



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

April 7, 2011

CERTIFIED MAIL # 7008 1300 0000 7202 9775

Jean Stevens
Regional Vice President
Inland Northwest Renal Care Group, LLC
2121 SW Broadway, Suite 111
Portland, OR 97201

Dear Ms. Stevens:

Enclosed is Certificate of Need #1442 issued to Inland Northwest Renal Care Group, LLC approving the addition of 2 stations to the Fresenius Medical Care Colville Dialysis Center located in Stevens County. At project completion, Fresenius Medical Care Colville Dialysis Center will have eight approved stations as noted on the certificate.

The certificate is not 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 two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person 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

Other Than By Mail
Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501



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Appeal Option 2:

You or any affected 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:

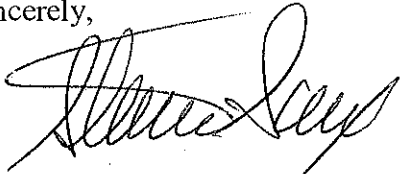
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Clerk Office
310 Israel Road SE, Building 6
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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office
Karen Stricklett, Department of Health, Customer Service Office



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 #1442 is issued to:

Legal Name of Applicant: Inland Northwest Renal Care Group, LLC
Address of Applicant: 2121 SW Broadway, Suite 111, Portland, Oregon 97201
Type of Service: End Stage Renal Disease Facility
Facility Name: Fresenius Medical Care Colville Dialysis Center
Facility Address: 147 Garden Homes Drive, Colville, Washington 99114

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORDS AND EVALUATION March 15, 2011 (CN App #10-17)

Description/Services To Be Provided:

Add two stations to the existing facility. At project completion, Fresenius Medical Care Colville Dialysis Center is approved to certify and operate a total of eight stations. The stations are listed below.

Approved Stations

Private Isolation Room	1
Permanente Bed Station	1
Home Training Station	1
Other In-Center Stations	5
Total	8

Service Area
Stevens County

Term

Inland Northwest Renal Care Group, LLC must provide a signed copy of the updated or amended Medical Director's agreement reflecting any re-negotiated fees for the Colville facility.

Approved Capital Expenditure

The approved capital expenditure is \$103,265 and is broken down as follows.

Item	Cost
Building Construction	\$35,000
Fixed & Moveable Equipment	\$60,000
Sales Tax & Fees	\$8,265
Total Estimated Capital Costs	\$103,265

This Certificate authorizes commencement of the project from April 7, 2011 to April 7, 2013, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: April 7, 2011

Steven Saxe
Director, Health Professions and Facilities

This Certificate is not transferable.