



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

March 30, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1072

Jeff Lehman, Executive Director  
Olympic Peninsula Kidney Centers  
2613 Wheaton Way  
Bremerton, Washington 98310

RE: Washington Administrative Code (WAC) 246-310-809

Dear Mr. Lehman:

Enclosed are Certificates of Need (CNS) for each of Olympic Peninsula Kidney Centers' dialysis facilities showing the one approved exempt isolation station consistent with WAC 246-310-809<sup>1</sup>. If you choose not to certify this exempt isolation station, you must notify the Certificate of Need Program of your intent to relinquish the exempt station and a revised Certificate of Need will be issued.

Each certificate has a table with the number of stations, by type, before and after January 1, 2018. This table assumes your acceptance of the exempt isolation station. The table also shows of the number of stations that will be counted in the numeric need methodology outlined in WAC 246-310-812.

You will need to apply to Centers for Medicare and Medicaid Services (CMS) for certification of each facility's additional station using the process required by CMS.

If you have any questions regarding the enclosed CNS, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,

Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

Enclosures

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<sup>1</sup> Effective January 1, 2018



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 #1720 is issued to:**

**Provider Name:** Olympic Peninsula Kidney Center, Inc.  
**Provider Address:** 2613 Wheaton Way, Bremerton, Washington 98310  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Olympic Peninsula Kidney Center Northwest  
**Facility Address:** 2500 West Simms Way, Port Townsend, Washington 98368

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**


**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	6	6	6	6
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>6</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1359EA REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

  
 Nancy Tyson, Executive Director  
 Health Facilities and Certificate of Need  
 Washington State Department of Health

**This Certificate is not transferable**





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 #1719 is issued to:**

**Provider Name:** Olympic Peninsula Kidney Center, Inc.  
**Provider Address:** 2613 Wheaton Way, Bremerton, Washington 98310  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Olympic Peninsula Kidney Center Coordinated Care Unit  
**Facility Address:** 2740 Clare Avenue, Bremerton, Washington 98310

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	3	3	4	4
Permanent Bed Station	0	0	0	0
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>4</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1497  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**



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 #1718 is issued to:**

**Provider Name:** Olympic Peninsula Kidney Center, Inc.  
**Provider Address:** 2613 Wheaton Way, Bremerton, Washington 98310  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Olympic Peninsula Kidney Center – North  
**Facility Address:** 19472 Powder Hill Place, Poulsbo, Washington 98370

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	8	8	8	8
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>8</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1307A  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

**This Certificate is not transferable**





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 #1717 is issued to:**

**Provider Name:** Olympic Peninsula Kidney Center, Inc.  
**Provider Address:** 2613 Wheaton Way, Bremerton, Washington 98310  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Olympic Peninsula Kidney Center  
**Facility Address:** 2613 Wheaton Way, Bremerton, Washington 98310

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	15	15	15	15
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>15</b>	<b>15</b>	<b>16</b>	<b>15</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1497 REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

Nancy Tyson, Executive Director  
 Health Facilities and Certificate of Need  
 Washington State Department of Health

**This Certificate is not transferable**



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 #1716 is issued to:**

**Provider Name:** Olympic Peninsula Kidney Center, Inc.  
**Provider Address:** 2613 Wheaton Way, Bremerton, Washington 98310  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Olympic Peninsula Kidney Center – South Kitsap  
**Facility Address:** 450 South Kitsap Boulevard, #1400, Port Orchard Washington 98366

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

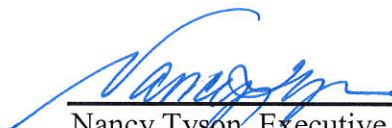
**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	11	11	11	11
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>11</b>	<b>11</b>	<b>12</b>	<b>11</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1273  
 REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

  
 Nancy Tyson, Executive Director  
 Health Facilities and Certificate of Need  
 Washington State Department of Health

**This Certificate is not transferable**