



S T A M P E R R U B E N S, P. S.
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March 12, 2019

R E C E I V E D

MAR 12 2019

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Ms. Janis Sigman
Program Manager
Certificate of Need Program
Washington Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Re: Certificate of Need #1545 issued to
Emerald Communities, sole member of Heron's Key

Dear Ms. Sigman:

On behalf of Emerald Communities, I am writing this letter of intent to comply with the 30-day requirement set forth in the Department of Health's Certificate of Need review process.

Certificate of Need #1545 was issued to Emerald Communities, the sole member of Heron's Key, on June 4, 2015, for its skilled nursing facility located at 4340 Borgen Boulevard, Gig Harbor, Washington 98332.

Certificate of Need #1545 contains conditions relating to issuance of the Certificate numbered 1-7 on page 2. Condition No. 6 states that Emerald Communities and Heron's Key agree not to charge the state for any Medicaid eligible services provided to the Heron's Key contractual resident.

Emerald Communities intends to request an amendment to Condition No. 6 in the Certificate of Need to provide that Emerald Communities and Heron's Key are allowed to accept non-resident Medicaid patients during the initial five (5) year period in order to take such residents outside of the community.

We understand that by submitting this letter of intent, Emerald Communities has until April 12, 2019 to file an application for certificate of need review.

Ms. Janis Sigman
March 12, 2019
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We appreciate your prompt consideration of this matter. Should you have any questions or require any additional information, please do not hesitate to contact me at (208) 591-1658 or at rstamper@stamperlaw.com.

Very truly yours,

A handwritten signature in cursive script that reads "Randall L. Stamper" followed by a stylized flourish.

RANDALL L. STAMPER

RLS/3/12/2019

cc: Lisa Hardy
Kay Wallin

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