



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

April 29, 2016

CERTIFIED MAIL # 7009 0960 0000 5564 6423

Richard Petrich, VP Planning and Business Development
Franciscan Health System
1142 Broadway, #300
Tacoma, Washington 98402

RE: Certificate of Need Application #15-07

Dear Mr. Petrich:

Enclosed is Certificate of Need #1544A approving the addition of four dialysis stations to the existing 16-station dialysis center known as St. Joseph Dialysis Center located in Pierce County planning area #4. This certificate is based on the department's evaluation dated May 22, 2015, and the Settlement Agreement dated April 11, 2016.

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.

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,

Bart Eggen, Acting Director
Office of Community Health Systems

Enclosure



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 #1544A is issued to:

Legal Name of Applicant: Franciscan Health System
Address of Applicant: 1717 South J Street, Tacoma, Washington 98405-2197
Type of Service: End Stage Renal Disease Center
Facility Name: St. Joseph Dialysis Center
Facility Address: 1717 South J Street, Tacoma, Washington 98405-2197

ISSUANCE OF THIS AMENDED CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED MAY 22, 2015 (CN APP #15-07). THIS CERTIFICATE IS ALSO BASED ON THE SETTLEMENT AGREEMENT DATED APRIL 11, 2016

Project Description:

Certificate of Need #1544 approves the addition of nine dialysis stations to the existing 16-station dialysis center known as St. Joseph Dialysis Center located in Tacoma within Pierce County planning area #4. At project completion, the dialysis center is approved to certify and operate 25 dialysis stations. Services to be provided at St. Joseph Dialysis Center include hemodialysis with treatment shifts beginning after 5:00 pm, permanent bed stations, and an isolation station. Based on the information provided in the application, a breakdown of all 25 stations is below.

Franciscan Health System-St. Joseph Dialysis Center

Private Isolation Room	2
Permanent Bed Station	14
Other In-Center Stations	9
Total	25

Certificate of Need #1544A requires Franciscan Health System to reduce its number of dialysis stations from 25 to 20 within 60 days after the five additional stations approved by Certificate of Need #1575 are certified by CMS.

Franciscan Health System-St. Joseph Dialysis Center

Private Isolation Room	1
Permanent Bed Station	10
Other In-Center Stations	9
Total	20

Service Area
Pierce County Planning Area #4

Conditions

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.

Approved Capital Expenditure

The approved capital expenditure associated with this project is \$206,572.

This Certificate authorizes commencement of the project from May 28, 2015 to May 28, 2017, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: April 29, 2016


Bart Eggen, Acting Director
Office of Community Health Systems

This Certificate of Need is not transferable.