



Caldera Care

Skilled Nursing and Assisted Living Communities

App Rec'd 9/15/23

Fee Rec'd 9/19/23

-JEK

September 14, 2023

VIA ELECTRONIC MAIL (FSLCON@doh.wa.gov)

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

RE: Bed Banking – Riverside Health & Rehabilitation Center

Dear Certificate of Need Program,

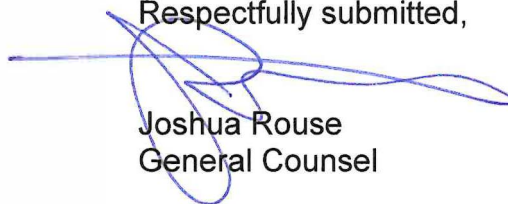
Riverside Nursing-Centralia, LLC is the licensee and operator of the nursing home located at 1305 Alexander Street, Centralia, WA 98531, currently licensed as Riverside Nursing & Rehabilitation Center ("**Riverside**").

As further detailed in the attached Nursing Home Alternative Use Bed Banking Application (the "**Application**"), Riverside plans to reduce its licensed bed capacity by eight (8) beds (from 91 to 83) in order to reduce eight (8) rooms from three (3) beds to (2) beds. Accordingly, pursuant to RCW 70.38.111 and WAC 246-310-395, Riverside submits this request for voluntary bed reduction ("banking") with the intent of preserving its option to convert the banked beds at a later date.

Please note that the project is being completed pursuant to Replacement Authorization #111 and that the future timelines provided in Section 9 of the enclosed Application are anticipated dates.

Should you have any questions, please feel free to contact me via email at jrouse@calderacare.com or via telephone at (253) 251-9300 x259.

Respectfully submitted,



Joshua Rouse
General Counsel



Nursing Home Alternative Use Bed Banking Certificate of Need Application Packet

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To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Submission Instructions:

One electronic copy of your application, including any application addendum – no paper copy is required. A check or money order for the review fee of **\$1,347** payable to **Department of Health**.

If you submit the application and fee separately include a copy of the signed cover sheet with the fee. This allows us to connect your application to your fee. We also strongly encourage sending payment with a tracking number. **Do not** submit a copy of your check with your application; your application documents are publicly disclosable.

Submit the application and review fee to:

Mailing Address:

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

In Person:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Email:

FSLCON@doh.wa.gov

Contact Us:

Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov

Application Instructions

The Certificate of Need Program will use the information in your application to determine if your project meets the applicable exemption criteria found in [chapter 70.38 RCW](#) and [chapter 246-310 WAC](#).

General Instructions:

- Include a table of contents for application sections and appendices/exhibits
- Number **all** pages consecutively
- Make the narrative information complete and to the point.
- Cite all data sources.
- Provide copies of articles, studies, etc. cited in the application.
- Place extensive supporting data in an appendix.
- Under no circumstance should your application contain any patient identifying information.

Do not skip any questions in this application. If you believe a question is not applicable to your project, explain why it is not applicable.

Answer the following questions in a manner that makes sense for your project. In some cases, a table may make more sense than a narrative. The department will follow up in screening if there are questions.

Program staff members are available to provide technical assistance (TA) at no cost to you before submitting your application. While TA isn't required, it's highly recommended and can make any required review easier. To request a TA meeting, call 360-236-2955 or [email us at FSLCON@doh.wa.gov](mailto:FSLCON@doh.wa.gov).



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.

Riverside Nursing & Rehabilitation Center

Name of the Nursing Home (facility)

Riverside Nursing-Centralia, LLC

Name of the Facility's Licensee

Chaim Wolmark

Printed Name of person making the request

CEO

Title of person making the request

Authorized Representative

Relationship to Licensee


(253) 251-9081

Telephone Number

cwolmark@calderacare.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.


Signature of Licensee

9/14/2023

Date

3220 Rosedale Street, Suite 200

Gig Harbor, WA 98335

cwolmark@calderacare.com

Email address

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)
12	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
14	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
15	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
16	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
17	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
18	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
19	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
20	3	1	Reduce the number of beds per room to two per WAC 246-310-043(1(a))	2
Total	24	8		16

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_____ No X (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 X (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	\$3,792,912.00
Preliminary drawings submitted to Department of Health's Construction Review Services (CRS)	08/2022
Final drawings and specifications submitted to Department of Health's CRS	Ongoing
Construction contract awarded	06/2022
50% of construction completed (based on dollar value of the construction contract awarded)	9/30/2023
Construction completed	12/31/2023
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.



By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided:

1. The facility has remained in continuous operation; and
2. The facility has not been purchased or leased; and
3. The use of the alternative use has otherwise continued to qualify for bed banking.

I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in [WAC 246-310-395](#) or request an extension as outlined in [WAC 246-310-580](#) for one an additional four-year period.

To complete this bed banking:

For facilities licensed under [chapter 18.51 RCW](#) the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS).

For facilities licensed under [chapter 70.41 RCW](#) the licensee must proceed with de-licensing the beds with the Department of Health (DOH).

Following receipt of the facility's modified license, the Department of Health will notify you of the bed banking expiration date.



Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program laws [chapter 70.38 RCW](#)

Certificate of Need Program rules [chapter 246-310 WAC](#)

Certificate of Need [Frequently Asked Questions](#)

Nursing Home Alternative Use Bed Banking rules and statutes:

RCW Reference	Title/Topic
Chapter 18.51	Nursing homes
70.38.111	Certificates of need—Exemptions
Chapter 70.41	Hospital licensing and regulation
WAC Reference	Title/Topic
246-310-010	Definitions
246-310-395	Nursing home bed banking for alternative use notice requirements
246-310-500	Issuance, suspension, denial, revocation, and transfer of a certificate of need.
246-310-580	Validity and extensions.
246-310-990	Certificate of need review fees.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

RIVERSIDE NURSING-CENTRALIA, LLC

SUPPLEMENTS TO
NURSING HOME ALTERNATIVE USE BED BANKING
CERTIFICATE OF NEED APPLICATION

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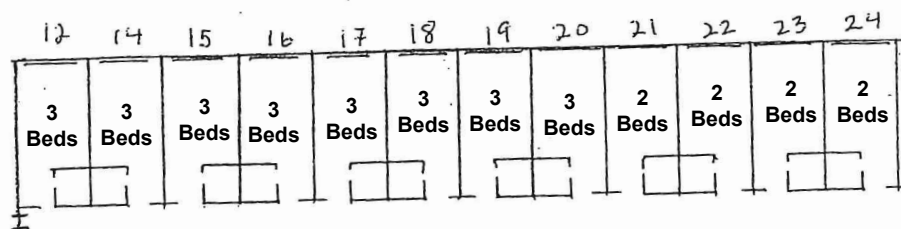
Question 1: Supplement (Current Facility Room Listing)

Room Number	Room Use	Number of Licensed Beds per Room
2	Resident Room	1
3	Resident Room	2
4	Resident Room	2
5	Resident Room	2
6	Resident Room	2
7	Resident Room	2
8	Resident Room	2
9	Resident Room	2
10	Resident Room	2
12	Resident Room	3
14	Resident Room	3
15	Resident Room	3
16	Resident Room	3
17	Resident Room	3
18	Resident Room	3
19	Resident Room	3
20	Resident Room	3
21	Resident Room	2
22	Resident Room	2
23	Resident Room	2
24	Resident Room	2
25	Resident Room	2
26	Resident Room	2
27	Resident Room	2
28	Resident Room	2
29	Resident Room	2
30	Resident Room	2
31	Resident Room	2
32	Resident Room	2
33	Resident Room	2
34	Resident Room	2
35	Resident Room	2
36	Resident Room	2
-	Resident Room	1
-	Resident Room	1
43	Resident Room	2
44	Resident Room	2
45	Resident Room	2
46	Resident Room	2
47	Resident Room	2
48	Resident Room	2
49	Resident Room	2
50	Resident Room	2
		91

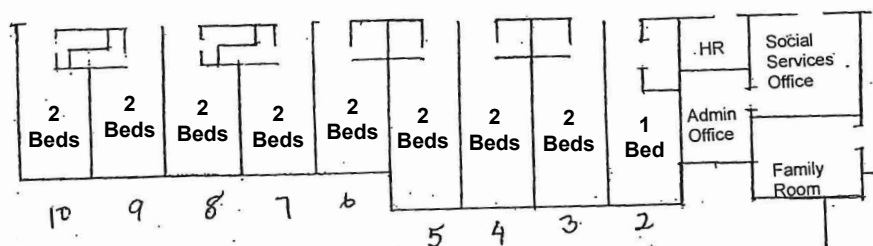
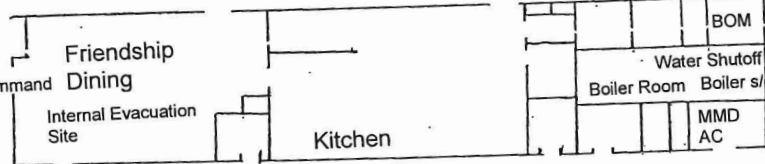
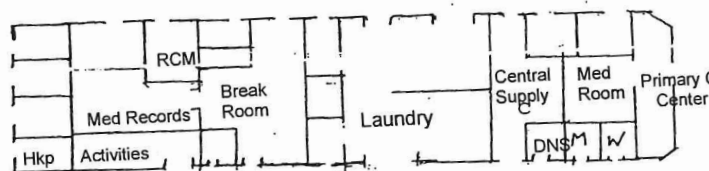
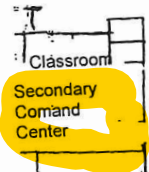
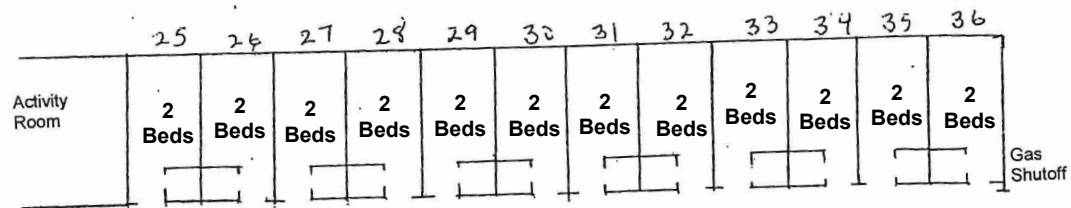
Question 2: Supplement (Current Facility Floor Diagram)

[ATTACHED]

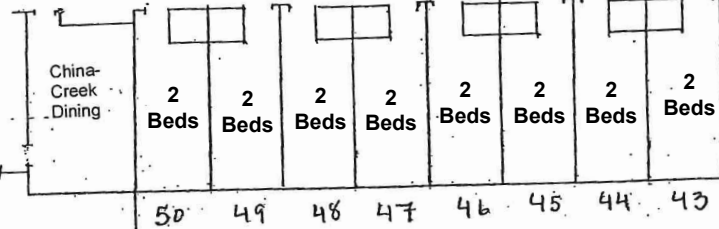
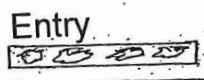
Rooms 12-24: Resident Rooms



Rooms 25-36: Resident Rooms



Rooms 2-10: Resident Rooms



Rooms 43-50: Resident Rooms

External Meeting Point/Command Center
Front Parking Lot by Riverside Sign

Question 3: Supplement (Proposed Facility Room Listing)

Room Number	Room Use	Number of Licensed Beds per Room
A108	Resident Room	1
A113	Resident Room	2
A115	Resident Room	2
A118	Resident Room	2
A120	Resident Room	2
A124	Resident Room	2
A127	Resident Room	2
A129	Resident Room	2
A131	Resident Room	2
A143	Resident Room	2
A145	Resident Room	2
A147	Resident Room	2
A149	Resident Room	2
A150	Resident Room	2
A152	Resident Room	2
A155	Resident Room	2
A157	Resident Room	2
A159	Resident Room	2
A161	Resident Room	2
A164	Resident Room	2
A166	Resident Room	2
A168	Resident Room	2
A170	Resident Room	2
A173	Resident Room	2
A175	Resident Room	2
B100	Resident Room	2
B102	Resident Room	2
B107	Resident Room	2
B109	Resident Room	2
B111	Resident Room	2
B113	Resident Room	2
B124	Resident Room	1
B131	Resident Room	1
B133	Resident Room	2
B135	Resident Room	2
B136	Resident Room	2
B138	Resident Room	2
B143	Resident Room	2
B145	Resident Room	2
B147	Resident Room	2
B149	Resident Room	2
B150	Resident Room	2
B152	Resident Room	2
		83

Question 4: Supplement (Proposed Facility Floor Diagram)

[ATTACHED]



1120 Garrison Avenue
Suite 1A
Fort Smith, AR 72901
479.782.4085
www.GoStudio6.com

CONSULTANTS



CALDERA CARE
**RIVERSIDE HEALTH & REHAB
RENOVATIONS- PHASE II**
1305 ALEXANDER ST.
CENTRALIA, WA



REVISIONS		
MARK	DATE	DESCRIPTION

PROJECT NO: 22-009
DATE: 08.25.2022
ISSUED

FOR PERMIT

SHEET TITLE
FINISH FLOOR PLAN

DISCIPLINE - SHEET NUMBER

A2.5

FLOOR FINISH LEGEND

- EXISTING

LVP

LVT
- PORCELAIN TILE

SHEET GOODS

VCT



1 FINISH FLOOR PLAN
3/32" = 1'-0"

Question 8(b): Supplement (Copy of Notice to Building Owner)



Caldera Care

Skilled Nursing and Assisted Living Communities

September 1, 2023

VIA ELECTRONIC MAIL

1305 Alexander LLC
101 Chase Ave, Ste 101
Lakewood, NJ 08701

RE: Notice of Planned Bed Reduction at Riverside Nursing & Rehabilitation Center

Dear 1305 Alexander LLC,

As you know, Riverside Nursing-Centralia, LLC ("*Riverside*") operates the nursing home currently licensed as Riverside Nursing & Rehabilitation Center (the "*Facility*") in the building located at 1305 Alexander Street in Centralia, Washington, which is owned by 1305 Alexander LLC (the "*Building Owner*").

Riverside intends to reduce the number of licensed beds in the Facility from 91 to 83 in order to comply with applicable Centers for Medicare & Medicaid Services ("*CMS*") occupancy regulations. CMS compliance ensures that the Facility's services are available to as many members of the community as possible.

Accordingly, Riverside submits this notice to inform the Building Owner of the planned licensed bed reduction at the Facility pursuant to WAC 246-310-395(1)(c).

Please feel free to contact Joshua Rouse, General Counsel, via email at jrouse@calderacare.com or via telephone at (253) 251-9300 x 259 with any questions.

Sincerely,

Caldera Care Legal Team