



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

January 5, 2018

CERTIFIED MAIL # 7016 3010 0001 0575 0877

Ann Sullivan, Director of Operations  
Fresenius Medical Care  
702 South Park Drive  
Puyallup, Washington 98373

RE: Certificate of Need Application #17-40

Dear Ms. Sullivan:

Enclosed is Certificate of Need #1627 issued to Fresenius Medical Care approving the addition of 8 dialysis stations to FMC Aberdeen Dialysis Center located in Aberdeen, within Grays Harbor County.

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 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:

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

Ann Sullivan, Fresenius Medical Care  
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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,

A handwritten signature in blue ink, appearing to read 'Nancy Tyson', with a horizontal line extending to the right.

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 #1627 is issued to:**

**Legal Name of Applicant:** Fresenius Medical Care  
**Address of Applicant:** 2121 Southwest Broadway, #111, Portland, Oregon 97201  
**Type of Service:** End Stage Renal Disease Center  
**Facility Name:** FMC Aberdeen Dialysis Center

**Facility Address:** Postmaster has not assigned an address. Legal Description Below.  
*“Parcel #: 027300000600, 027300000700; 027300000800; Lots 6, 7 and 8 of the Plat of Skyview, as per plat recorded in Volume 10 of Plats, pages 39 and 40, records of Grays Harbor County; Situated in the County of Grays Harbor, State of Washington.”*

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED DECEMBER 28, 2017, (CN App #17-40)**

**PROJECT DESCRIPTION**

This certificate approves the addition of 8 dialysis stations to the 16-station FMC Aberdeen Dialysis Center, for a facility total of 24 dialysis stations. At completion of the station addition, Fresenius Medical Care is approved to certify and operate 24 stations at FMC Aberdeen Dialysis Center. Services provided at FMC Aberdeen 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 Stations	22
Total In-Center Stations	24

**Service Area**

Grays Harbor County Planning Area

**Conditions**

Conditions identified on Page Two

**Approved Capital Expenditure**

The approved capital expenditure for this 8-station addition is \$241,947. This amount represents the total cost of \$423,347, minus the landlord’s costs of \$181,400.

**This Certificate authorizes commencement of the project from January 5, 2018 to January 5, 2020, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** January 5, 2018

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

**This Certificate is not transferable.**

**Certificate of Need #1627**

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**Conditions**

1. Approval of the project description as stated above. Fresenius Medical Care 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. Prior to commencement of this project, Fresenius Medical Care must obtain approval for the relocation of FMC Aberdeen Dialysis Center under Washington Administrative Code 246-310-289(3).
3. Prior to providing services, Fresenius Medical Care will provide to the department for review and approval a copy of a signed, executed transfer agreement consistent with the agreement provided in the application.
4. Fresenius Medical Care shall finance this project using existing capital reserves, as described in the application.