

June 20, 2016

Peter Agabi, Analyst
Certificate of Need Program
Department of Health
PO Box 47852
Olympia, WA 98504-78521

Dear Mr. Agabi:

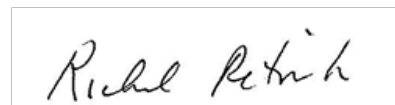
Please accept this letter as Franciscan Health System's (CHI Franciscan) formal request to withdraw its certificate of need application requesting approval to relocate four dialysis stations from our Franciscan Dialysis Center Puyallup to a new facility in Bonney Lake.

Per WAC 246-310-990(4), we understand that an applicant submitting a written request to withdraw a certificate of need application before the beginning of review shall be refunded 75% of the review fees paid. Please forward the refund to the address below at your earliest convenience.

Richard Petrich, Vice President, Planning and Business Development
Franciscan Health System
1145 Broadway, Suite 1000, M/S 07-15
Tacoma, WA 98402

Please feel free to contact me with any questions.

Sincerely,



Richard Petrich, Vice President, Planning and Business Development



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

June 21, 2016

Richard Petrich, Vice President
Planning and Business Development
1145 Broadway, M/S 07-15
P.O. Box 2197
Tacoma, WA 98402

Re: CN16-26

Dear Mr. Petrich:

The department is in receipt of your request to withdraw your application proposing to relocate four dialysis stations from your Puyallup facility to a new facility to be built in Bonnie Lake.

In accordance with Washington Administrative Code (WAC) 246-310-990(4) the department will be refunding 75% of the application review fee or \$18,790.50. That refund will be sent under separate cover.

The department is disappointed with your decision to withdraw this application. It was a key factor in the department's decision to settle the Pierce 1 adjudicative appeal and award CHI Franciscan a three station Certificate of Need for Bonnie Lake. With the settlement and approval of this relocation application the Bonnie Lake facility would have been a seven station facility and fully capable of providing the all the services outlined in the application¹. Now with the facility, if built, having only three stations the department is concerned that this full range of services will not be available to the Bonnie Lake dialysis patients.

If you have any questions, please contact me at 360.236.2956.

Sincerely,

Janis R. Sigman, Manager
Certificate of Need Program
Washington State Department of Health

¹ The center would offer in-center hemodialysis and visitor dialysis, home hemodialysis and home peritoneal dialysis training and back-up, a dedicated isolation station, and a permanent bed station. [Source: CN16-26 application, pg. 7]