



Nursing Home Full Facility Closure Bed Banking Notice Certificate of Need Application Packet

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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
Nursing Home Full Facility Closure Bed Banking Notice

The following information will be used to evaluate the conformance of the project with all applicable exemption criteria contained in RCW 70.38.115 and WAC 246-310-396.

Full Facility Closure Bed banking notices must be submitted with a fee in accordance with WAC 246-310-990.

This notice is made for Full Facility Closure Bed Banking in accordance with provisions in chapter 70.38 RCW and WAC 246-310-396, 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.

Clallam County Public Hospital District #1 dba Forks Community Hospital
Name of the Nursing Home (facility)

Clallam County Public Hospital District #1 dba Forks Community Hospital
Name of the Facility's Licensee

Heidi Anderson
Printed Name of person making the request
360.327.8316
Employer
Relationship to Licensee Telephone Number
Chief Executive Officer
Title of person making the request
heidia@forkshospital.org
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.

heidia Anderson
Signature of Licensee

7/10/2024
Date

530 Bogachiel Way
Forks, Washington 98331

heidia@forkshospital.org
Email address

Address



The following information is used to evaluate the conformance of the project with all applicable review criteria in [RCW 70.38.115](#) and [WAC 246-310-396](#).

1. Effective Date of the Facility's Closure: _____
 - *The date on which the facility's license was relinquished, revoked, or expired; or*
 - *The date the last resident leaves the facility, whichever comes first.*
2. Number of beds to be banked: ___20_____
3. Is the existing licensee the building owner?
Yes No _____ (If yes, go to question 6; if no, go to question 4)
4. Does the building owner have a secured interest in the nursing home bed rights?
Yes No _____ (If yes, go to question 5a; if no, go to question 5b)
5. 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.
6. If the person making this banking request is other than a representative of the licensee, provide documentation of the secured interest in the bed rights.

If the beds being banked are licensed as part of an acute care hospital and used for transitional care (TCU), skilled nursing care (SNF), or nursing home care and recognized by the Certificate of Need program as nursing home beds, I understand that the use of these beds for any acute care services requires Certificate of Need review and approval under [RCW 70.38.105\(4\)\(e\)](#).

I understand that Certificate of Need review shall be required for any entity proposing to re-license the nursing home beds. Need shall be deemed met when the applicant is the licensee and who had operated the beds for at least one year immediately preceding the bed banking, and who is proposing to re-license the beds in the same planning area.



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 Full Facility Closure Bed Banking rules and statutes

RCW Reference	Title/Topic
Chapter 18.51	Nursing homes
70.38.115	Certificates of need—Procedures—Rules—Criteria for review—Conditional certificates of need—Concurrent review—Review periods—Hearing—Adjudicative proceeding—Amended certificates of need.
WAC Reference	Title/Topic
246-310-010	Definitions
246-310-396	Nursing home bed banking requirements for full facility closure
246-310-500	Issuance, suspension, denial, revocation, and transfer of a certificate of need.
246-310-990	Certificate of need review fees.

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