



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

March 30, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1034

Evan Moore
DaVita HealthCare Partners, Inc.
32275 – 32nd Avenue South
Federal Way, Washington 98001

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

Dear Mr. Moore:

Enclosed are Certificates of Need (CNs) for each of DaVita HealthCare Partners, Inc.'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 #1632 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Belfair Dialysis Center
Facility Address: 23961 Northeast State Route 3, #B, Belfair, Washington 98528

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	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	5	5	6	5

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1514
 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 #1633 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Bellevue Dialysis Center
Facility Address: 3535 Factoria Boulevard Southeast, #150, Bellevue, Washington 98006

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	10	10	10	10
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	10	10	11	10

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1269 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 #1634 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: Cascade Dialysis
Facility Address: 145 Cascade Place, #100, Burlington, Washington 98233

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	2	2	3	3
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	4	4	5	4

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1540 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 #1635 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Chinook Dialysis Center
Facility Address: 1315 Aaron Drive, Richland, Washington 99352

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	19	19	19	19
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	19	19	20	19

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1377
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



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Certificate of Need #1636 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Battle Ground Dialysis
Facility Address: 720 West Main, Battle Ground, Washington 98604

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

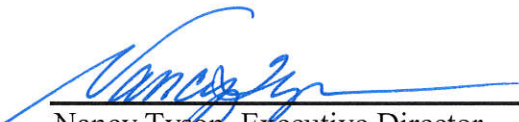
Station Adjustment Description

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	9	9
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	10	10	11	10

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1500R 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



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Certificate of Need #1637 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: DaVita Cooks Hill Dialysis
Facility Address: 1815 Cooks Hill Road, Centralia, Washington 98531

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	4	4	5	5
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	6	6	7	6

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1572 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



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Certificate of Need #1638 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Mount Baker Dialysis Center
Facility Address: 410 Birchwood Avenue, #100, Bellingham, Washington 98225

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	26	26	26	26
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	26	26	27	26

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1211 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



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Certificate of Need #1639 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Redondo Heights Dialysis Center
Facility Address: 27320 Pacific Highway South, Federal Way, Washington 98003

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	10	10	11	11
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	12	12	13	12

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1528 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



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Certificate of Need #1640 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: Renton Dialysis Center
Facility Address: 4110-E Northeast 4th Street, Renton, Washington 98059

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

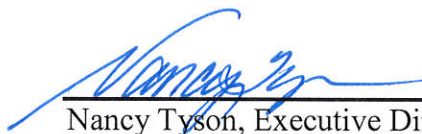
Station Adjustment Description

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	5	5	6	6
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	7	7	8	7

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1501R 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



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Certificate of Need #1641 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Wapato Dialysis Center
Facility Address: 502 West 1st Street, Wapato, Washington 98951

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	4	4	5	5
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	6	6	7	6

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1611 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



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Certificate of Need #1642 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Downtown Spokane Renal Center
Facility Address: 601 West Fifth Avenue, Spokane, Washington 99204

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	12	12	12	12
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	12	12	13	12

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1295
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 #1643 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: East Wenatchee Dialysis Center
Facility Address: 295 Third Street Northeast, East Wenatchee, Washington 98802

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	7	7
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	8	8	9	8

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1477
 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 #1644 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: Echo Valley Dialysis
Facility Address: 198 Ponderosa Road #A, Colville, Washington, 99114

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	4	4	5	5
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	6	6	7	6

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1515 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



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Certificate of Need #1645 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Ellensburg Dialysis Center
Facility Address: 2101 West Dolarway Road, Suite #1 Washington 98373

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

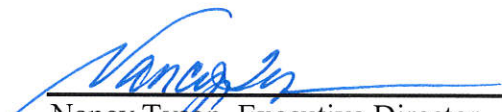
Station Adjustment Description

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	7	7	7	7
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	7	7	8	7

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1477
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



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Certificate of Need #1646 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Everett Dialysis Center
Facility Address: 8130 Evergreen Way, Suite C, Everett, Washington 98203

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	21	21	21	21
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	21	21	22	21

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1375 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 #1647 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Federal Way Community Dialysis Center
Facility Address: 1015 South 348th Street, Federal Way, Washington 98003

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	14	14	15	15
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	16	16	17	16

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1571
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



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Certificate of Need #1648 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Graham Dialysis Center
Facility Address: 10219 – 196th Street Court East, #C, Graham, Washington 98338

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
Total Stations	8	8	9	8

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1368
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



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Certificate of Need #1649 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Kennewick Dialysis Center
Facility Address: 3208 West 19th Avenue, Kennewick, Washington 99337

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	10	10	10	10
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	10	10	11	10

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1376E 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 #1650 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Kent Community Dialysis Center
Facility Address: 21851 – 84th Avenue South, Kent, Washington 98032

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	17	17	18	18
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	19	19	20	19

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1506 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 #1651 is issued to:

Provider Name: DaVita HealthCare Partners
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Lakewood Community Dialysis Center
Facility Address: 5919 Lakewood Towne Center Boulevard Southwest, #A
 Lakewood Washington 98499

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	24	24	25	25
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	26	26	27	26

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1597
 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 #1652 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Lynnwood Dialysis Center
Facility Address: 13619 Mukilteo Speedway, #D-1, Lynnwood, Washington 98087

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

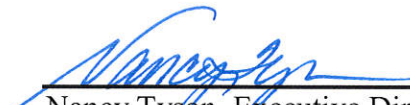
Station Adjustment Description

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 #1588 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 #1653 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Mid-Columbia Kidney Center
Facility Address: 6825 Burden Boulevard Suite A, Pasco, Washington 99301

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	21	21	21	21
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	21	21	22	21

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1266
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 #1654 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Mill Creek Dialysis Center
Facility Address: 18001 Bothell Everett Highway, Bothell, Washington 98021

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	9	9	9	9
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	9	9	10	9

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1369
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 #1655 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: Mount Adams Kidney Centers
Facility Address: 3220 Picard Place, Sunnyside, Washington 98944

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	14	14	14	14
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	14	14	15	14

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1265 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 #1656 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: North Spokane Renal Center
Facility Address: 7701 North Division, #B, Spokane, Washington 99208

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

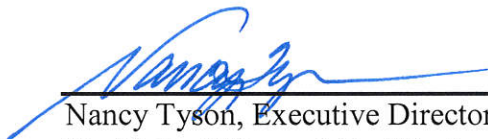
Station Adjustment Description

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	12	12	12	12
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	12	12	13	12

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1293 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 #1657 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Olympia Dialysis Center
Facility Address: 335 Cooper Point Road Northwest, Olympia, Washington 98502

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
Total Stations	6	6	7	6

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1365
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 #1658 is issued to:

Provider Name: DaVita HealthCare Partners
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Olympic View Dialysis Center
Facility Address: 125 – 16th Avenue East, CSB-5, Seattle, Washington 98112

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	20	20	20	20
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	20	20	21	20

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH THE JANUARY 22, 1996, DETERMINATION OF REVIEWABILITY 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 #1659 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Parkland Dialysis Center
Facility Address: 311 – 140th Street South, Tacoma, Washington 98444

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	21	21	21	21
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	21	21	22	21

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1374E 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 #1660 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Pilchuck Dialysis Center
Facility Address: 1250 State Avenue, Marysville, Washington 98270

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	7	7
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	8	8	9	8

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1509 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 #1661 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Puyallup Community Dialysis Center
Facility Address: 716 South Hill Park Drive, Puyallup, Washington 98373

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	17	17	18	18
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	19	19	20	19

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1541A 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 #1662 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Rainier View Dialysis Center
Facility Address: 1822 – 112th Street East #A, Tacoma, Washington 98445

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	9	9
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	10	10	11	10

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1526
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 #1663 is issued to:

Provider Name: DaVita HealthCare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: Seaview Dialysis Center
Facility Address: 101 – 18th Street South, Longview, Washington 98631

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	10	10	10	10
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	10	10	11	10

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1364 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 #1664 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Spokane Valley Renal Center
Facility Address: 12610 East Mirabeau Parkway Suite 100, Spokane, Washington 99216

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	10	10	10	10
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	10	10	11	10

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1294 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 #1665 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Tacoma Dialysis Center
Facility Address: 3401 South 19th Street, Tacoma, Washington 98405

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

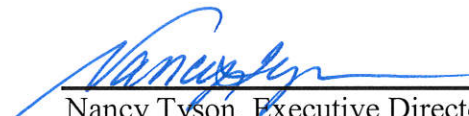
Station Adjustment Description

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	16	16	17	17
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	18	18	19	18

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1575 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 #1666 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Tumwater Dialysis Center
Facility Address: 855 Trosper Road, SW, Suite 110, Tumwater, Washington 98512

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	9	9
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	10	10	11	10

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1517
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 #1667 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Union Gap Dialysis Center
Facility Address: 1236 Ahtanum Ridge Business Park, Union Gap, Washington 98903

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	10	10	11	11
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	12	12	13	12

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1566 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 #1668 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Vancouver Dialysis Center
Facility Address: 9120 Northeast Vancouver Mall Drive Ste 160
 Vancouver, Washington 98682

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	12	12	12	12
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	12	12	13	12

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1325 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 #1669 is issued to:

Provider Name: DaVita Healthcare Partners, Inc.
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Wenatchee Valley Dialysis
Facility Address: 116 Olds Station Road, Wenatchee, Washington 98807

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	22	22	22	22
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	22	22	23	22

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1240R 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 #1670 is issued to:

Provider Name: DaVita HealthCare Partners
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Westwood Dialysis Center
Facility Address: 2615 Southwest Trenton Street, Seattle, Washington 98126

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

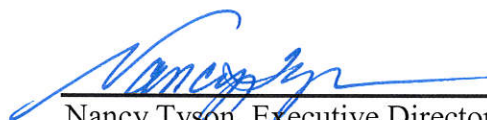
Station Adjustment Description

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	7	7	7	7
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	7	7	8	7

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1278 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 #1671 is issued to:

Provider Name: DaVita HealthCare Partners
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service End Stage Renal Disease Facility
Facility Name: Whidbey Island Dialysis Center
Facility Address: 32650 State Route 20, Building E, Oak Harbor, Washington 98277

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	4	4	5	5
Permanent Bed Station	0	0	0	0
Isolation Station	1	1	1	0
Total Stations	5	5	6	5

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1483 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 #1672 is issued to:

Provider Name: DaVita HealthCare Partners
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Yakima Dialysis Center
Facility Address: 1221 North 16th Avenue, Yakima, Washington 98902

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	19	19	20	20
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	21	21	22	21

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1318
 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 #1673 is issued to:

Provider Name: DaVita HealthCare Partners
Provider Address: 32275 – 32nd Avenue South, Federal Way, Washington 98001
Type of Service: End Stage Renal Disease Facility
Facility Name: Zillah Dialysis Center
Facility Address: 823 Zillah West Road, #300, Zillah, Washington 98953

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	7	7
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	8	8	9	8

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1478 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