

**Ambulatory Surgery Center/Facility Certificate of Need Determination of  
Reviewability Packet**

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- Enclosed Check #0837 Application Fee



July 14, 2022

Department of Health  
Certificate of Need Program  
PO Box 47852  
Olympia WA 98504-7852

To Whom It May Concern:

I am making application for an Ambulatory Surgical Facility for my practice in Spokane, Washington and requesting an exemption from Certificate of Need Review.

Kai Morimoto MD PLLC (the "Company") was formed and registered with the Washington Secretary of State on 10/31/2013. Kai Morimoto, MD, is the sole member of the professional limited liability company. In February 2017, the Company applied to the IRS be taxed as an S-Corp with a calendar tax year beginning January 01, 2017.

Kai Morimoto, MD PLLC has been registered with the Department of Revenue since 12/20/2016.

Dr. Morimoto is a board-certified plastic surgeon.

With this application, Kai Morimoto MD PLLC intends to establish an ambulatory surgery facility (ASF) under the Company.

The Company's current clinical practice is located at 12615 E. Mission Ave., Ste. 105, Spokane Valley, WA 99216; with a plan to relocate the clinical practice in order to build and operate an ASF out of the new location at 324 S. Sherman St., Spokane, WA 99202. The Company is in lease negotiations for the Sherman St. location.

Both the clinical practice and ASF would be owned and operated under the Company and under the Company's Unified Business Identifier (UBI) number (603-341-124).

Only Dr. Morimoto will be utilizing the ASF. However, any future owners or physician employees of the Company may have access to the ASF. A table with specific physician credentialing information and practice association is in following table.

Name	Credentialing Status	Practice Status	Percent of Time
Kai Morimoto, M.D.	Active	Owner	100%

The proposed ASF would have one operating room.

The procedures proposed at the ASF include those typically associated with cosmetic and reconstructive plastic surgery.


The ASF will not be operated as a separate legal entity from Kai Morimoto MD PLLC.

Hours of operation for the ASF are to be Monday, Wednesday, and every other Thursday, for a total of 18 hours each week. The clinic will be open Monday through Friday 8-4:30 for a total of 37.5 hours each week.

No management agreement is proposed.

If you have questions, please contact, Ann Gannon, Administrator for the Practice.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kai Morimoto', with a long horizontal flourish extending to the right.

Kai Morimoto MD

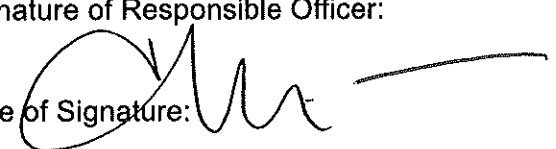
Enclosures

**Certificate of Need  
Determination of Reviewability  
Ambulatory Surgical Facility and Ambulatory Surgery Center  
(Do not use this form for any other type of ASC/F project)**

Certificate of Need submissions must include a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

The Department of Health (department) will use this form to determine whether my ambulatory surgical center or facility requires a Certificate of Need under state law and rules. Criteria and consideration used to make the required determinations are Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310. I certify that the statements in the submissions are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in WAC 246-310-500.

My signature authorizes the department to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.

Owner/Operator Name of the surgical facility as it appears on the UBI/Master Business License <i>Kai Morimoto, MD, PLLC</i>	
Clinical Practice UBI #: <i>603346238</i> Surgery Center UBI #: <i>603346238</i>	Federal Tax ID (FEIN) # <i>814650313</i>
Mailing Address <i>12615 E MISSION AVE #105 SPOKANE VALLEY WA 99216</i>	Surgery Center Address <i>324 S SHERMAN ST SPOKANE WA 99202</i>
Website Address: <i>KMPLASTICSURGERY.COM</i>	
Phone number (10-digit): <i>509 315 4415</i>	Email Address: <i>ANN@KMPLASTICSURGERY.COM</i>
Name and Title of Responsible Officer (Print): <i>RAI MORIMOTO</i>	Signature of Responsible Officer:  Date of Signature: _____
Identify the purpose of your request:	
<input checked="" type="checkbox"/> New Facility <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Facility Relocation	<input type="checkbox"/> Facility Expansion – Operating Room Increase <input type="checkbox"/> Facility Expansion – Service Increase <input type="checkbox"/> Other (please provide a letter describing)

## Existing Facility Status

Complete for all applications concerning existing facilities

1. The CN Program previously determined the facility was not subject to CN Review (if yes, attach DOR letter)

Yes

No

2. If this request is for a change in ownership provide the following information:

Current facility's name	
Current facility's address	
Current facility's license number	ASF.FS.
Current facility's Certificate of Need status	Exempt DOR# _____
	Approved CN# _____
Anticipated change of ownership month and year	

3. If this request is for the relocation of an existing facility, provide the following information:

Current facility's address	
Anticipated relocation month and year	

## Facility Information

4. Although you are not required to apply for an ASF license before a CN determination is issued, have you or do you intend to, apply for a license?\*

Yes, intend to apply

No

Yes, here is the facility's license #ASF.FS. \_\_\_\_\_

\*Your answer to this question will allow the CN program to effectively coordinate the licensure process with other DOH offices.

- 5.

Number of existing operating and procedure rooms:	0
Number of new operating and procedure rooms:	/
Total:	/

For Certificate of Need purposes operating and procedure rooms are one in the same.

## Clinical and Surgical Services

6. Check all surgical procedures currently performed in the facility.

Ear, Nose, & Throat

Gynecology

Oral Surgery

Plastic Surgery

Gastroenterology

Maxillo facial

Orthopedics

Podiatry

General Surgery

Ophthalmology

Pain Management

Urology

Other (describe)

This is a new facility, no surgical procedures are currently performed

- Check all new surgical procedures proposed to be performed in the facility
- |                     |                  |                 |
|---------------------|------------------|-----------------|
| Ear, Nose, & Throat | Gynecology       | Oral Surgery    |
| ✓ Plastic Surgery   | Gastroenterology | Maxillo facial  |
| Orthopedics         | Podiatry         | General Surgery |
| Ophthalmology       | Pain Management  | Urology         |
| Other (describe)    |                  |                 |

**Primary Purpose of the Facility**

- The Certificate of Need Program must understand how a facility operates in order to determine the facility's primary purpose. Typically, governance documents can aid the department in this understanding. These could be in the form of operating agreements, shareholder agreements, or corporate governing documents. Provide any documentation that could aid in this understanding.
- A facility that receives more than 50% of their income or 50% of their visits from surgeries is subject to CN requirements. In order to determine if your project is subject to CN review, please provide the current (existing facility) and proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

This site's revenue	Most recent full year of operation Year: <u>2021-2022</u>	Projected first full year of operation after the proposed changes Year: <u>2024</u>
Total revenue for clinical services	\$ 188,536.93 *	\$ 250,000.00
Total revenue for surgical services	\$ 1,872,879.00 *	\$ 2,000,000.00
<b>Total revenue</b>	<b>\$ 2,061,415.93 *</b>	<b>\$ 2,250,000.00</b>

This site's patient visits	Most recent full year of operation Year: <u>2021-2022</u>	Projected first full year of operation after the proposed changes Year: <u>2024</u>
Total clinical patient visits	1686 *	2000
Total surgical patient visits	337 *	350
<b>Total patient visits</b>	<b>2023 *</b>	<b>2350</b>

\* From offsite, current facility, NOT projected S. Sherman facility site.

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

KAI MORIMOTO,MD, PLLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/31/2013.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/28/2021  
UBI Number: 603 346 238



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Handwritten signature of Kim Wyman in blue ink.

Kim Wyman, Secretary of State

Date Issued: 09/28/2021



STATE OF  
WASHINGTON

Professional Limited Liability Company

KAI MORIMOTO,MD, PLLC  
KAI MORIMOTO MD PLLC  
STE 105  
12615 E MISSION AVE  
SPOKANE VALLEY WA 99216-1047

UNEMPLOYMENT INSURANCE - ACTIVE  
TAX REGISTRATION - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

Issue Date: Oct 01, 2021  
Unified Business ID #: 603346238  
Business ID #: 001  
Location: 0001  
Expires: Oct 31, 2022

CITY ENDORSEMENTS:

SPOKANE VALLEY GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

KAI MORIMOTO MD PLLC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue