



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

December 4, 2017

CERTIFIED MAIL # 7016 3010 0001 0575 1393

Eric Jensen, FACHE, Chief Executive Officer
Astria Toppenish Hospital
502 West 4th Avenue
Toppenish, Washington 98948

RE: Determination of Reviewability #18-08

Dear Mr. Jensen:

Enclosed is Certificate of Need #1622 approving Astria Toppenish Hospital's exemption request to convert 15 licensed beds to psychiatric beds at the hospital located in Yakima County. The psychiatric beds will be used for the development and operation of a mental health services program; including inpatient care.

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 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

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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 questions or would like to arrange for a meeting to discuss this decision, please call me at (360) 236-2955.

Sincerely,

A handwritten signature in blue ink that reads "Janis R. Sigman". The signature is fluid and cursive.

Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Enclosure

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



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 #1622 is issued to:

Legal Name of Applicant: SCH Medical Center - Toppenish
Address of Applicant: 502 West 4th Avenue, Toppenish, Washington 98948
Type of Service: Acute Care Hospital
Facility Name: Astria Toppenish Hospital
Facility Address: 502 West 4th Avenue, Toppenish, Washington 98948

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE EXEMPTION APPLICATION RECEIVED AT THE CERTIFICATE OF NEED PROGRAM ON NOVEMBER 9, 2017 (DOR #18-08)

Project Description:

This certificate approves converting 15 licensed acute care beds to psychiatric beds at Astria Toppenish Hospital as allowed by RCW 70.38.111(11)(a). The psychiatric beds will be used for the development and operation of a mental health services program, including inpatient care. Astria Toppenish Hospital is licensed for a total of 63 acute care beds. The Certificate of Need beds authorized before and after the conversion are below.

| Astria Toppenish Hospital | | |
|----------------------------------|-------------------------------|------------------------------|
| Bed Type | Beds Before Conversion | Beds After Conversion |
| General Medical Surgical | 63 | 48 |
| PPS Exempt Psychiatric | 0 | 15 |
| Total Licensed Beds | 63 | 63 |

These 15 psychiatric beds may be converted back to previous use only after approval by the Certificate of Need program of Astria Toppenish Hospital's exemption request to return the exempt psychiatric beds back to their previous licensed status at the hospital.

Service Area


Yakima County and surrounding areas

Conditions

Astria Toppenish Hospital will seek certification from Department of Social and Health Services to become a provider of Involuntary Treatment Act services at the hospital.

This Certificate authorizes commencement of the project from December 1, 2017, to December 1, 2019, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 1, 2017


Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

This Certificate of Need is not transferable.