





Official Use Only
Date Received:

Certificate of Need Hospital Psychiatric-Bed Addition Exemption
Hospitals Licensed Under RCW 70.41
Proposing Psychiatric-Bed Addition
Exemption Under Authority of RCW 70.38.260(2)
(Do Not Use this form for any other type of hospital project)

To be accepted Certificate of Need applications must include the appropriate fee (WAC 246-310-990.)

Application is made for a Certificate of Need in accordance with provisions in Revised Code of Washington ([RCW 70.38](#) and [WAC 246-310](#), rules and regulations adopted by the Washington State Department of Health. I attest that the statements made in this application are correct to the best of my knowledge and belief.

Applicant(s)	
Owner:	Operator (If different than Owner):
Legal Name of Owner:	Legal Name of Operator:
MultiCare Health System	MultiCare Deaconess Hospital
Address of Owner:	Address of Operator:
820 A Street Tacoma, WA 98402	800 West 5th Avenue Spokane, WA 99204
Name and Title of Responsible Officer: (Print)	Name and Title of Responsible Officer: (Print)
K. Erin Kobberstad Vice President, Strategic Planning	K. Erin Kobberstad Vice President, Strategic Planning
Signature of Responsible Officer:	Signature of Responsible Officer:
	
Date:	Date:
10/2/24	10/2/24
Telephone and Email:	Telephone and Email:
253-403-8771 ekobberstad@multicare.org	253-403-8771 ekobberstad@multicare.org

Facility Information

1. Name of Facility: MultiCare Deaconess Hospital
2. Facility Address: 800 West 5th Avenue, Spokane, WA 99204
3. Facility's credential number: HAC.FS. 60769397
4. Provide a breakdown of the current number of licensed beds in the table below.

Bed Designation	Current
a. 24 hr. assigned and set-up (Acute Med/Surg)	225
b. 24 hr. assignable-not set-up (Acute Med/Surg) These are spaces that meet licensure standards and the hospital currently possesses the required moveable equipment.	119
c. Dedicated or PPS exempt Psychiatric	20 ¹
d. Dedicated or PPS exempt Rehabilitation	
e. Long Term Care/Nursing Home Beds	
f. Neonatal Intermediate Care Nursery Level II	15
g. Neonatal Intensive Care Nursery Level III	29
h. Neonatal Intensive Care Nursery Level IV	
Total Licensed Beds (sum of above)	408¹
¹ Twenty (20) psychiatric beds approved under CN1973 but not yet licensed. As identified in the original request under DOR23-24, MultiCare anticipates commencing the project by May 1, 2025.	

Banked Long Term Care/Nursing Home Beds (unlicensed)	
Swing Beds (as defined by Medicare. Beds from "a" above may also be swing beds)	

Project Information

1. Exempt psychiatric beds to be added: Four (4)
2. Has this facility ever been granted an exemption from Certificate of Need review for the addition of psychiatric beds? Yes No

If yes, provide the Certificate of Need number: CN1973

