



FOR DEPARTMENT USE ONLY

RECEIVED *Date Stamp Here*

Fee Received: **MAY 28 2020**

Check #: _____
CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Initials _____

BB 20-10

NURSING HOME FULL FACILITY CLOSURE BED BANKING NOTICE

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW) 70.38.115 and Washington Administrative Code (WAC) 246-310-396.

Full Facility Closure Bed banking notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.

This notice is made for Full Facility Closure Bed Banking in accordance with provisions in RCW 70.38 and WAC 246-310-396, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

Riverview Lutheran Retirement Community of Spokane
Name of the Nursing Home (facility)

Riverview Lutheran Retirement Community of Spokane
Name of the facility's Licensee

Charles G. Tirrell
Print Name of Person Making the Request

(509) 482-8138
Telephone Number

President & CEO
Title of person making the request

Administrator
Relationship to licensee

I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.

Charles G. Tirrell
Signature of Licensee

May 15, 2020
Date

Address: 1841 East Upriver Drive
Spokane, WA 99207

Invoice for Submission of Full Facility Closure Bed Banking Notice

1. This form must be accompanied by a check payable to: *The Department of Health* for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: \$ 1,347.00 (Refer to fee schedule)

APPLICANT NAME: Charles G. Tirrell

DATE OF SUBMISSION: May 15, 2020 CHECK NUMBER: 52807

3. Mail **ORIGINAL**, signed notice and payment to:

Physical Address:

**Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, Washington 98501**

To mail overnight, UPS or FedEx

**Department of Health
Certificate of Need Program
P O Box 47852
Olympia, Washington 98504-7852**

WASHINGTON STATE CERTIFICATE OF NEED PROGRAM
RCW 70.38 AND WAC 246-310

FULL FACILITY CLOSURE BED BANKING

The following information is used to evaluate the conformance of the project with all applicable review criteria in Revised Code of Washington (RCW) 70.38.115 and Washington Administrative Code (WAC) 246-310-396.

Please note the following definition:

"Effective date of facility closure" means:

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

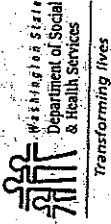
Information Requirements:

1. Effective Date of the Facility's Closure: May 31, 2020
2. Number of beds to be banked: 75
3. Is the existing licensee the building owner? Yes ☒ No ☐ (Yes, go to question 5)
4. Does the building owner have a secured interest in the nursing home bed rights? Yes ☐ No ☐
In the event the existing nursing home licensee is not the building owner, the licensee shall provide:
 - a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the facility's closure,
 - OR**
 - b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned facility closure.
5. If the party making this banking request is other than the licensee, provide documentation of the secured interest in the bed rights.
6. Name and address of Contact Person throughout the bed banking period:

<u>Charles G. Tirrell</u>	<u>(509) 482-8138</u>
Name	Telephone Number
Address : <u>1801 East Upriver Drive</u>	
<u>Spokane, WA 99207</u>	
<u> </u>	
<u> </u>	

Please note: If the beds being banked are licensed as part of an acute care hospital and used for transitional care (TCU), skilled nursing care (SNF), or nursing home care and recognized by the Certificate of Need program as nursing home beds, I understand that the use of these beds for any acute care services requires Certificate of Need review and approval under RCW 70.38.105(4) (e).

I understand that Certificate of need review shall be required for ANY party proposing to re-license the nursing home beds. Need shall be deemed met when the applicant is the licensee and who had operated the beds for at least one year immediately preceding the bed banking, and who is proposing to re-license the beds in the same planning area.



NURSING HOME LICENSE

License Number: 544

First Issued: January 1, 1979

Pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services, a license is hereby granted to

Riverview Lutheran Retirement Community of Spokane

operated by Riverview Lutheran Retirement Community of Spokane
to conduct and maintain at 1841 EAST UPRIVER DRIVE

City of SPOKANE, Zip Code 99207 County of Spokane State of Washington

A facility providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours, for 75 adults

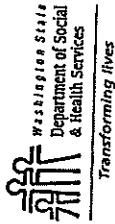
This license shall be in force from the 1st day of December, 2019 through the 30th day of November, 2020 subject to revocation for due cause.

Condace Johnson

_____, Licensing Authority

NOTE: The department renewal of a license does not preclude the department from taking any action under RCW 18.51.060, based on inspection. This license is not transferable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above described.

Issued by Authority of Chapter RCW 18.51 and 74.46



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City of SPOKANE, Zip Code 99207 County of Spokane State of Washington

A facility providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours, for 75 adults

This license shall be in force from the 1st day of December, 2018 through the 30th day of November, 2019 subject to revocation for due cause.

Candace J. Jorgensen, Licensing Authority

NOTE: The department renewal of a license does not preclude the department from taking any action under RCW 18.51.060, based on inspection. This license is not transferable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above described.

Issued by Authority of Chapter RCW 18.51 and 74.46



1801 East Upriver Drive · Spokane, WA 99207-5181
509.483.6483 Fax: 509.482.8176
www.riverviewretirement.org

May 15, 2020

Department of Health
Certificate of Need Program
310 Israel Road WE
Tumwater, Washington 98501

RE – Submission of Application to Bank SNF Beds

Good Morning:

In the attached documents, Riverview Lutheran Retirement Community of Spokane (d/b/a Riverview Retirement Community) is submitting an application to bank 75 skilled nursing beds pursuant to the full facility closure of Riverview's skilled nursing facility effective May 31, 2020 under WAC 246-310-396. Riverview's three other divisions (independent living, assisted living, and memory care) remain open and fully operational. We have attached the following documents:

- Check number 52807 from Riverview Care Center for \$1,347.00,
- Completed Nursing Home Full Facility Closure Bed Banking Notice, and
- The current year and prior year Nursing Home Licenses for Riverview

Thank you for your attention to this application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles G. Tirrell', is written over a horizontal line.

Charles G. Tirrell – President & CEO and Administrator
1801 East Upriver Drive
Spokane, Washington 99207