



State of Washington  
Department of Health

July 27, 2015

CERTIFIED MAIL # 7009 0960 0000 5564 6942

Tracey Kasnic, SVP & Chief Nursing Officer  
Confluence Health  
Wenatchee Valley Hospital  
820 N Chelan Avenue  
Wenatchee, WA 98801

RE: CN 15-16

Dear Ms. Kasnic:

Enclosed is Certificate of Need #1554 issued to Confluence Health to covert three general medical/surgical beds to level I rehabilitation beds at Wenatchee Valley 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. The appeal options are listed below.

Appeal Option 1:

Any person with standing 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

Physical Address:

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

Appeal Option 2:

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 following addresses:

Mailing Address:

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

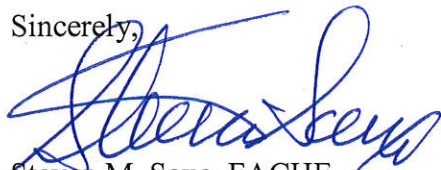
Physical Address:

Adjudicative Service Unit  
111 Israel Road SE  
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 questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE  
Director, Office of Community Health Systems

Enclosure



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 #1554 is issued to:**

**Legal Name of Applicant:** Confluence Health  
**Address of Applicant:** 820 N. Chelan Avenue, Wenatchee, WA 98801  
**Type of Service:** Hospital Acute Care Services  
**Facility Name:** Wenatchee Valley Hospital  
**Facility Address:** 820 N. Chelan Avenue, Wenatchee, WA 98801

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED JULY 9, 2015, (CN App #15-16)**

**PROJECT DESCRIPTION:**

This Certificate approves the conversion of three licensed acute care beds from Wenatchee Valley Hospital’s general medical-surgical capacity to its dedicated level I rehabilitation unit. At project completion, Wenatchee Valley Hospital will continue to be licensed for 20 acute care beds. A breakdown of the beds by type is summarized in the table below.

Type	Existing beds	# of beds after project completion
General Medical/Surgical Beds	14	11
Dedicated or PPS Exempt Rehabilitation Level 1 Beds	6	9
<b>Total Licensed Beds</b>	<b>20</b>	<b>20</b>

**Service Area**  
Chelan County

**Conditions:**  
See page #2

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$24,932

This Certificate authorizes commencement of the project from July 27, 2015 to July 27, 2017, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 27, 2015

  
Steven Saxe, Director

**This Certificate is not transferable.**

**Certificate of Need #1554**

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**Conditions:**

1. Wenatchee Valley Hospital agrees with the project description stated above. Wenatchee Valley Hospital 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. Prior to commencement of the approved project, Wenatchee Valley Hospital will provided the department a copy of its Admission policy for posting as required by WAC 246-320-141. The Admission policy must be consistent with the policy provided in this application.
3. Prior to commencement of the approved project, Wenatchee Valley Hospital will post to its website its Admission policy as required by WAC 246-320-141. The Admission policy posted must be consistent with the policy provided in this application.