



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Certificate of Need Program  
111 Israel Road Southeast – MS 4-7852  
Olympia, Washington 98504

February 9, 2016

CERTIFIED MAIL # 7015 0640 0000 6441 5843

Lawrence Lopardo, General Counsel  
Georgian Rehab, LLC  
25117 Southwest Parkway, #F  
Wilsonville, Oregon 97070

RE: DOR 16-13

Dear Mr. Lopardo:

We have completed review of the Amendment Replacement Authorization application submitted by Georgian Rehab, LLC proposing replacement of Avamere Georgian House of Lakewood as allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. The amendment application is consistent with the applicable criteria of the Certificate of Need Program, provided Georgian Rehab, LLC agrees to the following in its entirety.

**Project Description:**

This Replacement Authorization approves the replacement of Avamere Georgian House of Lakewood, a 73-bed Medicare and Medicaid certified nursing home, to a new site in Pierce County. The estimated cost of the project is \$12,578,028.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a Replacement Authorization will be sent to you. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety. Your written response should be sent to the Certificate of Need Program, 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

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

Sincerely,

A handwritten signature in blue ink that reads "Janis R. Sigman". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Janis R. Sigman, Manger  
Certificate of Need Program  
Community Health Systems