



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

August 30, 2019

CERTIFIED MAIL # 7016 3010 0001 0575 0174

Rodney Joe, MD  
Gastroenterology Associates  
[rodnejoe@mac.com](mailto:rodnejoe@mac.com)

RE: CN Application #19-05

Dear Dr. Joe,

Enclosed is Certificate of Need #1810 issued to Gastroenterology Associates, LLC, approving establishment of an ambulatory surgery center in Olympia, within Thurston County.

The certificate is not an 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

Physical Address:  
Department of Health  
Certificate of Need Program  
111 Israel Road SE  
Tumwater, WA 98501

Rodney Joe, MD  
Certificate of Need App #19-05  
August 30, 2019  
Page 2 of 2

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:

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

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 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 #1810 is issued to:**

**Applicant's Legal Name:** Gastroenterology Associates, LLC  
**Applicant's Address:** 500 Lilly Road Northeast, Suite 150, Olympia, WA 98506  
**Facility Type** Ambulatory Surgical Facility  
**Project Type** Ambulatory Surgical Facility  
**Facility Name:** Gastroenterology Associates Endoscopy Center  
**Facility Address:** 209 Lilly Road Northeast, Olympia, WA 98506

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S  
RECORD AND EVALUATION DATED AUGUST 20, 2019 (CN APP # 19-05)**

**Project Description**

This certificate approves the establishment of a four operating room ambulatory surgical facility located in Olympia, within Thurston County. Surgical services provided include endoscopic surgeries that can be appropriately performed in an outpatient setting.

**Service Area**

Thurston County

**Conditions**

The conditions are identified on page 2 of this certificate

**Approved Capital Expenditure**

\$371,281

**This Certificate authorizes commencement of the project from August 30, 2019 to August 30, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: August 30, 2019**

A blue ink signature of Nancy Tyson, Executive Director, written over a horizontal line.

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

**This Certificate is not transferable**



## **Certificate of Need #1810**

### **Page Two**

#### **Conditions**

1. Gastroenterology Associates, LLC agrees with the project description as stated above. Gastroenterology Associates, LLC further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. Gastroenterology Associates, LLC will maintain Medicare and Medicaid certification, regardless of facility ownership.
3. Gastroenterology Associates, LLC will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health. Gastroenterology Associates, LLC will use reasonable efforts to provide charity care consistent with the planning area average. The current planning area average is 0.90% of gross revenue and 2.52% of adjusted revenue. Gastroenterology Associates, LLC will maintain records of charity care applications received and the dollar amount of charity care discounts granted. The department requires that these records be available upon request.