



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 31, 2018

CERTIFIED MAIL #7016 3010 0001 0575 0907

Aaron Dunyon, Director of Construction
Lynnwood Post Acute Rehabilitation Center
5821 – 188th Street Southwest
Lynnwood, Washington 98037

RE: Determination of Reviewability [DOR] 17-15

Dear Mr. Dunyon:

Enclosed is Renovation Authorization (RA) #090 issued to Lynnwood Health Services, Inc. approving the renovation of Lynnwood Post Acute Rehabilitation Center as allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. At project completion, the renovated facility will have a maximum of 67 skilled nursing beds as noted on the certificate.

Renovation Authorization #090 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal option is listed below.

Appeal Option:

You or 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:
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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Lynnwood Post Acute Rehabilitation Center
Determination of Reviewability #17-15
January 31, 2018
Page 2 of 2

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 me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

Renovation Authorization #090 is issued to:

Existing Licensee: Lynnwood Health Services, Inc.
Current Facility Name: Lynnwood Post Acute Rehabilitation Center
Current Facility Address: 5821 – 188th Street Southwest
Lynnwood, Washington 98037
Current County Location: Snohomish
Current Number of Licensed Beds: 67 licensed and zero banked

Renovated Facility Information

Renovated Facility Licensee: Lynnwood Health Services, Inc.
Renovated Facility Name: Lynnwood Post Acute Rehabilitation Center
Renovated Facility Address: 5821 – 188th Street Southwest
Lynnwood, Washington 98037
Renovated Facility County Location: Snohomish
Renovated Facility Licensed Beds: 67 licensed and zero banked
Capital Expenditure of Project: \$4,500,000

Project Description

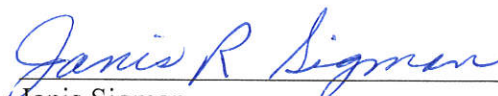
This Renovation Authorization approves the renovation of Lynnwood Post Acute Rehabilitation Center, a 67-bed Medicare and Medicaid certified nursing home. The nursing home will remain at its current site of 5821 – 188th Street Southwest in Lynnwood [98037], within Snohomish. The estimated cost of the project is \$4,500,000.

Conditions:

1. Approval of the project description as stated above. Lynnwood Health Services, Inc. further agrees that any change to the project as described in the project description is a new project that requires a new Renovation Authorization.
2. The renovated nursing home will continue to participate in both the Medicare and Medicaid programs.

This Renovation Authorization is effective from January 31, 2018, through January 31, 2020, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Issued: January 31, 2018



Janis Sigman

Manager, Certificate of Need Program
Community Health Systems

This Renovation Authorization is not transferable.