

October 3, 2013

CERTIFIED MAIL # 7011 2000 0000 5081 8586

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

Dear Mr. Pollock:

Enclosed is Certificate of Need #1443A issued to Northwest Kidney Centers approving the establishment of a five station dialysis facility within King County ESRD planning area #12. At project completion, the Enumclaw Kidney Center will have five approved stations as noted on the certificate.

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 two appeal options are listed below.

Appeal Option 1:

Any interested or affected person 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:

scell and to the

Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Other Than By Mail
Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501

Mr. Palmer Pollock, Vice President of Planning Northwest Kidney Centers Certificate of Need App #13-42 October 3, 2012 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: Adjudicative Service Unit Mail Stop 47879 Olympia, WA 98504-7879

Other Than By Mail Adjudicative Clerk Office 310 Israel Road SE, Building 6 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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,

Steven M. Saxe, FACHE

Director

Enclosure

cc: Shannon Walker, Department of Health, Investigations and Inspections Office

Karen Stricklett, Department of Health, 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 #1443A is issued to:

Legal Name of Applicant: Northwest Kidney Centers

Address of Applicant: 700 Broadway, Seattle, WA 98122-4302

Type of Service: End Stage Renal Disease Facility **Facility Name:** NKC – Enumclaw Kidney Center

Facility Address: 857 Roosevelt Avenue East, Enumclaw, WA 98022

PROJECT APPROVAL IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF JUNE 6, 2011. ISSUANCE OF THIS AMENDED CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF SEPTEMBER 19, 2013.

Project Description:

This amended certificate approves the establishment of a 5-station kidney dialysis within King County ESRD planning area #12. At project completion, the dialysis center is approved to provide the following services hemodialysis, peritoneal dialysis, shifts after 5:00 p.m., and training/support for dialysis patients. A breakdown of all five stations is below.

Private Isolation Room	1
Permanent Bed Station	1
Other In-Center Stations	3
Total	5

Service Area

King County planning area #12

Terms

See Page 2 of the certificate

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$2,550,205

This Certificate authorizes commencement of the project from October 3, 2013 to October 3, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: October 3, 2013

steven saxe, Director

This Certificate is not transferable.

Certificate of Need #1443A

Page Two

Terms¹:

- 1. Northwest Kidney Centers agrees with the project description as stated above. Northwest Kidney Centers 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. This condition continues to remain in effect as applicable.
- 2. Northwest Kidney Centers will provide the department with a finalized lease that is consistent with the rates and terms outlined in the letter of intent provided with the application. [Condition met May 9, 2013] This condition continues to remain in effect as applicable.
- 3. Northwest Kidney Centers will provide the department with a copy of the executed medical director agreement with Dr. Ahmad prior to commencement of services consistent with the draft agreement provided within the application. [Condition met May 9, 2013] This condition continues to remain in effect as applicable.
- 4. Northwest Kidney Centers will provide the department with an executed copy of a patient transfer agreement for department review and approval prior to commencement of services consistent with the draft agreement provided within the application. [Condition met May 9, 2013] This condition continues to remain in effect as applicable.

¹ Terms used has that same meaning as conditions