



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

March 30, 2018

CERTIFIED MAIL # 7014 2120 0002 7627 2148

Thomas Kruse
CHI Franciscan Health
1145 Broadway, #1000
Tacoma, Washington 98402

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

Dear Dialysis Center Coordinator:

Enclosed are Certificates of Need (CNs) for each of CHI Franciscan Health's dialysis facilities showing the one approved exempt isolation station consistent with WAC 246-310-809¹. 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

¹ 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 #1732 is issued to:

Provider Name: Franciscan Health System
Provider Address: 1717 South J Street, Tacoma, Washington 98405
Type of Service: End Stage Renal Disease Facility
Facility Name: Franciscan Bonney Lake
Facility Address: 19420 State Route 410, Bonney Lake, Washington 98391

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	1	1	2	2
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	3	3	4	3

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1574
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