



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of Health and Social Services

Division of Health Care Services
Certificate of Need Program

350 Main Street, Room 510
P.O. Box 110660
Juneau, Alaska 99801-0660
Main: 907.465.8616
Fax: 907.465.6861

December 6, 2012

CERTIFIED MAIL RETURN RECEIPT REQUESTED #7007 0710 0000 1695 1749

Kodiak Island Borough
Attn: Donald Rush, CEO
Providence Kodiak Island Medical Center
1915 East Rezanof Drive,
Kodiak, Alaska 99615

Dear Mr. Rush,

The Certificate of Need (CON) program has finished its review of your CON application, as outlined in 7 AAC 07.050, for construction of a replacement skilled nursing facility in Kodiak Alaska.

The following information is requested prior to the department declaring your application as complete:

1. Pages 2 and 20 of the application packet asks that equipment to be purchased must be certified cost estimates or can be documented by bid quotes from suppliers. Please provide certified cost estimates or bid quotes.
2. Page 4 of your application discusses CMS Certification (CMS Number 025030). Please provide a copy of the most current certification and review.
3. Pages 11 and 14 of your application describes the PKIMC strategic plan. Please provide a copy of the pertinent portions or sections of the PKIMC strategic plan.
4. Page 31 of your application states: "Option 1: Kodiak Island Borough in collaboration with PKIMC decided against this option because the facility needs significant investment to remain operational (Appendix E)". Documentation is not included in Appendix E.

As outlined in 7 AAC 07.050, you have up to 60 days, until February 4, 2013, to provide the department with the requested information.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Lawfer".

Karen Lawfer
CON Coordinator