STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

April 23, 2019

CERTIFIED MAIL #7018 2290 0001 8591 8285

Matthew Todd, Chief Executive Officer
Bethany of the Northwest
916 Pacific Avenue
Everett, Washington 98201

RE: Determination of Reviewability #19-14

Dear Mr. Todd:

We have completed review of the Replacement Authorization application submitted by Bethany of the Northwest proposing to replace 31 nursing home beds from Bethany at Pacific to Bethany at Silver Lake. The replacement project is allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. This application is consistent with the applicable criteria of the Certificate of Need Program provided Bethany of the Northwest agrees to the following in its entirety.

Project Description:

Bethany at Pacific is a 111-bed nursing home located at 916 Pacific Avenue in Everett [98201] within Snohomish County. Bethany at Silver Lake is a 120-bed nursing home located at 2235 Lake Heights Drive in Everett [98208] within Snohomish County. Bethany of the Northwest is the licensee at both facilities.

This Replacement Authorization approves the replacement of 31 of the 111 beds from Bethany at Pacific to Bethany at Silver Lake. At project completion, Bethany at Pacific's nursing home license will be reduced to 80 beds. Bethany at Silver Lake's nursing home license will be increased to 151 beds. The estimated costs for this replacement project is $4,300,000.

Conditions:

1. Approval of the project description as stated above. Bethany of the Northwest further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Bethany at Pacific will maintain both Medicare and Medicaid certifications.
3. Bethany at Silver Lake will maintain both Medicare and Medicaid certifications.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a replacement authorization for the project will be issued. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety.

Your written response should be sent to the Certificate of Need Program, 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

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact our office at (360) 236-2955.

Sincerely,

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