

November 25, 2024

VIA EMAIL AND UPS #1Z 788 116 01 9425 9942

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

RE: St. Francis Operations, LLC – License No. 1398 – St Francis of Bellingham
Request for Bed Unbanking

To Whom It May Concern:

St. Francis Operations, LLC hereby requests for the bed unbanking for St Francis of Bellingham located at 3121 Squalicum Parkway, Bellingham, WA 98225.

This request to unbank applies to all 15 beds that were previously approved on February 23, 2024, under Alternate Use Bed Banking Extension #20-09. This will change the licensed beds from 105 to 120 which is required prior to the approval of the Change of Ownership (CHOW) License Application by DSHS.

Please contact me at (714) 329-9039 if you have any questions or require additional information.

Thank you in advance for your prompt review and determination of this request for bed unbanking.

Thank you,



Kevin Hill



FOR DEPARTMENT USE ONLY
<i>Date Stamp Here</i>
Fee Received: _____
Check #: _____
Initials _____

NURSING HOME ALTERNATIVE BED BANKING CONVERSION NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Alternate Use Bed Banking Conversion notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Nursing Home Bed Banking for Alternative Use Conversion in accordance with provisions in RCW 70.38 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.

St Francis of Bellingham
Name of the Nursing Home (facility)

St. Francis Operations, LLC
Name of the facility's Licensee

Kevin Hill (714) 329-9039
Print Name of person making the request Telephone Number

General Counsel General Counsel
Title of person making the request Relationship to licensee

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.

Kevin Hill
Signature of Licensee

11/25/2024
Date

Address:
3121 Squalicum Parkway, Bellingham, WA 98225

December 31, 2024
Expected Date of Conversion

Invoice for Submission of Alternate Use Bed Banking-Conversion Notice

1. Submit two copies of the signed application with review fee to the Department
2. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
3. Complete the following prior to submission for review:

REVIEW FEE: \$ 1347.00 (refer to fee schedule)

APPLICANT NAME: St. Francis Operations, LLC

DATE OF SUBMISSION: 12/5/2024 CHECK NUMBER: 254371

4. Mail **ORIGINAL**, signed notice and payment to:

Physical Address:

**Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501**

Mailing Address:

**Department of Health
Certificate of Need Program
P O Box 47852
Olympia WA 98504-7852**

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

ALTERNATE USE BED BANKING CONVERSION NOTICE REQUIREMENTS

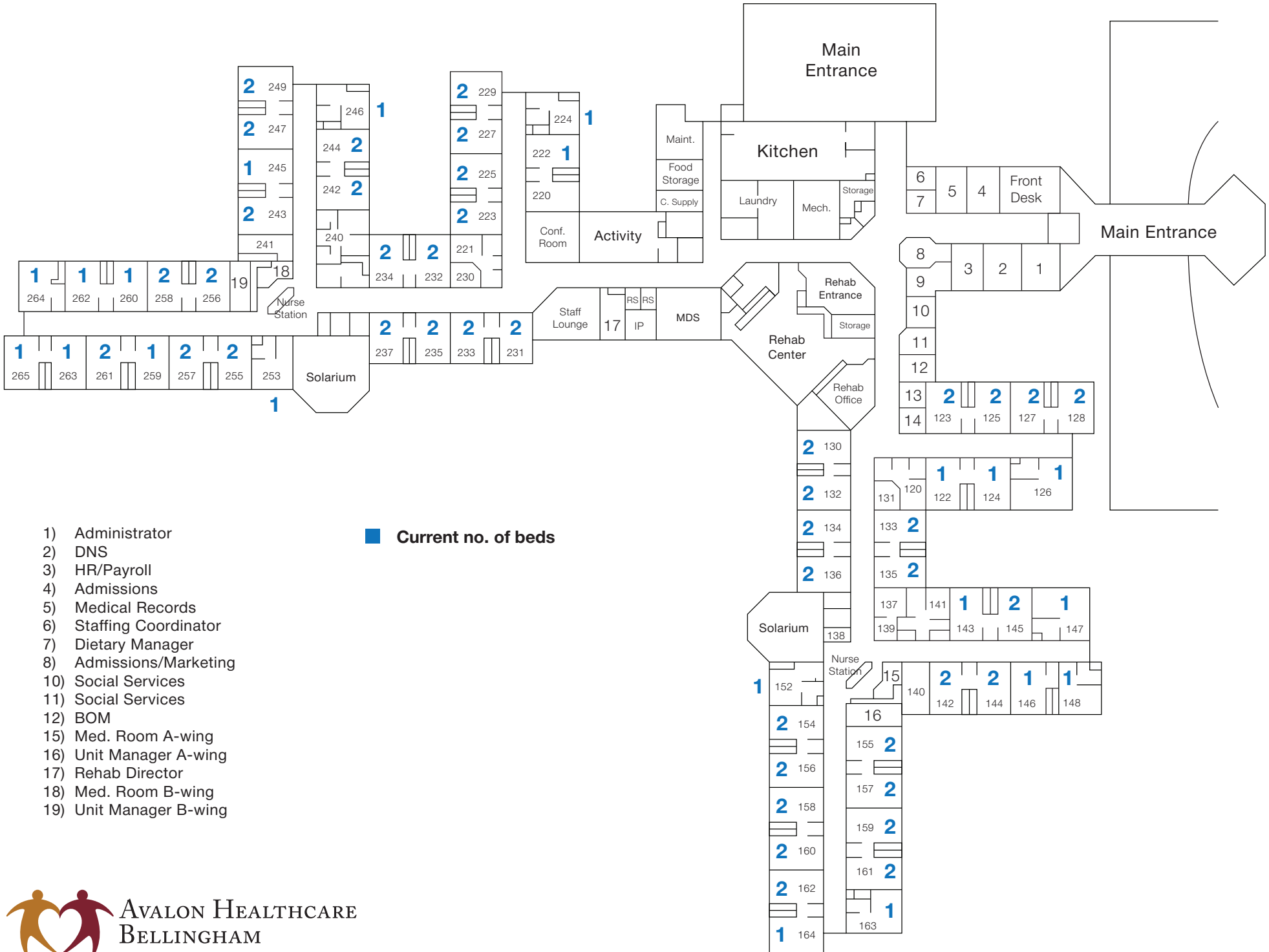
Note: Conversion notices shall be submitted to the Department of Health and a copy to the Department of Social and Health Services **a minimum of ninety days prior** to the effective date of the bed conversion unless construction is required to convert the beds back. In the event the beds are not converted back to nursing home beds **within sixty days** of the date stated in the notice, a new notice must be resubmitted a minimum of ninety days prior to the effective date of the licensure modification.

If construction is required to convert beds back to nursing home bed use, the notice shall be submitted to the Department of Health and a copy to the Department of Social and Health Services **a minimum of one year prior** to the effective date of the bed conversion. The same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds shall be complied with unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers. In the event the beds are not converted back to nursing home beds **within sixty days** of the date stated in the notice, a new notice of intent must be resubmitted a minimum of one year prior to the effective date of the licensure modification.

The term "construction," as used in relationship to Alternate Use Bed Banking Conversion, is limited to those projects that are expected to equal or exceed the expenditure minimum amount. Currently this figure is \$2,000,000.

Information Requirements:

1. Construction is: _____ is not **Is Not** required to convert the beds.
2. For the entire facility, please provide a **current** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
3. For the entire facility, please provide a floor diagram of the **current** facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
4. For the entire facility, please provide a facility room listing showing each room and each one to be **converted**, its room number, its use, the number of beds in each room, and whether the room is to be Medicare certified.
5. For the entire facility, please provide a floor diagram of the facility showing each room and each one to be **converted**, its room number, its use, the number of beds in each room and whether the room is to be Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.



FACILITY ROOM LISTING

(Before Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
1	Administrator	N/A	N/A
2	DNS	N/A	N/A
3	HR/Payroll	N/A	N/A
4	Admissions	N/A	N/A
5	Medical Records	N/A	N/A
6	Staffing Coordinator	N/A	N/A
7	Dietary Manager	N/A	N/A
8	Admissions/Marketing	N/A	N/A
10	Social Services	N/A	N/A
11	Social Services	N/A	N/A
12	BOM	N/A	N/A
15	Med. Room A-wing	N/A	N/A
16	Unit Manager A-wing	N/A	N/A
17	Rehab Director	N/A	N/A
18	Med. Room B-wing	N/A	N/A
19	Unit Manager B-wing	N/A	N/A
120	Office	0	N/A
122	Single Room	1	Yes
123	Double Room	2	Yes
124	Single Room	1	Yes
125	Double Room	2	Yes
126	Single Room	1	Yes
127	Double Room	2	Yes
128	Double Room	2	Yes
130	Double Room	2	Yes
131	Housekeeping Office	0	N/A
132	Double Room	2	Yes
133	Double Room	2	Yes
134	Double Room	2	Yes
135	Double Room	2	Yes
136	Double Room	2	Yes
137	Soiled Utility	0	N/A
138	Restroom	0	N/A
139	Soiled Utility	0	N/A
140	Clean Utility	0	N/A
141	Shower Room	0	N/A
142	Double Room	2	Yes
143	Single Room	1	Yes
144	Double Room	2	Yes
145	Double Room	2	Yes
146	Single Room	1	Yes
147	Single Room	1	Yes
148	Single Room	1	Yes
152	Single Room	1	Yes

FACILITY ROOM LISTING

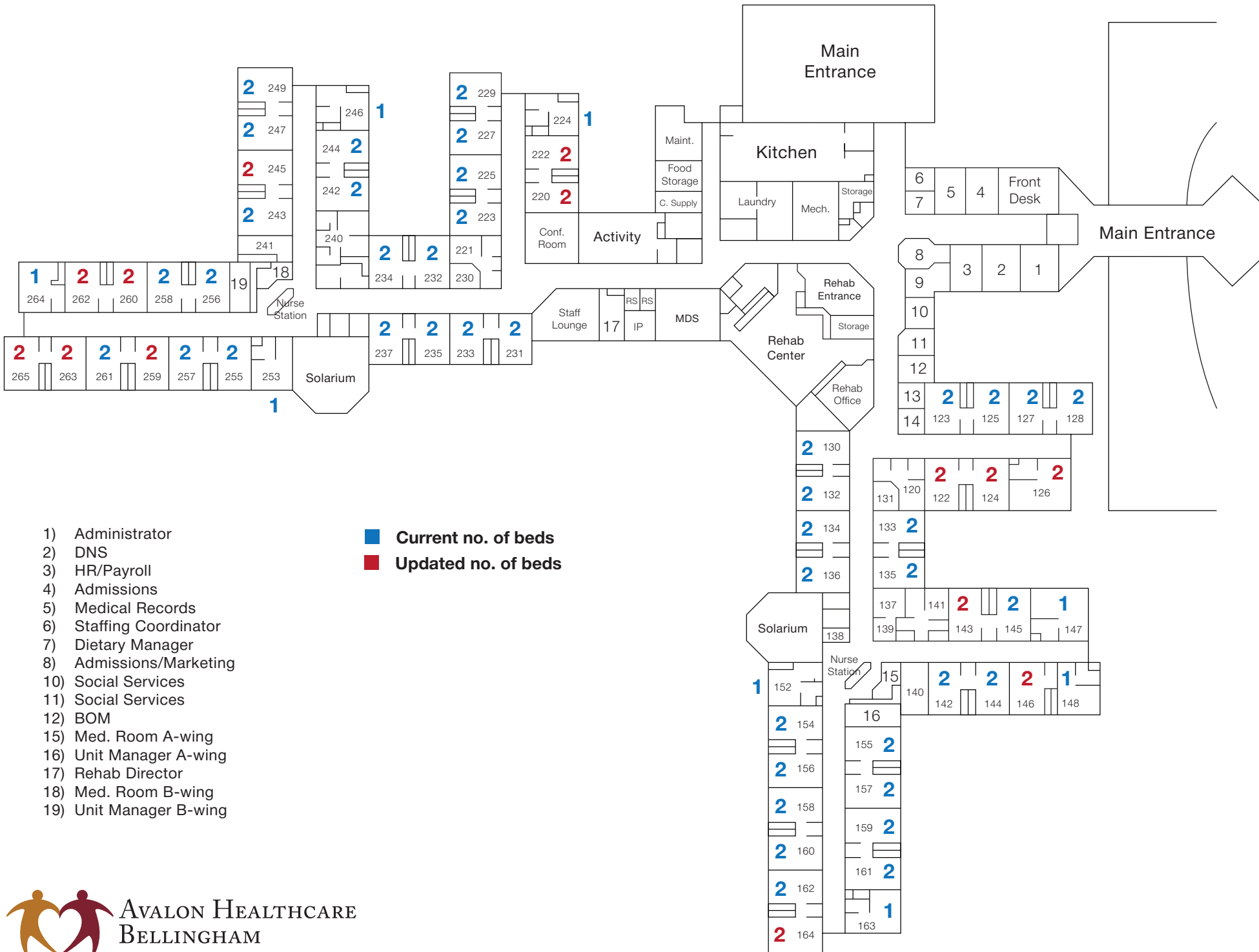
(Before Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
154	Double Room	2	Yes
155	Double Room	2	Yes
156	Double Room	2	Yes
157	Double Room	2	Yes
158	Double Room	2	Yes
159	Double Room	2	Yes
160	Double Room	2	Yes
161	Double Room	2	Yes
162	Double Room	2	Yes
163	Single Room	1	Yes
164	Single Room	1	Yes
220	Central Supply	0	N/A
221	Shower Room	0	N/A
222	Single Room	1	Yes
223	Double Room	2	Yes
224	Single Room	1	Yes
225	Double Room	2	Yes
227	Double Room	2	Yes
229	Double Room	2	Yes
230	Provider Office	0	N/A
231	Double Room	2	Yes
232	Double Room	2	Yes
233	Double Room	2	Yes
234	Double Room	2	Yes
235	Double Room	2	Yes
237	Double Room	2	Yes
240	Shower Room	0	N/A
241	Clean Utility	0	N/A
242	Double Room	2	Yes
243	Double Room	2	Yes
244	Double Room	2	Yes
245	Single Room	1	Yes
246	Single Room	1	Yes
247	Double Room	2	Yes
249	Double Room	2	Yes
253	Single Room	1	Yes
255	Double Room	2	Yes
256	Double Room	2	Yes
257	Double Room	2	Yes
258	Double Room	2	Yes
259	Single Room	1	Yes
260	Single Room	1	Yes
261	Double Room	2	Yes
262	Single Room	1	Yes

FACILITY ROOM LISTING

(Before Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
263	Single Room	1	Yes
264	Single Room	1	Yes
265	Single Room	1	Yes
	Total Beds	105	



- 1) Administrator
- 2) DNS
- 3) HR/Payroll
- 4) Admissions
- 5) Medical Records
- 6) Staffing Coordinator
- 7) Dietary Manager
- 8) Admissions/Marketing
- 10) Social Services
- 11) Social Services
- 12) BOM
- 15) Med. Room A-wing
- 16) Unit Manager A-wing
- 17) Rehab Director
- 18) Med. Room B-wing
- 19) Unit Manager B-wing

■ Current no. of beds
 ■ Updated no. of beds

FACILITY ROOM LISTING

(After Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
1	Administrator	N/A	N/A
2	DNS	N/A	N/A
3	HR/Payroll	N/A	N/A
4	Admissions	N/A	N/A
5	Medical Records	N/A	N/A
6	Staffing Coordinator	N/A	N/A
7	Dietary Manager	N/A	N/A
8	Admissions/Marketing	N/A	N/A
10	Social Services	N/A	N/A
11	Social Services	N/A	N/A
12	BOM	N/A	N/A
15	Med. Room A-wing	N/A	N/A
16	Unit Manager A-wing	N/A	N/A
17	Rehab Director	N/A	N/A
18	Med. Room B-wing	N/A	N/A
19	Unit Manager B-wing	N/A	N/A
120	Office	0	N/A
122	Double Room	2	Yes
123	Double Room	2	Yes
124	Double Room	2	Yes
125	Double Room	2	Yes
126	Double Room	2	Yes
127	Double Room	2	Yes
128	Double Room	2	Yes
130	Double Room	2	Yes
131	Housekeeping Office	0	N/A
132	Double Room	2	Yes
133	Double Room	2	Yes
134	Double Room	2	Yes
135	Double Room	2	Yes
136	Double Room	2	Yes
137	Soiled Utility	0	N/A
138	Restroom	0	N/A
139	Soiled Utility	0	N/A
140	Clean Utility	0	N/A
141	Shower Room	0	N/A
142	Double Room	2	Yes
143	Double Room	2	Yes
144	Double Room	2	Yes
145	Double Room	2	Yes
146	Double Room	2	Yes
147	Single Room	1	Yes

FACILITY ROOM LISTING

(After Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
148	Single Room	1	Yes
152	Single Room	1	Yes
154	Double Room	2	Yes
155	Double Room	2	Yes
156	Double Room	2	Yes
157	Double Room	2	Yes
158	Double Room	2	Yes
159	Double Room	2	Yes
160	Double Room	2	Yes
161	Double Room	2	Yes
162	Double Room	2	Yes
163	Single Room	1	Yes
164	Double Room	2	Yes
220	Double Room	2	Yes
221	Shower Room	0	N/A
222	Double Room	2	Yes
223	Double Room	2	Yes
224	Single Room	1	Yes
225	Double Room	2	Yes
227	Double Room	2	Yes
229	Double Room	2	Yes
230	Provider Office	0	N/A
231	Double Room	2	Yes
232	Double Room	2	Yes
233	Double Room	2	Yes
234	Double Room	2	Yes
235	Double Room	2	Yes
237	Double Room	2	Yes
240	Shower Room	0	N/A
241	Clean Utility	0	N/A
242	Double Room	2	Yes
243	Double Room	2	Yes
244	Double Room	2	Yes
245	Double Room	2	Yes
246	Single Room	1	Yes
247	Double Room	2	Yes
249	Double Room	2	Yes
253	Single Room	1	Yes
255	Double Room	2	Yes
256	Double Room	2	Yes
257	Double Room	2	Yes
258	Double Room	2	Yes

FACILITY ROOM LISTING

(After Unbanking)

Room Number	Use	No of. Beds	Medicare Certified (Yes/No?)
259	Double Room	2	Yes
260	Double Room	2	Yes
261	Double Room	2	Yes
262	Double Room	2	Yes
263	Double Room	2	Yes
264	Single Room	1	Yes
265	Double Room	2	Yes
	Total Beds	120	

AVALON REALTY – BELLINGHAM, L.L.C.
206 North 2100 West Suite 100
Salt Lake City, UT 84116

November 25, 2024

St. Francis Operations, LLC
25115 SW Parkway Ave Ste B
Wilsonville, OR 97070

Re: Unbanking Beds at St Francis of Bellingham

To Whom It May Concern:

As set forth in our separate lease agreement, Avalon Realty – Bellingham, L.L.C., in its capacity as the owner and interest holder of the building and related assets of that certain skilled nursing facility known as St Francis of Bellingham located at 3121 Squalicum Parkway, Bellingham, Washington 98225 (the "Bellingham Facility"), hereby consents to the unbanking of fifteen (15) beds at the Bellingham Facility by St. Francis Operations, LLC, as licensee, effective December 31, 2024 (or upon approval of the Washington State Department of Health).

AVALON REALTY - BELLINGHAM, L.L.C.,
a Utah limited liability company

By: Avalon Real Estate, L.L.C., a Utah
limited liability company, its Manager

By: Avalon Holding, Inc., a Utah
corporation, its Manager

By: 
Name: Hyrum Kinton
Title: Senior Vice President