

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47852 Olympia, Washington 98504-7852

April 12, 2017

CERTIFIED MAIL # 7009 0960 0000 5564 6553

Kathryn Cullen, Special Projects DaVita Healthcare Partners, Inc. 32275 – 32nd Avenue South Federal Way, Washington 98001

RE: Certificate of Need Application #16-34

Dear Ms. Cullen:

Enclosed is Certificate of Need #1597 issued to DaVita Healthcare Partners, Inc. approving the addition of 15 dialysis stations to Lakewood Community Dialysis Center located in Lakewood, within Pierce County planning area #5.

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 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

Kathryn Cullen, DaVita Healthcare Partners, Inc. CN Application #16-34 April 12, 2017 Page 2 of 2

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,

Steve Bowman, PhD, MHA

Director, Office of Community Health Systems

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 #1597 is issued to:

Legal Name of Applicant: DaVita Healthcare Partners, Inc.

Address of Applicant:

2000 16th Street, Denver, Colorado 80202

Type of Service:

End Stage Renal Disease Center

Facility Name:

DaVita Lakewood Community Dialysis Center

Facility Address:

5919 Lakewood Town Center Boulevard Southwest, #A

Lakewood, Washington 98499

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MARCH 30, 2017, (CN App #16-34)

PROJECT DESCRIPTION

This certificate approves the addition of 15 dialysis stations to DaVita Lakewood Community Dialysis Center, for a facility total of 26 dialysis stations. At completion of the station addition, DaVita is approved to certify and operate 26 stations at DaVita Lakewood Community Dialysis Center. Services provided at DaVita Lakewood Dialysis Center include in-center hemodialysis, home hemodialysis and home peritoneal dialysis training and support for dialysis patients, a permanent bed station, an isolation station, and a shift beginning after 5:00 p.m. A breakdown of all stations at project completion is shown below:

Private Isolation Station	. 1
Permanent Bed Station	1
Other In-Center Station	24
Total In-Center Stations	26

Service Area

Pierce County Planning Area #5

Conditions

Conditions identified on page two

Approved Capital Expenditure

The approved capital expenditure for this 15-station addition is \$303,830.

This Certificate authorizes commencement of the project from April 12, 2017 to April 12, 2019, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: April 12, 2017

Steve Bowman, PhD, MHA

Director, Office of Community Health Systems

This Certificate is not transferable.

Certificate of Need #1597 Page 2 of 2

Conditions

- 1. Approval of the 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. DaVita Healthcare Partners, Inc. shall maintain compliance with the terms and conditions outlined in the October 22, 2014, Corporate Integrity Agreement with Department of Health and Human Services.
- 3. Prior to providing services, DaVita HealthCare Partners, Inc. will provide to the department for review and approval a copy of an executed transfer agreement with a local hospital. The executed agreement must be consistent with the draft agreement provided in the application.
- 4. DaVita Healthcare Partners, Inc. shall finance this project using existing capital reserves, as described in the application.