

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



FRANKE TOBEY JONES

Enjoy your age

Alternative Use Bed Banking Application

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FRANKE TOBEY JONES

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Alternative Use Bed Banking Application

Narrative

Franke Tobey Jones (FTJ) currently operates a 43 bed skilled nursing facility and a 28 bed memory care unit. FTJ is a private pay Continuing Care Retirement Community and does not receive funds from Medicare or Medicaid. We are converting the 21 skilled nursing beds (see page 9 "Current Floor Plan" rooms 1-21) on the north end of the skilled nursing floor to 21 memory care beds (see page 11 "Proposed Floor Plan" rooms 1-21). We are also converting one skilled nursing room (see page 9 "Current Floor Plan" room 25) on the south end of skilled nursing that currently is a 1 bedroom suite into two separate skilled nursing rooms (see page 11 "Proposed Floor Plan" rooms 4-5) that will share a bathroom. When complete, there will be 23 skilled nursing beds (see page 11 "Proposed Floor Plan" rooms 1-23) on the south end of the upper floor, 21 memory care beds (see page 11 "Proposed Floor Plan" rooms 29-49) on the north end of the upper floor and the existing 28 memory care beds on the lower floor (see pages 10, 12). The total number of licensed beds will increase by one bed (skilled nursing decreases by 20 beds from 43 to 23 and memory care increases by 21 beds from 28 to 49).



Certificate of Need Application
Alternative Use Bed Banking Application / Notice

The following information will be used to evaluate the conformance of the project with all applicable exemption criteria contained in RCW 70.38.111 and WAC 246-310-395.

Alternate Use Bed Banking notices must include appropriate fee in accordance with WAC 246-310-990.

This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in chapter 70.38 RCW and WAC 246-310-395, 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.

Franke Tobey Jones

Name of the Nursing Home (facility)

Franke Tobey Jones

Name of the Facility's Licensee

Bob Beckham

Printed Name of person making the request

Administrator and COO

Title of person making the request

Employee

Relationship to Licensee

253-756-6253

Telephone Number

Bbeckham@franketobeyjones.com

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.

Handwritten signature of Franke Tobey Jones

Signature of Licensee

Handwritten date 1/23/23

Date

Franke Tobey Jones

5340 N Bristol St

Tacoma, WA 98407

Address

bbeckham@franketobeyjones.com

Email address



Required Information:

1. For the entire facility, provide a **current** facility room listing including each room, its room number, its use, and the number of beds in each room.
2. For the entire facility, provide a floor diagram of the **current** facility room listing including each room, its room number, its use, the number of beds in each room. Note: The diagrams provided must be clearly readable.
3. For the entire facility, provide a **proposed** facility room listing including each room, its room number, its use, and the number of beds in each room.
4. For the entire facility, provide a floor diagram of the **proposed** facility room listing including each room, its room number, its use, the number of beds in each room. Note: The diagrams provided must be clearly readable.
5. Complete the table below for the beds proposed to be banked. Note that the purpose of the beds being banked must be consistent with alternate uses outlined in RCW 70.38.111(9)(a) and chapter 246-310 WAC. (Additional space provided on page 7; add pages as necessary.)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
1	1	1	Convert to Memory Care	0
2	1	1	Convert to Memory Care	0
3	1	1	Convert to Memory Care	0
4	1	1	Convert to Memory Care	0
5	1	1	Convert to Memory Care	0
6	1	1	Convert to Memory Care	0
7	1	1	Convert to Memory Care	0
8	1	1	Convert to Memory Care	0
9	1	1	Convert to Memory Care	0
10	1	1	Convert to Memory Care	0
Total	10	10		0

Note: "Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications shall not include those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010(20))



6. Is the existing licensee the building owner?

Yes X No _____ (If yes, go to question 9; if no, go to question 7)

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

Yes _____ No _____ (If yes, go to question 8a; if no, go to question 8b)

8. 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.

9. Proposed Timetables for Project Implementation. Fill in fields appropriate to this project.

- This project was completed within the last 30 days of this submission. **All activities** listed below are complete and I am notifying DOH of the project as required under WAC 246-310-395(1). I understand that if my project is not approved, I may be required to forfeit the beds that I have deactivated.

Activity	Date
Funds necessary to undertake the project obtained	N/A
Preliminary drawings submitted to Department of Health's Construction Review Services (CRS)	4/21/21
Final drawings and specifications submitted to Department of Health's CRS	6/15/22
Construction contract awarded	8/3/22
50% of construction completed (based on dollar value of the construction contract awarded)	1/3/23
Construction completed	est. 2/21/23
Licensure approval obtained	
Facility operating-serving residents	

NOTE: If the above table does not identify project events applicable to this project and the change from nursing home beds to the proposed alternate use, provide a listing of those project events with the projected completion dates. This information is used when evaluating potential future extension requests.

Current Room List		Proposed Room List	
Use	Number	Use	Number
Memory Care	1	Memory Care	1
Memory Care	2	Memory Care	2
Memory Care	3	Memory Care	3
Memory Care	4	Memory Care	4
Memory Care	5	Memory Care	5
Memory Care	6	Memory Care	6
Memory Care	7	Memory Care	7
Memory Care	8	Memory Care	8
Memory Care	9	Memory Care	9
Memory Care	10	Memory Care	10
Memory Care	11	Memory Care	11
Memory Care	12	Memory Care	12
Memory Care	13	Memory Care	13
Memory Care	14	Memory Care	14
Memory Care	15	Memory Care	15
Memory Care	16	Memory Care	16
Memory Care	17	Memory Care	17
Memory Care	18	Memory Care	18
Memory Care	19	Memory Care	19
Memory Care	20	Memory Care	20
Memory Care	21	Memory Care	21
Memory Care	22	Memory Care	22
Memory Care	23	Memory Care	23
Memory Care	24	Memory Care	24
Memory Care	25	Memory Care	25
Memory Care	26	Memory Care	26
Memory Care	27	Memory Care	27
Memory Care	28	Memory Care	28
Skilled Nursing	1	Memory Care	49
Skilled Nursing	2	Memory Care	48
Skilled Nursing	3	Memory Care	47
Skilled Nursing	4	Memory Care	46
Skilled Nursing	5	Memory Care	45
Skilled Nursing	6	Memory Care	44
Skilled Nursing	7	Memory Care	43
Skilled Nursing	8	Memory Care	42
Skilled Nursing	9	Memory Care	41
Skilled Nursing	10	Memory Care	40
Skilled Nursing	11	Memory Care	39
Skilled Nursing	12	Memory Care	38
Skilled Nursing	13	Memory Care	37

Current Room List		Proposed Room List	
Use	Number	Use	Number
Skilled Nursing	14	Memory Care	36
Skilled Nursing	15	Memory Care	35
Skilled Nursing	16	Memory Care	34
Skilled Nursing	17	Memory Care	33
Skilled Nursing	18	Memory Care	32
Skilled Nursing	19	Memory Care	31
Skilled Nursing	20	Memory Care	30
Skilled Nursing	21	Memory Care	29
Skilled Nursing	22	Skilled Nursing	1
Skilled Nursing	23	Skilled Nursing	2
Skilled Nursing	24	Skilled Nursing	3
Skilled Nursing	25	Skilled Nursing	4
		Skilled Nursing	5
Skilled Nursing	26	Skilled Nursing	6
Skilled Nursing	27	Skilled Nursing	7
Skilled Nursing	28	Skilled Nursing	8
Skilled Nursing	29	Skilled Nursing	9
Skilled Nursing	30	Skilled Nursing	10
Skilled Nursing	31	Skilled Nursing	11
Skilled Nursing	32	Skilled Nursing	12
Skilled Nursing	33	Skilled Nursing	13
Skilled Nursing	34	Skilled Nursing	14
Skilled Nursing	35	Skilled Nursing	15
Skilled Nursing	36	Skilled Nursing	16
Skilled Nursing	37	Skilled Nursing	17
Skilled Nursing	38	Skilled Nursing	18
Skilled Nursing	39	Skilled Nursing	19
Skilled Nursing	40	Skilled Nursing	20
Skilled Nursing	41	Skilled Nursing	21
Skilled Nursing	42	Skilled Nursing	22
Skilled Nursing	43	Skilled Nursing	23

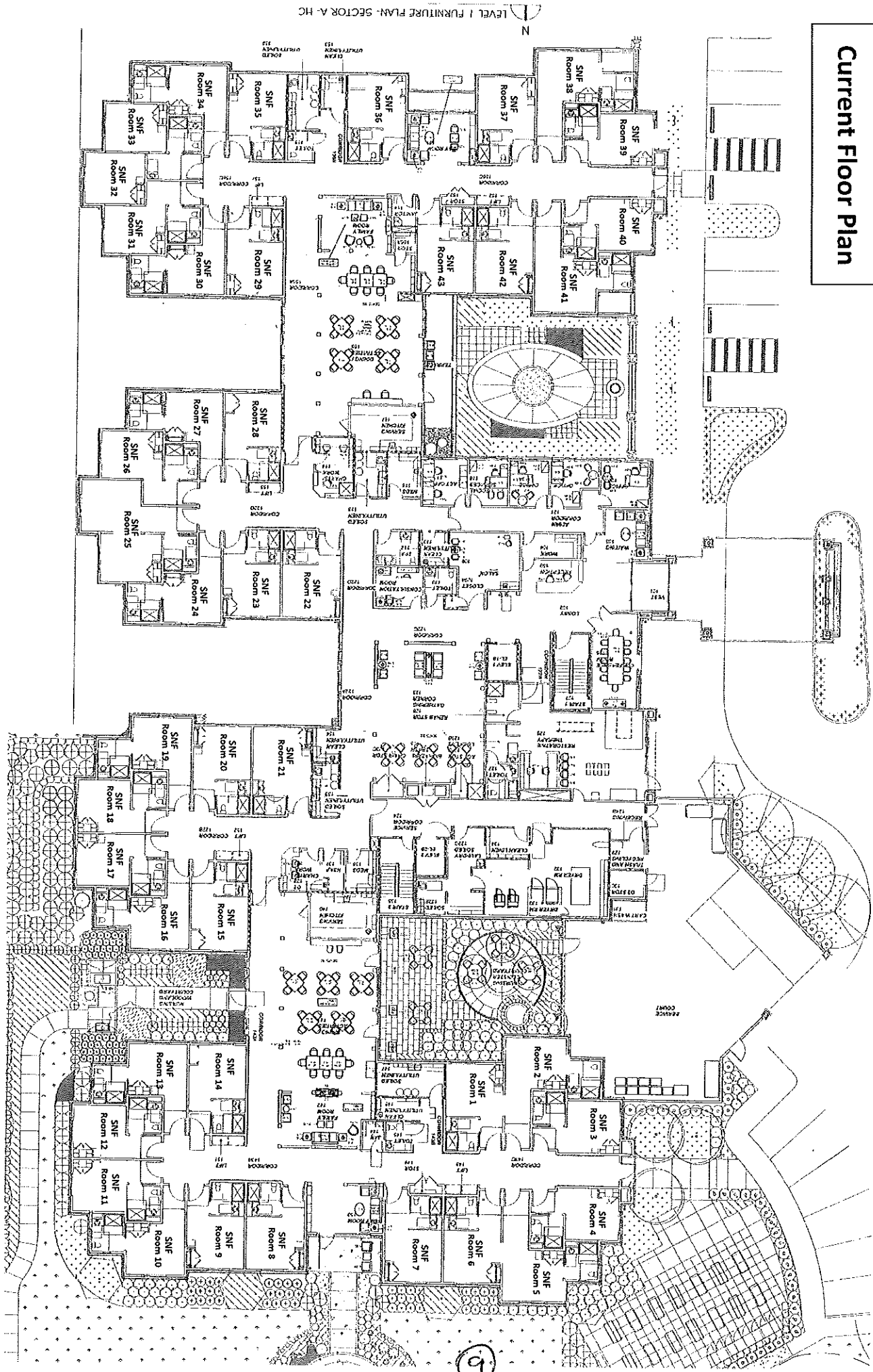
Current Totals

Skilled Nursing 43
Memory Care 28

Proposed Totals

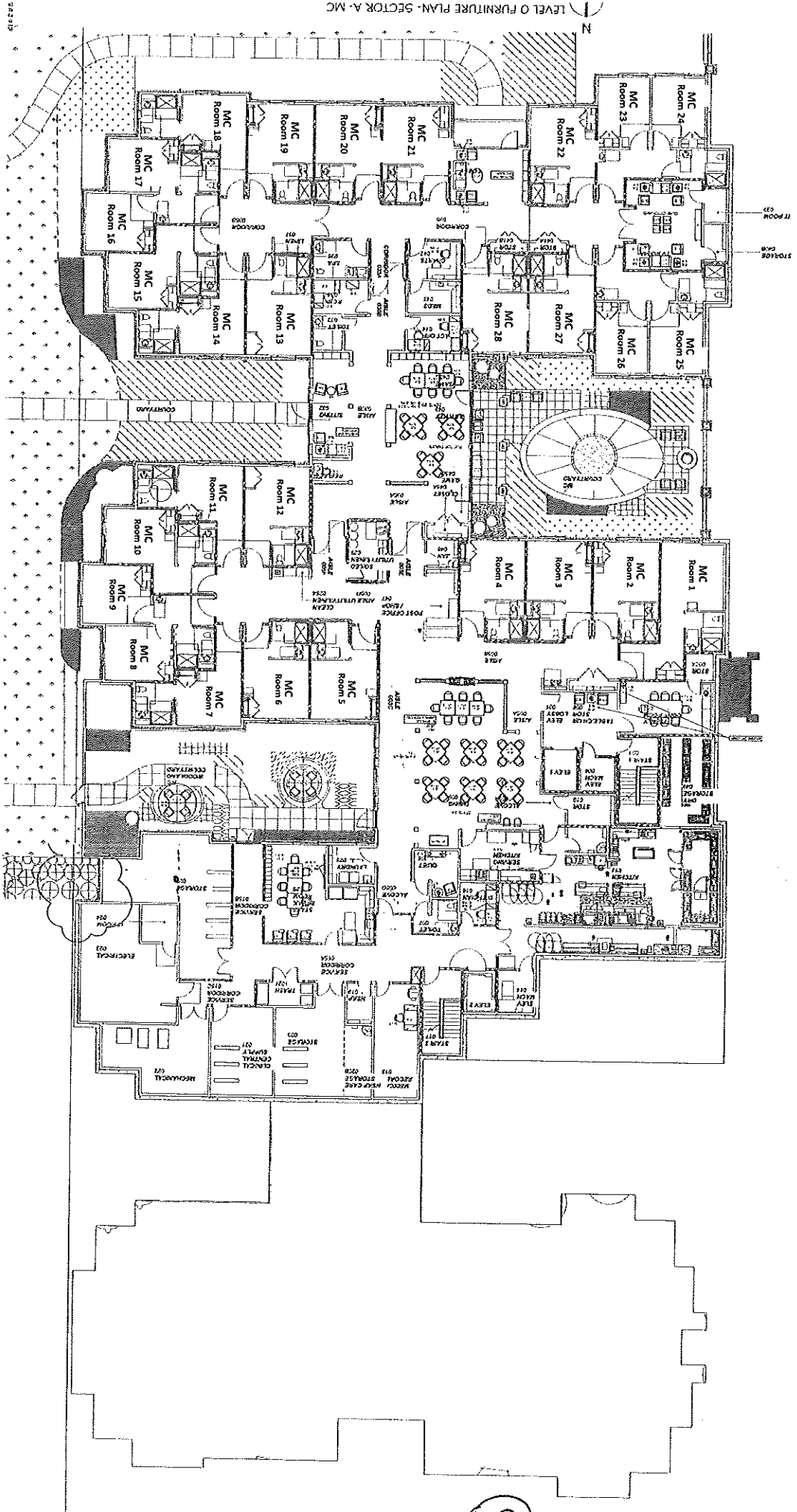
Skilled Nursing 23
Memory Care 49

Current Floor Plan

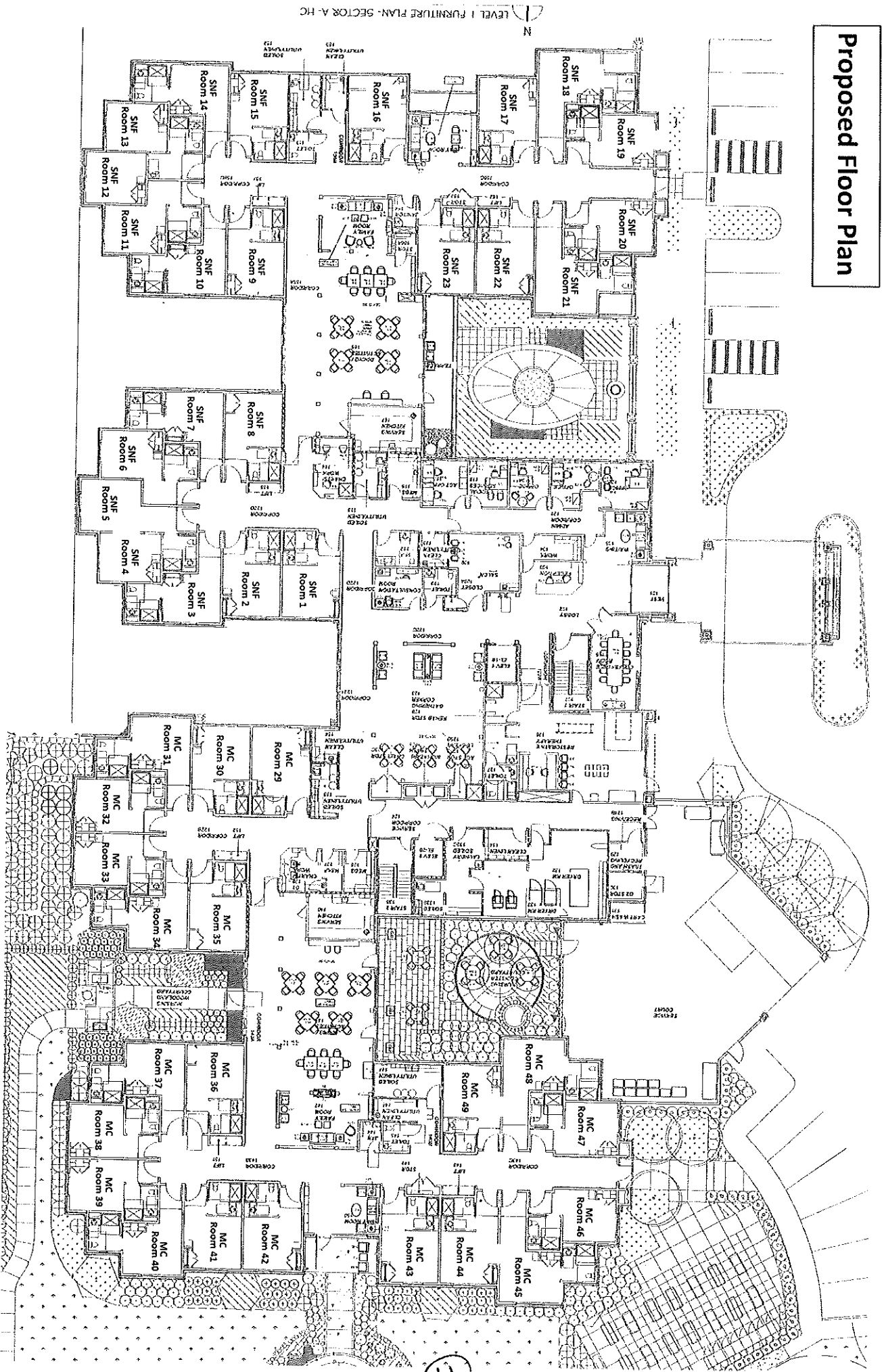


LEVEL 1 FURNITURE PLAN- SECTOR A- HC

Memory Care
Current and Proposed



Proposed Floor Plan



Memory Care
Current and Proposed

