



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 6, 2014

Jim Geist, CEO
Capital Medical Center
3900 Capital Mall Drive Southwest
Olympia, Washington 98502

DOR #14-14

Dear Mr. Geist:

The department has completed its review of your October 22, 2013, determination of reviewability regarding the creation of an outpatient surgical department within space at Capital Medical Center in Olympia within Thurston County.

Below is the information considered and the facts relied upon by the department's Certificate of Need Program in reaching its conclusion regarding your project.

INFORMATION CONSIDERED

- Capital Medical Center's applicability determination submitted on October 22, 2013
- Capital Medical Center's supplemental information submitted on December 16, 2013
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310

FACTS CONSIDERED

- Capital Medical Center is a 110-bed Medicare and Medicaid acute care hospital located at 3900 Capital Mall Drive Southwest in Olympia [98502].
- Capital Medical Center provides inpatient and outpatient services to residents of Thurston County and surrounding areas.
- Capital Medical Center intends to create a new outpatient surgical department that would be licensed under the hospital's license.
- The outpatient surgical department would be attached to the hospital by at least two separate corridors.

CONCLUSION

Based on the totality of information considered, the department concludes that the surgical department is not an ambulatory surgery center or an ambulatory surgical facility as defined in Washington Administrative Code 246-310-010. Rather, it is an outpatient surgical department within space at Capital Medical Center and does not require prior Certificate of Need review and approval.



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APPEAL OPTIONS

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person 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 addresses below.

<u>Mailing Address:</u>	<u>Other Than By Mail</u>
Department of Health	Department of Health
Certificate of Need Program	Certificate of Need Program
Mail Stop 47852	111 Israel Road SE
Olympia, WA 98504-7852	Tumwater, WA 98501

Appeal Option 2:

You 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 addresses below.

<u>Mailing Address:</u>	<u>Other Than By Mail</u>
Department of Health	Department of Health
Adjudicative Service Unit	Adjudicative Service Unit
Mail Stop 47879	111 Israel Road SE
Olympia, WA 98504-7879	Tumwater, WA 98501

Please call me at (360) 236-2955 if you have any questions regarding this determination.

Sincerely,



Karen Nidermayer, Analyst
Certificate of Need Program
Community Health Systems

cc: Department of Health, Investigations and Inspections Office