



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

September 19, 2013

CERTIFIED MAIL # 7011 1570 0002 7802 6555

Richard Petrich, Vice President  
Planning and Business Development  
Franciscan Health System  
1142 Broadway, Suite 300  
Tacoma, Washington 98402

RE: CN12-26A2

Dear Mr. Petrich:

Enclosed is Certificate of Need #1512 issued to Franciscan Health System approving the addition two stations to Franciscan Dialysis Center Eastside in Pierce County planning area #4. At project completion, Franciscan Dialysis Center Eastside will have fourteen 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. 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.



Richard Petrich, Vice President  
Planning and Business Development  
Franciscan Health System  
September 19, 2013  
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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

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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE, Director

Enclosure

cc: Shannon Walker, 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 #1512 is issued to:**

**Legal Name of Applicant:** Franciscan Health System  
**Address of Applicant:** 1717 South J Street  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Franciscan Dialysis Center Eastside  
**Facility Address:** 1415 East 72<sup>nd</sup> Street, Suite E, Tacoma, Washington 98405

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED September 6, 2013, (CN App #12-26A2)**

**PROJECT DESCRIPTION:**

This certificate approves the addition of two kidney dialysis stations to the Certificate of Need approved twelve-station facility. Franciscan Dialysis Center Eastside is approved to certify and operates a total of 14-station. Services provided at the facility include at least in-center hemodialysis and shifts starting after 5:00 p.m. The 14-station Franciscan Dialysis Center Eastside would have an isolation station. Home hemo and peritoneal dialysis are available within 35 miles of St. Joseph Kidney Dialysis Center. The 14-station breakdown at the facility is listed below:

|                          |           |
|--------------------------|-----------|
| Private Isolation Room   | 1         |
| Permanent Bed Station    | 1         |
| Other In-Center Stations | 12        |
| <b>Total</b>             | <b>14</b> |

**Service Area**

Pierce County planning area#4

**Conditions:**

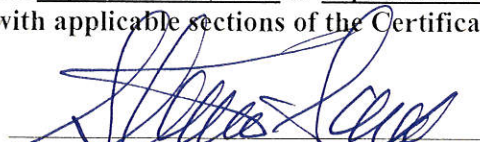
See page #2

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$10,954

This Certificate authorizes commencement of the project from September 19, 2013 to September 19, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 19, 2013

  
Steven Saxe, Director

**This Certificate is not transferable.**

**Certificate of Need #1512**

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**Condition**

1. Franciscan Health System agrees with the project description as stated above. Franciscan Health System 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.