



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

September 29, 2014

Lynn Derby, MD
Spokane Plastic Surgeons, PS
235 East Rowan Avenue, #206
Spokane, Washington 99207

RE: DOR #14-30

Dear Dr. Derby:

The Department of Health has completed the review of your exemption request regarding the proposed ambulatory surgery center in Spokane, within Spokane County. Below is the information considered and the facts relied upon by the Certificate of Need Program in reaching its conclusion regarding your project.

INFORMATION CONSIDERED

- Ambulatory Surgery Center (ASC) exemption application received June 13, 2014
- Supplemental information received September 22, 2014
- Revised Code of Washington (RCW) 70.38
- Washington Administrative Code (WAC) 246-310
- Washington Secretary of State and Department of Revenue information obtained from the respective websites
- Department of Health external provider look-up
- Department of Health Integrated Licensing and Regulatory System (ILRS)
- Certificate of Need historical files

FACTS CONSIDERED

- Spokane Plastic Surgeons, PS has been registered with the Secretary of State's office as a professional services corporation since September 23, 1980, and the Department of Revenue since October 1, 1980. The corporation's sole governing officer is Lynn Derby.
- Spokane Plastic Surgeons, PS has one practice site located at 235 East Rowan Avenue, #206 in Spokane [99207], within Spokane County.
- This application proposes establishment of an exempt ASC at the practice site.

- Spokane Plastic Surgeons, PS has already completed a technical assistance review with the Department of Health's Construction Review Services office for the surgery center.¹
- The exemption application identifies two physicians that would have access to the proposed ASC. The physicians are listed below.

Name	Credential Status	Practice Status
Lynn Derby	Active	Owner/Employee
Dallas Roy Buchanan	Active	Employee

- The proposed ASC would be operated under the corporation of Spokane Plastic Surgeons, PS.
- Procedures to be performed at the ASC are those typically associated with plastic surgery, such as breast augmentation, brow lifts, and chin augmentation. A listing of most common procedures was provided in the application.
- The proposed ASC would not be operated under a management agreement.

CONCLUSION

Based on the totality of information considered, the department concludes the proposed ASC would be exempt from Certificate of Need review. This exemption is not transferable and the conclusions reached concerning this proposed ASC are based on the facts about this facility and it should not be assumed the department would reach the same conclusion in future exemption requests for other future ASCs.

If changes are made in the operation or ownership of this proposed ASC, the ASC may no longer be eligible for this exemption. In that case, prior Certificate of Need review and approval or new exemption would be required. Examples of such changes include the following. This list is not intended to be all inclusive.

- The scope of services is expanded to include services subject to Certificate of Need review under the provisions of WAC 246-310-020.
- The provision of any procedure as identified under WAC 246-310-705(4).
- The ASC is operated under a management agreement.
- The ASC is organized as a separate legal entity from the practice.
- The ASC is moved to a different site than identified in the exemption application.
- Use of the ASC is extended to any physician who is not a member/owner or employed by Spokane Plastic Surgeons, PS.
- The ASC ceases operations or relinquishes its Medicare certification and then chooses to resume services as an ASC.
- The ASC or the practice is purchased or leased.
- ASC patients are routinely transferred from the ASC for observation care at one of the area's hospitals.

¹ CRAS #60470574.

APPEAL OPTIONS

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 addresses below.

<u>Mailing Address:</u>	<u>Physical Address</u>
Department of Health	Department of Health
Certificate of Need Program	Certificate of Need Program
Mail Stop 47852	111 Israel Road SE
Olympia, WA 98504-7852	Tumwater, WA 98501

Appeal Option 2:

You 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.

<u>Mailing Address:</u>	<u>Physical Address</u>
Department of Health	Department of Health
Adjudicative Service Unit	Adjudicative Service Unit
Mail Stop 47879	111 Israel Road SE
Olympia, WA 98504-7879	Tumwater, WA 98501

If you have any questions, you can e-mail me at karen.nidermayer@doh.wa.gov or call me directly at (360) 236-2957.

Sincerely,



Karen Nidermayer, Analyst
Certificate of Need Program
Community Health Systems

cc: Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services