



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Certificate of Need Program
111 Israel Road Southeast – MS 4-7852
Olympia, Washington 98504

January 12, 2016

CERTIFIED MAIL # 7015 0640 0000 6441 5782

Larry Anderson, II
Anderson House
17127 – 15th Avenue Northeast
Shoreline, Washington 98155

RE: DOR 16-15

Dear Mr. Anderson:

It has come to our attention that our January 5, 2016, conditional approval letter referenced an incorrect condition. Please disregard the January 5 letter and consider this letter our revised conditional approval.

We have completed review of the Renovation Authorization application submitted by Anderson Nursing Home, LLC proposing renovation of Anderson House as allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. The application is consistent with the applicable criteria of the Certificate of Need Program, provided Anderson Nursing Home, LLC agrees to the following in its entirety.

Project Description:

This Renovation Authorization approves the renovation of Anderson House, a 112-bed Medicare certified nursing home at its current site in King County. The estimated cost of the project is \$5,000,000.

Conditions:

1. Approval of the project description as stated above. Anderson Nursing Home, LLC further agrees that any change to the project as described in the project description is a new project that requires a new Renovation Authorization.

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 Renovation Authorization will be 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.

Larry Anderson, II
Anderson House
January 12, 2016
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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

Physical Address:

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 me at (360) 236-2955.

Sincerely,


Janis R. Sigman, Manager
Certificate of Need Program
Community Health Systems