



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

June 16, 2014

CERTIFIED MAIL #7011 1570 0002 7809 5643

Mitch Long, Eastern Washington Director of Operations
Fresenius Medical Care-North America
610 South Sherman, #207
Spokane, Washington 99202

RE: DOR #14-24

Dear Mr. Long:

Enclosed is Replacement Authorization (RA) #079 issued to Fresenius Medical Care approving the replacement of FMC-Moses Lake Dialysis Center to a new site within Grant County. At project completion, FMC-Moses Lake Dialysis Center will have 20 approved stations as noted on the certificate.

Replacement Authorization #079 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The two appeal options are listed below.

Appeal Option 1:

You or any interested or affected person 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

Other Than By Mail
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

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Appeal Option 2:

You or 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. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

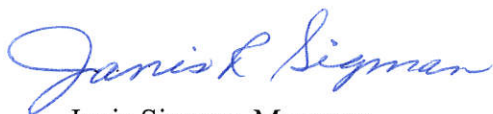
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

Other Than By Mail

Adjudicative Service Unit
111 Israel Road SE, Building 6
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 me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager
Certificate of Need Program
Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, 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.

Replacement Authorization #079 is issued to:

Current Facility Owner: Fresenius Medical Care
Current Facility Name: FMC-Moses Lake Dialysis Center
Current Facility Address: 1545 South Pilgram Street, Moses Lake, Washington 98837
Current County Location: Grant
Current Number of Stations: 20 [see breakdown below]

Replacement Facility Information

Replacement Facility Owner: Fresenius Medical Care
Replacement Facility Name: FMC-Moses Lake Dialysis Center
Replacement Facility Address: 847 East Broadway Avenue, Moses Lake Washington 98837
Replacement Facility County Location: Grant
Replacement Facility Number of Stations: 20
Capital Expenditure of Project: \$1,750,905

Description of Approved Project

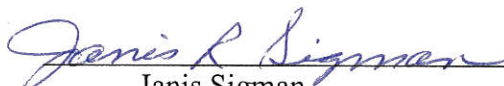
Fresenius Medical Care is approved to relocate FMC-Moses Lake Dialysis Center to a new site in Moses Lake, within Grant County as allowed under WAC 246-310-289, provided that FMC Moses Lake Dialysis Center agrees to specific conditions. On June 9, 2014 Fresenius Medical Care agreed to the following conditions.

Conditions of Exemption Approval

- 1) At project completion, FMC Moses Lake Dialysis Center is approved to certify and operate 20 dialysis stations at the new site.
- 2) FMC Moses Lake Dialysis Center does not currently provide home training services. Home training services will not be offered at the dialysis center upon opening at the new site. Before FMC Moses Lake Dialysis Center begins providing home training services, a minimum of 30-day prior notification to the Certificate of Need Program is required.

This Replacement Authorization is effective from June 16, 2014, through June 16, 2016, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Issued: June 16, 2014



Janis Sigman
Manager, Certificate of Need Program
Community Health Systems

This Replacement Authorization is not transferable.