



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

April 11, 2018

CERTIFIED MAIL # 70160910 0000 3454 9450

Evan Moore
DaVita HealthCare Partners
32275 – 32nd Avenue South
Federal Way, Washington 98001

RE: CN Application #17-45

Dear Mr. Moore:

Enclosed is Certificate of Need #1735 issued to DaVita HealthCare Partners approving the addition of 3-stations to the existing 9-station DaVita Graham Dialysis Center in Graham within Pierce County ESRD 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

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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

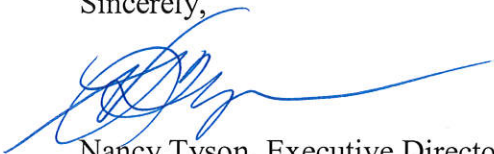
Physical Address

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



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 #1735 is issued to:

Legal Name of Applicant: DaVita HealthCare Partners, Inc.
Address of Applicant: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Graham Dialysis Center
Facility Address: 10219 – 196th Street Court East, #C, Graham, Washington 98338

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED MARCH 27, 2018 (CN App #17-45) AND CN #1648 EFFECTIVE JANUARY 1, 2018

Project Description

This certificate approves the addition of 3 dialysis stations to the 9-station Graham Dialysis Center, for a facility total of 12 dialysis stations. At completion of the station addition, DaVita HealthCare Partners, Inc. is approved to certify and operate 12 stations at Graham Dialysis Center. Services provided at Graham Dialysis Center include in-center hemodialysis, home hemodialysis and home peritoneal dialysis training and support for dialysis patients, a permanent bed station, an isolation station, and a shift beginning after 5:00 p.m. A breakdown of all stations at project completion is shown below:

| Station Type | CN #1648 | | CN #1735 | |
|--------------------------------|------------------------|--|------------------------|--|
| | CMS Certified Stations | Stations Counted for Station Use and Methodology | CMS Certified Stations | Stations Counted for Station Use and Methodology |
| General Use In-Center Stations | 8 | 8 | 10 | 10 |
| Permanent Bed Station | 0 | 0 | 1 | 1 |
| Isolation Station | 1 | 0 | 1 | 0 |
| Total Stations | 9 | 8 | 12 | 11 |

Service Area
Pierce County ESRD Planning Area #2

Conditions

1. Approval of the project description as stated above. DaVita HealthCare Partners, Inc. 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, DaVita HealthCare Partners, Inc. will provide to the department for review and approval a copy of a signed, executed First Amendment to Medical Director Agreement consistent with the draft agreement provided in the application.
3. DaVita HealthCare Partners, Inc. shall finance this project using existing capital reserves, as described in the application.

Approved Capital Expenditure

The approved capital expenditure for this 3-station addition is \$31,622. This amount represents the costs for fixed and moveable equipment; construction and leasehold improvements; and architect and engineering fees and costs associated with utility hook-ups. All costs will be paid by DaVita.

This Certificate authorizes commencement of the project from April 11, 2018 to April 11, 2020 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: April 11, 2018


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

This Certificate is not transferable