



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

March 30, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1089

Tri State Memorial Hospital Dialysis Unit
1221 Highland Avenue
Clarkston, Washington 99403

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

Dear Dialysis Center Coordinator:

Enclosed are Certificates of Need (CNs) for each of Tri State Memorial Hospital'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 #1696 is issued to:

Provider Name: Tri-State Memorial Hospital
Provider Address: 1221 Highland Avenue PO Box 189, Clarkston, Washington 99403
Type of Service: End Stage Renal Disease Facility
Facility Name: Tri-State Memorial Hospital Inc Dialysis Unit
Facility Address: 1221 Highland Avenue Clarkston, Washington 99403

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

THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1146 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