



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 47852 • Olympia, Washington 98504-7852*

May 17, 2019

CERTIFIED MAIL # 7018 2290 0001 8591 8438

John Wall, General Counsel  
Springstone, LLC  
101 South 5<sup>th</sup> Street, #3850  
Louisville, Kentucky 40202

RE: Certificate of Need Application #19-10

Dear Mr. Wall:

Enclosed is Certificate of Need #1590A issued to Springstone, Inc. approving the amendment to Certificate of Need #1590 by removing a condition attached to the initial approval. Issuance of this amended Certificate of Need does not change the validity period for the initial certificate. Further the department acknowledges that the project authorized under CN #1590 is complete and the psychiatric hospital is licensed and operational.

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

Physical Address:

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:

John Wall, Springstone, LLC  
Certificate of Need Application #19-10  
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Mailing Address:

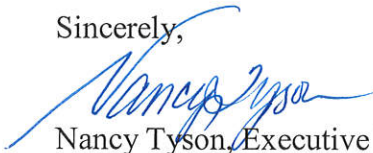
Department of Health  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address

Department of Health  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

If you have any questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
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 #1590A is issued to:**

**Applicant's Legal Name:** Springstone, Inc.  
**Applicant's Address:** 101 South 5<sup>th</sup> Street, #3850, Louisville, Kentucky 40202  
**Facility Type** Psychiatric Hospital  
**Project Type** Psychiatric Hospital  
**Facility Name:** Rainier Springs  
**Facility Address:** 2805 Northeast 129<sup>th</sup> Street, Vancouver, Washington 98686

**ISSUANCE OF THIS AMENDED CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 3, 2019 (CN APP # 19-10 )**

**Project Description**

The Initial Certificate of Need approved the construction of a 72-bed psychiatric hospital that would provide a full range of psychiatric services, including inpatient services, voluntary and involuntary treatment services, adult and geropsychiatric services, and substance abuse treatment for patients 18 and older. The number of approved beds is below.

	Number of Beds
Psychiatric beds	72
<b>Total Licensed Beds</b>	<b>72</b>

**Service Area**

Clark County and surrounding communities

**Conditions**


The amended conditions are listed on page two of this certificate.

**Approved Capital Expenditure**

The approved capital expenditure for this amendment project is \$26,843,706.

**This Amended Certificate authorizes commencement of the project from January 10, 2017 to January 10, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Amended Certificate Issued: May 17, 2019**

  
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Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**



## Certificate of Need #1590A

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#### Conditions

1. Approval of the project description as stated above. Springstone, LLC 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. **[condition met on 10/02/15 and is ongoing]**
2. Prior to providing services at the hospital, Springstone, LLC will submit a copy of the adopted and approved Admission Policy for review and approval. The adopted policy must be consistent with the draft provided in the application. **[condition met on 07/31/18]**
3. Prior to providing services at the hospital, Springstone, LLC will submit a copy of the adopted Charity Care Policy approved by the Department of Health's Hospital and Patient Data System's office. **[condition met October 2018]**
4. The new 72-bed psychiatric hospital will provide charity care in compliance with its executed charity care policies reviewed and approved by the Department of Health, or any subsequent polices reviewed and approved by the Department of Health. The new 72-bed psychiatric hospital will use reasonable efforts to provide charity care equal to the amount identified in the application, but no less than the average amount of charity care provided by hospitals in the Southwest Region. Currently, this amount is 3.41% of gross revenue and 8.47% of adjusted revenue. The psychiatric hospital will maintain records documenting the amount of charity care provided and demonstrating its compliance with its charity care policies. **[condition met on 10/02/15 and is ongoing]**
5. Annual budgets, as required by WAC 246-454-030, submitted by the new 72-bed psychiatric hospital must include budgeted charity care amounts of at least the regional average amount of charity care provided by hospitals in the Southwest Region. **[condition met on 10/02/15 and is ongoing]**
6. Prior to providing services at the hospital, Springstone, LLC will submit to the department for review and approval an executed transfer agreement between Rainier Springs, LLC and a local hospital. The executed agreement must be consistent with the draft agreement provided in the application. **[condition met on 07/31/18]**
7. Prior to providing services at the hospital, Springstone, LLC will submit to the department for review and approval a listing of key staff for the hospital. Key staff includes all credentialed or licensed management staff, including the director of nursing and medical director. **[condition met on 07/31/18]**
8. Prior to providing services at the hospital, Springstone, LLC will submit to the department for review and approval a final listing of ancillary and support vendors for the 72-bed psychiatric hospital. **[condition met on 07/31/18]**
9. So long as the state desires to contract with the facility for providing care to Involuntary Treatment Act patients, Springstone, LLC will contract with the state to provide that care. An ITA referral may only be rejected if there are no beds available at the psychiatric hospital at the time of referral or if such referral is clinically inappropriate. **[condition met on 10/02/15 and is ongoing]**