

# Tri-State

Memorial Hospital & Medical Campus

R E C E I V E D

OCT 02 2019

September 27, 2019

Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**DORZ 0-07**

Re: Request for Determination of Reviewability  
Relocation Request of TriState Memorial Hospital

Dear Ms. Sigman:

TriState Memorial Hospital ("TSMH") requests approval to relocate its kidney dialysis center from its current location to a new building to be constructed on the TSMH campus. TSMH seeks a determination from the Department that the proposed project qualifies for relocation under WAC 246-310-830, and the relocation can take place without TSMH requesting and receiving a Certificate of Need. Enclosed please find our check in the amount of \$1,925.00 for the review fee pursuant to WAC 246-310-990 (1).

TSMH is licensed currently for 13 general use in-center stations, one permanent bed, and one isolation bed. The estimated capital expenditure for the replacement facility is \$10,000,000.00.

The proposed relocation to the replacement facility conforms to the requirements of WAC 246-310-830 (4).

*WAC 246-310-830 (4) When an entire existing kidney dialysis facility proposes to relocate all of its stations within the same planning area, a new health care facility is not considered to be established under WAC 246-310-020 (1)(a) if:*

*(a) The existing kidney dialysis facility ceases operation after the relocation;*

The existing kidney dialysis facility will cease operations when the replacement facility opens.

*(b) No new stations are added to the replacement kidney dialysis facility. The maximum treatment floor area square footage as defined in WAC 246-310-800 (11)(a) is limited to the number of certificate of need stations that were approved at the existing facility;*

No new stations will be added to the replacement kidney dialysis facility. The maximum treatment floor area square footage conforms to the requirements of WAC 246-310-800 (11)(a). A copy of TSMH's Maximum Treatment Floor Area Square Footage calculation is included with this letter and marked as Attachment 1. It should be noted that the replacement facility will have space allocated for two future stations as allowed for by WAC 246-310-800 (11)(c). Included with this letter and marked as Attachment 2 are the single line drawing floor plans for the replacement facility which detail the Maximum Floor Area Square Footage, Treatment Floor Space, and Non-Treatment Floor Space.

*(c) There is no break in service between the closure of the existing kidney dialysis facility and the operation of the replacement facility;*

There will be no break in service between the closure of the existing facility and the opening of the replacement facility.

*(d) The existing kidney dialysis facility has been in operation for at least five years at its present location;*

The existing kidney dialysis facility has been in operation for at least five years at its present location having first opened on or about March 11, 1988.

*(e) The existing kidney dialysis facility has not been purchased, sold, or leased within the past five years.*

The existing kidney dialysis facility has not been purchased, sold, or leased, within the past five years. The existing kidney dialysis facility has been owned by TSMH since March 11, 1988.

Please let me know if you require any additional information or clarifications. Thank you for your attention to this matter.

Very truly yours,  
TRISTATE MEMORIAL HOSPITAL

  
Donald J. Wee, CEO

Enclosure: Check for \$1,925.00

cc: Stephen D. Rose, Esq.

**Attachment 1**

WAC 246-310-800 (11)

11) "Maximum treatment floor area square footage" means the sum of (a), (b), (c), and (d) of this subsection:

(a) One hundred fifty square feet multiplied for each general use in-center station and each nonisolation station;  $150 \text{ SQFT} \times 13 \text{ Stations} = 1,950 \text{ SQFT}$

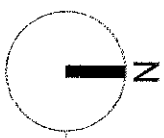
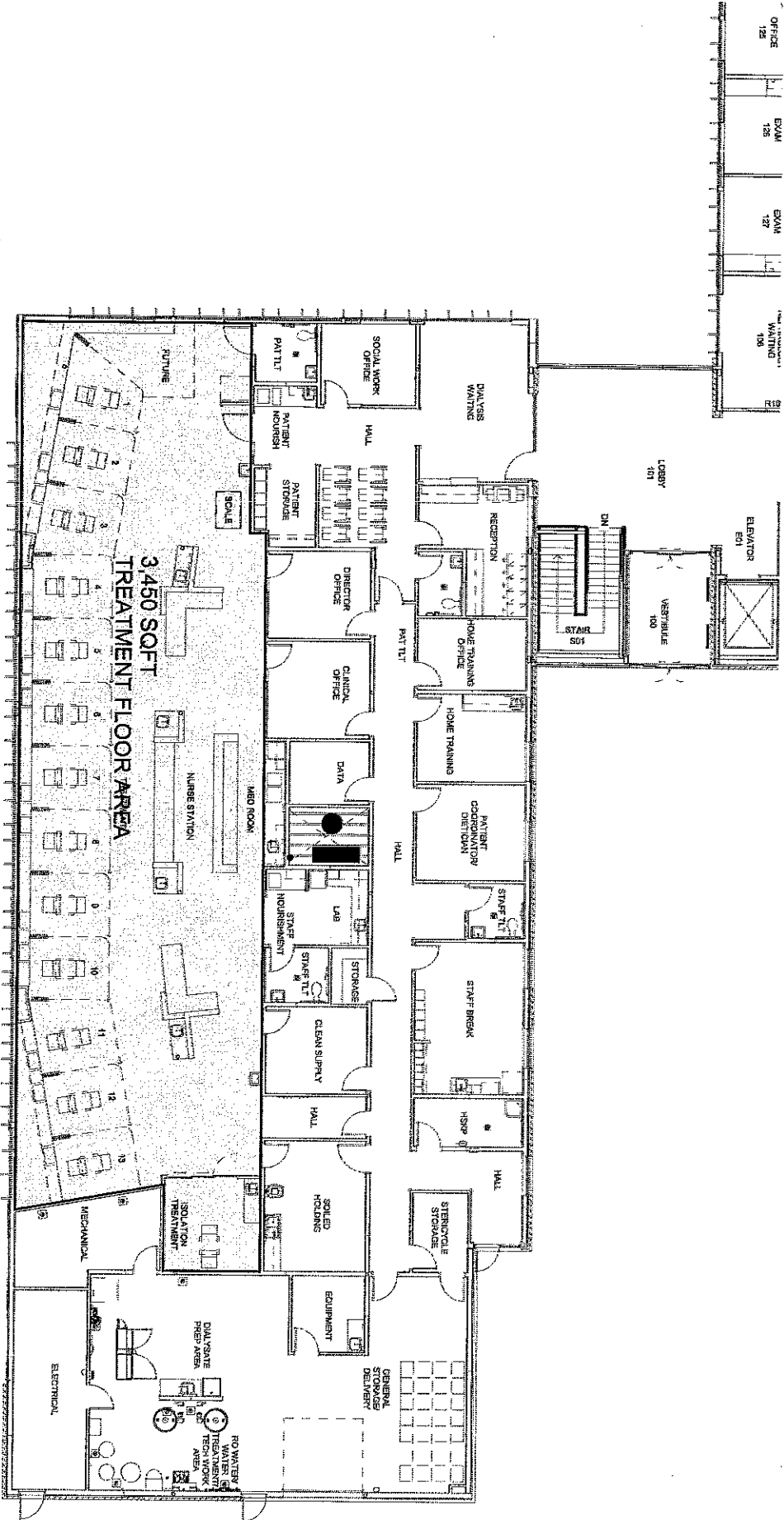
(b) Two hundred square feet multiplied for each isolation station and each permanent bed station as defined in subsection (14) of this section;  $200 \text{ SQFT} \times 1 \text{ Isolation} = 200 \text{ SQFT}$

(c) Three hundred square feet for future expansion of two in-center treatment stations; and  $300 \text{ SQFT} \times 1 \text{ Future} = 300 \text{ SQFT}$

(d) Other treatment floor space is seventy-five percent of the sum of (a), (b), and (c) of this subsection.  $75\% \times 2,450 = \underline{1,837 \text{ SQFT}}$

**TOTAL:** **4,287 SQFT**  
ALLOWABLE TREATMENT FLOOR AREA





# FLOOR PLAN

Scale: 1" = 20'-0"

3,450 SOFT  
TREATMENT FLOOR AREA

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**ATTACHMENT 2**