

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 #1845 is issued to:

Applicant's Legal Name: SHC Medical Center – Toppenish

Applicant's Address: 502 West 4th Avenue, Toppenish, WA 98948

Facility Type Acute Care Hospital
Project Type Psychiatric Exemption
Facility Name: Astria Toppenish Hospital

Facility Address: 502 West 4th Avenue, Toppenish, WA 98948

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE EXEMPTION APPLICATION RECEIVED AT THE CERTIFICATE OF NEED PROGRAM ON JUNE 19, 2020 (DOR # 20-17)

Project Description

This certificate approves the addition of 47 psychiatric beds to Astria Toppenish Hospital as allowed under Revised Code of Washington 70.38.260(2). The Certificate of Need beds authorized bed count following the bed addition is below.

Bed Type	Approved Beds
General Acute Care	63
Psychiatric	62
Total Licensed Beds	125

These psychiatric beds must remain psychiatric beds unless a Certificate of Need is granted to change their use or the hospital voluntarily reduces its licensed capacity.

Service Area

Yakima County

This Certificate authorizes commencement of the project from July 21, 2020 to July 21, 2022 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 21, 2020

John Williams, Executive Director

Community Health Systems

Washington State Department of Health

This Certificate is not transferable