



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 4, 2021

Joseph Scrivens, CEO
Bethany of the Northwest
e-mail: josephs@bethanynw.org

RE: Determination of Reviewability #21-19

Dear Mr. Scrivens:

We have completed review of the Replacement Authorization amendment application submitted by Bethany of the Northwest proposing to replace 31 nursing home beds from Bethany at Pacific to Bethany at Silver Lake. The replacement project is allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. This amendment application is consistent with the applicable criteria of the Certificate of Need Program provided Bethany of the Northwest agrees to the following in its entirety.

Project Description:

Bethany at Pacific is a 111-bed nursing home located at 916 Pacific Avenue in Everett [98201] within Snohomish County. Bethany at Silver Lake is a 120-bed nursing home located at 2235 Lake Heights Drive in Everett [98208] within Snohomish County. Bethany of the Northwest is the licensee at both facilities.

This Replacement Authorization approves the replacement of 31 of the 111 beds from Bethany at Pacific to Bethany at Silver Lake. At project completion, Bethany at Pacific's nursing home license will be reduced to 80 beds. Bethany at Silver Lake's nursing home license will be increased to 151 beds. The estimated cost for this replacement project is \$7,720,150.

Conditions:

1. Approval of the project description as stated above. Bethany of the Northwest further agrees that any change to the project as described in the project description is a new project that requires a new Replacement Authorization.
2. Bethany at Pacific will maintain both Medicare and Medicaid certifications.
3. Bethany at Silver Lake will maintain both Medicare and Medicaid certifications.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a replacement authorization for the project will be issued. If you reject any provision of the above, you must identify that provision, and your

application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety.

Please notify the Department of Health within 20 days of the date of this letter whether you accept the conditions above. Your written response can be sent to karen.nidermayer@doh.wa.gov.

If you have any questions or would like to arrange for a meeting to discuss our decision, please contact me at (360) 236-2955.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Hernandez', with a long horizontal stroke extending to the right.

Eric Hernandez, Program Manager
Certificate of Need
Community Health Systems

cc: Tim Platt [sent by e-mail: timp@bethanynw.org]