



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

September 20, 2012

CERTIFIED MAIL # 7011 1570 0002 7808 7266

Jeffrey Robert, CSO
Providence St. Peter Hospital
413 Lilly Road Northeast
Olympia, Washington 98506-5166

Re: CN #12-29

Dear Mr. Robert:

Enclosed is Certificate of Need #1489 issued to Providence Health & Services-Washington to expand the number of level I rehabilitation beds at St. Peter Hospital.

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. 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:
Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

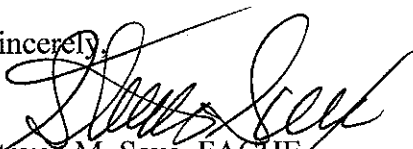
Other Than By Mail
Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

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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,

A handwritten signature in black ink, appearing to read "Steven M. Saxe". The signature is written in a cursive style with a large, sweeping initial "S".

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

Enclosure

cc: Department of Health, Investigations and Inspections 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 #1489 is issued to:

Legal Name of Applicant: Providence Health & Services-Washington
Address of Applicant: Providence St. Peter Hospital
413 Lilly Road Northeast, Olympia, Washington 98506
Type of Service: Acute Care Hospital
Facility Name: Providence St. Peter Hospital
Facility Address: 413 Lilly Road Northeast, Olympia, Washington 98506

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED AUGUST 31, 2012 (App #12-29)

Project Description:

This Certificate approves the reallocation of six licensed acute care beds from general medical-surgical to its dedicated level I rehabilitation unit at St. Peter Hospital. At project completion, St. Peter Hospital would continue to be licensed for 390 acute care beds. The type of license and number of beds are summarized below.

Type	Approved
General Medical/Surgical	283
Chemical Dependency/Alcohol Treatment	50
Psychiatric	20
Level I Rehabilitation	24
Level II Intermediate Care Nursery	13
Total	390

Service Area

Thurston County and surrounding areas

Conditions

Please see page 2

Approved Capital Expenditure

The approved capital of this project \$1,800,000.

This Certificate authorizes commencement of the project from September 20, 2012, to September 20, 2014, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 20, 2012

Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable.

CN #1489 Conditions

1. Approval of the project description as stated above. Providence Health & Services-Washington 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. Providence Health & Services-Washington will provide to the department, for review and approval, a revised Admission Policy for Acute Care Services to be used at the hospital. The revised policy must specifically address a patient's admission without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical or mental status and be consistent with the other components of the agreement provided in the application.

3. Providence Health & Services-Washington will provide to the department, for review and approval, a revised Criteria and Process for Inpatient Medical Rehabilitation Policy to be used at the hospital. The revised policy must specifically address a patient's admission without regard to race, ethnicity, national origin, age, sex, pre-existing condition, physical or mental status and be consistent with the other components of the agreement provided in the application.