



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

December 27, 2017

CERTIFIED MAIL # 7016 3010 0001 0575 0815

Brian Gibbons, Chief Executive Officer  
Astria Sunnyside Hospital  
1016 Tacoma Avenue  
Sunnyside, Washington 98944

RE: Determination of Reviewability #18-11

Dear Mr. Gibbons:

Enclosed is Certificate of Need #1625 approving Astria Sunnyside Hospital's exemption request to add 10 psychiatric beds to the hospital located in Yakima County. The psychiatric beds will be used for the development and operation of a mental health services program, including inpatient care.

The certificate is not 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. 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:  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address:  
Adjudicative Service Unit  
111 Israel Road SE  
Tumwater, WA 98501

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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 or would like to arrange for a meeting to discuss this decision, please call me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

Enclosure

cc: Department of Health, Office of Investigations and Inspections  
Department of Health, Office of Customer Service  
Department of Health, Construction Review Services



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 #1625 is issued to:**

**Legal Name of Applicant:** Sunnyside Community Hospital Association  
**Address of Applicant:** 1016 Tacoma Avenue, Sunnyside, Washington 98944  
**Type of Service:** Acute Care Hospital  
**Facility Name:** Astria Sunnyside Hospital  
Postmaster has not assigned an address.  
**Facility Address:** 1780 & 1790 Alexander Road, Sunnyside, Washington 98944  
Parcel #231031-44002 (1780) and Parcel #231031-43007 (1790)

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE EXEMPTION APPLICATION RECEIVED AT THE CERTIFICATE OF NEED PROGRAM ON NOVEMBER 27, 2017 (DOR #18-11)**

**Project Description:**

Astria Sunnyside Hospital is a critical access hospital and licensed for a total of 25 acute care beds. This certificate approves the addition of 10 psychiatric beds to Astria Sunnyside Hospital as allowed by Revised Code of Washington (RCW) 70.38.111(11). The psychiatric beds will be used for the development and operation of a mental health services program, including inpatient care. The Certificate of Need beds authorized before and after the psychiatric bed addition are below.

Astria Sunnyside Hospital		
Bed Type	Beds Before Addition	Beds After Addition
General Medical Surgical	*25	*25
PPS Exempt Psychiatric	0	10
<b>Total Licensed Beds</b>	<b>25</b>	<b>35</b>

\*Under the provisions of RCW 70.38.105(4)(e)(iii), if Astria Sunnyside Hospital relinquishes its Critical Access Hospital designation, it may revert back to 38 general medical surgical beds, in addition to the 10 dedicated psychiatric beds, without obtaining a new Certificate of Need. If Astria Sunnyside Hospital reverts back to 38 general medical surgical beds, the hospital would have a total of 48 licensed beds.

**Service Area**

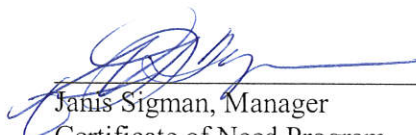
Yakima County and surrounding areas

**Conditions**

Astria Sunnyside Hospital will seek certification from Department of Social and Health Services to become a provider of Involuntary Treatment Act services at the hospital.

This Certificate authorizes commencement of the project from December 27, 2017, to December 27, 2019, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Certificate Issued:** December 27, 2017

  
Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

**This Certificate of Need is not transferable.**