



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

June 20, 2012

CERTIFIED MAIL # 7011 1570 0002 7802 6197

Jason Bosh, Regional Operations Director  
DaVita, Inc. – North Star Division  
1301 A Street, #400  
Tacoma, Washington 98402

RE: CN12-03A

Dear Mr. Bosh:

Enclosed is Certificate of Need #1478 issued to DaVita, Inc. approving the establishment of DaVita Zillah Dialysis Center in Yakima County. At project completion, DaVita Zillah Dialysis Center will have eight approved stations as noted on the certificate.

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. Any affected 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.

Jason Bosh, Regional Operations Director  
June 20, 2012  
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A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Other Than By Mail  
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 question, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Steven M. Saxe, FACHE  
Director, Health Professions and Facilities

Enclosure

cc: Linda Foss, Department of Health, Investigations and Inspections Office  
Karen Stricklett, Department of Health, Customer Service Office



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 #1478 is issued to:**

**Legal Name of Applicant:** DaVita, Inc.  
**Address of Applicant:** DaVita, Inc., 1551 Wewatta Street, Denver, Colorado 80202  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** DaVita Zillah Dialysis Center  
**Facility Address:** 823 Zillah West Road, Suite #300, Zillah, WA 98953

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED May 29, 2012, (CN App #12-03A)**

**PROJECT DESCRIPTION:**

DaVita Zillah Dialysis Center is approved to certify and operate eight dialysis stations. Services to be provided at DaVita Zillah Dialysis Center include hemodialysis and treatments shifts beginning after 5:00 pm, a permanent bed station, and an isolation station. The eight dialysis stations breakdown at the facility are listed below:

Private Isolation Room	1
Permanent Bed Station	1
Home Training Station	0
Other In-Center Stations	6
<b>Total</b>	<b>8</b>

**Service Area**  
Yakima County

**Conditions:**

The four conditions are identified on page 2 of this Certificate of Need.

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$1,407,382

This Certificate authorizes commencement of the project from June 20, 2012 to June 20, 2014, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: June 20, 2012

Steven Saxe  
Director, Health Professions and Facilities

**This Certificate is not transferable.**

### **CN #1478 Conditions**

1. DaVita, Inc. agrees with the project description stated above.
2. Prior to providing services, DaVita will provide an executed copy of the Patient Transfer Agreement for department' review and approval. The executed transfer agreement must be consistent with the draft provided in the application.
3. Prior to providing services, DaVita will provide a copy of the adopted Accepting Patients for Treatment Policy for the department's review and approval. The adopted admission policy must be consistent with the draft provided in the application.
4. Prior to providing services, DaVita will provide a copy of the adopted Indigent Care Policy for the department's review and approval. The adopted charity care policy must be consistent with the draft provided in the application.