



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

September 6, 2013

CERTIFIED MAIL # 7011 1570 0002 7802 6524

Anthony Halbeisen, Director  
Business Development and CoN Initiatives  
DaVita HealthCare Partners, Inc.  
32275 32nd Avenue South  
Federal Way, Washington 98001

RE: CN12-39

Dear Mr. Halbeisen:

Enclosed is Certificate of Need #1509 issued to Refuge Dialysis, LLC approving the establishment of DaVita Marysville Dialysis Center in Snohomish County planning area #2. At project completion, DaVita Marysville 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.

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,

A handwritten signature in blue ink, appearing to read "Steven M. Saxe".

Steven M. Saxe, FACHE, Director

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 #1509 is issued to:**

**Legal Name of Applicant:** Refuge Dialysis, LLC  
**Address of Applicant:** 601 Hawaii Street, El Segundo, California 90245  
**Type of Service:** End Stage Renal Disease Facility  
**Facility Name:** DaVita Marysville Dialysis Center  
**Facility Address:** 1250 State Avenue, Marysville, WA 98270

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED August 22, 2013, (CN App #12-39)**

**PROJECT DESCRIPTION:**

This certificate approves the establishment of an 8-station dialysis center in Marysville within Snohomish County planning area #2. At project completion, the dialysis center will be approved to certify and operate eight dialysis stations. The dialysis facility will offer at least home peritoneal dialysis and hemodialysis dialysis. Services to be provided at the facility include in-center hemodialysis and peritoneal dialysis with treatments shifts beginning after 5:00 p.m., a permanent bed station, and an isolation station. A breakdown of all eight stations is below:

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

**Service Area**

Snohomish County planning area#2

**Conditions:**

See page #2

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$1,534,197.

This Certificate authorizes commencement of the project from September 6, 2013 to September 6, 2015, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: September 6, 2013

  
Steven Saxe, Director

This Certificate is not transferable.

## **CN #1509 Conditions**

1. Refuge Dialysis, LLC agrees with the project description as stated above. Refuge Dialysis, LLC 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. Refuge Dialysis, LLC must decertify 8-stations from the 21-station Everett Dialysis Center no later than 30 days following the opening of the new 8-station dialysis center. At project completion, 13 dialysis stations would remain in operation at Everett Dialysis Center.
3. Prior to providing services, Refuge Dialysis LLC 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.
4. Prior to providing services, Refuge Dialysis, LLC 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.
5. Prior to providing services, Refuge Dialysis, LLC 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.