

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 1:41 pm, Jun 02, 2021

FOR DEPARTMENT USE ONLY
Date Stamp Here
BB21-07
Fee Received:
Check #:
Initials

NURSING HOME ALTERNATIVEUSE BED BANKING NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.111 and Washington Administrative Code (WAC) 246-310-395.

Alternate Use Bed Banking notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Nursing Home Bed Banking for Alternative Use in accordance with provisions in RCW 70.38 and WAC 246-310-395, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Name of the Nursing Home (facility)	
Martha & Mary Health Services	
Name of the facility's Licensee	
Lynette L. Ladenburg	360-394-4010 Direct 360-779-7500 Facility
Print Name of person making the request	Telephone Number
Chief Executive Officer	Employee of Facility/CEO
I understand that any evasion or suppressi	Relationship to licensee ion of material facts, misrepresentation, false statement formation contained in this notice shall be grounds for a
I understand that any evasion or suppressimisleading statements regarding any of the in	ion of material facts, misrepresentation, false stateme formation contained in this notice shall be grounds for a forfeiture of the beds.
	ion of material facts, misrepresentation, false stateme iformation contained in this notice shall be grounds for a
I understand that any evasion or suppressimisleading statements regarding any of the in under the provisions of WAC 246-310-500 and Signature of Licensee	ion of material facts, misrepresentation, false stateme iformation contained in this notice shall be grounds for a forfeiture of the beds. May 14, 2021
I understand that any evasion or suppressimisleading statements regarding any of the in under the provisions of WAC 246-310-500 and Signature of Licensee Address:	ion of material facts, misrepresentation, false stateme iformation contained in this notice shall be grounds for a forfeiture of the beds. May 14, 2021
I understand that any evasion or suppressimisleading statements regarding any of the in under the provisions of WAC 246-310-500 and	ion of material facts, misrepresentation, false stateme iformation contained in this notice shall be grounds for a forfeiture of the beds. May 14, 2021

Invoice for Submission of Alternate Use Bed Banking Notice

- 1. This form must be accompanied by a check payable to: The Department of Health for the review fee as identified below.
- 2. Complete the following prior to submission for review:

REVIEW FEE: $$\frac{1,347.00}{}$ (Refer to Fee Schedule)

APPLICANT NAME: Martha & Mary Health Services c/o Lynette L. Ladenburg, CEO

DATE OF SUBMISSION: 5/28/2021 CHECK NUMBER: 276164

4. Mail ORIGINAL, signed notice and payment to:

Physical Address:

Department of Health Certificate of Need Program 310 Israel Road Tumwater, Washington 98501

To mail overnight, UPS or FedEx:

Department of Health Certificate of Need Program P O Box 47852 Olympia, Washington 98504-7852

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM RCW 70.38 AND WAC 246-310

ALTERNATE USE BED BANKING NOTICE REQUIREMENTS

Please note the following definition:

"Enhance the quality of life for residents" means, for the purposes of voluntary bed banking, those services or facility modifications, which have a direct and immediate benefit to the residents. These shall include, but not be limited to: Resident activity and therapy facilities; family visiting rooms; spiritual rooms and dining areas. These services or facility modifications shall not include those that do not have direct and immediate benefit to the residents, such as: Modifications to staff offices; meeting rooms; and other staff facilities. (WAC 246-310-010)

Information Requirements

- 1. For the entire facility, please provide a <u>current</u> facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified. All beds are dual certified
- 2. For the entire facility, please provide a floor diagram of the <u>current</u> facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. PLEASE NOTE: The diagrams provided must be clearly readable.
- 3. For the entire facility, please provide a **proposed** facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.
- 4. For the entire facility, please provide a floor diagram of the <u>proposed</u> facility room listing showing each room, its room number, its use, the number of beds in each room and whether the room is Medicare certified. **PLEASE NOTE**: The diagrams provided must be clearly readable.

5. Please complete the table below for the beds proposed to be banked. Note that the purpose of the beds banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional

pages as necessary)

Room Number	Current # of Beds in Room (Before Bed Banking)	# of Beds to Bank	Purpose of Proposed Bed Banking	# of Beds Remaining in Room (if any)
	See attached List			
Total				

6. Is the existing licensee the building owner? X Yes No. (If yes, go to question 8)
7. Does the building owner have a secured interest in the nursing home bed rights? $\frac{X}{X}$ YesNo. In the even the existing nursing home licensee is not the building owner, the licensee shall provide:
a) If the building owner has a secured interest in the bed rights, an original written statement signed by the building owner indicating the building owner's approval of the bed reduction,

OR

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction.

8. Proposed Timetables for Project Implementation. Fill in those fields appropriate to this project.

Activity	Date: -x
Funds necessary to undertake the project obtained	(1)
Preliminary drawings submitted to Department of Health's Consultation and Construction Review program	
Final drawings and specifications submitted to Department of Health's Consultation and Construction Review program	
Construction contract awarded	
50% of construction completed (based on dollar value of the construction contract awarded)	
Construction Completed	· · · · · · · · · · · · · · · · · · ·
Licensure Approval Obtained	
Facility Operating-serving residents	

NOTE: If the above table does not identify correct project events in the change from nursing home beds to the proposed alternate use, please provide a listing of those project events with the projected completion dates. This information is used when evaluating future extension requests.

By submitting this request, the licensee reserves the rights to convert the banked beds back to nursing home care within the same nursing facility provided that the facility has remained in continuous operation, the facility has not been purchased or leased and has otherwise continued to qualify for bed banking. I further understand the initial time period for the bed banking is four years. Prior to the end of the four years, I must either convert the beds back to nursing home care as outlined in WAC 246-310-395 or request an extension as outlined in WAC 246-310-580 for one an additional four year period.

To effectuate this banking, the licensee must proceed with de-licensing the beds with the Department of Social and Health Services (DSHS). The Department of Health will bank the eligible beds as of the effective date of the license modification from DSHS.

(1) NOTE: REQUEST TO BANK 55 BEOS for future USE WITHIN KITSAD COULTY.



Thomas H. Grimm

of Counsel

Ryan, Swanson & Cleveland, PLLC 1201 Third Avenue, Suite 3400 Seattle, WA 98101-3034 206.464.4224 | Fax: 206.583.0359

Toll-free: 1.800.458.5973

www.ryanswansonlaw.com

direct dial 206.654.2244 grimm@ryanlaw.com Ref. No. 4825-1843-7612.1/674.32

May 28, 2021

Attn: Eric Hernandez, Program Manager The Department of Health Certificate of Need Program (CON) PO Box 47852 Olympia, WA 98504-7852

RE: ALTERNATIVE USE BED BANKING

Dear Mr. Hernandez:

Pursuant to RCW 70.38.111(9) and WAC 246-310-395(1)(a) Martha and Mary Health Services requests banking of 55 of its licensed beds for alternative use. The purpose is to enhance the quality of life for our residents and to preserve the right to later convert the portion of the current facility where the 55 beds are located back to skilled nursing services.

We have attached a copy of the Program's form for Nursing Home Alternative Use Bed Banking to preserve the bed rights. In addition, we offer the following as the basis for the approval of the bed banking request:

A. Enhancement of the quality of life for the residents (WAC 246-310-395(1)(a):

- (1) The Facility will turn the space occupied now by the beds to be banked into a day care center for children. It will be open to our staff and to others in the Poulsbo area. Bringing the children under the same roof as our seniors lends to countless opportunities for structured fun and engagement with our nursing home population through our Intergenerational Program.
- (2) Many seniors have reported that the children brighten their days, and they look forward to every interaction.
- (3) Offering child care within our Health Services building allows for our nursing home staff to utilize the child care services, therefore potentially improving our nursing home staffing. The day care center will be a major attraction for, and an incentive to keep, quality staff, who will in turn be more focused upon the care of the residents.
- (4) We believe that the children will make life and care for the residents even better than the good care we provide now. Children's laughter makes our residents

smile, and they will have access to the activities of the children as they play.

(5) Banking the beds allows Martha & Mary to resume use of the beds when the need for senior care increases in Kitsap County. While the need for long-term care has been on a slow decline, we anticipate the wave for senior care to increase within the next 3-5 years. We have a long history providing quality care for seniors in this community. With 130 years of experience, people have great confidence in our organization and we hope to be an option for additional nursing home care when needed to support our community in Kitsap County.

B. Timeline for implementation (WAC 246-310-395(1)(b).

We will modify the number of licensed beds upon approval of the requested bed banking.

C. Owner and Licensee (WAC 246-310-395(1)(c).

Martha and Mary Health Services is both owner and operator/licensee.

Sincerely,

RYAN, SWANSON & CLEVELAND, PLLC

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Thomas H. Grimm

THG:ms

Enclosures



For the entire facility, please provide a <u>current</u> facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.

70
70

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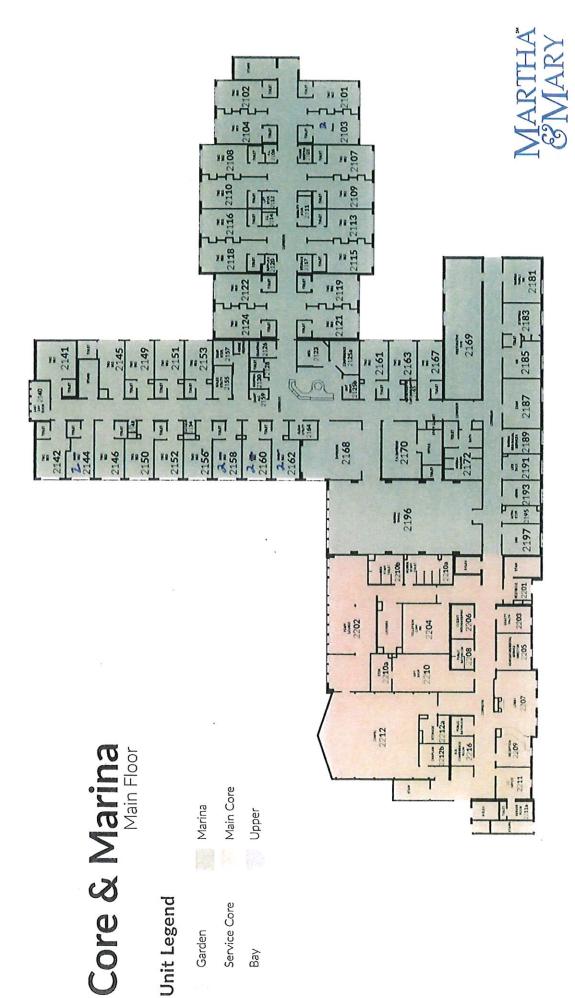
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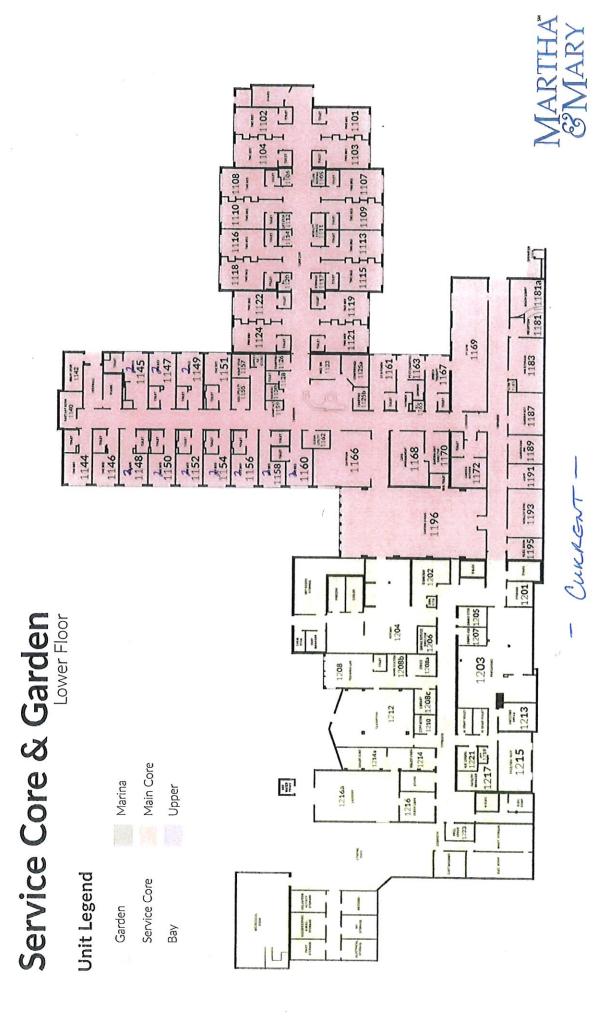
MARTHA&MARY CARING FOR CHILDREN AND SENIORS SINCE 1891

2

For the entire facility, please provide a floor diagram of the current facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.

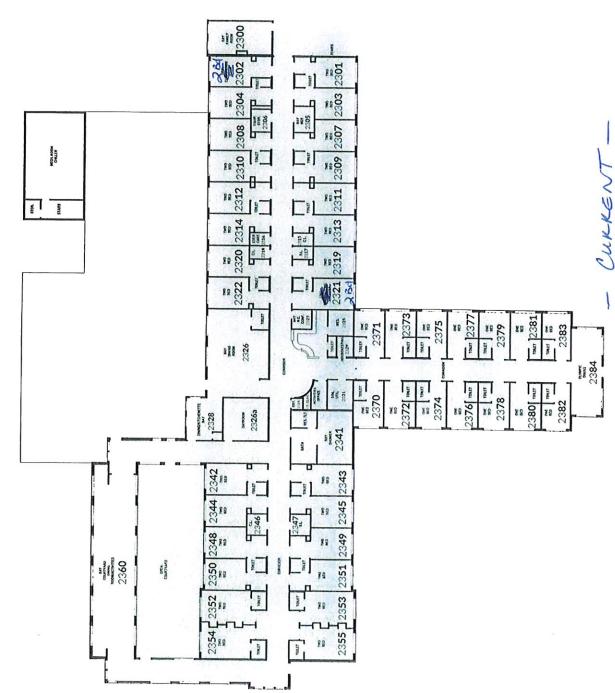






Bay Unit





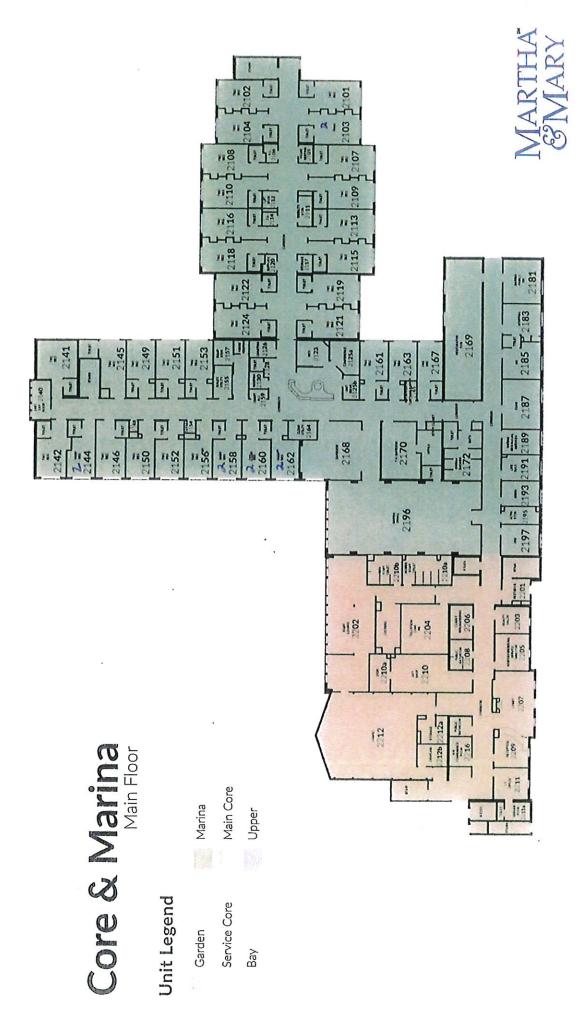


For the entire facility, please provide a <u>proposed</u> facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.

Room Number	Current # of Beds in Room	Unit	Unit Totals	Room Number	Current # of Beds in Room	Unit	Unit Totals
1101	0	Bank Beds		2301	2	Bay unit	
1102	0	Bank Beds		2302	2	Bay unit	
1103	0	Bank Beds		2303	2	Bay unit	
1104	0	Bank Beds		2304	2	Bay unit	
1107	0	Bank Beds		2307	2	Bay unit	
1108	0	Bank Beds		2308	2	Bay unit	
1109	0	Bank Beds		2309	2	Bay unit	
1110	0	Bank Beds		2310	2	Bay unit	
1113	0	Bank Beds		2311	2	Bay unit	
1115	0	Bank Beds		2312	2	Bay unit	
1116	0	Bank Beds		2313	2	Bay unit	
1118	0	Bank Beds		2314	2	Bay unit	
1119	0	Bank Beds		2319	2	Bay unit	
1121	0	Bank Beds		2320	2	Bay unit	
1122	0	Bank Beds		2321	2	Bay Unit	
1124	0	Bank Beds		2322	2	Bay unit	
1144	0	Bank Beds		2342	2	Court Yard	
1145	0	Bank Beds		2343	2	Court Yard	
1146	0	Bank Beds		2344	2	Court Yard	
1147	0	Bank Beds		2345	2	Court Yard	
1148	0	Bank Beds		2348	2	Court Yard	
1149	0	Bank Beds		2349	2	Court Yard	
1150	0	Bank Beds		2350	2	Court Yard	
1151	0	Bank Beds		2351	2	Court Yard	
1152	0	Bank Beds		2352	2	Court Yard	
1154	0	Bank Beds		2353	2	Court Yard	
1156	0	Bank Beds		2354	2	Court Yard	
1158	0	Bank Beds		2355	2	Court Yard	
1160	0	Bank Beds	0	2370	1	Bay unit	
2101	2	Marina		2371	1	Bay unit	
2102	2	Marina		2372	1	Bay unit	
2103	2	Marina		2373	1	Bay unit	
2104	2	Marina		2374	1	Bay unit	
2107	2	Marina		2375	1	Bay unit	
2108	2	Marina		2376	1	Bay unit	
2109	2	Marina		2377	1	Bay unit	
2110	2	Marina		2378	1	Bay unit	
2113	2	Marina		2379	1	Bay unit	
2115	2	Marina		2380	1	Bay unit	
2116	2	Marina		2381	1	Bay unit	
2118	2	Marina		2382	1	Bay unit	
2119	2	Marina		2383	1	Bay unit	70
2121	2	Marina		-			
2122	2	Marina		Totals	135		
2124	2	Marina		-			
2141	2	Marina					
2142	2	Marina					
2144	2	Marina					
2145	2	Marina					
2146	2	Marina					
2149	2	Marina					
2150	2	Marina					
2151	2	Marina					
2152	2	Marina					
2153	2	Marina					
2156	2	Marina					
2158	2	Marina					
2160	2	Marina					
2161	2	Marina					
2162	2	Marina					
2163	2	Marina					
2167	1	Marina	65				



For the entire facility, please provide a floor diagram of the proposed facility room listing showing each room, its room number, its use, the number of beds in each room, and whether the room is Medicare certified.



Paposed - No change 65 BEDS

Bay Unit

2300

MON HODIN

2360

Ę. STATE Unit Legend

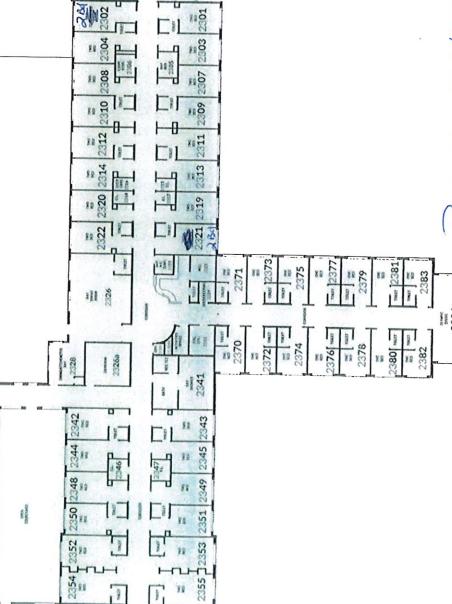


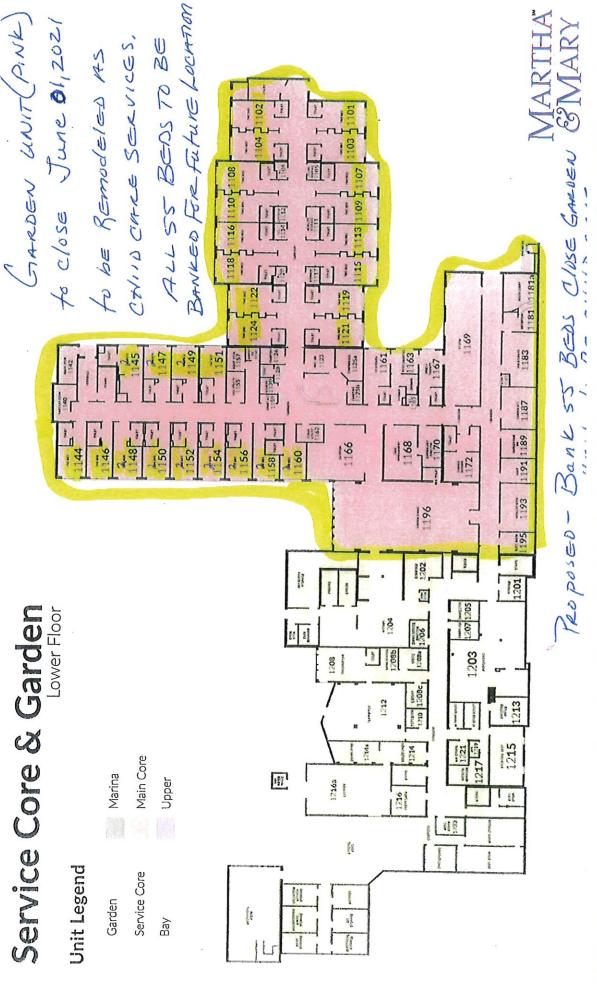
Marina











MARTHA&MARY** CARING FOR CHILDREN AND SENIORS SINCE 1891

5

Please complete the table below for the beds proposed to be banked. Note that the purpose of the beds banking must be consistent with alternate uses outlined in RCW 70.38.111(8)(a) and WAC 246-310. (Attach additional pages as necessary)

-Room Number	Current # of Beds in Room(Belgin Bed Banking)	e of Beds to Bank		or Beds Remaining in Room[if.	
1101 1102	2	2	Unit Closure	0	Garden
1102	2 2	2 2	Unit Closure	0	Garden
1104	2	2	Unit Closure Unit Closure	0	Garden
1107	2	2	Unit Closure	0	Garden
1108	2	2	Unit Closure	0 0	Garden
1109	2	2	Unit Closure	0	Garden
1110	2	2	Unit Closure	0	Garden Garden
1113	2	2	Unit Closure	0	Garden
1115	2	2	Unit Closure	0	Garden
1116	2	2	Unit Closure	0	Garden
1118	2	2	Unit Closure	0	Garden
1119	2	2	Unit Closure	0	Garden
1121	2	2	Unit Closure	0	Garden
1122	2	2	Unit Closure	0	Garden
1124	2	2	Unit Closure	0	Garden
1144	1	1	Unit Closure	0	Garden
1145	1	1	Unit Closure	0	Garden
1146	1	1	Unit Closure	0	Garden
1147	2	2	Unit Closure	0	Garden
1148	2	2	Unit Closure	0	Garden
1149	2	2	Unit Closure	0	Garden
1150 1151	2	2	Unit Closure	0	Garden
1152	2 2	2	Unit Closure	0	Garden
1152	2	2 2	Unit Closure	0	Garden
1156	2	2	Unit Closure Unit Closure	0 0	Garden
1158	2	2	Unit Closure	0	Garden Garden
1160	2	2	Unit Closure	0	Garden Garden
2101	2	0	om dour	2	Marina
2102	2	0		2	Marina
2103	2	0		2	Marina
2104	2	0		2	Marina
2107	2	0		2	Marina
2108	2	0		2	Marina
2109	2	0		2	Marina
2110	2	0		2	Marina
2113	2	0		2	Marina
2115	2	0		2	Marina
2116	2	0		2	Marina
2118	2	0		2	Marina
2119 2121	2	0		2	Marina
2122	2 2	0		2	Marina
2124	2	0 0		2	Marina
2141	2	0		2 2	Marina
2142	2	ő		2	Marina
2144	2	0		2	Marina Marina
2145	2	0		2	Marina
2146	2	0		2	Marina
2149	2	0		2	Marina
2150	2	0		2	Marina
2151	2	0		2	Marina
2152	2	. 0		2	Marina
2153	2	0		2	Marina
2156	2	0		2	Marina
2158	2	0		2	Marina
2160	2	0	•	2	Marina
2161	2	0		2	Marina
2162	2	0		2	Marina
2163	2	0		2	Marina
2167	1	0		1	Marina

2377 1 0 0 2378 1 0 0 2379 1 0 0 2380 1 0 0 2381 1 0 0 2382 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bay unit Bay unit Bay unit Bay unit
2377 1 0 2378 1 0 2379 1 0 2380 1 0 2381 1 0 2382 1 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bay unit
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2375 1 0 2376 1 0	1 1 1 1 1 1 1 1	Bay unit Bay unit Bay unit Bay unit Bay unit
2374 1 0	1 1 1 1 1 1	Bay unit Bay unit Bay unit Bay unit
2373 1 0	1 3 1 1	Bay unit Bay unit Bay unit
2372 1 0	1	Bay unit Bay unit
2371 1 0	1	
2370 1	_	Court Yard
2355 2) 2	
2354 2	_	
2353 2		
2352 2		
2351 2		
2350 2		
2349 2		
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