



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

March 20, 2012

CERTIFIED MAIL # 7011 1570 0002 7802 6753

Jeffrey Cohen, Chief Executive Officer  
The Kline Galland Center  
7500 Seward Park Avenue  
Seattle, Washington 98118

Re: CN #11-17

Dear Mr. Cohen:

This letter corrects the typographical error in the department's letter dated March 15, 2012. Also included with this corrected letter is a corrected page 5 of the department's evaluation.

We have completed review of the Certificate of Need application submitted by Kline Galland Center proposing to establish a Medicare certified/Medicaid eligible home health agency in King County. For the reasons stated in this evaluation, the application submitted is consistent with applicable criteria of the Certificate of Need Program, provided Kline Galland Center agrees to the following in its entirety.

**Project Description:**

This project approves the establishment of a Medicare certified and Medicaid eligible home health agency to be known as Kline Galland Home Health. The home health agency is to be co-located with Kline Galland Center's hospice agency at its Caroline Kline Galland Home (nursing home) located at 7500 Seward Park Avenue South in Seattle. Home health services to be provided include skilled nursing, medical social services, ~~nutrition counseling, rehabilitation, psychiatric services,~~ and a variety of therapies, including IV therapy, physical therapy, occupational therapy, and speech therapy.<sup>1</sup>

**Conditions:**

1. Kline Galland Center agrees with the project description stated above.
2. Kline Galland Center's Medicare certified and Medicaid eligible home health agency shall be available to all residents of King County.
3. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Admission Policy. The final Admission Policy must be consistent with the draft agreement provided in the application.

<sup>1</sup> Nutrition counseling, rehabilitation, and psychiatric services are not included in the listing of services to be provided by the home health agency and should not have been included in the project description.



4. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Charity Care Policy. The final Charity Care must be consistent with the draft policy provided in the application.
5. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Employee Education Policy and Procedures document. The final document must be consistent with the draft document provided in the application.
6. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Employee Quality Assurance/Performance Improvement Policy. The final policy must be consistent with the draft policy provided in the application.
7. Before commencement of the project, Kline Galland Center will provide to the department for review and approval a final Patient/Family/Care Giver Satisfaction Survey Policy. The final policy must be consistent with the draft policy provided in the application.

**Approved Costs:**

There is no capital expenditure associated with this project.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a Certificate of Need sent to you. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety. Your written response should be sent to the Certificate of Need Program, at one of the following addresses.

Mailing Address:

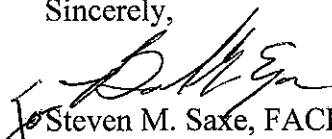
Department of Health  
Certificate of Need Program  
Mail Stop 47852  
Olympia, WA 98504-7852

Other Than By Mail:

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

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact Janis Sigman with the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE  
Director, Health Professions and Facilities

Enclosure

## **KLINE GALLAND CENTER SOURCE INFORMATION REVIEWED**

- The Kline Galland Center's Certificate of Need application submitted February 7, 2011
- The Kline Galland Center's supplemental information received April 14, 2011
- Public comment received during the course of the review
- Public hearing documents submitted at the September 22, 2011, public hearing
- Brookdale Senior Living's rebuttal documents received October 7, 2011
- The Kline Galland Center's rebuttal documents received October 7, 2011
- Franciscan Health System's rebuttal documents received October 7, 2011
- Licensing and/or survey data provided by the Department of Health's Investigations and Inspections Office
- Data obtained from The Kline Galland Center website [[www.klinegalland.org](http://www.klinegalland.org)]
- Certificate of Need historical files

## **CONCLUSION**

For the reasons stated in this evaluation, the application submitted by Kline Galland Center proposing to establish a new Medicare certified home health agency to serve the residents of King County is consistent with the applicable criteria of the Certificate of Need Program, provided Kline Galland Center agrees to the following in its entirety.

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