



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

October 24, 2016

CERTIFIED MAIL # 7008 1830 0002 8022 0779

Amanda Crain, Chief Operating Officer
Puget Sound Kidney Centers
1019 Pacific Avenue
Everett, Washington 98201

RE: Certificate of Need Application #16-27

Dear Ms. Crain:

Enclosed is Certificate of Need #1587 issued to Puget Sound Kidney Centers approving the addition of four dialysis stations to PSKC-South in Mountlake Terrace, within Snohomish County planning area #3.

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

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

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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 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 #1587 is issued to:

Legal Name of Applicant: Puget Sound Kidney Centers
Address of Applicant: 1019 Pacific Avenue, Everett, Washington 9801
Type of Service: End Stage Renal Disease Center
Facility Name: PSKC-South
Facility Address: 21309 – 44th Avenue West, Mountlake Terrace, Washington 98043

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED SEPTEMBER 28, 2016 (CN App #16-27)

Project Description

This certificate approves the addition of four dialysis stations to PSKC-South, for a facility total of 31 dialysis stations. At completion of the station addition, Puget Sound Kidney Centers is approved to certify and operate 31 stations at PSKC-South. Services provided at PSKC-South include in-center hemodialysis, home hemodialysis and home peritoneal dialysis training and support for dialysis patients, a permanent bed station, an isolation station, and a shift beginning after 5:00 p.m. A breakdown of all stations at project completion is shown below:

Private Isolation Room	1
Permanent Bed Station	1
Other In-Center Stations	29
Total	31

Service Area

Snohomish County ESRD Planning Area #3

Conditions

Conditions are identified on page 2

Approved Capital Expenditure

Puget Sound Kidney Centers identified a capital cost for the seven-station addition to be \$377,823 and is related to minor remodeling and construction, equipment, and associated fees. The department expects the costs for the four station addition to be similar to the costs identified, therefore the approved capital costs were not reduced.

This Certificate authorizes commencement of the project from October 24, 2016 to October 24, 2018 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: October 24, 2016


Bart Eggen, Acting Director
Office of Community Health Systems

This Certificate is not transferable

Certificate of Need #1587

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Conditions

1. Approval of the project description as stated above. Puget Sound Kidney Centers 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. Puget Sound Kidney Centers shall finance the project using cash reserves as described in the application.