

October 9, 2013

CERTIFIED MAIL # 7011 2000 0000 5081 8623

Anthony Halbeisen,
Director of Business Development/
Certificate of Need Initiatives
DaVita Healthcare Partners, Inc.
32275 -32nd Ave S
Federal Way, Washington 98001

Re: CN #13-14A2

Dear Mr. Halbeisen:

Enclosed is Certificate of Need #1514 issued to DaVita Healthcare Partners, Inc. approving the establishment of a five-station dialysis center in Belfair, within the Mason County planning area.

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:

You or 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:

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

Other Than By Mail
Janis Sigman, Manager
Certificate of Need Program
Department of Health
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: Adjudicative Service Unit Mail Stop 47879 Olympia, WA 98504-7879 Other Than By Mail
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 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, Office of Investigations and Inspection

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 #1514 is issued to:

Legal Name of Applicant:

DaVita Health Care Partner's

Address of Applicant:

1551 Wewatta Street, Denver, Colorado 80202

Type of Service:

End Stage Renal Disease Facility

Facility Name:

DaVita Belfair Dialysis Center

Facility Address:

23961 NE State Route 3, Suite B, Belfair, Washington 98528

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION OF September 24, 2013, (App #13-14A2)

Project Description:

DaVita, Inc. proposes to establish a new five-station dialysis facility in the Mason County Dialysis Planning Area. The facility will be located in the city of Belfair within Mason County. This dialysis center will provide in-center dialysis, home hemodialysis training, back-up dialysis services for home dialysis patients, and visiting or transient hemodialysis.

Total	5
Other In-Center Stations	2
Home Training Station	1
Permanent Bed Station	1
Private Isolation Room	1

Service Area

Mason County

Conditions

See page 2

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$1,344,100. This amount represents the total capital expenditure of \$1,414,061 minus the landlord's project costs of \$69,961.

This Certificate authorizes commencement of the project from October 8, 2013 to October 8, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: October 8, 2013

Steven Saxe

Director

This Certificate is not transferable.

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Conditions

- 1. Approval of 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. Prior to providing services at the Belfair Dialysis Center, DaVita, Inc. will provide an executed copy of the facility lease consistent with the draft lease provided in the application.
- 3. Prior to providing services at the DaVita, Inc. will provide an executed copy of the Medical Director Agreement consistent with the draft Medical Director Agreement provided in the application.
- 4. Prior to providing services at the Belfair Dialysis Center. DaVita, Inc. will provide an executed copy of the dialysis center ancillary and support services agreement for the department's review and approval. The executed ancillary and support services agreement must be consistent with the draft provided in the application