



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-02	BOARD MEETING: October 29, 2024	PROJECT NO: 24-023	PROJECT COST:
FACILITY NAME: Dialysis Care Center Oak Lawn		CITY: Oak Lawn	Original: \$340,000
TYPE OF PROJECT: Substantive			HSA: VII

PROJECT DESCRIPTION: The Applicants (Dialysis Care Center Oak Lawn, LLC, Dialysis Care Center Holdings, LLC., and Meridian Investment Partners LLC) are proposing the addition of 14 stations to a 14-station ESRD facility located at 4425 Southwest Highway in Oak Lawn, Illinois. The project costs \$340,000, and the expected completion date is December 1, 2024.

Information for this Application can be found at this link:

<https://hfsrb.illinois.gov/projects/project.24-023-dialysis-care-center-oak-lawn.html>

EXECUTIVE SUMMARY

PROJECT DESCRIPTION

- The Applicants (Dialysis Care Center Oak Lawn, LLC, Dialysis Care Center Holdings, LLC., and Meridian Investment Partners LLC) are proposing the addition of 14 stations to a 14-station ESRD for a total of a 28-station ERRD facility located at 4425 Southwest Highway in Oak Lawn, Illinois. The project costs \$340,000, and the expected completion date is December 1, 2024.
- In March 2024, the State Board approved DCC Oak Lawn, 4425 Southwest Highway, Oak Lawn, Illinois, to establish a 14-station ESRD facility scheduled to be completed on July 1, 2025 (Permit #24-004). Additionally, at that March 2024 meeting, the State Board approved the discontinuation of DCC Oak Lawn, 9115 S. Cicero, Suite 300, Oak Lawn, Illinois (Permit #24-003).

PURPOSE OF THE PROJECT:

- The Applicants state the project's purpose of the project is to expand the existing DCC Oak Lawn facility and support the growing number of dialysis patients in the 5-mile Geographical Service Area.

SUMMARY

- **DCC Oak Lawn is in the HSA VII ESRD planning area.** There is a calculated excess of 79 ESRD stations in this planning area. As of October 1, 2024, there are 1,518 stations and 83 ESRD facilities in this planning area.
- To add stations to an existing ESRD facility, State Board rules do not consider the calculated need or excess of stations in the ESRD Planning Area.

Criterion	Non-Compliant
77 Ill Admin, Code 1120.120 – Availability of Funds	The Applicants provided Reviewed Financial Statements, not an Audit Report as required by State Board Rules.

STATE BOARD STAFF REPORT
Project #24-023
Dialysis Care Center Oak Lawn

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants	Dialysis Care Center Oak Lawn, LLC, Dialysis Care Center Holdings, LLC, Meridian Investment Partners LLC
Facility Name	Dialysis Care Center Oak Lawn
Location	4425 Southwest Highway, Oak Lawn, Illinois
Permit Holder	Dialysis Care Center Oak Lawn, LLC, Dialysis Care Center Holdings, LLC, Meridian Investment Partners LLC
Operating Entity	Dialysis Care Center Oak Lawn, LLC
Owner of Site	Meridian Investment Partners LLC
Completion Date	December 1, 2024

I. Project Description

The Applicants (Dialysis Care Center Oak Lawn, LLC, Dialysis Care Center Holdings, LLC., and Meridian Investment Partners LLC) are proposing the addition of 14 stations to a 14-station ESRD facility located at 4425 Southwest Highway in Oak Lawn, Illinois. The project costs \$340,000, and the expected completion date is December 1, 2024.

II. Summary of Findings

- A. State Board Staff finds the proposed project is in conformance with the provisions of 77 ILAC 1110 (Part 1110).
- B. State Board Staff finds the proposed project is **not** in conformance with the provisions of 77 ILAC 1120 (Part 1120).

III. General Information

The Applicants are Dialysis Care Center Oak Lawn, LLC., Dialysis Care Center Holdings, LLC, and Meridian Investment Partners, LLC. Dialysis Care Center Holdings, LLC, Dialysis Care Center Oak Lawn, LLC, and Meridian Investment Partners, LLC are owned equally by Morufu Alausa M.D. (50%) and Sameer M. Shafi M.D (50%). This Application for Permit is subject to a Part 1110 and Part 1120 review. Financial commitment will occur after permit approval.

Dialysis Care Center Group, LLC, a Delaware limited liability company, was established in 2016 to provide kidney disease patients with personalized care, quality dialysis treatment, training, and patient education. The Applicants state that many diseases, particularly diabetes, chronic nephritis, and high blood pressure, can lead to chronic kidney failure. There are currently two treatment options for chronic kidney failure: kidney transplant and dialysis.

DCC Group has grown from a small dialysis provider to a rapidly growing mid-sized national dialysis company employing over 524 people. DCC Group owns 100% of DCC Management, LLC (DCC Management), 100% of Home Dialysis Services Holdings, LLC (HDS Holdings), and 86% of Dialysis Care Center Holdings, LLC (DCC Holdings). DCC Management was established to provide management services to the DCC Group and its subsidiaries. It also provides management services for third-party-owned clinics. Home Dialysis Services Holdings and DCC Holdings have varying percentages of ownership in the separate independent dialysis care clinics operating under one of the DCC Groups' brand names in Florida, Georgia, Illinois, Indiana, Michigan, Ohio, Pennsylvania, and Tennessee. (Source: Applicants' Review Financial Statements)

No public hearing was requested, and the State Board received no support or opposition letters.

IV. Health Service Area

HSA 7 ESRD planning area includes DuPage and Suburban Cook County. There is a calculated excess of 79 stations in this planning area. As of October 1, 2024, there are 1,518 stations and 83 ESRD facilities in this planning area.

V. Project Uses and Sources of Funds

The Applicants are funding this project with \$340,000 cash.

TABLE ONE	
Project Uses and Sources of Funds	
Uses of Funds	
Architectural/Engineering Fees	\$25,000
Consulting and Other Fees	\$65,000
Movable or Other Equipment	\$250,000
Total	\$340,000
Sources of Funds	
Cash	\$340,000
Total	\$340,000

VI. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives – Information Requirements

A) Background of the Applicants

The Applicants own, in addition to Dialysis Care Center Oak Lawn, other in-patient hemodialysis centers, including:

- Dialysis Care Center Beverly - Chicago
- Dialysis Care Center Elgin
- Dialysis Care Center Evergreen Park
- Dialysis Care Center Hazel Crest
- Dialysis Care Center McHenry
- Dialysis Care Center Olympia Fields
- Dialysis Care Center Vollmer – Chicago Heights

The Applicants attest that no adverse actions have been taken against any facility owned and operated by the Applicants during the three years before the filing of this application. The Applicants also attest that there have been no individuals cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. The Applicants attest that no person has been charged with fraudulent conduct or any act involving moral turpitude. The Applicants certify that they are not in default in performing or discharging any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

The Applicants have granted the HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies; the licensing or certification records of different states, when applicable; and the records of nationally recognized accreditation organizations.

B) Purpose of the Project

The Applicants state the project's purpose is to expand the existing DCC Oak Lawn facility and support the growing number of dialysis patients in the 5-mile Geographical Service Area. (A complete discussion can be found on pages 58-69 of the Application for Permit)

C) Safety Net Services

This project is substantive, and a Safety Net Impact Statement is required. See pages 90-92 of the Application for Permit.

TABLE TWO
Safety Net Impact Statement

	2020	2021	2022
Net Patient Revenue	\$3,266,336	\$3,466,740	\$3,626,975
Medicaid (# of patients)			
Outpatient	12	18	12
Total	12	18	12
Medicaid (Revenue)			
Outpatient	\$240,398	\$381,756	\$335,947
Total	\$240,398	\$381,756	\$335,947

D) Alternatives to the Proposed Project

1. Maintain the status quo
2. Build a new facility

The Applicants rejected the first alternative of maintaining the status quo because the 14-station facility would not meet the unmet need in the 5-mile GSA. They also rejected the second alternative of building a new facility, which the Applicants believe was unreasonable when the existing 14-station facility has the space to expand.

State Board Staff notes there are 83 ESRD facilities in the HSA VII ESRD Planning Area, with 55% utilization, and the Applicants have one facility within 5 miles of this facility that can accommodate additional patients based upon their current census (DCC Evergreen Park).

VII. Size of the Project and Projected Utilization

A) Criterion 1110.120 (a) - Size of Project

1) The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B or exceed the square footage standard in Appendix B if the standard is a single number unless square footage can be justified by documenting, as described in subsection (a)(2).

The Applicants propose 5,500 GSF of clinical space for the proposed 28 stations or 197 GSF per station. This appears reasonable compared to the State Board Standard of 450 GSF per Station. The Applicants have successfully addressed this criterion.

B) Criterion 1110.120 (b) - Project Services Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented.

The Applicants are estimating 136 patients by the second year of project completion. If these patients materialize, the Applicants will be at the State Board's target occupancy of 80%. The Applicants have successfully addressed this criterion.

$$\left[\begin{array}{l} 136 \text{ patients} \times 156 \text{ treatment per year} \div 28 \text{ stations} \times 936 \text{ treatments per station per year} \\ \mathbf{21,216 \text{ treatments} \div 26,208 \text{ treatments} = 80.95\%} \end{array} \right]$$

VIII. Inpatient Dialysis

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
Expansion of Existing Services	(b)(2)	– Planning Area Need – Service to Planning Area Residents
	(b)(4)	– Planning Area Need – Service Demand – Expansion of In-Center Hemodialysis
	(e)	– Staffing – Availability
	(f)	– Support Services
	(j)	– Assurances

A) Service to Planning Area Residents

A) Applicants proposing to establish or add stations shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

B) Applicants proposing to add stations to an existing in-center hemodialysis service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from region residents.

C) Applicants proposing to expand an existing in-center hemodialysis service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

The Applicants have documented that over 80% of the proposed patients to be treated at the facility reside within the HSA VII ESRD Planning Area. The Applicants have provided a referral letter from Dr. Taksande and a list of the practice's current 524 patients with CKD Stages 3,4, & 5 and their zip codes as required. The Applicants have met the requirements of this criterion. (See pages 73-77 of the Application for Permit)

B) Service Demand – Expansion of In-Center Hemodialysis Service

The number of stations to be added for each service category is necessary to reduce the facility's experienced high utilization and meet the projected demand for service. The applicant shall document subsection (b)(4)(A) and either (b)(4)(B) or (C):

A) Historical Service Demand

i) An average annual utilization rate equaled or exceeded utilization standards for in-center hemodialysis service, as specified in 77 Ill. Adm. Code 1100 for each of the last two years.

ii) If patients have been referred to other facilities to receive the subject service, the applicant shall provide documentation of the referrals, including patient origin by zip code; name and specialty of referring physician; and name and location of the recipient facility, for each of the latest two years.

B) Projected Referrals

i) The applicant shall provide physician letters that attest to the following:

- the physician's total number of patients (by facility and zip code of residence) who have received care at existing facilities located in the area, as reported to The Renal Network at the end of the year for the most recent three years and the end of the most recent quarter.
- the number of new patients (by facility and zip code of residence) in the area, as reported to The Renal Network, that the physician referred for in-center hemodialysis for the most recent year.
- an estimated number of patients (transfers from existing facilities and pre-ESRD, as well as respective zip codes of residence) that the physician will refer annually to the applicant's facility within 24 months after project completion, based upon the physician's practice experience. The

anticipated referrals cannot exceed the physician's documented historical caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share within 24 months after project completion.

- ii) Each referral letter shall contain the physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty.
- iii) The physician shall verify that the patient referrals have not been used to support another pending or approved CON application for the subject services and
- iv) Each referral letter shall contain a statement attesting that the information submitted is true and correct to the best of the physician's belief.

The Applicants propose adding 14 ESRD stations for a total of 28 ESRD stations at this facility. The table below documents the facility's historical utilization for the past eight quarters. The average utilization over these eight quarters is 81%, and the average number of patients is 68.

TABLE THREE				
DCC Oak Lawn				
Quarter	3 rd 2022	4 th 2022	1 st 2023	2 nd 2023
Patients	69	65	69	64
Utilization	82.14%	77.38%	82.14%	76.19%
Quarter	3 rd 2023	4 th 2023	1 st 2024	2 nd 2024
Patients	65	68	77	68
Utilization	77.38%	80.95%	91.67%	80.95%

The physician referral letter identified 524 patients with CKD Stages 3,4 or 5.¹ The physician referral letter states that approximately 67 more patients will utilize the DCC Oak Lawn facility within the next two years after project completion.

$$\begin{aligned}
 &67 \text{ Patients} + 68 \text{ Patients} = 135 \text{ patients} \times 156 \text{ treatment per year} = 21,060 \text{ treatments} \\
 &\quad \div 28 \text{ stations} \times 936 \text{ treatments per year} = 26,208 \text{ treatments} \\
 &\quad \quad \quad 21,060 \text{ treatments} \div 26,208 \text{ treatments} \\
 &\quad \quad \quad = 80.36\%
 \end{aligned}$$

¹ Chronic kidney disease (CKD) stages 3, 4, and 5 are based on the eGFR test result, which indicates how well the kidneys are filtering waste and extra fluid from the blood:

Stage 3 eGFR between 30 and 59, indicating mild to moderate kidney damage. Symptoms include fatigue, weakness, and swelling in the hands or feet.

Stage 4 eGFR between 15 and 29, indicating moderate to severe kidney damage. Symptoms include swelling in the hands and feet, and lower back pain.

Stage 5 eGFR less than 15, indicating severe kidney damage and that the kidneys are close to or have already failed. Symptoms include urinating less often, dry or itchy skin, trouble concentrating, numbness or swelling in the arms, legs, ankles, or feet, muscle aches or cramping, shortness of breath, nausea or vomiting, loss of appetite, trouble sleeping, and breath that smells like ammonia.

C) Staffing

The applicant shall document that the proposed project's relevant clinical and professional staffing needs were considered and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

1) Qualifications

A) Medical Director—The facility's medical director shall be vested in a physician who has completed a board-approved training program in nephrology and has at least 12 months of experience providing care to patients receiving dialysis.

B) Registered Nurse—The nurse responsible for nursing services in the unit shall be a registered nurse (RN) who meets the practice requirements of the State of Illinois and has at least 12 months of experience providing nursing care to patients on maintenance dialysis.

C) Dialysis Technician – This individual shall meet all applicable State of Illinois requirements (see the End Stage Renal Disease Facility Act). In addition, the applicant shall document the requirements for training and continuing education.

D) Dietitian – This individual shall be a registered dietitian with the Commission on Dietetic Registration, meet the practice requirements of the State of Illinois (see the Dietitian Nutritionist Practice Act), and have a minimum of one year of professional work experience in clinical nutrition as a registered dietitian.

E) Social Worker – The individual responsible for social services shall have a Master of Social Work and meet the State of Illinois requirements (see the Clinical Social Work and Social Work Practice Act).

2) Documentation shall consist of:

A) Medical Director

Curriculum vitae of Medical Director, including a list of all in-center hemodialysis facilities where the position of Medical Director is held.

B) All Other Personnel

A narrative explanation of how positions will be filled.

3) Training

The applicant proposing to establish an in-center hemodialysis service category shall document that an ongoing program of training in dialysis techniques for nurses and technicians will be provided at the facility.

4) Staffing Plan

The applicant proposing establishing an in-center hemodialysis service category shall document that at least one RN will be on duty when the unit is in operation and maintain a ratio of at least one direct patient care provider to every four patients.

5) Medical Staff

The applicant shall provide a letter certifying whether the facility will or will not maintain an open medical staff.

Dr. Sushant Taksande will be the medical director of the Dialysis Care Center at Oak Lawn. The physician's curriculum vitae has been provided as required. According to the Applicants, Dr. Taksande has completed a board-approved training program in nephrology and has over 12 months of experience providing care to patients receiving dialysis. The Applicants state that the facility will always maintain a patient-to-staff ratio of at least 4 to 1 on the treatment floor, with an RN on duty whenever the unit operates. The facility will be certified for Medicare and Medicaid participation to ensure appropriate staffing, support services, and continuity of care. (Refer to pages 79-82 of the Application for Permit)

D) Support Services

An applicant proposing to establish an in-center hemodialysis category of service must submit a certification from an authorized representative that attests to each of the following:

- 1) Participation in a dialysis data system.
- 2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and
- 3) Provision of self-care dialysis training, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility or the existence of a signed, written agreement for the provision of these services with another facility.

The Applicants provided the necessary attestation that the facility will participate in a dialysis data system, will have available support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric, and social services, and patients will have access to self-care dialysis training, self-care instructions, home dialysis, and peritoneal dialysis (See page 83 of the Application for Permit). The Applicants also confirm that the facility will maintain an open medical practice.

E) Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

- 1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal and
- 2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:
≥ 85% of the hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65%,
and ≥ 85% of the hemodialysis patient population achieves Kt/V Daugirdas II 1.2.

The Applicants have provided the necessary assurance on page 84 of the Application for Permit that they will be at the target occupancy of 80% within two years of operation and that the quality measures identified by the State Board will be achieved at the proposed facility.

IX. Financial Viability and Economic Feasibility

A) Criterion 1120.120 – Availability of Funds

The Applicants are funding this project with \$340,000 in cash. They provided an Independent Accountant's Review Report and Consolidated Financial Statements, not an audit report, as required by State Board rules.² The Applicants consider this financial information confidential. It has not been posted on the State Board's website but included in the information forwarded to the State Board Members. Based upon the Board Staff review of the reviewed statements, the Applicants have sufficient cash to fund the proposed project and operate the proposed facility.

B) Criterion 1120.130 - Financial Viability

a) Financial Viability Waiver

The applicant is NOT required to submit financial viability ratios if:

- 1) all project capital expenditures, including capital expended through a lease, are entirely funded through internal resources (cash, securities, or received pledges) or
HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.
- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA) or its equivalent or
HFSRB NOTE: MBIA Inc. is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.
- 3) The applicant provides a third-party surety bond or performance bond letter of credit from an A-rated guarantor (insurance company, bank, or investing firm), guaranteeing project completion within the approved financial and project criteria.

The Applicants have qualified for the financial waiver.

² An audit is the highest level of assurance a CPA can provide. The objective is to obtain "reasonable assurance" about whether the company's **financial statements** as a whole provide a fair view of the company's financial position. An audit also ensures that the financial statements conform to the applicable reporting framework, such as U.S. generally accepted accounting principles (GAAP). A **financial statement review** aims to provide the user with assurance that the firm is not aware of any material modifications required in the financial statements. Essentially, it asks, "Do the numbers make sense?" This is a step down from the level of assurance that an audit provides. (Source CPA Journal)

- A) **Criterion 1120.140 (a) - Reasonable of Financing Arrangements**
- B) **Criterion 1120.140 (b) - Conditions of Debt Financing**

Applicants with projects involving debt financing shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors.
- 3) The project involves (in total or in part) leasing equipment or facilities, and the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

The Applicants are leasing the proposed site from a related party (Lease at Application for Permit pages 27-43).

TABLE FOUR	
Terms of Lease Agreement	
Square Feet	8,000 Sq. Feet
Base Rent	\$32.50 PSF
Annual Increase	2%
Taxes, CAMM, Operating Expenses	34% of total
Lease Term	180 months
Options	Three five Year Periods
Annual Escrow	\$15.50 PSF

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs Criterion
 The Applicants shall document that the estimated project costs are reasonable. The State Board’s rules measure compliance with construction and modernization costs as a percentage of those costs. This project has no construction or modernization costs.

Architectural and Engineering Fees are \$25,000.

Consulting and Other Fees are \$25,000.

Legal Fees	\$50,000
Permitting Fees	\$5,000
CON Filing Fee	\$10,000

Movable or Other Equipment \$250,000.

Bio-Medical Equipment	\$20,000
Clinical Furniture (Dialysis Chairs)	\$30,000
Clinical Equipment	\$160,000
Office Furniture	\$40,000

D) Criterion 1120.140 (d) - Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated salaries, benefits, and supplies for the service.

E) Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

The Applicants stated that the operating cost per treatment is \$260, and this project would not affect capital costs. The Applicants have met the requirements of Projected Operating Costs and the Total Effect of the Project on Capital Costs.

TABLE FIVE
Estimated Revenue and Income First Year of Operation

Revenue		
	Commercial	\$1,500,206
	Medicare	\$882,090
	Medicare Advantage	\$1,121,428
	Medicaid	\$26,620
	Medicaid Risk	\$294,030
Total Revenue		\$3,824,374
Doubtful Accounts		\$191,219
Total Net Revenue		\$3,633,155
Operating Expenses		
	Personnel Costs	\$1,462,238
	Medical Supplies	\$553,067
	Fixed Expenses	\$272,468
	Other Expenses	\$504,448
	Total Expenses	\$2,792,221
Net Operating Income		\$840,935
EBITA		\$885,167
Net Revenue Per Treatment		\$338
Total Operating Cost per Treatment		\$260

TABLE SIX
Dialysis Facilities in the HSA VII ESRD Planning Area

ESRD Facility	Ownership	City	Stations	Utilization	Star Rating
ARA-South Barrington Dialysis	ARA	S. Barrington	14	35.71%	4
Neomedica Dialysis Cars. - Evanston	DaVita	Evanston	20	73.33%	3
RCG-South Holland	DaVita	South Holland	24	67.36%	3
Olympia Fields Dialysis Center	DaVita	Matteson	24	34.03%	2
Country Hills Dialysis	DaVita	Country Club Hills	24	36.81%	2
Hazel Crest Dialysis	DaVita	Hazel Crest	20	48.33%	3
Arlington Heights Dialysis	DaVita	Arlington Heights	18	35.19%	2
Chicago Heights Dialysis	DaVita	Chicago Heights	16	34.38%	3
Buffalo Grove Dialysis	DaVita	Buffalo Grove	16	59.38%	3
Schaumburg Dialysis	DaVita	Schaumburg	22	34.85%	4
Stony Creek Dialysis	DaVita	Oak Lawn	14	58.33%	3
Harvey Dialysis	DaVita	Harvey	18	38.89%	1
Big Oaks Dialysis	DaVita	Niles	12	56.94%	5
Palos Park Dialysis	DaVita	Orland Park	12	55.56%	2
DaVita Chicago Ridge	DaVita	Worth	16	41.67%	1
DaVita Tinley Park	DaVita	Tinley Park	12	69.44%	3
Calumet City Dialysis	DaVita	Calumet City	16	80.21%	3
DaVita Salt Creek Dialysis	DaVita	Villa Park	12	37.50%	2
DaVita Geneva Crossing Dialysis	DaVita	Carol Stream	14	63.10%	3
DaVita Oak Meadows Dialysis	DaVita	Oak Lawn	12	33.33%	4
DaVita Melrose Village	DaVita	Melrose Village	12	40.28%	1
DaVita Rutgers Park Dialysis	DaVita	Woodridge	12	37.50%	1
DaVita Cicero Dialysis	DaVita	Cicero	12	43.06%	4
DaVita Glenview Dialysis	DaVita	Glenview	16	63.54%	4
Dialysis Care Center of Oak Lawn	DCC	Oak Lawn	12	77.38%	2
Dialysis Care Center of Olympia Fields	DCC	Olympia Fields	24	47.22%	2
Dialysis Care Center Hazel Crest	DCC	Hazel Crest	12	91.67%	1
Dialysis Care Center Evergreen Park	DCC	Evergreen Park	16	55.21%	1
Dialysis Care Center Vollmer	DCC	Chicago Heights	16	69.79%	1
Downers Grove Dialysis Center	Fresenius	Downers Grove	16	42.71%	3
Oak Park Dialysis Center	Fresenius	Oak Park	12	90.28%	4
Elk Grove Dialysis Center	Fresenius	Elk Grove Village	28	54.17%	3
Central DuPage Dialysis Center	Fresenius	West Chicago	16	56.25%	2
Fresenius Medical Care South Suburban	Fresenius	Olympia Fields	27	51.23%	3
Fresenius Medical Care Westchester	Fresenius	Westchester	22	42.42%	4
Fresenius Medical Care Northwest	Fresenius	Norridge	16	66.67%	3
Neomedica Dialysis Ctrs. - Rolling Meadows	Fresenius	Rolling Meadows	24	59.72%	3
West Suburban Hosp. Dialysis Unit	Fresenius	Oak Park	46	59.78%	4
FMC Berwyn	Fresenius	Berwyn	30	51.67%	3
Dialysis Center of America - Crestwood	Fresenius	Crestwood	24	43.75%	2
Blue Island Dialysis Ctr	Fresenius	Blue Island	28	48.21%	2
Fresenius Medical Care South Holland	Fresenius	South Holland	24	85.42%	2

TABLE SIX
Dialysis Facilities in the HSA VII ESRD Planning Area

ESRD Facility	Ownership	City	Stations	Utilization	Star Rating
Fresenius Medical Care Evergreen Park	Fresenius	Evergreen Park	30	42.78%	2
Fresenius Medical Care Hoffman Estates	Fresenius	Hoffman Estates	20	56.67%	3
Fresenius Medical Care Orland Park	Fresenius	Orland Park	18	45.37%	4
Glenview Dialysis Center	Fresenius	Glenview	20	45.83%	4
Fresenius Medical Care Melrose Park	Fresenius	Melrose Park	18	62.04%	5
Lutheran General - Neomedica	Fresenius	Niles	32	38.02%	4
North Avenue Dialysis Center	Fresenius	Melrose Park	24	56.94%	4
Fresenius Medical Care Hazel Crest	Fresenius	Hazel Crest	16	59.38%	2
Fresenius Medical Care Elmhurst	Fresenius	Elmhurst	28	71.43%	4
Fresenius Medical Care Glendale Heights	Fresenius	Glendale Heights	29	56.32%	3
RCG Skokie	Fresenius	Skokie	14	77.38%	3
RCG - Mid America Evanston	Fresenius	Evanston	14	63.10%	2
Alsip Dialysis Center	Fresenius	Alsip	20	49.17%	3
FMC Dialysis Services of Willowbrook	Fresenius	Willowbrook	20	43.33%	4
FMC Dialysis Services - Burbank	Fresenius	Burbank	26	48.08%	3
FMC Lincolnwood	Fresenius	Lincolnwood	16	30.21%	4
Fresenius Medical Care Merrionette Park	Fresenius	Merrionette Park	24	81.94%	3
Fresenius Medical Care of Naperville North	Fresenius	Naperville	21	44.44%	4
Fresenius Medical Care of West Chicago	Fresenius	West Chicago	12	65.28%	5
Fresenius Medical Care of Deerfield	Fresenius	Deerfield	12	36.11%	3
Fresenius Medical Care -Lombard	Fresenius	Lombard	12	59.72%	2
Fresenius Medical Care Palatine	Fresenius	Palatine	17	88.24%	5
Fresenius Medical Care Steger	Fresenius	Steger	18	38.89%	3
Fresenius Medical Care River Forest	Fresenius	River Forest	24	56.94%	4
Fresenius Medical Care Cicero	Fresenius	Cicero	20	88.33%	3
Fresenius Medical Care Oak Forest	Fresenius	Oak Forest	12	93.06%	3
Fresenius Medical Care Des Plaines	Fresenius	Des Plaines	16	65.63%	3
NxStage Oak Brook	Fresenius	Oak Brook	8	25.00%	2
Fresenius Medical Care Lemont	Fresenius	Lemont	12	40.28%	1
Fresenius Medical Care Summit	Fresenius	Summit	14	71.43%	2
Fresenius Medical Care Chicago Heights	Fresenius	Chicago Heights	12	38.89%	2
Fresenius Medical Care Schaumburg	Fresenius	Schaumburg	16	54.17%	5
Fresenius Kidney Care Mount Prospect	Fresenius	Mount Prospect	16	76.04%	4
Fresenius Medical Care Woodridge	Fresenius	Woodridge	12	36.11%	4
Loyola Dialysis Center	Loyola	Maywood	30	61.11%	3
USRC Streamwood Dialysis	USRC	Streamwood	13	38.46%	4
USRC Oak Brook	USRC	Downers Grove	13	55.13%	3
US Renal Care Hickory Hills	USRC	Hickory Hills	13	57.69%	4
US Renal Care Villa Park	USRC	Villa Park	13	67.95%	3
Maple Avenue Kidney Center		Oak Park	18	54.63%	1
Nocturnal Dialysis		Villa Park	12	15.28%	NA
			1,516	54.57%	2.96

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