



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 #1868 is issued to:

Applicant's Legal Name: Blue Mountain Eye, PLLC
Applicant's Address: 1610 Penny Lane, Walla Walla, Washington 99362
Facility Type Ambulatory Surgical Facility
Project Type Ambulatory Surgical Facility
Facility Name: Lifestyle Surgery Center
Facility Address: 1595 Heritage Road, Walla Walla, Washington 99362

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED FEBRUARY 5, 2021 (CN APP # 21-13)

Project Description

This certificate approves the establishment of an ambulatory surgical facility in Walla Walla County. The surgical facility will have three operating rooms and provide ophthalmic procedures. The surgical facility will serve patients who require surgical services, are not expected to require hospitalization, and can be served appropriately in an outpatient setting.

Service Area

Walla Walla County

Conditions

1. Blue Mountain Eye, PLLC agrees with the project description as stated above. Blue Mountain Eye, PLLC further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. Blue Mountain Eye, PLLC will obtain and maintain Medicare and Medicaid certification for the new surgery center.
3. Blue Mountain Eye, PLLC shall finance this project as described in the application.
4. Prior to providing surgical services, Blue Mountain Eye, PLLC shall submit to the Certificate of Need Program the following policies in final form. The final policies shall be consistent with the draft policies provided in the application.
 - Admission and Non-Discrimination Policy
 - Charity Care Policy
 - Patient Rights and Responsibilities Policy
 - Expected Patient Outcomes Policy
5. Blue Mountain Eye, PLLC will provide charity care in compliance with its charity care policy reviewed for this project. Blue Mountain Eye, PLLC will use reasonable efforts to provide charity care in the amount consistent with the three-year average of charity care for gross revenue provided by Providence St. Mary Medical Center located in Walla Walla County. The gross revenue three-year average for years 2017 – 2019 is 1.62%.
6. Blue Mountain Eye, PLLC will maintain records of charity care applications received and the dollar amount of charity care discounts granted at the new surgery center. The records must be available upon request.
7. Prior to providing surgical services, Blue Mountain Eye, PLLC shall provide the names and professional license numbers for the staff of the surgery center.
8. Prior to providing surgical services, Blue Mountain Eye, PLLC shall provide an executed Patient Transfer Agreement with a local hospital.

Approved Capital Expenditure

The approved capital expenditure for this project is \$1,915,268 and includes construction costs and fixed and moveable equipment (including associated taxes) necessary for the establishment of a new ambulatory surgical facility, fees for consulting and inspections, and costs for securing financing for the project.

This Certificate authorizes commencement of the project from February 22, 2021 to February 22, 2023 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: February 22, 2021

Eric Hernandez, Program Manager
Certificate of Need
Community Health Systems

This Certificate is not transferable