



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852•Olympia, Washington 98504-7852

July 17, 2019

CERTIFIED MAIL # 7016 3010 0001 0575 1317

Beth Marker, Director of Finance
Evergreen Eye Center
716 South 348th Street
Federal Way, WA 98003

RE: Certificate of Need Application #19-09

Dear Ms. Marker:

Enclosed is Certificate of Need #1790 issued to Evergreen Eye Center, Inc. P.S. to establish a two room operating ambulatory surgery center in Federal Way within southeast King 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,



Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Community Health Systems

Enclosure



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 #1790 is issued to:

Applicant's Legal Name: Evergreen Eye Center, Inc. PS
Applicant's Address: 716 South 348th Street
Federal Way, WA 98003
Facility Type Ambulatory Surgical Facility
Project Type Ambulatory Surgical Facility
Facility Name: Evergreen Eye Center
Facility Address: 34719 6th Avenue South
Federal Way, WA 98003

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JUNE 27, 2019 (CN APP # 19-09)

Project Description

This certificate approves the establishment of a two-operating room ambulatory surgical facility in Federal Way, within southeast King County secondary health services planning area. The surgery center will serve patients aged 18 years and older that require surgical services that can be served appropriately in an outpatient setting. Surgical services provided within the two ORs (operating rooms) are limited to those associated with ophthalmic surgical procedures, such as cataract extraction and laser eye surgery.

Service Area

Southeast King County

Conditions

The conditions are identified on page 2 of this certificate

Approved Capital Expenditure

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from July 17, 2019 to July 17, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 17, 2019

Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Washington State Department of Health

This Certificate is not transferable

Certificate of Need #1790

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Conditions

1. Evergreen Eye Center, Inc. P.S. agrees with the project description as stated above. Evergreen Eye Center, Inc. P.S. further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Evergreen Eye Center, Inc. P.S. will provide charity care in compliance with its charity care. Evergreen Eye Center, Inc. P.S. will use reasonable efforts to provide charity care consistent with the regional average. The regional charity care average from 2015-2017 was 0.86% of gross revenue and 1.88% of adjusted revenue.
3. Evergreen Eye Center, Inc. P.S. will maintain records of charity care applications received and the dollar amount of charity care discounts granted at the location of the surgery center. The records must be available upon request.
4. Evergreen Eye Center, Inc. P.S. agrees that the facility will maintain Medicare and Medicaid certification, regardless of the facility ownership.