



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

December 16, 2011

CERTIFIED MAIL # 7008 1300 0000 7202 9706

Kristopher Kitz, Director
Strategic Planning and Business Development
MultiCare Health System
Post Office Box 5299
Mailstop: 315-L4-SBD
Tacoma, Washington 98415

Re: CN11-42

Dear Mr. Kitz:

Enclosed is Certificate of Need #1459 issued to MultiCare Health System approving eleven acute care beds to Good Samaritan Hospital in Puyallup.

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 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

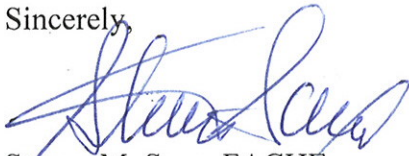


Kristopher Kitz,
MultiCare Health System
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We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

If you have any question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steven M. Saxe". The signature is fluid and cursive, with a large initial "S" and "M".

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

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office
Karen Stricklett, 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 #1459 is issued to:

Legal Name of Applicant: MultiCare Health System
Address of Applicant: 315 Martin Luther King Jr. Way, Tacoma, Washington 98405
Type of Service: Acute Care Bed Addition
Facility Name: MultiCare-Good Samaritan Hospital
Facility Address: 407 – 14th Avenue Southeast, Puyallup, Washington 98371

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED DECEMBER 5, 2011 (App #11-42)

Project Description:

This project approves the addition of 11 acute care beds to MultiCare-Good Samaritan Hospital in Puyallup. At project completion, the allocation of Good Samaritan Hospital’s 286 beds is as follows:

Bed Type	# of Licensed Beds
General Medical/Surgical	250
PPS Exempt Rehabilitation Beds	25
Level II Intermediate Care Nursery Beds	11
Total Number of Licensed Beds	286

Service Area

Pierce County and surrounding areas

Conditions

1. MultiCare Health System agrees with the project description stated above.
2. MultiCare-Good Samaritan Hospital will provide charity care in compliance with the charity care policies provided in this Certificate of Need application, or any subsequent policies reviewed and approved by the Department of Health. MultiCare-Good Samaritan Hospital will use reasonable efforts to provide charity care in an amount comparable to or exceeding the average amount of charity care provided by hospitals in the Puget Sound Region. Currently, this amount is 2.02% for gross revenue and 4.41% for adjusted revenue. MultiCare-Good Samaritan Hospital will maintain records documenting the amount of charity care it provides and demonstrating its compliance with its charity care policies.

Approved Capital Expenditure

There is no capital expenditure associated with this project.

This Certificate authorizes commencement of the project from December 16, 2011 to December 16, 2013, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 16, 2011

Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable.