awarded	10/29/2021
50% of construction completed (based on dollar value of the construction contract awarded)	2/1/2022
Construction Completed	4/1/2022
Licensure Approval Obtained	4/1/2022
Facility Operating-serving residents	4/1/2022

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.

Sunshine Health and Rehab- Proposed Bed Banking listing

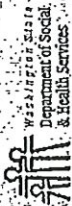
Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)	AL Beds
101	1			1	
102	1			1	
103	1			1	
104	1			1	
105	1			1	
106	1			1	
107	1			1	
108	2			2	
109	2			2	
110	1			1	
111	1			1	
112	1			1	
113	1			1	
114	1			1	
115	1			1	
116	1			1	
201	1			1	
202	1			1	
203	1			1	
204	2			2	
205	2			2	
206	2			2	
207	2			2	
208	1			1	
209	2			2	
210	2			2	
211	1			1	
212	1			1	
213	1			1	
301	0	0	Barber Beauty Shop	0	1
302	1	1	Convert to Assisted Living	0	1
303	1	1	Convert to Assisted Living	0	2
304	2	2	Convert to Assisted Living	0	2
305	2	2	Convert to Assisted Living	0	2
306	2	2	Convert to Assisted Living	0	2
307	2	2	Convert to Assisted Living	0	2
308	2	2	Convert to Assisted Living	0	2
309	1	1	Convert to Assisted Living	0	1
310	1	1	Convert to Assisted Living	0	1
401	1	1	Convert to Assisted Living	0	1
402	1	1	Convert to Assisted Living	0	1
403	2	2	Convert to Assisted Living	0	2
404	2	2	Convert to Assisted Living	0	2
405	2	2	Convert to Assisted Living	0	2
406	1	1	Convert to Assisted Living	0	1
407	1	1	Convert to Assisted Living	0	1
408	2	2	Convert to Assisted Living	0	2

409	2	2	Convert to Assisted Living	0	2
410	1	1	Convert to Assisted Living	0	1
411	1	1	Convert to Assisted Living	0	1
501	1	1	Convert to Assisted Living	0	1
502	1	1	Convert to Assisted Living	0	1
503	2	2	Convert to Assisted Living	0	2
504	2	2	Convert to Assisted Living	0	2
505	1	1	Convert to Assisted Living	0	1
506	2	2	Convert to Assisted Living	0	2
507	2	2	Convert to Assisted Living	0	2
508	2	2	Convert to Assisted Living	0	2
509	2	2	Convert to Assisted Living	0	2
510	1	1	Convert to Assisted Living	0	1
511	1	1	Convert to Assisted Living	0	1
Total	84	47		37	49

Notes:

Room 301 is the Beauty Shop but will be licensed as an AL

Room 303 is presently a 2 bed room. I made it a 1 vbed room to get the bed count to equal 84



NURSING HOME LICENSE

License Number: 1050

First Issued: June 15, 1990

Pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services, a license is hereby granted to

Sunshine Health & Rehab

operated by SUNSHINE HEALTH FACILITIES INC
to conduct and maintain at 10410 E 9th Ave.

City of Spokane Valley, Zip Code 99206 County of Spokane State of Washington

A facility providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours, for 84 adults

This license shall be in force from the 1st day of September, 2021 through the 31st day of August, 2022 subject to revocation for due cause.

Mike Ambesse

Licensing Authority

NOTE: The department renewal of a license does not preclude the department from taking any action under RCW 18.51.060, based on inspection. This license is not transferable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above described.

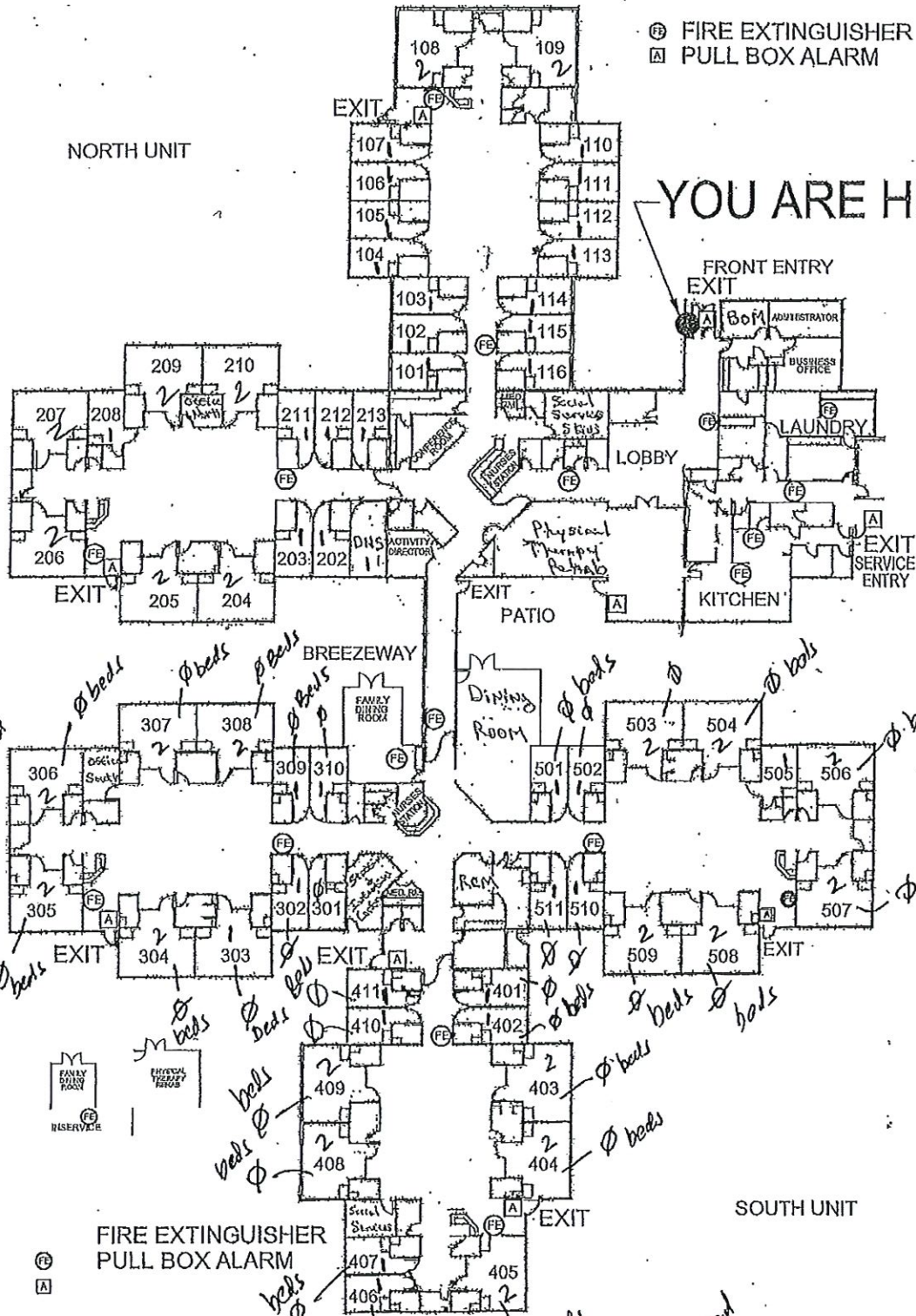
Issued by Authority of Chapter RCW 18.51 and 74.46

NORTH UNIT

⊕ FIRE EXTINGUISHER
⊠ PULL BOX ALARM

Proposed

YOU ARE HERE



SOUTH UNIT

⊕ FIRE EXTINGUISHER
⊠ PULL BOX ALARM

300 wing
19 beds

507 wing
17 beds

400 wing
16 beds

37 beds
(477) booked