



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

December 9, 2020

Casey Stowell, RVP-Pacific Northwest  
Fresenius Medical Care

Sent by email: [casey.stowell@fmc-na.com](mailto:casey.stowell@fmc-na.com)

RE: Determination of Reviewability, Relocation Request #21-16

Dear Ms. Stowell:

Enclosed is Replacement Authorization (RA) #104 issued to Fresenius Medical Care approving the replacement of PNRS Fort Vancouver to a new site within Clark County.

Replacement Authorization #104 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six-month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

**APPEAL OPTION**

This decision may be appealed. You or 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 addresses listed on the following page.

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

If you have any questions or would like to arrange for a meeting to discuss this decision, please call me at (360) 236-2955.

Sincerely,

Eric Hernandez, Manager  
Certificate of Need Program

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

**Replacement Authorization #104 is issued to:**

**Current Facility Owner:** Fresenius Medical Care  
**Current Facility Name:** PNRS Fort Vancouver  
**Current Facility Address:** 312 Southeast Stonemill Drive, #150  
Vancouver, Washington 98684  
**Current County Location:** Clark  
**Current Number of Stations:** 24 general and one exempt isolation station

**Replacement Facility Information**

**Replacement Facility Owner:** Fresenius Medical Care  
**Replacement Facility Name:** PNRS Fort Vancouver  
**Replacement Facility Address:** 13118 Northeast 4<sup>th</sup> Street, Vancouver, Washington 98684  
**Replacement Facility County Location:** Clark  
**Replacement Facility Number of Stations:** 24 general and one exempt isolation (see breakdown below)

**Project Description**

Fresenius Medical Care is approved to relocate PNRS Fort Vancouver to a new site in Clark County as allowed under Washington Administrative Code 246-310-830(4). At project completion, PRNS Fort Vancouver will operate a total of 17 dialysis stations as broken down below.


General Use In-Center Stations	24
Permanent Bed Station	0
Exempt Isolation Station	1
<b>Total</b>	<b>25</b>

**Conditions of Relocation Approval**

1. Fresenius Medical Care agrees with the project description. Fresenius Medical Care further agrees that any change to the project as described above, requires new Certificate of Need Program review.
2. Fresenius Medical Care agrees, in adherence to WAC 246-310-830(4)(a), that the existing kidney dialysis facility located at 312 Southeast Stonemill Drive, #150 in Vancouver will cease operation after the relocation.
3. Fresenius Medical Care agrees, in adherence to WAC 246-310-830(4)(c) there will be no break in service between the closure of the existing kidney dialysis facility and the operation of the replacement facility.

**This Replacement Authorization is effective from December 9, 2020, through December 9, 2022, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Issued:** December 9, 2020

  
Eric Hernandez, Program Manager  
Certificate of Need  
Community Health Systems

**This Renovation Authorization is not transferable.**