

## STATE OF WASHINGTON

#### DEPARTMENT OF HEALTH

PO Box 47852•Olympia, Washington 98504-7852

May 17, 2019

CERTIFIED MAIL # 7018 2290 0001 8591 8483

Rudy Lai DaVita, Inc. 32275 – 32<sup>nd</sup> Avenue South Federal Way, Washington 98001

RE: Certificate of Need Application #18-62

Dear Mr. Lai:

Enclosed is Certificate of Need #1771 issued to DaVita, Inc. approving the establishment of a nine-station dialysis facility in Sumner, within Pierce County planning area #1.

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 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

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 #1771 is issued to:

Applicant's Legal Name:

DaVita, Inc.

Applicant's Address:

32275 – 32nd Avenue South, Federal Way, Washington 98001

Facility Type **Project Type**  End State Renal Disease Facility End State Renal Disease Facility DaVita Sumner Dialysis Center

Facility Name: Facility Address:

16290 Auto Lane, Sumner, Washington 98390

# ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 8, 2019 (CN APP # 18-62)

## **Project Description**

This certificate approves the establishment of a 9-station dialysis center to be located at 16290 Auto Lane in Sumner [98390] within Pierce County planning area #1. 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	8	8
Permanent Bed Station	1	1
Private Isolation Station	1	0
<b>Total Stations</b>	10	9

Services to be provided at the new dialysis center include in-center hemodialysis, home hemodialysis and home peritoneal dialysis training, isolation capabilities, and a permanent bed station. There will also be a patient shift starting after 5pm.

### Service Area

Pierce County Planning Area #1

### **Conditions**

- 1. Approval of the project description as stated above. DaVita, 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. DaVita, Inc. shall finance this project consistent with the financing described in the application.
- 3. Prior to providing services at the new dialysis center, DaVita, Inc. will provide a copy of the executed Patient Transfer Agreement consistent with the draft provided in the application.

## **Approved Capital Expenditure**

The total capital expenditure for this project is \$2,821,498, which includes construction costs, equipment, and associated fees and taxes.

This Certificate authorizes commencement of the project from May 17, 2019 to May 17, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: May 17, 2019

Nancy Tyson, Executive Director

Health Facilities and Certificate of Need

Washington State Department of Health

This Certificate is not transferable