



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

June 18, 2021

Ken Cole, Chief Operating Officer
Evergreen Eye Clinic
e-mail: kcole@evergreeneye.com

Lance Baldwin, ASC Consultant
e-mail: lance@m-exec.com

RE: Certificate of Need Application #21-02 Evergreen Eye Clinic – Certificate of Need #1892

Dear Mr. Cole:

Enclosed is Certificate of Need #1892 issued to Evergreen Eye Clinic, Inc. PS approving the establishment of an ambulatory surgical facility in Tacoma, within central Pierce 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

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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,



Eric Hernandez, Program Manager
Certificate of Need
Office of Community Health Systems

Enclosure

cc: Thomas Grimm, Attorney
Ryan Swanson & Cleveland



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 #1892 is issued to:

Applicant's Legal Name: Evergreen Eye Clinic, Inc. PS
Applicant's Address: Administration Office: 716 South 348th Street
Federal Way, Washington 98003
Facility Type Ambulatory Surgical Facility
Project Type Ambulatory Surgical Facility
Facility Name: Evergreen Eye Center-Tacoma
Facility Address: 502 South Main Street, Tacoma, Washington 98405

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 5, 2021 AND THE DEPARTMENT'S RECONSIDERATION RECORD AND EVALUATION DATED JUNE 11, 2021. (CN APP # 21-02)

Project Description

This certificate approves the establishment of an ambulatory surgical facility to be located at 502 South Main Street in Tacoma [98405], within the central Pierce County planning area. The surgery center will have three operating rooms and solely provide ophthalmology services.

Service Area

Central Pierce County

Conditions

Six Conditions are Listed on Page Two

Approved Capital Expenditure

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from June 18, 2021 to June 18, 2023 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 18, 2021

A handwritten signature in black ink, appearing to read "Eric Hernandez", written over a horizontal line.

Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable

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Conditions

1. Approval of the project description as stated above. Evergreen Eye Center, Inc. PS further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Evergreen Eye Center, Inc. PS will obtain and maintain Medicare and Medicaid certification for the surgery center.
3. Evergreen Eye Center, Inc. PS will provide charity care in compliance with its charity care policy reviewed for this surgery center. Evergreen Eye Center, Inc. PS will use reasonable efforts to provide charity care at the surgery center in the amount consistent with the three-year average of charity care for gross revenue provided by the three hospitals located in the central Pierce County planning area. The gross revenue three-year average for years 2017 – 2019 is 1.50%.
4. Evergreen Eye Center, Inc. PS will maintain records of charity care applications received and the dollar amount of charity care discounts granted at the new surgery center. The records must be available upon request.
5. Prior to providing surgical services, Evergreen Eye Center, Inc. PS will provide a listing of ancillary and support services used by the surgery center to Certificate of Need Program for its review.
6. Prior to providing surgical services, Evergreen Eye Center, Inc. PS will provide a listing of its staff to Certificate of Need Program for its review. The listing of staff shall include the name and professional license number.