RECEIVED
By CERTIFICATE OF NEED PROGRAM at 9:39 am, Dec 29, 2020

DOR21-20

Certificate of Need
Determination of Reviewability
Ambulatory Surgical Facility and Ambulatory Surgery Center
(Do not use this form for any other type of ASC/F project)

Certificate of Need submissions must include a fee in accordance with Washington Administrative Code (WAC) 246-310-990.

The Department of Health (department) will use this form to determine whether my ambulatory surgical center or facility requires a Certificate of Need under state law and rules. Criteria and consideration used to make the required determinations are Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310. I certify that the statements in the submissions are correct to the best of my knowledge and belief. I understand that any misrepresentation, misleading statements, evasion, or suppression of material fact in this application may be used to take actions identified in WAC 246-310-500.

My signature authorizes the department to verify any responses provided. The department will use such information as appropriate to further program purposes. The department may disclose this information when requested by a third party to the extent allowed by law.

Owner/Operator Name of the surgical facility as it appears on the UBI/Master Business License MARINA PARK PLASTICS, PLLC	
Clinical Practice UBI #: 604-651-555 Surgery Center UBI #: 604-651-555	Federal Tax ID (FEIN) # 82-2723388
Mailing Address 16 CENTRAL WAY KIRKLAND, WA 98033-6115	Surgery Center Address 16 CENTRAL WAY KIRKLAND, WA 98033-6115
Website Address: www.marinaparkplastics.com	
Phone number (10-digit): 425-655-1200	Email Address: zjoos@marinaparkplastics.com
Name and Title of Responsible Officer (Print): Zachary Joos, MD Owner	Signature of Responsible Officer: Date of Signature: 12/16/2020

Identify the purpose of your request:

	New Facility		Facility Expansion – Operating Room Increase
X	Change of Ownership		Facility Expansion – Service Increase
	Facility Relocation		Other (please provide a letter describing)

Existing Facility Status

Complete for all applications concerning existing facilities

1. The CN Program previously determined the facility was not subject to CN Review (if yes, attach DOR letter)

   ✓ Yes No

2. If this request is for a change in ownership provide the following information:

Current facility's name	Aysel K Sanderson, MD
Current facility's address	16 Central Way, Kirkland, WA 98033-6115
Current facility's license number	ASF.FS. 60101705
Current facility's Certificate of Need status	✓ Exempt DOR# no number provided see attached
	Approved CN# _____
Anticipated change of ownership month and year	09/01/2020

3. If this request is for the relocation of an existing facility, provide the following information:

Current facility's address	not applicable
Anticipated relocation month and year	not applicable

Facility Information

4. Although you are not required to apply for an ASF license before a CN determination is issued, have you or do you intend to, apply for a license?*

   Yes, intend to apply No

   ✓ Yes, here is the facility's license #ASF.FS. 60101705

   *Your answer to this question will allow the CN program to effectively coordinate the licensure process with other DOH offices.

5.

Number of existing operating and procedure rooms:	1
Number of new operating and procedure rooms:	0
Total:	1

For Certificate of Need purposes operating and procedure rooms are one in the same.

Clinical and Surgical Services

6. Check all surgical procedures currently performed in the facility.

	Ear, Nose, & Throat	Gynecology	Oral Surgery
✓	Plastic Surgery	Gastroenterology	Maxillo facial
	Orthopedics	Podiatry	General Surgery
	Ophthalmology	Pain Management	Urology
	Other (describe)		

This is a new facility, no surgical procedures are currently performed

Check all new surgical procedures proposed to be performed in the facility

	Ear, Nose, & Throat	Gynecology	Oral Surgery
✓	Plastic Surgery	Gastroenterology	Maxillo facial
	Orthopedics	Podiatry	General Surgery
✓	Ophthalmology	Pain Management	Urology
	Other (describe)		

Primary Purpose of the Facility

7. The Certificate of Need Program must understand how a facility operates in order to determine the facility's primary purpose. Typically, governance documents can aid the department in this understanding. These could be in the form of operating agreements, shareholder agreements, or corporate governing documents. Provide any documentation that could aid in this understanding.

8. A facility that receives more than 50% of their income or 50% of their visits from surgeries is subject to CN requirements. In order to determine if your project is subject to CN review, please provide the current (existing facility) and proposed (new facility) percentages of income and visits for clinical and surgical services. Include all assumptions used to determine the percentages provided.

This site's revenue	**Most recent full year of operation** **Year:** 2017	**Projected first full year of operation after the proposed changes** **Year:** 2021
Total revenue for clinical services	$600,000	$300,000
Total revenue for surgical services	$400,000	$100,000
Total revenue	$1,000,000	$400,000

This site's patient visits	**Most recent full year of operation** **Year:** 2017	**Projected first full year of operation after the proposed changes** **Year:** 2020
Total clinical patient visits	500	750
Total surgical patient visits	250	250
Total patient visits	750	1000

This surgery center and clinic space has been purchased from the previous owner but the practice is entirely new and in a different specialty (Oculoplastic Surgery - a combination of plastic surgery and ophthalmology) in a single doctor/specialty practice. The patient visits and surgical volume are estimates of projected growth since opening the clinic 11/1/2020. Surgery is estimated to comprise 25% of total patient visits and 25% of total revenue.

Appendices:

Enclosure letter Page 9
Certificate of Formation, Marina Park Plastics, PLLC, Effective 8/27/2020 Page 10
Initial Report to Office of Secretary of State, Effective, Effective 8/27/2020 Page 13
Department of Health, CON exemption letter of Previous Owner 5/14/2009 Page 15

Certificate of Need Program Revised Code of Washington (RCW) and Washington Administrative Code (WAC)

Certificate of Need Program laws RCW 70.38

Certificate of Need Program rules WAC 246-310

References	Title/Topic
246-310-010	Certificate of Need Program —Definitions
246-310-270	Certificate of Need Program —Ambulatory Surgery
Interpretive Statement CN 01-18	Certificate of Need Program – Interpretation of WAC 246-310-010(5), Definition of Ambulatory Surgical Facility

Licensing Resources:
Ambulatory Surgical Facilities Laws, RCW 70.230
Ambulatory Surgical Facilities Rules, WAC 246-330
Ambulatory Surgical Facilities Program Web Page

Construction Review Services Resources:
Construction Review Services Program Web Page
Phone: (360) 236-2944
Email: CRS@doh.wa.gov

Zachary P. Joos, MD, FACS
Marina Park Plastics, PLLC
16 Central Way
Kirkland, WA 98033

December 22, 2020

Certificate of Need Program
Department of Health
111 Israel Rd SE
Tumwater, WA 98501

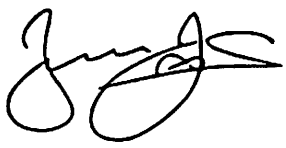
Re: Marina Park Plastics Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet

On behalf of Marina Park Plastics, I am pleased to submit a certificate of need exemption request for an existing Ambulatory Surgery Facility ("ASF"), in Kirkland, WA. This facility has been purchased from a previous owner. The change of ownership application has been submitted with appropriate fees on 12/7/2020. The previous owner was Aysel K. Sanderson, MD and the ASF is licensed through the state with a CON exemption (ASF.FS.60101705 – letter also attached).

We are requesting a change of ownership (on a separate application) and continued status of CON exemption. The new owner (Zachary P. Joos, MD) will be the sole owner and sole surgeon operating out of the surgery center.

Thank you for your consideration in this matter. Please contact me directly with any questions at zjoos@marinaparkplastics.com or 425-655-1200.

Warmest regards,



Zachary P. Joos, MD, FACS
Owner/Physician

Office of the Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 08/27/2020
Effective Date: 08/27/2020
UBI #: 604 651 555

CERTIFICATE OF FORMATION

UBI NUMBER

UBI Number:
604 651 555

BUSINESS NAME

Business Name
MARINA PARK PLASTICS, PLLC

REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
ZACHARY JOOS	320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES	320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - **Yes**

DURATION

Duration:
PERPETUAL

EFFECTIVE DATE

Effective Date:
08/27/2020

OTHER PROVISIONS

Other Provisions:

PRINCIPAL OFFICE

Phone:
425-655-1200

Email:
ZACHARY.JOOS@GMAIL.COM

Street Address:
16 CENTRAL WAY, KIRKLAND, WA, 98033-6115, UNITED STATES

Mailing Address:
16 CENTRAL WAY, KIRKLAND, WA, 98033-6115, UNITED STATES

EXECUTOR

Title	Executor Type	Entity Name	First Name	Last Name	Address
EXECUTOR	INDIVIDUAL		ZACHARY	JOOS	320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES

PLLC ATTESTATION

By selecting this checkbox, you attest that each member personally engaged in the practice of this profession, is duly licensed or otherwise legally authorized to practice said profession in Washington State.

RETURN ADDRESS FOR THIS FILING

Attention:
ZACHARY JOOS, MD

Email:
ZACHARY.JOOS@GMAIL.COM

Address:
320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES

UPLOAD ADDITIONAL DOCUMENTS

Name	Document Type
No Value Found.	

UPLOADED DOCUMENTS

Document Type	Source	Created By	Created Date
No Value Found.			

EMAIL OPT-IN

☐ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

☑ Document is signed.

Person Type:
INDIVIDUAL

First Name:
ZACHARY

Last Name:

JOOS

Title:

Office of the Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 08/27/2020
Effective Date: 08/27/2020
UBI #: 604 651 555

INITIAL REPORT

UBI NUMBER

UBI Number:
604 651 555

BUSINESS NAME

Business Name
MARINA PARK PLASTICS, PLLC

REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
ZACHARY JOOS	320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES	320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - **Yes**

EFFECTIVE DATE

Effective Date:
08/27/2020

OTHER PROVISIONS

Other Provisions:

PRINCIPAL OFFICE

Phone:
425-655-1200

Email:
ZACHARY.JOOS@GMAIL.COM

Street Address:
16 CENTRAL WAY, KIRKLAND, WA, 98033-6115, UNITED STATES

Mailing Address:
16 CENTRAL WAY, KIRKLAND, WA, 98033-6115, UNITED STATES

GOVERNORS

Title	Governor Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		ZACHARY	JOOS

NATURE OF BUSINESS

Nature of Business:
HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION, PROFESSIONAL, SCIENTIFIC & TECHNICAL SERVICES

RETURN ADDRESS FOR THIS FILING

Attention:
ZACHARY JOOS, MD

Email:
ZACHARY.JOOS@GMAIL.COM

Address:
320 19TH AVE, KIRKLAND, WA, 98033-4927, UNITED STATES

UPLOAD ADDITIONAL DOCUMENTS

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No Value Found.	

UPLOADED DOCUMENTS

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AUTHORIZED PERSON - STAFF CONSOLE

☑ Document is signed.

Person Type:
INDIVIDUAL

First Name:
ZACHARY

Last Name:
JOOS

Title:

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

May 14, 2009

Aysel K. Sanderson, MD
Clinic of Cosmetic Surgery
16 Central Way
Kirkland, Washington 98033

Thank you for your Determination of Non-Reviewability (DOR) Application related to the practice known as Clinic of Cosmetic Surgery. Below are the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding your interest in establishing an Ambulatory Surgical Center (ASC) associated with your practice.

On October 24, 2005, you received a DOR for the establishment of an ASC at your previous practice site of 1310 116th Avenue Northeast in Bellevue. Given that you have relocated your practice, a new DOR for the new site is necessary. This DOR supersedes the October 24, 2005, DOR.

FACTS

- Clinic of Cosmetic Surgery is a solo practice solely owned by you, Aysel K. Sanderson, MD.
- Clinic of Cosmetic Surgery has one practice site located at 16 Central Way in Kirkland, within King County.
- This DOR proposes to establish an exempt ASC at the practice site.
- Currently, you are the only physician associated with the Clinic of Cosmetic Surgery practice. No other physician outside of the Clinic of Cosmetic Surgery practice would have access to the proposed ASC. (Future owners or employees of the Clinic of Cosmetic Surgery practice will be allowed access to the ASC.)
- The ASC will not be structured as a separate legal entity from the Clinic of Cosmetic Surgery practice.
- Procedures to be performed at the ASC include those typically associated with cosmetic surgery.
- No management or timeshare agreements are proposed.
- Billing for the ASC is provided through the Clinic of Cosmetic Surgery practice.

ANALYSIS

- Revised Code of Washington (RCW) 70.38.105(4) identifies the types of projects subject to prior Certificate of Need review and approval. Subsection (a) identifies that the construction, development, or other establishment of a new health care facility is subject to CON review.
- RCW 70.38.025(6) defines "health care facility" as *hospices, hospice care centers, hospitals, psychiatric hospitals, nursing homes, kidney disease treatment centers, ambulatory surgical*

facilities, and home health agencies, and includes such facilities when owned and operated by a political subdivision or instrumentality of the state and such other facilities as required by federal law and implementing regulations, but does not include any health facility or institution conducted by and for those who rely exclusively upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination, or any health facility or institution operated for the exclusive care of members of a convent as defined in RCW 84.36.800 or rectory, monastery, or other institution operated for the care of members of the clergy. In addition, the term does not include any nonprofit hospital: (a) Which is operated exclusively to provide health care services for children, (b) which does not charge fees for such services, and (c) if not contrary to federal law as necessary to the receipt of federal funds by the state.

- Washington Administrative Code (WAC 246-310-010) defines "ambulatory surgical facility" as *any free-standing entity, including an ambulatory surgery center, that operates primarily for the purpose of performing surgical procedures to treat patients not requiring hospitalization. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using such facility is not extended to physicians or dentists outside the individual or group practice.*

CONCLUSION

Based on the above factual information provided by you, the Certificate of Need Program concludes that the establishment of the ASC associated with the Clinic of Cosmetic Surgery practice does not meet the definition of an ASC under the Certificate of Need provisions of Washington Administrative Code (WAC) 246-310-010. Therefore, the proposed ASC is not subject to Certificate of Need review.

Please note: This determination is not transferable and is based on the facts submitted in the exemption application. Prior Certificate of Need review and approval may be required under the provisions of WAC 246-310-020 if changes occur in the facts as presented in the DOH application. Prior Certificate of Need review and approval may be required under the provisions of WAC 246-310-020 if any of the following changes occur:

1) should you later decide to extend the privilege of using the ASC to physicians not part of the practice; OR
2) should you decide to expand the scope of services at the ASC to include services subject to Certificate of Need review under the provisions of WAC 246-310-020; OR
3) should you decide to organize the ASC as a separate legal entity from the practice; OR
4) should you decide to operate the ASC under a management agreement; OR
5) should any entity, other than Clinic of Cosmetic Surgery hold the Medicare certification, OR
6) should the ASC cease operations or relinquish its Medicare certification and then choose to resume services as an ASC; OR
7) should the Clinic of Cosmetic Surgery practice or ASC be purchased or leased.

This determination of non-reviewability does not constitute approval under any other local, federal, or state statute, or implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Section of the Department of Health, facility licensing/certification through the Department of Health, and other federal or local jurisdiction permits.

Please call me at (360) 236-2957 if you have any further questions as you proceed with establishment of the ASC.

Sincerely,

Karen Nidermayer

Karen Nidermayer, Analyst
Certificate of Need Program
Office of Certification and Technical Support

cc: Office of Health Care Survey

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Washington State Department of Health

Ambulatory Surgery Center/Facility Certificate of Need Determination of Reviewability Packet

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Submission Instructions:

- One electronic copy of your application, including any applicable attachments – no paper copy is required.
- A check or money order for the review fee of $1,925 payable to Department of Health.

Include copy of the signed cover sheet with the fee if you submit the application and fee separately. This allows us to connect your application to your fee. We also strongly encourage sending payment with a tracking number.

Mail or deliver the application and review fee to:

Mailing Address:

Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852

Other Than By Mail:

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, Washington 98501

Contact Us:
Certificate of Need Program Office 360-236-2955 or FSLCON@doh.wa.gov.

Definitions

The Certificate of Need (CN) Program will use the information you provide to determine if your project meets the applicable review criteria. These criteria are included in state law and rules. Revised Code of Washington (RCW) 70.38 and Washington Administrative Code (WAC) 246-310.

"Primary purpose" is defined as the majority of income or patient visits for the site,* inclusive of all clinical services provided at the site, are derived from the specialty or multi-specialty surgical services. Department of Health website, frequently asked questions, informed by the licensing rules definition for ambulatory surgical facility.

*The site subject to a determination of reviewability is limited to a specific, physical address where an entity under single ownership provides or will provide specialty or multispecialty surgical services. A site whose "primary purpose" is specialty or multispecialty surgical services is required to obtain a certificate of need.

"Ambulatory surgical facility" or **"ASF"** means any free-standing entity, including an ambulatory surgery center that operates primarily for the purpose of performing surgical procedures to treat patients not requiring hospitalization. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using the facility is not extended to physicians or dentists outside the individual or group practice. WAC 246-310-010(5)

"Ambulatory surgical center" or **"ASC"** is also a term for a facility that provides ambulatory surgical procedures. The Centers for Medicare and Medicaid use this term for billing purposes. CN review is not required for an ambulatory surgical center unless it also fits the definition of an ambulatory surgical facility in WAC 246-310-010(5).

"Ambulatory surgical facility" or **"ASF"** as defined by licensing rules, and relied on by the CN Program for consistency, means any distinct entity that operates for the primary purpose of providing specialty or multispecialty outpatient surgical services in which patients are admitted to and discharged from the facility within twenty-four hours and do not require inpatient hospitalization, whether or not the facility is certified under Title XVIII of the federal Social Security Act. An ambulatory surgical facility includes one or more surgical suites that are adjacent to and within the same building as, but not in, the office of a practitioner in an individual or group practice, if the primary purpose of the one or more surgical suites is to provide specialty or multispecialty outpatient surgical services, irrespective of the types of anesthesia administered in the one or more surgical suites. An ambulatory surgical facility that is adjacent to and within the same building as the office of a practitioner in an individual or group practice may include a surgical suite that shares a reception area, restroom, waiting room, or wall with the office of the practitioner in an individual or group practice. WAC 246-330-010(5)

"Change of ownership" as defined by licensing rules, and relied on by the CN Program, is defined as (a) A sole proprietor who transfers all or part of the ambulatory surgical facility's ownership to another person or persons; (b) The addition, removal, or

substitution of a person as a general, managing, or controlling partner in an ambulatory surgical facility owned by a partnership where the tax identification number of that ownership changes; or (c) A corporation that transfers all or part of the corporate stock which represents the ambulatory surgical facility's ownership to another person where the tax identification number of that ownership changes. WAC 246-330-010(8)

"Person" means an individual, a trust or estate, a partnership, any public or private corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district. WAC 246-310-010(42)

Instructions

General Instructions:

- Include a table of contents for sections and appendices/exhibits
- Number **all** pages consecutively
- **Do not** bind or 3-hole punch the application.
- Make the narrative information complete and to the point.
- If any sections are not large enough to contain your response, please attach additional pages as necessary. Ensure that any attached pages are clearly labeled with the applicable question or section.

- If any of the documents provided in the form are in draft format, a draft is acceptable only if it includes the following elements:
  a. identifies all entities associated with the agreement,
  b. outlines all roles and responsibilities of all entities,
  c. identifies all costs associated with the agreement, and
  d. includes all exhibits that are referenced in the agreement.
  e. any agreements in draft form must include a document signed by both entities committing to execute the agreement as submitted following CN approval.

Do not skip any questions. If you believe a question is not applicable to your project, provide rationale as to why it is not applicable.