



Certificate of Need Application
Nursing Home Full Facility Closure Bed Banking Notice

The following information will be used to evaluate the conformance of the project with all applicable exemption criteria contained in RCW 70.38.115 and WAC 246-310-396.

Full Facility Closure Bed banking notices must be submitted with a fee in accordance with WAC 246-310-990.

This notice is made for Full Facility Closure Bed Banking in accordance with provisions in chapter 70.38 RCW and WAC 246-310-396, 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.

Avamere Bellingham Healthcare and Rehabilitation Services

Name of the Nursing Home (facility)

Bellingham Operations, LLC

Name of the Facility's Licensee

Carl Tabor

President

Printed Name of person making the request

Title of person making the request

President

503-250-1433

ctabor1@avamere.com

Relationship to Licensee

Telephone Number

Email address

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.

CARL TABOR

Signature of Licensee

1-10-2023

Date

1200 Birchwood

Bellingham, WA 98225

ctabor1@avamere.com

Email address

Address



The following information is used to evaluate the conformance of the project with all applicable review criteria in RCW 70.38.115 and WAC 246-310-396.

1. Effective Date of the Facility's Closure: December 20, 2022

- *The date on which the facility's license was relinquished, revoked, or expired; or*
- *The date the last resident leaves the facility, whichever comes first.*

2. Number of beds to be banked: 84

3. Is the existing licensee the building owner?

Yes No x (If yes, go to question 6; if no, go to question 4)

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

Yes x No (If yes, go to question 5a; if no, go to question 5b)

5. If the existing nursing home licensee is not the building owner, the licensee must provide:

- a. If the building owner has a secured interest in the bed rights, submit an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction.
- b. If the building owner does not have a secured interest in the bed rights, submit a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

6. If the person making this banking request is other than a representative of the licensee, provide documentation of the secured interest in the bed rights.

If the beds being banked are licensed as part of an acute care hospital and used for transitional care (TCU), skilled nursing care (SNF), or nursing home care and recognized by the Certificate of Need program as nursing home beds, I understand that the use of these beds for any acute care services requires Certificate of Need review and approval under RCW 70.38.105(4)(e).

I understand that Certificate of Need review shall be required for any entity proposing to re-license the nursing home beds. Need shall be deemed met when the applicant is the licensee and who had operated the beds for at least one year immediately preceding the bed banking, and who is proposing to re-license the beds in the same planning area.



January 10, 2023

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

Re: Nursing Home Full Facility Closure Bed Banking Notice - Avamere Bellingham
Healthcare and Rehabilitation Services

To Whom It May Concern:

CCP Bellingham 0158 LLC ("Owner") is the fee owner of that certain vacant building formerly operated as a skilled nursing facility, located at 1200 Birchwood Avenue, Bellingham, Washington (the "Facility"). Owner leases the Facility to Bellingham Operations, LLC ("Licensee") pursuant to the terms of a certain Fourth Amended and Restated Master Lease Agreement dated as of February 1, 2022 (the "Lease"). Owner holds a security interest in the nursing beds located at the Facility pursuant to the terms of the Lease.

Owner and Licensee previously agreed to close the Facility effective as of December 20, 2022. In connection with the closure, Licensee has requested that Owner approve the filing of the enclosed Full Facility Closure Bed banking notice in accordance with WAC 246-310-990 (the "Notice").

Pursuant to Section 5(a) of the Notice, Owner hereby approves the Notice and the resulting bed reduction.

You are welcome to contact Kara Pappanduros at kpappanduros@sabrahealth.com with any questions or if you need any additional information.

Sincerely,

CCP BELLINGHAM 0158 LLC,
a Delaware limited liability company

By: 

Name: Talya Nevo-Hacohen
Title: Chief Investment Officer

cc: Kara Pappanduros (via email)
Kevin Hill (via email)