



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

March 30, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 1072

Amanda Crain, COO  
Puget Sound Kidney Centers  
1019 Pacific Avenue  
Everett, Washington 98201

RE: Washington Administrative Code (WAC) 246-310-809

Dear Ms. Crain:

Enclosed are Certificates of Need (CNs) for each of Puget Sound Kidney Centers' dialysis facilities showing the one approved exempt isolation station consistent with WAC 246-310-809<sup>1</sup>. If you choose not to certify this exempt isolation station, you must notify the Certificate of Need Program of your intent to relinquish the exempt station and a revised Certificate of Need will be issued.

Each certificate has a table with the number of stations, by type, before and after January 1, 2018. This table assumes your acceptance of the exempt isolation station. The table also shows of the number of stations that will be counted in the numeric need methodology outlined in WAC 246-310-812.

You will need to apply to Centers for Medicare and Medicaid Services (CMS) for certification of each facility's additional station using the process required by CMS.

If you have any questions regarding the enclosed CNs, 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

Enclosures

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<sup>1</sup> Effective January 1, 2018



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 #1727 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98201  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** PSKC Anacortes  
**Facility Address:** 809 – 31st Street, Anacortes, Washington 98221

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	3	3	4	4
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>5</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1481R  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**



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**Certificate of Need #1726 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98201  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** PSKC – Lakewood  
**Facility Address:** The address for this facility has not yet been assigned.  
Parcel numbers for the site provided in the application:  
Parcel #021912-2028 & Parcel #021912-2033

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	27	27	28	28
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>29</b>	<b>29</b>	<b>30</b>	<b>29</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1598  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**



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 #1725 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** PSKC-Whidbey Island  
**Facility Address:** 430 Southeast Midway Boulevard, Oak Harbor, Washington 98277

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**


**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	7	7	8	8
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>9</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1480  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**



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 #1724 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98201  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** PSKC-Smokey Point  
**Facility Address:** 18828 Smokey Point Boulevard, Arlington, Washington 98223

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**


**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	28	28	28	28
Permanent Bed Station	0	0	0	0
Isolation Station	0	0	1	0
<b>Total Stations</b>	<b>28</b>	<b>28</b>	<b>29</b>	<b>28</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1401 REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**



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 #1723 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98201  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** PSKC – Monroe  
**Facility Address:** 18121 – 149th Street Southeast, Monroe, Washington 98272

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**


**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	10	10	11	11
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>12</b>	<b>12</b>	<b>13</b>	<b>12</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1511  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**



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 #1722 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98201  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** Puget Sound Kidney Center  
**Facility Address:** 1005 Pacific Avenue, Everett, Washington 98201

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	23	23	24	24
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>25</b>	<b>25</b>	<b>26</b>	<b>25</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1511 REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**



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**Certificate of Need #1721 is issued to:**

**Provider Name:** Puget Sound Kidney Centers  
**Provider Address:** 1019 Pacific Avenue, Everett, Washington 98122  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** PSKC-South  
**Facility Address:** 21309 – 44<sup>th</sup> Avenue West, Mountlake Terrace, Washington 98043

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON WAC 246-310-809(3)**

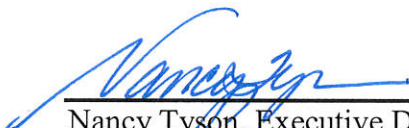
**Station Adjustment Description**

This certificate reflects the one-time administrative station adjustment to the above referenced kidney dialysis facility to add one station as an approved exempt isolation station. A breakdown of all stations at project completion is shown below.

Station Type	Before		After	
	CMS Certified Stations	Stations Counted for Station Use and Methodology	CMS Certified Stations	Stations Counted for Station Use and Methodology
General Use In-Center Stations	29	29	30	30
Permanent Bed Station	1	1	1	1
Isolation Station	1	1	1	0
<b>Total Stations</b>	<b>31</b>	<b>31</b>	<b>32</b>	<b>31</b>

**THE PROJECT DESCRIPTION AND CONDITIONS ASSOCIATED WITH CN #1587  
REMAIN IN EFFECT FOR THIS FACILITY.**

Date Certificate Effective: January 1, 2018

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

**This Certificate is not transferable**