



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852•Olympia, Washington 98504-7852

July 11, 2019

CERTIFIED MAIL # 7016 3010 0001 0575 1263

Rachel Todd, CEO
Puget Sound Gastroenterology, PS

Elana Zana
Ogden Murphy Wallace

RE: CN Application #19-03

Dear Ms. Todd and Ms. Zana:

Enclosed is Certificate of Need #1787 issued to Puget Sound Gastroenterology approving the establishment of Puget Sound Gastroenterology at Edmonds as a Certificate of Need approved Ambulatory Surgical Facility in Edmonds, within Southwest 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

Rachel Todd, PSG
Certificate of Need App #19-03
July 11, 2019
Page 2 of 2

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,



Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Community Health Systems

Enclosure



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 #1787 is issued to:

Applicant's Legal Name: Puget Sound Gastroenterology, PS
Applicant's Address: 19000 33rd Ave W, Suite 230 Lynnwood, WA 98036
Facility Type Ambulatory Surgical Facility
Project Type Ambulatory Surgical Facility
Facility Name: Puget Sound Gastroenterology at Edmonds
Facility Address: 21600 Highway 99, Suite 260 Edmonds, WA 98026-8049

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S
RECORD AND EVALUATION DATED JUNE 20, 2019 (CN APP # 19-03)**

Project Description

This certificate approves the establishment of a two-operating room ambulatory surgery center located in Edmonds, within Southwest Snohomish County. Surgical services provided include endoscopic surgeries that can be appropriately performed in an outpatient setting.

Service Area

Southwest Snohomish County

Conditions

The conditions are identified on page 2 of this certificate

Approved Capital Expenditure

None

This Certificate authorizes commencement of the project from July 11, 2019 to July 11, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 11, 2019

A handwritten signature in blue ink, appearing to read "Nancy Tyson", written over a horizontal line.

Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Washington State Department of Health

This Certificate is not transferable

Certificate of Need #1787

Page Two

Conditions

1. Puget Sound Gastroenterology, PS agrees with the project description as stated above. Puget Sound Gastroenterology, PS 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. Puget Sound Gastroenterology, PS will maintain Medicare and Medicaid certification, regardless of facility ownership.
3. Puget Sound Gastroenterology, PS will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health. Puget Sound Gastroenterology, PS will use reasonable efforts to provide charity care consistent with the planning area average. The current planning area average is 1.41% of gross revenue and 3.78% of adjusted revenue. Puget Sound Gastroenterology, PS will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires that these records be available upon request.