



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

August 14, 2019

CERTIFIED MAIL # 7016 3010 0001 0575 0068

Luca Chiastra, RVP
Fresenius Medical Care
5251 DTC Parkway, Suite 80111
Greenwood, CO 80111

RE: Certificate of Need Application #19-20

Dear Mr. Chiastra:

Enclosed is Certificate of Need #1802 issued to Inland Northwest Renal Care Group, LLC a subsidiary of Fresenius Medical Care approving the addition of one dialysis station to FMC Leah Layne Dialysis Center located in Adams County. The station is 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:

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

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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 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 #1802 is issued to:

Applicant's Legal Name: Inland Northwest Renal Care Group, LLC
Applicant's Address: 5251 DTC Parkway Suite 500 Greenwood Village, Colorado 80111
Facility Type End State Renal Disease Facility
Project Type End State Renal Disease Facility
Facility Name: FMC Leah Layne Dialysis Center
Facility Address: 530 South 1st Avenue Othello, Washington 99344

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED AUGUST 1, 2019 (CN APP # 19-20)

Project Description

This certificate approves the addition of one dialysis station to the nine-station FMC Leah Layne, for a facility total of 10 dialysis stations. Services provided at FMC Leah Layne include in-center hemodialysis, peritoneal dialysis support for dialysis patients, and shifts beginning after 5:00 pm.

The table below provides a breakdown of the total number of stations at FMC Leah Layne, which includes one additional station approved under the special circumstance criterion outlined in Washington Administrative Code 246-310-818.

	CMS Certified Stations	Stations Counted in Methodology
General Use In-Center Stations	8	8
Permanent Bed Station	1	1
Private Isolation Station	1	0
Total Stations	10	9

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

Service Area
Adams County

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. Fresenius Medical Care shall finance this project using existing capital reserves, as described in the application.

Approved Capital Expenditure
None

This Certificate authorizes commencement of the project from August 14, 2019 to August 14, 2021 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: August 14, 2019


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

This Certificate is not transferable