

June 3, 2015

CERTIFIED MAIL # 7009 0960 0000 5564 6928

John Gallagher, CEO Sunnyside Community Hospital & Clinics 1016 Tacoma Avenue P.O. Box 719 Sunnyside, Washington 98944

RE: CN15-09

Dear Mr. Gallagher:

Enclosed is Certificate of Need #1546 issued to Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics approving the establishment of a Medicare/Medicaid certified home health agency in Yakima County to serve the residents of Benton County.

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

### 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, Office of Community Health Systems

Enclosure



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 #1546 is issued to:

Legal Name of Applicant: Sunnyside Community Hospital dba Sunnyside Community

Hospital and Clinics

Address of Applicant:

1016 Tacoma Avenue, P.O. Box 719, Sunnyside, WA 98944

Type of Service:

Home Health Agency

**Facility Name:** 

Sunnyside Home Health

Facility Address:

812 Miller, Suite A, Sunnyside, Washington 98944

# ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 12, 2015, (CN App #15-09)

### PROJECT DESCRIPTION:

This Certificate of Need approves Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics to establish a new Medicare/Medicaid certified home health agency in Yakima County to serve the residents of Benton County. Sunnyside Benton County Home Health will provide skilled nursing care and certified home health aide. Physical therapy, occupational therapy, speech therapy, and medical social work services will be provided through contract services or directly by the hospital. Services will be available to all residents of Benton County.

Service Area Benton County

**Conditions:** 

See page #2

**Approved Capital Expenditure** 

The approved capital expenditure associated with this project is \$12,500

This Certificate authorizes commencement of the project from June 3, 2015 to June 3, 2017, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 3, 2015

Steven Saxe, Director

This Certificate is not transferable.

## Certificate of Need #1546 Page Two

### Conditions

- 1. Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics agrees with the project description stated above. Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics 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. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide copies of the fiscal intermediary forms as stated on page 23 of the application for the department's review and approval. The fiscal intermediary forms must be consistent with the forms Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics provided to National Government Services.
- 3. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide the approved version of the adopted medical director's role and responsibility for the department's review and approval. Copy of the approved document must be consistent with the draft document provided in the application.
- 4. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide the approved versions of the adopted policies listed below for the department's review and approval. Copies of the approved versions of the adopted policies must be consistent with the draft policies provided in the application.
  - Patient Rights
  - Informed Consent Policy
  - Non Discrimination Policy
  - Charity Care Policy 1
- 5. Prior to providing services, Sunnyside Community Hospital dba Sunnyside Community Hospital and Clinics will provide an executed copy of the office space co-sharing agreement for the department's review and approval. The executed office space co-sharing agreement must be consistent with the information provided in the application.