



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

January 4, 2019

CERTIFIED MAIL # 7017 3380 0000 0863 8543

Casey Stowell  
Regional Vice President –Pacific Northwest  
Fresenius Medical Care  
20900 SW 115<sup>th</sup> Avenue, Suite 190  
Tualatin, OR 97062

RE: CN Application #18-38 – Fresenius Kidney Care Mt. Rainier

Dear Ms. Stowell:

Enclosed is Certificate of Need #1759 issued to Renal Care Group Northwest, Inc., approving the addition of two dialysis stations to Fresenius Kidney Care Mt. Rainier located in Pierce County planning area #4. The two stations are added under the special circumstance provisions of Washington Administrative Code 246-310-818.

The certificate is not an 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:

Casey Stowell  
Regional Vice President –Pacific Northwest  
Fresenius Medical Center  
CN Application #18-38 Fresenius Kidney Care Mt. Rainier  
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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

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,



Nancy Tyson, Executive Director  
Health Facilities and Certificate of Need  
Washington State Department of Health

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 #1759 is issued to:**

**Legal Name of Applicant:** Renal Care Group Northwest, Inc.  
**Address of Applicant:** 20900 SW 115<sup>th</sup> Avenue, Suite 190, Tualatin, OR 97062  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Fresenius Kidney Care Mt. Rainier  
**Facility Address:** 1717 South J Street, Tacoma, WA 98405

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED DECEMBER 4, 2018 (CN App #18-38)**

**Project Description**

This certificate approves the addition of two dialysis stations to the 20-station Fresenius Kidney Care Mt. Rainier for a facility total of 22 dialysis stations plus one isolation station. Fresenius Kidney Care Mt. Rainier will continue to provide in-center hemodialysis, home hemodialysis and peritoneal dialysis training and support for dialysis patients, dedicated isolation stations, permanent bed stations, and shifts beginning after 5:00 p.m.

Certificate of Need #1675 was issued to Fresenius Medical Care Holding, Inc., approving the one-time addition of an isolation station to Fresenius Kidney Care Mt. Rainier is consistent with Washington Administrative Code 246-310-809(3). The certificate was effective on January 1, 2018.

The table below provides a breakdown of the total number of stations at Fresenius Kidney Care Mt. Rainier, which includes two additional stations approved under the special circumstance criterion outlined in Washington Administrative Code 246-310-818.

	<b>CMS Certified Stations</b>	<b>Stations Counted in Methodology</b>
General Use In-Center Stations	12	12
Permanent Bed Station	10	10
Private Isolation Station <sup>1</sup>	1	0
<b>Total Stations</b>	<b>23</b>	<b>22</b>

As required under Washington Administrative Code 246-310-818(10), the two additional stations must be operational within six months of approval, otherwise this Certificate of Need is revoked.

**Service Area**

Pierce County ESRD Planning Area #4

**Conditions**

1. Approval of the project description as stated above. Fresenius Medical Care Holdings, 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. Fresenius Medical Care Holdings, Inc. shall finance this project using existing capital reserves as described in the application.

**Approved Capital Expenditure**

The approved capital expenditure for this 2-station addition is \$18,386. This amount represents the costs for fixed and moveable equipment; construction and leasehold improvements; and architect and engineering fees. All costs will be paid by Fresenius Medical Care Holdings, Inc.

**This Certificate authorizes commencement of the project from January 4, 2019 to January 4, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** January 4, 2019

  
 Nancy Tyson, Executive Director  
 Health Facilities and Certificate of Need  
 Washington State Department of Health

**This Certificate is not transferable**

<sup>1</sup> Fresenius has not yet completed the administrative station adjustment as allowed under Washington Administrative Code 246-310-809.