



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

June 23, 2014

CERTIFIED MAIL # 7011 1570 0002 7809 5766

David Henderson, VP and COO
Care Center (Edmonds), Inc.
7700 Northeast Parkway Drive, # 300
Vancouver, Washington 98662

RE: CN14-23

Dear Mr. Henderson:

Enclosed is Certificate of Need #1529 issued to establish an 80-bed Medicare and Medicaid certified nursing home in Snohomish County by using 80 beds of the 89 beds banked under the full facility closure provisions of Revised Code of Washington 70.38.115(13)(b).

The certificate is not 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

Other Than By Mail:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501



David Henderson, VP and COO
Care Center (Edmonds), Inc.
June 23, 2014
Page 2 of 2

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:

Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

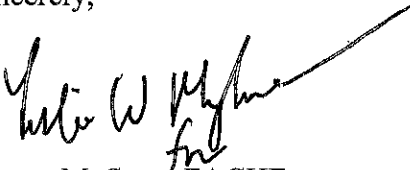
Other Than By Mail

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 Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director, Community Health Systems

Enclosure

cc: Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services



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 #1529 is issued to:

Legal Name of Applicant: Care Center (Edmonds), Inc.
Address of Applicant: 7700 NE Parkway Drive Suite 300, Vancouver, Washington 98662
Type of Service: Nursing Home
Facility Name: Prestige Rehabilitation of Edmonds
Facility Address: 21008 – 76th Avenue West, Edmonds, Washington 98026

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED June 12, 2014, (CN App #14-23)

Project Description:

This certificate approves the establishment of an 80-bed Medicare and Medicaid certified nursing home in Snohomish County by using 80 beds of the 89 beds banked under the full facility closure provisions of Revised Code of Washington 70.38.115 (13)(b).

Service Area
Snohomish County

Conditions Listed


1. Care Center (Edmonds) Inc. agrees with the project description as stated above. Care Center (Edmonds) Inc. 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. Care Center (Edmonds) Inc. will provide to the department an executed Medical Director Agreement for review and approval. The executed agreement must be consistent with the draft agreement provided in the application.
3. Care Center (Edmonds) Inc. will provide to the department an executed Lease Agreement for review and approval. The executed agreement must be consistent with the draft agreement provided in the application.
4. Care Center (Edmonds) Inc. is a subsidiary of Prestige Care Inc. who is committed to improving its quality of care history. Care Center (Edmonds) will provide to the department quality improvement processes implemented by Prestige Care Inc.'s QAPI program. The documentation will be provided within the quarterly progress reports submitted by Care Center (Edmonds).

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$11,500,000.

This Certificate authorizes commencement of the project from June 23, 2014, to June 23, 2016, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 23, 2014


Steven Soxe, Director

This Certificate is not transferable