



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

December 13, 2013

CERTIFIED MAIL # 7011 2000 0000 5081 8722

Jason Bosh, Divisional Vice President
DaVita Healthcare Partners, Inc.
32275 -32nd Avenue S
Federal Way, Washington 98001

Re: CN #13-33

Dear Mr. Bosh:

Enclosed is Certificate of Need #1517 issued to DaVita Healthcare Partners, Inc. approving the establishment of a ten-station dialysis center in Tumwater, within the Thurston County planning area.

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.

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or 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:

Janis Sigman, Manager
Certificate of Need Program
Department of Health
Mail Stop 47852
Olympia, WA 98504-7852

Other Than By Mail

Janis Sigman, Manager
Certificate of Need Program
Department of Health
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:

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

Other Than By Mail

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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director
Community Health Systems

Enclosure

cc: Shannon Walker, Office of Investigations and Inspection
Karen Stricklett, Department of Health, Customer Service Office



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 #1517 is issued to:

Legal Name of Applicant: DaVita Health Care Partners, Inc.
Address of Applicant: 1551 Wewatta Street, Denver, Colorado 80202
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Tumwater Dialysis Center
Facility Address: 855 Trosper Road SW, Suite 110, Tumwater, Washington 98512

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION OF November 25, 2013, (App #13-33)

Project Description:

This certificate approves the establishment of a ten station dialysis facility in Tumwater within the Thurston County dialysis planning area. At project completion, the dialysis center is approved to certify and operate ten stations. Services to be provided include in-center dialysis, peritoneal dialysis training, hemodialysis for patients requiring isolation, hemodialysis for patients requiring a permanent bed station, hemodialysis patients requiring treatment shifts that begin after 5:00 pm, back-up dialysis services for home dialysis patients, home hemodialysis and home peritoneal training, support for patients for all forms of home dialysis, and visiting patient hemodialysis.

Private Isolation Room	1
Permanent Bed Station	1
Home Training Station	1
Other In-Center Stations	7
Total	10

Service Area
Thurston County

Conditions
See page 2

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$1,769,545. This amount represents the total capital expenditure of \$1,988,188 minus the landlord’s project costs of \$228,643.

This Certificate authorizes commencement of the project from December 13, 2013 to December 13, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: December 13, 2013

Steven Saxe, Director
Community Health Systems

This Certificate is not transferable.

Certificate of Need #1517

Page Two

Conditions

1. Approval of 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 at the DaVita HealthCare Partners, Inc. will provide an executed copy of the Transfer Agreement consistent with the draft provided in the application.