



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

March 24, 2014

CERTIFIED MAIL # 7011 2000 0000 5081 8654

David D. Natali, Regional Operations Director
DaVita HealthCare Partners, Inc.
32275 32nd Avenue South
Federal Way, Washington 98001

RE: CN14-07

Dear Mr. Natali:

Enclosed is Certificate of Need #1526 issued to DaVita HealthCare Partners, Inc. approving the establishment of DaVita Rainier View Dialysis Center in Pierce County planning area #5. At project completion, DaVita Rainier View Dialysis Center will have ten 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 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

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

David D. Natali, Regional Operations Director
DaVita Healthcare Partners, Inc.
March 24, 2014
Page 2 of 2

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:

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

Other Than By Mail

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

Sincerely,



Steven M. Saxe, FACHE
Director, Community Health Systems

Enclosure

cc: Department of Health, Investigations and Inspections Office
Department of Health, Construction Review Services



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 #1526 is issued to:

Legal Name of Applicant: DaVita HealthCare Partners, Inc.
Address of Applicant: 2000 – 16th Street, Denver , Colorado 80202
Type of Service: End Stage Renal Disease Facility
Facility Name: DaVita Rainier View Dialysis Center
Facility Address: 1822 – 112th Street East, Suite A , Tacoma, Washington 98445

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED FEBRUARY 28, 2014, (CN App #14-07)

Project Description:

This certificate approves the establishment of a new 10-station dialysis center in Tacoma within Pierce County planning area #5. At project completion, the dialysis center will be approved to certify and operate ten dialysis stations. The dialysis facility will offer at least in-center hemodialysis dialysis. Services to be provided at DaVita Rainier View Dialysis Center includes hemodialysis with treatment shifts beginning after 5:00 p.m., a permanent bed station, and an isolation station. A breakdown of all ten stations is below:

DaVita Rainier View Dialysis Center	
Private Isolation Room	1
Permanent Bed Station	1
Other In-Center Stations	8
Total	10

After the 10 stations are relocated from the 21-station DaVita Lakewood Community Dialysis Center, the dialysis center would have 11 stations remaining. A breakdown of the remaining 11 stations is shown below.

DaVita Lakewood Community Dialysis Center	
Private Isolation Room	1
Permanent Bed Station	1
Other In-Center Stations	9
Total	11

Service Area

Pierce County Planning Area #5

Conditions Listed on Page 2

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$1,475,650.

This Certificate authorizes commencement of the project from March 24, 2014, to March 24, 2016, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: March 24, 2014


 Steven Saxe, Director

Certificate of Need #1526

Page Two

Conditions:

1. DaVita HealthCare Partners, Inc. agrees with the project description as stated above. DaVita HealthCare Partners, 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. DaVita HealthCare Partners, Inc. must decertify 10 stations from the 21-station Lakewood Community Dialysis Center no later than 30 days following the opening of the new 10-station dialysis center. At project completion, the Lakewood Community Dialysis Center would be approved to certify and operate 11 dialysis stations.
3. Prior to providing services, DaVita HealthCare Partners, Inc. will provide a complete copy of its charity care policy with all addendums for review and approval.
4. Prior to providing services, DaVita HealthCare Partners, Inc. will provide an executed copy of the Patient Transfer Agreement for the department's review and approval. The executed transfer agreement must be consistent with the draft provided in the application.