June 11, 2012

CERTIFIED MAIL # 7011 1570 0002 7802 6142

Palmer Pollock, Vice President of Planning Northwest Kidney Centers 700 Broadway Seattle, Washington 98122-4302

Re: CN11-40

Dear Mr. Pollock:

Enclosed is Certificate of Need #1474 issued to Northwest Kidney Centers approving the addition of one dialysis station to the Kent Kidney Center. At project completion, Kent Kidney Center will be operating 18 dialysis stations.

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. Any affected 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

Other Than By Mail
Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

Palmer Pollock, Vice President of Planning Northwest Kidney Centers June 11, 2012 Page 2

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, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office

Karen Stricklett, 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 #1474 is issued to:

Legal Name of Applicant:

Northwest Kidney Centers

Address of Applicant:

700 Broadway, Seattle, Washington 98122

Type of Service:

End Stage Renal Disease Facility

Facility Name:

NKC Kent Kidney Center

Facility Address:

25316 - 74th Avenue South, Kent, Washington 98032

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 29, 2012 (App #11-40)

Project Description:

Northwest Kidney Centers proposes to add one dialysis station to the Kent Kidney Center for a facility total of 18 stations. The facility is located at 25316 - 74th Avenue South in the city of Kent, within King County. The dialysis center would continue to serve the residents of King County planning area #10. Services currently provided at Kent Kidney Center include hemodialysis, visiting patient dialysis service, home hemodialysis training, special care and treatments scheduled after 5 p.m. The station breakdown for the facility at project completion is shown below:

| Private Isolation Room | 1 |
|--------------------------|----|
| Permanent Bed Station | 1 |
| Home Training* | 1 |
| Other In-Center Stations | 15 |
| Total | 18 |

^{*} Includes peritoneal and hemodialysis training

Service Area

King County planning area #10

Condition

1. Approved project description as described above.

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$33,397.

This Certificate authorizes commencement of the project from <u>June 11, 2012</u> to <u>June 11, 2014</u>, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 11, 2012

Director, Health Professions and Facilities

This Certificate is not transferable.