



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

July 30, 2020

Luca Chiastra, Regional Vice President – Rocky Mountain Region
Fresenius Medical Care
5251 DTC Parkway, Suite 500
Greenwood Village, CO 80111

Sent via email: Luca.Chiastra@fmc-na.com

RE: Certificate of Need Application #20-16, Fresenius Kidney Care Leah Layne

Dear Mr. Chiastra:

Enclosed is Certificate of Need #1849 issued to Fresenius Medical Care Holdings, Inc. The certificate is for the addition of two dialysis stations, at Fresenius Kidney Care Leah Layne, an existing dialysis facility in Adams County.

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

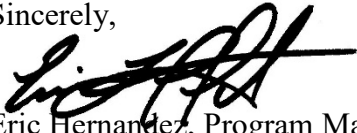
Physical Address

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 the Certificate of Need Program at (360) 236-2955.

Sincerely,



Eric Hernandez, Program Manager
Certificate of Need
Office of Community Health Systems

Enclosure

CC: Frank Fox, PhD, frankfox@comcast.net



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 #1849 is issued to:

Applicant’s Legal Name: Fresenius Medical Care Holdings, Inc.
Applicant’s Address: 5251 DTC Parkway, Suite 500
 Greenwood Village, CO 80111
Facility Type End State Renal Disease Facility
Project Type End State Renal Disease Facility
Facility Name: Fresenius Kidney Care Leah Layne
Facility Address: 530 South 1st Avenue
 Othello, WA 99344

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED JULY 28, 2020 (CN APP # 20-16)

Project Description

This certificate approves the addition of two general use dialysis stations to the ten-station Fresenius Kidney Care Leah Layne, for a facility total of 12 dialysis stations. The table below provides a breakdown of the total number of stations at project completion.

	CMS Certified Stations	Stations Counted in Methodology
General Use In-Center Stations	10	10
Permanent Bed Station	1	1
Exempt Isolation Station	1	0
Isolation Station	0	0
Total Stations	12	11

Services provided at Fresenius Kidney Care Leah Layne include in-center hemodialysis, home hemodialysis, home peritoneal dialysis, training and support for dialysis patients, an isolation dialysis station, a bed dialysis station, and shifts beginning after 5:00 pm.

Service Area
Adams County

Conditions

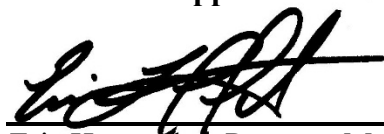
1. Approval of the project description as stated above. Fresenius Medical Care Holdings, Inc. further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Fresenius Medical Care Holdings, Inc. shall finance this project using corporate reserves, as described in the application.

Approved Capital Expenditure

The approved capital expenditure for this project is \$138,787 which includes construction, fees, equipment, and applicable sales tax

This Certificate authorizes commencement of the project from July 30, 2020 to July 30, 2022 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: July 30, 2020


 Eric Hernandez, Program Manager
 Community Health Systems

This Certificate is not transferable