



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

March 30, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1102

Austin Ross, Vice President of Planning  
Northwest Kidney Centers  
700 Broadway  
Seattle, Washington 98122-4302

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

Dear Mr. Ross:

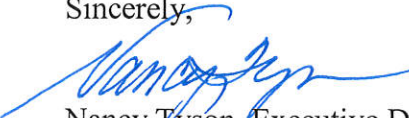
Enclosed are Certificates of Need (CNS) for each of Northwest Kidney Centers' dialysis facilities showing the one approved exempt isolation station consistent with WAC 246-310-809<sup>1</sup>. If you choose not to certify this exempt isolation station, you must notify the Certificate of Need Program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

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

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

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

Sincerely,

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

Enclosures

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



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Certificate of Need #1715 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122-4302  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC West Seattle Kidney Center  
**Facility Address:** 4045 Delridge Way Southwest, #100, Seattle, Washington 98106

**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
<b>Total Stations</b>	<b>20</b>	<b>20</b>	<b>21</b>	<b>20</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1236  
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 #1714 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Snoqualmie Ridge Kidney Center  
**Facility Address:** 35131 Southeast Douglas Street #113, Snoqualmie, Washington 98065

**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
<b>Total Stations</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>9</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1230 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 #1712 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC SeaTac Kidney Center  
**Facility Address:** 17900 International Boulevard, #301, SeaTac, Washington 98188

**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	28	28	29	29
Permanent Bed Station	2	2	2	2
Isolation Station	3	3	3	2
<b>Total Stations</b>	<b>33</b>	<b>33</b>	<b>34</b>	<b>33</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1558  
 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 #1711 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Scribner Kidney Center  
**Facility Address:** 2150 North 107<sup>th</sup>, #160, Seattle, Washington 98133

**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
<b>Total Stations</b>	<b>22</b>	<b>22</b>	<b>23</b>	<b>22</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1076  
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 #1710 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Renton Kidney Center  
**Facility Address:** 602 Oakesdale Avenue Southwest, Renton, Washington 98057

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

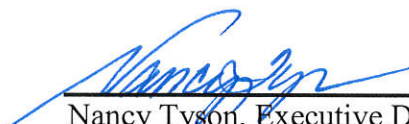
**Station Adjustment Description**

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	30	30	31	31
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>32</b>	<b>32</b>	<b>33</b>	<b>32</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1560  
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 #1709 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Rainier Beach  
**Facility Address:** 4401 South Trenton Street, Seattle, Washington, 98118

**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
<b>Total Stations</b>	<b>12</b>	<b>12</b>	<b>13</b>	<b>12</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1630  
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 #1708 is issued to:**

**Provider Name:** Northwest Kidney Center  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Port Angeles Kidney Center  
**Facility Address:** 809 Georgiana Street, Port Angeles, Washington 98362

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

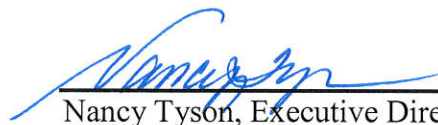
**Station Adjustment Description**

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

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

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1356  
 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 #1707 is issued to:**

**Provider Name:** Northwest Kidney Center  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Lake Washington Kidney Center  
**Facility Address:** 1474—112<sup>th</sup> Avenue Northeast, #100, Bellevue, Washington 98004

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

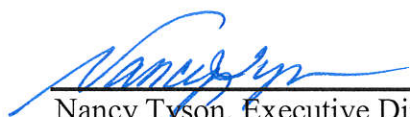
**Station Adjustment Description**

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	18	18	18	18
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>18</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1058  
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 #1706 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Lake City Kidney Center  
**Facility Address:** 14524 Bothell Way Northeast, Lake Forest Park, Washington 98155

**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
<b>Total Stations</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>18</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1539  
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 #1705 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Kirkland Kidney Center  
**Facility Address:** 11327 Northeast 120<sup>th</sup> Street, Kirkland, Washington 98034

**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
<b>Total Stations</b>	<b>20</b>	<b>20</b>	<b>21</b>	<b>20</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1491A 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 #1704 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Kent Kidney Center  
**Facility Address:** 25316 – 74th 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	16	16	17	17
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>18</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1474  
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 #1703 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Fife Kidney Center  
**Facility Address:** 6021 - 12th Street East, #100, Fife, Washington 98424

**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
<b>Total Stations</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>10</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1621  
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 #1702 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease  
**Facility Name:** NKC Federal Way West  
**Facility Address:** 501 South 336<sup>th</sup> Street, #110, 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	5	5	6	6
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>7</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1600 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 #1701 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Federal Way East Kidney Dialysis Center  
**Facility Address:** 33820 Weyerhaeuser Way South, #100 Federal Way, Washington 98001

**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
<b>Total Stations</b>	<b>14</b>	<b>14</b>	<b>15</b>	<b>14</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1593  
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 #1700 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Enumclaw Kidney Center  
**Facility Address:** 857 Roosevelt Avenue, Enumclaw, Washington 98022

**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
<b>Total Stations</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>8</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1583  
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 #1698 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Broadway Kidney Center  
**Facility Address:** 700 Broadway, Seattle, Washington 98122

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

**Station Adjustment Description**

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

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

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1352A  
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 #1713 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Seattle Kidney Center  
**Facility Address:** 548 – 15<sup>th</sup> Avenue, Seattle, Washington 98122

**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	38	38	38	38
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>38</b>	<b>38</b>	<b>39</b>	<b>38</b>

A breakdown of all stations following completion of CN #1630 – which approved the relocation of 8 stations from Seattle Kidney Center – 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	30	30	30	30
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>30</b>	<b>30</b>	<b>31</b>	<b>30</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1352A 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 #1699 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Elliott Bay Kidney Center  
**Facility Address:** 600 Broadway, Seattle, Washington 98122

**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	18	18	18	18
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>18</b>

A breakdown of all stations following completion of CN #1630 – which approved the relocation of 4 stations from NKC Elliott Bay Kidney Center – 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
<b>Total Stations</b>	<b>14</b>	<b>14</b>	<b>15</b>	<b>14</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1105 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 #1697 is issued to:**

**Provider Name:** Northwest Kidney Centers  
**Provider Address:** 700 Broadway, Seattle, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** NKC Auburn Kidney Center  
**Facility Address:** 1501 West Valley Highway North, Auburn, Washington 98001

**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.

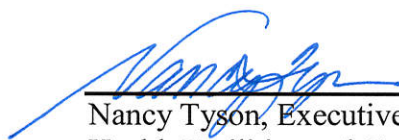
Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	24	24	24	24
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>24</b>	<b>24</b>	<b>25</b>	<b>25</b>

A breakdown of all stations following completion of CN #1593 – which approved the relocation of 12 stations from NKC Auburn Kidney Dialysis Center – 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
<b>Total Stations</b>	<b>12</b>	<b>12</b>	<b>13</b>	<b>12</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1304 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**