



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 8, 2021

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

RE: Determination of Reviewability #21-19

Dear Mr. Scrivens:

Enclosed is Amended Replacement Authorization (RA) #098A issued to Bethany of the Northwest approving the replacement of 31 nursing home beds from Bethany at Pacific to Bethany at Silver Lake. Both facilities are in Snohomish County.

Issuance of an Amended Replacement Authorizations does not affect the two-year validity of the original approval. According to Certificate of Need Program records, the project authorized under RA #098 has commenced and is nearing completion. The Amended Replacement Authorization approves the increase in costs beyond the allowable amount identified in RA #098.

APPEAL OPTION

This decision may be appealed. You or 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 addresses listed on the following page.

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

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

Sincerely,

Eric Hernandez, Manager
Department of Health, Certificate of Need Program

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

Replacement Authorization #098A is issued to:

Existing Licensee: Bethany of the Northwest
Current Facility Name: Bethany at Pacific
Current Facility Address: 916 Pacific Avenue, Floors 3, 4, & 5 Everett, Washington 98201
Current County Location: Snohomish
Current Number of Licensed Beds: 111 licensed and zero banked

Replacement Facility Information

Replacement Facility Licensee: Bethany of the Northwest
Replacement Facility Name: Bethany at Silver Lake
Replacement Facility Address: 2235 Lake Heights Drive, Everett, Washington 98208
Replacement Facility County Location: Snohomish
Replacement Facility Number of Beds: 120 licensed and zero banked
Capital Expenditure of Project: \$7,720,150

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 Amended 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.

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.

This Amended Replacement Authorization is effective from April 25, 2019, through April 25, 2020, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Issued: January 8, 2021

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

Eric Hernandez, Program Manager
Certificate of Need
Community Health Systems

This Amended Replacement Authorization is not transferable.