



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

April 1, 2010

CERTIFIED MAIL # 7007 3020 0000 3056 2063

Jean Stevens
Regional Vice President
Inland Northwest Renal Care Group, LLC
2121 SW Broadway, Suite 111
Portland, OR 97201

Dear Ms. Stevens:

Thank you for your March 8, 2010, letter agreeing to the terms associated with our approval of Inland Northwest Renal Care Group, LLC application proposing to establish a new 5-station kidney dialysis facility within Spokane County ESRD Planning Area#2. Enclosed is Certificate of Need #1420.

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 during which time you must start the project. 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.

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,

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

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services





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 #1420 is issued to:

Legal Name of Applicant: Inland Northwest Renal Care Group, LLC
Address of Applicant: 2121 SW Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: North Spokane Dialysis Center
Facility Address: 830 S. Main, Building #3, Deer Park, Washington 99006
 (Tax parcel identification #28101.0087)

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORDS AND EVALUATION of March 3, 2010 (CN App #09-26)

Description/Services To Be Provided:

This certificate approves the establishment of a 5-station dialysis facility. Services include in-center dialysis, home training, and an evening shift beginning after 5:00 pm.

Approved Stations

Private Isolation Room	1
Permanente Bed Station	1
Other In-Center Stations	3
Total	5

Service Area

Spokane County ESRD Planning Area #2

Terms

Please see page two of certificate

Approved Capital Expenditure

The approved capital expenditure is \$940,695 and is broken down as follows.

Item	Cost
Building Construction	\$582,688
Fixed & Moveable Equipment	\$246,308
Sales Tax & Fees	\$111,699
Total Estimated Capital Costs	\$940,695

This Certificate authorizes commencement of the project from April 1, 2010, to April 1, 2012, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: April 1, 2010

Steven Saxe
 Director, Health Professions and Facilities

This Certificate is not transferable.

Certificate of Need #1420

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Terms:

1. Prior to commencement of the project, Inland Northwest Renal Care Group, LLC must provide to the Certificate of Need Program a copy of the adopted charity care policy for the North Spokane Dialysis Center for review and approval. The adopted policy must be consistent with the draft provided within the application.
2. Prior to the project commencement, Inland Northwest Renal Care Group, LLC must provide to the department for review and approval an executed copy of the lease agreement to the proposed site located on the southwest 830 S. Main, Building #3, Deer Park, WA 99006. The proposed facility site parcel tax identification is #28101.0087. The executed lease must be consistent with the draft provided within the application.
3. Prior to providing services, Inland Northwest Renal Care Group must provide to the department for review and approval copy of the executed Medical Director's amended agreement. The executed agreement must be consistent with the draft agreement provided within the application.
4. Prior to providing services at the North Spokane Dialysis Center, Inland Northwest Renal Care Group must provide an executed copy of the Patient Transfer Agreement for the department review and approval. The executed agreement must be consistent with the draft provided within the application.