



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

April 15, 2016

CERTIFIED MAIL # 7012 1010 0000 5625 0525

Kathryn Cullen, Director Special Projects
DaVita HealthCare Partners, Inc. – North Star Division Office
32275 – 32nd Avenue South
Federal Way, Washington 98001

RE: Certificate of Need Application #15-06A2

Dear Ms. Cullen:

Enclosed is Certificate of Need #1572 issued to DaVita Healthcare Partners, Inc. approving the establishment of a six-station dialysis center in Centralia, within Lewis County. This certificate is based on the department's evaluation dated June 3, 2015, and the Settlement Agreement signed and dated on March 18, 2016.

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. 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.

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,

Bart Eggen, Acting Director
Office of Community Health Systems

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 #1572 is issued to:

Legal Name of Applicant: DaVita HealthCare Partners, Inc.
Address of Applicant: 2000 – 16th Street, Denver, Colorado 80202
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Centralia Dialysis Center
Facility Address: 1821 Cooks Hill Road, Centralia, Washington 98531

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED JUNE 3, 2015, (CN App #15-06A2). THIS CERTIFICATE OF NEED IS ALSO BASED ON THE SETTLEMENT AGREEMENT SIGNED AND DATED MARCH 18, 2016.

Project Description

DaVita Healthcare Partners, Inc. is approved to establish a six-station dialysis center to be known as DaVita Centralia Dialysis Center. The dialysis center will serve residents of Lewis County. DaVita Centralia Dialysis Center is approved to provide in-center hemodialysis, backup dialysis service, isolation station, home hemodialysis training, permanent bed station, and shifts beginning after 5pm at the DaVita Centralia Dialysis Center. A breakdown of the six stations is below.

Private Isolation Room	1
Permanent Bed Station	1
Other In-Center Stations	4
Total	6

Service Area
Lewis County

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 commencement of the project, DaVita HealthCare Partners, Inc. will provide an executed copy of the lease agreement for the department’s review and approval. The executed lease agreement must be consistent with the draft provided in the application.
3. DaVita HealthCare Partners, Inc. will provide to the department for review and approval a copy of an executed transfer agreement with a local hospital. The executed agreement must be consistent with the draft agreement provided in the application.

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$1,369,532. This amount represents the total capital expenditure of \$2,298,320, minus the landlord’s costs of \$928,788

This Certificate authorizes commencement of the project from April 15, 2016, to April 15, 2018, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Amended Certificate Issued: April 15, 2016


Bart Eggen, Acting Director
Office of Community Health Systems

This Certificate is not transferable