



Certificate of Need Application Hospital Projects

Exclude hospital projects for sale, purchase, or lease of a hospital, or skilled nursing beds. Use service-specific addendum, if applicable.

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code [\(WAC\) 246-310-990](#).

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington ([RCW 70.38](#) and [WAC 246-310](#)), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

<p>Signature and Title of Responsible Officer: Thomas Kruse, Senior Vice President & Chief Strategy Officer</p> <p>Email Address: thomas.kruse@vmfh.org></p>	<p>Date: October 27, 2022</p> <p>Telephone Number: 253.680.4007</p>
<p>Legal Name of Applicant: Franciscan Health System, dba CHI Franciscan Health, St. Francis Hospital</p> <p>Address of Applicant: 34515 9th Avenue South Federal Way, WA 98003</p>	<p><input type="checkbox"/> New hospital</p> <p><input checked="" type="checkbox"/> Expansion of existing hospital (identify facility name and license number) St. Francis Hospital License #: HAC.FS.00000201</p> <p>Provide a brief project description, including the number of beds and the location: This application proposes to maintain 10 acute care beds set-up under the Governor's Proclamation 20-36.</p> <p>Estimated capital expenditure: \$ <u>0</u></p>

Identify the Hospital Planning Area: Southeast King Hospital Planning Area				
Identify if this project proposes the addition or expansion of one of the following services:				
<input type="checkbox"/> NICU Level II	<input type="checkbox"/> NICU Level III	<input type="checkbox"/> NICU Level IV	<input type="checkbox"/> Specialized Pediatric (PICU)	<input type="checkbox"/> Psychiatric (within acute care hospital)
<input type="checkbox"/> Organ Transplant (identify)	<input type="checkbox"/> Open Heart Surgery	<input type="checkbox"/> Elective PCI	<input type="checkbox"/> PPS-Exempt Rehab (indicate level)	<input type="checkbox"/> Specialty Burn Services