



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Certificate of Need Program  
111 Israel Road Southeast – MS 4-7852  
Olympia, Washington 98504

February 23, 2015

CERTIFIED MAIL # 7009 0960 0000 5565 0437

Aaron Dunyon, Administrator  
Pacific Care and Rehabilitation  
3035 Cherry Street  
Hoquiam, Washington 98550

RE: DOR #15-33

Dear Mr. Dunyon:

We have completed review of the Renovation Authorization application submitted by Hoquiam Healthcare, Inc. proposing renovation of Pacific Care and Rehabilitation as allowed under Revised Code of Washington 70.38 and Washington Administrative Code 246-310. The application is consistent with the applicable criteria of the Certificate of Need Program, provided Hoquiam Healthcare, Inc. agrees to the following in its entirety.

**Project Description:**

This Renovation Authorization approves the renovation of Pacific Care and Rehabilitation, a 109-bed Medicare and Medicaid certified nursing home at its current site in Hoquiam, within Grays Harbor County. The estimated cost of the project is \$1,300,000.

**Conditions:**

1. Approval of the project description as stated above. Hoquiam Healthcare, Inc. further agrees that any change to the project as described in the project description is a new project that requires a new Renovation or Replacement Authorization.
2. Once operational at the new site, the renovated nursing home will participate in both the Medicare and Medicaid programs.

You have two options, either accept or reject the above in its entirety. If you accept the above in its entirety, your application will be approved and a Renovation Authorization will be sent to you. If you reject any provision of the above, you must identify that provision, and your application will be denied because approval would not be consistent with applicable Certificate

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of Need review criteria. Please notify the Department of Health within 20 days of the date of this letter whether you accept the above in its entirety. Your written response should be sent to the Certificate of Need Program, 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

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

Sincerely,



Janis R. Sigman, Manger  
Certificate of Need Program  
Community Health Systems

Enclosure