



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

June 2, 2020

Charles G. Tirrell, President & CEO  
Riverview Lutheran Retirement Community of Spokane  
1841 East Upriver Drive  
Spokane, WA 99207

**Re: 20-10 – Approval Letter Full Facility Closure Bed Banking**

Dear Mr. Tirrell:

Thank you for the Nursing Home Full Facility Closure Bed Banking Notice submitted by Riverview Lutheran Retirement Community of Spokane. The notice is requesting full facility closure bed banking for the 75 skilled nursing beds at Riverview Lutheran Retirement Community of Spokane. The letter is to notify you that the Department grants your request to bank the 75 skilled nursing beds. The full facility closure bed banking will expire on May 27, 2028, or until Certificate of Need is issued whichever is first.

Washington Administrative Code (WAC) 246-310-010(19) defines the “*effective date of facility closure*” as:

- (a) *The date on which the facility's license was relinquished, revoked or expired; or*
- (b) *The date the last resident leaves the facility, whichever comes first.*

According to information provided by Department of Social and Health Services, the last resident was transferred out of the nursing home on May 27, 2020. The effective date of the nursing home’s closure is May 27, 2020.

Revised Code of Washington (RCW) 70.38.115(13)(b) requires bed banking requests to be received in the Certificate of Need Program office no later than 30 days following a facility’s closure. For this project, that date is June 26, 2020<sup>1</sup>. Your request was received on May 28, 2020.

RCW 70.38.115(13)(b) allows the licensee or any other party who has secured an interest in the beds to bank the beds under full facility closure for eight years from the date of the original bed banking. The department has confirmed that Riverview Lutheran Retirement Community of Spokane was the licensee at the time of the facility’s closure. The full facility closure bed banking will expire on May 27, 2028, or until Certificate of Need is issued, whichever is first.

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<sup>1</sup> Washington Administrative Code 246-310-010(17).

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

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Hernandez", with a long horizontal stroke extending to the right.

Eric Hernandez, Manager  
Certificate of Need Program

cc: Jennifer Brascher –Department of Social and Health Services  
Cindy Coville–Department of Social and Health Services