



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

January 19, 2011

CERTIFIED MAIL # 7008 1300 0000 7202 9461

David T. Brooks, CEO  
Providence Regional Medical Center Everett  
1321 Colby Avenue  
Everett, Washington 98201

Dear Mr. Brooks:

Enclosed is Certificate of Need #1439 issued to Providence Regional Medical Center Everett approving the establishment of a 13 bed intermediate care nursery Level II and a 16 bed neonatal intensive care nursery Level III within space at Providence Regional Medical Center Everett. At project completion the total licensed bed capacity for Providence Regional Medical Center Everett will be 395 beds (366 acute care beds, 13 ICN Level II and 16 NICU level III). The 106 medical surgical beds previously approved by CN #1344, but not licensed, are not included in this total.

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. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person 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

Other Than By Mail  
Department of Health  
Certificate of Need Program  
310 Israel Road SE  
Tumwater, WA 98501



Appeal Option 2:

You or any affected 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:

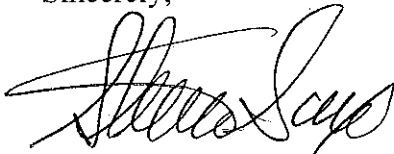
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Clerk Office  
310 Israel Road SE, Building 6  
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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE  
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office  
Karen Stricklett, Department of Health, Customer Service Office



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 #1439 is issued to:**

**Legal Name of Applicant:** Providence Regional Medical Center Everett  
**Address of Applicant:** 1321 Colby Avenue, Everett, Washington 98206-1147  
**Type of Service:** ICN level II and NICU level III Nursery  
**Facility Name:** Providence Regional Medical Center Everett  
**Facility Address:** 1321 Colby Avenue, Everett, Washington 98206-1147

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF January 5, 2011 (CN App #10-31)**

**Description/Services To Be Provided:**

This certificate approves the establishment of a 13 bed intermediate care nursery level II and a 16 bed neonatal intensive care nursery level III within space at Providence Regional Medical Center Everett. At project completion the total licensed bed capacity for Providence Regional Medical Center Everett will be as shown in the table below:

General Medical/Surgical	366
Intermediate care nursery level II	13
Neonatal intensive care unit level III	16
<b>Total</b>	<b>395</b>
General Medical Surgical CN approved but not included in above total	106

**Service Area**

Snohomish, Skagit, Island, and Whatcom counties

**Approved Capital Expenditure**

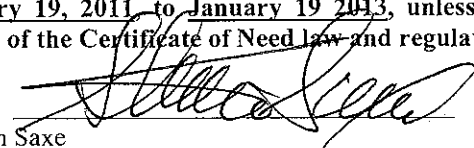
The approved capital expenditure associated with this project is \$3,933,590.

**Terms**

Please see page 2

This Certificate authorizes commencement of the project from January 19, 2011 to January 19 2013, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: January 19, 2011

  
Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**

### Terms

1. Within 90 days of issuing the Certificate of Need for this project, Providence Regional Medical Center Everett will provide a copy of the adopted written policies and procedures specific to neonatal transport as recommended by the Washington State Perinatal Levels of Care guidelines.
2. Within 90 days of issuing the Certificate of Need for this project, Providence Regional Medical Center Everett will provide a copy of the adopted guidelines for continued care during transport as recommended by the Washington State Perinatal Levels of Care guidelines.
3. Within 90 days of issuing the Certificate of Need for this project, Providence Regional Medical Center Everett will provide a copy of the adopted written policies for participating in case reviews at hospitals referring infants to Providence Regional Medical Center Everett for higher level care.
4. With in 90 days of issuing the Certificate of Need for this project, Providence Regional Medical Center Everett will provide a copy of the Department of Health approved charity care policy.