



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

March 4, 2020

CERTIFIED MAIL # 7018 2290 0001 8591 8827

Casey Stowell
Regional Vice President—Pacific Northwest
Fresenius Medical Care
20900 SW 115th Avenue, Suite 190
Tualatin, OR 97062

RE: Certificate of Need Application #19-74 Fresenius Kidney Care Columbia Basin

Dear Ms. Stowell:

Enclosed is Certificate of Need #1839 issued to Fresenius Medical Care approving the addition of four dialysis stations to Fresenius Kidney Care Columbia Basin resulting in an 18-station dialysis facility in Benton County.

The certificate is not an approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Casey Stowell, Regional VP –Pacific Northwest
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Appeal Option 2:

Any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

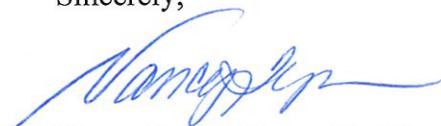
Physical Address

Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

If you have any questions, please contact 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

Enclosure



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 #1839 is issued to:

Legal Name of Applicant: Fresenius Medical Care Holdings, Inc.
Address of Applicant: 20900 SW 115th Avenue, Suite 190, Tualatin, OR 97062
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Kidney Care Columbia Basin
Facility Address: 6600 W. Rio Grande Avenue, Kennewick, WA 99336

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED FEBRUARY 27, 2020 (CN App #19-74)

Project Description

This certificate approves the addition of four dialysis stations to the 14-station Fresenius Kidney Care Columbia Basin, for a facility total of 18-dialysis stations. At project completion, Fresenius Kidney Center Columbia Basin is approved to certify and operate 18 dialysis stations. The table below provides a breakdown of the total number of stations at Fresenius Kidney Care Columbia Basin.

	CMS Certified Stations	Stations Counted in Methodology
General Use In-Center Stations	16	16
Permanent Bed Station	1	1
Exempt Isolation Station	1	0
Private Isolation Station	0	0
Total Stations	18	17

Services provided at Fresenius Kidney Care Columbia Basin include in-center hemodialysis, home hemodialysis and peritoneal dialysis training and support for dialysis patients, a dedicated isolation area, and a dedicated bed station. Fresenius Kidney Care Columbia Basin will also offer an evening shift beginning after 5:00 pm.

Service Area
Benton County

Conditions

1. Approval of the project description as stated above. Fresenius Medical Care Holdings, Inc. further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Fresenius Medical Care Holdings, Inc. shall finance this project using existing corporate reserves, as described in the application.

Approved Capital Expenditure

The approved capital expenditure for the four-station addition is \$246,289, which includes costs for buildings and construction, purchasing equipment, and for associated fees and taxes. Fresenius Medical Care Holdings, Inc. will pay all costs.

This Certificate authorizes commencement of the project from March 4, 2020 to March 4, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: March 4, 2020


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

This Certificate is not transferable