



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

December 21, 2010

CERTIFIED MAIL # 7008 1300 0000 7202 9430

Mr. Esperato V. Obenza, President
Amenity Home Health Care, Inc.
6305 NE 187th St.
Kenmore, Washington 98028

Dear Mr. Obenza:

Enclosed is Certificate of Need #1436 issued to Amenity Home Health Care, Inc. proposing to establish a Medicare Certified/Medicaid Eligible home health agency with in King County.

The certificate is not 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 two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person 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

Other Than By Mail

Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501



Appeal Option 2:

You or any affected 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:

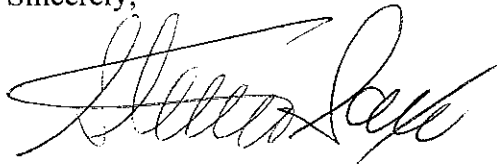
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Clerk Office
310 Israel Road SE, Building 6
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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office
Karen Stricklett, Department of Health, Customer Service Office



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 #1436 is issued to:

Legal Name of Applicant: Amenity Home Health Care, Inc.
Address of Applicant: 6305 NE 197th St., Kenmore, Washington 98028
Type of Service: Home Health Agency
Facility Name: Amenity Home Health Care, Inc.
Facility Address: 6305 NE 197th St., Kenmore, Washington 98028

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON
THE DEPARTMENT'S RECORD AND EVALUATION OF DECEMBER 1, 2010.
(CN APP #10-03)**

Project Description:

This certificate approves the establishment of a Medicare Certified/Medicaid Eligible Home Health Agency to serve King County.

Service Area

King County

Approved Capital Expenditure

The approved capital expenditure for the project is \$21,001.

Condition

Amenity Home Health's Medicare Certified home health agency will serve the entire service area of King County.

This Certificate authorizes commencement of the project from December 21, 2010, to December 21, 2012, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 21, 2010


Steven Saxe

Director, Health Professions and Facilities

This Certificate is not transferable