



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

October 16, 2019

CERTIFIED MAIL # 7018 2290 0001 8591 8711

Jan Zemplenyi, MD  
Bel-Red Ambulatory Surgical Facility  
1260-116<sup>th</sup> Avenue Northeast, #110  
Bellevue, Washington 98004

RE: Certificate of Need Application #19-61

Dear Dr. Zemplenyi:

Enclosed is Certificate of Need #1819 issued to Bel-Red Center for Aesthetic Surgery approving the expansion of surgical services provided at Bel-Red Ambulatory Surgical Facility located in Bellevue.

The certificate is not an 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

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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:

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

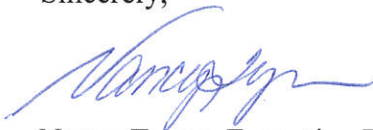
Physical Address

Department of Health  
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 the Certificate of Need Program at (360) 236-2955.

Sincerely,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
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 #1819 is issued to:**

**Applicant's Legal Name:** Bel-Red Center for Aesthetic Surgery  
**Applicant's Address:** 1260-116<sup>th</sup> Avenue Northeast, #110, Bellevue, Washington 98004  
**Facility Type:** Ambulatory Surgical Facility  
**Project Type:** Ambulatory Surgical Facility  
**Facility Name:** Bel-Red Ambulatory Surgical Facility  
**Facility Address:** 1260-116<sup>th</sup> Avenue Northeast, #110, Bellevue, Washington 98004

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED OCTOBER 4, 2019 (CN APP # 19-61 )**

**Project Description**

This certificate approves the expansion of surgical services at Bel-Red Ambulatory Surgical Facility. The surgical facility currently provides cosmetic, plastic, and otolaryngology (ENT) surgical services. Additional services include bariatric, podiatry, orthopedic, urologic, gynecological, gastroenterology, oral and maxillofacial, ophthalmologic, pain management, and general surgical services as described in the application and can be appropriately performed in an outpatient setting. Bel-Red Ambulatory Surgical Facility will remain at its current site with two operating rooms.

**Service Area**

East King County

**Conditions**


1. Bel-Red Center for Aesthetic Surgery, PS agrees with the project description as stated above. Bel-Red Center for Aesthetic Surgery, PS further agrees that any change to the project as described in the project description above is a new project that requires a new Certificate of Need.
2. Bel-Red Ambulatory Surgery Facility will maintain Medicare and Medicaid certification, regardless of facility ownership.
3. Bel-Red Ambulatory Surgery Facility will provide charity care in compliance with its charity care policies reviewed and approved by the Department of Health. Bel-Red Ambulatory Surgery Facility will use reasonable efforts to provide charity care in the amount identified in the application, or the planning—whichever is higher. Currently, the planning area is 1.02% of gross revenue and 2.25% of adjusted revenue. Bel-Red Center for Aesthetic Surgery, PS will maintain records of charity care amount provided by Bel-Red Ambulatory Surgery Facility documenting the amount of charity care its provides and demonstrating compliance with its charity care policies.
4. Bel-Red Center for Aesthetic Surgery, PS will maintain records of charity care applications received and the dollar amount of charity care discounts granted at Bel-Red Ambulatory Surgery Facility. The records must be available upon request.

**Approved Capital Expenditure**

There is no capital expenditure associated with this project.

**This Certificate authorizes commencement of the project from October 16, 2019 to October 16, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued: October 16, 2019**

  
Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**