



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

July 29, 2020

Gary Castillo, Executive Director
Tri-Cities Chaplaincy, d/b/a Chaplaincy Healthcare
1480 Fowler Street
Richland, Washington 99352

RE: CN Application #20-11

Sent via email

Dear Mr. Castillo:

Enclosed is Certificate of Need #1847 issued to Tri-Cities Chaplaincy, d/b/a Chaplaincy Healthcare. The certificate is for the relocation of The Hospice House to 1336 Spaulding Avenue, Richland, Washington 99352.

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

Gary Castillo, Executive Director
Tri-Cities Chaplaincy, d/b/a Chaplaincy Healthcare
July 29, 2020
Page 2 of 2

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

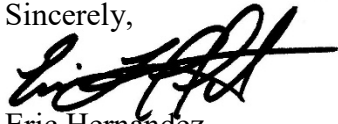
Physical Address

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,



Eric Hernandez
Program Manager, Certificate of Need

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 #1847 is issued to:

Applicant's Legal Name: Tri-Cities Chaplaincy, d/b/a Chaplaincy Healthcare
Applicant's Address: 1480 Fowler Street, Richland, Washington 99352
Facility Type: Hospice Care Center
Project Type: Hospice Care Center
Facility Name: The Hospice House
Facility Address: 1336 Spaulding Avenue, Richland, Washington 99352

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED JULY 21, 2020 (CN APP # 20-11)

Project Description

This certificate approves the relocation of The Hospice House to a new site in Benton County, at 1336 Spaulding Avenue, Richland, Washington 99352.

Chaplaincy Healthcare states that the following factors will remain with the relocation.

- 10 beds (no change in the licensed bed capacity)
- Chaplaincy will operate with the same Medicare and Medicaid provider numbers
- No change in the service area
- The existing hospice care center will close once the replacement hospice care center opens

Service Area

Benton and Franklin Counties

Conditions

1. Approval of the project description as stated above. Tri-Cities Chaplaincy 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. Tri-Cities Chaplaincy will finance this project as described in the application.

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$8,823,824, which includes costs for land purchase, construction and fixed equipment, moveable equipment, and associated fees.

This Certificate authorizes commencement of the project from July 29, 2020 to June 29, 2022 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 29, 2020

Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable