



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

June 7, 2019

CERTIFIED MAIL # 7018 2290 0001 8591 8568

Austin Ross, Vice President of Planning Administration
Northwest kidney Centers
700 Broadway
Seattle, WA 98122

RE: Certificate of Need Application #18-50

Dear Mr. Ross:

Enclosed is Certificate of Need #1781 issued to Northwest Kidney Centers approving the establishment of a 9-station dialysis facility in Everett within Snohomish County planning area#2.

The certificate is not an 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 appeal options are listed below.

Appeal Option 1:

Any person with standing 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

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Appeal Option 2:

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:

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

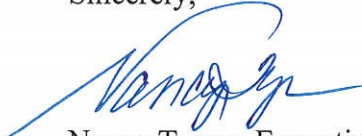
Physical Address

Department of Health
Adjudicative Service Unit
111 Israel Road SE
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 questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Nancy Tyson, Executive Director
Health Facilities and Certificate of Need
Washington State Department of Health

Enclosure

Certificate of Need #1781

Page Two

Conditions

1. Northwest Kidney Centers agrees with the project description as stated above. Northwest Kidney Centers further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prior to providing services, Northwest Kidney Centers will provide an executed copy of the medical director agreement for the department's review and approval. The executed medical director agreement must be consistent with the draft provided in the application.
3. Prior to providing services at Northwest Everett Kidney Center, Northwest Kidney Centers will provide an executed copy of the patient transfer agreement for the department's review and approval. The executed patient transfer agreement must be consistent with the draft provided in the application.
4. Northwest Kidney Centers shall finance this project consistent with the financing described in the application.

Approved Costs:

The approved capital expenditure for this project is \$3,549,081.



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 #1781 is issued to:

Applicant's Legal Name: Northwest Kidney Centers
Applicant's Address: 700 Broadway, Seattle, Washington 98122-4302
Facility Type: End State Renal Disease Facility
Project Type: End State Renal Disease Facility
Facility Name: Northwest Everett Kidney Center
Facility Address: 1010 SE Everett Mall Way, Suite 100, 102 and 104, Everett, WA 98208

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND REVISED EVALUATION DATED JUNE 6, 2019 (CN APP # 18-50)

Project Description

This certificate approves the establishment of a new nine-station dialysis center to be located at 1010 SE Everett Mall Way, Suite 100, 102, and 104 in Everett [98208] within Snohomish County planning area #2. At project completion, the dialysis center is approved to certify and operate 9 dialysis stations.

The table below provides a breakdown of the total number of stations at Northwest Everett Kidney Center.

	CMS Certified Stations	Stations Counted in Methodology
General Use In-Center Stations	7	7
Permanent Bed Station	1	1
Private Isolation Station	1	1
Total Stations	9	9

Services to be provided at Northwest Everett Kidney Center includes in-center hemodialysis, home peritoneal and home hemodialysis training, backup support for home peritoneal and home hemodialysis dialysis, a permanent bed station, and ~~dedicated isolation/private room,~~ an isolation room¹ and treatment shifts beginning after 5:00 p.m. NKC's isolation station is counted in the methodology station count because it does not meet the kidney disease treatment centers definition of "exemption isolation station" under WAC 246-310-800(9).

Service Area

Snohomish County Planning Area #2

Conditions


See page 2.

Approved Capital Expenditure

See page 2

This Certificate authorizes commencement of the project from June 7, 2019 to June 7, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 7, 2019


 Nancy Tyson, Executive Director
 Health Facilities and Certificate of Need
 Washington State Department of Health

This Certificate is not transferable

¹ NKC's isolation station is counted in the methodology station count because it does not meet the kidney disease treatment centers definition of "exemption isolation station" under WAC 246-310-800(9).