



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

April 13, 2018

Casey Stowell, RVP Pacific Northwest
Fresenius Medical Care
7780 Southwest Mohawk Street
Tualatin, Oregon 97062

RE: Reissuing of Certificate of Need #1728 to FMC Lacey Dialysis Center

Dear Mr. Stowell:

Enclosed is a reissued Certificate of Need (CN) for FMC Lacey Dialysis Center showing the one approved exempt isolation station consistent with WAC 246-310-809¹. We found an error on the original issued certificate. If you choose not to certify this exempt isolation station, you must notify the Certificate of Need Program of your intent to relinquish the exempt station and a revised Certificate of Need will be issued.

The certificate has a table with the number of stations, by type, before and after January 1, 2018. This table assumes your acceptance of the exempt isolation station. The table also shows of the number of stations that will be counted in the numeric need methodology outlined in WAC 246-310-812.

You will need to apply to Centers for Medicare and Medicaid Services (CMS) for certification of this facility's additional station using the process required by CMS.

If you have any questions regarding the enclosed CN, 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

Enclosures

¹ Effective January 1, 2018



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 #1728R is issued to:

Provider Name: Fresenius Medical Care.
Provider Address: 2121 Southeast Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Lacey Dialysis Center
Facility Address: 719 Sleater-Kinney Road Southeast, #152, Lacey, Washington 98503

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)

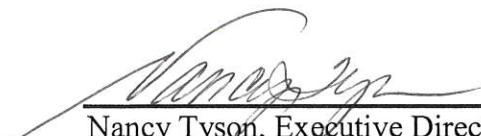
Station Adjustment Description

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

| Station Type | Before | | After | |
|--------------------------------|------------------------|--|------------------------|--|
| | 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 | 17 | 17 | 18 | 18 |
| Permanent Bed Station | 1 | 1 | 1 | 1 |
| Isolation Station | 1 | 1 | 1 | 0 |
| Total Stations | 19 | 19 | 20 | 19 |

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1494 REMAIN IN EFFECT FOR THIS FACILITY.

Date Certificate Effective: January 1, 2018


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

This Certificate is not transferable