



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

March 30, 2017

CERTIFIED MAIL # 7016 0910 0000 3454 9207

Kathryn Cullen, Special Projects
DaVita Healthcare Partners, Inc.
32275 – 32nd Avenue South
Federal Way, Washington 98001

RE: Certificate of Need Application #16-34

Dear Ms. Cullen:

We have completed review of the Certificate of Need application submitted by DaVita Healthcare Partners, Inc. proposing to add 15 dialysis stations to Lakewood Community Dialysis Center located within Pierce County planning area #5. Enclosed is a written evaluation of the application.

For the reasons stated in the enclosed evaluation, the application is consistent with the applicable Certificate of Need review criteria, provided DaVita Healthcare Partners, Inc. agrees to the following in its entirety.

Project Description:

This certificate approves the addition of 15 dialysis stations to DaVita Lakewood Community Dialysis Center, for a facility total of 26 dialysis stations. At completion of the station addition, DaVita is approved to certify and operate 26 stations at DaVita Lakewood Community Dialysis Center. Services provided at DaVita Lakewood Dialysis Center 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 Station	1
Permanent Bed Station	1
Other In-Center Station	24
Total In-Center Stations	26

Conditions:

1. Approval of 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. shall maintain compliance with the terms and conditions outlined in the October 22, 2014, Corporate Integrity Agreement with Department of Health and Human Services.
3. Prior to providing services, DaVita HealthCare Partners, Inc. will provide to the department for review and approval a copy of an executed transfer agreement with a local hospital. The executed agreement must be consistent with the draft agreement provided in the application.
4. DaVita Healthcare Partners, Inc. shall finance this project using existing capital reserves, as described in the application.

Approved Costs:

The approved capital expenditure for this 15-station addition is \$303,830.

Please notify the Department of Health within 20 days of the date of this letter whether you accept the above project description, conditions, and capital costs for your project. If you accept these in their entirety, your application will be approved and a Certificate of Need sent to you.

If you reject any of the above provisions, your application will be denied. The department will send you a letter denying your application and provide you information about your appeal rights.

Send your written response to the Certificate of Need Program, 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

If you have any questions, or would like to arrange for a meeting to discuss our decision, please contact Janis Sigman with the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steve Bowman, Director
Office of Community Health Systems

Enclosure