



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

November 30, 2021

Julia Yeager, Senior Director  
Delivery System Strategy and Planning  
Kaiser Foundation Health Plan of Washington  
E-mail: [julia.a.yeager@kp.org](mailto:julia.a.yeager@kp.org)

RE: Certificate of Need Application #20-46 – Certificate of Need #1918

Dear Ms. Yeager:

Enclosed is Certificate of Need #1918 issued to Kaiser Foundation Health Plan of Washington approving the establishment of Kaiser Permanente Everett Ambulatory Surgery Center located in Everett, within central Snohomish 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 the Certificate of Need Program at (360) 236-2955.

Sincerely,



Eric Hernandez, Program Manager  
Certificate of Need  
Office of Community Health Systems

Attachment



**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 #1918 is issued to:**

**Applicant's Legal Name:** Kaiser Foundation Health Plan of Washington  
**Applicant's Address:** 601 Union Street, Suite #3100, Seattle, Washington 98101  
**Facility Type** Ambulatory Surgical Facility  
**Project Type** Ambulatory Surgical Facility  
**Facility Name:** Kaiser Permanente Everett Ambulatory Surgery Center  
**Facility Address:** The address has not been assigned. Snohomish County parcel numbers are: 00439069505001, 00439069503800, 00439069503700, 00439069503200, 00439069503100, 00593669501300, 00593669501100, and 00439069505800

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND CORRECTED EVALUATION DATED SEPTEMBER 30, 2020 (CN APP # 20-46 )**

**Project Description**

This certificate approves the establishment of a four operating room and three procedure room ambulatory surgery center in Everett within central Snohomish County known as Kaiser Permanente Everett Ambulatory Surgery Center. Surgical services provided at Kaiser Permanente Everett Ambulatory Surgery Center are cardiology, gastroenterology including endoscopy, and bariatric, general surgery, OB/GYN, ophthalmology, orthopedics, otolaryngology, pain management, podiatry, pulmonary, and urology to patients six months and older who can be treated in an outpatient setting. Cardiology does not include PCI procedures as defined under Washington Administrative Code 246-310-705(4).

**Service Area**

Central Snohomish County

**Conditions**


1. Kaiser Foundation Health Plan of Washington agrees with the project description as stated above. Kaiser Foundation Health Plan of Washington further agrees that any change to the project as described in the project description is a new project and requires a new Certificate of Need.
2. Consistent with Revised Code of Washington 70.38.115(3), Kaiser Foundation Health Plan of Washington may not be sold, leased, or have a change in control without first obtaining Certificate of Need.

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$45,015,138.

**This Certificate authorizes commencement of the project from October 5, 2020 to October 5, 2022 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: November 30, 2021**

  
Eric Hernandez, Program Manager  
Community Health Systems

**This Certificate is not transferable**