



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

June 30, 2021

Brian Gibbons, CEO
Astria Sunnyside Hospital
AH NP8—Astria Health
1016 Tacoma Avenue
P.O. Box 719
Sunnyside, WA 98944

Sent via email: Brian.Gibbons@astria.health.org

RE: Certificate of Need Application #21-11 – Certificate of Need #1896

Mr. Gibbons:

Enclosed is Certificate of Need #1896 issued to AH NP8, a subsidiary of Astria Health, approving the establishment of a 27-station dialysis facility center in Yakima within the Yakima County Planning Area.

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

Physical Address:
Department of Health
Certificate of Need Program

Brian Gibbons, Astria Sunnyside Hospital
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Mail Stop 47852
Olympia, WA 98504-7852

111 Israel Road SE
Tumwater, WA 98501

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,



Eric Hernandez, Program Manager
Certificate of Need
Office of Community Health Systems

Enclosure

CC: Jody Carona, healthfac@healthfacilitiesplanning.com



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 #1896 is issued to:

Applicant’s Legal Name: AH NP8, a wholly owned subsidiary of Astria Health
Applicant’s Address: 1016 Tacoma Avenue, PO Box 719, Sunnyside, Washington 98944
Facility Type End State Renal Disease Facility
Project Type End State Renal Disease Facility
Facility Name: Astria Yakima Dialysis Center
Facility Address: 2019 South 12th Avenue, Suite 100, Yakima, Washington 98902

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED JUNE 18, 2021 (CN APP # 21-11)

Project Description

This certificate approves the establishment of a 27-station dialysis center to be located at 209 South 12th Avenue, Suite 100, within the Yakima County Planning Area in Yakima [98902]. A breakdown of the dialysis stations after project completion is shown below.

Astria Yakima Dialysis Center

	CMS Certified Stations	Stations Counted in Methodology
General Use In-Center Stations	25	25
Permanent Bed Station	1	1
Exempt Isolation Station	1	0
Isolation Station	0	0
Total Stations	27	26

Services provided at Astria Yakima Dialysis Center shall include in-center hemodialysis, home hemodialysis, peritoneal dialysis training, a dedicated isolation station, a permanent bed station, and shifts beginning after 5pm.

Service Area

Yakima County ESRD Planning Area

Conditions

Five conditions are listed on page two.

Approved Capital Expenditure

The approved capital expenditure to establish this new facility is \$2,973,567, which includes the land purchase, construction, equipment, financing costs, and various fees and taxes. Costs are paid partially by Astria Health..

This Certificate authorizes commencement of the project from June 30, 2021 to June 30, 2023 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 30, 2021

Eric Hernandez, Program Manager
Community Health Systems

This Certificate is not transferable

Certificate of Need #1896 Page Two Conditions

1. Astria shall finance this project consistent with the financing described in the application.
2. Prior to providing dialysis services at Astria Yakima Dialysis Center, Astria Health shall provide an executed medical director agreement consistent with the agreement provided in Attachment 4 of its August 7, 2020, screening responses.
3. Prior to providing dialysis services at Astria Yakima Dialysis Center, Astria Health shall provide an executed lease agreement consistent with the agreement provided in Attachment 2 of its August 7, 2020, screening responses.
4. Prior to providing dialysis services at Astria Yakima Dialysis Center, Astria Health shall provide an executed transfer agreement consistent with the draft in Appendix 11 of its initial application.
5. Prior to providing dialysis services at Astria Yakima Dialysis Center, Astria Health shall provide the Certificate of Need Program with a listing of its credentialed staff for review. The listing shall include each staff person's name and professional license number.