



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

March 30, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1041

Casey Stowell, RVP Pacific Northwest
Fresenius Medical Care
7780 Southwest Mohawk Street
Tualatin, Oregon 97062

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

Dear Mr. Stowell:

Enclosed are Certificates of Need (CNs) for each of Fresenius Medical Care'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 #1728 is issued to:

Provider Name: Fresenius Medical Care.
Provider Address: 2121 Southeast Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Thurston County Dialysis Center
Facility Address: 8770 Tallon Lane Northeast, Lacey, Washington 98516

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

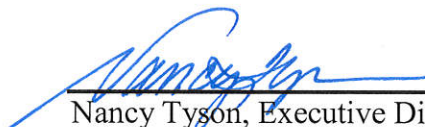
Station Adjustment Description

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 #1494
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 #1729 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Omak Dialysis Center
Facility Address: 800 Jasmine Street, Omak, Washington 98841

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

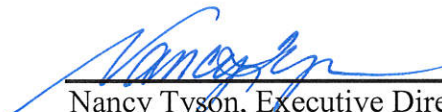
Station Adjustment Description

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
Total Stations	15	15	16	15

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1354
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 #1730 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Spokane Kidney Center
Facility Address: 610 South Sherman Avenue, Spokane, Washington 99202

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	27	27	27	27
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
Total Stations	27	27	28	27

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1277
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 #1731 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: PNRS Fort Vancouver
Facility Address: 312 Southeast Stonemill Drive, # 150, Vancouver, Washington 98684

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

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH DOR #13-05 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 #1674 is issued to:

Provider Name: Fresenius Medical Care.
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Columbia Basin Center
Facility Address: 6600 West Rio Grande Avenue, Kennewick, Washington 99336

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	12	12
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	13	13	14	13

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH RA #086
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 #1675 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FKC Mount Rainier
Facility Address: 1717 South J 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	9	9	10	10
Permanent Bed Station	10	10	10	10
Isolation Station	1	1	1	0
Total Stations	20	20	21	20

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1544A
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 #1676 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Aberdeen Dialysis Center
 Postmaster has not assigned an address. Legal Description Below.
Facility Address: "Parcel #: 027300000600, 027300000700; 027300000800; Lots 6, 7 and 8 of the Plat of Skyview, as per plat recorded in Volume 10 of Plats, pages 39 and 40, records of Grays Harbor County; Situated in the County of Grays Harbor, State of Washington."

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

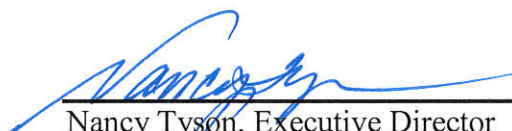
Station Adjustment Description

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	23	23
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	24	24	25	24

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1627 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 #1677 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Chehalis
Facility Address: 505 Southeast Adams Avenue, Chehalis, Washington 98532

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 RA #081
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 #1678 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Colville
Facility Address: 147 Garden Homes Drive, 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	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 #1442
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 #1679 is issued to:

Provider Name: Fresenius Medical Care.
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Leah Layne Dialysis Center
Facility Address: 530 South 1st Avenue, Othello, Washington 99344

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 #1438
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 #1680 is issued to:

Provider Name: Fresenius Medical Care.
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Moses Lake Dialysis Center
Facility Address: 847 East Broadway Avenue, Moses Lake, Washington 98837

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 #1629
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 #1681 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: North Pointe Dialysis Unit
Facility Address: 1116 East Westview Court, Spokane, Washington 99218

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

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH RA #083
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 #1682 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Shelton Dialysis Facility
Facility Address: 1872 North 13th Loop Road, Shelton, Washington 98584

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 #1292
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 #1683 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Thurston County Dialysis Center
Facility Address: 8770 Tallon Lane Northeast, Washington 98516

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 #1442
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 #1684 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: FMC Valley Dialysis Unit
Facility Address: 1017 North Pines RD, Spokane, Washington 99206

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 #1296
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 #1685 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Kidney Care Tacoma East
Facility Address: 1415 East 72nd Street Suite E, 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	12	12	13	13
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	14	14	15	14

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1512
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 #1686 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Kidney Care Gig Harbor
Facility Address: 4700 Point Fosdick Drive Northwest #101, Gig Harbor, 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	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 #1508 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 #1687 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Kidney Care Puyallup
Facility Address: 702 South Hill Park Drive, #105, 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	12	12	12	12
Permanent Bed Station	0	0	0	0
Isolation Station	0	1	1	0
Total Stations	12	12	13	12

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1245
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 #1688 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Kidney Care South Tacoma
Facility Address: 5825 Tacoma Mall Boulevard, Tacoma, Washington 98409

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

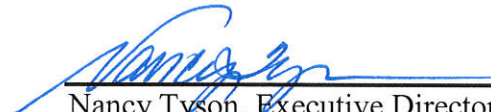
Station Adjustment Description

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	21	21
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	22	22	23	22

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1488 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 #1689 is issued to:

Provider Name: Fresenius Medical Care, Inc.
Provider Address: 2121 Southwest Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Panorama Dialysis
Facility Address: 822 South Main Street, Deer Park, Washington 99006

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 #1420
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 #1690 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: PNRS Clark Count Dialysis Clinic
Facility Address: 3921 Southwest 13th Avenue, 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	22	22	23	23
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
Total Stations	24	24	25	24

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1484 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 #1691 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: PNRs Salmon Creek
Facility Address: 9105 Highway 99, Suite 102, Vancouver, Washington, 98665

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

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1262
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 #1692 is issued to:

Provider Name: Fresenius Medical Care
Provider Address: 2121 Southwest Broadway, #111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Qualicenters – Walla Walla LLC
Facility Address: 301 West Poplar Street, Ste 120, Walla Walla, Washington 99362

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

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1370
 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