

June 22, 2023

Department of Health  
Certificate of Need Program  
Janis Sigman, Manager  
P.O. Box 47852  
Olympia, WA 98504-7852

BB27-03

RE: Bed Banking – Arcadia Healthcare – Parkside

Dear Ms. Sigman:

Under RCW 70.38111(9), we hereby submit to you our request for bed unbanking. PREST OP LLC is the licensee of Arcadia Healthcare Parkside, located at 308 W Emma St, Union Gap, WA 98903.

We plan to unbank the 24 licensed beds that were banked on December 30, 2021. This will change the licensed beds from 64 to 88.

Please contact me at (917) 499-7754, if you have any questions or need additional information. Thank you in advance for your prompt review and determination of this request for voluntary bed banking.

Sincerely,

Gabriel Mayer  
Executive VP of Asset Management  
PREST OP LLC (Arcadia Healthcare - Parkside)

Room Number	# of Beds in Room [Before Banking]	Current # of Beds in Room	Current Use of Room	# of Beds to Convert	# of Beds Remaining After Banking
105	2	1	Convert to Private Room	1	2
106	2	1	Convert to Private Room	1	2
107	2	1	Convert to Private Room	1	2
108	2	1	Convert to Private Room	1	2
200	2	1	Convert to Private Room	1	2
202	2	1	Convert to Private Room	1	2
218	3	2	Convert to 2-bed Room	1	3
230	3	2	Convert to 2-bed Room	1	3
232	3	0	Convert to 2-bed Room	3	3
301	3	0	Private Dinning Area	3	3
303	2	2	Convert to Family Meeting Space	0	2
305	4	2	Convert to 2-bed Room	2	4
306	4	2	Convert to 2-bed Room	2	4
307	4	2	Convert to 2-bed Room	2	4
308	4	2	Convert to 2-bed Room	2	4
402	4	2	Convert to 2-bed Room	2	4
<b>Total</b>	<b>46</b>	<b>22</b>		<b>24</b>	<b>46</b>



<b>FOR DEPARTMENT USE ONLY</b>
<i>Date Stamp Here</i>
Fee Received: _____
Check #: _____
Initials _____

**NURSING HOME ALTERNATIVE BED BANKING CONVERSION NOTICE**

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

**Alternate Use Bed Banking Conversion notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.**

This notice is made for Nursing Home Bed Banking for Alternative Use Conversion in accordance with provisions in RCW 70.38 and WAC 246-310-395, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Arcadia Healthcare - Parkside  
Name of the Nursing Home (facility)

PREST OP LLC  
Name of the facility's Licensee

Gabriel Mayer (917) 499-7754  
Print Name of person making the request Telephone Number

Excecutive VP of Asset Management Officer  
Title of person making the request Relationship to licensee

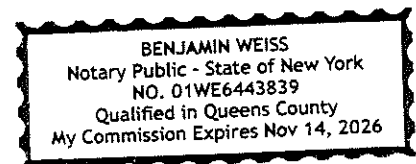
**I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.**

*Gabriel Mayer*  
Signature of Licensee

06.26.2023  
Date

Address:  
308 W Emma St, Union Gap, WA 98903

October 1, 2023  
Expected Date of Conversion



**Invoice for Submission of Alternate Use Bed Banking-Conversion Notice**

1. Submit two copies of the signed application with review fee to the Department
2. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
3. Complete the following prior to submission for review:

REVIEW FEE: \$ 1,347 (refer to fee schedule)

APPLICANT NAME: Arcadia Healthcare - Parkside

DATE OF SUBMISSION: 06/26/2023 CHECK NUMBER: 570

4. Mail **ORIGINAL**, signed notice and payment to:

**Physical Address:**

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

**Mailing Address:**

**Department of Health  
Certificate of Need Program  
P O Box 47852  
Olympia WA 98504-7852**

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM  
RCW 70.38 AND WAC 246-310

**ALTERNATE USE BED BANKING CONVERSION NOTICE REQUIREMENTS**

**Note:** Conversion notices shall be submitted to the Department of Health and a copy to the Department of Social and Health Services a minimum of ninety days prior to the effective date of the bed conversion unless construction is required to convert the beds back. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice, a new notice must be resubmitted a minimum of ninety days prior to the effective date of the licensure modification.

If construction is required to convert beds back to nursing home bed use, the notice shall be submitted to the Department of Health and a copy to the Department of Social and Health Services a minimum of one year prior to the effective date of the bed conversion. The same life and safety code requirements as existed at the time the nursing home voluntarily reduced its licensed beds shall be complied with unless waivers from such requirements were issued, in which case the converted beds shall reflect the conditions or standards that then existed pursuant to the approved waivers. In the event the beds are not converted back to nursing home beds within sixty days of the date stated in the notice, a new notice of intent must be resubmitted a minimum of one year prior to the effective date of the licensure modification.

The term "construction," as used in relationship to Alternate Use Bed Banking Conversion, is limited to those projects that are expected to equal or exceed the expenditure minimum amount. Currently this figure is \$2,000,000.

Information Requirements:

1. Construction is: \_\_\_\_\_ is not Is Not required to convert the beds.
2. For the entire facility, please provide a current facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
3. For the entire facility, please provide a floor diagram of the current facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.
4. For the entire facility, please provide a facility room listing showing each room and each one to be converted, its room number, its use, the number of beds in each room, and whether the room is to be Medicare certified.
5. For the entire facility, please provide a floor diagram of the facility showing each room and each one to be converted, its room number, its use, the number of beds in each room and whether the room is to be Medicare certified. **PLEASE NOTE:** The diagrams provided must be clearly readable.





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

February 18, 2022

Gabriel Mayer, Executive VP of Asset Management  
Arcadia Healthcare – Parkside  
308 W Emma St  
Union Gap, WA 98903  
email: gmayer@gcapmgt.com

**Re: 22-02 Approval Letter Alternate Use Bed Banking**

Gabriel Mayer:

Thank you for your Nursing Home Alternate Use Bed Banking Notice for the banking of 24 licensed beds at Arcadia Healthcare – Parkside. Currently, Arcadia Healthcare – Parkside is licensed for 88 nursing home beds and has no banked beds. The notice requests to bank 24 of the facility's licensed beds under the alternate use provisions of RCW 70.38.111(9).

The table below shows the room number, the current number of beds in each room, and the proposed number of beds to be banked *for the rooms that are being updated*. The table below also shows the reason for the bed banking and the remaining number of beds in each of the rooms after banking (if any).

Room Number	Current # of licensed Beds in Room	# of Beds to Bank	Purpose of Bed Banking	# of Beds Remaining After Banking
105	2	1	Convert to private room	1
106	2	1	Convert to private room	1
107	2	1	Convert to private room	1
108	2	1	Convert to private room	1
200	2	1	Convert to private room	1
202	2	1	Convert to private room	1
218	3	1	Convert to 2-bed room	2
230	3	1	Convert to 2-bed room	2
232	3	1	Convert to 2-bed room	2
301	3	3	Private dining area	0
303	2	2	Convert to family meeting space	0
305	4	2	Convert to 2-bed room	2
306	4	2	Convert to 2-bed room	2
307	4	2	Convert to 2-bed room	2
308	4	2	Convert to 2-bed room	2
402	4	2	Convert to 2-bed room	2
<b>Total</b>	<b>46</b>	<b>24</b>		<b>22</b>

Gabriel Mayer, Executive VP of Asset Management  
Arcadia Healthcare – Parkside  
February 18, 2022  
Page 2 of 2

Based on the information provided, the Certificate of Need Program approves your request to bank 24 beds at Arcadia Healthcare – Parkside under the alternate use provisions of RCW 70.38.111(9). After the 24 beds are banked, Arcadia Healthcare – Parkside’s total number of licensed beds will be 64 beds with 24 beds banked under alternate use. To effectuate this bed banking, you must complete the de-licensing of the 24 beds with the Department of Social and Health Services.

RCW 70.38.111(9)(c) allows for a facility to bank beds for up to four years from the effective date. Once DSHS provides the CN Program with notification of the de-licensure of beds, our records will be updated to indicate that the 24 beds are banked for a term of four years from the effective date.

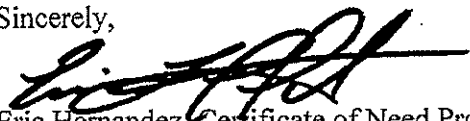
**Note:** Approval of this bed banking does not constitute approval under any other local, federal, or state statute implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Section 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.

**Also Note:** Under the nursing home licensing WAC 388-97-3400 and WAC 388-97-2160(2)(b), a change in the use of a room requires review and approval by the Construction Review Program of the Department of Health. The contact number for Construction Review is (360)236-2944.

If Arcadia Healthcare – Parkside decides to modify the room numbers or alternative uses for the beds that have been banked at Arcadia Healthcare – Parkside, notification to the Certificate of Need Program is necessary under the provisions of WAC 246-310-395(4) to assure continued compliance with RCW 70.38.111(9)(a) and WAC 246-310-395.

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

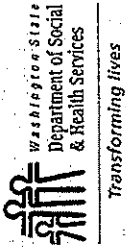
Sincerely,



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

cc: Jennifer Brascher - DSHS/AL TSA/MS  
Annette Curry - DSHS/AL TSA/MSD





# NURSING HOME LICENSE

License Number: 1640

First Issued: May 21, 2021

Pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services, a license is hereby granted to

## Arcadia Healthcare - Parkside

operated by Prest Op LLC

to conduct and maintain at 308 W Emma St

City of Union Gap, Zip Code 98903 County of Yakima State of Washington

A facility providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours, for 64 adults

This license shall be in force from the 1st day of November, 2022 through the 31st day of October, 2023 subject to revocation for due cause.

*Nike Anbesse*

\_\_\_\_\_, Licensing Authority

**NOTE:** The department renewal of a license does not preclude the department from taking any action under RCW 18.51.060, based on inspection. This license is not transferable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above described.

Issued by Authority of Chapter RCW 18.51 and 74.46

