



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
*Olympia, Washington 98504*

March 7, 2023

Eric Chandler, Regional VP Operations  
Surgery Partners  
310 Seven Springs Way, Suite 500  
Brentwood, TN 37027

*Sent via email: [echandler@surgerypartners.com](mailto:echandler@surgerypartners.com)*

**RE: Certificate of Need Application #23-06 – CN #1964**

Eric Chandler:

Attached is Certificate of Need #1964 issued to South Sound Neurosurgery, PLLC approving the addition of one procedure room and surgical services to Microsurgical Spine Center located within the East Pierce County Secondary Health Services Planning Area.

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

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,



Eric Hernandez, Program Manager  
Certificate of Need  
Office of Community Health Systems

Attachment

cc: Frank Fox, PhD, [frankgfox@comcast.net](mailto:frankgfox@comcast.net)  
Jonathan Fox, PhD, [jfox@healthtrends.consulting](mailto:jfox@healthtrends.consulting)



**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 #1964 is issued to:**

**Applicant's Legal Name:** South Sound Neurosurgery, PLLC  
**Applicant's Address:** 1519 3rd Street Southeast, Suite 102  
Puyallup, Washington 98372  
**Facility Type** Ambulatory Surgical Facility  
**Project Type** Ambulatory Surgical Facility  
**Facility Name:** Microsurgical Spine Center  
**Facility Address:** 1519 3rd Street Southeast, Suite 102  
Puyallup, Washington 98372

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED FEBRUARY 27, 2023. (CN APP # 23-06)**

**Project Description**

This certificate approves the expansion of an ambulatory surgical facility located at 1519 Third Street Southeast, Suite #102 in Puyallup, within Pierce County [98372], within the East Pierce County Secondary Health Services Planning Area. At project completion there will be three operating rooms, and surgical services provided to persons three years and older include neurosurgery, pain management, orthopedics, interventional radiology, cardiology, and podiatry services that can be appropriately performed in an outpatient setting.

**Service Area**

East Pierce County Secondary Health Services Planning Area

**Conditions**

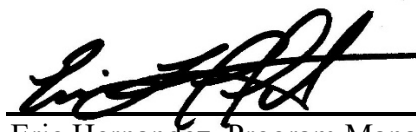
1. South Sound Neurosurgery, PLLC agrees with the project description as stated above. South Sound Neurosurgery, PLLC further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. South Sound Neurosurgery, PLLC will maintain both Medicare and Medicaid certification at Microsurgical Spine Center.
3. South Sound Neurosurgery, PLLC will maintain its Washington State ambulatory surgical facility license for Microsurgical Spine Center.
4. South Sound Neurosurgery, PLLC will finance this project as was proposed and approved using the applicant's cash reserves.
5. South Sound Neurosurgery, PLLC will provide charity care at the surgical facility in compliance with its charity care policy reviewed for this project. South Sound Neurosurgery, PLLC will use reasonable efforts to provide charity care in the amount consistent with the three-year average of charity care provided by the only hospital in the planning area. The charity care amount for the planning area's only hospital is averaged from years 2019 through 2021 to be 2.02% of gross revenue and 5.59% of adjusted revenue.
6. South Sound Neurosurgery, PLLC will maintain records of charity care applications received and the dollar amount of charity care discounts granted at Microsurgical Spine Center. The records must be available upon request.
7. South Sound Neurosurgery, PLLC will provide the Certificate of Need Program with a final executed version of its draft First Amendment to Management Services Agreement that is substantially similar to the agreement in its application.

**Approved Capital Expenditure**

The approved capital expenditure for this project is \$44,000 which includes equipment and associated sales tax. This cost is to be paid using the applicant's cash reserves.

**This Certificate authorizes commencement of the project from March 7, 2023 to March 7, 2025 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: March 7, 2023**

  
Eric Hernandez, Program Manager  
Community Health Systems

**This Certificate is not transferable**