

Original 10-047

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION** JUL 21 2010
This Section must be completed for all projects.**Facility/Project Identification**HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name:	Crystal Lake Dialysis Center*		
Street Address:	720 Cog Circle		
City and Zip Code:	Crystal Lake, Illinois 60014		
County:	McHenry	Health Service Area 8	Health Planning Area: 8

*Facility Name to be changed to Total Renal Care d/b/a Crystal Springs Dialysis

Applicant /Co-Applicant Identification (PARENT)

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	DaVita Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

Type of Ownership of Applicant/Co-Applicant

- | | |
|--|--|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| | <input type="checkbox"/> Other |
- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
 - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

[Person who is also authorized to discuss the application for permit]

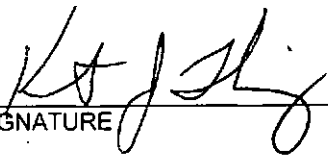
Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:


- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Kent J. Thiry

Chairman & CEO

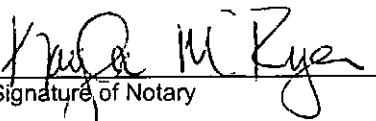

SIGNATURE

Dennis L. Kogod

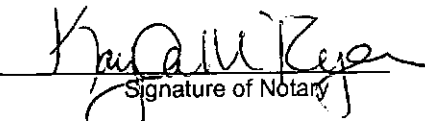
Chief Operating Officer

Notarization:
Subscribed and sworn to before me
this 24th day of June

Notarization:
Subscribed and sworn to before me
this 24th day of June


Signature of Notary

Seal


Signature of Notary

Seal

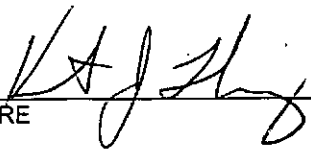
*Insert EXACT legal name of the applicant

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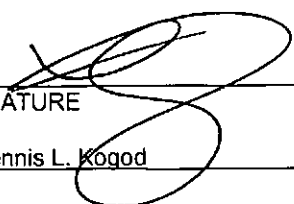
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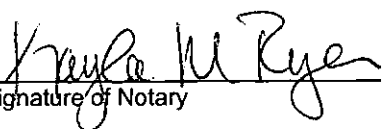
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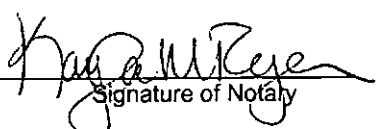
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Notarization:
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this 24th day of June

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Signature of Notary
Seal



Signature of Notary
Seal

*Insert EXACT legal name of the applicant

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Crystal Lake Dialysis Center*		
Street Address:	720 Cog Circle		
City and Zip Code:	Crystal Lake, Illinois 60014		
County:	McHenry	Health Service Area 8	Health Planning Area: 8

*Facility Name to be changed to **Total Renal Care d/b/a Crystal Springs Dialysis**

Applicant /Co-Applicant Identification (Operating Entity)
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Total Renal Care Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Pingree Circle LLC, Bruce Bossow, Principal
Address of Site Owner:	9225 S. IL Route 31, Lake in the Hills, IL 60156
Street Address or Legal Description of Site:	720 Cog Circle, Crystal Lake, Illinois 60014
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Total Renal Care Inc.		
Address:	601 Hawaii Street, El Segundo, California 90245		
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements NOT APPLICABLE: NO NEW CONSTRUCTION

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive (Re-establish facility on new site.)</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DaVita Inc., the parent company, and Total Renal Care Inc., the operating entity, wish to discontinue Crystal Lake Dialysis Center located at 4900 S. Route 31 in Crystal Lake (60012). The lease on the current 6-station facility, which contains only 1,119 gross square feet (gsf) expires June 30, 2012.

The applicants wish to establish a 12-station facility at 720 Cog Circle in Crystal Lake (60014), leasing approximately 6,800 department gsf of existing space. The space would house the in-center hemodialysis facility and administrative offices with 6,000 and 800 department gsf respectively. The project is in the schematic stage of design. See Attachment 14(1) for schematics. Modernization is expected to take four months, April 1 - July 31, 2011. The first patient treatment is anticipated to be on October 1, 2011.

The facility anticipates certification within nine (9) months after construction is complete, by April 30, 2012. The project completion date is December 31, 2012.

The estimated total project cost is \$1,488,364, excluding the fair market value (FMV) of leased space of \$1,289,008 based on the 2008 development cost excluding land.

TRC has signed a letter of intent (LOI) to lease the space (see Attachment 2.) The lease will be for ten (10) years, with three (3) five-year options to renew. The initial base lease is expected to be \$17.75/gsf triple net for the first five years and escalating at 3% per year for years 6 - 10.

Project costs will be funded entirely from cash and securities by DaVita Inc., the parent company. DaVita Inc. will also fund all working capital estimated to be three to four months' operating expenses and the initial operating deficit.

The project is considered Substantive, per Section 1110.40(b), as the project establishes a new facility on a new site.

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs (IDPH Review Fee estimate)	\$6,500	-	\$6,500
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	\$705,000	-	\$705,000
Contingencies (14.9%)	\$105,000	-	\$105,000
Architectural/Engineering Fees	\$48,000	-	\$48,000
Consulting and Other Fees	\$53,000	-	\$53,000
Movable or Other Equipment (not in construction contracts)	\$483,364	-	\$483,364
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space *	FMV \$1,289,008	-	FMV \$1,289,008
Other Costs To Be Capitalized	\$87,500	-	\$87,500
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$2,777,372	-	\$2,777,372
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,488,364	-	\$1,488,364
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value) *	FMV \$1,289,008	-	FMV \$1,289,008
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$2,777,372	-	\$2,777,372
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

* The fair market value (FMV) of the lease is \$189.56/gsf, the building's development cost of \$3,450,000 excluding land for 18,200 gross square feet (gsf) in 2008 (see Attachment 7B.) Therefore, the 6,800 gsf in leased space has a FMV of \$1,289,008 (6,800 gsf X \$189.56/gsf.)

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$279,312, four month's operating expenses.		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): December 31, 2012	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits (See Attachment 8A.)
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization NOT APPLICABLE: FACILITY IS NOT A HOSPITAL.

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available.** Include **observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete.**


FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:	to:		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

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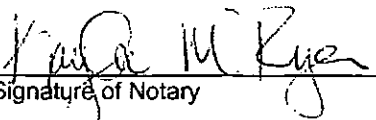
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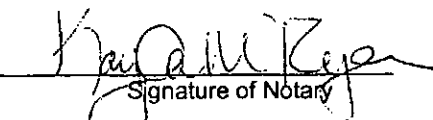
Chief Operating Officer

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Signature of Notary
Seal

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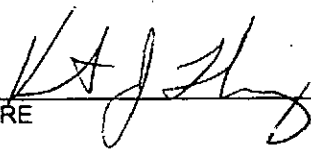
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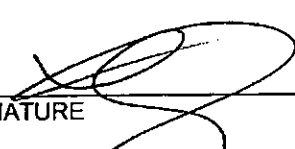
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 SIGNATURE

 Kent J. Thiry

 Chairman & CEO



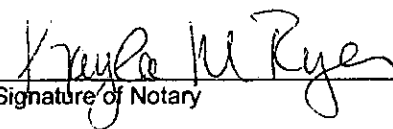
 SIGNATURE

 Dennis L. Kogod

 Chief Operating Officer

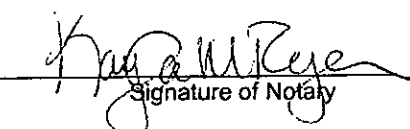
Notarization:
Subscribed and sworn to before me
this 24th day of June

Notarization:
Subscribed and sworn to before me
this 24th day of June



 Signature of Notary

 Seal



 Signature of Notary

 Seal

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis		

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

<u>\$1,488,364</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>FMV of Lease</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
<u>\$1,289,008</u>		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$2,777,372</u>	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

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

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage			A	
Percent Debt to Total Capitalization		N		
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant 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) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	-	\$103.68	-	-	6,800	-	-	\$705,000	\$705,000
Contingency	-	\$15.44	-	-	-	-	-	\$105,000	\$105,000
TOTALS	-	\$119.12	-	-	6,800	-	-	\$810,000	\$810,000

* Include the percentage (%) of space for circulation

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 cost means the fully allocated costs of 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.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43. SEE ATTACHMENT 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 43 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44. **See Attachment 44.**

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 44 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

INDEX OF ATTACHMENTS CRYSTAL SPRINGS DIALYSIS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification Certificate of Good Standing	24 - 27
2	Site Ownership	28 - 32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	33
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	34 - 40
5	Flood Plain Requirements Project involves no new construction.	N/A
6	Historic Preservation Act Requirements	41
7	Project and Sources of Funds Itemization	42 - 47
8	Obligation Document if required (Status of Current CONs/COEs	48 - 50
9	Cost Space Requirements	51
10	Discontinuation	52 - 73
11	Background of the Applicant	74 - 78
12	Purpose of the Project	79 - 97
13	Alternatives to the Project	98 - 101
14	Size of the Project	102 - 103
15	Project Service Utilization Project Project has target utilization standards.	N/A
16	Unfinished or Shell Space	-
17	Assurances for Unfinished/Shell Space	-
18	Master Design Project	-
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	-
21	Comprehensive Physical Rehabilitation	-
22	Acute Mental Illness	-
23	Neonatal Intensive Care	-
24	Open Heart Surgery	-
25	Cardiac Catheterization	-
26	In-Center Hemodialysis	104 - 187
27	Non-Hospital Based Ambulatory Surgery	-
28	General Long Term Care	-
29	Specialized Long Term Care	-
30	Selected Organ Transplantation	-
31	Kidney Transplantation	-
32	Sub-acute Care Hospital Model	-
33	Post Surgical Recovery Care Center	-
34	Children's Community-Based Health Care Center	-
35	Community-Based Residential Rehabilitation Center	-
36	Long Term Acute Care Hospital	-
37	Clinical Service Areas Other than Categories of Service	-
38	Freestanding Emergency Center Medical Services	-
	Financial and Economic Feasibility:	
39	Availability of Funds	188 - 195
40	Financial Waiver	196
41	Financial Viability The project qualifies for a financial waiver.	N/A
42	Economic Feasibility	197- 211
43	Safety Net Impact Statement	212 - 216
44	Charity Care Information	217
APPENDIX 1	Map Quest documentation of facilities within 45 minutes of current site	218 - 276
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APPENDIX 3	Physician Credentials and Licenses	342 - 351
APPENDIX 4	DaVita list of facilities with Medicare & Medicaid Provider Numbers	352 - 372
APPENDIX 5	IDPH Surveys and Plans of Correction	373 - 442
APPENDIX 6	Map Quest documentation of facilities within 30 minutes of new site	443 - 499

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
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16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
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	Financial and Economic Feasibility:	
39	Availability of Funds	
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42	Economic Feasibility	
43	Safety Net Impact Statement	
44	Charity Care Information	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Crystal Lake Dialysis Center*		
Street Address:	720 Cog Circle		
City and Zip Code:	Crystal Lake, Illinois 60014		
County:	McHenry	Health Service Area	8 Health Planning Area: 8

*Facility Name to be changed to **Total Renal Care d/b/a Crystal Springs Dialysis**

Applicant /Co-Applicant Identification (PARENT)
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	DaVita Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other

Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
 Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Crystal Lake Dialysis Center*		
Street Address:	720 Cog Circle		
City and Zip Code:	Crystal Lake, Illinois 60014		
County:	McHenry	Health Service Area 8	Health Planning Area: 8

*Facility Name to be changed to **Total Renal Care d/b/a Crystal Springs Dialysis**

Applicant /Co-Applicant Identification (OPERATING ENTITY)
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Total Renal Care Inc.
Address:	601 Hawaii Street, El Segundo, California 90245
Name of Registered Agent:	-
Name of Chief Executive Officer:	Kent Thiry
CEO Address:	601 Hawaii Street, El Segundo, California 90245
Telephone Number:	(310) 792-2600 ext. 2100

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Kelly Ladd
Title:	Group Director
Company Name:	DaVita Inc. - Chicago
Address:	2659 N. Milwaukee Avenue, 2 nd Floor, Chicago, Illinois 60647
Telephone Number:	(773) 276-2380, Ext. 29
E-mail Address:	Kelly.Ladd@davita.com
Fax Number:	(773) 276- 4176

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Delia M. Wozniak
Title:	President
Company Name:	DMW and Associates, Inc.
Address:	3716 N. Bernard Street, Chicago, Illinois 60618
Telephone Number:	(773) 279-0458
E-mail Address:	deliawoz@comcast.net
Fax Number:	(773) 279-0473

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2010.

2391269 8300

100141076

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7811432

DATE: 02-15-10

ATTACHMENT 1
Page 3 of 4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2010 .



Authentication #: 1004202498
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Page 4 of 4



USI REAL ESTATE BROKERAGE SERVICES INC.
A USI COMPANY

2215 YORK RD, SUITE 110
OAKBROOK, IL 60523

TELEPHONE 630-990-3658
FACSIMILE 630-990-2100

July 1, 2010

RE: Letter of Intent: 720 Cog Circle, Crystal Lake, IL

Dear Bruce:

USI Real Estate Brokerage Services Inc., has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita Inc. to secure proposals and assist them in negotiations regarding the acquisition of leased space. DaVita Inc. is a Fortune 1000 company with approximately 1,200 locations across the country and revenues in excess of \$1.5 billion.

LOCATION: 720 Cog Circle, Crystal Lake, IL.
TENANT: "Total Renal Care, Inc. or related entity to be named".
LANDLORD: Pingree Circle, LLC
INITIAL SPACE: BL 6800 SF BOMA
~~7,200 SF~~ Ek.
PRIMARY TERM: Ten years Ek.

POSSESSION AND COMMENCEMENT:

Tenant shall take "Early Possession for Planning Purposes" of the Premises upon full execution of the Lease agreement. Tenant may access the premises as needed for planning purposes only, but, Tenant will not do any construction work until the CON has been issued and Tenant has obtained all necessary licenses and permits. Tenant will not occupy the Premises for operations until a Certificate of Occupancy has been obtained from the City of Crystal Lake. The following dates will apply:

- Lease Execution 7/31/10
- Early Possession for planning Upon execution of lease
- Occupancy Upon issuance of occupancy permit and evidence of full payment of contractors and suppliers for work performed
- Lease Commencement February 1, 2011
- Lease Payment Commencement- February 1, 2011

FAILURE TO DELIVER PREMISES:

Tenant will accept premises in present stage of construction as it is complete and ready for tenant build-out, therefore, there are no further Landlord build-out requirements.

LEASE FORM:

The tenant will provide its standard lease form subject to review by the landlord.

28

USE: The use is for a Dialysis Clinic, related medical, office and distribution of pharmaceuticals. There are 155 existing parking spaces with 6 handicap spaces. The parking ratio of 8.53 will satisfy the local requirements.

BASE BUILDING: The following items are in place now:

- Heat and Air conditioners on roof and stubbed into units
- One 400 amp and three 200 amp 3ph panels ;DaVita can combine into one 600 amp panel if they desire at their cost
- Sprinklers
- Central fire alarm system in control room
- 4 inch sewer across rear interior of unit (no cement covering line)
- Four 3' entrance doors
- 800,000 BTU with 6" column pressure
- 2 " waterline dedicated

TENANT IMPROVEMENTS: Landlord will provide a \$26.00 / square foot allowance that will be included in the base rent. The balance of the tenant's build-outs will be the responsibility of the tenant and may not be amortized.

The tenant will proceed and complete the project in full compliance with all municipal requirements for permitting and to keep the property free of liens. Tenant will provide LL with evidence of full payment of contractors and suppliers for work performed.

Landlord will reserve the right to have Landlord's architect inspect the work completed during and at the completion of the project At LL cost

OPTION TO RENEW: Tenant will have three (3) five (5) year options to renew. Option rent shall be at 95% of fair market rent, but, not less than the rent during the prior rent escalated by increases. Option years shall have a 3% increase annually.

RIGHT OF FIRST REFUSAL ON ADJACENT SPACE: Tenant will have the right of first offer on any adjacent space that may become available during the initial term of the lease and any extension thereof.

RENTAL RATE: The rent per square foot per year for the primary lease term shall be \$17.75/SF for years 1-5 and 3% annual increases years 6-10

HOLDING OVER: In the event the tenant remains in possession of the Premises after the expiration of the term of the lease, the tenant shall pay 125% of the then current rate.

PARKING: There are 155 existing spaces including 6 handicap spaces. The Ratio of 8.53 is in excess of the city codes for this use.

CONCESSIONS Rent abatement from execution of the lease until February 1, 2011

COMMON AREA EXPENSES AND REAL ESTATE TAXES There is no base year as this is a new building. See attached sheet for estimated expenses.

SIGNAGE: Tenant will have the right to install building signage at the premises, subject to the Landlord's approval and city codes. A proportionate area of the monument sign will be available.

USI REAL ESTATE BROKERAGE SERVICES INC.
A USI COMPANY

ATTACHMENT 2
Page 2 of 5

BUILDING HOURS: The unit will have access 24/7. HVAC will be individually controlled by the tenant.

SUBLEASE ASSIGNMENT Tenant will have the right at any time to sublease or assign it's interest in the lease to any majority owned subsidiaries or related entities of DaVita Inc. without consent of the Landlord. Consent would be required for any other company.

GOVERNMENTAL COMPLIANCE : Landlord will represent and warrant to Tenant that Landlord, at Landlords expense, will cause Tenant's premises, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulation or orders relating to, but, not limited to, compliance with the ADA, and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by tenant.

ROOF RIGHTS: If the building does not have cable available, then tenant shall have the right to place a satellite dish on the roof subject to landlords approval of location and city codes. Tenant is responsible to maintain the roof's integrity

RADIUS RESTRICTIONS: Landlord will not lease space to another Dialysis or renal care facility at the property or at any of the other properties Landlord controls within five (5) miles of the subject property.

TERMMINATION: Tenant will have the right to terminate the Lease at any time before the expiration date along with a payment equal to (1/4) of Tenant's monthly base rental obligation plus reimbursement for the remaining portion of the current lease term plus reimbursement for remaining portion of the unamortized broker's commission and build-out allowance provided by the Landlord.

SECURITY DEPOSIT: No security deposit required

CORPORATE GUARANTEE: No corporate guarantee required from DiVita, Inc.. Landlord reserves the right to request and satisfactorily review the 2009 corporate audit for DaVita, Inc. Davita will provide ownership letter for landlord to review. Landlord will then decide if a corporate guarantee will be required.

Jan 31

*as long as
kept at
full*

2011

CONTIGENCIES: Tenant will apply for a CON for this location. If Tenant does not get the certificate by November 1, 2010 ~~the~~ Lease will be null and void. If they do get the CON, then they will go forward with the Lease based on satisfying the other contingencies that are in their standard Lease document. Said lease document form and content will be subject to Landlord's legal review and approval. If Landlord gets another tenant while waiting, Davita will provide a non-refundable deposit of \$25,000, which will be applied to rent if the CON is approved. Tenant shall make a best efforts attempt to procure the Certificate of Need by November 1, 2010 If the planning board fails to award a CON, neither party shall have any further obligation other than forfeiture of the non-refundable deposit.

Be Jan

BROKER FEE: Landlord agrees that it recognizes USI Real Estate Brokerage Services Inc. as the client's sole representatives and a brokcrage fee of \$1.00/SF per year of the first 10 year lease term shall be paid to USI, per separate commission agreement. Commission will be 50% due within 30 days after CON is received and all contingencies are satisfied and 50% within 30 days after occupancy by the tenant and the evidence of title free of construction related liens is provided to the Landlord. The Client shall retain the right to offset the rent for the failure to pay the Real Estate Commission.

EXHIBIT A Attached

**PRIOR TO
CONSTRUCTION:**

Prior to tenant construction Tenant will:

Supply all permits for the work to be completed
Submit plans and specifications to Landlord for review and
approval by Landlord's architect.
Provide evidence of builder's risk and any other insurance
Required by Landlord and listing the Landlord as additional
Insured.

Agreed to and accepted this 1ST Day of JULY 2010

Agreed to and accepted this 13th Day of July 2010

By: Bruce Bowen

By: Kelly B Radd

Pingree Circle, LLC
("Landlord")

On behalf of DaVita, Inc. a wholly owned
subsidiary of DaVita, Inc. ("Tenant")

Encl.

It should be understood that this Final Agree to terms letter is subject to the terms of Exhibit A attached hereto.

Thank you for your time and cooperation in this matter.

Very truly yours,

Matthew Fetter
Director, Real Estate Services
USI Real Estate Brokerage Services Inc

Cc: Emmett Purcell, Bernie Lewis

Encl.

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR USI) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR USI INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. USI IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES USI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD

ATTACHMENT 2
Page 5 of 5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1004202498

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 3

DaVita Inc. (Parent)
and
Total Renal Care Inc. (Operating Entity)

ORGANIZATIONAL STRUCTURE

DaVita Inc. owns 100% of the following entities:

Renal Life Link Inc.;
Physician Dialysis Inc.;
DVA Renal Healthcare Inc. (formerly Gambro);
Renal Treatment Centers Inc.;
Total Renal Care Inc.;
The DaVita Collection Inc.; and
DaVita Village Health Inc.

Please see Attachment 4A for major subsidiaries of these entities.
Please see Attachment 4B for organizational chart for Illinois facilities.

ATTACHMENT 4

- 1. Year Cir, LLC (Total Renal Care, Inc. - 100%)
- 2. Sun City, Analysis Center LLC (William L. Weber, MD, 6% Anup Bal, MD - 11.33% Ishan N. VKC, Inc. - 11.33% Anup M. Ariff Trusts - 11.33% Total Renal Care, Inc. - 40%)
- 3. Joint Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 4. West Pasadena Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 5. Free City Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 6. American Fork Dialysis, LLC (AFD), LLC - 60% Total Renal Care, Inc. - 60%
- 7. Endeavor Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 8. Pacific Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 9. Valley Springs Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 10. Ridgeland Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 11. Southwestern Tennessee Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 12. Las Vegas Pediatric Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 13. Salisbury Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 14. Huntington Park Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 15. Somerville Dialysis Center, LLC (Total Renal Care, Inc. - 60% Millal Dialysis Enterprises, PLLC - 40%)
- 16. San Marcos Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 17. Grand Home Dialysis, LLC (Total Renal Care, Inc. - 1% Renal Treatment Centers - Southeast, LP - 99%)
- 18. Grand Home Dialysis, LLC (Total Renal Care, Inc. - 13.33% Anup Bal, MD - 13.33% Ishan N. VKC, Inc. - 13.33%)
- 19. Tolucon Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 20. Coastal Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 21. Hesperian Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 22. Cherry Valley Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 23. DNP Management Company, LLC (Total Renal Care, Inc. - 100%)
- 24. Turlock Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- 25. Onaso Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 26. Lord Baltimore Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 27. West Sacramento Dialysis, LLC (Total Renal Care, Inc. - 51% Capital Dialysis, LLC - 49%)
- 28. Pooler Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 29. Miramar Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- 30. Green Desert Dialysis, LLC (Total Renal Care, Inc. - 55% Barney McKinly Ramp; Q&B, LLC - 45%)
- 31. Little Rock Dialysis Centers, LLC (Total Renal Care, Inc. - 60% Arkansas Dialysis, LLC - 40%)
- 32. Centennial LV, LLC (Total Renal Care, Inc. - 51% Centennial HD LLC - 49%)
- 33. Mountain Park Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- 34. Lincoln Vascular Access Network, LLC (Total Renal Care, Inc. - 100%)
- 35. Pittsburgh Dialysis Partners, LLC (Total Renal Care, Inc. - 100%)
- 36. RMA - Davita Dialysis, LLC (RVA Dialysis Ventures, LLC - 40% Total Renal Care, Inc. - 60%)
- 37. South Central Florida Dialysis Partners, LLC (Dialysis Partners I, Inc. - 40% Total Renal Care, Inc. - 60%)
- 38. Healthcare Partners, LLC (Total Renal Care, Inc. - 100%)
- 39. Healthco Gardens Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- 40. Cordell Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- 41. West Elk Grove Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 42. Sylvania Dialysis Center, LLC (Total Renal Care, Inc. - 100%)
- 43. Henry County Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 44. Maple Grove Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 45. Mayfield Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 46. Union City Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 47. Chapelville Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 48. Rich Ranch Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 49. Reno Avenue Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 50. Lakeside Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 51. Leighton Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 52. University Dialysis Center, LLC (Capital Dialysis, LLC - 49% Total Renal Care, Inc. - 51%)
- 53. Bay Area Dialysis Partnership (Renal Treatment Centers - Southeast, LP - 33% Total Renal Care, Inc. - 99.67%)
- 54. Continental Dialysis Center of Springfield-Palms, Inc. (Total Renal Care, Inc. - 100%)
- 55. Davita Nephrology Associates Of Utah, LLC (Total Renal Care, Inc. - 100%)
- 56. Davita R3, LLC (Total Renal Care, Inc. - 100%)
- 57. Dialysis Center of Abilene, LP (Total Renal Care, Inc. - 100%)
- 58. Dialysis Specialists of Dallas, Inc. (Total Renal Care, Inc. - 100%)
- 59. East Bay - Davita Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 60. Elberton Dialysis Facility, Inc. (Total Renal Care, Inc. - 100%)
- 61. Greater Las Vegas Dialysis, LLC (Total Renal Care, Inc. - 60% RRT, LLC - 40%)
- 62. Beverly Hills Dialysis Partnership (Davita Inc. - 64% Total Renal Care, Inc. - 99.95%)
- 63. Capital Dialysis Partnership (Total Renal Care, Inc. - 50.1% Capital Dialysis, LLC - 49.9%)
- 64. Eastmont Dialysis Partnership (Total Renal Care, Inc. - 60.78% Renal Treatment Centers - California, In. - 39.22%)
- 65. Urbana Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 66. North Ogden Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 67. Southwest Ogden-Davita Dialysis Partners, LLC (Total Renal Care, Inc. - 100%)
- 68. Western Nevada Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 69. Waycross Dialysis, LLC (Total Renal Care, Inc. - 100%)
- 70. Carroll County Dialysis Facility, Inc. (Total Renal Care, Inc. - 100%)
- 71. Carroll County Dialysis Facility Limited Partnership (Carroll County Medical Services - 33.33% Carroll County Dialysis Facility, Inc. - 66.67%)
- 72. East End Dialysis Center, Inc. (Total Renal Care, Inc. - 100%)
- 73. MD Investments, L.L.C. (Michael Douglas - 45.9% East End Dialysis Center, Inc. - 50.1%)
- 74. TRC - Petersburg, LLC (East End Dialysis Center, Inc. - 40% Sandy Gibum, M.D. - 20%)
- 75. Total Renal Support Services of North Carolina, LLC (Total Renal Care, Inc. - 15% Kidney Care R3, Inc. - 85%)
- 76. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 77. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 78. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 79. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 80. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 81. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 82. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 83. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 84. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 85. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 86. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 87. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 88. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 89. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 90. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 91. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 92. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 93. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 94. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 95. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 96. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 97. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 98. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 99. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)
- 100. TRC - Greensboro, LLC (RHS Uline, Inc. - 100%)

1. JLVSS Center, LLC (Total Renal Care Texas Limited Partnership-100%)
 2. JLVSS, LLC (Total Renal Care Texas Limited Partnership-100%)
 3. Houston Acute Dialysis, LP (Total Renal Care Texas Limited Partnership-99%)
 4. Memorial Dialysis Center, LP (Total Renal Care Texas Limited Partnership-75% Memorial Dialysis Partners, L.P.-20% Total Renal Care, Inc.-1%)
 5. Astro-Hobby West Mt. Royal Care Limited Partnership (Total Renal Care, Inc.-1% TRC West, Inc.-99%)
 6. Bear Creek Dialysis Center, L.P. (Total Renal Care, Inc.-1% TRC West, Inc.-8% Bear Creek Respiratory Group-30%)
 7. Dallas-Fort Worth Nephrology, L.P. (TRC West, Inc.-83.7% Total Renal Care, Inc.-1% HEAL Partners, LLC-15.3%)
 8. East Houston Kidney Center, L.P. (TRC West, Inc.-59% URK, LLC-25% Joey Buckley, M.D.-5% Stephen Fadim, M.D.-5% Wasseh Tabibi, M.D.-5% Total Renal Care, Inc.-1%)
 9. East Houston Kidney Center, L.P. (TRC West, Inc.-59% Stephen Fadim, M.D.-5% Wasseh Tabibi, M.D.-5% Total Renal Care, Inc.-1%)
 10. East Houston Kidney Center, L.P. (TRC West, Inc.-59% Stephen Fadim, M.D.-5% Wasseh Tabibi, M.D.-5% Total Renal Care, Inc.-1%)
 11. East Houston Kidney Center, L.P. (TRC West, Inc.-59% Stephen Fadim, M.D.-5% Wasseh Tabibi, M.D.-5% Total Renal Care, Inc.-1%)
 12. Houston Kidney Center/Total Renal Care Integrated Service Network Limited Partnership (Total Renal Care, Inc.-1% TRC West, Inc.-99%)
 13. Houston Kidney Center/Total Renal Care Limited Partnership (TRC West, Inc.-55.35% Total Renal Care, Inc.-1% Jact Managed Group, P.A.-43.64%)
 14. SANCO-Dalva Dialysis Partners, L.P. (SANCO JV I, LLC-49% TRC West, Inc.-50% Total Renal Care, Inc.-1%)
 15. South Shore Dialysis Center, L.P. (Total Renal Care, Inc.-1% Space City Associates of Nephrology-40% TRC West, Inc.-59%)
 16. Sunbelt Dialysis Center, L.P. (Hospitem 1997 United Partnership-10.5% Tom Viet Ho, M.D.-4% Juan J. Oliveira, M.D.-10.5% Total Renal Care, Inc.-1% TRC West, Inc.-74%)
 17. TRC El Paso Limited Partnership (TRC West, Inc.-49.1% David Alvarez, M.D.-49.9% Total Renal Care, Inc.-1%)
 18. The Woodlands Dialysis Center, LP (Total Renal Care, Inc.-1% Richard Eby-22.5% Benny Neibart-22.5% TRC West, Inc.-54%)
 19. Upper Valley Dialysis, L.P. (Total Renal Care, Inc.-1% TRC West, Inc.-99%)
 20. Westwood Dialysis Center, LP (Redwood R. Roy, M.D.-1% TRC West, Inc.-99% Sharon Dennis, M.D.-20% Alfredo Gonzalez, M.D.-20%)
 21. Westwood Dialysis Center, LP (Redwood R. Roy, M.D.-1% TRC West, Inc.-99% Sharon Dennis, M.D.-20% Alfredo Gonzalez, M.D.-20%)
 22. Total Renal Care of North Carolina, LLC (Real Realty Co.-15% Total Renal Care, Inc.-85%)
 23. Central Carolina Dialysis Centers, LLC (BTI Investments, LLC-15% Total Renal Care of North Carolina, LLC-85%)
 24. Riley Dialysis, LLC (Total Renal Care, Inc.-100%)
 25. Quincy Dialysis, LLC (Total Renal Care, Inc.-100%)
 26. Decker Dialysis, LLC (Total Renal Care, Inc.-100%)
 27. Southwest Indiana Dialysis, LLC (Total Renal Care, Inc.-100%)
 28. Marzanta Al. Home, LLC (Total Renal Care, Inc.-51% Capital Dialysis, LLC-49%)
 29. Southeastern Indiana Dialysis, LLC (Total Renal Care, Inc.-100%)
 30. Valley Chapel Dialysis, LLC (Total Renal Care, Inc.-100%)
 31. LeDunb Dialysis, LLC (Total Renal Care, Inc.-100%)
 32. Lincoln Park Kidney Services, Inc. (Total Renal Care, Inc.-100%)
 33. Hamilton Park Kidney Center, Inc. (Total Renal Care, Inc.-100%)
 34. Greater Los Angeles Holmes Dialysis Partners, LLC (Total Renal Care, Inc.-52.59% Mendez Transplant Services, Inc.-25.56% Isabel G. Mendez, M.D.-7.9% National Renal Transplant Services, Inc.-6.05% Robert Mendez, M.D.-7.9%)
 35. Iowa Health-One Holmes Dialysis Partners, LLC (Total Renal Care, Inc.-100%)
 36. Kidney Care Services, LLC (Total Renal Care, Inc.-100%)
 37. Main-Ohio Dialysis Facilities, Inc. (Total Renal Care, Inc.-100%)
 38. Nova Dialysis Center, LLC (Total Renal Care, Inc.-80% Arkansas Nephrology-40%)
 39. National Dialysis, LLC (Total Renal Care, Inc.-100%)
 40. Nephrology Medical Associates of Georgia, LLC-49% Total Renal Care, Inc.-51%)
 41. Open Access Nephrology, Inc. (Total Renal Care, Inc.-100%)
 42. Sierra Dialysis Center, LLC (Total Renal Care, Inc.-100%)
 43. Southeast Florida Dialysis, LLC (Total Renal Care, Inc.-100%)
 44. Spokane Dialysis, LLC (Total Renal Care, Inc.-100%)
 45. Total Renal Laboratories, Inc. (Total Renal Care, Inc.-100%)
 46. USC-Dalva Dialysis Center, LLC (USC Internal Medicine, Inc.-40% Total Renal Care, Inc.-60%)
 47. VillageHealth DM, LLC (Total Renal Care, Inc.-100%)
 48. Govey Dialysis Center Partnership (Victor L. Pappas, M.D., Inc.-40% Total Renal Care, Inc.-60%)
 49. Guam Renal Care Partnership (Total Renal Care, Inc.-95.9% Dalva, Inc.-1%)
 50. Los Angeles Dialysis Center (Dialysis Associates-31.64% Total Renal Care, Inc.-68.36%)
 51. Pacific Coast Dialysis Center (Renal Treatment Centers - California, Inc.-7% Total Renal Care, Inc.-93%)
 52. Pacific Dialysis Partnership (Total Renal Care, Inc.-95.9% Dalva, Inc.-1%)
 53. San Gabriel Valley Partnership (Ashley Sander, M.D.-12.5% Total Renal Care, Inc.-75% Nimal Kumar, M.D.-12.5%)
 54. Total Renal Care/Placement Dialysis Center Partnership (Total Renal Care, Inc.-99.7% Dalva, Inc.-1%)
 55. Utah Dialysis, LLC (Total Renal Care, Inc.-100%)
 56. Suresh Dialysis, LLC (Total Renal Care, Inc.-100%)
 57. TRC - Four Corners Dialysis Clinics, LLC (Total Renal Care, Inc.-51% Mark Bevan, M.D.-49%)
 58. TRC-Georgetown Regional Dialysis, LLC (Total Renal Care, Inc.-80% Georgetown University-20%)
 59. Tennessee Valley Dialysis Center, LLC (Total Renal Care, Inc.-60% Stan Vermillion, M.D.-20% Martin Tran, D.O.-20%)
 60. Total Acute Kidney Care, Inc. (Total Renal Care, Inc.-100%)
 61. Total Renal Care of Colorado, Inc. (Total Renal Care, Inc.-100%)
 62. Total Renal Care of Utah, LLC (Total Renal Care, Inc.-100%)
 63. Total Renal Care/Eaton Canyon Dialysis Center Partnership (Total Renal Care, Inc.-87.5% Renal Treatment Centers - California, Inc.-12.5%)
 64. Total Renal Care/Perlite Renal Center Partnership (Total Renal Care, Inc.-95.9% Dalva, Inc.-1%)
 65. Arapaho Gardens Dialysis, LLC (Total Renal Care, Inc.-100%)
 66. SE Ohio Regional Dialysis, LLC (Total Renal Care, Inc.-100%)
 67. Dalva of New York, Inc. (Total Renal Care, Inc.-100%)
 68. Amery Dialysis, LLC (Total Renal Care, Inc.-100%)
 69. Robinson Dialysis, LLC
 70. Total Renal Support Services, Inc.

DaVita Inc. - Illinois Organization Chart

VillageHealth DM, LLC	Total Renal Care, Inc.	RMS Lifeline Inc.	DVA Renal Healthcare, Inc.	Renal Treatment Centers - Illinois, Inc.	Renal Life Link, Inc.	Lincoln Park Dialysis Services, Inc.	Dialysis of Northern Illinois, LLC	Chicago Heights Dialysis, LLC	Total Nephrology Care Network Associates, PC	Kidney Care Services, LLC
DaVita VillageHealth Division Office RMS Disease Management	Archway Acutes DNP Regional Office East DNPV-Peoria HHCPD IL DNPV-Vandalia Dialysis - IL Heartland (NC) Region 01 - Chicago Fire (aka Great Lakes & Skyline Region) Barrington Creek Dialysis Big Oaks Dialysis Crystal Lake Dialysis Center Emerald Dialysis (aka Hyde Park Kidney Center) Emerald Dialysis PD Grand Crossing Dialysis Lake County Dialysis Lake County PD Logan Square Dialysis Montclair Dialysis Center (aka Belmont Ave) Olympia Fields At Home Olympia Fields Dialysis Olympia Fields PD Palos Park Dialysis West Lawn Dialysis Star Catchers Region 08 - Rock River TRC Children's Dialysis Center aka Children's Chicago/Childrens Memorial Hospital Wayne County Dialysis (aka Fairfield) Sherman Dialysis Center - Elgin	Lifeline - Alsip - IL Lifeline - MP Budget Center Lifeline - Rockford - IL Lifeline - Rolling Meadows (A) - IL Lifeline - Rolling Meadows (B) - IL Lifeline - Woodridge - IL (aka DuPage A) Lifeline Divisional Office	Alton Dialysis Central Illinois Acutes Decatur East Wood at Home Decatur East Wood Dialysis Effingham At Home Effingham Dialysis Illini At Home Illini Renal Dialysis Jacksonville Dialysis Lincoln Dialysis Litchfield Dialysis Macon County Dialysis Mattoon Dialysis Rushville Dialysis Central Springfield Central at Home Springfield Montvale Dialysis Star Catchers Region 02 Office Star Catchers Region 04 Office Taylorville Dialysis	Churchview Dialysis Dixon Kidney Center DNPV-Lake Villa PD - IL Freeport Dialysis Granite City At Home Granite City Dialysis Center Kankakee County Dialysis Kankakee County Dialysis PD Lake Villa at Home Lake Villa Dialysis Little Village at Home (Chicago) Little Village Dialysis (Chicago) Little Village PD Maryville At Home Maryville Dialysis Maryville Dialysis PD Mt Greenwood PD Mt Greenwood At Home Mt Greenwood Dialysis Rockford Dialysis Sauget Dialysis (aka East St. Louis Dialysis Center) Whiteside Dialysis	Benton Dialysis Beverly Dialysis Centralia Dialysis Morton At Home Morton Dialysis Metro East At Home Metro East Dialysis Mount Vernon At Home Mount Vernon Dialysis Orney Dialysis Center (aka Good Samaritan Hospital) Southern Illinois Acute Stony Creek Dialysis	Great Lakes Acute Kennedy Home Dialysis At Home Lincoln Park Dialysis (aka Lincoln Park Nephrology) Skyline Home Dialysis (aka Lincoln Park PD)	Rock River Acutes Roxbury At Home Roxbury Dialysis Sycamore at Home Sycamore Dialysis (aka DuKalb)	Chicago Heights LLC Chicago Heights Dialysis PD	Associates, PC	Kidney Care Services, LLC

DaVita Inc.-Illinois Organization Chart

Kidney Care Services, LLC	Joliet Dialysis, LLC	DVA Healthcare Renal Care, Inc.	DaVita Rx, LLC	DaVita Nephrology Medical Associates of Illinois, P.C.	Quincy Dialysis, LLC	Lifeline Vascular Access Network, LLC	Lockport Dialysis, LLC	Robinson Dialysis, LLC
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Illinois Historic
Preservation Agency

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

McHenry County
Crystal Lake
CON - Rehabilitation, Crystal Springs Dialysis
720 Cog Circle
IHPA Log #010061410

June 22, 2010

Delia M. Wozniak
DMW and Associates, Inc.
3716 N. Bernard St.
Chicago, IL 60618

Dear Ms. Wozniak:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT 6

4/1

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs (IDPH Review Fee estimate)	\$6,500	-	\$6,500
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	-	-	-
Modernization Contracts	\$705,000	-	\$705,000
Contingencies (14.9%)	\$105,000	-	\$105,000
Architectural/Engineering Fees	\$48,000	-	\$48,000
Consulting and Other Fees	\$53,000	-	\$53,000
Movable or Other Equipment (not in construction contracts)	\$483,364	-	\$483,364
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space *	FMV \$1,289,008	-	FMV \$1,289,008
Other Costs To Be Capitalized	\$87,500	-	\$87,500
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$2,777,372	-	\$2,777,372
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,488,364	-	\$1,488,364
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	-	-	-
Leases (fair market value) *	FMV \$1,289,008	-	FMV \$1,289,008
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$2,777,372	-	\$2,777,372
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

* The fair market value (FMV) of the lease is \$189.56/gsf, the building's development cost of \$3,450,000 excluding land for 18,200 gross square feet (gsf) in 2008 (see Attachment 7B.) Therefore, the 6,800 gsf in leased space has a FMV of \$1,289,008 (6,800 gsf X \$189.56/gsf.)

PROJECT COSTS
CRYSTAL SPRINGS DIALYSIS

<u>Area</u>	<u>Amount</u>	<u>Basis for Estimate</u>
PREPLANNING		
CON Fee	\$6,500	Regulation
 ARCHITECT/ ENGINEERING FEES	 \$48,000	 DaVita Estimate
 CONSULTING & OTHER FEES		
CON Consulting	\$44,000	Agreement
Legal	\$4,000	DaVita Estimate
Reimbursables	<u>\$5,000</u>	DaVita Estimate
	\$53,000	
 NEW EQUIPMENT	 \$483,364	 DaVita Estimate See following pages for Summary & Full Itemized List
 OTHER COSTS TO BE CAPITALIZED		
<u>Utility Hook-ups:</u>		
Electric	\$2,500	DaVita Estimate
Water – Tap	\$2,500	DaVita Estimate
Sewer	\$2,500	DaVita Estimate
Gas	\$5,000	DaVita Estimate
Cable	<u>\$8,000</u>	DaVita Estimate
	(\$20,500)	
 <u>Building Systems:</u>		
Telephone System	\$9,000	DaVita Estimate
Network Cabling	\$30,000	DaVita Estimate
Emergency Call System	\$4,500	DaVita Estimate
Security System	\$5,000	DaVita Estimate
Fire Alarm System	<u>\$6,000</u>	DaVita Estimate
	(\$54,500)	
 <u>Signage</u>	 (\$12,500)	 DaVita Estimate
 Total	 \$87,500	

CRYSTAL SPRINGS DIALYSIS

Summary

Equipment And Furnishings Cost

(See Following Pages for Complete Itemized List)

<u>Equipment Type</u>	<u>Cost</u>
Communications	\$34,500
Water Treatment	\$115,640
Bio-Medical	\$7,850
Re-use Equipment/Fixtures	\$18,325
Clinical Equipment	\$217,656
Clinical Furniture/Fixtures	\$14,998
Lounge Furniture/Fixtures	\$2,870
Storage Fixtures/Equipment	\$6,775
Business Office Fixtures	\$31,750
General Furniture/Fixtures	<u>\$33,000</u>
Total Equipment/Furnishings For Twelve (12) Stations	\$483,364
Total Equipment Cost / Station	\$40,280 per station

Crystal Springs Dialysis anticipates serving its first patient in October 2011.
The facility will reach 80% occupancy in the 24th month of operation, September 2013.

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:		Crystal Springs		Facility #:			
Square Footage:		Incremental	Total	550 square feet per station			
Number of Hemo Stations (at Startup):		6600	6600	350 = typical OVA minimum standard			
Number of PD Training Rooms:		12	12				
Number of Home Training Stations:		0	0				
	Task Number	#	Cost/Unit	Total Cost	Per Total Sq. Ft.	Per Total Station	Comments/BDP
Services/Fees	Architecture and Eng. Costs	01.04		\$ 48,000	\$ 7.27	\$ 4,000.00	
	Mover	01.05		\$ -	\$ -	\$ -	
	Legal Fees	01.06		\$ 4,000	\$ 0.61	\$ 333.33	
	CON Expense	01.07		\$ 55,500	\$ 8.41	\$ 4,625.00	
Construction	Gross Interiors (permit included)	02.01		\$ 725,652	\$ 107.05	\$ 60,471.00	
	Gross MBBB (permit included)	02.02		\$ 56,100	\$ 8.50	\$ 4,675.00	
	Fire & Life Safety	02.03		\$ 28,248	\$ 4.28	\$ 2,354.00	
Utilities (hook-up)	Leasehold Improvemt. Credit	02.07		\$ -	\$ -	\$ -	
	Electric	03.01	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33
	Back-up Generator	03.02	0	\$ -	\$ -	\$ -	\$ -
	Gas	03.03	1	\$ 5,000	\$ 5,000	\$ 0.76	\$ 418.67
	Water (tap fee)	03.04	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33
	Sewer (Impact fee)	03.05	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33
Communications	Cable	03.06	1	\$ 8,000	\$ 8,000	\$ 1.21	\$ 666.67
	Telephone System	04.01	1	\$ 9,000	\$ 9,000	\$ 1.36	\$ 750.00
	Network Cabling	04.02	1	\$ 30,000	\$ 30,000	\$ 4.55	\$ 2,500.00
	Emergency Call System	04.03	1	\$ 4,500	\$ 4,500	\$ 0.68	\$ 375.00
	Security System	04.04	1	\$ 5,000	\$ 5,000	\$ 0.76	\$ 418.67
	TV System (w/ VCR)	04.05	15	\$ 1,300	\$ 19,500	\$ 2.95	\$ 1,825.00
	DSS System	04.06	0	\$ 8,400	\$ -	\$ -	\$ -
	Fire Alarm System	04.07	1	\$ 6,000	\$ 6,000	\$ 0.91	\$ 500.00
	Chairside Snappy - Server	04.08	1	\$ 8,000	\$ 8,000	\$ 1.21	\$ 666.67
	Chairside Snappy - Machine	04.09	1	\$ 7,000	\$ 7,000	\$ 1.06	\$ 583.33
Water Treatment	R/O System	05.01	1	\$ 90,000	\$ 90,000	\$ 13.64	\$ 7,500.00
	Station Boxes and Fittings	05.02	13	\$ 625	\$ 8,125	\$ 1.23	\$ 677.08
	Dry Acid System	05.03	1	\$ 3,800	\$ 3,800	\$ 0.58	\$ 318.67
	Concentrate Tanks	05.04	2	\$ 800	\$ 1,600	\$ 0.24	\$ 133.33
	Concentrate Pumps	05.05	2	\$ 800	\$ 1,600	\$ 0.24	\$ 133.33
	Drum Dolly	05.06	1	\$ 600	\$ 600	\$ 0.09	\$ 50.00
	Central Bi-carb System	05.07	1	\$ 9,685	\$ 9,685	\$ 1.48	\$ 805.42
	Bi-carb Mixer	05.08	0	\$ 3,348	\$ -	\$ -	\$ -
	Bi-carb Drying Racks	05.09	1	\$ 250	\$ 250	\$ 0.04	\$ 20.83
	06.01	0	\$ -	\$ -	\$ -	\$ -	
Bio-Medical Equipment	Electrical Analyzer/Tester	06.02	1	\$ 1,800	\$ 1,800	\$ 0.27	\$ 150.00
	Conductivity Meter	06.03	0	No Need	\$ -	\$ -	\$ -
	Dialysate Meter	06.04	1	\$ 500	\$ 500	\$ 0.08	\$ 41.67
	R/O TDS Water Meter	06.05	1	\$ 500	\$ 500	\$ 0.08	\$ 41.67
	Air Test Kit	06.06	1	\$ 50	\$ 50	\$ 0.01	\$ 4.17
	Water Analysis Test Kit	06.07	0	N/A	\$ -	\$ -	\$ -
	Heat Block	06.08	0	\$ 1,300	\$ -	\$ -	\$ -
	Spill Kit	06.09	0	N/A	\$ -	\$ -	\$ -
	Respirator	06.10	0	N/A	\$ -	\$ -	\$ -
	Tool Chest - Portable	06.11	0	N/A	\$ -	\$ -	\$ -
	Parts Storage Cart	06.12	0	N/A	\$ -	\$ -	\$ -
	Miscellaneous Technical Tools	06.13	1	\$ 5,000	\$ 5,000	\$ 0.78	\$ 416.67
	Reuse Equipment/ Fixtures	DRS4	07.01	0	No Need	\$ -	\$ -
Manual Reuse Station		07.02	0	No Need	\$ -	\$ -	\$ -
Reuse Equipment/ Fixtures	Renatron	07.03	1	\$ 17,500	\$ 17,500	\$ 2.85	\$ 1,458.33
	Renaclear	07.04	0	\$ 5,355	\$ -	\$ -	\$ -
	Dialyzer Racks	07.05	1	\$ 325	\$ 325	\$ 0.05	\$ 27.08
	Reuse Refrigerator	07.06	1	\$ 500	\$ 500	\$ 0.08	\$ 41.67
Clinical Equipment	Dialysis Machine	08.01	14	\$ 13,600	\$ 190,400	\$ 28.85	\$ 15,866.67
	Diapure Machine	08.34	0	\$ 38	\$ -	\$ -	\$ -
	Patient Lift	08.02	1	\$ 1,400	\$ 1,400	\$ 0.21	\$ 116.67
	Scale (tx)	08.03	1	\$ 4,800	\$ 4,800	\$ 0.73	\$ 400.00
	Scale (PD)	08.04	0	\$ 2,000	\$ -	\$ -	\$ -
	Lab Refrigerator	08.05	1	\$ 300	\$ 300	\$ 0.05	\$ 25.00
	Lab Freezer	08.06	1	\$ 365	\$ 365	\$ 0.06	\$ 30.42
	Meds Refrigerator (tx)	08.07	1	\$ 400	\$ 400	\$ 0.06	\$ 33.33
	EPO Refrigerator (tx)	08.08	0	\$ -	\$ -	\$ -	\$ -
	Meds Refrigerator (PD)	08.09	0	\$ 400	\$ -	\$ -	\$ -
	Microwave (PD)	08.10	0	\$ 117	\$ -	\$ -	\$ -
	Ice Machine	08.11	1	\$ 3,400	\$ 3,400	\$ 0.52	\$ 283.33
	Crash Cart	08.12	1	\$ 800	\$ 800	\$ 0.12	\$ 66.67
	Medication Cart	08.13	1	\$ 1,321	\$ 1,321	\$ 0.20	\$ 110.10
	Defibrillator	08.14	1	\$ 2,400	\$ 2,400	\$ 0.36	\$ 200.00
	EKG	08.15	1	\$ 4,150	\$ 4,150	\$ 0.63	\$ 345.83
	Ambubag	08.16	1	\$ 25	\$ 25	\$ 0.00	\$ 2.08
	Suction Machine	08.17	1	\$ 250	\$ 250	\$ 0.04	\$ 20.83
	Oxygen Equipment	08.18	1	\$ 650	\$ 650	\$ 0.10	\$ 54.17
	Infusion Pump	08.19	1	\$ 2,350	\$ 2,350	\$ 0.36	\$ 193.83
	IV Pole	08.20	1	\$ 100	\$ 100	\$ 0.02	\$ 8.33
	ACT Tester	08.21	0	N/A	\$ -	\$ -	\$ -
	Glucometer	08.22	0	\$ 36	\$ -	\$ -	\$ -
	Thermometer	08.23	1	\$ 171	\$ 171	\$ 0.03	\$ 14.25
	Stethoscope	08.24	1	\$ 4	\$ 4	\$ 0.00	\$ 0.33
	Laryngoscope	08.25	0	\$ 55	\$ -	\$ -	\$ -
	Ophthalmoscope	08.26	0	\$ 379	\$ -	\$ -	\$ -
Centrifuge	08.27	0	N/A	\$ -	\$ -	\$ -	
Incubator	08.28	0	N/A	\$ -	\$ -	\$ -	
Ultrasonic Mini Doppler	08.29	0	N/A	\$ -	\$ -	\$ -	
Mobile BP Module(s)	08.30	1	\$ 120	\$ 120	\$ 0.02	\$ 10.00	
Infectious Waste Hampers	08.31	0	\$ -	\$ -	\$ -	\$ -	
Emergency Evacuation Kit	08.32	1	\$ 250	\$ 250	\$ 0.04	\$ 20.83	
Miscellaneous Clinical	08.33	1	\$ 4,000	\$ 4,000	\$ 0.61	\$ 333.33	

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Clinical Furniture/ Fixtures	Dialysis Chair - regular	09.01	10	\$ 850	\$ 8,500	\$ 1.29	\$ 708.33	
	Dialysis Chair - oversized	09.02	2	\$ 999	\$ 1,998	\$ 0.30	\$ 168.50	
	Task Stool	09.03	6	\$ 120	\$ 720	\$ 0.11	\$ 60.00	
	Privacy Screen	09.04	2	\$ 425	\$ 850	\$ 0.13	\$ 70.83	
	Exam Table	09.05	0	\$ 644	\$ -	\$ -	\$ -	
	Training Table	09.06	0	N/A	\$ -	\$ -	\$ -	
	Exam Light	09.07	0	N/A	\$ -	\$ -	\$ -	
	Chart Rack	09.08	2	\$ 1,200	\$ 2,400	\$ 0.36	\$ 200.00	
	Wheelchair	09.09	2	\$ 265	\$ 530	\$ 0.08	\$ 44.17	
	Lounge Furniture/ Fixtures	Refrigerator (lounge)	10.01	1	\$ 800	\$ 900	\$ 0.14	\$ 75.00
Microwave (lounge)		10.02	1	\$ 150	\$ 150	\$ 0.02	\$ 12.50	
Dishwasher		10.03	0	\$ -	\$ -	\$ -	\$ -	
Coffee Machine (lounge)		10.04	1	\$ 95	\$ 95	\$ 0.01	\$ 7.82	
Toaster Oven (lounge)		10.05	1	\$ 125	\$ 125	\$ 0.02	\$ 10.42	
Lockers		10.06	1	\$ 1,600	\$ 1,600	\$ 0.24	\$ 133.33	
		11.01	1	\$ 150	\$ 150	\$ 0.02	\$ 12.50	
Storage Fixtures/ Equipment	Supply Cart	11.02	1	\$ 6,000	\$ 6,000	\$ 0.91	\$ 500.00	
	Shelving	11.03	1	\$ 125	\$ 125	\$ 0.02	\$ 10.42	
	Hand Dolly	11.04	1	\$ 200	\$ 200	\$ 0.03	\$ 16.87	
	Flatbed Truck (hand)	11.05	0	N/A	\$ -	\$ -	\$ -	
	Utility Cart	11.06	1	\$ 300	\$ 300	\$ 0.05	\$ 25.00	
	Floor Palettes	11.07	0	N/A	\$ -	\$ -	\$ -	
	Linen Cart	13.01	1	\$ 4,500	\$ 4,500	\$ 0.68	\$ 375.00	
Business Office Fixtures	Copier	13.02	1	\$ 1,250	\$ 1,250	\$ 0.19	\$ 104.17	
	Facsimile	13.03	0	No Need	\$ -	\$ -	\$ -	
	Timeclock	13.04	1	\$ 26,000	\$ 26,000	\$ 3.94	\$ 2,166.67	updated per IT 8/8/08
	Computer System	13.07	0	\$ -	\$ -	\$ -	\$ -	
	Imprinter	14.01	1	\$ 24,000	\$ 24,000	\$ 3.64	\$ 2,000.00	
General Furniture/ Fixtures	Office Furniture	14.02	1	\$ 4,000	\$ 4,000	\$ 0.61	\$ 333.33	
	Artwork/Plants	14.04	1	\$ 5,000	\$ 5,000	\$ 0.76	\$ 416.67	
	Window Blinds/Curtains			\$ -	\$ -	\$ -	\$ -	
Signage	Interior	15.01	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33	
	Exterior	15.02	1	\$ 10,000	\$ 10,000	\$ 1.52	\$ 833.33	
Gross Leasehold Improvements				\$810,000	\$122.73	\$67,500.00		
Less: Landlord Contribution				\$0	\$0.00	\$0.00		
Leasehold Improvements Total				\$810,000	\$122.73	\$67,500.00		
Fees/Services Total				\$128,000	\$19.39	\$10,666.67		
Furniture/Fixtures/Equipment Total				\$650,354	\$93.39	\$45,863.68		
TOTAL				\$1,488,354	\$225.61	\$124,030.35		
Shipping & Taxes				assumed w/in \$				

DaVita/USI Real Estate Services Alliance
Crystal Lake, IL
Opinion of Value
6/25/10

To: Jim Burke

From: Matthew Fetter

The following is the opinion of value of shell space for the facility referenced below.

- GOAL:** Determine the value of the cost to develop the current building excluding the cost of the land the building is located on.
- LOCATION:** 720 Cog Circle, Crystal Lake, IL
- ASSUME:** Properties available in the area for 18,200 SF
- PRICE/SF:** **720 Cog Circle, Crystal Lake, IL**
Development Cost - \$3,450,000.00
Price/SF: \$189.56/SF
- CONCESSIONS:** In our market, shell space is usually delivered to tenants in "as-is" condition and the buyer is responsible to complete their own build out.
- OVERVIEW:** The shell space above is considered "Medical" at this time.
- CONCLUSION:** **The purchase price for newly constructed, unfinished space in the market area is \$189.56/SF, net of land costs.**

Matthew B Fetter
Director, Real Estate Services
USI Real Estate Services, Inc.

ATTACHMENT 7B

DaVita Inc. Fire Region - Chicago Metropolitan Area
Compliance Checklist
2nd Quarter 2010

D A T E S

<u>CON PROJECT</u>	<u>PERMIT/ DATE</u>	<u>PERMIT AMOUNT</u>	<u>OBLIGATION</u>	<u>ANNUAL PROG. REPORTS</u>	<u>PROJECT COMPLETION</u>
TRC Inc. d/b/a Big Oaks Dialysis	#08-066 11/5/08	\$2,812,212	Upon Permit Issuance	Sent 11/10/09 and in compliance	1/15/2011
RLL Inc. d/b/a Beverly Dialysis	#08-067 11/5/08	\$2,738,465	Upon Permit Issuance	Sent 11/10/09 and in compliance	1/15/2011
TRC Inc. d/b/a West Lawn Dialysis	#08-100 3/10/09	\$1,888,441	Obligated 5/29/09 State rec'd 6/23/09	Sent March 31, 2010 Due Feb. 10 - April 10	12/31/10
TRC Inc. d/b/a Barrington Creek	#09-036 1/12/10	\$2,472,632	By July 12, 2011	Dec. 12- February 12	6/30/11
TRC Inc. d/b/a Palos Park Dialysis	#09-055 1/12/10	\$2,657,248	By July 12, 2011	Dec. 12- February 12	8/31/11
TRC Inc. d/b/a Grand Crossing Dialysis	#10-004 6/8/10	\$2,169,191	By Dec. 8, 2011	May 9 - July 8	12/31/11

Big Oaks Dialysis: The project is complete and under budget. Project Completion & Final Realized Costs to be sent to State Agency.

Beverly Dialysis: The project is under budget. Final realized project costs to be assembled before the end of the 3rd Quarter 2010. First patient was treated December 7, 2009. However, facility is still awaiting certification. Follow-up on certification will be bi-weekly.

West Lawn Dialysis: The project is under budget. Final realized project costs to be assembled before the end of the 3rd Quarter 2010. First patient was treated on March 8, 2010. Facility is awaiting certification. Follow-up on certification will be bi-weekly.

Barrington Creek: Foreclosure issues are holding up lease negotiations. If Project Completion goes beyond June 30, 2011 we should alert the State Agency to these problems in a brief letter; include any time frame issues in the Annual Project Report; and consider requesting a Permit Renewal no later than 45 days before the permit expiration date of June 30, 2011, preferably by April 10th to be safe.

48

Palos Palms: The lease is finalized. As the lease represents at least one-third of the total project costs, with a FMV of \$1,131,116, its signing constitutes project obligation. Send the State Agency a brief letter indicating the date the project was obligated.

Grand Crossing: Working drawings are being finalized.

Notes on Compliance:

- "Obligation" is a binding commitment to spend at least 1/3 of the total project cost. Obligation is accomplished by signing the lease or the major construction documents, whichever commits to spend 1/3 of the total project cost first. Obligation must be achieved within 12 - 18 months of CON issuance, depending on the project cost. Letter of Obligation must be sent to State Agency within 30 days of signing the obligation documents.
- CONs must be completed in the time specified in the CON application unless we request a permit renewal which must be on file at least 45 days prior to the permit expiration date. There appears to be no provision for renewal of a COE which expires 12 months from date of issue.
- CON project costs cannot exceed the amount granted without prior IHFPB approval of an alteration.
- Line items in the CON project costs (i.e. construction/contingency, equipment, and A/E fees) can exceed their individual CON amounts as long as the total project cost does not exceed the permit amount without prior IHFPB approval of an alteration.
- COEs for changes of ownership have only one year from date of issuance to file project completion documents. Notice of Project Completion must be filed within 30 days of the asset transfer and include the Bill of Sale.
- COEs must comply with "material change" provisions of the regulations, Section 1130.520(g), which states the following:
"A material change to a project for a proposed change of ownership requires prior notice to and approval from the State Board...material change means an increase or decrease of more than 5% and less than 10% of the proposed acquisition or transaction cost for anot for profit facility and an increase of more than 10% for all other facilities...."
Also, please note that for not for profit facilities, an increase of 10% or more in the project cost and a decrease of 5% or more in the project cost is not allowable and invalidates the exemption.

SmartZone Communications Center

deliawoz@comcast.net

Info for Grid

From : Margaret Enger <Margaret.Enger@davita.com>

Tue, Jun 22, 2010 05:19 PM

Subject : Info for Grid

To : deliawoz@comcast.net

Hi Delia,

This is what Ellie gave me today on her outstanding projects.

1. Robinson Dialysis - Completed. Had state survey. Pending resolution of Life Safety Codes. Extension until November 2010.
2. Crystal Lake - Final reports submitted. Permits closed
Project #10-010
3. Elgin - Final reports submitted. Permits closed
Project #10-009
4. RCG Rockford - Submitted. Deemed complete. Project # 10-034

Thank you.

Margaret Enger
 Regional Coordinator
 DaVita Inc.- Heartland Region 1&2
 2659 N. Milwaukee Avenue, 2nd Floor
 Chicago, Illinois 60647
 Office Phone: (773) 276-2380, ext. 29
 eFax: (866) 770-2748
 email: Margaret.Enger@davita.com
 P Please consider the environment before printing this e-mail.

ATTACHMENT 8A
Page 3 of 3

**Cost/Space Requirements Crystal Lake Dialysis Center to be renamed
Total Renal Care Inc. d/b/a Crystal Springs Dialysis**

<u>Department/Area</u>	<u>Cost</u>	<u>Gross Square Feet</u>		<u>Amount of Proposed Total GSF That Is:</u>			
		<u>Existing</u>	<u>Proposed</u>	<u>New Const.</u>	<u>Remodeled</u>	<u>As Is</u>	<u>Vacated Space</u>
ESRD	\$2,777,372*	1,191**	6,800**		6,800**	0	1,191**

* The estimated total project cost includes the fair market value (FMV) of the leased space estimated at \$189.56/gsf, \$1,289,008 for 6,800 gross square feet (gsf.)

** The project relocates a 6-station facility which has 1,191 gsf or 198.5 gsf/station. The project establishes a 12-station facility which will have 6,800 department gsf, 6,000 dgsf for the in-center hemodialysis facility (520 gsf/station) and 800 dgsf for administrative offices.

The new facility is only 2.66 miles and 5 minutes due south of the existing facility.

DISCONTINUATION

The applicants need to discontinue Crystal Lake Dialysis Center's 6-station facility at 4900 S. Route 31 in Crystal Lake (60012) since the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012. Please refer to Attachment 10(1) for Sherman Hospital letter and lease documenting a two-year non-renewable lease for the current site.

Information Requirements

- 1 – 3. DaVita Inc. and Total Renal Care, Inc. would discontinue the 6-station in-center hemodialysis center previously known as Crystal Lake Dialysis Center a/k/a Sherman Family Health Center – Crystal Lake. No other services are provided on the site. The 6-station facility would be discontinued when the new facility is operational, no later than June 30, 2012.
4. Sherman Hospital intends to sell the building. Therefore, the future use of the building is not known.
5. All medical records will be transferred to the patients' new dialysis facility.
6. See Attachment 10(2) for certification that all required information will be submitted no later than 60 days following the discontinuation.

Reasons for the Discontinuation

The facility will be discontinued as the lease expires within two years and will not be renewed by the landlord. DaVita herein proposes to relocate and expand the facility. The relocation and expansion ensures continued, timely access to modern, high-quality in-center hemodialysis services.

Impact on Access

The proposed discontinuation will not negatively affect access to care as DaVita Inc. and Total Renal Care, Inc. propose to relocate and expand the facility by adding six (6) stations.

Please refer to Appendices 1 and 2 for documentation (Map Quest and Federal Express) that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time on June 8, 2010. All facilities received this request on June 9, 2010.

See Attachment 10(3) for a copy of our request for an impact statement; the list of facilities within 45 minutes travel time; and facilities' responses to our request for an impact statement received to date.

ATTACHMENT 10



July 12, 2010

Re: 4900 S. Illinois Route 31, Crystal Lake, Illinois

To Whom It May Concern:

I am Administrative Director of Property and Project Management for Sherman Hospital. Sherman Hospital is the property owner and lessor of the real estate located at 4900 S. Illinois Rte. 31 in Crystal Lake, Illinois where Total Renal Care, Inc. operates Crystal Springs Dialysis Center. The building where Crystal Springs Dialysis Center is operated is vacant except for the dialysis facility. The building cannot be easily retrofit for other uses. In addition to the building housing the dialysis facility, this property consists of a large parcel. Sherman Hospital has listed this property for sale as it believes that its mission is best served by the sale of the property and the use of its proceeds for its primary mission. Therefore, Sherman Hospital is unwilling to renew the lease beyond the initial two year term provided in the initial lease.

Very truly yours,

R. Keith Golden
Administrative Director
Property & Project Management

LEASE AGREEMENT

**4900 S. Route 31, Suite 100
Crystal Lake, Illinois**

Between

Total Renal Care, Inc., a California corporation

(LESSEE)

and

Sherman Hospital, an Illinois not-for-profit corporation

(LESSOR)

LEASE AGREEMENT

THIS LEASE AGREEMENT (the "Lease"), is made and entered into as of this 1st day of July, 2010, by and between Sherman Hospital, an Illinois not-for profit corporation (hereinafter called "Lessor"), and Total Renal Care, Inc., a California corporation (hereinafter called "Lessee").

WITNESSETH:

WHEREAS, Lessor desires to demise, lease and rent unto Lessee, and the said Lessee desires to rent and lease from Lessor the Premises, as more particularly defined below;

NOW, THEREFORE, for and in consideration of the mutual covenants, promises and agreements herein contained, Lessor does hereby demise, lease and rent unto the said Lessee and Lessee does hereby rent and lease from Lessor the Premises, under and pursuant to the following terms and conditions:

**SECTION ONE
DEFINITION AND TERMS**

As used in this Lease, the following terms shall have the following meanings:

A. Lessor: Sherman Hospital, an Illinois not-for profit corporation.

Address: 1425 Randall Road, Elgin, IL 6012

B. Lessee: Total Renal Care, Inc., a California corporation.

Address: c/o DaVita, Inc., 601 Hawaii Street, El Segundo, CA 90245-4814

(for billing purposes) Same as above.

(for notice purposes) Same address as above. Attention: General Counsel.

With a copy to: Total Renal Care, Inc.

c/o DaVita Inc.

2611 N. Halsted

Chicago, Illinois 60614

Attention: Steve Lieb, Group General Counsel

C. Date of this Lease: July 1, 2010.

D. Commencement Date: July 1, 2010.

- E. Expiration Date: As set forth in Section Two.
- F. Term: Subject to the terms hereof, two (2) years beginning on the Commencement Date and ending as set forth in Section Two.
- G. Building: The Medical Office Building together with the land and any appurtenances necessary thereto located at 4900 S. Route 31, Crystal Lake, Illinois.
- H. Suite Number 100.
- I. Permitted Use: Lessee may exclusively occupy and use the Premises during the Term for purposes of the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures (collectively, the "Dialysis Services"), including general medical office use relating to the Dialysis Services, and the provision of pharmaceutical and lab services relating to the Dialysis Services for Lessee's patients, and all incidental, related, and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Lessee (the "Permitted Use").
- J. Annual Base Rent: \$23,045.85 (as increased by Escalation in Base Rent as set forth on Exhibit B).
- K. Monthly Base Rent: \$1,920.49 (as increased by Escalation in Base Rent as set forth on Exhibit B).
- L. Security Deposit: None.
- M. Premises: 1,191 useable square feet in the Building as described in Exhibit A attached to this Lease, known as Suite Number 100.
- N. Pro Rata Share: 5.05%, based on Premises of 1,191 square feet and Building of 23,578 square feet
- O. Public Liability Insurance Limits: \$1,000,000 combined single limit.
- P. Guarantor: None.
- Q. The following Exhibits attached to this Lease are incorporated herein by this reference:
 - A. Lessee Floor Plan
 - B. Escalation of Base Rent
 - C. Rules and Regulations
 - D. Referral Source Provisions

SECTION TWO

TERM OF LEASE

- A. This Lease shall begin on the Commencement Date, and, subject to the provisions below, shall be for a term of two (2) years from the Commencement Date.
- B. Notwithstanding the foregoing, the parties understand and agree that it is the intent of Lessee to relocate the dialysis facility upon receiving approval to initiate dialysis services at a new location within the vicinity. In connection with such intent to relocate, Lessee agrees that it will file its Certificate of Need permit application ("CON Application") with the Illinois Health Facilities and Services Review Board as soon as reasonably possible after the Commencement Date, and will prosecute the CON Application in good faith and with due diligence in order to obtain approval for relocation. Lessee shall give Lessor thirty (30) days written notice of the date that it intends to relocate and terminate this Lease. Upon Lessee's relocating and vacating the Premises, the Lease shall terminate.
- C. Prior to the Commencement Date, Lessee shall submit to Lessor the required certificates of insurance as required under Section Twenty hereof.
- D. Lessee shall surrender the Premises to Lessor immediately on termination of the Lease.
- E. If this Lease is terminated for any reason before the first (1st) anniversary of the Commencement Date, then Lessor and Lessee agree not to enter into any similar agreement with each other for the Premises before the first (1st) anniversary of the Commencement Date.

SECTION THREE DELIVERY OF POSSESSION

Lessor shall deliver possession of the Premises on the Commencement Date. Lessor shall not be required to perform any work to prepare the Premises for Lessee's occupancy. The occupancy of the Premises by Lessee shall be deemed an acceptance by Lessee of the Premises "As Is" without warranty or representation, except as may be specifically provided herein, and Lessee shall be deemed to have agreed that the Premises are in a condition suitable for the use authorized under this Lease.

SECTION FOUR RENTAL AND OTHER CHARGES

For purposes of this Lease, Annual Base Rent, Escalations of Base Rent, and other Lessee charges, if any, are Rent. The requirement to pay Rent hereunder is an independent and separate covenant and obligation of Lessee, and Lessee shall have no right of set-off, deduction or abatement (except as expressly provided for in this Lease) against such Rent. Monthly Base Rent for any partial month shall be pro rated based on the actual number of days elapsed.

- A. Lessee shall pay the Annual Base Rent to Lessor, in advance, in monthly payments due on the first day of each month for the succeeding month's rental. The Annual Base Rent shall be increased as provided in Exhibit B attached to this Lease and incorporated herein by reference.
- B. All rental payments should be sent to Sherman Health Systems Finance, 1425 Randall Road, Elgin, Illinois 60123 or as designated from time to time.
- C. In the event Lessee fails to pay any monthly installment of Rent within ten (10) days of the due date of such installment, Lessee shall pay, in addition to such Rent due, a late charge of \$50.00. Furthermore, Lessee shall pay interest at a rate of prime plus 3% per annum on all delinquent unpaid Rent after thirty (30) days of the day the monthly installment was due. Such interest shall be calculated from the due date of the installment until the date received by Lessor's accounting department.

**SECTION FIVE
SECURITY DEPOSIT**

Intentionally deleted.

**SECTION SIX
RESTRICTIONS ON USE AND COMPLIANCE WITH LAWS**

- A. Lessee shall not use or permit the Premises, or any part of the Premises, to be used for any purposes other than those set forth in Section One (I) of this Lease. Lessee shall not permit on the Premises any act, sale, nor storage that may be prohibited under standard forms of fire insurance policies, nor use the Premises for any such purpose. If by reason of the failure of Lessee to comply with the provisions of this paragraph, any insurance premiums payable by Lessor shall at any time be increased above what it otherwise would be, Lessee shall reimburse Lessor to the extent of all such increases in premium paid by Lessor.
- B. No use shall be made or permitted to be made by Lessee that shall result in (1) waste on the Premises, (2) a public or private nuisance that may disturb the quiet enjoyment of other tenants in the Building, (3) improper, unlawful, or objectionable use, or any use generating an offensive odor on the Premises, or (4) noises or vibrations which may disturb other tenants in the Building or in nearby properties.
- C. Lessee shall comply with all governmental regulations and statutes affecting Lessee's use of the demised Premises either now or in the future. Lessee shall not make or permit any use of the Premises that is, directly or indirectly, forbidden by law, ordinance or governmental or municipal regulation or order, or which may be dangerous to life, limb or property. Lessee will comply with all laws, orders and regulations and with the directions of any public officer authorized by law with respect to Lessee's use and occupancy of the Premises.

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as of the day and year indicated above.

LESSEE:

Total Renal Care, Inc.

By: DF
David Finn, Vice President

Date: _____

LESSOR:

Sherman Hospital

By: _____
R. Keith Golden, Administrative Director
Property Management

Date: _____

*FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL BY DAVITA INC. AS TO FORM ONLY*

By: _____
Print: Steve Lieb
Its: Group General Counsel

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as of the day and year indicated above.

LESSEE:

Total Renal Care, Inc.

By: _____
David Finn, Vice President

Date: _____

LESSOR:

Sherman Hospital

By: R. Keith Golden
R. Keith Golden, Administrative Director
Property Management

Date: July 8, 2010

**FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL BY DAVITA INC. AS TO FORM ONLY**

By: _____
Print: Steve Lieb
Its: Group General Counsel

IN TESTIMONY WHEREOF, Lessor and Lessee have caused this Lease to be executed as of the day and year indicated above.

LESSEE:

Total Renal Care, Inc.

By: _____
David Finn, Vice President

Date: _____

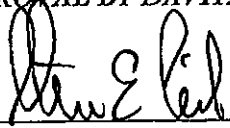
LESSOR:

Sherman Hospital

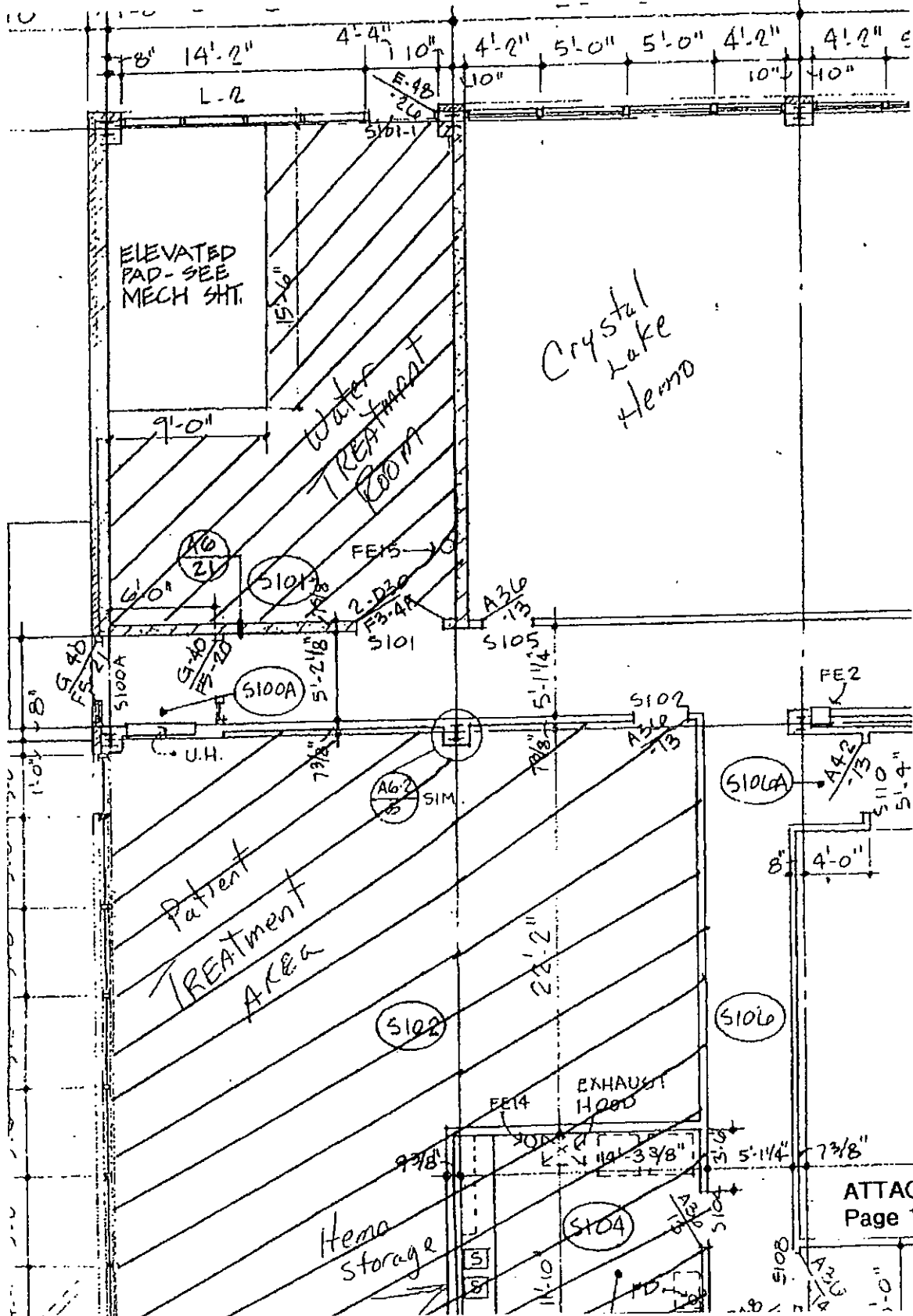
By: _____
R. Keith Golden, Administrative Director
Property Management

Date: _____

*FOR LESSEE'S INTERNAL PURPOSES ONLY:
APPROVAL BY DAVITA INC. AS TO FORM ONLY*

By:  _____
Print: Steve Lieb
Its: Group General Counsel

Crystal Lake Center Diagram of Leased Premises





Heartland Region 1
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 Fax: (773) 276-4176
www.davita.com

July 19, 2010

Dale Galassie
Chairman
Health Facilities and Services Review Board
525 W. Jefferson Street
Springfield, Illinois 62761

Dear Mr. Galassie:

I hereby certify that all required information will be submitted no later than 60 days following the discontinuation.

Sincerely,

Kelly Ladd
Group Director
DaVita Inc.

ATTACHMENT 10(2)

June 8, 2010

Via Fed Ex Mail

Facility Manager

<Facility Name>

<Street1>

<<City>>, <<State>> <<Zip Code>>

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

ATTACHMENT 10(3)
Page 1 of 10

ESRD FACILITIES WITHIN 45 MINUTES ADJUSTED TRAVEL TIME OF CRYSTAL LAKE DIALYSIS CENTER

Label	Ref # Mapquest Facility	Street1	City	State	ZipCode	Mileage	Drive Time	MapQuest Time Adjustment (1.15)
8-11	1 ARA - Crystal Lake	6298 Northwest Highway	Crystal Lake	IL	60014	3.91	7	8.05
8-9	2 FMC - McHenry	4312 W Elm Street	McHenry	IL	60050	6.56	10	11.5
7-54	3 Barrington Creek (denovo)	28160 W. Northwest Highway	Barrington	IL	60010	8.9	15	17.25
8-13	4 Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	IL	60110	11.86	18	18.4
	27 FMC - Elgin	2130 Point Blvd	Elgin	IL	60123	14.98	21	24.15
8-6	5 FMC - Round Lake	401 W Nippersink Avenue	Round Lake Heights	IL	60073	18.34	24	27.6
8-12	6 Quality Renal Care - Marengo	910 Greenlee Street	Marengo	IL	60152	17.23	24	27.6
7-46	7 ARA - South Barrington	33 W Higgins Road	South Barrington	IL	60010	17.69	26	29.9
8-7	8 Lake Villa Dialysis	37809 N Illinois Route 59	Lake Villa	IL	60046	16.97	27	31.05
7-18	9 FMC - Hoffman Estates	3150 W Higgins Road	Hoffman Estates	IL	60185	18.53	28	32.2
8-14	10 Sherman Hospital Dialysis Center	934 N Center Street	Elgin	IL	60120	18	29	33.35
7-31	11 DSt Buffalo Grove	1291 W Dundee Road	Buffalo Grove	IL	60089	20.12	33	37.95
7-21	12 FMC - North Central Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008	22.34	34	39.1
8-8	13 FMC - Antioch	311 W Depot Street	Antioch	IL	60002	22.27	36	41.4
8-5	14 Lake County Dialysis Services	918 S Milwaukee Avenue	Libertyville	IL	60048	20.64	38	43.7
8-15	15 Tri-Cities Dialysis	306 Randall Road	Geneva	IL	60134	26.35	38	43.7
7-32	16 DSI - Schaumburg	1156 S Roselle Road	Schaumburg	IL	60193	24.33	39	44.85
7-9	17 FMC - Elk Grove Dialysis Center	901 Biesterfield Road	Elk Grove Village	IL	60007	27.15	40	46
7-30	18 DSI - Arlington Heights	17 W Golf Road	Arlington Heights	IL	60006	24.93	40	46
8-2	19 FMC - Gurnee	101 S Greenleaf Avenue	Gurnee	IL	60031	26.49	40	46
8-3	20 FMC Lake Bluff	101 Waukegan Road	Lake Bluff	IL	60044	28.39	41	47.15
7-50	21 FMC-West Chicago	1859 Neilnor Blvd	West Chicago	IL	60185	27.74	41	47.15
7-51	22 FMC - Deerfield	405 Lake Cook Road	Deerfield	IL	60015	27.11	42	48.3
8-1	23 Waukegan Dialysis Center	1616 N Grand Avenue	Waukegan	IL	60085	29.36	49	56.35
7-11	24 FMC - Glenview Dialysis Center	4248 Commercial Way	Glenview	IL	60025	30.66	49	56.35
8-4	26 Highland Park Hospital	718 Glenview Avenue	Highland Park	IL	60035	29.07	50	57.5
7-23	25 Lutheran General - Neomedica	9371 N. Milwaukee Avenue	Niles	IL	60714	32.86	54	62.1
Indicates that travel time exceeds 45 minutes with HFSRB adjustment								
SOURCES: MapQuest								

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Quality Renal Care LLC
Peritoneal Dialysis Services

June 15, 2010

Kelly B. Ladd

Group Director DaVita, Inc.
Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647

Dear Ms. Ladd,

Quality Renal Care, LLC cannot respond affirmatively or in any positive manner to the letter sent from DaVita to our facility dated June 8, 2010. Please clearly define "a slightly larger facility" and "within a short distance from the existing location". These terms are not specific enough for Quality Renal Care to draft an appropriate response.

The Quality Renal Care, Maringo facility continues to be underutilized. We are unable to support any actions that would increase the number of outpatient hemodialysis stations in the surrounding area.

Respectfully yours,

Beth Girard, RN BSN CNN
Facility Administrator

Quality Renal Care, LLC
Nazir Ahmad M.D., Medical Director
2203 Randall Road
Carpentersville, IL 60110
847-426-6456
fax 847-426-4795
911 Greenlee Street- Suite B
Maringo, IL 60152
815-568-5800
fax 815-568-5900

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June 25, 2010

**Beth Girard, RN, BSN, CNN
Facility Administrator
Quality Renal Care, LLC
2203 Randall Road
Carpentersville, IL 60110**

Sent to FAX 847/426-4795 and 815/568-5900

Dear Ms. Girard:

DaVita Inc. and its subsidiary Total Renal Care Inc. propose to relocate Crystal Lake Dialysis Center from its current location at 4900 S. Ill. Route 31 to 720 Cog Circle in Crystal Lake (60014.) The six-station facility will be expanded to twelve stations to maximize efficiency of operations.

An analysis of Map Quest data indicates that the proposed site near U.S. Hwy 14 is only approximately *2.66 miles and 5 minutes directly south of the current site!*

We trust that this information satisfies your need for further information.

Thank you in advance for your reply to our request.

Sincerely,



**Della M. Wozniak
President**

ATTACHMENT 10(3)

Page 4 of 10

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ARA
CRYSTAL LAKE DIALYSIS LLC

June 11, 2010

Kelly B. Ladd
Group Director
DaVita Inc.
2659 N. Milwaukee Avenue
Chicago, IL 60647

Dear Kelly:

ARA-Crystal Lake and ARA-South Barrington would like to provide an impact statement regarding your intention to relocate your current facility at 4900 S. Route 31 in Crystal Lake.

In order for us to provide an impact statement it is necessary that we have additional information. We will need to know the exact address Davita is intending to relocate the new Crystal Lake facility to.

Over the past five years Dr Zahid has admitted patients to both Sherman Hospital and the Crystal Lake Ambutal. He also admits to the Fresenius clinic in McHenry. He admits more patients to the Fresenius clinic in McHenry then the Ambutal due to the location.

Our relationship with Davita has been a good one over the years and it is our hope to continue with this relationship. At one time Fresenius was doing acute treatments for us at Northern Illinois Medical Center as well as Woodstock Memorial. They did not provide the service we required and as a result Davita now takes care of the acute treatments at these hospitals.

We are in hopes that your intention to relocate would be closer to Northern Illinois Medical Center. This would allow for continuity of care between the acute patients and the chronic patients. This also creates a more ideal situation for placement of Dr. Zahids patients in your new facility if it were to relocate closer to Northern Illinois Medical Center.

We appreciate your cooperation and thank you in advance for providing the necessary information.

Sincerely,



Marie Lascio RN, CNN
Area Facility Manager
ARA-Crystal Lake/ARA-South Barrington

ATTACHMENT 10(3)
Page 5 of 10

DMW

Healthcare Management and Marketing

June 16, 2010

Marie Lascio, RN, CNN
Area Facility Manager
ARA Crystal Lake Dialysis, LLC
6298 Northwest Hwy, Suite 300
Crystal Lake, IL 60014-7933

Sent to FAX 815/477-0827

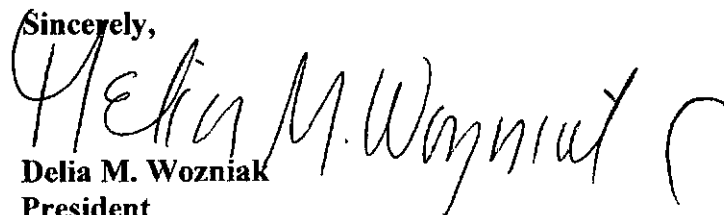
Dear Ms. Lascio:

Please be advised that DaVita Inc. and its subsidiary Total Renal Care Inc. propose to relocate the Crystal Lake dialysis facility from its current location at 4100 S. Ill Route 31 to 720 Cog Circle in Crystal Lake (60014.) An analysis of Map Quest data indicates that the proposed site near U.S. Hwy 14 is approximately 3.65 miles and 6 minutes directly south of the current site.

We appreciate your request for further information. We trust that this information assists you in determining the impact of the discontinuation on access to services in the area.

Thank you in advance for your reply to our request.

Sincerely,



Delia M. Wozniak
President

ATTACHMENT 10(3)
Page 6 of 10

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June 25, 2010

Marie Lascio, RN, CNN
Area Facility Manager
ARA Crystal Lake Dialysis, LLC
6298 Northwest Hwy, Suite 300
Crystal Lake, IL 60014-7933

Sent to FAX 815/477-0827

Dear Ms. Lascio:

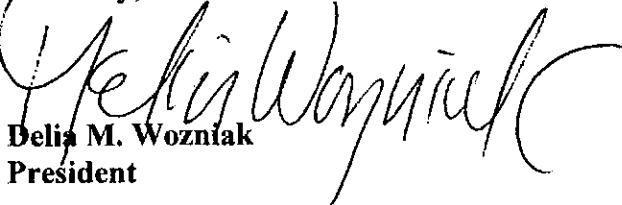
In our June 16th letter we mistakenly identified the *current* address of Crystal Lake Dialysis Center as "4100" S. Ill. Route 31 in Crystal Lake. As you may know, the correct current address is "4900" S. Illinois Route 31 in Crystal Lake.

Therefore, please be advised that DaVita Inc. and its subsidiary Total Renal Care Inc. propose to relocate the Crystal Lake dialysis facility from its current location at 4900 S. Ill. Route 31 to 720 Cog Circle in Crystal Lake (60014.) An analysis of Map Quest data indicates that the proposed site near U.S. Hwy 14 is only approximately *2.66 miles and 5 minutes directly south of the current site!*

We apologize for the error and appreciate your request for further information.

Thank you in advance for your reply to our request.

Sincerely,



Delia M. Wozniak
President

ATTACHMENT 10(3)
Page 7 of 10

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MAPQUEST.

Notes







Time and Distance between the existing location of Crystal Lake Dialysis Center and proposed location of expanded Crystal Springs Dialysis

Trip to 720 Cog Cir

Crystal Lake, IL 60014

2.66 miles - about 5 minutes

A 4900 S II Route 31, Crystal Lake, IL 60012-3784

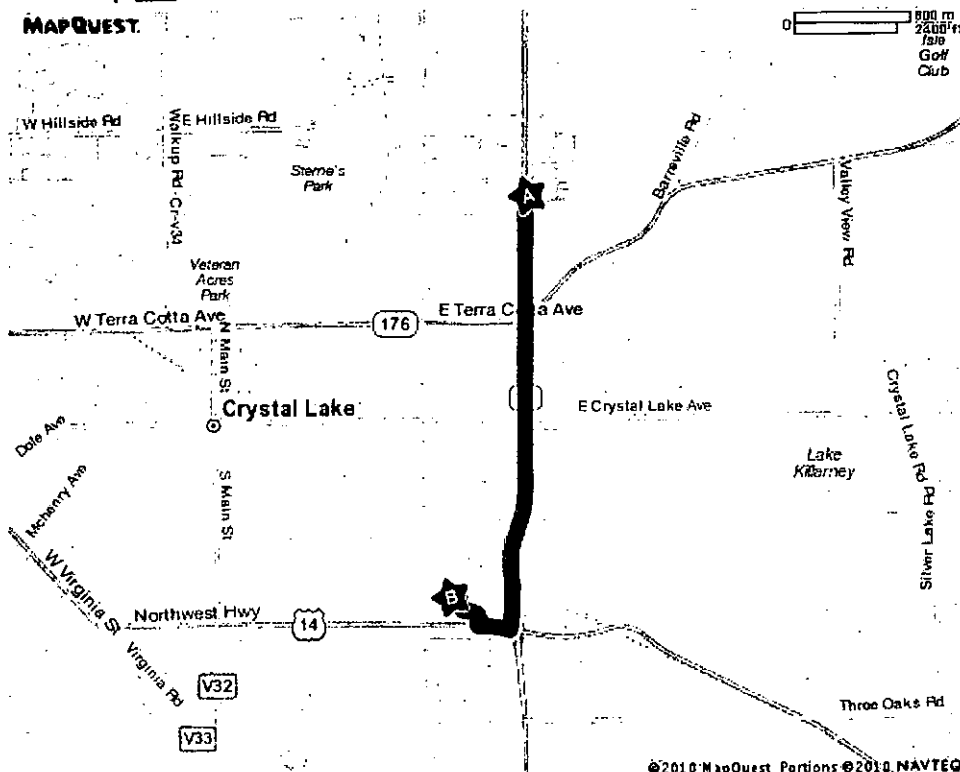
-  1. Start out going SOUTH on IL-31 S toward RIVER BIRCH BLVD. go 2.0 mi
-  2. Take the US-14 ramp. go 0.2 mi
-   3. Turn RIGHT onto US-14 / NORTHWEST HWY. [Map](#) go 0.2 mi
-  4. Turn RIGHT onto COG CIR. go 0.3 mi
-  5. 720 COG CIR is on the RIGHT. go 0.0 mi

B 720 Cog Cir, Crystal Lake, IL 60014

Total Travel Estimate : 2.66 miles - about 5 minutes

Route Map [Hide](#)

MAPQUEST.



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Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

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Tri-Cities DIALYSIS

June 14, 2010

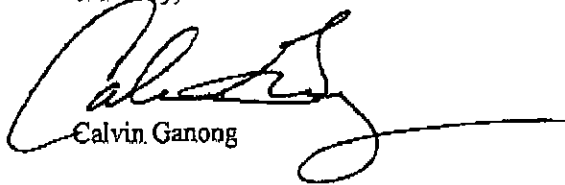
DaVita Inc.
Heartland Region I
Attn: Kelly B. Ladd
2659 N. Milwaukee Avenue
Chicago, IL 60647

Dear Ms. Ladd:

On June 8th, 2010 you sent a letter requesting a response to the proposed relocation of the dialysis unit located in Crystal Lake. In order to respond to your request, we would like you to provide us with the precise address of the new location. Upon receiving this information, we will make a determination and send a letter of response.

If you have any questions, please contact me at (630) 851-1206.

Sincerely,



Calvin Ganong

ATTACHMENT 10(3)
Page 9 of 10

June 16, 2010

**Calvin Ganong
Tri-Cities Dialysis
306 Randall Road
Geneva, Illinois 60134**

Sent to FAX 630/232-1756

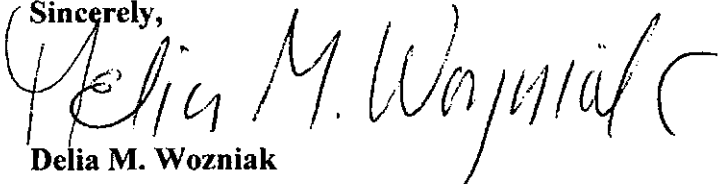
Dear Mr. Ganong:

Please be advised that the Crystal Lake Dialysis facility would be relocated directly south of its current location to 720 Cog Circle in Crystal Lake (60014.) An analysis of MapQuest data indicates that the proposed site near U.S. Hwy 14 is approximately 3.65 miles and 6 minutes from the current site at 4100 S. Ill Route 31.

We appreciate your request for further information and trust that this information is helpful for your determination of the impact of the discontinuation of the current facility.

Thank you in advance for your reply to our request.

Sincerely,



**Delia M. Wozniak
President**

**ATTACHMENT 10(3)
Page 10 of 10**

BACKGROUND OF APPLICANT

- 1 & 2. **DaVita Inc. and Total Renal Care Inc. d/b/a Crystal Springs Dialysis are fit, willing and able and have the qualifications background and character to adequately provide a proper standard of care.**

The physicians who will be providing the medical care services at Crystal Springs Dialysis are as follows:

**Karol E. Rosner, M.D. (Medical Director)
Bindu Pavithran, M.D.
Sumit Bector, M.D.**

Please refer to Appendix 3 for their credentials.

Refer to Appendix 4 for facilities owned or operated by DaVita Inc. and its operating entities in January 2010. The list includes the Medicare and Medicaid provider numbers for each of these facilities. Illinois facilities are listed in Attachment 11(1.)

As Crystal Lake Dialysis Center is an existing facility please refer to Appendix 5 for most recent IDPH surveys and plans of correction.

Please refer to Attachment 11(2) for information on Crystal Lake Dialysis Center Medicare and Medicaid provider numbers.

3. **No adverse action has been taken against DaVita or Total Renal Care within three years preceding the filing of this Certificate of Need application. Refer to Attachment 11(3).**
4. **Attachment 11(3) also authorizes the State Board and its Agencies access to information in order to verify any documentation or information necessary and pertinent to this subsection.**

ATTACHMENT 11

DAVITA INC.

Dialysis Facilities in Illinois

January 2010

City, County, Center	Address	City	IL	ECOS-3109	14-2874	20164600001	Unit, Retail	Star Category Region
Chicago, DuPage, Center	112 N BOONVILLE ST	DUQUET	IL	60464-6115	14-2874	20164600001	Star Category Region 03, OPER	
Lincoln, DuPage, Center	7150 WEST 15TH ST BENTON	DUQUET	IL	60464-6115	14-2874	20164600002	Star Category Region 03, OPER	
Stony Creek, DuPage, Center	8115 S CICERO AVE	OAK LAWN	IL	60455-1895	14-2874	20164600003	Star Category Region 02, Chicago, OPER	
Chicago, DuPage, Center	1770 W 68TH ST	CHICAGO HEIGHTS	IL	60411-1713	14-2874	20164600004	Star Category Region 02, OPER	
Chicago, DuPage, Center	2220 DANFORTH DR	CHICAGO HEIGHTS	IL	60411-1713	14-2874	20164600005	Star Category Region 02, OPER	
Urbana, DuPage, Center	815 ST FRANCIS WAY	UTICHFIELD	IL	60966-1775	14-2874	20164600006	Star Category Region 02, OPER	
Urbana, DuPage, Center	901 W 68TH ST	TAM CARVILLE	IL	60488-1831	14-2874	20164600007	Star Category Region 02, OPER	
Urbana, DuPage, Center	2220 DANFORTH DR	CHICAGO	IL	60411-1713	14-2874	20164600008	Star Category Region 02, OPER	
Urbana, DuPage, Center	112 N BOONVILLE ST	CHICAGO	IL	60464-6115	14-2874	20164600009	Star Category Region 02, OPER	
Urbana, DuPage, Center	1800 JEFFERSON AVE	MOUNT VERNON	IL	62947-4300	14-2874	20164600010	Star Category Region 02, OPER	
Urbana, DuPage, Center	1000 W MCANILEY AVE	DECATUR	IL	62526-3208	14-2874	20164600011	Star Category Region 02, OPER	
Urbana, DuPage, Center	3700 N K. ROULET ST	LAKE VILLA	IL	60146-7332	14-2874	20164600012	Star Category Region 02, OPER	
Urbana, DuPage, Center	307 MATTHEW AVE	VANDALIA	IL	62477-2061	14-2874	20164600013	Star Category Region 02, OPER	
Urbana, DuPage, Center	295 S BUCHANAN ST	EDWARDSVILLE	IL	62526-3108	14-2874	20164600014	Star Category Region 02, OPER	
Urbana, DuPage, Center	501 WILLIAM B LATHAM DR DR	DOURBONNAS	IL	60814-1430	14-2874	20164600015	Star Category Region 02, OPER	
Urbana, DuPage, Center	5506 N CUMBERLAND AVE	CHICAGO	IL	60656-4702	14-2874	20164600016	Star Category Region 02, OPER	
Urbana, DuPage, Center	7425 JAMES AVE	WOODRIDGE	IL	60571-2368	14-2874	20164600017	Star Category Region 02, OPER	
Urbana, DuPage, Center	3511 COLLEGE AVE	ALTON	IL	60209-5009	14-2874	20164600018	Star Category Region 02, OPER	
Urbana, DuPage, Center	2130 WALKER DR	MARYVILLE	IL	60005-6430	14-2874	20164600019	Star Category Region 02, OPER	
Urbana, DuPage, Center	713 MAIN ST	PEORIA	IL	61601-1063	14-2874	20164600020	Star Category Region 02, OPER	
Urbana, DuPage, Center	7025 N BELMONT AVE	CHICAGO	IL	60632-6633	14-2874	20164600021	Star Category Region 02, OPER	
Urbana, DuPage, Center	4520 LINCOLN HWY	MATTESON	IL	60440-2318	14-2874	20164600022	Star Category Region 02, OPER	
Urbana, DuPage, Center	2325 W CERAMAK RD	CHICAGO	IL	60606-8411	14-2874	20164600023	Star Category Region 02, OPER	
Urbana, DuPage, Center	303 W 11TH ST	FANFIELD	IL	62871-2203	14-2874	20164600024	Star Category Region 02, OPER	
Urbana, DuPage, Center	3105 W MAIN ST	BELLEVIEW	IL	62226-4728	14-2874	20164600025	Star Category Region 02, OPER	
Urbana, DuPage, Center	627 ROXBURY RD	CHICAGO	IL	60606-8411	14-2874	20164600026	Star Category Region 02, OPER	
Urbana, DuPage, Center	1023 S SUNNYSIDE DR	PEEPERT	IL	61326-6914	14-2874	20164600027	Star Category Region 02, OPER	
Urbana, DuPage, Center	2600 MONTVALE DR	SPRINGFIELD	IL	62704-6376	14-2874	20164600028	Star Category Region 02, OPER	
Urbana, DuPage, Center	62 N RUTLEDGE ST	SPRINGFIELD	IL	62702-1724	14-2874	20164600029	Star Category Region 02, OPER	
Urbana, DuPage, Center	804 MEDICAL PARK DR	EFFRINGHAM	IL	62401-2165	14-2874	20164600030	Star Category Region 04, OPER	
Urbana, DuPage, Center	507 E UNIVERSITY AVE	CHANNING	IL	61805-3026	14-2874	20164600031	Star Category Region 02, Chicago, OPER	
Urbana, DuPage, Center	701 W 68TH ST	CHICAGO	IL	60606-8411	14-2874	20164600032	Star Category Region 02, Chicago, OPER	
Urbana, DuPage, Center	100 W 68TH ST	CHICAGO	IL	60606-8411	14-2874	20164600033	Star Category Region 02, Chicago, OPER	
Urbana, DuPage, Center	9 AMERICAN AVE	GRANITE CITY	IL	62043-3108	14-2874	20164600034	Star Category Region 02, OPER	
Urbana, DuPage, Center	2611 HALBERT ST	CHICAGO	IL	60612-2901	14-2874	20164600035	Star Category Region 02, OPER	
Urbana, DuPage, Center	2600 HUGO ST	STERLING	IL	61081-4902	14-2874	20164600036	Star Category Region 02, OPER	
Urbana, DuPage, Center	350 N ROCK CREEK AVE	ROCKFORD	IL	61102-2838	14-2874	20164600037	Star Category Region 02, OPER	
Urbana, DuPage, Center	3401 W 111TH ST	CHICAGO	IL	60655-3399	14-2874	20164600038	Star Category Region 02, OPER	
Urbana, DuPage, Center	112 SULLIVAN DRIVE	RUSHVILLE	IL	62681-1283	14-2874	20164600039	Star Category Region 02, OPER	
Urbana, DuPage, Center	1515 W WALNUT ST	JACKSONVILLE	IL	60950-1190	14-2874	20164600040	Star Category Region 02, OPER	
Urbana, DuPage, Center	231 STATE ROUTE 01	CENTRALIA	IL	62501-6738	14-2874	20164600041	Star Category Region 04, OPER	
Urbana, DuPage, Center	324 S 4TH ST	MARION	IL	62550-1243	14-2874	20164600042	Star Category Region 04, OPER	
Urbana, DuPage, Center	3157 N LINCOLN AVE	CHICAGO	IL	60633-5111	14-2874	20164600043	Star Category Region 02, Chicago, OPER	
Urbana, DuPage, Center	1101 N GALENA AVE	DUQUET	IL	60411-1713	14-2874	20164600044	Star Category Region 02, OPER	
Urbana, DuPage, Center	200 RICHMOND AVE E	MATTISON	IL	61326-6914	14-2874	20164600045	Star Category Region 04, OPER	
Urbana, DuPage, Center	2201 GROSS LORIE RD	SAUGET	IL	62550-1243	14-2874	20164600046	Star Category Region 02, OPER	
Urbana, DuPage, Center	304 E WOOD ST	DECATUR	IL	62526-3108	14-2874	20164600047	Star Category Region 02, OPER	

From: Amy Every
Sent: Tue 6/22/2010 1:38 PM
To: Margaret Enger
Subject: RE: Question about Medicare & Medicaid Provider #'s for Crystal Springs Dialysis #5550 - Sherman Acq

Good afternoon,

The Medicare and Medicaid provider numbers will not be assigned until I apply for them. That will not happen until the deal closes. We are acquiring the hospital's Medicare number, but it will change because this facility is classified as a hospital based satellite ESRD facility. CMS will assign a new provider # to us, because we will be a free-standing ESRD facility. For the Medicaid #, we will not acquire that #, because Sherman Hospital uses their Medicaid # for services billed. Therefore, I cannot apply for a new Medicaid # until CMS assigns our new Medicare #. Hope this makes sense. If you have any further questions, please feel free to contact me anytime.

ATTACHMENT 11(2)



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

June 8, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate Of Need to Expand, Relocate and Rename Crystal Lake Dialysis Center

With regard to the above, this is to affirm that no "adverse action" has been taken against the co-applicant, DaVita Inc., within three (3) years preceding the filing of this Certificate of Need (CON). "Adverse Action" means any final action by any governmental agency or nationally recognized accredited body which is adverse to the co-applicant, DaVita Inc. These actions include, but are not limited to, any criminal conviction; any supervision, probation, suspension, revocation, termination or denial of a license or certificate or registration; in position of a conditional license; termination or suspension from participation in any program involving payment authorized under title XVIII "Medicare".

I also wish to indicate that the co-applicant, DaVita Inc., is fit, willing, and able and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. Further, this letter authorizes the State Board and Agency access to information in order to verify any documentation or information submitted with respect to the above Certificate of Need.

Sincerely,

Kent J. Thiry
Chairman and CEO
DaVita Inc.

ATTACHMENT 11(3)
Page 1 of 2



Heartland Region 1
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

June 8, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate Of Need to Expand, Relocate and Rename Crystal Lake Dialysis Center

With regard to the above, this is to affirm that no "adverse action" has been taken against the co-applicant, Total Renal Care Inc., within three (3) years preceding the filing of this Certificate of Need (CON). "Adverse Action" means any final action by any governmental agency or nationally recognized accredited body which is adverse to the co-applicant, Total Renal Care Inc. These actions include, but are not limited to, any criminal conviction; any supervision, probation, suspension, revocation, termination or denial of a license or certificate or registration; in position of a conditional license; termination or suspension from participation in any program involving payment authorized under title XVIII "Medicare".

I also wish to indicate that the co-applicant, Total Renal Care Inc., is fit, willing, and able and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. Further, this letter authorizes the State Board and Agency access to information in order to verify any documentation or information submitted with respect to the above Certificate of Need.

Sincerely,

Kent J. Thiry
Chairman and CEO
DaVita Inc.

ATTACHMENT 11(3)
Page 2 of 2

PURPOSE OF THE PROJECT

DaVita Inc. and Total Renal Care need to discontinue Crystal Lake Dialysis Center's 6-station facility at 4900 S. Route 31 in Crystal Lake (60012) as the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility and wish to add (6) six stations. The new 12-station facility at 720 Cog Circle in Crystal Lake (60014) would be renamed Crystal Springs Dialysis

The purpose of the project is to improve access to modern, high-quality in-center hemodialysis services for the facility's current and proposed patients. In addition, the project would improve the distribution of services in the market and planning areas.

Current Conditions

The loss of the existing lease at the Sherman site gives DaVita an opportunity to provide more modern, expanded services. The current facility is located in only 1,191 gross square feet (gsf). The space is severely inadequate to support a 6-station facility (see lease in Attachment 10.) Physicians, patients and staff describe the facility as a "closet." The State Board standard of 470 gsf per station indicates that the facility is seriously undersized, as follows: 1,191 gsf / 470 gsf per station = 2.5 stations! These severe space limitations allow the facility to operate only five (5) of its six (6) stations in very cramped space.

Due to physician and patient support, the facility managed to provide care to upwards of 26 patients in 2008, a remarkable 87% occupancy based on the five (5) stations in operation. However, in recent years larger and more modern facilities have opened in the area and the facility has lost utilization. The facility served 21 patients (70% occupancy) on February 2010 and provided 3,187 treatments in the 12-month period 3/1/09 to 2/1/10 (see Attachment 12(1) for historic utilization.)

Relocation and Expansion Ensures Continued, Timely Access to Care in the Area

The following evidence documents the need to relocate and expand the facility to ensure timely access to high-quality, modern dialysis services both in the market area and planning area:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (85%) occupancy of dialysis stations currently operating in the market area;
- (3) Service to Planning Area 8 Kane-Lake-McHenry (KLM) residents;
- (4) Growing patient population in the market area;
- (5) High ratio of population per dialysis station in the market area; and
- (6) Low impact on other facilities in the market area.

Substantial Historical and Projected Referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 potential patient referrals to support the new Crystal Springs Dialysis. Patient referrals include 24 transfer patients and 93 pre-renal patients. Thirteen (13) of the transfer patients are from the current facility which must be discontinued; five (5) patients are from ARA – Crystal Lake, 94% utilized in June 2010; and six (6) patients are from QRC – Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).) The physicians identify patients by initials and zip code of residence and include pre-renal patients' lab results to provide a basis for projecting the need for dialysis when the facility opens in late 2013. Physicians verify that patient referrals have not been used to support any other pending or approved CON application and verify that the information is true and correct (see letters of referral in Attachment 26C(1).)

Based in part on projected referrals, Crystal Springs would serve 58 patients by the end of the second year reaching 80% occupancy (see facility projected utilization in Attachment 12(2).) Crystal Spring utilization projections are conservative based on the referring physicians' historical referrals and patient caseloads (see attachments to referral letters in Attachment 26C(1).) In 2009 Drs. Rosner and Pavithran referred 36 new patients to area facilities. These referrals are identified by the patients' residential zip code and the name of the recipient facilities.

Similarly, physicians' historic caseloads indicate that the facility's projected utilization is conservative. In the last year Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. While Dr. Pavithran's practice is new, she already has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. To support this continued growth, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D.

Crystal Springs' utilization projections are further discounted by 14% per year for patient mortality and transplantation.

High Occupancy of Dialysis Stations Operating in the Market Area

The facility serves over 800,000 people living within 30 minutes of the proposed site (see Attachment 12(3) for U.S. Census population data for the year 2000.) Six (6) other facilities served this large population in June 2010 (refer again to Attachment 12(3) for utilization data and a list and map of facility locations.) In June 2010 these facilities served 367 patients in 72 stations, 85% occupancy. Another 27 stations were not yet in operation, as follows: two (2) new, 12-station facilities (FMC – Elgin and Barrington Creek Dialysis) and ARA – Barrington's three (3) additional stations. However these facilities are each supported by different physicians with separate and distinct referrals! Again, the referring physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Service to Planning Area 8 Kane-Lake-McHenry (KLM) County Residents

Crystal Springs Dialysis will continue to serve patients in Planning Area, Kane-Lake-McHenry (KLM) Counties. Currently all 21 patients are from the planning area (Of the 117 patient referrals 114 (97.4%) patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties. Only the three (3) patients from zip code 60120 (east Elgin) live outside the planning area in DuPage County (refer back to Attachment 12(4) for current and projected patient origin.)

Growing Patient Referrals in the Market Area

In-center hemodialysis utilization increases each year in the market area, an area within 30 minutes travel time of the proposed facility (see Attachment 12(5).) Between January 2007 and June 2010 the number of dialysis patients has grown from 322 patients to 367 patients, as follows:

Annual Growth in In-Center Hemodialysis Patients in Market Area

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Patients	322	332	352	367
Percent Increase		3.1%	6.0%	8.5%

SOURCE: Number of patients is from The Renal Network.

NOTE: Data for 2010 are annualized from six month's data.

High Ratio of Population per Dialysis Station in the Market Area

Data on the ratio of people per dialysis station emphasize the need for additional stations in the market area to ensure timely access to care (see Attachment 12(6).) When the 27 approved stations become operational, the market area's 2000 population of 809,084 will be served by 105 dialysis stations, a ratio of 7,706 people per dialysis station. Comparison of this ratio to Illinois data indicates that the market area has over twice as many people per station than Illinois. The state has a ratio of only 3,667 people per station. Similarly, there are 50% more people per station in the market area than in Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Crystal Springs Dialysis to relocate and add stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Crystal Springs Dialysis will not impact other facilities. Physicians identify 117 patient referrals, 24 transfer patients and 93 pre-renal patients. The transfer patients include thirteen (13) patients from the discontinued facility; five (5) patients from ARA – Crystal Lake, 94% utilized in June 2010; and six (6) patients from QRC – Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).)

DaVita will continue to provide a high quality of care. Its patient outcomes significantly exceed HFSRB standards. See Attachment 12(7) for recent patient outcomes in DaVita's 15 Chicago-area facilities which document DaVita's high quality of care as follows:

91.64% of DaVita's patients had URRs of 65% or higher vs. the HFSRB standard of at least 85% & 94.98% of DaVita's patients had a Kt/V Dauridgas II.1.2 vs. the HFSRB standard of 85%.

Mortality and transplantation data for DaVita's Chicago-area facilities are in Attachment 12(8.) The data, by facility, show an average mortality of 12.0% in 2009. Transplantation rates averaged around 3.3% compared to the national transplant rate of 4.5%.

In conclusion the project enables DaVita to provide patients with high-quality care in modern facilities. The relocation and expansion would ensure timely access to services; serve a large and growing number of patients in the planning area; reach appropriate utilization; improve the distribution of services in the planning area; and not impact other dialysis facilities.

CRYSTAL LAKE DIALYSIS CENTER

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	3,396	22
2008	3,218	26
2009	3,114	20

MOST RECENT MONTHLY UTILIZATION

March 2009 – February 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
March	271	22
April	265	21
May	246	20
June	281	23
July	310	23
August	276	23
September	304	24
October	277	25
November	250	22
December	252	20
January	250	21
February	205	21
Total	3,187	21

SOURCES:

Crystal Lake Dialysis Center.

NOTES:

Number of patients is for the last day of the reporting period.

ATTACHMENT 12(1)

CRYSTAL SPRINGS DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2011 - 2013**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2011	12	3,098	28
2012	12	6,315	58
2013	12	9,006	67

SOURCES: See notarized physician Letter of Referral in Attachment 26C(1).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
1	16	191	30	359	59	706	67	801	70	837	1
2	17	203	33	395	60	718	67	801	70	837	2
3	18	215	35	419	60	718	67	801	70	837	3
4	19	227	38	454	61	730	68	813	70	837	4
5	20	239	40	478	62	742	68	813	71	849	5
6	21	251	43	514	62	742	68	813	71	849	6
7	22	263	45	538	63	753	69	825	71	849	7
8	23	275	48	574	64	765	69	825	71	849	8
9	24	287	50	598	64	765	69	825	72	861	9
10	25	299	53	634	65	777	70	837	72	861	10
11	26	311	55	658	66	789	70	837	72	861	11
12	28	335	58	694	67	801	70	837	72	861	12
Total		3,098		6,315		9,006		9,831		10,190	78

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service	
Beginning Patients	16
Less 14.0% Mortality	2
Ending Patients	28
Net New Patients	14

Beginning Patients	70
Less 14.0% Mortality	10
Ending Patients	72
Net New Patients	12

84

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
CRYSTAL SPRINGS DIALYSIS**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Businesses (1)</u>	<u>Distance</u>
60012	CRYSTAL LAKE	IL	MCHENRY	9,919	327	0
60014	CRYSTAL LAKE	IL	MCHENRY	44,468	2,196	3
60050	MCHENRY	IL	MCHENRY	47,813	2,008	5.2
60013	CARY	IL	MCHENRY	24,226	899	5.3
60042	ISLAND LAKE	IL	LAKE	8,877	239	5.6
60021	FOX RIVER GROVE	IL	MCHENRY	5,877	204	7
60102	ALGONQUIN	IL	MCHENRY	47,985	905	7.5
60098	WOODSTOCK	IL	MCHENRY	27,526	1,508	7.5
60097	WONDER LAKE	IL	MCHENRY	10,434	198	8.6
60084	WAUCONDA	IL	LAKE	13,061	796	9
60072	RINGWOOD	IL	MCHENRY	348	60	9.2
60142	HUNTLEY	IL	MCHENRY	7,891	499	9.4
60110	CARPENTERSVILLE	IL	KANE	32,145	468	10.5
60010	BARRINGTON	IL	LAKE	39,819	2,269	11
60041	INGLESIDE	IL	LAKE	9,286	256	11.1
60180	UNION	IL	MCHENRY	1,743	95	11.3
60020	FOX LAKE	IL	LAKE	6,457	368	11.4
60118	DUNDEE	IL	KANE	14,739	1,010	12
60136	GILBERTS	IL	KANE	1,459	131	12.3
60073	ROUND LAKE	IL	LAKE	39,115	884	12.8
60081	SPRING GROVE	IL	MCHENRY	8,321	334	12.9
60071	RICHMOND	IL	MCHENRY	2,905	266	13.6
60047	LAKE ZURICH	IL	LAKE	38,168	1,538	13.6
60034	HEBRON	IL	MCHENRY	1,896	101	15
60152	MARENGO	IL	MCHENRY	10,974	514	15
60192	HOFFMAN ESTATES	IL	COOK	1,775	69	15.2
60030	GRAYSLAKE	IL	LAKE	32,340	1,094	15.3
60060	MUNDELEIN	IL	LAKE	37,027	1,492	15.4
60140	HAMPSHIRE	IL	KANE	7,315	274	15.9
60123	ELGIN	IL	KANE	55,201	2,073	15.9
60120	ELGIN	IL	KANE	48,581	1,464	16
60067	PALATINE	IL	COOK	50,825	1,615	17
60074	PALATINE	IL	COOK	23,963	994	17.7
60033	HARVARD	IL	MCHENRY	13,269	572	18.6
60195	SCHAUMBURG	IL	COOK	29,924	1,204	18.8
60194	SCHAUMBURG	IL	COOK	41,366	1,087	19
60173	SCHAUMBURG	IL	COOK	12,046	2,273	20.2

Total population in radius =

809,084

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**Facilities within 30 Minutes Travel Time of
Crystal Springs Dialysis
720 Cog Circle, Crystal Lake, IL 60014**

2nd Quarter 2010 Utilization

Facilities Within 30 Minutes Adjusted Travel Time

MapQuest Map #	Facility Name	Address	City	Zip Code	Mileage	MapQuest Drive Time Minutes	15% Drive Time Adjustment	Capacity	IHPFB Inventory	8/30/2010 Pl. Census	8/30/2010 Utilization
1	ARA - Crystal Lake Dialysis Center	6298 Northwest Hwy	Crystal Lake	60014	1.77	3	3.45	84	9	61	84%
3	DaVita - Barrington Creek (denovo)	28160 W. Northwest Hwy	Lake Barrington	60014	7.08	12	13.8	72	12	0	0%
4	Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	60110	10.03	14	16.1	78	13	76	97%
2	FMC of McHenry	4312 W. Elm Street	McHenry	60050	9.31	16	18.4	72	12	46	64%
26	FMC - Elgin (denovo)	2130 Point Blvd.	Elgin	60123	13.16	19	20.7	72	12	0	0%
7	ARA - South Barrington Dialysis Center	33 W. Higgins Road	South Barrington	60070	15.87	24	27.6	84	14	51	61%
9	FMCNA - Neomedica - Hoffman Estates	3150 W. Higgins Road	Hoffman Estates	60186	16.74	28	29.9	102	17	112	110%
6	Quality Renal Care - Marenngo	910 Greenlee St.	Marenngo	60152	17.47	29		90	10	31	52%
Average Occupancy								684	98	387	62%
Average Occupancy of Stations In Operation *								432	72	387	85%

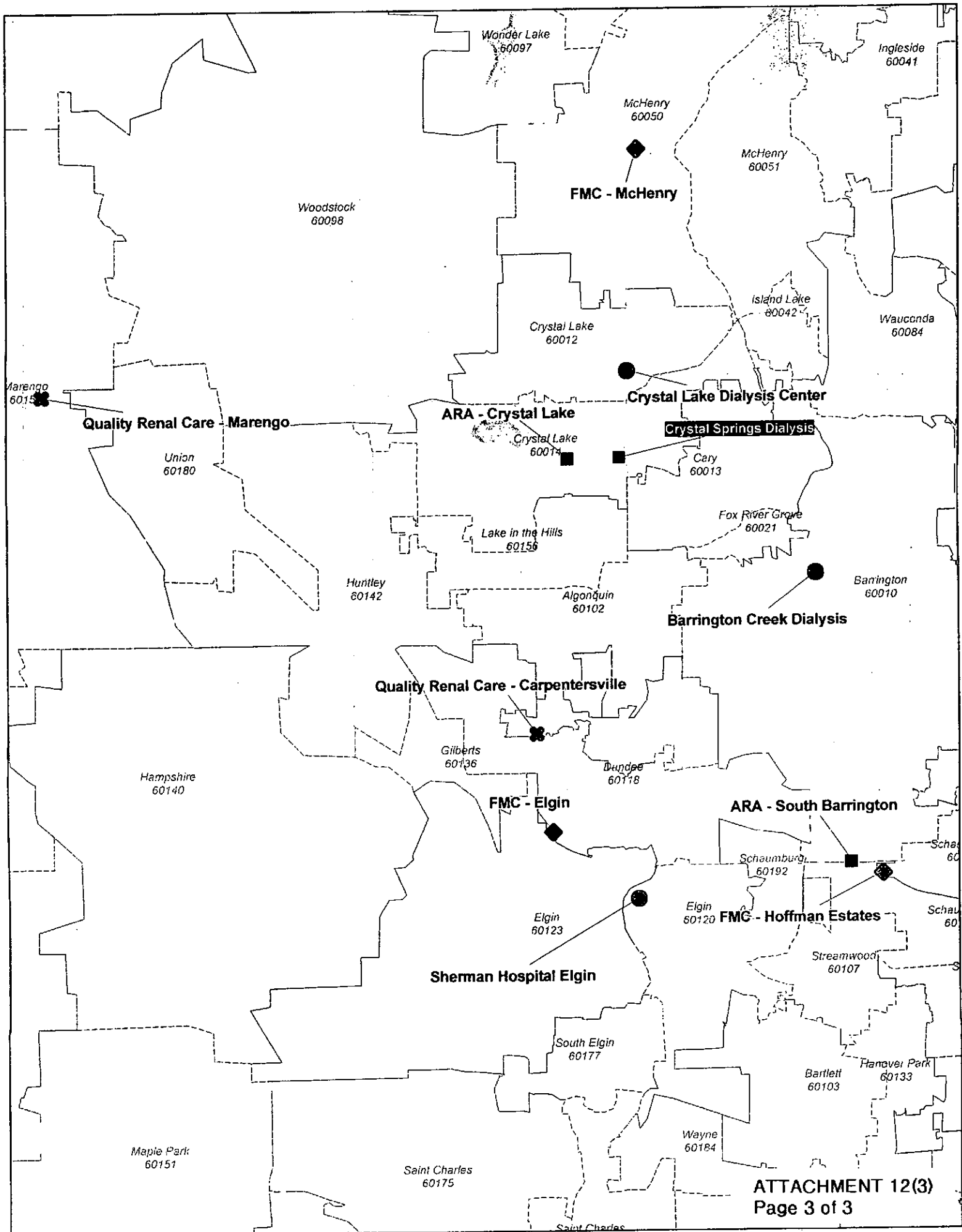
Facilities Over 30 Minutes Adjusted Travel Time

MapQuest Map #	Facility Name	Address	City	Zip Code	Mileage	MapQuest Drive Time Minutes	15% Drive Time Adjustment	Capacity	IHPFB Inventory	3/31/2010 Pl. Census	3/31/2010 Utilization
10	Sherman Hospital Dialysis Center	834 N. Center Street	Elgin	60120	14.17	27	31.05	84	14	58	69%
27	FMC - Palatine	605-891 E Dundee Road	Palatine	60074	16.49	27	31.05	72	12	0	0%
5	FMC - Neomedica - Round Lake	401 W. Nippewank	Round Lake	60073	17.67	29	33.35	96	18	86	89%
11	DSI - Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	60089	18.3	30	34.5	96	18	69	61%
12	FMC - Neomedica - Rolling Meadows	4180 Wilmetta Avenue	Rolling Meadows	60008	20.51	31	35.65	144	24	100	69%
8	Lake Villa Dialysis	37809 N. Illinois Route 89	Lake Villa	60046	18.71	32	36.8	72	12	33	46%
-18	DSI - Schaumburg	1166 S. Roselle Road	Schaumburg	60193	22.51	36	41.4	84	14	73	87%
16	Tri Cities Dialysis LLC	308 Randall Road	Geneva	60134	26.52	36	41.4	108	18	89	84%
18	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60005	22.81	37	42.55	108	18	61	56%
17	FMC - Elk Grove Dialysis Center	901 Bieslerfield Road	Elk Grove	60007	26.27	38	43.7	168	28	146	88%
21	FMC - West Chicago	1859 Neltner Blvd	West Chicago	60185	26.91	39	44.85	72	12	10	14%
22	FMC - Deerfield	405 Lake Cook Road	Deerfield	60015	25.29	39	44.85	72	12	9	13%
14	DaVita - Lake County Dialysis	918 S. Milwaukee Avenue	Libertyville	60048	22.08	41	47.15	96	18	73	76%
13	FMC - Antioch	311 Depot	Antioch	60002	25.01	41	47.15	72	12	55	76%
19	FMC - Neomedica - Gurnee	101 S. Greenleaf	Gurnee	60031	28.2	45	51.75	84	14	80	96%
24	FMC - Glenview Dialysis Center	4248 Commercial Way	Glenview	60025	28.84	46	52.9	120	20	96	79%
20	FMCNA - Lake Bluff	101 Waukegan Road	Lake Bluff	60044	28.1	46	52.9	96	18	75	78%
25	Highland Park Hospital Dialysis	718 Glenview Avenue	Highland Park	60035	26.92	48	55.2	120	20	94	78%
23	Waukegan Dialysis Center	1616 Grand Avenue	Waukegan	60085	31.06	53	60.95	132	22	94	71%
Average Occupancy								1896	316	1288	67%
Average Occupancy of Stations In Operation								1824	304	1288	70%

SOURCES: Patients: The Renal Network, Inc., 2010, 2nd Quarter data released July 1010.
Stations: IHPFB Inventory of Health Care Facilities, Updated 6/17/10.
Mileage and Drive Times: Map Quest. See Appendix 6 for documentation.

NOTES: Occupancy rates are calculated based on the IHPFB standard of 3 shifts per day and 6 days per week.
In 2010 27 stations are calculated from Crystal Springs Dialysis were not in operation: Two, new 12-station facilities (Barrington Creek & FMC-Elgin) and 3 stations at ARA-Barrington

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CRYSTAL LAKE DIALYSIS CENTER

PATIENT ORIGIN

Current Patients

June 25, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Crystal Lake	60012	3	15%
Cary	60013	5	25%
Crystal Lake	60014	6	30%
Lake Forest	60045	1	5%
Wonder Lake	60097	1	5%
Woodstock	60098	2	10%
Algonquin	60102	<u>2</u>	<u>10%</u>
Total		20	100%

Source: Crystal Lake Dialysis Center

Note: All current patients live in Planning Area 8, Kane-Lake-McHenry Counties.

CRYSTAL SPRINGS DIALYSIS

Patient Origin

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Crystal Lake	60014	22	18.8%
Woodstock	60098	20	17.1%
Huntley	60142	12	10.3%
McHenry	60050	10	8.5%
Lake in the Hills	60156	9	7.7%
Wonder Lake	60097	6	5.1%
Elgin	60123	4	3.4%
Cary	60013	3	2.6%
Fox Lake	60020	3	2.6%
Algonquin	60102	3	2.6%
Elgin *	60120 *	3 *	2.6%
Marengo	60152	3	2.6%
Crystal Lake	60012	2	1.8%
Harvard	60033	2	1.8%
McHenry	60051	2	1.8%
Round Lake	60084	2	1.8%
Elgin	60124	2	1.8%
Antioch	60002	1	0.9%
Barrington	60010	1	0.9%
Fox River Grove	60021	1	0.9%
Island Lake	60042	1	0.9%
Vernon Hills	60061	1	0.9%
Richmond	60071	1	0.9%
Gilberts	60136	1	0.9%
Hampshire	60140	1	0.9%
Union	60180	<u>1</u>	<u>0.9%</u>
TOTALS		117	100.0%

SOURCE: Physician letters of referral in Attachment 26C.

NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 patients (97.4%) live in the Planning Area, HSA 8 – Kane, Lake and McHenry Counties. Only the 3 patients from east Elgin (60120) are from DuPage County.

Percentages may not add due to rounding.

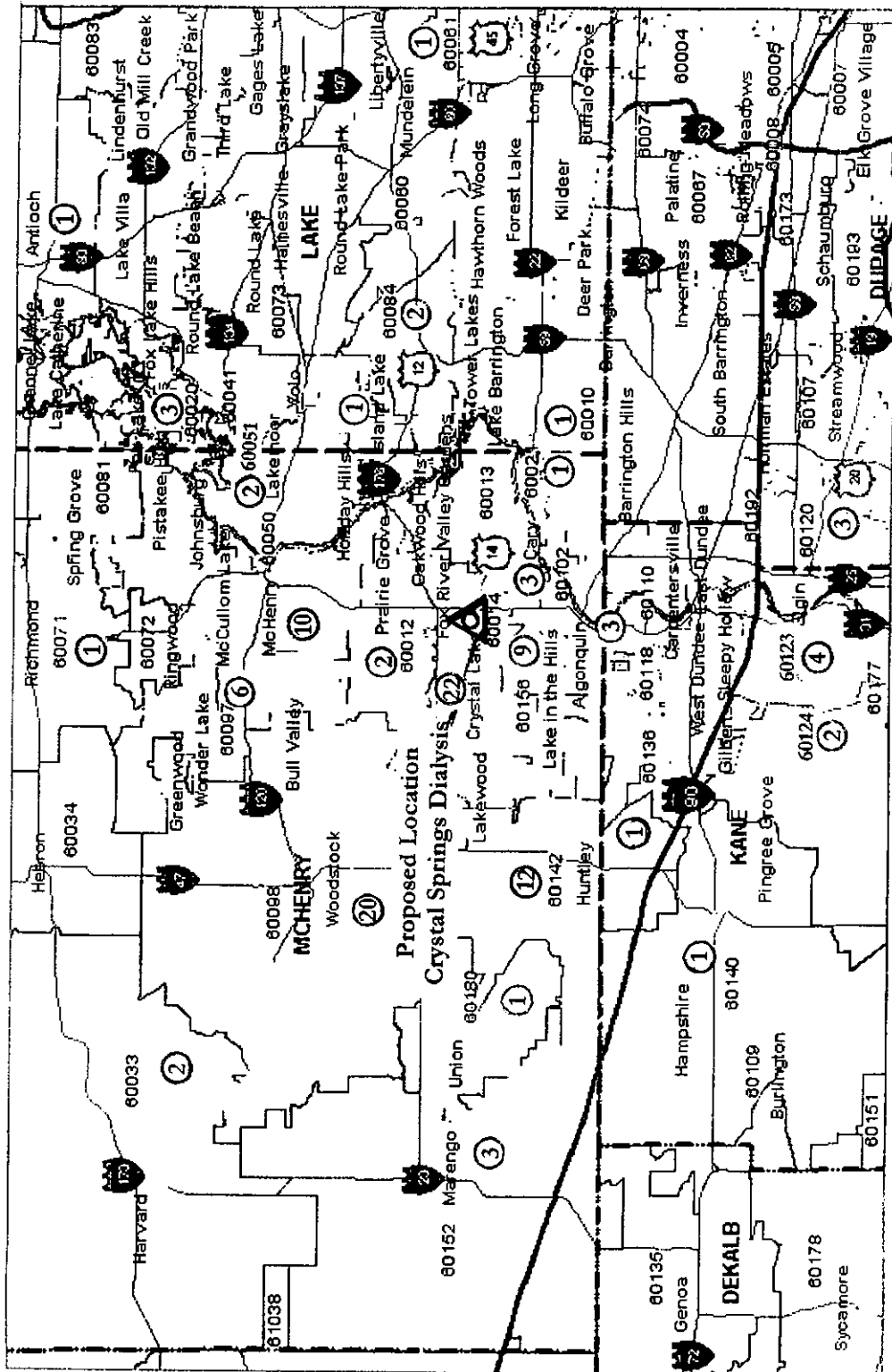
ATTACHMENT 12(4)

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CRYSTAL SPRINGS DIALYSIS

PATIENT ORIGIN



SOURCE: Physician letters of referral in Attachment 26C.
 NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 (97.4%) live in the Planning Area, HSA 8 – Kane, Lake and McHenry Counties.

**Facilities within 30 Minutes Travel Time of
Crystal Springs Dialysis
720 Cog Circle, Crystal Lake, IL 60014**

**UTILIZATION TRENDS
2007 - 2010**

<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>IHPFB Inventory</u>	<u>12/31/2007 Pt. Census</u>	<u>12/31/2008 Pt. Census</u>	<u>12/31/2009 Pt. Census</u>	<u>6/30/2010 Pt. Census</u>
Sherman Family Health - Crystal Lake	4900 S. Route 31	Crystal Lake	6	22	26		
ARA - Crystal Lake Dialysis Center	6298 Northwest Hwy	Crystal Lake	9	45	42	51	51
DaVita - Barrington Creek (denovo)	28160 W. Northwest Hwy	Lake Barrington	12	0	0	0	0
Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	13	68	76	76	76
FMC of McHenry	4312 W. Elm Street	McHenry	12	22	32	46	46
FMC - Elgin (denovo)	2130 Point Blvd.	Elgin	12	0	0	0	0
ARA - South Barrington Dialysis Center	33 W. Higgins Road	South Barrington	14	51	38	36	51
FMCNA - Neomedica - Hoffman Estates	3150 W. Higgins Road	Hoffman Estates	17	82	94	112	112
Quality Renal Care - Marengo	910 Greenlee St.	Marengo	10	32	24	31	31
TOTALS			105	322	332	352	367
Annual Percent Increase					3.10%	6.00%	8.50%

SOURCES: Patients: The Renal Network, Inc.
Stations: IHFSRB Inventory of Health Care Facilities, Updated 6/17/10.
Mileage and Drive Times: Map Quest. See Appendix 6 for documentation.

NOTES: Occupancy rates are calculated based on the IHPFB standard of 3 shifts per day and 6 days per week.

In 2010, 27 stations 30 minutes from Crystal Springs Dialysis were not in operation: Two, new 12-station facilities (Barrington Creek & FMC - Elgin) and 3 stations at ARA - Barrington!

Percent increase between 2009 and 2010 is annualized from six-month's data.

**RATIO OF POPULATION TO STATIONS
CRYSTAL SPRINGS DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,481	3,667 people/station
Planning Area 8 (KLM) Kane, Lake & McHenry Counties	1,500,000	292	5,137 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Crystal Springs Dialysis	<u>Year 2000 Population</u>		
	809,084	105	7,706 people/station
Current stations in 30 - minute area		105	7,706 people/station
Proposed stations in 30- minute area (+6)		111	7,289 people/station

SOURCES: (1) 2005 population for Illinois and Planning Area 8 is from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

2000 population for the target area within 30 minutes adjusted travel time of Crystal Springs Dialysis is from the U.S. Bureau of the Census, 2000. See Attachment 12(1), Page 1.

(2) Number of stations is from IHFSRB Inventory, Updated 6/17/10.

DaVita Chicago Area Facilities
 Clinical Outcomes Review
 April 2009 to March 2010

Adequacy of Dialysis

This facility will be able to demonstrate the ability to provide adequate dialysis with Urea Reduction Ration (URR) greater than 65% in at least 85% of patients. This data is a compilation of clinical outcomes data from 15 facilities in the Chicago area. They are Logan Square Dialysis, Lake County Dialysis, Lincoln Park Dialysis, Children's Dialysis, Emerald Kidney Center, Olympia Fields Dialysis Center, Chicago Heights Renal Care, Stony Creek Dialysis, Beverly Dialysis, Montclare Dialysis, Mt. Greenwood Dialysis, Lake Villa Dialysis, Little Village Dialysis, Kankakee County Dialysis and Big Oaks Dialysis (partial year report – Dec 2009 through March 2010).

Month	Percent of patients with URR>65%	Percent of patients with KT/V Daugirdas II.1.2
April 2009	90.93%	93.74%
May 2009	92.42%	95.46%
June 2009	92.65%	95.39%
July 2009	91.62%	94.66%
August 2009	91.79%	95.31%
September 2009	92.77%	95.61%
October 2009	92.42%	95.30%
November 2009	91.52%	95.03%
December 2009	90.54%	94.46%
January 2010	89.09%	93.28%
February 2010	91.93%	95.56%
March 2010	91.99%	95.96%
Average	91.64%	94.98%

Davita - Chicago Region
Mortality Rate, By Facility

2009

Facility Name/Number	Pts Beg Year	Started 1st Time	Restarted	Transferred In	Ret'd After Transplant	Total Pts	Deaths	Mortality %
Logan Square - 311	110	26	0	12	0	148	15	10.14%
Lake County - 312	63	26	1	23	1	114	16	14.04%
Lincoln Park - 314	113	22	1	25	1	162	20	12.35%
Children's - 319	17	11	0	1	1	30	0	0.00%
Emerald - 321	122	20	0	20	1	163	14	8.59%
Olympia Fields - 322	108	28	1	11	1	149	21	14.09%
Chicago Heights - 1608	94	15	2	12	1	124	22	17.74%
Stony Creek - 1784	61	23	3	14	1	102	15	14.71%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	10	9.26%
Mt. Greenwood - 2118	70	25	1	14	1	111	13	11.71%
Lake Villa - 2119	30	12	0	6	0	48	8	16.67%
Little Village - 2133	71	28	0	13	0	112	11	9.82%
Kankakee County - 2147	26	14	0	2	1	43	10	23.26%
Big Oaks - 4362						0		#DIV/0! Not Open
TOTAL	1016	278	10	178	12	1494	179	11.98%

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**DaVita - Chicago Region
Transplantation, By Facility**

2009

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	110	26	0	12	0	148	5	3.38%
Lake County - 312	63	26	1	23	1	114	6	5.26%
Lincoln Park - 314	113	22	1	25	1	162	5	3.09%
Children's - 319	17	11	0	1	1	30	5	16.67%
Emerald - 321	122	20	2	20	1	165	3	1.82%
Olympia Fields - 322	108	28	1	11	1	149	6	4.03%
Chicago Heights - 1608	94	15	2	12	1	124	3	2.42%
Stony Creek - 1784	61	23	3	14	1	102	1	0.98%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	2	1.85%
Mt. Greenwood - 2118	70	25	1	14	1	111	5	4.50%
Lake Villa - 2119	30	12	0	6	0	48	0	0.00%
Little Village - 2133	71	28	0	13	0	112	4	3.57%
Kankakee County - 2147	26	14	0	2	1	43	1	2.33%
Big Oaks - 4362	0	0	0	1	0	1	0	n/a
TOTAL	1016	278	12	179	12	1497	50	3.34%

Source: DaVita Inc.

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**DaVita - Chicago Region
Transplantation, By Facility**

2008

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	107	26	0	17	0	150	8	5.33%
Lake County - 312	62	20	0	17	0	99	6	6.06%
Lincoln Park - 314	114	21	1	19	0	155	3	1.94%
Children's - 319	11	9	0	2	7	29	9	31.03%
Emerald - 321	114	31	0	18	0	163	3	1.84%
Olympia Fields - 322	102	29	3	26	1	161	3	1.86%
Chicago Heights - 1608	90	22	0	21	1	134	8	5.97%
Stony Creek - 1784	61	21	1	11	1	95	3	3.16%
Beverly - 1785	58	11	0	7	1	77	3	3.90%
Montclare - 2030	68	20	0	16	2	108	4	3.77%
Mt. Greenwood - 2118	68	18	1	14	1	102	3	2.94%
Lake Villa - 2119	32	8	0	7	0	47	0	0.00%
Little Village - 2133	68	12	1	8	0	89	1	1.12%
Kankakee County - 2147	14	19	0	2	0	35	1	2.86%
Big Oaks - 4362						0		n/a
TOTAL	969	267	7	185	14	1442	55	3.81%

SOURCE: DaVita Inc.

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From: Rick Coffin (mailto:rcoffin@nw10.esrd.net)
Sent: Thu 4/22/2010 9:31 AM
To: Margaret Enger
Subject: RE: Q4 2009 Occupancy Data

Hi Margaret,

I apologize for not getting back to you sooner. I have been out sick for over a week and am playing catch up. The updates you sent should have been completed by now.

As far as National data is concerned we receive a national summary report that shows the total number of patients on dialysis at year end and the number who were transplanted in a given year. We have not received the 2009 report yet but here are the 2007 and 2008 numbers:

2007 - 358,132 on dialysis - 17,354 transplanted

4.8%
4.6%

2008 - 371,315 on dialysis - 17,028 transplanted

Rick

From: Rick Coffin
(mailto:rcoffin@nw10.esrd.net)
Sent: Thu 7/15/2010 9:48 AM
To: Margaret Enger
Subject: RE: Q2 2010 Occupancy Data & 2009
Transplantation Information

2009 - 386,940 on dialysis - 17,418
transplanted

= 4.5%

7/15/2010 10:22 PM

ATTACHMENT 12(8)
Page 4 of 4

ALTERNATIVES

DaVita Inc. and Total Renal Care need to discontinue Crystal Lake Dialysis Center's 6-station facility at 4900 S. Route 31 in Crystal Lake (60012) as the landlord is selling the property and the lease expires June 30, 2012 (refer back to Attachment 10(1).) The applicants have determined that the best alternative is to relocate the facility and add (6) six stations. The new 12-station facility at 720 Cog Circle in Crystal Lake (60014) would be renamed Crystal Springs Dialysis.

GENERAL ALTERNATIVES

Proposing a project of greater or lesser scope and cost

DaVita considered one alternative of lesser scope which was to request the addition of only two (2) stations instead of the selected six-station option. DaVita determined that given the large current and projected population adding only two (2) would not be cost-effective in the short-term or long-term. DaVita also rejected the project of lesser scope as smaller properties are more difficult to develop and operate. The market does not have many appropriate small properties and staffing an 8-station facility is more expensive. DaVita decided that adding 6 stations was a more cost effective and efficient alternative.

DaVita never considered the option of doing nothing for the following two reasons:

- (1) A condition of the sale from Sherman was to relocate the dialysis facility from the existing location as they would use that property for another strategic initiative.
- (2) The facility currently serves 21 patients who will continue to need treatment. In addition the referring physicians, Drs. Karol Rosner and Bindu Pavithran, identify 117 potential patient referrals to support the new Crystal Springs Dialysis. Patient referrals include 24 transfer patients and 93 pre-renal patients (see Attachment 26C(1) for letters of referral.)

Based in part on projected referrals, Crystal Springs would serve 58 patients by the end of the second year reaching 80% occupancy (refer back to facility projected utilization in Attachment 12(2).) Crystal Spring utilization projections are conservative based on the referring physicians' historical referrals and patient caseloads (see attachments to referral letters in Attachment 26C(1).) In 2009 Drs. Rosner and Pavithran referred 36 new patients to area facilities. These referrals are identified by the patients' residential zip code and the name of the recipient facilities.

Similarly, physicians' historic caseloads indicate that the facility's projected utilization is conservative. In the last year Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. While Dr. Pavithran's practice is new, she already has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. To support this continued growth, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D.

Crystal Springs' utilization projections are further discounted by 14% per year for patient mortality and transplantation.

ATTACHMENT 13

Page 1 of 2

Pursuing a joint venture or other collaborative venture and developing alternative settings to meet all or a portion of the project's intended purposes

DaVita is open to Joint Venture relationships and has developed joint ventures with physicians in the past. This option was not selected as a partner was not readily available and project has significant time constraints.

Utilizing other healthcare facilities in the area

Six (6) other facilities currently serve the area's large population (refer back to Attachment 12(3) for utilization data and a list and map of facility locations.) In June 2010 these facilities served 367 patients in 72 stations, 85% occupancy. Another 27 stations were not yet in operation, as follows: two (2) new, 12-station facilities (FMC – Elgin and Barrington Creek Dialysis) and ARA – Barrington's three (3) additional stations. However these facilities are each supported by different physicians with separate and distinct referrals! Again, the referring physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

It is infeasible to use other facilities due to the large current and proposed population.

Establishing a new facility

DaVita has determined that the most effective and efficient way to serve its patients in Crystal Lake is to add capacity to the area, and establish a new facility. DaVita searched for property within a one-mile radius of the existing location, and evaluated all five (5) available properties in this area convenient to its proposed patients. The lease rates of these seven properties ranged from \$13/gsf to \$17/gsf.

DaVita eliminated the following properties as the chosen property had better access to the train station and more accommodating roadways: 5186 Northwest Hwy; North Ridge Professional Center; 407 E Terra Cotta Ave and 620 N. Rte 31. The chosen property at 720 Cog Circle in Crystal Lake, Illinois provides adequate space (6,800 gsf), sufficient parking and excellent accessibility for both patients and deliveries. The lease rate for this property is \$17.25 per gsf triple net. The property is properly zoned "B-2 PUD" (see Attachment 13(1).)

No existing facility will be negatively impacted by the proposed Crystal Springs Dialysis.

Measurable patient outcomes

DaVita will continue to provide a high quality of care. Its patient outcomes significantly exceed HFSRB standards. Refer back to Attachment 12(7) for recent patient outcomes in DaVita's 15 Chicago-area facilities which document DaVita's high quality of care as follows:

91.64% of DaVita's patients had URRs of 65% or higher vs. the standard of at least 85% & 94.98% of DaVita's patients had a Kt/V Dauridgas II.1.2 vs. the HFSRB standard of 85%.

Refer back to Attachment 12(8) for DaVita's mortality and transplantation data for DaVita's Chicago-area facilities. The data show an average mortality of 12.0% in 2009.

Transplantation rates averaged 3.3% compared to the national transplant rate of 4.5%.

Please refer to Attachment 13(2) for a comparison of alternatives' cost, patient access, quality and financial benefits.



June 28, 2010

CITY OF
Crystal Lake
ILLINOIS

Bruce Bossow
Pingree Circle, LLC
720 Cog Circle
Crystal Lake, IL 60014

RE: 720 Cog Circle, Crystal Lake Illinois

To Whom It May Concern;

In response to your zoning request, the following information is pertinent. The property with the address 720 Cog Circle is zoned B-2 PUD. This is General Commercial zoning with a Planned Unit Development overlay. The PUD overlay did not restrict any uses but does require compliance with the Final PUD Ordinance #6050 in regards to elevations, accessory structures, signage and landscaping. The requested use is classified as "Medical Use." The B-2 zoning district allows offices of physicians, offices of dentists, medical laboratories, diagnostic imaging centers, massage therapy offices, outpatient care centers, blood and organ banks, ambulatory centers, and surgical and emergency centers. The Unified Development Ordinance dictates allowable uses, lighting, screening, parking standards and other requirements. You can review the Unified Development Ordinance at www.crystallake.org / Departments / Planning and Economic Development / Crystal Lake Unified Development Ordinance. Since the center is currently not full, the proposed use would not require more parking than what can be provided. The owner is responsible for maintaining an appropriate tenant mix so that the uses do not exceed the parking requirements.

Please contact me at 815-356-3615 if you have any additional questions.

Sincerely;

Elizabeth A. Maxwell, AICP
Planner
Planning and Economic Development Department
City of Crystal Lake

ATTACHMENT 13(1)

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COMPARISON OF ALTERNATIVES

<u>Alternative</u>	<u>Total Cost</u>	<u>Patient Access</u>	<u>Quality</u>	<u>Financial Benefits</u>
Do Nothing	\$0	Poor Access high current occupancies; large current & projected population	Loss of continuity of care due to large current latent population	Patients would have added travel expenses
Joint Venture	\$2,777,372	Same as Project	Same as project	No difference for patients
Utilize Area Facilities	\$0	Poor Access due to large current & projected population and high current occupancies	Loss of continuity of care due to large current & proposed patient population and high current occupancies	DaVita would incur less capital cost but would maintain control & Financial responsibility DaVita would incur no capital cost but patients would have high travel expenses
Relocate & expand Crystal Springs	\$2,777,372	High continuity of care and Improved access To care	DaVita maintains high standard of care	DaVita incurs capital cost and maintains financial responsibility

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SIZE OF PROJECT

Total Renal Care Inc. d/b/a Crystal Springs Dialysis would re-establish a freestanding in-center hemodialysis facility. The facility would expand to 12 stations and contain administrative offices. The facility would contain a total of approximately 6,800 department gross square feet (dgsf), 6,000 dgsf for the hemodialysis facility and 800 dgsf for the administrative offices.

Please see schematics in Attachment 14(1.)

Therefore, the proposed 12-station hemodialysis service conforms to the IHFSRB guideline as follows:

<u>Number of Stations</u>	<u>Proposed DGSE</u>	<u>DGSE/Station</u>	<u>IHFSRB Standard</u>
12	6,000	500 dgsf/station	520 dgsf/station

ATTACHMENT 14

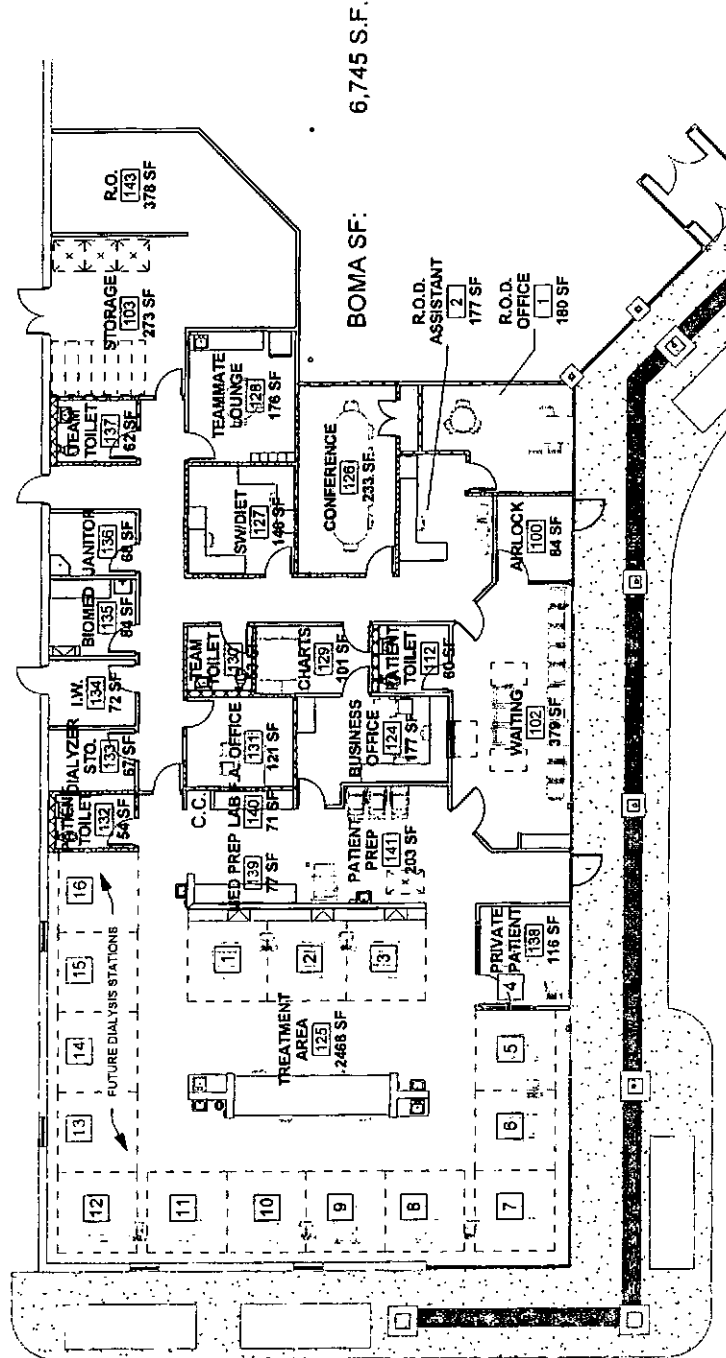
102

CRYSTAL
SPRINGS
DIALYSIS
For
DaVita Inc.

AL
No. Description Date
Copyright 2008

FACILITY
FLOOR
PLAN
ASK-02

PROJECT



1 FLOOR PLAN - FACILITY
1/16" = 1'-0"

PLANNING AREA NEED

Formula Need Calculation

1 – 3. DaVita Inc. and Total Renal Care need to discontinue Crystal Lake Dialysis Center's 6-station facility at 4900 S. Route 31 in Crystal Lake (60012) since the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility and wish to add (6) six stations. The new 12-station facility at 720 Cog Circle in Crystal Lake (60014) would be renamed Crystal Springs Dialysis.

Current need methodology indicates a need for 3 stations in Planning Area 8, as follows:

Planning Area Health Service Area 8 –Kane-Lake-McHenry (KLM) Counties

Category of Service	No. of Additional Stations Requested	HFPB Inventory Need or Excess 2010 Population	Part 1100 Occupancy/Utilization Standard
In-Center Hemodialysis	6 stations	3 Stations	80% use rate

The current need methodology is based on 2005 – 2010 population data. As the facility anticipates reaching 80% occupancy by the end of the second year of operation in late 2013, more recent Board-adopted population data for 2015 indicate a need for 25 stations in Planning Area 8, as follows:

Category of Service	No. of Additional Stations Requested	HFPB Inventory Need or Excess 2015 Population	Part 1100 Occupancy/Utilization Standard
In-Center Hemodialysis	6 stations	25 Stations	80% use rate

4. Total Renal Care Inc. d/b/a Crystal Springs Dialysis will meet and exceed the utilization standard of 80% by the 24th month of operation as required in Section 1100.630(c.) Based on documented physician referrals in Attachment 26C(1), Crystal Springs Dialysis anticipates serving 58 patients by the end of the second full year of operation, reaching 80% occupancy, as follows:

$$\frac{58 \text{ proposed patients}}{72 \text{ patient-capacity}^*}$$

$$= 80\%$$

* The proposed occupancy complies with Section 1100.630(c) and assumes that stations operate three patient shifts per day, six days per week. At full capacity each station can serves six patients. Therefore, twelve (12) stations can serve 72 patients.

Historical and Projected Referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 potential patient referrals to support Crystal Springs Dialysis. Their referrals include 24 transfer patients and 93 pre-renal patients. The physicians identify patients by initials and zip code of residence. The physicians include pre-renal patients' lab results to provide a basis for projecting the need for dialysis when the facility opens in late 2013. Physicians verify that patient referrals have not been used to support any other pending or approved CON application and verify that the information is true and correct (see letters of referral in Attachment 26C(1).)

Based in part on projected referrals, Crystal Springs Dialysis projects to serve 58 patients by the end of the second year reaching 80% occupancy (see Attachment 26A(1).) Crystal Springs' utilization projections are conservative compared to physicians' historical referrals and patient caseload data, which are attached to their letters of referral in Attachment 26C(1.) Historically, Drs. Rosner and Pavithran referred 36 new patients to area facilities in 2009. These historic referrals are identified by the patients' residential zip code and the name of the recipient facilities.

Similarly, physicians' historic caseload data attest to the conservative nature of the facility's projected utilization. Between 2009 and 2010 Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. While Dr. Pavithran's practice is new, she already has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. The physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D. to support this continued growth.

Crystal Springs' utilization projections are further discounted by 14% per year for patient mortality and transplantation.

CRYSTAL SPRINGS DIALYSIS

PROJECTED ANNUAL UTILIZATION 2011 - 2013

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2011	12	3,098	28
2012	12	6,315	58
2013	12	9,006	67

SOURCES: See notarized physician Letter of Referral in Attachment 26C(1).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
0											
1	16	191	30	359	59	706	67	801	70	837	197.9
2	17	203	33	395	60	718	67	801	70	837	16.5
3	18	215	35	419	60	718	67	801	70	837	
4	19	227	38	454	61	730	68	813	70	837	204.2
5	20	239	40	478	62	742	68	813	71	849	17.1
6	21	251	43	514	62	742	68	813	71	849	
7	22	263	45	538	63	753	69	825	71	849	205.3
8	23	275	48	574	64	765	69	825	71	849	17.2
9	24	287	50	598	64	765	69	825	72	861	
10	25	299	53	634	65	777	70	837	72	861	214.5
11	26	311	55	658	66	789	70	837	72	861	17.9
12	28	335	58	694	67	801	70	837	72	861	
Total		3,098		6,315		9,006		9,831		10,190	

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service	
Beginning Patients	70
Less 14.0% Mortality	10
Ending Patients	72
Net New Patients	12

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SERVICE TO PLANNING AREA RESIDENTS

The project will continue to provide needed in-center hemodialysis services to residents of Planning Area 8, Kane-Lake-McHenry Counties. Please refer to the table in Attachment 26B(1) for current patient origin of Crystal Lake Dialysis Center. All current patients live in the planning area.

See Attachment 26B(2) for a table and map which display the patient origin of the 117 initial patient referrals to Crystal Springs Dialysis which consists of 24 transfer patients and 93 pre-renal patients. The data indicate that 97.4% (114 patients) of the initial 117 patients live in Planning Area 8 where the facility will be located.

ATTACHMENT 26B

CRYSTAL LAKE DIALYSIS CENTER

PATIENT ORIGIN

Current Patients

June 25, 2010

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Crystal Lake	60012	3	15%
Cary	60013	5	25%
Crystal Lake	60014	6	30%
Lake Forest	60045	1	5%
Wonder Lake	60097	1	5%
Woodstock	60098	2	10%
Algonquin	60102	2	10%
Total		20	100%

Source: Crystal Lake Dialysis Center

Note: All current patients live in Planning Area 8, Kane-Lake-McHenry Counties.

CRYSTAL SPRINGS DIALYSIS

Patient Origin

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Crystal Lake	60014	22	18.8%
Woodstock	60098	20	17.1%
Huntley	60142	12	10.3%
McHenry	60050	10	8.5%
Lake in the Hills	60156	9	7.7%
Wonder Lake	60097	6	5.1%
Elgin	60123	4	3.4%
Cary	60013	3	2.6%
Fox Lake	60020	3	2.6%
Algonquin	60102	3	2.6%
Elgin *	60120 *	3 *	2.6%
Marengo	60152	3	2.6%
Crystal Lake	60012	2	1.8%
Harvard	60033	2	1.8%
McHenry	60051	2	1.8%
Round Lake	60084	2	1.8%
Elgin	60124	2	1.8%
Antioch	60002	1	0.9%
Barrington	60010	1	0.9%
Fox River Grove	60021	1	0.9%
Island Lake	60042	1	0.9%
Vernon Hills	60061	1	0.9%
Richmond	60071	1	0.9%
Gilberts	60136	1	0.9%
Hampshire	60140	1	0.9%
Union	60180	<u>1</u>	<u>0.9%</u>
TOTALS		117	100.0%

SOURCE: Physician letters of referral in Attachment 26C.

NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 patients (97.4%) live in the Planning Area, HSA 8 – Kane, Lake and McHenry Counties. Only the 3 patients from east Elgin (60120) are from DuPage County.

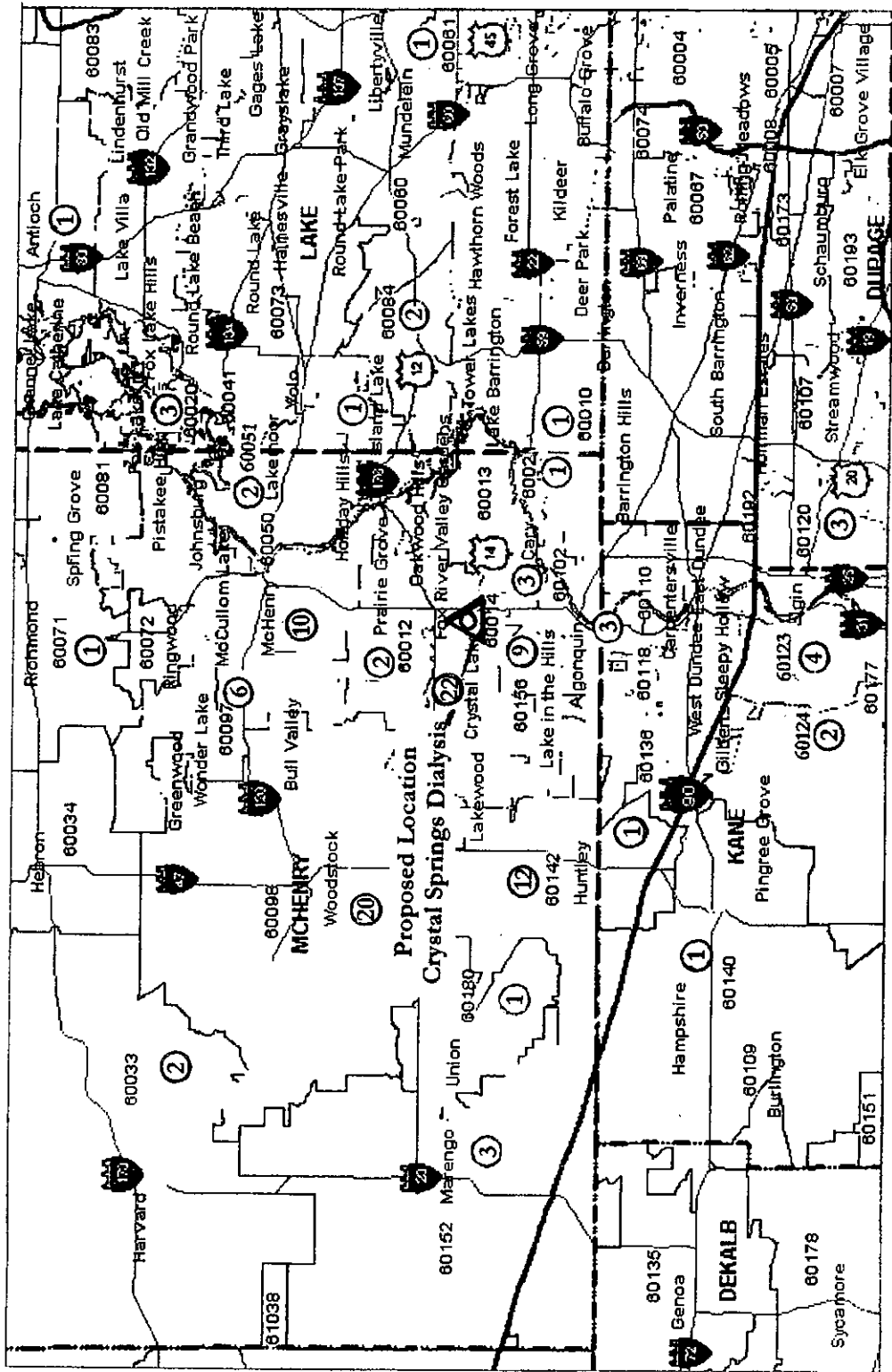
Percentages may not add due to rounding.

ATTACHMENT 26B(2)

Page 1 of 2

CRYSTAL SPRINGS DIALYSIS

PATIENT ORIGIN



SOURCE: Physician letters of referral in Attachment 26C.
NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 (97.4%) live in the Planning Area, HSA 8 - Kane, Lake and McHenry Counties.

SERVICE DEMAND: ESTABLISH A NEW SERVICE

DaVita Inc. and Total Renal Care need to discontinue Crystal Lake Dialysis Center's 6-station facility at 4900 S. Route 31 in Crystal Lake (60012) since the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility and wish to add (6) six stations. The new 12-station facility at 720 Cog Circle in Crystal Lake (60014) would be renamed Crystal Springs Dialysis.

Historical and Projected Referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 potential patient referrals to support Crystal Springs Dialysis. Their referrals include 24 transfer patients and 93 pre-renal patients. The physicians include pre-renal patients' lab results to provide a basis for projecting the need for dialysis when the facility opens in late 2013. Physicians verify that patient referrals have not been used to support any other pending or approved CON application and verify that the information is true and correct (see letters of referral in Attachment 26C(1).)

The physicians identify patients by initials and zip code of residence. Patient origin analysis of these 117 patient referrals in Attachment 26C(2) indicates that of the 117 patients 114 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) County. Only three (3) patients from Zip Code 60120 (east Elgin) live outside the planning area in DuPage County.

Based in part on projected referrals, Crystal Springs Dialysis projects to serve 58 patients by the end of the second year reaching 80% occupancy (see Attachment 26C(3).) These facility projections are conservative when compared to physicians' historical referrals and patient caseload data, which are attached to their letters of referral in Attachment 26C(1). Historically, Drs. Rosner and Pavithran referred 36 new patients to area facilities in 2009. These historic referrals are identified by the patients' residential zip code and the name of the recipient facilities.

Similarly, physicians' historic caseload data attest to the conservative nature of the facility's projected utilization. Between 2009 and 2010 Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. While Dr. Pavithran's practice is new, she already has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. To support this continued growth, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D.

Other Evidence of The Need to Relocate and Expand: Establishment

Further evidence of the need to relocate and expand the facility is as follows:

- (1) High (85%) occupancy of dialysis stations currently operating in the market area;
- (2) Growing patient population in the market area;
- (3) High ratio of population per dialysis station in the market area; and
- (4) Low impact on other facilities in the market area.

High Occupancy of Dialysis Stations Operating in the Market Area

The facility serves a population of over 800,000 people living within 30 minutes (see Attachment 26E(2) for zip code and 2000 population data.) Six (6) other facilities serve this large population. See Attachment 26E(3) for these facilities' June 2010 utilization and a map of their locations. The data show that these facilities served 367 patients in 72 stations in June 2010, an 85% average occupancy. Another 27 stations were not yet in operation. Two (2) new, 12-station facilities will serve the market area (FMC – Elgin and Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year. Each of these new facilities is supported by different physicians with separate and distinct patient referrals! Physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Growing Patient Referrals in the Market Area

The use of dialysis services in the market area grows each year (see Attachment 26E(6).) Between January 2007 and June 2010 the number of dialysis patients has grown from 322 patients to 367 patients, as follows:

Crystal Springs Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Patients	322	332	352	367
Percent Increase		3.1%	6.0%	8.5%

SOURCE: Number of patients is from The Renal Network

NOTE: Data for 2010 are annualized from six month's data.

High Ratio of Population per Dialysis Station in the Market Area

Data on the ratio of people per dialysis station emphasize the need for additional stations in the market area to ensure timely access to care (see Attachment 26E(7).) When the 27 approved stations become operational, the market area's 2000 population of 809,084 will be served by 105 dialysis stations, a ratio of 7,706 people per dialysis station. Comparison of this ratio to Illinois data indicates that the market area has over twice as many people per station than Illinois which as a ratio of only 3,667 people per station. Similarly, the market area has 50% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Crystal Springs Dialysis to add stations to ensure timely access to care.

Low Impact of the Project on Other Facilities in the Market Area

The 117 patient referrals, 24 transfer patients and 93 pre-renal patients will not reduce the utilization of existing facilities below 80%. The 24 transfer patients include 13 patients from the discontinued facility; five (5) patients from ARA – Crystal Lake which was 94% utilized in June 2010; and six (6) patients from QRC – Carpentersville, at 97% utilization in June 2010. Therefore, Crystal Springs Dialysis will not impact other facilities.

The evidence indicates that Crystal Springs will serve a large, increasing number of patients, achieving 80% occupancy by the end of the second year of operation in late 2013.

June 29, 2010

Kelly Ladd
Group Director
DaVita-Total Renal Care, Inc.
2659 N. Milwaukee Avenue
Chicago, Illinois 60647

Dear Ms. Ladd:

We were very pleased to learn of DaVita's plans to relocate and expand the Crystal Lake Dialysis facility, and happy you are moving to a larger facility. Our patients will enjoy dialyzing in a modern spacious center. The additional space will enhance privacy and may reduce infection issues. The prospects are very exciting.

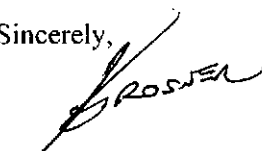
The new twelve (12) – station chronic renal dialysis facility, located at 720 Cog Circle in Crystal Lake, will provide us with the space we need to provide the services needed for today's standard of care. Therefore, we are excited by the enhancement in patient care which the facility offers us. In the last year my practice in the area grew almost 20%, from 52 in-center hemodialysis patients to 62 patients. In the last 12 months alone I referred a total of 26 new in-center hemodialysis patients to facilities in the area. Please refer to the attached Historical Caseload of my recent practice in the area.

Due to this growth in my practice I am in full support of your plans. I have discussed the project with my patients and when your facility opens next year I could refer 104 patients. Please see the attached list which summarizes patients who desire dialysis care in your new facility. This list includes both current patients who wish to transfer to the new facility (23 transfer patients) and patients with renal insufficiency (81 pre-renal patients).

I verify that these patient referrals have not been used to support another pending or approved renal dialysis CON application.

I attest that the information submitted in this letter is true and correct to the best of my knowledge.

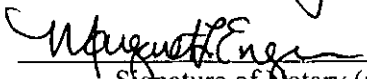
Sincerely,


Karol Rosner, M.D.
Nephrologist

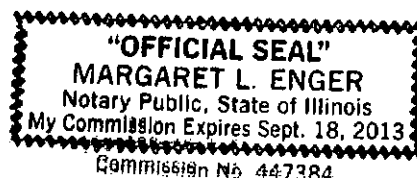
Notarization:

Subscribed and sworn before me this

29th day of June, 2010



Signature of Notary (seal)



ATTACHMENT 26C(1)
Page 1 of 15

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PATIENTS OF DR. KAROL ROSNER

By Facility and Zip Code

2nd Quarter 2010

Zip Code	Crystal Lake		ARA - Crystal Lake		FMC of		Quality Renal Care		Quality Renal Care		Davita		FMCNA		Sherman		TOTALS
	Dialysis	Dialysis Center	Dialysis Center	Dialysis Center	McHenry	Marengo	C'Ville	Sycamore	Round Lake	Elgin	Sherman	Elgin					
60012					1												1
60013	3				1	1	1										3
60014	6		3		1	4											12
60033					1												5
60034					1												1
60041					1				1								1
60051					1				1								2
60073									1								1
60081									1								1
60084	1				4	1											2
60097	2		1		3												5
60098																	6
60102								1									1
60110																	2
60115																2	2
60123								1			3						3
60136								1			1						3
60142			1					1			2						1
60152								1			2						4
60156								2			2						2
60178								1			2						4
TOTALS	12		5		13	10		8			8		5			3	62

SOURCE: Karol Rosner, M.D.

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PATIENTS OF DR. KAROL ROSNER

By Facility and Zip Code

2009

Zip Code	Crystal Lake	ARA - Crystal Lake	FMC of	Quality Renal Care	Quality Renal Care	Davita	FMCNA	Sherman	TOTALS
	Dialysis	Dialysis Center	MCHENRY	MARANGO	CARPENTERSVILLE	SYCAMORE	ROUND LAKE	ELGIN	
60012	1		1						2
60013	2								2
60014	4	1	1	1	1		1		9
60033	1		2						1
60050			1				1		2
60051							1		2
60081				3					1
60033									3
60087	1		4						4
60098	1	1	2		3				4
60102									4
60110								2	2
60115								1	2
60123						2			2
60140						1		1	1
60142					1	3			7
60152				3					1
60158	1			1	2	1			3
60178									1
TOTALS	11	2	11	8	7	7	3	3	52

SOURCE: Karol Rosner, M.D.

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117

PATIENTS OF DR. KAROL ROSNER
By Facility and Zip Code
2008

Zip Code	Crystal Lake Dialysis	ARA - Crystal Lake Dialysis Center	FMC of McHenry	Quality Renal Care Marengo	Quality Renal Care C'Ville	Davita Sycamore	FMCNA Round Lake	Sherman Elgin	TOTALS
60010	1				1				1
60012	2			2					2
60013	6	1		12	1				10
60014									12
60033			1						1
60050							1		1
60081			1						1
60084			1						1
60094			3						3
60097			1						1
60098	2	3		2			1		6
60110	1								1
60115						2			2
60135						1			1
60142				23	1	1			25
60152				1					1
60156									1
TOTALS	12	4	7	40	3	4	2	1	73

SOURCE: Karol Rosner, M.D.

NEW REFERRALS OF DR. KAROL ROSNER IN THE MARKET AREA FOR THE PAST TWELVE MONTHS

May 1, 2009 through June 23, 2010

Zip Code	Crystal Lake	ARA - Crystal Lake	FMC of	Quality Renal Care	Quality Renal Care	Quality Renal Care	Davita	FMCNA
	Dialysis	Dialysis Center	McHenry	Marengo	Carpentersville	Sycamore	Round Lake	TOTALS
60012			1					1
60014			2					5
60033	3		1	1				2
60034			2					2
60050			1					1
60051							1	1
60084							1	1
60097			3	1				4
60088	1		1					2
60102		1			1			2
60115				1		1		1
60156						2		1
60178						1		2
60556								1
TOTALS	4	1	11	3	1	4	2	28

SOURCE: Karol Rosner, M.D.

Patients Who Stopped In-Center Hemodialysis Due to a Change in Health Status

<u>Year</u>	<u># Expired</u>	<u># Transplanted</u>	<u># Other Modality</u>	<u>Regained function</u>
2007	2	0	0	2
2008	17	2	2	5
2009				

Not Applicable as not practicing in this area at this time.

CRYSTAL SPRINGS DIALYSIS

Physician Referrals

Dr. Karol Rosner

<u>Transfer Patients</u>	<u>Patient Initials</u>	<u>Zip Code of Residence</u>	<u>Current Dialysis Facility</u>
1	TA	60014	ARA-Crystal Lake
2	DM	60014	ARA-Crystal Lake
3	GN	60136	ARA-Crystal Lake
4	EG	60098	ARA-Crystal Lake
5	CL	60014	ARA-Crystal Lake
6	WB	60156	QRC-Carpentersville
7	GA	60102	QRC-Carpentersville
8	MG	60156	QRC-Carpentersville
9	MH	60124	QRC-Carpentersville
10	CM	60102	QRC-Carpentersville
11	JG	60142	QRC-Carpentersville
12	BG	60014	Crystal Lake
13	JS	60013	Crystal Lake
14	WC	60014	Crystal Lake
15	RT	60014	Crystal Lake
16	AT	60014	Crystal Lake
17	RP	60098	Crystal Lake
18	EC	60014	Crystal Lake
19	RA	60013	Crystal Lake
20	JO	60013	Crystal Lake
21	TK	60084	Crystal Lake
22	JM	60012	Crystal Lake
23	DJ	60014	Crystal Lake

SOURCE: Karol Rosner, M.D.

Initials	Creatinine	ZIP Code
RB	1.6	60002
ML	2.2	60010
ED	2.9	60012
SA	2.7	60014
PB	2.6	60014
JG	2.0	60014
VH	2.5	60014
NM	2.46	60014
MW	2.18	60014
KB	2.4	60014
HL	2.6	60014
PM	3.6	60014
TW	3.6	60014
BT	2.1	60014
CR	5.1	60014
JB	2.7	60020
DD	2.45	60020
JM	3.48	60033
KS	3.1	60042
JD	1.1	60050
WG	1.0	60050
WC	2.39	60050
BK	2.9	60050
CL	3.4	60050
DS	3.0	60050
BD	3.2	60050
MZ	3.38	60050
JZ	2.5	60050
JF	2.9	60051
AS	3.8	60051
BC	2.4	60061
JF	4.7	60071
DR	2.2	60084
MA	4.3	60097
EL	4.8	60097
JP	4.9	60097
KJ	3.5	60097
LD	2.9	60097
AR	3.1	60097
WB	3.2	60098
RG	1.6	60098
JC	1.9	60098
CL	1.9	60098
WM	3.0	60098
JM	4.2	60098
RN	3.2	60098
JM	4.2	60098

121

BP	5.6	60098
LD	3.2	60098
KW	1.8	60098
RJ	1.7	60098
MR	3.1	60098
JD	2.39	60098
LO	3.1	60098
GK	2.7	60120
WS	2.3	60120
JA	5.7	60123
TM	5.99	60123
FR	1.4	60123
DD	1.39	60124
MR	2.0	60140
JB	1.5	60142
JC	1.6	60142
HC	2.4	60142
AJ	3.4	60142
TK	2.0	60142
KK	3.3	60142
RM	2.3	60142
FM	2.0	60142
KW	3.4	60142
KR	2.8	60142
ML	1.9	60152
DR	3.6	60152
WV	2.6	60152
RG	1.1	60156
SG	2.61	60156
NG	3.91	60156
DK	3.5	60156
AP	3.7	60156
DB	2.8	60156
RH	3.61	60156

June 29, 2010

Kelly Ladd
Group Director
DaVita-Total Renal Care, Inc.
2659 N. Milwaukee Avenue
Chicago, Illinois 60647

Dear Ms. Ladd:

We were very pleased to learn of DaVita's plans to relocate and expand the Crystal Lake Dialysis facility, and happy you are moving to a larger facility.

The new twelve (12) – station chronic renal dialysis facility, located at 720 Cog Circle in Crystal Lake, will provide us with the space we need to provide the services needed for today's standard of care. Therefore, we are excited by the enhancement in patient care which the facility offers us. Last year I referred a total of 10 patients to area facilities. Already this year, since joining Dr. Rosner in January 2010, I have eight patients in area facilities. Please refer to the attached Historical Caseload of my recent practice in the area.

Due to this growth in my practice I am in full support of your plans. I have discussed the project with my patients and when your facility opens next year I could refer 13 patients. Please see the attached list which summarizes patients who desire dialysis care in your new facility. This list includes both current patients who wish to transfer to the new facility (1 transfer patient) and patients with renal insufficiency (12 pre-renal patients).

I verify that these patient referrals have not been used to support another pending or approved renal dialysis CON application.

I attest that the information submitted in this letter is true and correct to the best of my knowledge.


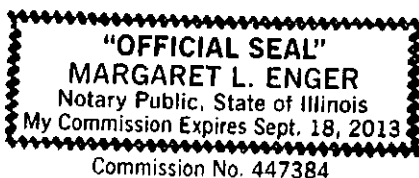
Sincerely,



Bindu Pavithran, M.D.
Nephrologist

Notarization:

Subscribed and sworn before me this
29th day of June, 2010.


Signature of Notary (Seal)

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PATIENTS OF DR. BINDU PAVITHRAN
By Facility and Zip Code
2nd Quarter 2010

Zip Code	Crystal Lake Dialysis	FMC of McHenry	Quality Renal Care Carpentersville	Davita Sycamore	FMC Elk Grove Village	TOTALS
60008						1
60042		1			1	1
60088	1					1
60115				1		1
60123			2			2
60178				1		1
61088				1		1
TOTALS	1	1	2	3	1	8

SOURCE: Bindu Pavithran, M. D.

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NEW REFERRALS OF DR. BINDU PAVITHRAN

January 1, 2009 - December 31, 2009

<u>Zip Code</u>	<u>Crystal Lake</u>		<u>FMC of</u>		<u>ARA - South Barrington</u>		<u>Quality Renal Care</u>		<u>TOTALS</u>	
	<u>Dialysis</u>	<u>McHenry</u>	<u>Dialysis Center</u>	<u>Carpentersville</u>	<u>Davita</u>	<u>Sycamore</u>				
60008		1								1
60042										1
60098	1									1
60115								1		1
60123			1	2						3
60142			1							1
60178								1		1
61065								1		1
TOTALS	1	2	2	2	3					10

SOURCE: Bindu Pavithran, M.D.

125

BINDU PAVITHRAN, M.C.

Patients Who Stopped In-Center Hemodialysis Due to a Change in Health Status

<u>Year</u>	<u># Expired</u>	<u># Transplanted</u>	<u># Other Modality</u>	<u>#Transferred</u>
2007				
2008				
2009				
2nd Quarter 2010	1	0	0	0

PHYSICIAN NEW TO PRACTICE

126

CRYSTAL SPRINGS DIALYSIS

Physician Referrals
Dr. Bindu Pavithran

Current Transfer Patient
60098 1 Crystal Lake Dialysis Center

Pre-Renal Patients

Zip Code of Residence

60014 1
60050 1
60098 2
60020 1
60180 1
60142 1
60102 1
60123 1
60120 1
60021 1
60033 1

Total Pre-renal Patients 12

GRAND TOTALS 13

Source: Bindu Pavithran, M.D.

127

Dr. Pavithran Pre- Renal

Patient	ZIP	Creatinine
SA	60014	2.6
JB	60020	2.35
GM	60021	2.3
RT	60033	3.1
MR	60050	1.1
PA	60098	1.5
TD	60098	3.8
JL	60102	4.5
RL	60120	4.3
WL	60123	1.91
RK	60142	2.8
JH	60180	2.1

TOTAL 12 PRE-RENALS

128

CRYSTAL SPRINGS DIALYSIS

Patient Origin

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Crystal Lake	60014	22	18.8%
Woodstock	60098	20	17.1%
Huntley	60142	12	10.3%
McHenry	60050	10	8.5%
Lake in the Hills	60156	9	7.7%
Wonder Lake	60097	6	5.1%
Elgin	60123	4	3.4%
Cary	60013	3	2.6%
Fox Lake	60020	3	2.6%
Algonquin	60102	3	2.6%
Elgin *	60120 *	3 *	2.6%
Marengo	60152	3	2.6%
Crystal Lake	60012	2	1.8%
Harvard	60033	2	1.8%
McHenry	60051	2	1.8%
Round Lake	60084	2	1.8%
Elgin	60124	2	1.8%
Antioch	60002	1	0.9%
Barrington	60010	1	0.9%
Fox River Grove	60021	1	0.9%
Island Lake	60042	1	0.9%
Vernon Hills	60061	1	0.9%
Richmond	60071	1	0.9%
Gilberts	60136	1	0.9%
Hampshire	60140	1	0.9%
Union	60180	<u>1</u>	<u>0.9%</u>
TOTALS		117	100.0%

SOURCE: Physician letters of referral in Attachment 26C.

NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 patients (97.4%) live in the Planning Area, HSA 8 – Kane, Lake and McHenry Counties. Only the 3 patients from east Elgin (60120) are from DuPage County.

Percentages may not add due to rounding.

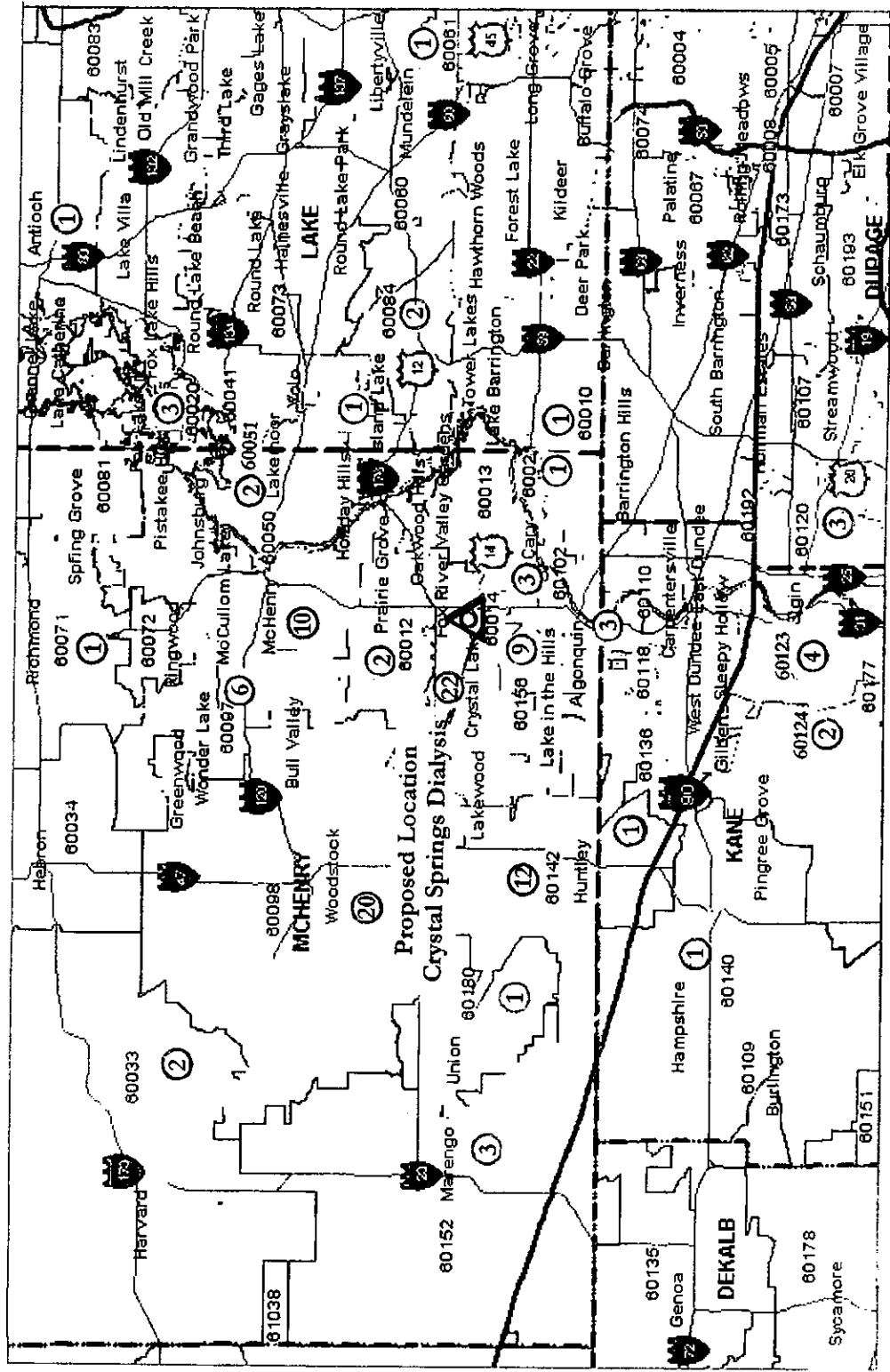
ATTACHMENT 26C(2)

Page 1 of 2

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CRYSTAL SPRINGS DIALYSIS

PATIENT ORIGIN



SOURCE: Physician letters of referral in Attachment 26C.

NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 (97.4%) live in the Planning Area, HSA 8 - Kane, Lake and McHenry Counties.

CRYSTAL SPRINGS DIALYSIS

PROJECTED ANNUAL UTILIZATION 2011 - 2013

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2011	12	3,098	28
2012	12	6,315	58
2013	12	9,006	67

SOURCES: See notarized physician Letter of Referral in Attachment 26C(1).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
0											
1	16	191	30	359	59	706	67	801	70	837	1
2	17	203	33	395	60	718	67	801	70	837	2
3	18	215	35	419	60	718	67	801	70	837	3
4	19	227	38	454	61	730	68	813	70	837	4
5	20	239	40	478	62	742	68	813	71	849	5
6	21	251	43	514	62	742	68	813	71	849	6
7	22	263	45	538	63	753	69	825	71	849	7
8	23	275	48	574	64	765	69	825	71	849	8
9	24	287	50	598	64	765	69	825	72	861	9
10	25	299	53	634	65	777	70	837	72	861	10
11	26	311	55	658	66	789	70	837	72	861	11
12	28	335	58	694	67	801	70	837	72	861	12
Total		3,098		6,315 103.8%		9,006 42.8%		9,831 9.2%		10,190 3.6%	78

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

<u>New Patients on Service</u>	
Beginning Patients	16
Less 14.0% Mortality	2
Ending Patients	28
Net New Patients	14
	32
	16
	67
	9
	70
	10
	72
	12
	70

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SERVICE DEMAND: EXPAND A SERVICE

The applicants need to discontinue Crystal Lake Dialysis Center's 6-station facility at 4900 S. Route 31 in Crystal Lake (60012) since the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see Attachment 10, "Discontinuation.") The discontinuation gives DaVita an opportunity to provide the community with a larger and more modern facility.

Historic Utilization

The current facility is located in only 1,191 gross square feet (gsf) which is inadequate to support a 6-station facility. Physicians, patient and staff describe the facility as a "closet." Based on the State Board standard of 470 gsf per station, the 1,191 gsf cannot reasonably support a 6-station facility, as follows: $1,191 \text{ gsf} / 470 \text{ gsf/station} = 2.5 \text{ stations!}$ These severe space limitations forced the facility to operate only five (5) of its six (6) stations. Due to the need in the area and physician and patient support, the facility managed to provide care to upwards of 26 patients in 2008, a remarkable 87% occupancy! However, as larger and modern facilities have been established in the area in recent years, the facility has lost utilization. See Attachment 26E(1) for historic utilization showing that the facility served 20 patients in 2009.

The Need to Expand

Evidence of the need to add stations to the relocated facility includes the following:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (85%) occupancy of dialysis stations currently operating in the market area;
- (3) Growing patient population in the market area;
- (4) High ratio of population per dialysis station in the market area; and
- (5) Low impact on other facilities in the market area.

Historical and Projected Referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 potential patient referrals to support Crystal Springs Dialysis. Their referrals include 24 transfer patients and 93 pre-renal patients. The physicians include pre-renal patients' lab results to provide a basis for projecting the need for dialysis when the facility opens in late 2013. Physicians verify that patient referrals have not been used to support any other pending or approved CON application and verify that the information is true and correct (see letters of referral in Attachment 26C(1).) The physicians identify patients by initials and zip code of residence. Patient origin analysis of these 117 patient referrals in Attachment 26C(2) indicates that of the 117 patients 114 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) County. Only three (3) patients from Zip Code 60120 (east Elgin) live outside the planning area in DuPage County.

Based in part on projected referrals, Crystal Springs would serve 58 patients by the end of the second year reaching 80% occupancy (see Attachment 26C(3).) These facility projections are conservative when compared to physicians' historical referrals and patient caseload data, which are attached to their letters of referral in Attachment 26C(1.) Historically, Drs. Rosner and Pavithran referred 36 new patients to area facilities in 2009. These historic referrals are identified by the patients' residential zip code and the name of the recipient facilities.

Similarly, physicians' historic caseload data indicate that the facility's projected utilization is conservative. In the last year Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. While Dr. Pavithran's practice is new, she already has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. To support this continued growth, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D.

Other Evidence of The Need to Relocate and Expand the Facility

Further evidence of the need to relocate and expand the facility is as follows:

- (1) High (85%) occupancy of dialysis stations currently operating in the market area;
- (2) Growing patient population in the market area;
- (3) High ratio of population per dialysis station in the market area; and
- (4) Low impact on other facilities in the market area.

High Occupancy of Dialysis Stations Operating in the Market Area

The facility serves a population of over 800,000 people living within 30 minutes (see Attachment 26E(2) for zip code and 2000 population data.) Six (6) other facilities serve this large population. See Attachment 26E(3) for these facilities' June 2010 utilization and a map of their locations. The data show that these facilities served 367 patients in 72 stations in June 2010, an 85% average occupancy. Another 27 stations were not yet in operation. Two (2) new, 12-station facilities will serve the market area (FMC – Elgin and Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year. Each of these new facilities is supported by different physicians with separate and distinct patient referrals! Physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Growing Patient Referrals in the Market Area

In-center hemodialysis use in the market area grows each year (see Attachment 26E(6).) Between January 2007 and June 2010 the number of dialysis patients has grown from 322 patients to 367 patients, as follows:

Crystal Springs Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Patients	322	332	352	367
Percent Increase		3.1%	6.0%	8.5%

SOURCE: Number of patients is from The Renal Network

NOTE: Data for 2010 are annualized from six month's data.

High Ratio of Population per Dialysis Station in the Market Area

Data on the ratio of people per dialysis station emphasize the need for additional stations in the market area to ensure timely access to care (see Attachment 26E(7).) When the 27 approved stations become operational, the market area's 2000 population of 809,084 will be served by 105 dialysis stations, a ratio of 7,706 people per dialysis station. Comparison of this ratio to Illinois data indicates that the market area has over twice as many people per station than Illinois which has a ratio of only 3,667 people per station. Similarly, the market area has 50% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Crystal Springs Dialysis to add stations to ensure timely access to care.

Low Impact of the Project on Other Facilities in the Market Area

The 117 patient referrals, 24 transfer patients and 93 pre-renal patients will not reduce the utilization of existing facilities below 80%. The 24 transfer patients include 13 patients from the discontinued facility; five (5) patients from ARA – Crystal Lake which was 94% utilized in June 2010; and six (6) patients from QRC – Carpentersville, at 97% utilization in June 2010. Therefore, Crystal Springs Dialysis will not impact other facilities.

The evidence indicates that Crystal Springs will serve a large, increasing number of patients, achieving 80% occupancy by the end of the second year of operation in late 2013.

ACCESS

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Crystal Lake Dialysis Center's 6-station facility located at 4900 S. Route 31 in Crystal Lake (60012). The landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see Attachment 10, "Discontinuation.") The applicants need to relocate the facility and wish to add (6) six stations. The new 12-station facility at 720 Cog Circle in Crystal Lake (60014) would be renamed Crystal Springs Dialysis.

Historic Utilization

The current facility is located in only 1,191 gross square feet (gsf) which is inadequate to support a 6-station facility. Physicians, patient and staff describe the facility as a "closet." Based on the State Board standard of 470 gsf per station, the 1,191 gsf cannot reasonably support a 6-station facility, as follows: $1,191 \text{ gsf} / 470 \text{ gsf/station} = 2.5 \text{ stations!}$ These severe space limitations forced the facility to operate only five (5) of its six (6) stations. Yet, due to the need in the market area, the facility managed to provide care to upwards of 26 patients in 2008, a remarkable 87% occupancy! However, as larger and modern facilities have been established in the area in recent years, the facility has lost utilization. See Attachment 26E(1) for historic utilization showing that the facility served 20 patients in 2009.

The Need to Relocate and Expand

With the need to relocate the facility due to the lost lease, Crystal Springs Dialysis has an opportunity to provide larger and more modern facilities. The following evidence indicates that the area needs this expansion to ensure timely access to dialysis services both in the market area and planning area:

- (1) High (85%) occupancy of dialysis stations currently operating in the market area:
- (2) Substantial physician support/referrals to Crystal Springs Dialysis which are separate and distinct from patient referrals to other projects in the area;
- (3) Service to Planning Area 8 Kane-Lake-McHenry (KLM) residents;
- (4) Growing patient population in the market area;
- (5) High ratio of population per dialysis station in the market area; and
- (6) Low impact on other facilities in the market area.

High Occupancy of Dialysis Stations Operating in the Market Area

The facility serves a population of over 800,000 people living within 30 minutes (see Attachment 26E(2) for zip code and 2000 population data.) Six (6) other facilities serve this large population. In June 2010 these facilities served 367 patients in 72 stations, an 85% average occupancy (see Attachment 26E(3) for The Renal Network data and a map of facility locations.) Two (2) new, 12-station facilities will serve the market area (FMC – Elgin and DaVita's Barrington Creek Dialysis) and ARA – Barrington will add 3 stations this year.

However these facilities are each supported by different physicians with separate and distinct referrals! Physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Substantial Physician Support and Patients Referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 patient referrals to support Crystal Springs Dialysis. Their referrals include 24 transfer patients, including 13 transfers from the undersized, discontinued facility, and 93 pre-renal patients identified by initials and zip codes of residence. Pre-renal patients' lab results are a basis for projecting the patients need for dialysis when the facility opens. Based on the large number of referrals, Crystal Springs Dialysis projects to serve 58 patients by the end of the second year reaching 80% occupancy (see Attachment 26E(4) for projected utilization.) The physicians' historical referrals indicate that the projections are conservative as Drs. Rosner and Pavithran referred 36 new patients to area facilities in 2009 alone (see letters of referral in Attachment 26C(1).) To support the growth in their practices, the physicians are adding a third nephrologist this year, Sumit Bector, M.D. The physicians' utilization projections are further discounted by 14% per year for patient mortality and transplantation.

Service to Planning Area 8 Kane-Lake-McHenry (KLM) County Residents

Of the 117 patients 114 patients live in Planning Area 8, Kane-Lake-McHenry (KLM) County. Only the three (3) patients from zip code 60120 (east Elgin) live outside the planning area in DuPage County (see Attachment 26E(5).)

Growing Patient Referrals in the Market Area

The use of dialysis services in the market area grows each year (see Attachment 26E(6).) Between January 2007 and June 2010 the number of dialysis patients has grown from 322 patients to 367 patients, as follows:

**Crystal Springs Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients**

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Patients	322	332	352	367
Percent Increase		3.1%	6.0%	8.5%

SOURCE: Number of patients is from The Renal Network

NOTE: Data for 2010 are annualized from six month's data.

The referring physicians' practices have also grown. Between 2009 and 2010 Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. Dr. Pavithran's practice is new and already she has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. As indicated, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D., to support this growth.

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High Ratio of Population per Dialysis Station in the Market Area

Data on the ratio of people per dialysis station emphasize the need for additional stations in the market area to ensure timely access to care (see Attachment 26E(7).) When the 27 approved stations become operational, the market area's 2000 population of 809,084 will be served by 105 dialysis stations, a ratio of 7,706 people per dialysis station. Comparison of this ratio to Illinois data indicates that the market area has over twice as many people per station than Illinois which has a ratio of only 3,667 people per station. Similarly, the market area has 50% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Crystal Springs Dialysis to add stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Crystal Springs Dialysis will not impact other facilities. Physicians identify 117 patient referrals, 24 transfer patients and 93 pre-renal patients. The transfer patients include thirteen (13) patients from the discontinued facility; five (5) patients from ARA - Crystal Lake, 94% utilized in June 2010; and six (6) patients from QRC - Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).)

In conclusion relocation and expansion of Crystal Springs Dialysis would ensure timely access to needed in-center hemodialysis services by serving a large and growing number of patients. In addition the project would be appropriately utilized; serves a large number of planning area residents; does not impact other dialysis facilities; and improves the distribution of services in the planning area.

CRYSTAL LAKE DIALYSIS CENTER

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	3,396	22
2008	3,218	26
2009	3,114	20

MOST RECENT MONTHLY UTILIZATION

March 2009 – February 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
March	271	22
April	265	21
May	246	20
June	281	23
July	310	23
August	276	23
September	304	24
October	277	25
November	250	22
December	252	20
January	250	21
February	<u>205</u>	<u>21</u>
Total	3,187	21

SOURCES:

Crystal Lake Dialysis Center.

NOTES:

Number of patients is for the last day of the reporting period.

ATTACHMENT 26E(1)

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
CRYSTAL SPRINGS DIALYSIS**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Businesses (1)</u>	<u>Distance</u>
60012	CRYSTAL LAKE	IL	MCHENRY	9,919	327	0
60014	CRYSTAL LAKE	IL	MCHENRY	44,468	2,196	3
60050	MCHENRY	IL	MCHENRY	47,813	2,008	5.2
60013	CARY	IL	MCHENRY	24,226	899	5.3
60042	ISLAND LAKE	IL	LAKE	8,877	239	5.6
60021	FOX RIVER GROVE	IL	MCHENRY	5,877	204	7
60102	ALGONQUIN	IL	MCHENRY	47,985	905	7.5
60098	WOODSTOCK	IL	MCHENRY	27,526	1,508	7.5
60097	WONDER LAKE	IL	MCHENRY	10,434	198	8.6
60084	WAUCONDA	IL	LAKE	13,061	796	9
60072	RINGWOOD	IL	MCHENRY	348	60	9.2
60142	HUNTLEY	IL	MCHENRY	7,891	499	9.4
60110	CARPENTERSVILLE	IL	KANE	32,145	468	10.5
60010	BARRINGTON	IL	LAKE	39,819	2,269	11
60041	INGLESIDE	IL	LAKE	9,286	256	11.1
60180	UNION	IL	MCHENRY	1,743	95	11.3
60020	FOX LAKE	IL	LAKE	6,457	368	11.4
60118	DUNDEE	IL	KANE	14,739	1,010	12
60136	GILBERTS	IL	KANE	1,459	131	12.3
60073	ROUND LAKE	IL	LAKE	39,115	884	12.8
60081	SPRING GROVE	IL	MCHENRY	8,321	334	12.9
60071	RICHMOND	IL	MCHENRY	2,905	266	13.6
60047	LAKE ZURICH	IL	LAKE	38,168	1,538	13.6
60034	HEBRON	IL	MCHENRY	1,896	101	15
60152	MARENGO	IL	MCHENRY	10,974	514	15
60192	HOFFMAN ESTATES	IL	COOK	1,775	69	15.2
60030	GRAYSLAKE	IL	LAKE	32,340	1,094	15.3
60060	MUNDELEIN	IL	LAKE	37,027	1,492	15.4
60140	HAMPSHIRE	IL	KANE	7,315	274	15.9
60123	ELGIN	IL	KANE	55,201	2,073	15.9
60120	ELGIN	IL	KANE	48,581	1,464	16
60067	PALATINE	IL	COOK	50,825	1,615	17
60074	PALATINE	IL	COOK	23,963	994	17.7
60033	HARVARD	IL	MCHENRY	13,269	572	18.6
60195	SCHAUMBURG	IL	COOK	29,924	1,204	18.8
60194	SCHAUMBURG	IL	COOK	41,366	1,087	19
60173	SCHAUMBURG	IL	COOK	12,046	2,273	20.2

Total population in radius =

809,084

ATTACHMENT 26E(2)

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**Facilities within 30 Minutes Travel Time of
Crystal Springs Dialysis
720 Cog Circle, Crystal Lake, IL 60014**

2nd Quarter 2010 Utilization

Facilities Within 30 Minutes Adjusted Travel Time

MapQuest Map #	Facility Name	Address	City	Zip Code	Mileage	MapQuest Drive Time Minutes	15% Drive Time Adjustment	Capacity	IHFPB Inventory	8/30/2010 Pt. Census	9/30/2010 Utilization
1	ARA - Crystal Lake Dialysis Center	8298 Northwest Hwy	Crystal Lake	60014	1.77	3	3.45	64	9	51	94%
3	DaVita - Barrington Creek (denovo)	28190 W. Northwest Hwy	Lake Barrington	60014	7.03	12	13.8	72	12	0	0%
4	Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	60010	10.08	14	16.1	78	13	76	97%
2	FMC of McHenry	4312 W. Elm Street	McHenry	60050	9.31	16	18.4	72	12	46	64%
26	FMC - Elgin (denovo)	2130 Point Blvd.	Elgin	60123	13.16	18	20.7	72	12	0	0%
7	ARA - South Barrington Dialysis Center	33 W. Higgins Road	South Barrington	60010	15.87	24	27.6	84	14	51	61%
9	FMCA - Neomedica - Hoffman Estates	3160 W. Higgins Road	Hoffman Estates	60195	16.71	26	29.9	102	17	112	110%
8	Quality Renal Care - Marengo	910 Greenlee St.	Marengo	60162	17.47	26	29.8	60	10	31	52%
Average Occupancy								594	99	367	62%
Average Occupancy of Stations in Operation *								432	72	367	85%

Facilities Over 30 Minutes Adjusted Travel Time

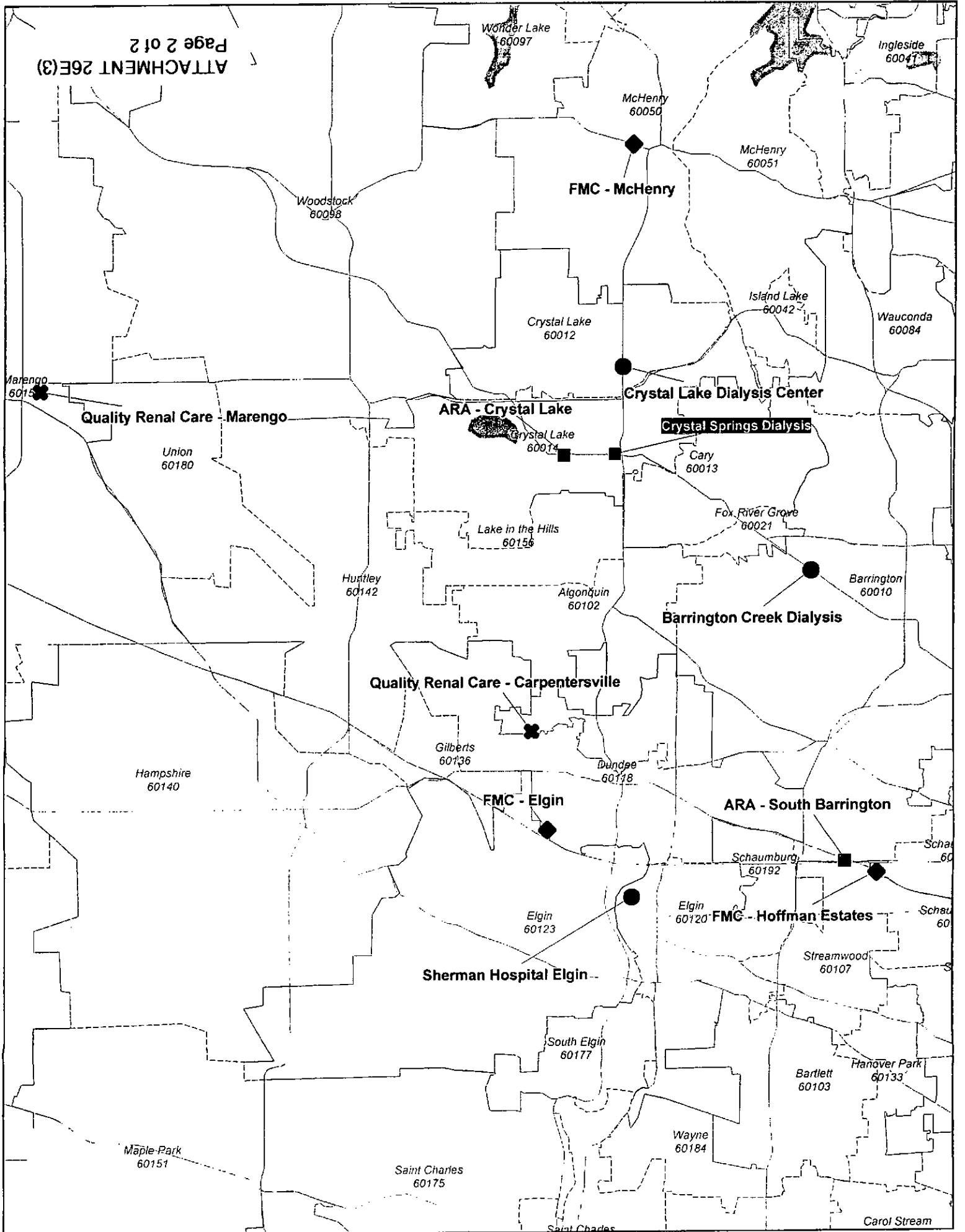
MapQuest Map #	Facility Name	Address	City	Zip Code	Mileage	MapQuest Drive Time Minutes	15% Drive Time Adjustment	Capacity	IHFPB Inventory	3/31/2010 Pt. Census	3/31/2010 Utilization
10	Sherman Hospital Dialysis Center	934 N. Center Street	Elgin	60120	14.17	27	31.05	84	14	88	69%
27	FMC - Palatine	505-691 E Dundee Road	Palatine	60074	16.48	27	31.05	72	12	0	0%
5	FMC - Neomedica - Round Lake	401 W. Nippersink	Round Lake	60073	17.57	29	33.35	96	16	85	89%
11	DSI - Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	60089	18.3	30	34.5	96	16	89	81%
12	FMC - Neomedica - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	60008	20.51	31	36.55	144	24	100	69%
8	Lake Villa Dialysis	37809 N. Illinois Route 59	Lake Villa	60046	19.71	32	38.8	72	12	33	46%
16	DSI - Schaumburg	1158 S. Roselle Road	Schaumburg	60193	22.61	36	41.4	84	14	73	87%
16	Tri Cities Dialysis LLC	308 Randall Road	Geneva	60134	26.52	36	41.4	108	18	89	64%
16	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60005	22.81	37	42.56	108	18	81	56%
17	FMC - Elk Grove Dialysis Center	901 Blesterfield Road	Elk Grove	60007	25.27	38	43.7	168	28	145	86%
21	FMC - West Chicago	1859 Neltcor Blvd	West Chicago	60185	25.91	39	44.85	72	12	10	14%
22	FMC - Deerfield	405 Lake Cook Road	Deerfield	60015	26.29	39	44.85	72	12	9	13%
14	DaVita - Lake County Dialysis	919 S. Milwaukee Avenue	Libertyville	60048	22.09	41	47.16	96	16	73	76%
13	FMC - Antioch	311 Depot	Antioch	60002	25.01	41	47.16	72	12	55	76%
19	FMC - Neomedica - Gurnee	101 S. Greenleaf	Gurnee	60031	28.2	45	51.75	84	14	80	95%
24	FMC - Glenview Dialysis Center	4248 Commercial Way	Glenview	60025	28.64	46	52.9	120	20	95	79%
20	FMCA - Lake Bluff	101 Waukegan Road	Lake Bluff	60044	28.1	46	52.9	96	18	75	78%
25	Highland Park Hospital Dialysis	718 Glenview Avenue	Highland Park	60035	26.92	48	56.2	120	20	94	78%
23	Waukegan Dialysis Center	1616 Grand Avenue	Waukegan	60085	31.05	53	60.95	132	22	84	71%
Average Occupancy								1898	316	1268	67%
Average Occupancy of Stations in Operation								1624	304	1268	70%

SOURCES: Patients: The Renal Network, Inc., 2010, 2nd Quarter data released July 1010.
Stations: IHFSRB Inventory of Health Care Facilities, Updated 6/17/10.
Mileage and Drive Times: Map Quest. See Appendix 6 for documentation.

NOTES: Occupancy rates are calculated based on the IHFPB standard of 3 shifts per day and 8 days per week.

In 2010 27 stations 30 minutes from Crystal Springs Dialysis were not in operation:: Two, new 12-station facilities (Barrington Creek & FMC-Elgin) and 3 stations at ARA- Barrington

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CRYSTAL SPRINGS DIALYSIS

PROJECTED ANNUAL UTILIZATION 2011 - 2013

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2011	12	3,098	28
2012	12	6,315	58
2013	12	9,006	67

SOURCES: See notarized physician Letter of Referral in Attachment 26C(1).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
0	0										
1	16	191	30	359	59	706	67	801	70	837	1
2	17	203	33	395	60	718	67	801	70	837	2
3	18	215	35	419	60	718	67	801	70	837	3
4	19	227	38	454	61	730	68	813	70	837	4
5	20	239	40	478	62	742	68	813	71	849	5
6	21	251	43	514	62	742	68	813	71	849	6
7	22	263	45	538	63	753	69	825	71	849	7
8	23	275	48	574	64	765	69	825	71	849	8
9	24	287	50	598	64	765	69	825	72	861	9
10	25	299	53	634	65	777	70	837	72	861	10
11	26	311	55	658	66	789	70	837	72	861	11
12	28	335	58	694	67	801	70	837	72	861	12
Total		3,098		6,315 103.9%		9,006 42.6%		9,831 9.2%		10,190 3.6%	78

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service

Beginning Patients	16	30	59	67	70
Less 14.0% Mortality	2	4	8	9	10
Ending Patients	28	58	67	70	72
Net New Patients	14	32	16	12	12

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CRYSTAL SPRINGS DIALYSIS

Patient Origin

<u>Town</u>	<u>Zip Code</u>	<u>Number of Patients</u>	<u>Percentage of Patients*</u>
Crystal Lake	60014	22	18.8%
Woodstock	60098	20	17.1%
Huntley	60142	12	10.3%
McHenry	60050	10	8.5%
Lake in the Hills	60156	9	7.7%
Wonder Lake	60097	6	5.1%
Elgin	60123	4	3.4%
Cary	60013	3	2.6%
Fox Lake	60020	3	2.6%
Algonquin	60102	3	2.6%
Elgin *	60120 *	3 *	2.6%
Marengo	60152	3	2.6%
Crystal Lake	60012	2	1.8%
Harvard	60033	2	1.8%
McHenry	60051	2	1.8%
Round Lake	60084	2	1.8%
Elgin	60124	2	1.8%
Antioch	60002	1	0.9%
Barrington	60010	1	0.9%
Fox River Grove	60021	1	0.9%
Island Lake	60042	1	0.9%
Vernon Hills	60061	1	0.9%
Richmond	60071	1	0.9%
Gilberts	60136	1	0.9%
Hampshire	60140	1	0.9%
Union	60180	<u>1</u>	<u>0.9%</u>
TOTALS		117	100.0%

SOURCE: Physician letters of referral in Attachment 26C.

NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 patients (97.4%) live in the Planning Area, HSA 8 – Kane, Lake and McHenry Counties. Only the 3 patients from east Elgin (60120) are from DuPage County.

Percentages may not add due to rounding.

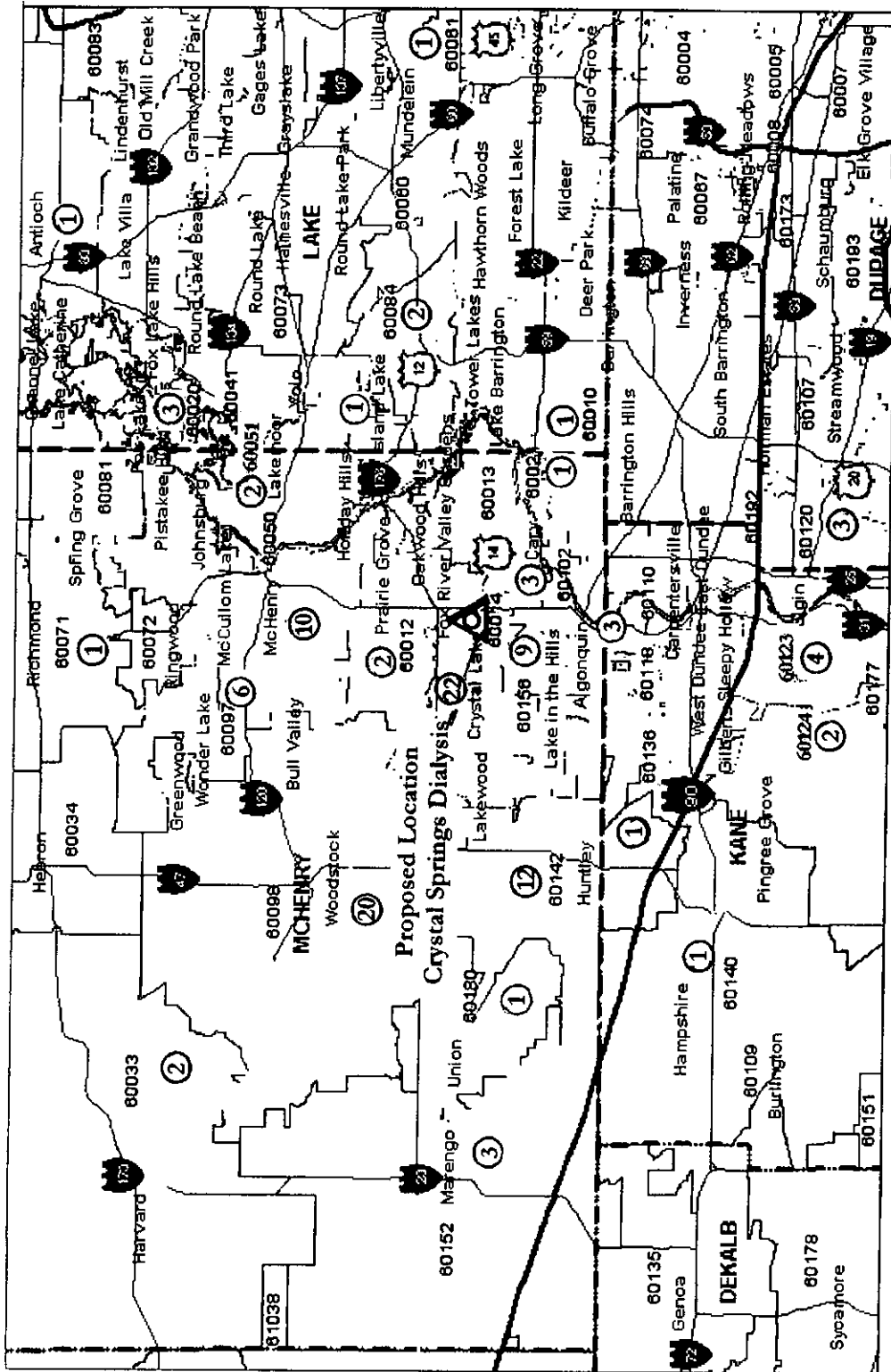
ATTACHMENT 26E(5)

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CRYSTAL SPRINGS DIALYSIS

PATIENT ORIGIN



SOURCE: Physician letters of referral in Attachment 26C.
NOTES: Of the 117 patient referrals (24 transfers and 93 pre-renal patients) 114 (97.4%) live in the Planning Area, HSA 8 – Kane, Lake and McHenry Counties.

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**Facilities within 30 Minutes Travel Time of
Crystal Springs Dialysis
720 Cog Circle, Crystal Lake, IL 60014**

**UTILIZATION TRENDS
2007 - 2010**

Facility Name	Address	City	IHFPB Inventory	12/31/2007		12/31/2008		12/31/2009		6/30/2010	
				Pt. Census	Pt. Census	Pt. Census	Pt. Census	Pt. Census	Pt. Census	Pt. Census	Pt. Census
Sherman Family Health - Crystal Lake	4900 S. Route 31	Crystal Lake	6	22	26						
ARA - Crystal Lake Dialysis Center	6298 Northwest Hwy	Crystal Lake	9	45	42			51		51	
DaVita - Barrington Creek (denovo)	28160 W. Northwest Hwy	Lake Barrington	12	0	0			0		0	
Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	13	68	76			76		76	
FMC of McHenry	4312 W. Elm Street	McHenry	12	22	32			46		46	
FMC - Elgin (denovo)	2130 Point Blvd.	Elgin	12	0	0			0		0	
ARA - South Barrington Dialysis Center	33 W. Higgins Road	South Barrington	14	51	38			36		51	
FMCNA - Neomedica - Hoffman Estates	3150 W. Higgins Road	Hoffman Estates	17	82	94			112		112	
Quality Renal Care - Marengo	910 Greenlee St.	Marengo	10	32	24			31		31	
TOTALS			105	322	332			352		367	
Annual Percent Increase								3.10%		6.00%	

SOURCES: Patients: The Renal Network, Inc.
Stations: IHFSRB Inventory of Health Care Facilities. Updated 6/17/10.
Mileage and Drive Times: Map Quest. See Appendix 6 for documentation.

NOTES: Occupancy rates are calculated based on the IHFPB standard of 3 shifts per day and 6 days per week.
In 2010, 27 stations 30 minutes from Crystal Springs Dialysis were not in operation: Two, new 12-station facilities (Barrington Creek & FMC - Elgin) and 3 stations at ARA - Barrington!
Percent increase between 2009 and 2010 is annualized from six-month's data.

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**RATIO OF POPULATION TO STATIONS
CRYSTAL SPRINGS DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,481	3,667 people/station
Planning Area 8 (KLM) Kane, Lake & McHenry Counties	1,500,000	292	5,137 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Crystal Springs Dialysis	<u>Year 2000 Population</u>		
	809,084	105	7,706 people/station
Current stations in 30 - minute area		105	7,706 people/station
Proposed stations in 30- minute area (+6)		111	7,289 people/station

SOURCES: (1) 2005 population for Illinois and Planning Area 8 is from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

2000 population for the target area within 30 minutes adjusted travel time of Crystal Springs Dialysis is from the U.S. Bureau of the Census, 2000. See Attachment 26E(1).

(2) Number of stations is from IHFSRB Inventory, Updated 6/17/10.

UNNECESSARY DUPLICATION/MALDISTRIBUTION

DaVita Inc. and Total Renal Care Inc. (TRC) need to discontinue Crystal Lake Dialysis Center located at 4900 S. Route 31 in Crystal Lake (60012) as the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see documentation in Attachment 10, "Discontinuation.")

The applicants wish to re-establish a 12-station facility at 720 Cog Circle in Crystal Lake (60014) renamed Crystal Springs Dialysis. Crystal Springs Dialysis is necessary to improve the distribution of dialysis services in the market area and is not a duplication of services based on the following evidence:

- (1) High occupancy of dialysis stations currently operating in the market area:
- (2) Substantial physician support and patient referrals to Crystal Springs Dialysis which are separate and distinct from other projects in the area;
- (3) Growing patient population in the market area;
- (3) High ratio of population per dialysis station in the market area; and
- (4) Low impact of the project on other facilities in the market area.

High occupancy of dialysis stations currently operating in the market area

Crystal Springs Dialysis will serve a population of over 800,000 people living within 30 minutes of the facility (see Attachment 26F(1) for a list of the zip codes and 2000 population.) The large target population is served by six (6) facilities which operated at 85% occupancy on June 30, 2010 (see Attachment 26F(2) for The Renal Network utilization data and a map of the facilities.) The data indicate these six (6) facilities served 367 patients in 72 stations, an 85% average occupancy. Two additional, 12-station facilities will serve the market area (FMC – Elgin and DaVita's Barrington Creek Dialysis) and one facility will add 3 stations this year (ARA – Barrington.) These facilities are all supported by different physicians with separate and distinct referrals. Physicians verify that Crystal Springs Dialysis' patients have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Substantial physician support and patients referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 patient referrals to support Crystal Springs Dialysis. Their referrals include 24 transfer patients, including 13 transfers from the discontinued facility, and 93 pre-renal patients identified by initials and zip codes of residence. Pre-renal patients' lab results provide a basis for the patients' need for dialysis when the facility opens next year. Based on the large number of patient referrals, Crystal Springs Dialysis projects to serve 58 patients by the end of the second year reaching 80% occupancy (see Attachment 26A(1) for utilization.) Utilization projections are conservative. Drs. Rosner and Pavithran referred 36 new patients to area facilities in 2009 alone (see letters of referral in Attachment 26C(1) and their practice is adding a nephrologist this year, Sumit Bector, M.D. Utilization projections also include discounting of patient referrals by 14% per year.

ATTACHMENT 26F

Page 1 of 2

Growing patient referrals in the market area

The use of dialysis services in the market area grows each year (see Attachment 26F(3).) Between January 2007 and June 2010 the number of dialysis patients has grown from 322 patients to 367 patients, as follows:

Crystal Springs Dialysis: Market Area
Annual Growth in In-Center Hemodialysis Patients

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Patients	322	332	352	367
Percent Increase		3.1%	6.0%	8.5%

SOURCE: Number of patients is from The Renal Network

NOTE: Data for 2010 are annualized from six month's data.

The referring physicians' practices have also grown. Between 2009 and 2010 Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. Dr. Pavithran's practice is new and already she has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. As indicated above, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D.

High ratio of population per dialysis station in the market area

Data on the ratio of people per dialysis station emphasize the need for additional stations in the market area (see Attachment 26F(4).) The market area's 2000 population of 809,084 will be served by 105 dialysis stations when the 27 approved stations become operational, a ratio of 7,706 people per dialysis station. The market area has over twice as many people per station than Illinois which has 3,667 people per station. Similarly, the market area has 50% more people per station than Planning Area 8 with 5,137 people per station. These ratios further support the need to provide additional stations in the target area. These data strongly support the need for the project to improve the distribution of dialysis stations in the state and planning area. These ratios attest to the fact that the project does not represent a maldistribution or duplication of dialysis services in the area.

Low impact of the project on other facilities in the market area

Crystal Springs Dialysis will not impact other facilities. Physicians identify 117 patient referrals, 24 transfer patients and 93 pre-renal patients. The transfer patients include thirteen (13) patients from the discontinued facility; five (5) patients from ARA – Crystal Lake which was 94% utilized in June 2010; and six (6) patients from QRC – Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).)

In conclusion Crystal Springs Dialysis improves the distribution of needed in-center hemodialysis services by serving a large and growing number of patients. The project ensures timely access to dialysis services; will be appropriately utilized; does not impact other dialysis facilities; and improves the distribution of services in the planning area.

**POPULATION WITHIN 30 MINUTES TRAVEL TIME OF
CRYSTAL SPRINGS DIALYSIS**

<u>ZIP</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>Population</u>	<u>Businesses (1)</u>	<u>Distance</u>
60012	CRYSTAL LAKE	IL	MCHENRY	9,919	327	0
60014	CRYSTAL LAKE	IL	MCHENRY	44,468	2,196	3
60050	MCHENRY	IL	MCHENRY	47,813	2,008	5.2
60013	CARY	IL	MCHENRY	24,226	899	5.3
60042	ISLAND LAKE	IL	LAKE	8,877	239	5.6
60021	FOX RIVER GROVE	IL	MCHENRY	5,877	204	7
60102	ALGONQUIN	IL	MCHENRY	47,985	905	7.5
60098	WOODSTOCK	IL	MCHENRY	27,526	1,508	7.5
60097	WONDER LAKE	IL	MCHENRY	10,434	198	8.6
60084	WAUCONDA	IL	LAKE	13,061	796	9
60072	RINGWOOD	IL	MCHENRY	348	60	9.2
60142	HUNTLEY	IL	MCHENRY	7,891	499	9.4
60110	CARPENTERSVILLE	IL	KANE	32,145	468	10.5
60010	BARRINGTON	IL	LAKE	39,819	2,269	11
60041	INGLESIDE	IL	LAKE	9,286	256	11.1
60180	UNION	IL	MCHENRY	1,743	95	11.3
60020	FOX LAKE	IL	LAKE	6,457	368	11.4
60118	DUNDEE	IL	KANE	14,739	1,010	12
60136	GILBERTS	IL	KANE	1,459	131	12.3
60073	ROUND LAKE	IL	LAKE	39,115	884	12.8
60081	SPRING GROVE	IL	MCHENRY	8,321	334	12.9
60071	RICHMOND	IL	MCHENRY	2,905	266	13.6
60047	LAKE ZURICH	IL	LAKE	38,168	1,538	13.6
60034	HEBRON	IL	MCHENRY	1,896	101	15
60152	MARENGO	IL	MCHENRY	10,974	514	15
60192	HOFFMAN ESTATES	IL	COOK	1,775	69	15.2
60030	GRAYSLAKE	IL	LAKE	32,340	1,094	15.3
60060	MUNDELEIN	IL	LAKE	37,027	1,492	15.4
60140	HAMPSHIRE	IL	KANE	7,315	274	15.9
60123	ELGIN	IL	KANE	55,201	2,073	15.9
60120	ELGIN	IL	KANE	48,581	1,464	16
60067	PALATINE	IL	COOK	50,825	1,615	17
60074	PALATINE	IL	COOK	23,963	994	17.7
60033	HARVARD	IL	MCHENRY	13,269	572	18.6
60195	SCHAUMBURG	IL	COOK	29,924	1,204	18.8
60194	SCHAUMBURG	IL	COOK	41,366	1,087	19
60173	SCHAUMBURG	IL	COOK	12,046	2,273	20.2

Total population in radius =

809,084

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**Facilities within 30 Minutes Travel Time of
Crystal Springs Dialysis
720 Cog Circle, Crystal Lake, IL 60014**

2nd Quarter 2010 Utilization

Facilities Within 30 Minutes Adjusted Travel Time

MapQuest Map #	Facility Name	Address	City	Zip Code	Mileage	MapQuest Drive Time Minutes	15% Drive Time Adjustment	Capacity	IHFPP Inventory	9/30/2010 Pt. Census	9/30/2010 Utilization
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8	Quality Renal Care - Marengo	910 Greenlee St.	Marengo	60152	17.47	26	29.9	60	10	31	52%
Average Occupancy											
Average Occupancy of Stations in Operation *											
684											
432											
62%											
85%											

Facilities Over 30 Minutes Adjusted Travel Time

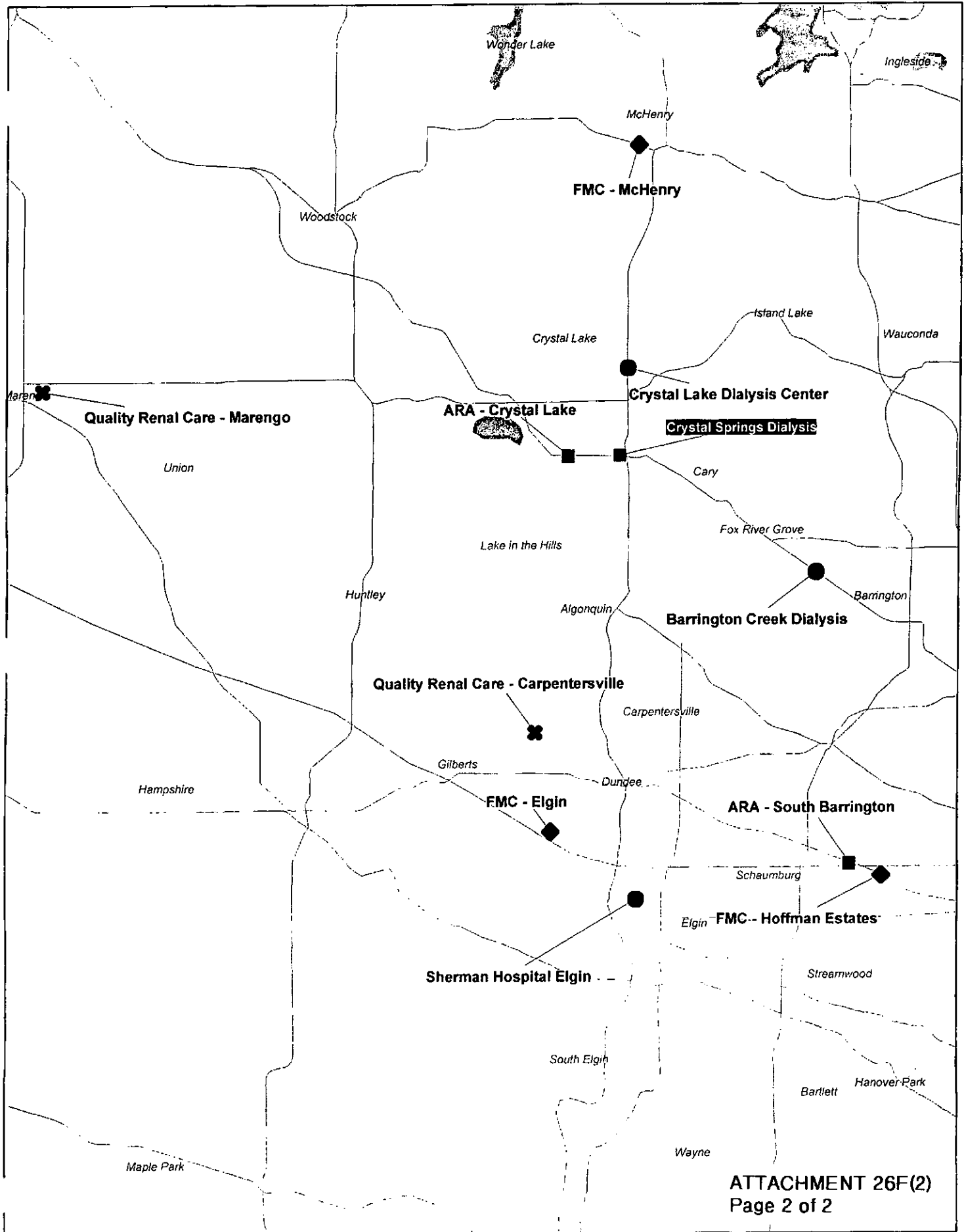
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11	DSI - Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	60089	18.3	30	34.5	96	16	89	81%
12	FMC - Neomedica - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	60008	20.61	31	36.66	144	24	100	69%
8	Lake Villa Dialysis	37809 N. Illinois Route 69	Lake Villa	60048	19.71	32	36.8	72	12	33	46%
16	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	60193	22.61	36	41.4	84	14	73	87%
18	Tri Cities Dialysis LLC	306 Randall Road	Geneva	60134	26.62	38	41.4	108	18	69	64%
17	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60006	22.81	37	42.66	108	18	81	56%
21	FMC - Elk Grove Dialysis Center	901 Blesterfield Road	Elk Grove	60007	26.27	38	43.7	188	28	145	89%
22	FMC - West Chicago	1868 Nehnor Blvd	West Chicago	60185	26.91	39	44.86	72	12	10	14%
14	FMC - Deerfield	406 Lake Cook Road	Deerfield	60015	25.29	39	44.86	72	12	9	13%
13	FMC - Antioch	316 S. Milwaukee Avenue	Libertyville	60048	22.09	41	47.16	96	16	73	76%
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24	FMC - Glenview Dialysis Center	4248 Commercial Way	Glenview	60025	28.84	48	51.75	84	14	80	86%
20	FMCNA - Lake Bluff	101 Waukegan Road	Lake Bluff	60044	28.1	48	52.9	120	20	95	79%
25	Highland Park Hospital Dialysis	718 Glenview Avenue	Highland Park	60036	26.82	48	52.9	96	16	75	78%
23	Waukegan Dialysis Center	1816 Grand Avenue	Waukegan	60085	31.06	53	60.95	132	22	94	71%
Average Occupancy											
Average Occupancy of Stations in Operation											
1896											
1824											
67%											
70%											

SOURCES: The Renal Network, Inc., 2010, 2nd Quarter data released July 10/10.
Stations: IHFPP Inventory of Health Care Facilities, Updated 6/17/10.
Mileage and Drive Times: Map Quest. See Appendix 6 for documentation.

NOTES: Occupancy rates are calculated based on the IHFPP standard of 3 shifts per day and 8 days per week.

In 2010 27 stations 30 minutes from Crystal Springs Dialysis were not in operation: Two, new 12-station facilities (Barrington Creek & FMC-Elgin) and 3 stations at ARA - Barrington

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- ARA
- DaVita
- ▼ DSI
- ◆ FMC
- ✕ independent
- 🏠 hospital

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**Facilities within 30 Minutes Travel Time of
Crystal Springs Dialysis
720 Cog Circle, Crystal Lake, IL 60014**

**UTILIZATION TRENDS
2007 - 2010**

Facility Name	Address	City	IHFPB Inventory	12/31/2007		12/31/2008		12/31/2009		6/30/2010	
				Pt. Census	Pt. Census	Pt. Census	Pt. Census	Pt. Census	Pt. Census		
Sherman Family Health - Crystal Lake	4900 S. Route 31	Crystal Lake	6	22	26	51	51	51	51	51	
ARA - Crystal Lake Dialysis Center	6298 Northwest Hwy	Crystal Lake	9	45	42	0	0	0	0	0	
DaVita - Barrington Creek (denovo)	28160 W. Northwest Hwy	Lake Barrington	12	0	0	76	76	76	76	76	
Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	13	68	76	32	46	46	46	46	
FMC of McHenry	4312 W. Elm Street	McHenry	12	22	32	0	0	0	0	0	
FMC - Elgin (denovo)	2130 Point Blvd.	Elgin	12	0	0	0	0	0	0	0	
ARA - South Barrington Dialysis Center	33 W. Higgins Road	South Barrington	14	51	38	36	36	36	36	36	
FMCNA - Neomedica - Hoffman Estates	3150 W. Higgins Road	Hoffman Estates	17	82	94	112	112	112	112	112	
Quality Renal Care - Marengo	910 Greenlee St.	Marengo	10	32	24	31	31	31	31	31	
TOTALS			105	322	332	352	352	352	352	367	
Annual Percent Increase					3.10%	6.00%	6.00%	6.00%	6.00%	8.50%	

SOURCES: Patients: The Renal Network, Inc.
Stations: IHFSRB Inventory of Health Care Facilities, Updated 6/17/10.
Mileage and Drive Times: Map Quest. See Appendix 6 for documentation.

NOTES: Occupancy rates are calculated based on the IHFPB standard of 3 shifts per day and 6 days per week.
In 2010, 27 stations 30 minutes from Crystal Springs Dialysis were not in operation: Two, new 12-station facilities (Barrington Creek & FMC - Elgin) and 3 stations at ARA - Barrington!
Percent increase between 2009 and 2010 is annualized from six-month's data.

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**RATIO OF POPULATION TO STATIONS
CRYSTAL SPRINGS DIALYSIS**

<u>Geographic Area</u>	<u>Year 2005 Population</u>	<u>Existing/ Approved Stations</u>	<u>Ratio of Population/Station</u>
Illinois	12,763,900	3,481	3,667 people/station
Planning Area 8 (KLM) Kane, Lake & McHenry Counties	1,500,000	292	5,137 people/station
Zip Codes within 30 Minutes Adjusted Travel Time of Crystal Springs Dialysis	<u>Year 2000 Population</u>		
	809,084	105	7,706 people/station
Current stations in 30 - minute area		105	7,706 people/station
Proposed stations in 30- minute area (+6)		111	7,289 people/station

SOURCES: (1) 2005 population for Illinois and Planning Area 8 is from IHFSRB Inventory, October 1, 2008 Edition, Page A-4.

2000 population for the target area within 30 minutes adjusted travel time of Crystal Springs Dialysis is from the U.S. Bureau of the Census, 2000. See Attachment 12(1), Page 1.

(2) Number of stations is from IHFSRB Inventory, Updated 6/17/10.

IMPACT

Crystal Springs Dialysis will not impact other facilities. Physicians identify 117 patient referrals, 24 transfer patients and 93 pre-renal patients. The transfer patients include thirteen (13) patients from the discontinued facility; five (5) patients from ARA – Crystal Lake, 94% utilized in June 2010; and six (6) patients from QRC – Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).)

ATTACHMENT 26G

CRYSTAL SPRINGS DIALYSIS

Staffing Plan

<u>Staffing</u>	<u>Full-Time Equivalents by Year End</u>		
	<u>2011</u>	<u>2012</u>	<u>2013</u>
Medical Director	1.0	1.0	1.0
Registered Nurse	1.0	1.0	1.0
Dialysis Technicians	2.5	4.0	5.0
Dietitian	0.3	0.5	0.7
Social Worker	0.3	0.5	0.7

Documentation of Qualifications

The Medical Director is Karol E. Rosner, M.D. See Appendix 3 for his curriculum vitae. He is the current Medical Director at Crystal Lake Dialysis Center. He does not serve as medical director at any other in-center hemodialysis facility.

DaVita will staff the new facility with all needed, qualified staffing. Below is a narrative explanation of how DaVita will fill each position with qualified staffing:

- 1) DaVita makes an assessment of existing DaVita employees well before a new or expanded facility opens. DaVita transfers all available, qualified staff to the new or expanded facility.
- 2) Sixty (60) days before the facility opens DaVita posts positions on the internet.
- 3) Recruitment professionals pre screen all qualified candidates.
- 4) Facility administrators interview potential candidates.
- 5) Peer groups interview all candidates.
- 6) After this process DaVita selects needed, qualified employees.

Documentation of On-Going Training Program in Dialysis Techniques

DaVita provides an on-going program of training in dialysis techniques for nurses and technicians. See attached description documenting this training program.

Documentation of Staffing Plan

As indicated in the above Staffing Plan, DaVita ensures that at least one RN will be on duty when the unit is in operation. The facility will maintain the appropriate ratio of direct patient care providers.

Open Medical Staff

See attached documentation that the facility will maintain an open medical staff.

ATTACHMENT 26H

Page 1 of 5

NEW HIRE TRAINING: Also found in the Star Tracker

Required Training	When	Where's the training?	Training & Post Test
Bloodborne Pathogen Regulations	1 st 10 days	Health & Safety Training Manual	LMS - MAN1002-POST Mandatory Exposure Control BBP Infection Control New Teammate
Medical Waste Management	1 st 10 days	Health & Safety Training Manual	MAN1005-POST Mandatory Medical Waste New Teammate
Hazard Communication	1 st 30 days	Health & Safety Training Manual	MAN1004-POST Mandatory Hazardous Communication New Teammate Sign Right to Know teammate acknowledgement post training
Safety Needle Program		Health & Safety Training Manual	Complete prior to using safety needles
Teammate Safety		Health & Safety Training Manual	In development
Fire Safety		Health & Safety Training Manual	MAN1001-POST Mandatory Fire Safety New Teammate There is a power point presentation on the Health and Safety website
Disaster and Emergency Preparedness		Health & Safety Training Manual	MAN1003-POST Mandatory Disaster and Emergency New Teammate There is a power point presentation on the Health and Safety website
Fire Drills		Facility specific	
Medical Emergency Procedures (Direct Care-givers only)		Skills checklist	Treatment section workbook skills checklist
Body Mechanics		Health & Safety Training Manual	There is also a power point presentation on the Health and Safety website
Electrical Safety-Related Work Practices			Continue to use what is currently in facility
Compliance Training	21 days (calendar)	EDU	
People Services		LMS	MAN1000 Mandatory's for New DaVita Teammates
	1 st 14 days	LMS	PS1007 Teammate Guidelines
	1 st 21 days	LMS	MAN2005 Mandatory - Violence in the Workplace
Water Courses Nurse/PCT		LMS	CEC2014 A Water Review
		LMS	CEC2014-POST A Water Review
		LMS	CEC2036 Water Monitoring and Testing Conventional System
		LMS	CEC2037 Water Monitoring and Testing of the Central Water Plant
PCT		LMS	SPY2000P Snappy - Snappy PCT Advanced Certification
PCT & Nurse		LMS	NET1001 Network I: Computer Fundamentals
		LMS	NET1002 Network II: Internet and Intranet Fundamentals
		LMS	LMS1001 LMS: Intro to LMS for Teammates
		LMS	SPY1011A Snappy: Snappy/ ChairSide Snappy Process
		LMS	SPY1011A-POST Snappy: Snappy/ ChairSide Snappy Process A Post Test
		LMS	SPY1011A-PRE Snappy-Snappy/ ChairSide Snappy Process A Opt-Out
		LMS	SPY1011B Snappy: Snappy/ ChairSide Snappy Process B
		LMS	SPY1011B-POST Snappy: Snappy/ ChairSide Snappy Process B Post
		LMS	SPY1011B-PRE Snappy: Snappy/ ChairSide Snappy Process B Opt-Out
		LMS	CLED4010 New Teammate Satisfaction Survey
Nurses Only		LMS	OUT 1001 Outlook web Basics
	1 st 30 days	LMS	SPY1000N Snappy - Certification for Hemo Nurses
	1 st 30 days	LMS	PYC1001A Payor Compliance for Laboratory Services Part 1
	1 st 30 days	LMS	PYC1001B Payor Compliance for Laboratory Services Part 2
		LMS	SPY3007 Snappy - Lab Training - New Nurse
		LMS	DPC9015 DaVita Prep Nurse Day Examination
		EDU	Protocols and You

Inservice Progress

Annual Mandatory Inservices	
Inservice Topic	Teammate
Needlestick Injury Prevention MAN2001	
Needlestick Injury Prevention MAN2001-POST	
Infection Control MAN2002	
Infection Control Post Test MAN2002-POST	
Emergency Preparedness MAN2003	
Emergency Preparedness Post Test MAN2003-POST	
Hazardous Communications MAN2004	
Hazardous Communications Post Test MAN2004-POST	
Body Mechanics MAN2006	
Body Mechanics Post Test MAN2006	
CEC2014 A Water Rev	
CEC2014	

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Inservice Progress

Annual Mandatory Inservice Review		4-POST A Water Review		Conventional System		CEC2037 Water Monitoring & Testing of the Central Water Plant		Compliance on EDU		MAN2005 Mandatory - Violence in the Workplace		PS1002 People Services: The Manager's Role in Creating and Maintaining a Drug-Free Workplace		PS101 People Services - Building a Foundation - 5 Policies and Practices for Management		PS108 People Services: Sexual Harassment Prevention Training for Non CA/CT Managers		PS1013 People Services: Sexual Harassment Prevention Training (Connecticut Management Only)	
FA																			
Nurse Manager																			
Name: Nurse																			
Name Nurse																			
Name Nurse																			
Name: Dietitian																			
Name																			
Name																			
Name																			
Name																			
Name																			
Name																			

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Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

June 9, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate of Need (CON) to Expand, Relocate and Rename Crystal Lake Dialysis Certification of Open Medical Staff and Necessary Support Services

DaVita Inc. certifies that the proposed facility will maintain an open medical staff.

DaVita Inc. also certifies the following regarding needed support services:

- (1) We participate in a dialysis data system;**
- (2) The facility will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and**
- (3) Patients will have access to training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training which will be provided either at the proposed facility or through a signed, written agreement for these services with another facility.**

Thank you for your consideration of this matter.

Sincerely,

Kelly Eadd
Regional Operations Director
DaVita, Inc.

ATTACHMENT 26H
Page 5 of 5

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SUPPORT SERVICES

DaVita Inc. and Total Renal Care Inc. d/b/a Crystal Springs Dialysis will provide all necessary support services as indicated in letter on previous page.

ATTACHMENT 26I

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MINIMUM NUMBER OF STATIONS

DaVita Inc. and Total Renal Care Inc. d/b/a Crystal Springs Dialysis propose to establish a *12-station* facility which exceeds the required 8-station minimum number of stations for a metropolitan statistical area (MSA.)

CONTINUITY OF CARE

Total Renal Care Inc. d/b/a Crystal Springs Dialysis has a written patient transfer agreement with Sherman Hospital to guarantee access to needed acute care inpatient services and an agreement with Northwestern Memorial Hospital for Tissue Typing and Transplantation Services (see following pages for written agreements.)

**ATTACHMENT 26K
Page 1 of 10**

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PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 24th day of June, 2010 (the "Effective Date"), by and between **Sherman Hospital** (hereinafter "Hospital") and **Total Renal Care, Inc.** a wholly owned corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinics owned and operated by Company:

***Crystal Springs Dialysis
4900 S. Route 31
Crystal Springs, Illinois 60012***

and

***Sherman Hospital Dialysis Center
934 N. Center St.
Elgin, Illinois 60120***

(hereinafter the dialysis clinics shall be referred to individually as the "Dialysis Facility" or together as the "Dialysis Facilities")

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients from the Dialysis Facilities to the Hospital; and

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the Hospital and the Dialysis Facilities.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. HOSPITAL OBLIGATIONS.

(a) The Hospital agrees to accept transfers of dialysis patients from the Dialysis Facilities if beds, personnel, and appropriate services are available, if the transfer has been approved by the admitting physician, and if the transfer is consistent with current patient transfer laws. The Hospital and Dialysis Facilities recognize the privilege of an attending physician and the right of the patient, or the patient through a relative or guardian, to request transfer to an alternate facility. With regard to patients who present with an emergency medical condition, Hospital agrees to comply with the provisions of the Emergency Medical Treatment and Active Labor Act ("EMTALA") and ensure the prompt admission of patients requiring admission, as necessary, and within the capacity and capabilities of the Hospital, All transfers between the facilities shall

be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at the respective Dialysis Facility and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either the Hospital or the Dialysis Facilities.

2. **DIALYSIS FACILITIES OBLIGATIONS.** To the extent possible, Dialysis Facilities staff will stabilize patients prior to transfer and initiate treatment to ensure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. If possible, the Dialysis Facilities shall obtain the patient's written consent for the transfer to the Hospital. The responsibility to arrange for transfer to the Hospital rests with the Dialysis Facilities.

(a) Upon transfer of a patient to Hospital, each Dialysis Facility agrees:

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Dialysis Facilities agree to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;
- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

(c) Each Dialysis Facility agrees to readmit to its facility patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital will attempt to keep the administrator or designee of the Dialysis Facilities advised of the condition of the patients that will affect the anticipated date of transfer back to the respective Dialysis Facility and to provide as much notice of the transfer date as possible. Each Dialysis Facility shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to Dialysis Facility.

3. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

5. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

6. **INSURANCE.**

(a) **Hospital Insurance.** Hospital shall, at its expense, provide and maintain workers' compensation, professional liability and commercial general liability insurance or equivalent coverage for its employees who perform any work, duties or obligations in connection with this Agreement, and public liability and property damage insurance, during the term of this Agreement and thereafter, in amounts not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate. Hospital reserves the right to self-insure this coverage. Hospital shall deliver to Company certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of Company. Hospital's obligation under this Section 6(a) shall survive termination of this Agreement.

(b) **Company Insurance.** Company shall, at its expense, provide and maintain workers' compensation, professional liability, public liability, and property damage insurance during the term of this Agreement and thereafter in amounts not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) per annual aggregate. Company reserves the right to self-insure this coverage. Company shall deliver to Hospital

certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of Hospital. Company's obligation under this Section 6(b) shall survive termination of this Agreement.

7. **INDEMNIFICATION.** The parties agree to indemnify, defend, and hold one another, their officers, agents and employees, harmless from and against any and all liability, loss, expense, attorney's fees, or claims for such liability, loss, expense, attorney's fees, or claims for injury or damages caused by or as a result of the negligent or intentional act or omission of the indemnifying party. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

8. **DISPUTE RESOLUTION.** Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) **Informal Resolution.** Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) **Resolution Through Mediation.** If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the state of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

9. **TERM AND TERMINATION.** This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, and federal or state law prohibits the parties from entering into a similar agreement for the services covered hereunder before the first anniversary of the Effective Date, the parties hereto shall not enter into a similar agreement until the expiration of the initial one (1) year period. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. **AMENDMENT.** This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

11. **ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement, in any other jurisdiction.

12. **EXCLUDED PROVIDER.** Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

13. **NOTICES.** All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital: Sherman Hospital
 1425 N. Randall Road
 Elgin, Illinois 60123
 Attention: CEO

If to Company: Crystal Springs
 DaVita, Inc.
 4900 S. Route 31
 Crystal Springs, Illinois 60012
 Attention: Sandy Hall, Facility Administrator

With copies to: Total Renal Care, Inc.
 c/o: TRC Children's Dialysis Center
 DaVita Inc.
 2611 N. Halsted
 Chicago, Illinois 60614
 Attention: Group General Counsel

DaVita Inc.
601 Hawaii Street
El Segundo, California 90245
Attention: General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

14. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

15. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

16. **NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color religion, sex national origin, handicap, or veteran status.

17. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

18. **GOVERNING LAW.** The laws of the state of state of Illinois shall govern this Agreement.

19. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

20. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

21. **APPROVAL BY DAVITA INC. ("DAVITA") AS TO FORM.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita Inc. as to the form hereof.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

Hospital:

Sherman Hospital

By: Tom Nitz

Name: Tom Nitz

Its: VICE PRESIDENT, ANCILLARY SERVICES

Company:

Total Renal Care, Inc.

By: Kelly B Ladd

Name: Kelly Ladd

Its: Group Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

M Northwestern Memorial® Hospital

June 18, 2010

Kovler Organ Transplantation Center

Karol Rosner, MD
DaVita – Crystal Springs Dialysis
720 Cog Circle
Crystal Lake, IL 60014

RE: Letter of Agreement for Transplantation Services

Dear Dr. Rosner,

It is a pleasure to provide you with the following information about the scope of services provided by the Kovler Organ Transplantation Center at Northwestern Memorial Hospital (the Center) and how the Center works with dialysis centers to enhance communication and coordination of care.

The Center provides all necessary transplant-related services including evaluation of potential kidney and kidney/pancreas recipients, living donors and the on going assessment of the candidacy of patients on the deceased donor waiting list. The Center is also fully qualified to perform kidney, kidney/pancreas transplantation and living donor procedures. The Center will also provide post-operative follow-up and immunosuppression management, until the recipient is stable and referred back to their referring physician.

Basic tissue typing and routine HLA antibody levels for all transplant candidates are performed at the Northwestern University Immunology lab. Cross matching for live donor transplants are also done at the Northwestern University lab. The Center has a contractual relationship with the Gift of Hope Organ and Tissue Donor Bank for deceased donor immunology services.

The Center will notify your facility by letter whenever a patient referred from your facility is listed/delisted for transplant or fails to complete the initial/interval evaluation. Yearly, we will update your facility with the status of your patients on the waiting list including their panel reactive antibody level (PRA). Notification of a patient being transplanted will be made on the day of transplantation or the next business day.

Your facility should notify the Center of any "change in status," as that term is defined in the Centers for Medicare and Medicaid Services (CMS) Interpretive Guidance for the 2008 Conditions of Participation for dialysis units, of any patient from your facility who is listed with the Center by the next business day.

We have designated our transplant nurses Denae DeCrescenzo, Maria Hendricks, Doug Penrod, Judith Stein, Keith Wszolek, Emily Warren and social worker, Martha Escamilla-Arias, as the primary contacts at the Center to work with your facility's designated dialysis unit transplant coordinator.

Thank you for asking us to participate in the care and evaluation of your patients.

Sincerely,



Douglas R. Penrod, RN
Transplant Nurse Coordinator – Outreach Liaison

ATTACHMENT 26K

Page 9 of 10

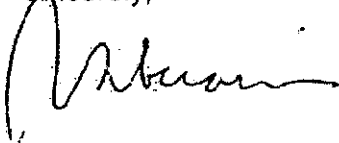
June 18, 2010

RE: Letters of Agreement to Provide Transplant Services

To Whom It May Concern:

Acting as Medical Director of Kidney Transplantation for Northwestern Memorial Hospital, I authorize Douglas Penrod, RN, to sign letters of agreement with dialysis centers to provide transplant services to their patients. Letters of agreement signed by Mr. Penrod under this authorization will remain in effect for their normal period, not to exceed one year, unless revoked in writing by Mr. Penrod or me (or my successor as medical director).

Sincerely,



Michael Abecassis, MD, MBA
Chief, Division of Organ Transplantation
Kovler Organ Transplantation Center
Northwestern Memorial Hospital



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

June 8, 2010

Dale Galassie
Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

RE: Certificate of Need (CON) to Expand, Relocate and Rename Crystal Lake Dialysis Assurances

We attest to the following:

(1) The proposed facility will achieve and maintain the utilization standard specified in 77 Ill. Adm. Code 1100 for in-center hemodialysis by the second year of operation after project completion. We understand that this standard represents 80% utilization by the 24th month of operation, based on three shifts per day, six days per week.

(2) The proposed facility will achieve and maintain compliance with hemodialysis outcome measures as follows:

at least 85% of hemodialysis patients will achieve a urea reduction ratio (URR) of 65% or better and

at least 85% of hemodialysis patients will achieve Kt/V Daugirdas II.1.2.

Thank you for your consideration of this matter.

Sincerely,

Kent Thiry
Chairman and CEO
DaVita Inc.
Total Renal Care Inc.

ATTACHMENT 26L
Page 1 of 8

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CRYSTAL LAKE DIALYSIS CENTER

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	3,396	22
2008	3,218	26
2009	3,114	20

MOST RECENT MONTHLY UTILIZATION

March 2009 – February 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
March	271	22
April	265	21
May	246	20
June	281	23
July	310	23
August	276	23
September	304	24
October	277	25
November	250	22
December	252	20
January	250	21
February	<u>205</u>	<u>21</u>
Total	3,187	21

SOURCES: Crystal Lake Dialysis Center.

NOTES: Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
1	16	191	30	359	59	706	67	801	70	837	197.9
2	17	203	33	395	60	718	67	801	70	837	16.5
3	18	215	35	419	60	718	67	801	70	837	
4	19	227	38	454	61	730	68	813	70	837	204.2
5	20	239	40	478	62	742	68	813	71	849	17.1
6	21	251	43	514	62	742	68	813	71	849	
7	22	263	45	538	63	753	69	825	71	849	205.3
8	23	275	48	574	64	765	69	825	71	849	17.2
9	24	287	50	598	64	765	69	825	72	861	
10	25	299	53	634	65	777	70	837	72	861	214.5
11	26	311	55	658	66	789	70	837	72	861	17.9
12	28	335	58	694	67	801	70	837	72	861	
Total		3,098		6,315 103.9%		9,006 42.6%		9,831 9.2%		10,190 3.8%	

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service

Beginning Patients	16	30	59	67	70
Less 14.0% Mortality	2	4	8	9	10
Ending Patients	28	58	67	70	72
Net New Patients	14	32	16	12	12

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QUALITY OF CARE

HEMODIALYSIS

Crystal Springs Dialysis will provide a high standard of care. See the following page for a summary of recent patient outcomes for DaVita's fifteen (15) other Chicago-area facilities. The data indicate that patient outcomes at DaVita facilities significantly exceed HFSRB standards, as follows:

91.64% of patients experienced urea reduction ratios (URRs) of 65% or higher compared to the State Board standard of at least 85% of patients and

94.98% of DaVita's patients in the Chicago area had a Kt/V Dauridgas II.1.2 compared to the HFSRB standard of 85% of patients.

TRANPLANTATION RATES

In addition, DaVita patients in the Chicago area have transplantation at rates near the national average. Data on the following pages indicate that national transplantation rates in the U.S. for dialysis patients was 4.8% and 4.6% in 2007 and 2008 respectively. In 2008 and 2009 DaVita's Chicago area facilities experienced averaged transplantation rates of 3.81% and 3.34% respectively.

DaVita Chicago Area Facilities
 Clinical Outcomes Review
 April 2009 to March 2010

Adequacy of Dialysis

This facility will be able to demonstrate the ability to provide adequate dialysis with Urea Reduction Ratio (URR) greater than 65% in at least 85% of patients. This data is a compilation of clinical outcomes data from 15 facilities in the Chicago area. They are Logan Square Dialysis, Lake County Dialysis, Lincoln Park Dialysis, Children's Dialysis, Emerald Kidney Center, Olympia Fields Dialysis Center, Chicago Heights Renal Care, Stony Creek Dialysis, Beverly Dialysis, Montclare Dialysis, Mt. Greenwood Dialysis, Lake Villa Dialysis, Little Village Dialysis, Kankakee County Dialysis and Big Oaks Dialysis (partial year report – Dec 2009 through March 2010).

Month	Percent of patients with URR>65%	Percent of patients with KT/V Daugirdas II.1.2
April 2009	90.93%	93.74%
May 2009	92.42%	95.46%
June 2009	92.65%	95.39%
July 2009	91.62%	94.66%
August 2009	91.79%	95.31%
September 2009	92.77%	95.61%
October 2009	92.42%	95.30%
November 2009	91.52%	95.03%
December 2009	90.54%	94.46%
January 2010	89.09%	93.28%
February 2010	91.93%	95.56%
March 2010	91.99%	95.96%
Average	91.64%	94.98%

From: Rick Coffin [mailto:rcoffin@nw10.esrd.net]
Sent: Thu 4/22/2010 9:31 AM
To: Margaret Enger
Subject: RE: Q4 2009 Occupancy Data

Hi Margaret,

I apologize for not getting back to you sooner. I have been out sick for over a week and am playing catch up. The updates you sent should have been completed by now.

As far as National data is concerned we receive a national summary report that shows the total number of patients on dialysis at year end and the number who were transplanted in a given year. We have not received the 2009 report yet but here are the 2007 and 2008 numbers:

2007 - 358,132 on dialysis - 17,354 transplanted

4.8%
4.6%

2008 - 371,315 on dialysis - 17,028 transplanted

Rick

From: Rick Coffin
[mailto:rcoffin@nw10.esrd.net]
Sent: Thu 7/15/2010 9:48 AM
To: Margaret Enger
Subject: RE: Q2 2010 Occupancy Data & 2009
Transplantation Information

2009 - 386,940 on dialysis - 17,418
transplanted

= 4.5%

7/15/2010 10:22 PM

ATTACHMENT 26L
Page 6 of 8

**DaVita - Chicago Region
Transplantation, By Facility**

2008

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	107	26	0	17	0	150	8	5.33%
Lake County - 312	62	20	0	17	0	99	6	6.06%
Lincoln Park - 314	114	21	1	19	0	155	3	1.94%
Children's - 319	11	9	0	2	7	29	9	31.03%
Emerald - 321	114	31	0	18	0	163	3	1.84%
Olympia Fields - 322	102	29	3	26	1	161	3	1.86%
Chicago Heights - 1608	90	22	0	21	1	134	8	5.97%
Stony Creek - 1784	61	21	1	11	1	95	3	3.16%
Beverly - 1785	58	11	0	7	1	77	3	3.90%
Montclare - 2030	68	20	0	16	2	106	4	3.77%
Mt. Greenwood - 2118	68	18	1	14	1	102	3	2.94%
Lake Villa - 2119	32	8	0	7	0	47	0	0.00%
Little Village - 2133	68	12	1	8	0	89	1	1.12%
Kankakee County - 2147	14	19	0	2	0	35	1	2.86%
Big Oaks - 4362						0		n/a
TOTAL	969	267	7	185	14	1442	55	3.81%

SOURCE: DaVita Inc.

Not Open

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DaVita - Chicago Region
Transplantation, By Facility

2009

Facility Name/Number	Patients Beginning Year	Started 1st Time	Restarted	Transferred In	Retired After Transplant	Total Patients	Received Transplant	Transplant %
Logan Square - 311	110	26	0	12	0	148	5	3.38%
Lake County - 312	63	26	1	23	1	114	6	5.26%
Lincoln Park - 314	113	22	1	25	1	162	5	3.09%
Children's - 319	17	11	0	1	1	30	5	16.67%
Emerald - 321	122	20	2	20	1	165	3	1.82%
Olympia Fields - 322	108	28	1	11	1	149	6	4.03%
Chicago Heights - 1608	94	15	2	12	1	124	3	2.42%
Stony Creek - 1784	61	23	3	14	1	102	1	0.98%
Beverly - 1785	59	10	1	9	1	80	4	5.00%
Montclare - 2030	72	18	0	16	2	108	2	1.85%
Mt. Greenwood - 2118	70	25	1	14	1	111	5	4.50%
Lake Villa - 2119	30	12	0	6	0	48	0	0.00%
Little Village - 2133	71	28	0	13	0	112	4	3.57%
Kankakee County - 2147	26	14	0	2	1	43	1	2.33%
Big Oaks - 4362	0	0	0	1	0	1	0	n/a
TOTAL	1016	278	12	179	12	1497	50	3.34%

Source: DaVita Inc.

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RELOCATION

DaVita needs to relocate Crystal Lake Dialysis Center's 6-station facility located at 4900 S. Route 31 in Crystal Lake (60012) as the landlord, Sherman Hospital, is selling the property and the lease expires June 30, 2012 (see Attachment 10, "Discontinuation.") The discontinuation gives DaVita an opportunity to relocate the facility and provide the community with a modern facility.

Historic Utilization

The current facility is located in only 1,191 gross square feet (gsf) which is inadequate to support a 6-station facility (see lease in Attachment 10.) Physicians, patients and staff describe the facility as a "closet." The State Board standard of 470 gsf per station indicates that the facility is seriously undersized, as follows: 1,191 gsf / 470 gsf per station = 2.5 stations! These severe space limitations allow the facility to operate only five (5) of its six (6) stations in very cramped space.

Due to physician and patient support, the facility managed to provide care to upwards of 26 patients in 2008, a remarkable 87% occupancy based on the five (5) stations in operation. However, in recent years larger and more modern facilities have opened in the area and the facility has lost utilization. The facility served 21 patients (70% occupancy) on February 2010 and provided 3,187 treatments in the 12-month period 3/1/09 to 2/1/10 (see Attachment 26M(1) for historic utilization.)

Relocation Ensures Continued, Timely Access to Care in the Area

The following evidence documents the need to relocate and expand the facility to ensure timely access to dialysis services both in the market area and planning area:

- (1) Substantial historic and projected physician support/referrals which are separate and distinct from patient referrals to other projects in the area;
- (2) High (85%) occupancy of dialysis stations currently operating in the market area;
- (3) Service to Planning Area 8 Kane-Lake-McHenry (KLM) residents;
- (4) Growing patient population in the market area;
- (5) High ratio of population per dialysis station in the market area; and
- (6) Low impact on other facilities in the market area.

Historical and Projected Referrals

Drs. Karol Rosner and Bindu Pavithran identify 117 potential patient referrals to support Crystal Springs Dialysis including 24 transfer patients and 93 pre-renal patients. The physicians identify patients by initials and zip code of residence and include pre-renal patients' lab results to provide a basis for projecting the need for dialysis when the facility opens in late 2013. Physicians verify that patient referrals have not been used to support any other pending or approved CON application and verify that the information is true and correct (refer back to letters of referral in Attachment 26C(1).)

Based in part on projected referrals, Crystal Springs would serve 58 patients by the end of the second year reaching 80% occupancy (see facility projected utilization in Attachment 26M(2).) Crystal Spring utilization projections are conservative based on the referring physicians' historical referrals and patient caseloads (see attachments to referral letters in Attachment 26C(1).) In 2009 Drs. Rosner and Pavithran referred 36 new patients to area facilities. These historic referrals are identified by the patients' residential zip code and the name of the recipient facilities.

Similarly, physicians' historic caseloads indicate that the facility's projected utilization is conservative. In the last year Dr. Rosner's practice in the market area grew 19.2% from 52 patients to 62 patients. While Dr. Pavithran's practice is new, she already has eight (8) patients in area facilities, up from ten (10) patients in all of 2009. To support this continued growth, the physician group will add a third nephrologist to the practice this year, Sumit Bector, M.D.

Crystal Springs' utilization projections are further discounted by 14% per year for patient mortality and transplantation.

High Occupancy of Dialysis Stations Operating in the Market Area

The facility serves over 800,000 people living within 30 minutes of the proposed site (refer back to Attachment 26E(2) for zip code and 2000 population data.) Six (6) other facilities serve this large population. In June 2010 these facilities served 367 patients in 72 stations, 85% occupancy (refer back to Attachment 26E(3), The Renal Network data & map of facility locations.) Another 27 stations were not yet in operation, as follows: two (2) new, 12-station facilities (FMC – Elgin and Barrington Creek Dialysis) and ARA – Barrington's three (3) additional stations. However these facilities are each supported by different physicians with separate and distinct referrals! Physicians verify that patient referrals have not been used to support any other pending or approved CON application (see letters of referral in Attachment 26C(1).)

Service to Planning Area 8 Kane-Lake-McHenry (KLM) County Residents

Crystal Springs Dialysis will continue to serve patients in Planning Area, Kane-Lake-McHenry (KLM) Counties. Currently all 21 patients are from the planning area. Of the 117 patient referrals 114 (97.4%) patients live in Planning Area 8, Kane-Lake-McHenry (KLM) Counties. Only the three (3) patients from zip code 60120 (east Elgin) live outside the planning area in DuPage County (refer back to Attachment 26E(5)) for current and projected patient origin.)

Growing Patient Referrals in the Market Area

In-center hemodialysis utilization increases each year in the market area which is an area within 30 minutes travel time of the proposed facility (refer back to Attachment 26E(6).)

Annual Growth in In-Center Hemodialysis Patients in Market Area

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010*</u>
Patients	322	332	352	367
Percent Increase		3.1%	6.0%	8.5%

SOURCE: Number of patients is from The Renal Network.

NOTE: Data for 2010 are annualized from six month's data.

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High Ratio of Population per Dialysis Station in the Market Area

Data on the ratio of people per dialysis station emphasize the need for additional stations in the market area to ensure timely access to care (refer back to Attachment 26E(7).) When the 27 approved stations become operational, the market area's 2000 population of 809,084 will be served by 105 dialysis stations, a ratio of 7,706 people per dialysis station. Comparison of this ratio to Illinois data indicates that the market area has over twice as many people per station than Illinois which has a ratio of only 3,667 people per station. Similarly, the market area's ratio indicates that there are 50% more people per station than Planning Area 8 which has a ratio of 5,137 people per station. These ratios further support the need for Crystal Springs Dialysis to relocate and add stations to ensure timely access to care.

Low impact of the project on other facilities in the market area

Crystal Springs Dialysis will not impact other facilities. Physicians identify 117 patient referrals, 24 transfer patients and 93 pre-renal patients. The transfer patients include thirteen (13) patients from the discontinued facility; five (5) patients from ARA – Crystal Lake, 94% utilized in June 2010; and six (6) patients from QRC – Carpentersville, at 97% utilization in June 2010 (see physicians' letters of referral in Attachment 26C(1).)

In conclusion relocation and expansion of Crystal Springs Dialysis would ensure timely access to needed in-center hemodialysis services by serving a large and growing number of patients. In addition the project would be appropriately utilized; serves a large number of planning area residents; does not impact other dialysis facilities; and improves the distribution of services in the planning area.

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CRYSTAL LAKE DIALYSIS CENTER

ANNUAL HISTORIC UTILIZATION

<u>Year</u>	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
2007	3,396	22
2008	3,218	26
2009	3,114	20

MOST RECENT MONTHLY UTILIZATION

March 2009 – February 2010

	<u>Chronic Hemodialysis</u>	
	<u>Treatments</u>	<u>Patients</u>
March	271	22
April	265	21
May	246	20
June	281	23
July	310	23
August	276	23
September	304	24
October	277	25
November	250	22
December	252	20
January	250	21
February	<u>205</u>	<u>21</u>
Total	3,187	21

SOURCES:

Crystal Lake Dialysis Center.

NOTES:

Number of patients is for the last day of the reporting period.

ATTACHMENT 26M(1)

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CRYSTAL SPRINGS DIALYSIS

**PROJECTED ANNUAL UTILIZATION
2011 - 2013**

<u>Year</u>	<u>Stations</u>	<u>Chronic Hemodialysis</u>	
		<u>Treatments</u>	<u>Patients*</u>
2011	12	3,098	28
2012	12	6,315	58
2013	12	9,006	67

SOURCES: See notarized physician Letter of Referral in Attachment 26C(1).
See Financial Feasibility Study in Attachment 42(4).

NOTES: * Number of patients is for the last day of the reporting period.

IN - CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
0											
1	16	191	30	359	59	706	67	801	70	837	Q1
2	17	203	33	395	60	718	67	801	70	837	2
3	18	215	35	419	60	718	67	801	70	837	3
4	19	227	38	454	61	730	68	813	70	837	4
5	20	239	40	478	62	742	68	813	71	849	Q2
6	21	251	43	514	62	742	68	813	71	849	5
7	22	263	45	538	63	753	69	825	71	849	6
8	23	275	48	574	64	765	69	825	71	849	7
9	24	287	50	598	64	765	69	825	72	861	8
10	25	299	53	634	65	777	70	837	72	861	9
11	26	311	55	658	66	789	70	837	72	861	10
12	28	335	58	694	67	801	70	837	72	861	11
Total		3,098		6,315		9,006		9,831		10,190	12
											78

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service

Beginning Patients	16	30	59	67	70
Less 14.0% Mortality	2	4	8	9	10
Ending Patients	28	58	67	70	72
Net New Patients	14	32	16	12	12

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P.O. Box 2076
Tacoma, WA 98401-2076
1423 Pacific Ave.
Tacoma, WA 98402
Tel: (253) 272-1916
www.davita.com

June 28, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

**RE: DaVita Inc. and Total Renal Care Inc. d/b/a Crystal Springs Dialysis
Documentation of Reasonableness of Financing Arrangements**

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to expand, relocate and rename Crystal Lake Dialysis Center. The 6-station facility, located at 4900 S. Route 31 in Crystal Lake (60012), would be relocated to 720 Cog Circle in Crystal Lake (60014) and expanded to a total of 12 stations. The new facility would be renamed Crystal Springs Dialysis.

DaVita Inc. will provide equity financing for this project. The project consists of the modernization of approximately 6,800 gross square feet (gsf) of leased space and the acquisition of needed equipment. The estimated total project cost is \$1,488,364, excluding the fair market values (FMV) of the space to be leased.

In addition, DaVita Inc. will provide all necessary working capital to cover any initial operating deficit and start-up costs anticipated to be four month's operating expenses.

I have enclosed our 2009 audited financial statements to support our liquidity. If you have any further questions, please contact me.

Sincerely,

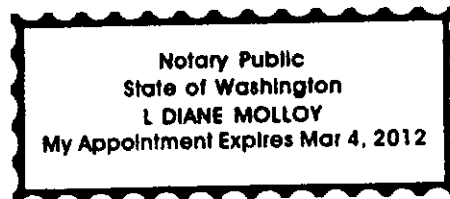

Jim Hilger
Vice President and Controller
Enclosures

ATTACHMENT 39(1)
Page 1 of 8

NOTARY

L. Diane Molloy
6-28-10
Pierre Co.
Washington

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**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 10-K

For the Fiscal Year Ended

December 31, 2009

**ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

Commission File Number: 1-14106

DAVITA INC.

601 Hawaii Street
El Segundo, California 90245
Telephone number (310) 536-2400

Delaware
(State of incorporation)

51-0354549
(I.R.S. Employer
Identification No.)

Securities registered pursuant to Section 12(b) of the Act:

Class of Security:
Common Stock, \$0.001 par value
Common Stock Purchase Rights

Registered on:
New York Stock Exchange
New York Stock Exchange

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes No

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes No

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports) and (2) has been subject to such filing requirements for the past 90 days. Yes No

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K is not contained herein and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K.

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer Accelerated filer Non-accelerated filer Smaller reporting company
(Do not check if a smaller reporting company)

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes No

As of June 30, 2009, the number of shares of the Registrant's common stock outstanding was approximately 104.0 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately \$5.1 billion.

As of January 29, 2010, the number of shares of the Registrant's common stock outstanding was approximately 103.2 million shares and the aggregate market value of the common stock outstanding held by non-affiliates based upon the closing price of these shares on the New York Stock Exchange was approximately \$6.2 billion.

Documents incorporated by reference

Portions of the Registrant's proxy statement for its 2010 annual meeting of stockholders are incorporated by reference in Part III of this Form 10-K.

DAVITA INC.

MANAGEMENT'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

Management is responsible for establishing and maintaining an adequate system of internal control over financial reporting designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with U.S. generally accepted accounting principles and which includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with U.S. generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

During the last fiscal year, the Company conducted an evaluation, under the oversight of the Chief Executive Officer and Chief Financial Officer, of the effectiveness of the design and operation of the Company's internal control over financial reporting. This evaluation was completed based on the criteria established in the report titled "Internal Control—Integrated Framework" issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Based upon our evaluation under the COSO framework, we have concluded that the Company's internal control over financial reporting was effective as of December 31, 2009.

The Company's independent registered public accounting firm, KPMG LLP, has issued an attestation report on the Company's internal control over financial reporting, which report is included in this Annual Report.

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited the accompanying consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2009. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the results of their operations and their cash flows for each of the years in the three-year period ended December 31, 2009, in conformity with U.S. generally accepted accounting principles.

As discussed in Note 1 to the consolidated financial statements, the Company adopted Financial Accounting Standards Board (FASB) Statement of Financial Accounting Standards No. 160, Noncontrolling Interests in Consolidated Financial Statements (included in FASB ASC Topic 810, Consolidation), on a prospective basis except for the presentation and disclosure requirements which were applied retrospectively for all periods presented effective January 1, 2009.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), DaVita Inc.'s internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO), and our report dated February 25, 2010 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

REPORT OF INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM

The Board of Directors and Shareholders
DaVita Inc.:

We have audited DaVita Inc.'s internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). DaVita Inc.'s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying "Management's Report on Internal Control Over Financial Reporting". Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit.

We conducted our audit in accordance with the standards of the Public Company Accounting Oversight Board (United States). Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

In our opinion, DaVita Inc. maintained, in all material respects, effective internal control over financial reporting as of December 31, 2009, based on criteria established in *Internal Control—Integrated Framework* issued by COSO.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States), the consolidated balance sheets of DaVita Inc. and subsidiaries as of December 31, 2009 and 2008, and the related consolidated statements of income, equity and comprehensive income, and cash flows for each of the years in the three-year period ended December 31, 2009, and our report dated February 25, 2010 expressed an unqualified opinion on those consolidated financial statements.

/s/ KPMG LLP

Seattle, Washington
February 25, 2010

DAVITA INC.
CONSOLIDATED STATEMENTS OF INCOME
(dollars in thousands, except per share data)

	Year ended December 31,		
	2009	2008	2007
Net operating revenues	\$ 6,108,800	\$ 5,660,173	\$ 5,264,151
Operating expenses and charges:			
Patient care costs	4,248,668	3,920,487	3,590,344
General and administrative	531,531	508,240	491,236
Depreciation and amortization	228,986	216,917	193,470
Provision for uncollectible accounts	161,786	146,229	136,682
Equity investment income	(2,442)	(796)	(1,217)
Valuation gain on alliance and product supply agreement	—	—	(55,275)
Total operating expenses and charges	<u>5,168,529</u>	<u>4,791,077</u>	<u>4,355,240</u>
Operating income	940,271	869,096	908,911
Debt expense	(185,755)	(224,716)	(257,147)
Other income, net	3,708	12,411	22,460
Income before income taxes	758,224	656,791	674,224
Income tax expense	278,465	235,471	245,581
Net income	479,759	421,320	428,643
Less: Net income attributable to noncontrolling interests	(57,075)	(47,160)	(46,865)
Net income attributable to DaVita Inc.	<u>\$ 422,684</u>	<u>\$ 374,160</u>	<u>\$ 381,778</u>
Earnings per share:			
Basic earnings per share attributable to DaVita Inc.	<u>\$ 4.08</u>	<u>\$ 3.56</u>	<u>\$ 3.61</u>
Diluted earnings per share attributable to DaVita Inc.	<u>\$ 4.06</u>	<u>\$ 3.53</u>	<u>\$ 3.55</u>
Weighted average shares for earnings per share:			
Basic	<u>103,603,885</u>	<u>105,149,448</u>	<u>105,893,052</u>
Diluted	<u>104,167,685</u>	<u>105,939,725</u>	<u>107,418,240</u>

See notes to consolidated financial statements.

DAVITA INC.
CONSOLIDATED BALANCE SHEETS
(dollars in thousands, except per share data)

	December 31,	
	2009	2008
ASSETS		
Cash and cash equivalents	\$ 539,459	\$ 410,881
Short-term investments	26,475	35,532
Accounts receivable, less allowance of \$229,317 and \$211,222	1,105,903	1,075,457
Inventories	70,041	84,174
Other receivables	263,456	239,165
Other current assets	40,234	33,761
Income tax receivable	—	32,130
Deferred income taxes	256,953	217,196
Total current assets	2,302,521	2,128,296
Property and equipment, net	1,104,925	1,048,075
Amortizable intangibles, net	136,732	160,521
Equity investments	22,631	19,274
Long-term investments	7,616	5,656
Other long-term assets	32,615	47,330
Goodwill	3,951,196	3,876,931
	\$7,558,236	\$7,286,083
LIABILITIES AND EQUITY		
Accounts payable	\$ 176,657	\$ 282,883
Other liabilities	461,092	495,239
Accrued compensation and benefits	286,121	312,216
Current portion of long-term debt	100,007	72,725
Income taxes payable	23,064	—
Total current liabilities	1,046,941	1,163,063
Long-term debt	3,532,217	3,622,421
Other long-term liabilities	87,692	101,442
Alliance and product supply agreement, net	30,647	35,977
Deferred income taxes	334,855	244,884
Total liabilities	5,032,352	5,167,787
Commitments and contingencies		
Noncontrolling interests subject to put provisions	331,725	291,397
Equity:		
Preferred stock (\$0.001 par value, 5,000,000 shares authorized; none issued)		
Common stock (\$0.001 par value, 450,000,000 shares authorized; 134,862,283 shares issued; 103,062,698 and 103,753,673 shares outstanding)	135	135
Additional paid-in capital	621,685	584,358
Retained earnings	2,312,134	1,889,450
Treasury stock, at cost (31,799,585 and 31,108,610 shares)	(793,340)	(691,857)
Accumulated other comprehensive loss	(5,548)	(14,339)
Total DaVita Inc. shareholders' equity	2,135,066	1,767,747
Noncontrolling interests not subject to put provisions	59,093	59,152
Total equity	2,194,159	1,826,899
	\$7,558,236	\$7,286,083

See notes to consolidated financial statements.

DAVITA INC.
CONSOLIDATED STATEMENTS OF CASH FLOW
(dollars in thousands)

	Year ended December 31,		
	2009	2008	2007
Cash flows from operating activities:			
Net income	\$ 479,759	\$ 421,320	\$ 428,643
Adjustments to reconcile net income to cash provided by operating activities:			
Depreciation and amortization	228,986	216,917	193,470
Valuation gain on alliance and product supply agreement	—	—	(55,275)
Stock-based compensation expense	44,422	41,235	34,149
Tax benefits from stock award exercises	18,241	13,988	32,788
Excess tax benefits from stock award exercises	(6,950)	(8,013)	(25,541)
Deferred income taxes	50,869	94,912	18,601
Equity investment income, net	(204)	(796)	(1,217)
Loss (gain) on disposal of assets	9,761	15,216	(2,825)
Non-cash debt expense and non-cash rent charges	11,184	11,794	12,713
Changes in operating assets and liabilities, net of effect of acquisitions and divestitures:			
Accounts receivable	(32,313)	(149,939)	15,911
Inventories	15,115	(2,715)	11,271
Other receivables and other current assets	(35,104)	(40,960)	(61,049)
Other long-term assets	7,288	(11,929)	(14,528)
Accounts payable	(104,879)	57,422	(9,216)
Accrued compensation and benefits	(9,138)	(31,602)	9,691
Other current liabilities	(43,543)	8,871	657
Income taxes	44,578	(30,087)	(12,942)
Other long-term liabilities	(11,362)	8,067	5,764
Net cash provided by operating activities	<u>666,710</u>	<u>613,701</u>	<u>581,065</u>
Cash flows from investing activities:			
Additions of property and equipment	(274,605)	(317,962)	(272,212)
Acquisitions	(87,617)	(101,959)	(127,094)
Proceeds from asset sales	7,697	530	12,289
Purchase of investments available-for-sale	(2,062)	(2,009)	(52,085)
Purchase of investments held-to-maturity	(22,664)	(21,048)	(23,061)
Proceeds from the sale of investments available-for-sale	16,693	21,291	32,274
Proceeds from maturities of investments held-to-maturity	16,380	21,355	4,795
Purchase of equity investments	(2,100)	—	(17,550)
Distributions received on equity investments	2,547	908	1,134
Purchase of intangible assets	(329)	(65)	(2,291)
Other investment activity	—	1,220	(2,942)
Net cash used in investing activities	<u>(346,060)</u>	<u>(397,739)</u>	<u>(446,743)</u>
Cash flows from financing activities:			
Borrowings	18,767,592	17,089,018	13,113,640
Payments on long-term debt	(18,828,824)	(17,102,569)	(13,160,942)
Deferred financing costs	(42)	(130)	(4,511)
Purchase of treasury stock	(153,495)	(232,715)	(6,350)
Excess tax benefits from stock award exercises	6,950	8,013	25,541
Stock award exercises and other share issuances, net	67,908	40,247	62,902
Distributions to noncontrolling interests	(67,748)	(59,357)	(48,029)
Contributions from noncontrolling interests	13,071	19,074	14,735
Proceeds from sales of additional noncontrolling interests	9,375	10,701	5,536
Purchases from noncontrolling interests	(6,859)	(24,409)	—
Net cash (used in) provided by financing activities	<u>(192,072)</u>	<u>(252,127)</u>	<u>2,522</u>
Net increase (decrease) in cash and cash equivalents	128,578	(36,165)	136,844
Cash and cash equivalents at beginning of year	410,881	447,046	310,202
Cash and cash equivalents at end of year	<u>\$ 539,459</u>	<u>\$ 410,881</u>	<u>\$ 447,046</u>

See notes to consolidated financial statements.

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FINANCIAL WAIVER

The project is funded by cash and securities and meets the requirements for securing a financial waiver (refer back to Attachment 39 for the equity letter of financing and selected documentation from the 2009 audited financial statement.)

Please refer to CON application #10-004, Grand Crossing Dialysis, permit granted June 8, 2010, for three (3) years of audited financial statements if these documents are still required.

ATTACHMENT 40

DaVita

P.O. Box 2076
Tacoma, WA 98401-2076
1423 Pacific Ave.
Tacoma, WA 98402
Tel: (253) 272-1916
www.davita.com

June 28, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

**RE: DaVita Inc. and Total Renal Care Inc. d/b/a Crystal Springs Dialysis
Documentation of Reasonableness of Financing Arrangements**

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to expand, relocate and rename Crystal Lake Dialysis Center. The 6-station facility, located at 4900 S. Route 31 in Crystal Lake (60012), would be relocated to 720 Cog Circle in Crystal Lake (60014) and expanded to a total of 12 stations. The new facility would be renamed Crystal Springs Dialysis.

DaVita Inc. will provide equity financing for this project. The project consists of the modernization of approximately 6,800 gross square feet (gsf) of leased space and the acquisition of needed equipment. The estimated total project cost is \$1,488,364, excluding the fair market values (FMV) of the space to be leased.

In addition, DaVita Inc. will provide all necessary working capital to cover any initial operating deficit and start-up costs anticipated to be four month's operating expenses.

I have enclosed our 2009 audited financial statements to support our liquidity.
If you have any further questions, please contact me.

Sincerely,


Jim Hilger
Vice President and Controller
Enclosures

ATTACHMENT 42

NOTARY

L. Diane Molloy
6-28-10
Pierre Co.
Washington

197

Notary Public
State of Washington
L DIANE MOLLOY
My Appointment Expires Mar 4, 2012



Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

June 30, 2010

Ms. Delia Wozniak
DMW and Associates, Inc.
3716 N. Bernard Street
Chicago, Illinois 60618

**RE: DaVita Inc. and Total Renal Care Inc. d/b/a Crystal Springs Dialysis
Conditions of the Space Lease**

Dear Ms. Wozniak:

Total Renal Care Inc. wishes to expand, relocate and rename Crystal Lake Dialysis Center. The 6-station facility is currently located at 4100 S. Route 31 in Crystal Lake (60012). The facility would be relocated to 720 Cog Circle and expanded to a total of 12 stations. The new facility would be renamed Crystal Springs Dialysis.

Total Renal Care Inc. would lease and modernize approximately 6,800 gross square feet to house the 12-station dialysis facility and administrative offices.

The lease will be for ten (10) years, with three (3) five-year options to renew. The initial base lease rate would be \$17.75 per square foot triple net for the first five years and increase 3% per year for years 6 – 10.

The terms of the lease appear reasonable based on a comparison to similar rents in the area (see attached analysis.) Also, lease expenses are less costly than constructing a new facility.

Sincerely,

Kent J. Thiry
Chairman & CEO

NOTARY
See attached

Sincerely,

Dennis L. Kogod
Chief Operating Officer

NOTARY
See Attached

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ATTACHMENT 42(1)
Page 1 of 3

State of Colorado

County of: Denver

On 7-15-2010, before me, Kayla M. Ryan, Notary Public,
personally appeared Dennis L. Kogod
(name(s) of signers)

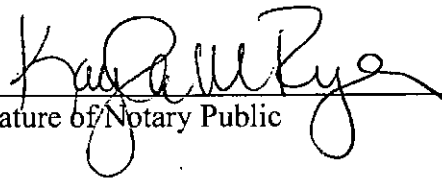
- personally known to me
- provided to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

KAYLA M RYAN
 NOTARY PUBLIC
 STATE OF COLORADO
 MY COMMISSION EXPIRES 5/23/2012

WITNESS my hand and official seal

Place Notary Seal Above



 Signature of Notary Public

My commission expires: 5/23/2012

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State of Colorado

County of: Denver

On 7-15-2010, before me, Kayla M. Ryan, Notary Public,
personally appeared Kent J. Thiry
(name(s) of signers)

- personally known to me
- provided to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

KAYLA M RYAN
NOTARY PUBLIC
STATE OF COLORADO
 MY COMMISSION EXPIRES 5/23/2012

WITNESS my hand and official seal

Place Notary Seal Above

Kayla M Ryan
 Signature of Notary Public

My commission expires: 5/23/2012



Crystal Lake, IL

DaVita/USI Real Estate Services Alliance
Crystal Lake, IL
Opinion of Value
6/09/10

To: Jim Burke
From: Matthew Fetter

The following is the opinion of value of market rent for the facility referenced below.

GOAL: Determine fair market rent for the current tenant as well as the range of fair market values for similar types of properties in this market.

LOCATION: 720 Cog Circle, Crystal Lake, IL. 60014
6,000 SF

ASSUME: 10 year NNN, MEDICAL USE SPACE (DIALYSIS CTR)

RENT/SF: **625 Cog Cir, Crystal Lake, IL**
2,055 SF - \$16.00/SF, NNN \$3.00/SF (est.)
9 Crystal Lake Rd, Lake In The Hills, IL
2,200 SF - \$16.50/SF, NNN \$3.50/SF (est.)
5577-5617 Northwest Hwy, Crystal Lake, IL
2,473 SF - \$18.00/SF, NNN \$3.75/SF (est.)
380 W Terra Cotta Ave, Crystal Lake, IL
1,160 SF - \$15.97/SF, NNN, \$3.50/SF (est.)

CONCESSIONS: Within the location area the average NNN rental rate is \$16.62/SF. Properties used for the BOV are all being marketed towards office/retail/medical users and recently constructed buildings. The market does not currently have market comparables for Build to Suits with DaVita's base scope set.

INSERT OVERVIEW: The BOV is using existing medical buildings in the area for comparison purposes; the buildings do not contain all of DaVita's base building requirements as these will most likely increase the rental rates.

CONCLUSION: Subject location area has an average market rate of \$16.62/SF NNN for recently constructed medical buildings plus the common area maintenance, insurance and tax charges.

Thank you,

Matthew Fetter
Director, Real Estate Services
USI Real Estate Brokerage Services Inc.

ATTACHMENT 42(1A)

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PROJECT COSTS
CRYSTAL SPRINGS DIALYSIS

<u>Area</u>	<u>Amount</u>	<u>Basis for Estimate</u>
PREPLANNING		
CON Fee	\$6,500	Regulation
ARCHITECT/ ENGINEERING FEES	\$48,000	DaVita Estimate
CONSULTING & OTHER FEES		
CON Consulting	\$44,000	Agreement
Legal	\$4,000	DaVita Estimate
Reimbursables	<u>\$5,000</u>	DaVita Estimate
	\$53,000	
NEW EQUIPMENT	\$483,364	DaVita Estimate See following pages for Summary & Full Itemized List
OTHER COSTS TO BE CAPITALIZED		
<u>Utility Hook-ups:</u>		
Electric	\$2,500	DaVita Estimate
Water – Tap	\$2,500	DaVita Estimate
Sewer	\$2,500	DaVita Estimate
Gas	\$5,000	DaVita Estimate
Cable	<u>\$8,000</u>	DaVita Estimate
	(\$20,500)	
<u>Building Systems:</u>		
Telephone System	\$9,000	DaVita Estimate
Network Cabling	\$30,000	DaVita Estimate
Emergency Call System	\$4,500	DaVita Estimate
Security System	\$5,000	DaVita Estimate
Fire Alarm System	<u>\$6,000</u>	DaVita Estimate
	(\$54,500)	
<u>Signage</u>	(\$12,500)	DaVita Estimate
Total	\$87,500	

CRYSTAL SPRINGS DIALYSIS

Summary
Equipment And Furnishings Cost

(See Following Pages for Complete Itemized List)

<u>Equipment Type</u>	<u>Cost</u>
Communications	\$34,500
Water Treatment	\$115,640
Bio-Medical	\$7,850
Re-use Equipment/Fixtures	\$18,325
Clinical Equipment	\$217,656
Clinical Furniture/Fixtures	\$14,998
Lounge Furniture/Fixtures	\$2,870
Storage Fixtures/Equipment	\$6,775
Business Office Fixtures	\$31,750
General Furniture/Fixtures	<u>\$33,000</u>
Total Equipment/Furnishings For Twelve (12) Stations	\$483,364
Total Equipment Cost / Station	\$40,280 per station

Crystal Springs Dialysis anticipates serving its first patient in October 2011.
The facility will reach 80% occupancy in the 24th month of operation, September 2013.

DEVELOPMENT COSTING WORKSHEET - AT STARTUP:

Crystal Springs

Facility #:

Square Footage:	Incremental 6600	Total 6600	550 square feet per station
Number of Hemo Stations (at Startup):	12	12	350 = typical DVA minimum standard
Number of PD Training Rooms:	0	0	
Number of Home Training Stations:	0	0	

	Task Number	#	Cost/Unit	Total Cost	Per Total Sq.		Comments/BDP	
					Ft.	Per Total Station		
Services/Fees	Architecture and Eng. Costs	01.04		\$ 48,000	\$ 7.27	\$ 4,000.00		
	Mover	01.05		\$ -	\$ -	\$ -		
	Legal Fees	01.06		\$ 4,000	\$ 0.61	\$ 333.33		
	CON Expense	01.07		\$ 55,500	\$ 8.41	\$ 4,625.00		
Construction	Gross Interiors (permit included)	02.01		\$ 725,652	\$ 107.06	\$ 60,471.00		
	Gross MBBJ (permit included)	02.02		\$ 56,100	\$ 8.50	\$ 4,675.00		
	Fire & Life Safety	02.03		\$ 28,248	\$ 4.28	\$ 2,354.00		
	Leasehold Improvemt. Credit	02.07		\$ -	\$ -	\$ -		
	Utilities (hook-up)	03.01	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33	
Utilities (hook-up)	Back-up Generator	03.02	0	\$ -	\$ -	\$ -		
	Gas	03.03	1	\$ 5,000	\$ 5,000	\$ 0.76	\$ 416.67	
	Water (tap fee)	03.04	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33	
	Sewer (impact fee)	03.05	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33	
	Cable	03.06	1	\$ 8,000	\$ 8,000	\$ 1.21	\$ 666.67	
	Telephone System	04.01	1	\$ 8,000	\$ 8,000	\$ 1.38	\$ 750.00	
	Network Cabling	04.02	1	\$ 30,000	\$ 30,000	\$ 4.55	\$ 2,500.00	updated per IT 8/8/08
Communications	Emergency Call System	04.03	1	\$ 4,500	\$ 4,500	\$ 0.68	\$ 375.00	
	Security System	04.04	1	\$ 5,000	\$ 5,000	\$ 0.78	\$ 416.67	
	TV System (w/ VCR)	04.05	15	\$ 1,300	\$ 19,500	\$ 2.95	\$ 1,625.00	
	DSS System	04.06	0	\$ 8,400	\$ -	\$ -	\$ -	
	Fire Alarm System	04.07	1	\$ 6,000	\$ 6,000	\$ 0.91	\$ 500.00	
	Chairside Snappy - Server	04.08	1	\$ 8,000	\$ 8,000	\$ 1.21	\$ 666.67	updated per IT 8/8/08
	Chairside Snappy - Machine	04.09	1	\$ 7,000	\$ 7,000	\$ 1.08	\$ 583.33	updated per IT 8/8/08
Water Treatment	R/O System	05.01	1	\$ 90,000	\$ 90,000	\$ 13.64	\$ 7,500.00	
	Station Boxes and Fittings	05.02	13	\$ 625	\$ 8,125	\$ 1.23	\$ 677.08	
	Dry Acid System	05.03	1	\$ 3,800	\$ 3,800	\$ 0.58	\$ 316.67	
	Concentrate Tanks	05.04	2	\$ 800	\$ 1,600	\$ 0.24	\$ 133.33	
	Concentrate Pumps	05.05	2	\$ 800	\$ 1,600	\$ 0.24	\$ 133.33	
	Drum Dolly	05.06	1	\$ 600	\$ 600	\$ 0.09	\$ 50.00	
	Central BI-carb System	05.07	1	\$ 9,665	\$ 9,665	\$ 1.48	\$ 805.42	
	BI-carb Mixer	05.08	0	\$ 3,348	\$ -	\$ -	\$ -	
	BI-carb Drying Racks	05.09	1	\$ 250	\$ 250	\$ 0.04	\$ 20.83	
	Bio-Medical Equipment	Electrical Analyzer/Tester	06.01	0	\$ -	\$ -	\$ -	\$ -
Conductivity Meter		06.02	1	\$ 1,800	\$ 1,800	\$ 0.27	\$ 150.00	
Dialysate Meter		06.03	0	No Need	\$ -	\$ -	\$ -	
R/O TDS Water Meter		06.04	1	\$ 500	\$ 500	\$ 0.08	\$ 41.67	
Air Test Kit		06.05	1	\$ 500	\$ 500	\$ 0.08	\$ 41.67	
Water Analysis Test Kit		06.06	1	\$ 50	\$ 50	\$ 0.01	\$ 4.17	
Heat Block		06.07	0	N/A	\$ -	\$ -	\$ -	
Spill Kit		06.08	0	\$ 1,300	\$ -	\$ -	\$ -	
Respirator		06.09	0	N/A	\$ -	\$ -	\$ -	
Tool Chest - Portable		06.10	0	N/A	\$ -	\$ -	\$ -	
Parts Storage Cart		06.11	0	N/A	\$ -	\$ -	\$ -	
Miscellaneous Technical Tools		06.12	0	N/A	\$ -	\$ -	\$ -	
Miscellaneous Fittings, Tubing		06.13	1	\$ 5,000	\$ 5,000	\$ 0.76	\$ 416.67	
Reuse Equipment/Fixtures	DRS4	07.01	0	No Need	\$ -	\$ -	\$ -	
	Manual Reuse Station	07.02	0	No Need	\$ -	\$ -	\$ -	
	Renatron	07.03	1	\$ 17,500	\$ 17,500	\$ 2.65	\$ 1,458.33	
	Renaclear	07.04	0	\$ 5,355	\$ -	\$ -	\$ -	
Reuse Equipment/Fixtures	Dialyzer Racks	07.05	1	\$ 325	\$ 325	\$ 0.05	\$ 27.08	
	Reuse Refrigerator	07.06	1	\$ 500	\$ 500	\$ 0.08	\$ 41.67	
Clinical Equipment	Dialysis Machine	08.01	14	\$ 13,600	\$ 190,400	\$ 28.85	\$ 15,866.87	
	Diapure Machine	08.04	0	\$ 36	\$ -	\$ -	\$ -	
	Patient Lift	08.02	1	\$ 1,400	\$ 1,400	\$ 0.21	\$ 116.67	
	Scale (lb)	08.03	1	\$ 4,800	\$ 4,800	\$ 0.73	\$ 400.00	
	Scale (PD)	08.04	0	\$ 2,000	\$ -	\$ -	\$ -	
	Lab Refrigerator	08.05	1	\$ 300	\$ 300	\$ 0.05	\$ 25.00	
	Lab Freezer	08.06	1	\$ 365	\$ 365	\$ 0.06	\$ 30.42	
	Meds Refrigerator (lx)	08.07	1	\$ 400	\$ 400	\$ 0.06	\$ 33.33	
	EPO Refrigerator (lx)	08.08	0	\$ -	\$ -	\$ -	\$ -	
	Meds Refrigerator (PD)	08.09	0	\$ 400	\$ -	\$ -	\$ -	
	Microwave (PD)	08.10	0	\$ 117	\$ -	\$ -	\$ -	
	Ice Machine	08.11	1	\$ 3,400	\$ 3,400	\$ 0.52	\$ 283.33	
	Crash Cart	08.12	1	\$ 800	\$ 800	\$ 0.12	\$ 66.67	
	Medication Cart	08.13	1	\$ 1,321	\$ 1,321	\$ 0.20	\$ 110.10	
	Defibrillator	08.14	1	\$ 2,400	\$ 2,400	\$ 0.36	\$ 200.00	
	EKG	08.15	1	\$ 4,150	\$ 4,150	\$ 0.63	\$ 345.83	
	Ambubag	08.16	1	\$ 25	\$ 25	\$ 0.00	\$ 2.08	
	Suction Machine	08.17	1	\$ 250	\$ 250	\$ 0.04	\$ 20.83	
	Oxygen Equipment	08.18	1	\$ 650	\$ 650	\$ 0.10	\$ 54.17	
	Infusion Pump	08.19	1	\$ 2,350	\$ 2,350	\$ 0.36	\$ 195.83	
	IV Pole	08.20	1	\$ 100	\$ 100	\$ 0.02	\$ 8.33	
	ACT Tester	08.21	0	N/A	\$ -	\$ -	\$ -	
	Glucometer	08.22	0	\$ 36	\$ -	\$ -	\$ -	
	Thermometer	08.23	1	\$ 171	\$ 171	\$ 0.03	\$ 14.25	
	Stethoscope	08.24	1	\$ 4	\$ 4	\$ 0.00	\$ 0.33	
	Laryngoscope	08.25	0	\$ 55	\$ -	\$ -	\$ -	
	Ophthalmoscope	08.26	0	\$ 378	\$ -	\$ -	\$ -	
	Centrifuge	08.27	0	N/A	\$ -	\$ -	\$ -	
	Incubator	08.28	0	N/A	\$ -	\$ -	\$ -	
	Ultrasonic Mini Doppler	08.29	0	N/A	\$ -	\$ -	\$ -	
	Mobile BP Module(s)	08.30	1	\$ 120	\$ 120	\$ 0.02	\$ 10.00	
	Infectious Waste Hampers	08.31	0	\$ -	\$ -	\$ -	\$ -	
	Emergency Evacuation Kit	08.32	1	\$ 250	\$ 250	\$ 0.04	\$ 20.83	
Miscellaneous Clinical	08.33	1	\$ 4,000	\$ 4,000	\$ 0.61	\$ 333.33		

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Clinical Furniture/ Fixtures	Diagnosis Chair - regular	09.01	10	\$ 850	\$ 8,500	\$ 1.29	\$ 708.33	
	Diagnosis Chair - oversized	09.02	2	\$ 999	\$ 1,998	\$ 0.30	\$ 166.50	
	Task Stool	09.03	6	\$ 120	\$ 720	\$ 0.11	\$ 60.00	
	Privacy Screen	09.04	2	\$ 425	\$ 850	\$ 0.13	\$ 70.63	
	Exam Table	09.05	0	\$ 844	\$ -	\$ -	\$ -	
	Training Table	09.06	0	N/A	\$ -	\$ -	\$ -	
	Exam Light	09.07	0	N/A	\$ -	\$ -	\$ -	
	Chart Rack	09.08	2	\$ 1,200	\$ 2,400	\$ 0.36	\$ 200.00	
	Wheelchair	09.09	2	\$ 265	\$ 530	\$ 0.08	\$ 44.17	
Lounge Furniture/ Fixtures	Refrigerator (lounge)	10.01	1	\$ 900	\$ 900	\$ 0.14	\$ 75.00	
	Microwave (lounge)	10.02	1	\$ 150	\$ 150	\$ 0.02	\$ 12.50	
	Dishwasher	10.03	0	\$ -	\$ -	\$ -	\$ -	
	Coffee Machine (lounge)	10.04	1	\$ 95	\$ 95	\$ 0.01	\$ 7.92	
	Toaster Oven (lounge)	10.05	1	\$ 125	\$ 125	\$ 0.02	\$ 10.42	
	Lockers	10.06	1	\$ 1,600	\$ 1,600	\$ 0.24	\$ 133.33	
Storage Fixtures/ Equipment	Supply Cart	11.01	1	\$ 150	\$ 150	\$ 0.02	\$ 12.50	
	Shelving	11.02	1	\$ 6,000	\$ 6,000	\$ 0.91	\$ 500.00	
	Hand Dolly	11.03	1	\$ 125	\$ 125	\$ 0.02	\$ 10.42	
	Flatbed Truck (hand)	11.04	1	\$ 200	\$ 200	\$ 0.03	\$ 16.67	
	Utility Cart	11.05	0	N/A	\$ -	\$ -	\$ -	
	Floor Plates	11.06	1	\$ 300	\$ 300	\$ 0.05	\$ 25.00	
	Linen Cart	11.07	0	N/A	\$ -	\$ -	\$ -	
Business Office Fixtures	Copier	13.01	1	\$ 4,500	\$ 4,500	\$ 0.68	\$ 375.00	
	Facsimile	13.02	1	\$ 1,250	\$ 1,250	\$ 0.19	\$ 104.17	
	Timeclock	13.03	0	No Need	\$ -	\$ -	\$ -	
	Computer System	13.04	1	\$ 26,000	\$ 26,000	\$ 3.94	\$ 2,166.67	updated per IT 8/8/08
	Imprinter	13.07	0	\$ -	\$ -	\$ -	\$ -	
General Furniture/ Fixtures	Office Furniture	14.01	1	\$ 24,000	\$ 24,000	\$ 3.64	\$ 2,000.00	
	Artwork/Plants	14.02	1	\$ 4,000	\$ 4,000	\$ 0.61	\$ 333.33	
	Window Blinds/Curtains	14.04	1	\$ 5,000	\$ 5,000	\$ 0.76	\$ 416.67	
Signage	Interior	15.01	1	\$ 2,500	\$ 2,500	\$ 0.38	\$ 208.33	
	Exterior	15.02	1	\$ 10,000	\$ 10,000	\$ 1.52	\$ 833.33	
Gross Leasehold Improvements				\$810,000	\$122.73	\$67,500.00		
Less: Landlord Contribution				\$0	\$0.00	\$0.00		
Leasehold Improvements Total				\$810,000	\$122.73	\$67,500.00		
Fees/Services Total				\$128,000	\$19.39	\$10,666.67		
Furniture/Fixtures/Equipment Total				\$550,364	\$83.39	\$45,853.68		
TOTAL				\$1,488,364	\$225.51	\$124,030.35		
Shipping & Taxes				assumed w/in \$				

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Total Renal Care Inc. d/b/a Crystal Springs Dialysis

Projected Operating Costs

Year 2014

Salaries and Benefits (39%)	\$970,046
Medical Supplies (Excluding Epogen)	<u>\$195,428</u>
TOTAL	\$1,165,474
Number of Treatments	9,006
Cost per Treatment	<u>\$129.41</u>

SOURCE: Feasibility Study in Attachment 42(4).

START-UP COSTS

	Cost	Life	Annual Depreciation
Construction/Contingency	\$810,000	39	\$20,769
Gross site improvements		39	\$0
Pre-opening		0	\$0
Equipment/Furniture	\$550,364	7	\$78,623
Fees/services	\$128,000	39	\$3,282
Shipping/taxes		0	\$0
Total	\$1,488,364		\$102,674
Facility			
Square feet of space	6,600		
Cost per square foot	\$122.73		
Hemo stations	12		

ESTIMATED CAPITAL EXPENDITURES

Year 1	Year 2	Year 3	Year 4	Year 5
\$24,000	\$24,720	\$25,462	\$26,225	\$27,012

INCOME STATEMENT**Pro Forma Projected**

	Year 1	Year 2	Year 3	Year 4	Year 5
Treatments					
Chronic	3,098	6,315	9,006	9,831	10,190
Home	0	0	0	0	0
Total Treatments	3,098	6,315	9,006	9,831	10,190
<i>Growth</i>		103.9%	42.6%	9.2%	3.6%
Net Revenue	\$ 960,268	\$ 1,957,613	\$ 2,791,823	\$ 3,047,647	\$ 3,158,875
<i>Net Revenue/Tx</i>	\$310.00	\$310.00	\$310.00	\$310.00	\$310.00
SW&B	\$376,709	\$695,868	\$970,046	\$1,022,951	\$1,053,944
Other Expenses	\$461,228	\$860,261	\$1,198,356	\$1,307,693	\$1,360,102
Total Expenses	\$837,936	\$1,556,128	\$2,168,402	\$2,330,644	\$2,414,046
EBITDA	\$ 122,332	\$ 401,484	\$ 623,421	\$ 717,003	\$ 744,829
<i>EBITDA/Tx</i>	\$39.49	\$63.58	\$69.22	\$72.93	\$73.09
<i>EBITDA as a % of Revenue</i>	12.7%	20.5%	22.3%	23.5%	23.6%

Depr & Amort	\$15,162	\$159,623	\$160,694	\$161,766	\$162,837
EBIT	\$107,170	\$241,862	\$462,726	\$555,237	\$581,992
Interest Expense	0.0%	\$0	\$0	\$0	\$0
Pre-Tax Income	\$107,170	\$241,862	\$462,726	\$555,237	\$581,992
Income Taxes	39.2%	\$42,011	\$94,810	\$217,653	\$228,141
Net Income	\$65,160	\$147,052	\$281,338	\$337,584	\$353,851
Shares Outstanding	104,765,600	104,765,600	104,765,600	104,765,600	104,765,600
Incremental EPS	\$0.001	\$0.001	\$0.003	\$0.003	\$0.003

PRO FORMA

	Pro Forma Projected					Yr1	Yr2	Yr3	Yr4	Yr5	Per Tx	Est. Per Tx	Year 1	Year 2	Year 3	Year 4	Year 5
	3,098	0	3,098	6,315	0												
Treatments	3,098	0	3,098	6,315	0	9,006	0	9,831	0	10,190	100%		3,098	6,315	9,006	9,831	10,190
Chronic	0			0						0	0%		0	0	0	0	0
PD	3,098			6,315		9,006		9,831		10,190	100%		3,098	6,315	9,006	9,831	10,190
Total Treatments				103.9%		42.6%		9.2%		3.6%			3,098	6,315	9,006	9,831	10,190
Growth													103.9%	42.6%	9.2%		3.6%
REVENUES:																	
In Center	\$955,762			\$2,892,611		\$3,999,806		\$4,401,237		\$4,598,707			\$955,762	\$2,892,611	\$3,999,806	\$4,401,237	\$4,598,707
Home	\$0			\$0		\$0		\$0		\$0			\$0	\$0	\$0	\$0	\$0
Epogen	\$352,709			\$31,401		\$44,782		\$48,885		\$50,669			\$352,709	\$31,401	\$44,782	\$48,885	\$50,669
Other Ancillary	\$139,911			\$46,050		\$65,673		\$71,691		\$74,307			\$139,911	\$46,050	\$65,673	\$71,691	\$74,307
Gross Revenue	\$1,448,382			\$2,970,061		\$4,110,260		\$4,521,813		\$4,723,684			\$1,448,382	\$2,970,061	\$4,110,260	\$4,521,813	\$4,723,684
Less:																	
Contractual Allowances	(\$488,114)			(\$1,012,448)		(\$1,318,437)		(\$1,474,166)		(\$1,564,809)			(\$488,114)	(\$1,012,448)	(\$1,318,437)	(\$1,474,166)	(\$1,564,809)
Epogen Allowance	\$0			\$0		\$0		\$0		\$0			\$0	\$0	\$0	\$0	\$0
Net Revenue	\$960,268			\$1,957,613		\$2,791,823		\$3,047,647		\$3,158,875			\$960,268	\$1,957,613	\$2,791,823	\$3,047,647	\$3,158,875
Net Revenue/Tx	\$310			\$310		\$310		\$310		\$310			\$310	\$310	\$310	\$310	\$310
EXPENSES:																	
SW&B - Chronic	\$376,709			121.61		110.19		104.05		103.43			\$376,709	\$695,868	\$970,046	\$1,022,951	\$1,053,944
SW&B - Home	\$0			\$0		\$0		\$0		\$0			\$0	\$0	\$0	\$0	\$0
Medical Supplies - Chronic	\$42,438			13.70		13.70		13.70		13.70			\$42,438	\$86,514	\$123,381	\$134,686	\$139,602
Medical Supplies - Home	\$0			\$0		\$0		\$0		\$0			\$0	\$0	\$0	\$0	\$0
Pharmacy	\$24,781			8.00		8.00		8.00		8.00			\$24,781	\$50,519	\$72,047	\$78,649	\$81,519
Lab	\$46,504			15.01		15.01		15.01		15.01			\$46,504	\$94,803	\$135,203	\$147,592	\$152,978
Epogen	\$2,425			0.78		0.78		0.78		0.78			\$2,425	\$4,943	\$7,049	\$7,695	\$7,976
Provision for Bad Debts	\$124,330			40.14		41.14		43.22		44.30			\$124,330	\$259,797	\$379,768	\$424,932	\$451,452
Utilities and Telephone	\$0			8.22		8.22		8.22		8.22			\$0	\$1,877	\$3,983	\$80,763	\$83,710
Maintenance and Repair	\$19,829			6.40		5.59		4.05		3.42			\$19,829	\$35,284	\$42,483	\$39,806	\$34,833
Insurance	\$26,079			8.42		7.93		7.93		7.93			\$26,079	\$50,090	\$71,436	\$77,982	\$80,828
Taxes and Licenses	\$5,796			1.87		1.93		2.04		2.11			\$5,796	\$12,171	\$17,878	\$20,101	\$21,460
Other Supplies	\$41			0.01		0.01		0.01		0.01			\$41	\$71	\$85	\$79	\$68
Physician Fees	\$6,206			2.00		2.00		2.00		2.00			\$6,206	\$12,653	\$18,044	\$19,698	\$20,417
Rent	\$20,173			6.51		6.34		6.59		6.72			\$20,173	\$40,015	\$58,209	\$64,814	\$68,523
G&A Expenses	\$45,000			14.53		7.13		4.58		4.42			\$45,000	\$45,000	\$45,000	\$45,000	\$45,000
Total Expenses	\$30,362			9.80		4.95		3.37		3.35			\$30,362	\$31,272	\$32,211	\$33,177	\$34,172
	\$41,818			13.50		13.50		13.50		13.50			\$41,818	\$85,251	\$121,579	\$132,720	\$137,564
	\$812,489			\$262.29		270.51		237.07		236.91			\$837,936	\$1,556,128	\$2,168,402	\$2,330,644	\$2,414,046

EBITDA	\$147,779	\$47.71	\$122,332	\$401,484	\$623,421	\$717,003	\$744,829
EBITDA/Tx	\$39.49	\$63.58	\$69.22	\$72.93	\$73.09	\$73.09	\$73.09
EBITDA as a % of Revenue	15.4%	20.5%	22.3%	23.5%	23.6%	23.6%	23.6%
Depr & Amort	\$0	\$15,162	\$159,623	\$160,694	\$161,766	\$162,837	\$162,837
EBIT	\$147,779	\$107,170	\$241,862	\$462,726	\$555,237	\$581,992	\$581,992
CASH FLOW:							
Net Income	\$65,160	\$147,052	\$281,338	\$281,338	\$337,584	\$353,851	\$353,851
Depr & Amort	\$15,162	\$159,623	\$160,694	\$160,694	\$161,766	\$162,837	\$162,837
Capital Expenditures	(\$24,000)	(\$24,720)	(\$25,462)	(\$25,462)	(\$26,225)	(\$27,012)	(\$27,012)
Incremental Working Capital							

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IN-CENTER

Month	Year 1		Year 2		Year 3		Year 4		Year 5		Y1 by Quarter
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	
1	16	191	30	359	59	706	67	801	70	837	Q1
2	17	203	33	395	60	718	67	801	70	837	2
3	18	215	35	419	60	718	67	801	70	837	3
4	19	227	38	454	61	730	68	813	70	837	Q2
5	20	239	40	478	62	742	68	813	71	849	4
6	21	251	43	514	62	742	68	813	71	849	5
7	22	263	45	538	63	753	69	825	71	849	6
8	23	275	48	574	64	765	69	825	71	849	7
9	24	287	50	598	64	765	69	825	72	861	8
10	25	299	53	634	65	777	70	837	72	861	9
11	26	311	55	658	66	789	70	837	72	861	10
12	28	335	58	694	67	801	70	837	72	861	11
Total		3,098		6,315 103.9%		9,006 47.5%		9,831 9.2%		10,190 3.6%	12

HOME

Month	Year 1		Year 2		Year 3		Year 4		Year 5	
	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments	Patients	Treatments
1	0	0	0	0	0	0	0	0	0	0
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total										

New Patients on Service

Beginning Patients	16	30	59	67	70
Less 14.0% Mortality	2	4	8	9	10
Ending Patients	28	58	67	70	72
Net New Patients	14	32	16	12	12

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Crystal Springs

Assumptions for Denovo:

Expansion Costs:	
Pre. Opening	\$0
Construction/Contingency	\$810,000
Gross site improvements	\$0
Equipment & Furniture	\$550,364
Fees/services	\$128,000
Total	<u>\$1,488,364</u>

Revenues & Expenses: Preliminary Based on Crystal Lake Pro-forma provided by Alan Zang (Deal Depot)

Bad Debt: Based on 2.65% of net revenue.

Proposed Staffing: Based on \$122 (including benefits) first year actual per treatment.
Benefits portion of SWBs is approximately 39%

Patient Census: Year one average census of 22 (3,098 treatments per year) for year 1 with an annual growth rate of 104% (Year 2),
43% (Year 3), 9% (Year 4), 4% (Year 5)

Working Capital: Provided by : DAVITA and Net Income
Assumes A/R @ 120 days first year and 70 days year 2,3,4 and 5
Assumes A/P @ 24 days

Total Renal Care Inc. d/b/a Crystal Springs Dialysis

Projected Capital Costs

Year 2014

Depreciation/Amortization	\$160,694
Interest	<u>0</u>
TOTAL	\$160,694
Number of Treatments	9,006
Capital Cost per Treatment	<u>\$17.84</u>

SOURCE: Feasibility Study in Attachment 42(4).

ATTACHMENT 42(5)

Safety Net Impact Statement

The project has no impact on "Safety Net Service" providers as defined in Public Act 96-031. Hemodialysis is a unique health care service which is covered by Medicare regardless of patient age. The rare patient who may ultimately be denied Medicare coverage due to lack of citizenship receives coverage through the State of Illinois' Medicaid program. See the following pages for three (3) years' data on revenues, costs, patients and treatments by payer for DaVita's Illinois and Chicago facilities.

DaVita facilities will provide any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

Below is the process whereby DaVita ensures that patients receive care. DaVita first verifies Medicare or Medicaid eligibility and/or private insurance coverage. Patients who lack insurance are authorized to receive treatment at the facility level with necessary written approval while they complete necessary applications for Medicare or Medicaid. Medicaid under Illinois law will provide treatment back to the first date of treatment. Medicare has a waiting period of 90 days after starting an ongoing course of dialysis. In any case, DaVita treats the patient with ongoing dialysis whether the service is ever covered or not.

Persons, who are not eligible for medical benefits because they do not meet citizenship/immigration requirements, may qualify for medical emergency care under Illinois law. Hemodialysis is considered an emergency medical condition and as long as the patient needs hemodialysis services they are covered. If there is a gap in coverage or eligibility for coverage at any time and in any case, DaVita provides care to those in any of those circumstances.

DaVita offers monthly pre-ESRD teaching to any patient who would like to attend at community based centers near its dialysis centers. Classes consist of the following different curricula: Making Healthy Choices, Taking Control and Treatment Choices including transplant services from local programs. The classes offer patients tips on how to maintain healthy living and the pro and cons of the options available for treating end stage renal disease (ESRD) along with the process to receive a transplant.

DaVita also has a website (DaVita.com) that offers an education section with topics such as kidney disease, dialysis, home dialysis, transplant and diet & nutrition. The DaVita website contains multiple sources for services available, recipes for patients with ESRD, other tools provided by DaVita and videos about multiple topics.

DaVita Clinical Research (DCR) is a renal Phase I-IV clinical trial site and site management organization. It offers the following services: Phase I-IV, Pharmacokinetics, and Pharmacodynamics. Our specialty patient population includes Renal, Renal Transplants and Peritoneal Dialysis. DCR is committed to the success of our customers' studies in providing the highest quality, professional services. It is unique, with Phase I-IV clinical trial capabilities, quick local or central institutional review board (IRB) approval, rapid enrollment of patients and board-certified physicians committed to managing all protocol-related activities. It has been conducting clinical trials for over 15 years and has worked with over 65 drug and device sponsors, to provide quality, timely and cost effective clinical trials.

DAVITA INC.

**Illinois
Chronic Hemodialysis**

Safety Net Information

CHARITY CARE	<u>2007</u>	<u>2008</u>	<u>2009</u>
Charity (# of Self-Pay Patients)	8	10	19
Charity (Self-Pay Cost)	\$244,745	\$321,510	\$597,263
MEDICAID			
Medicaid (Patients)	204	214	220
Medicaid (Revenue)	\$8,929,985	\$9,073,985	\$9,212,781

SOURCE: DaVita Inc.

NOTE: Illinois includes Heartland Regions 1 and 2 + Star Catchers Regions 2, 4, and 8.

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DaVita Inc.

Revenues and Treatments, By Payer

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS REVENUES			
Medicare	\$79,229,775	\$82,651,051	\$88,220,128
Blue Cross/Blue Shield	\$24,022,742	\$20,454,198	\$23,668,861
Medicaid	\$8,929,985	\$9,073,985	\$9,212,781
Self Pay	\$250,518	\$297,508	\$575,803
Commercial/all other	\$51,532,023	\$44,746,861	\$44,895,814
Total	\$163,965,043	\$157,223,604	\$166,573,387
CHICAGO REVENUES			
Medicare	\$28,149,305	\$30,390,842	\$32,127,717
Blue Cross/Blue Shield	\$12,541,341	\$10,815,424	\$11,415,959
Medicaid	\$5,366,104	\$5,497,429	\$5,550,862
Self Pay	\$150,073	\$155,138	\$376,585
Commercial/all other	\$17,100,684	\$14,432,920	\$14,509,169
Total	\$63,307,508	\$61,291,753	\$63,980,292
Illinois Treatments			
Medicare	337,187	355,978	372,720
Blue Cross/Blue Shield	22,341	24,120	26,829
Medicaid	30,242	30,615	31,392
Self Pay	1,129	1,478	2,723
Commercial/all other	47,034	48,985	48,791
Total	437,932	461,176	482,455
Chicago Treatments			
Medicare	111,579	122,087	127,472
Blue Cross/Blue Shield	10,864	12,663	13,048
Medicaid	17,964	18,357	18,655
Self Pay	634	736	1,722
Commercial/all other	11,521	11,156	11,936
Total	152,561	164,999	172,833

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DaVita Inc.

Patients , By Payer

	2007	2008	2009
	ILLINOIS PATIENT COUNT (Estimate)		
Medicare	2,275	2,494	2,606
Blue Cross/Blue Shield of IL	151	169	188
Medicaid	204	214	220
Self Pay	8	10	19
Commercial/all other	317	343	341
Total	2,954	3,230	3,374
<i>Tx / Pt</i>	148.2	142.8	143.0
	CHICAGO PATIENT COUNT (Estimate)		
Medicare	780	855	880
Blue Cross/Blue Shield of IL	76	89	90
Medicaid	126	129	129
Self Pay	4	5	12
Commercial/all other	81	78	82
Total	1,067	1,156	1,193
<i>Tx / Pt</i>	143.0	142.7	144.9

Methodology:

Chicago includes Heartland Regions 1 and 2

Illinois includes Heartland Regions 1 and 2 + Star Catchers Regions 2, 4, and 8

Pulled historical Treatments and Patient count from essbase

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DaVita Inc.

Cost per Treatment

	<u>2007</u>	<u>2008</u>	<u>2009</u>
ILLINOIS Cost per Treatment			
Salary Wage & Benefit	\$ 76.30	\$ 78.12	\$ 77.10
Medical Supplies	\$ 89.11	\$ 87.17	\$ 89.20
Other Controllable Expense	\$ 19.46	\$ 19.81	\$ 19.35
Other Operating Expense	\$ 31.90	\$ 32.43	\$ 33.68
Pre G&A Expense per Tx	\$ 216.78	\$ 217.53	\$ 219.34
CHICAGO Cost per Treatment			
Salary Wage & Benefit	\$ 87.04	\$ 89.65	\$ 87.57
Medical Supplies	\$ 95.48	\$ 93.66	\$ 93.23
Other Controllable Expense	\$ 21.68	\$ 21.60	\$ 20.82
Other Operating Expense	\$ 37.08	\$ 36.69	\$ 37.99
Pre G&A Expense per Tx	\$ 241.28	\$ 241.60	\$ 239.61

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CHARITY CARE*

DaVita Inc.

Illinois Facilities

<u>CHARITY CARE/SELF PAY*</u>			
	<u>2007</u>	<u>2008</u>	<u>2009</u>
Net Patient Revenue	\$163,965,043	\$157,223,604	\$166,573,387
Amount of Charity Care (Self Pay) (revenues)	\$250,518	\$297,508	\$575,803
Cost of Charity Care	\$244,745	\$321,510	\$597,263

SOURCE: DaVita Inc.

NOTES: Illinois facilities include Heartland Regions 1 and 2 and Star Catcher's Regions 2, 4, and 8.

In-center hemodialysis is a unique health service covered by Medicare regardless of patient age. The rare patient who may be denied Medicare coverage due to lack of citizenship receives coverage through Illinois' Medicaid program. Therefore, DaVita does not have charity care to report that meets the State of Illinois definition.

DaVita provides any member of the community with dialysis services prescribed by a licensed physician. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability. In addition, DaVita provides service to persons with barriers to mainstream health care due to lack of insurance, inability to pay, or geographic isolation.

While "Self-pay" patients are billed for services their care is largely discounted and written off as bad debt upon approval of the Regional Operations Director.

ATTACHMENT 44

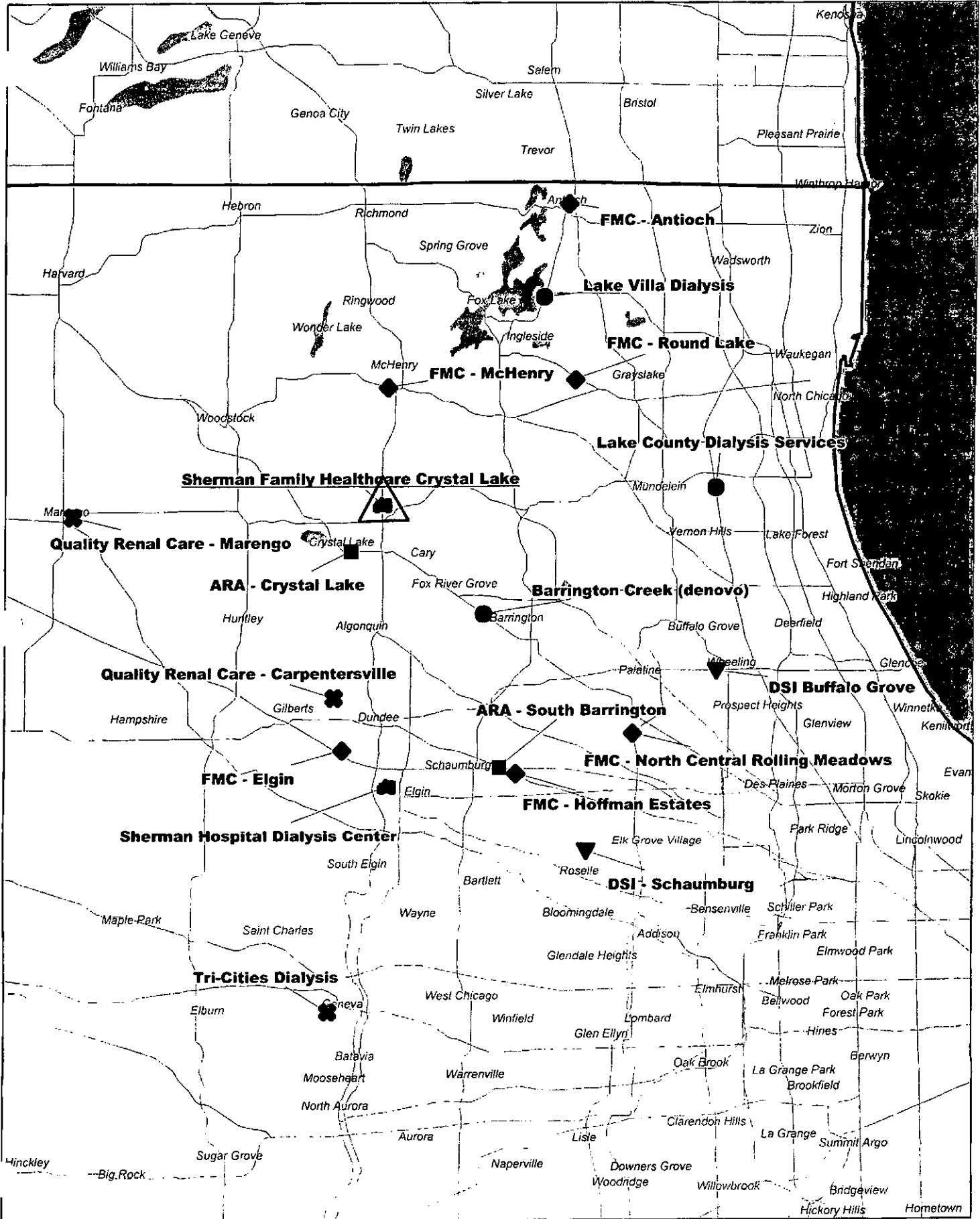
217

APPENDIX 1

Documentation

**List of Facilities within 45 minutes of the
Existing
Crystal Lake Dialysis Center**

Facilities 45 Minutes from Current Lake Crystal Address



ARA
 DaVita
 DSI
 FMC
 independent
 hospital

ESRD FACILITIES WITHIN 45 MINUTES ADJUSTED TRAVEL TIME OF CRYSTAL LAKE DIALYSIS CENTER

Label	Ref #	Mapquest Facility	Street1	City	State	ZipCode	Mileage	Drive Time	MapQuest Time Adjustment (1.15)
8-11	1	ARA - Crystal Lake	6298 Northwest Highway	Crystal Lake	IL	60014	3.91	7	8.05
8-9	2	FMC - McHenry	4312 W Elm Street	McHenry	IL	60050	6.56	10	11.5
7-54	3	Barrington Creek (denovo)	28160 W. Northwest Highway	Barrington	IL	60010	8.9	15	17.25
8-13	4	Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	IL	60110	11.86	16	18.4
8-6	27	FMC - Elgin	2130 Point Blvd	Elgin	IL	60123	14.98	21	24.15
8-12	5	FMC - Round Lake	401 W Nippersink Avenue	Round Lake Heights	IL	60073	16.34	24	27.6
7-46	6	Quality Renal Care - Marengo	910 Greenlee Street	Marengo	IL	60152	17.23	24	27.6
8-7	7	ARA - South Barrington	33 W Higgins Road	South Barrington	IL	60010	17.89	26	28.9
7-18	8	Lake Villa Dialysis	37809 N Illinois Route 59	Lake Villa	IL	60046	16.97	27	31.05
8-14	9	FMC - Hoffman Estates	3150 W Higgins Road	Hoffman Estates	IL	60195	18.53	28	32.2
7-31	10	Sherman Hospital Dialysis Center	934 N Center Street	Elgin	IL	60120	16	29	33.35
7-21	11	DSJ Buffalo Grove	1281 W Dundee Road	Buffalo Grove	IL	60089	20.12	33	37.95
8-8	12	FMC - North Central Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	IL	60008	22.34	34	39.1
8-5	13	FMC - Antioch	311 W Depot Street	Antioch	IL	60002	22.27	36	41.4
8-15	14	Lake County Dialysis Services	918 S Milwaukee Avenue	Libertyville	IL	60048	20.84	38	43.7
7-32	15	Tri-Cities Dialysis	306 Randall Road	Geneva	IL	60134	28.35	38	43.7
7-9	16	DSI - Schaumburg	1156 S Roselle Road	Schaumburg	IL	60193	24.33	39	44.85
7-30	17	FMC - Elk Grove Dialysis Center	901 Biesterfeld Road	Elk Grove Village	IL	60007	27.15	40	48
8-2	18	DSI - Arlington Heights	17 W Golf Road	Arlington Heights	IL	60006	24.63	40	48
8-3	19	FMC - Gurnee	101 S Greenleaf Avenue	Gurnee	IL	60031	28.49	40	48
7-50	20	FMC Lake Bluff	101 Waukegan Road	Lake Bluff	IL	60044	28.39	41	47.15
7-51	21	FMC-West Chicago	1859 Neilson Blvd	West Chicago	IL	60185	27.74	41	47.15
8-1	22	FMC - Deerfield	405 Lake Cook Road	Deerfield	IL	60015	27.11	42	48.3
7-11	23	Waukegan Dialysis Center	1616 N Grand Avenue	Waukegan	IL	60085	29.36	49	56.35
8-4	24	FMC - Glenview Dialysis Center	4248 Commercial Way	Glenview	IL	60025	30.66	49	56.35
7-23	26	Highland Park Hospital	718 Glenview Avenue	Highland Park	IL	60035	29.07	50	57.5
	25	Lutheran General - Neomedica	9371 N. Milwaukee Avenue	Niles	IL	60714	32.66	54	62.1

Indicates that travel time exceeds 45 minutes with HFSRB adjustment

SOURCES: MapQuest



MAPQUEST.

Notes

ARA - Crystal Lake



Trip to 6298 Northwest Hwy

Crystal Lake, IL 60014-7933

3.91 miles - about 7 minutes

①



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 2.0 mi



2. Take the **US-14** ramp.

go 0.2 mi



3. Turn **RIGHT** onto **US-14 / NORTHWEST HWY.**

go 1.7 mi



4. **6298 NORTHWEST HWY** is on the **RIGHT.**

go 0.0 mi

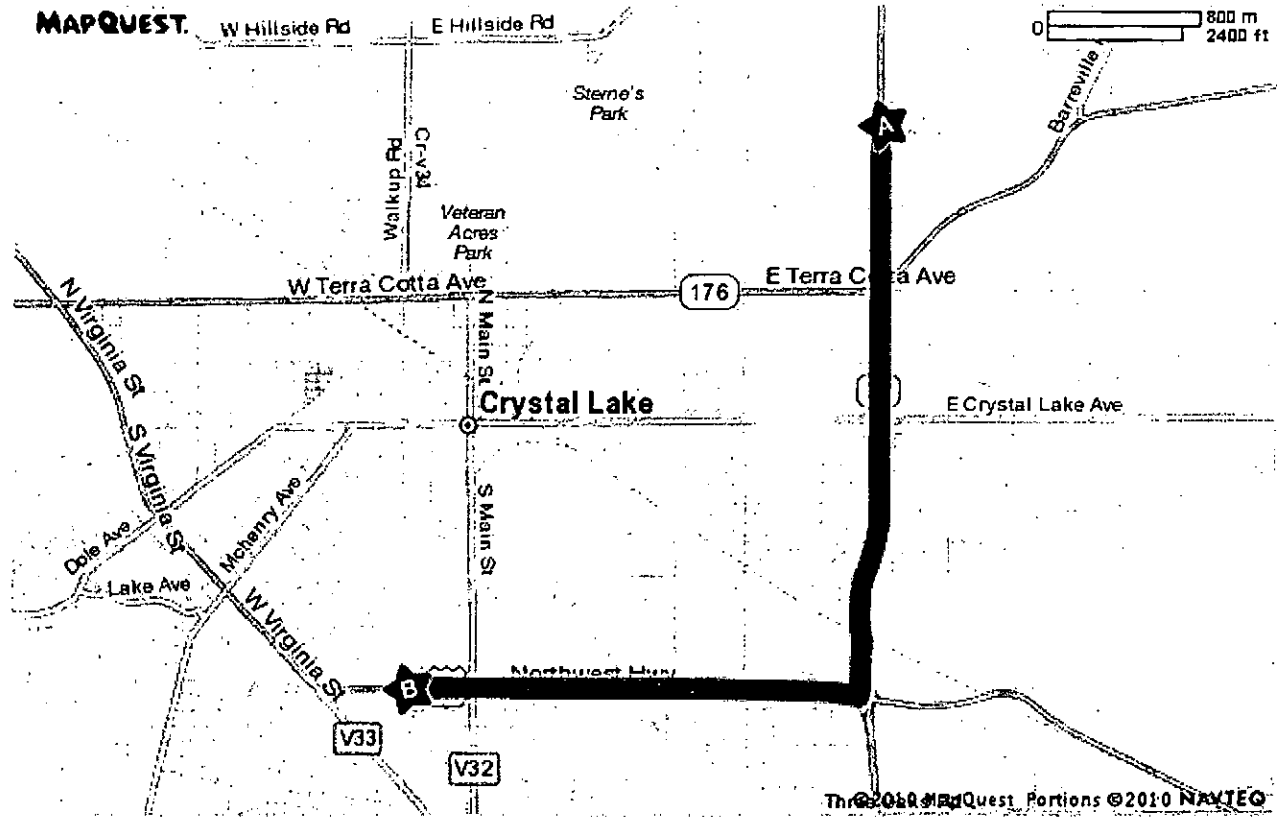


6298 Northwest Hwy, Crystal Lake, IL 60014-7933

Total Travel Estimate : 3.91 miles - about 7 minutes

Route Map [Hide](#)

221



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222



MAPQUEST.

Trip to 4312 W Elm St
McHenry, IL 60050-4003
6.56 miles - about 10 minutes

Notes

FMC - McHenry

②



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **NORTH** on **IL-31** toward **DRAKE DR.**

go 6.1 mi



2. Turn **LEFT** onto **W ELM ST / IL-120.**

go 0.4 mi



3. **4312 W ELM ST** is on the **RIGHT.**

go 0.0 mi

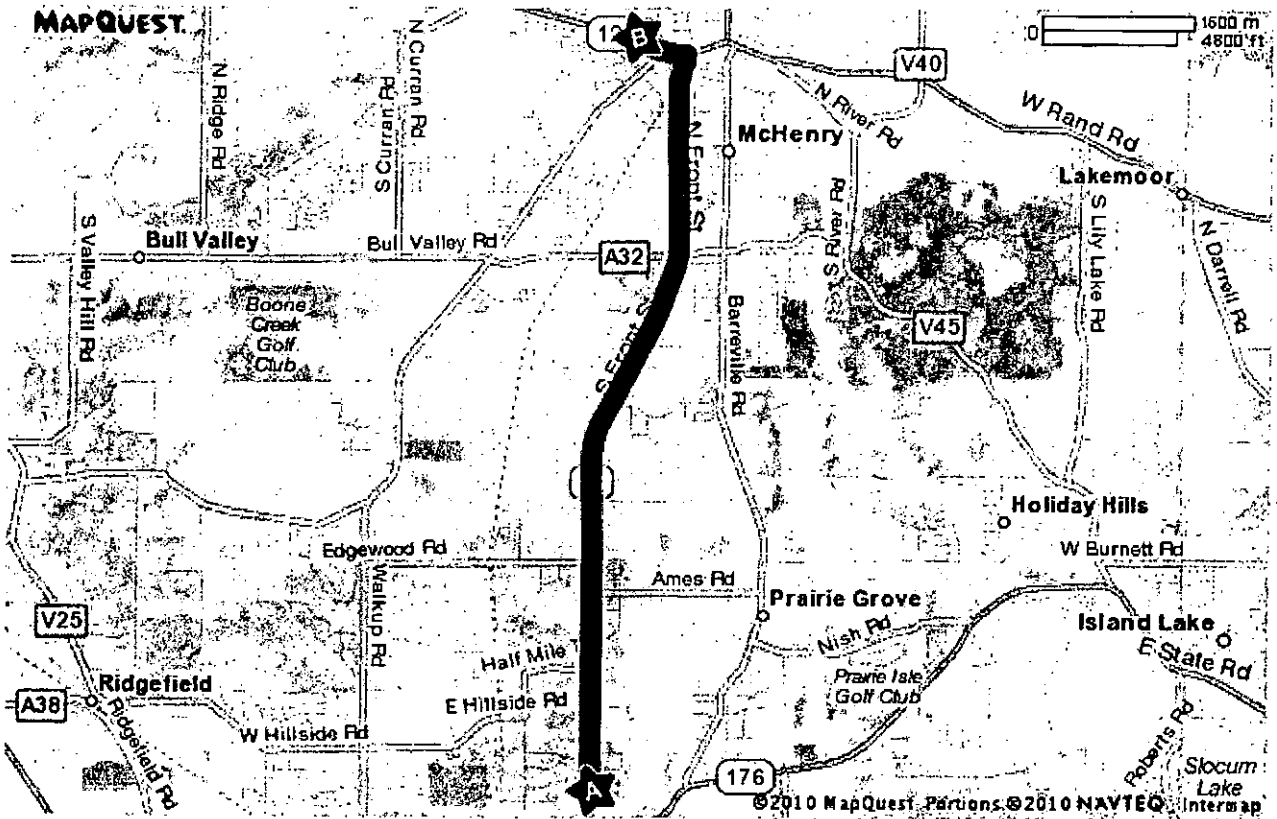


4312 W Elm St, McHenry, IL 60050-4003

Total Travel Estimate : 6.56 miles - about 10 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

DaVita - Barrington Creek

3

Trip to 28160 W Northwest Hwy
Lake Barrington, IL 60010-2324
8.90 miles - about 15 minutes



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 2.0 mi



2. Take the **US-14** ramp.

go 0.2 mi



3. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14 E.**

go 6.5 mi



4. Make a **U-TURN** onto **W NORTHWEST HWY / US-14 W.**

go 0.1 mi



5. **28160 W NORTHWEST HWY** is on the **RIGHT.**

go 0.0 mi

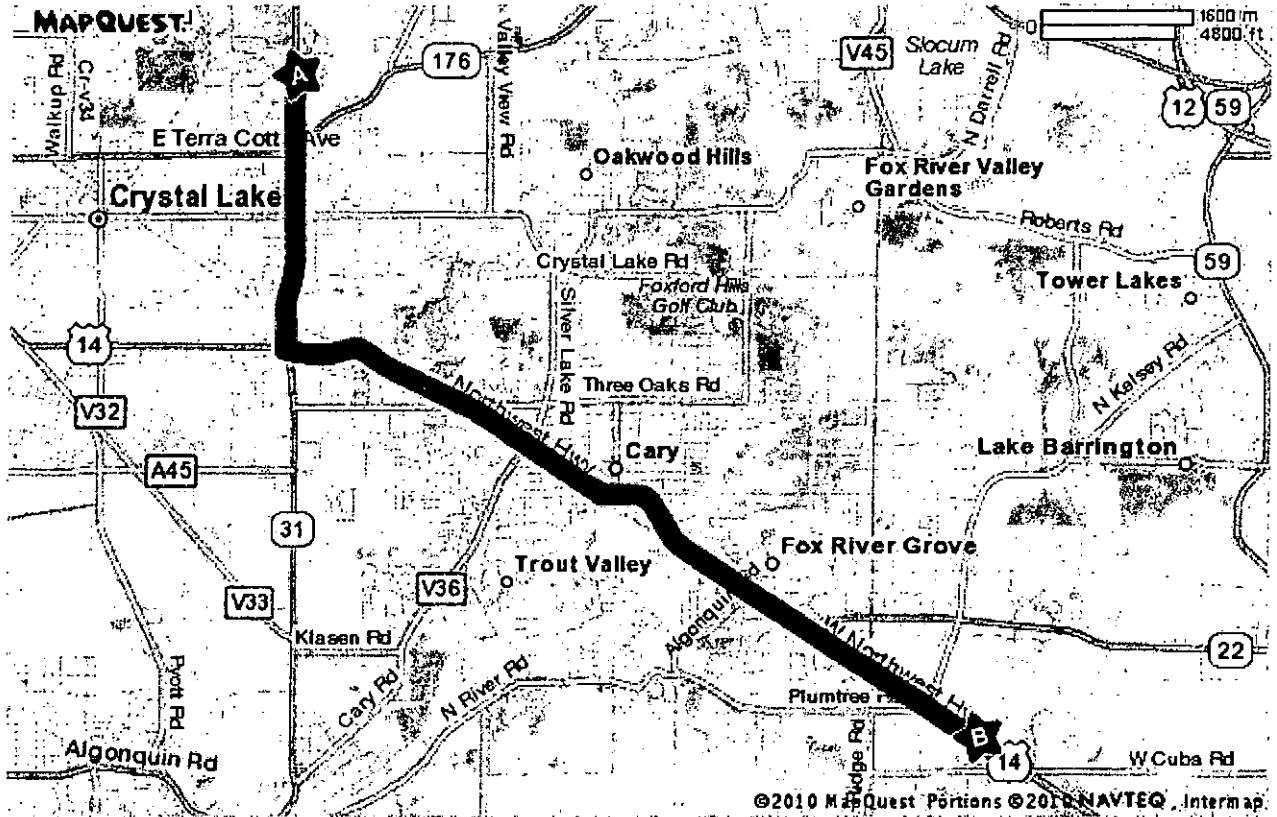


28160 W Northwest Hwy, Lake Barrington, IL 60010-2324

Total Travel Estimate : 8.90 miles - about 15 minutes

Route Map [Hide](#)

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226



MAPQUEST.

Trip to 2203 Randall Rd
Carpentersville, IL 60110-3355
11.86 miles - about 16 minutes

Notes

QRC - Carpentersville

④



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 3.2 mi



2. Turn **RIGHT** onto **CR-A45 / JAMES R RAKOW RD.**
Continue to follow **JAMES R RAKOW RD.**

go 2.7 mi



3. **JAMES R RAKOW RD** becomes **RANDALL RD.**

go 5.9 mi



4. **2203 RANDALL RD** is on the **LEFT.**

go 0.0 mi

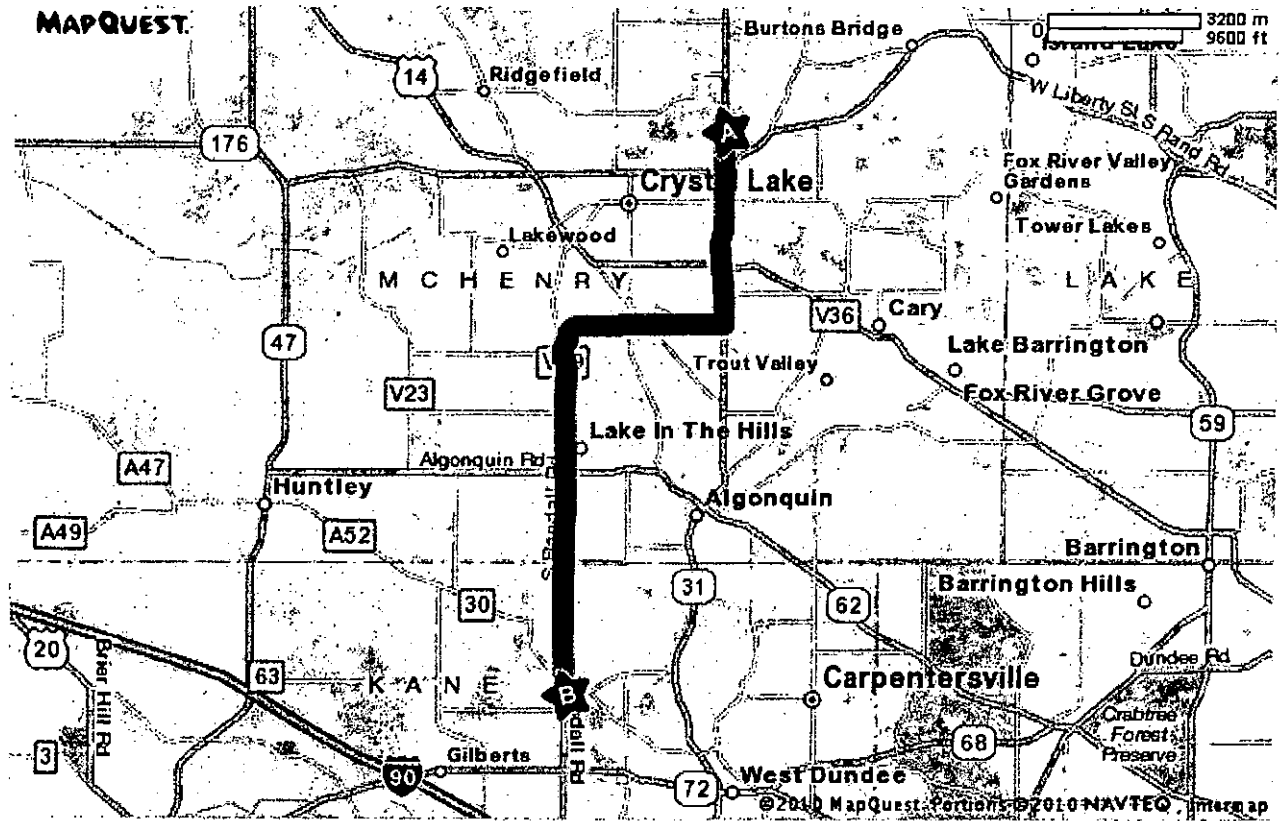


2203 Randall Rd, Carpentersville, IL 60110-3355

Total Travel Estimate : 11.86 miles - about 16 minutes

Route Map [Hide](#)

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228



MAPQUEST.

Trip to 401 W Nippersink Rd

Round Lake Heights, IL 60073-3280
16.34 miles - about 24 minutes

Notes

FMC - Round Lake

(5)



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **NORTH** on **IL-31** toward **DRAKE DR.** go 4.5 mi



2. Turn **RIGHT** onto **CHARLES J MILLER RD.** go 1.4 mi



3. Turn **LEFT** onto **S RIVER RD / CR-V45.** go 0.9 mi



4. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.** go 0.7 mi



5. Turn **RIGHT** onto **IL-120.** go 7.7 mi



6. Turn **LEFT** onto **S CEDAR LAKE RD / CR-28 / CR-V63.** go 0.9 mi



7. Keep **RIGHT** at the fork to go on **CR-28 / CR-V63.** go 0.2 mi



8. Stay **STRAIGHT** to go onto **NIPPERSINK AVE / CR-28 / CR-V63.** go 0.0 mi



9. **401 W NIPPERSINK RD.** go 0.0 mi

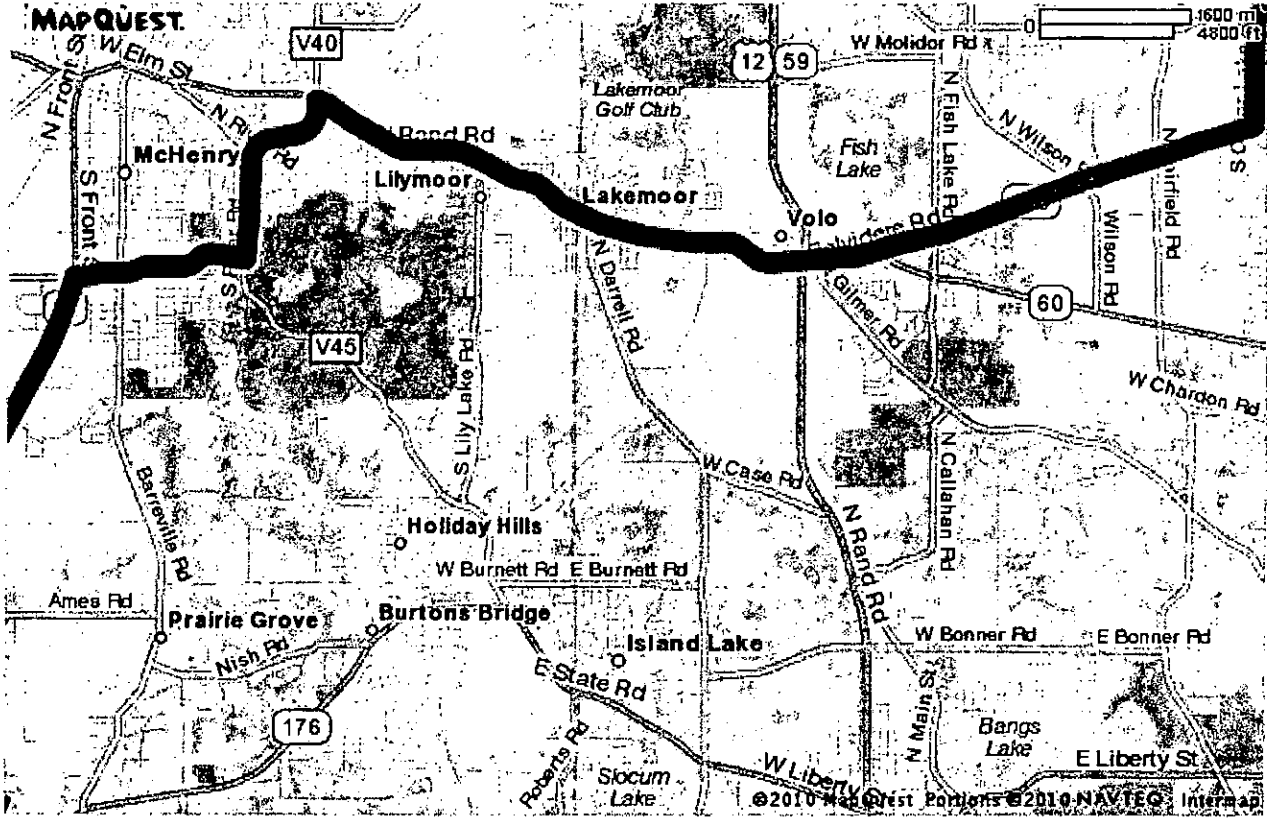


401 W Nippersink Rd, Round Lake Heights, IL 60073-3280

Total Travel Estimate : 16.34 miles - about 24 minutes

Route Map [Hide](#)

229



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MAPQUEST.

Trip to 910 Greenlee St
Marengo, IL 60152-8200
17.23 miles - about 24 minutes

Notes

QRC - Marengo

(6)



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31** toward **RIVER BIRCH BLVD.**

go 0.6 mi



2. Turn **RIGHT** onto **IL-176 / E TERRA COTTA AVE.**
Continue to follow **IL-176.**

go 7.0 mi



3. Turn **RIGHT** onto **IL-176 / IL-47.**

go 0.8 mi



4. Turn **LEFT** onto **IL-176.**

go 8.4 mi



5. Turn **LEFT** onto **N PROSPECT ST.**

go 0.3 mi



6. Turn **LEFT** onto **GREENLEE ST.**

go 0.0 mi



7. **910 GREENLEE ST** is on the **RIGHT.**

go 0.0 mi

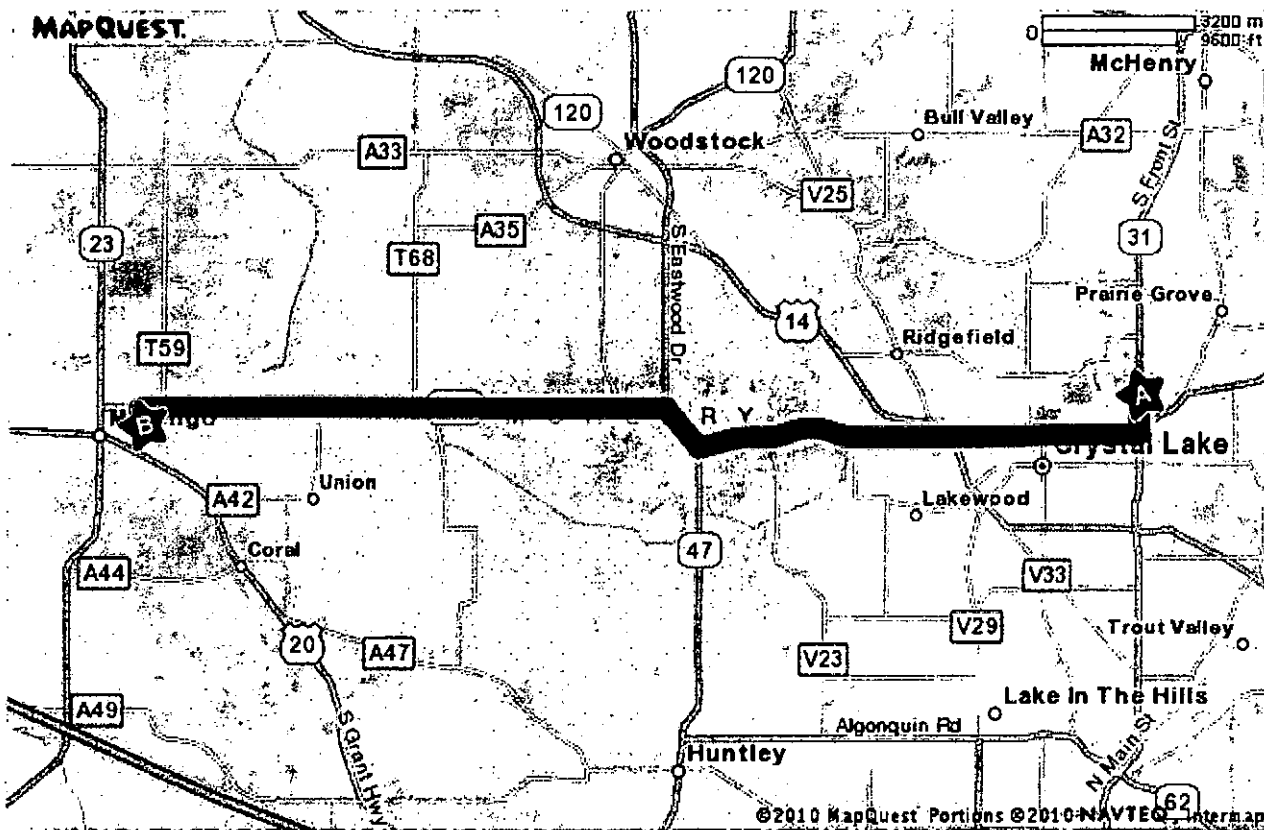


910 Greenlee St, Marengo, IL 60152-8200

Total Travel Estimate : 17.23 miles - about 24 minutes

Route Map [Hide](#)

231



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MAPQUEST.

Trip to 33 W Higgins Rd

South Barrington, IL 60010-9115
17.69 miles - about 26 minutes

Notes

ARA - South Barrington

7



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**

go 7.0 mi



3. Turn **SLIGHT RIGHT.**

go 0.0 mi



4. Turn **SLIGHT RIGHT** onto **IL-59 S / NEW SUTTON RD.**

go 2.8 mi



5. Turn **LEFT** onto **IL-72 E / W HIGGINS RD.**

go 1.3 mi



6. **33 W HIGGINS RD.**

go 0.0 mi

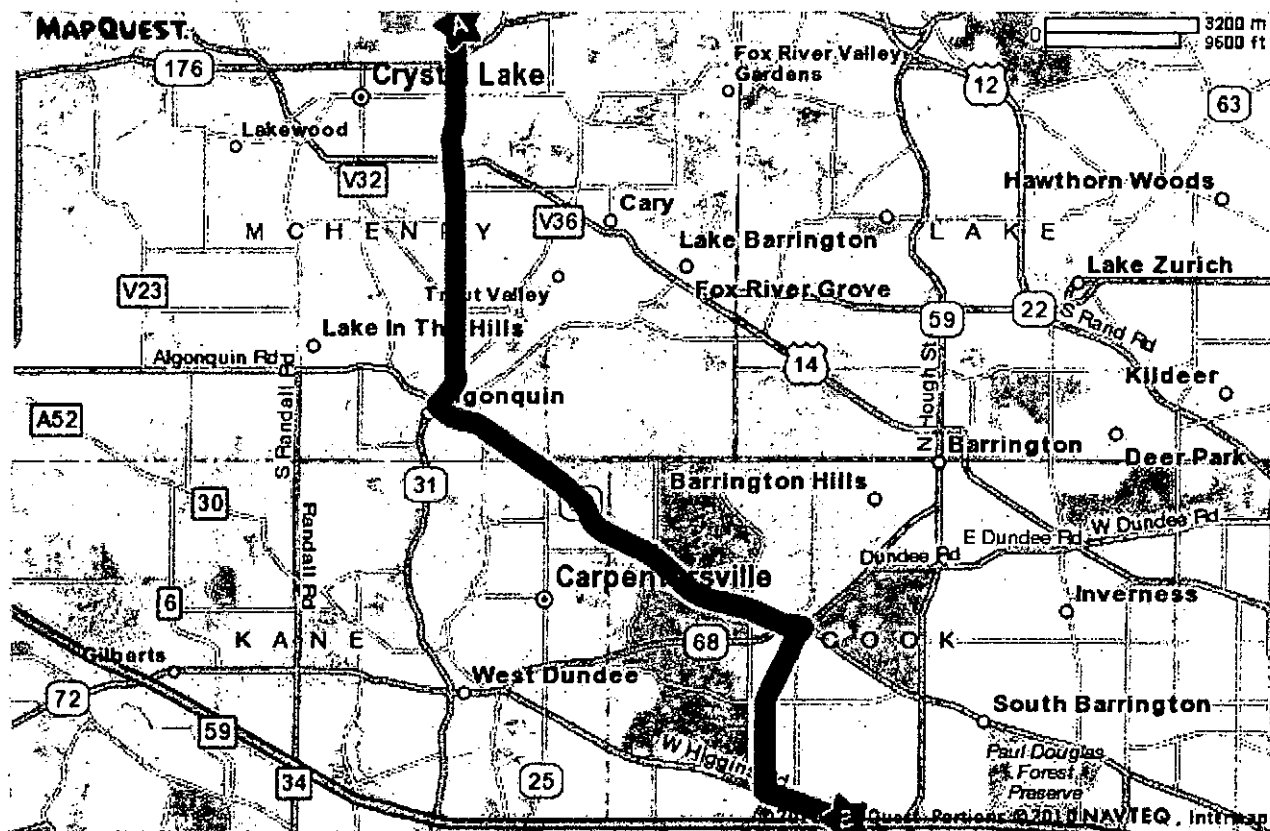


33 W Higgins Rd, South Barrington, IL 60010-9115

Total Travel Estimate : 17.69 miles - about 26 minutes

Route Map [Hide](#)

233



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MAPQUEST.

Notes

DaVita - Lake Villa

Trip to 37809 N II Route 59
Lake Villa, IL 60046-7332
16.97 miles - about 27 minutes



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **NORTH** on IL-31 toward **DRAKE DR.** go 4.5 mi



2. Turn **RIGHT** onto **CHARLES J MILLER RD.** go 1.4 mi



3. Turn **LEFT** onto **S RIVER RD / CR-V45.** go 0.9 mi



4. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.** go 1.3 mi



5. Turn **RIGHT** onto **W LINCOLN RD.** go 1.4 mi



6. Turn **LEFT** onto **CUHLMAN RD.** go 0.7 mi



7. Turn **RIGHT** onto **E BAY RD / CR-A26.** go 0.8 mi



8. **E BAY RD / CR-A26** becomes **W BIG HOLLOW RD.** go 1.6 mi



9. Turn **LEFT** onto **US-12 W / IL-59 N.** Continue to follow **IL-59 N.** go 4.4 mi



10. **37809 N IL ROUTE 59.** go 0.0 mi

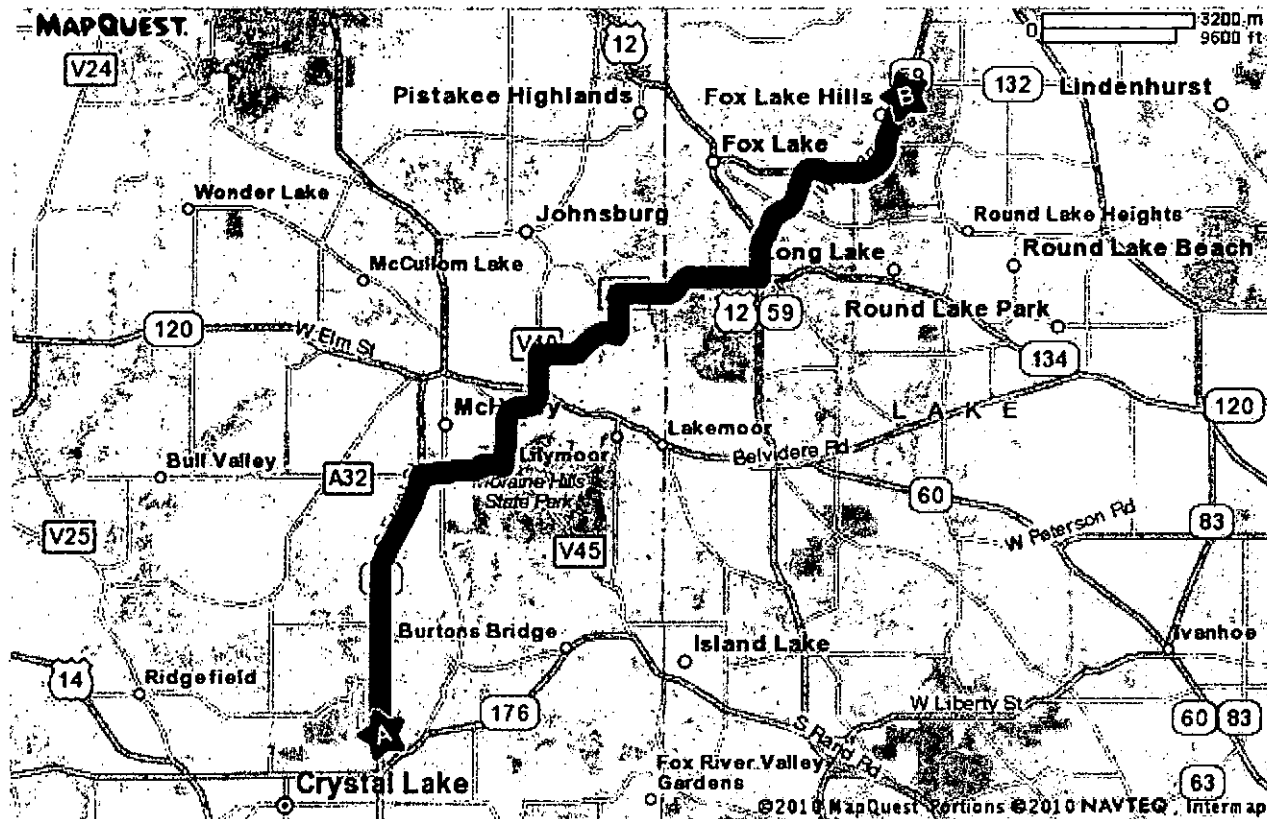


37809 N II Route 59, Lake Villa, IL 60046-7332

235

Total Travel Estimate : 16.97 miles - about 27 minutes

Route Map Hide



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MAPQUEST.

Trip to 3150 W Higgins Rd
Hoffman Estates, IL 60169-7237
18.53 miles - about 28 minutes

Notes

FMC - Hoffman Estates

9



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**

go 7.0 mi



3. Turn **SLIGHT RIGHT.**

go 0.0 mi



4. Turn **SLIGHT RIGHT** onto **IL-59 S / NEW SUTTON RD.**

go 2.8 mi



5. Turn **LEFT** onto **IL-72 E / W HIGGINS RD.**

go 2.0 mi



6. Turn **LEFT** onto **GREENSPPOINT PKWY.**

go 0.0 mi



7. Turn **LEFT** onto **W HIGGINS RD.**

go 0.0 mi



8. **3150 W HIGGINS RD** is on the **RIGHT.**

go 0.0 mi

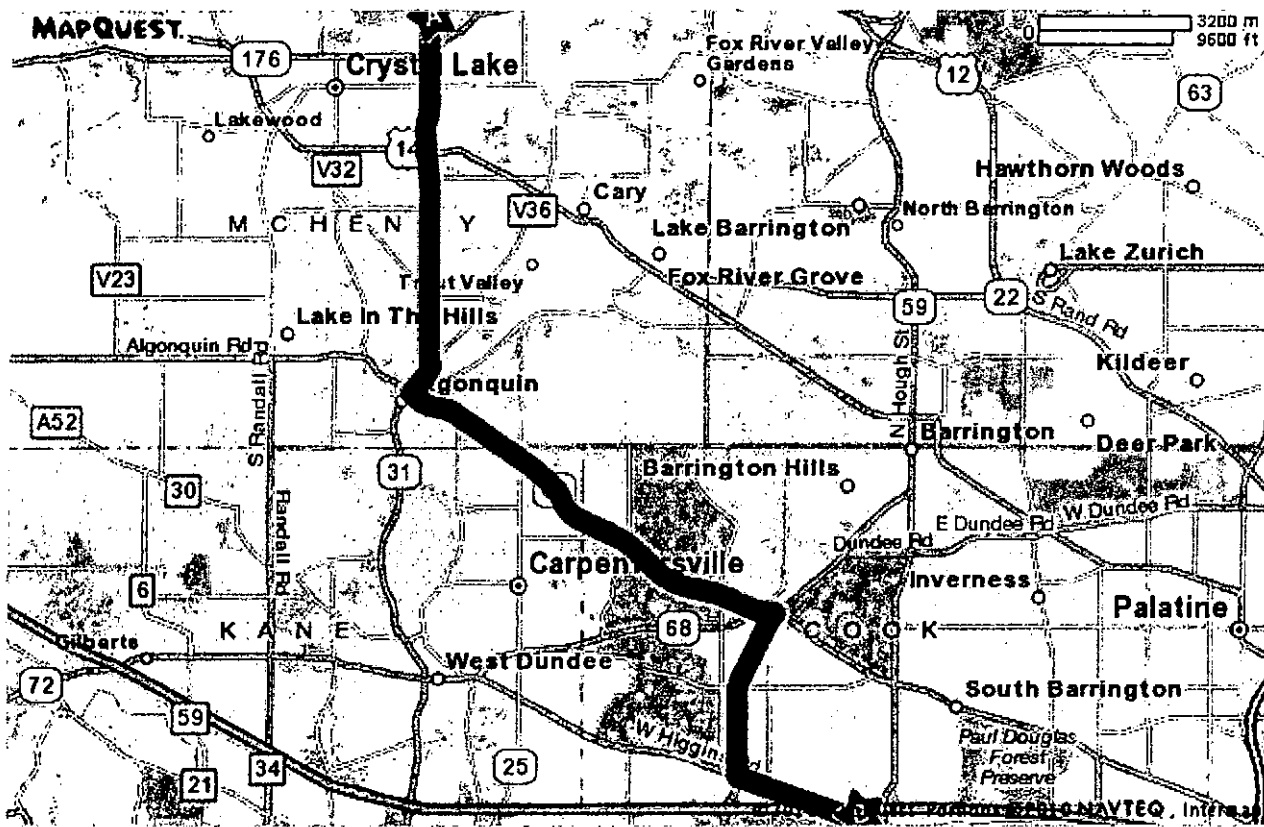


3150 W Higgins Rd, Hoffman Estates, IL 60169-7237

Total Travel Estimate : 18.53 miles - about 28 minutes

Route Map [Hide](#)

237



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MAPQUEST.

Trip to 934 Center St

Elgin, IL 60120-2125

16.00 miles - about 29 minutes

Notes

Sherman Hospital Dialysis Center

10



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**

go 2.1 mi



3. Turn **RIGHT** onto **IL-25 S.**

go 6.8 mi



4. Stay **STRAIGHT** to go onto **DUNDEE AVE.**

go 0.0 mi



5. Turn **RIGHT** onto **SLADE AVE.**

go 0.5 mi



6. Turn **RIGHT** onto **CENTER ST.**

go 0.0 mi



7. **934 CENTER ST** is on the **RIGHT.**

go 0.0 mi

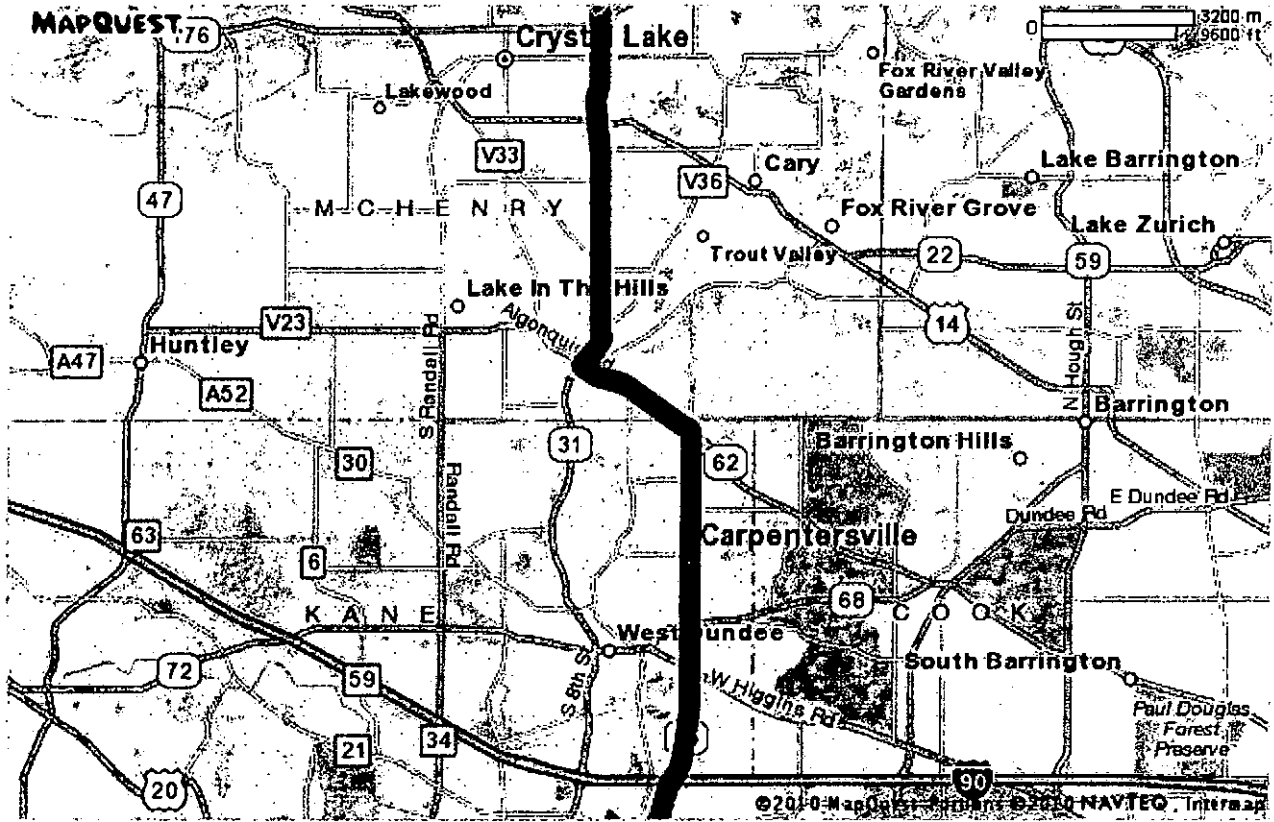


934 Center St, Elgin, IL 60120-2125

Total Travel Estimate : 16.00 miles - about 29 minutes

Route Map [Hide](#)

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MAPQUEST.

Trip to 1291 W Dundee Rd
Buffalo Grove, IL 60089-4009
20.12 miles - about 33 minutes

Notes

Buffalo Grove



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.** go 2.0 mi



2. Take the **US-14** ramp. go 0.2 mi



3. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.** go 4.8 mi



4. Turn **LEFT** onto **IL-22.** go 5.3 mi



5. Turn **RIGHT** onto **S RAND RD / US-12 E.** go 4.4 mi



6. Turn **SLIGHT LEFT** onto **LAKE COOK RD.** go 0.9 mi



7. Take the **IL-53 S** ramp toward **WEST SUBURBS.** go 0.4 mi



8. Merge onto **IL-53 EXT S.** go 0.6 mi



9. Take the **IL-68 E** exit. go 0.3 mi



10. Turn **LEFT** onto **IL-68 / E DUNDEE RD / IL-53.** Continue to follow **IL-68 / E DUNDEE RD.** go 1.0 mi

241



11. 1291 W DUNDEE RD is on the RIGHT.

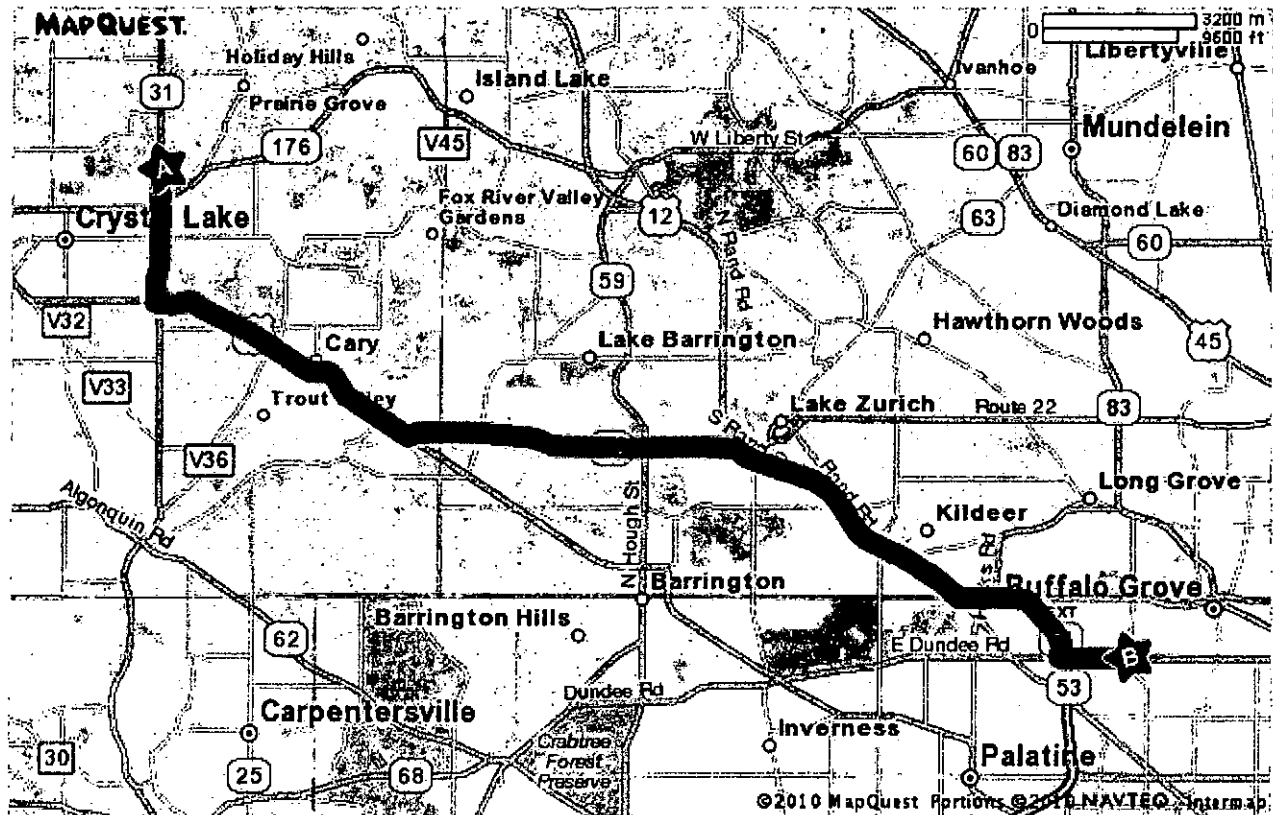
go 0.0 mi



1291 W Dundee Rd, Buffalo Grove, IL 60089-4009

Total Travel Estimate : 20.12 miles - about 33 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Rolling Meadows

12

Trip to 4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
22.34 miles - about 34 minutes



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.** go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** go 12.9 mi



3. Turn **LEFT** onto **S ROSELLE RD.** go 0.4 mi



4. Turn **RIGHT** onto **W EUCLID AVE.** go 2.3 mi



5. Turn **LEFT** onto **HICKS RD.** go 0.3 mi



6. Turn **RIGHT** onto **WINNETKA AVE.** go 0.0 mi



7. **4180 WINNETKA AVE** is on the **LEFT.** go 0.0 mi

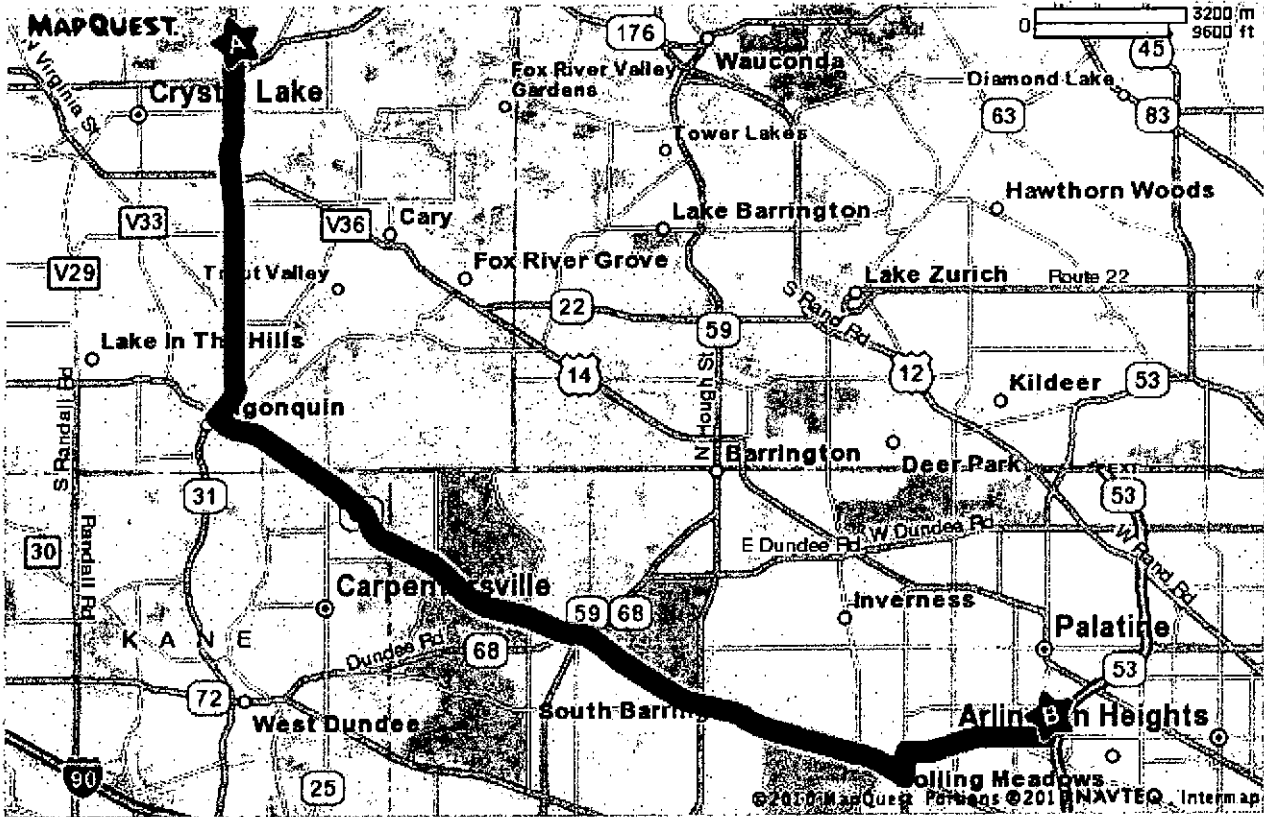


4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

Total Travel Estimate : 22.34 miles - about 34 minutes

Route Map [Hide](#)

243



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MAPQUEST.

Trip to 311 W Depot St
 Antioch, IL 60002-1500
 22.27 miles - about 36 minutes

Notes

FMC - Antioch

13



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **NORTH** on **IL-31** toward **DRAKE DR.** go 4.5 mi



2. Turn **RIGHT** onto **CHARLES J MILLER RD.** go 1.4 mi



3. Turn **LEFT** onto **S RIVER RD / CR-V45.** go 0.9 mi



4. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.** go 1.3 mi



5. Turn **RIGHT** onto **W LINCOLN RD.** go 1.4 mi



6. Turn **LEFT** onto **CUHLMAN RD.** go 0.7 mi



7. Turn **RIGHT** onto **E BAY RD / CR-A26.** go 0.8 mi



8. **E BAY RD / CR-A26** becomes **W BIG HOLLOW RD.** go 1.6 mi



9. Turn **LEFT** onto **US-12 W / IL-59 N.** Continue to follow **IL-59 N.** go 9.4 mi



10. Turn **LEFT** onto **TOFT AVE.** go 0.1 mi

245



11. Turn **RIGHT** onto **ORCHARD ST.**

go 0.2 mi



12. **ORCHARD ST** becomes **W DEPOT ST.**

go 0.0 mi



13. **311 W DEPOT ST** is on the **LEFT.**

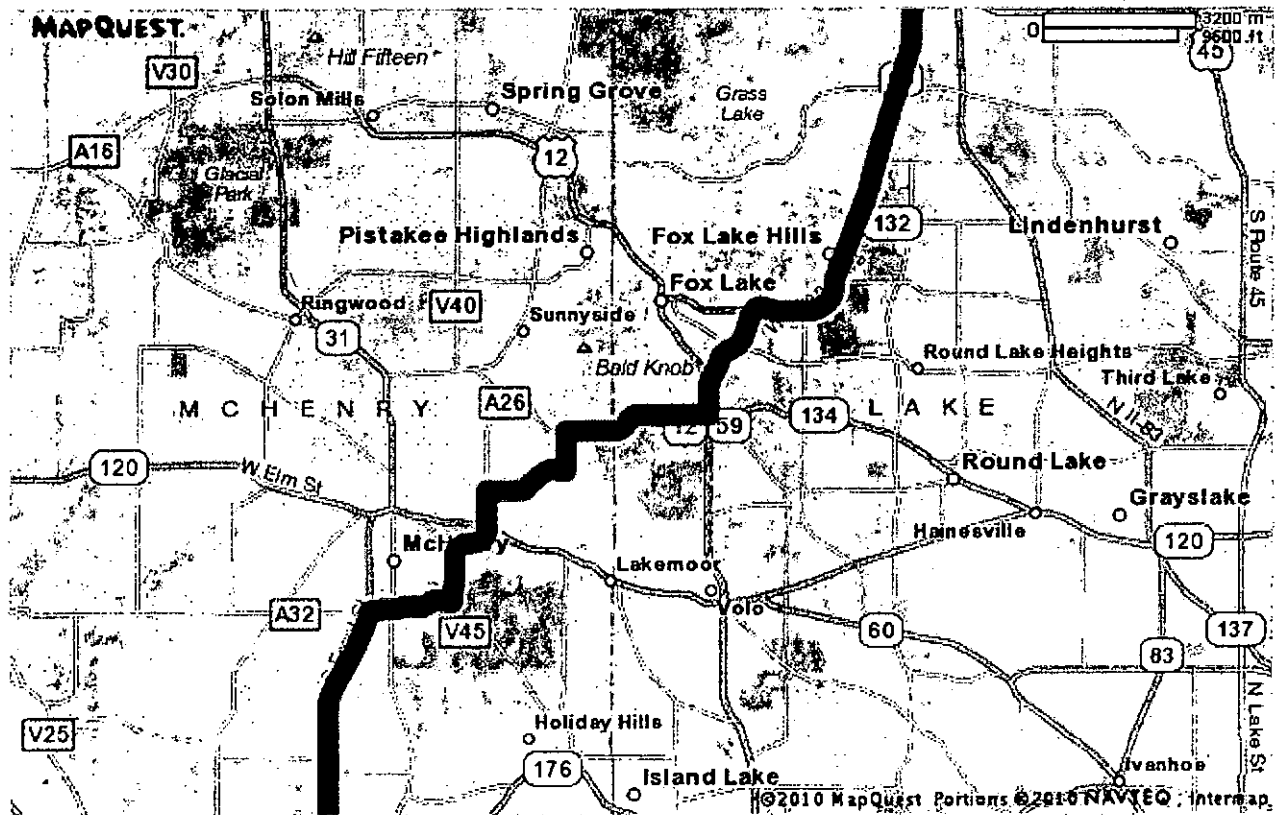
go 0.0 mi



311 W Depot St, Antioch, IL 60002-1500

Total Travel Estimate : 22.27 miles - about 36 minutes

Route Map [Hide](#)



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246



MAPQUEST.

Trip to 918 S Milwaukee Ave
Libertyville, IL 60048-3229
20.64 miles - about 38 minutes

Notes

DaVita - Lake County

14



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31** toward **RIVER BIRCH BLVD.**

go 0.6 mi



2. Turn **LEFT** onto **IL-176.**

go 19.3 mi



3. Turn **RIGHT** onto **IL-21 / S MILWAUKEE AVE.**

go 0.7 mi



4. **918 S MILWAUKEE AVE.**

go 0.0 mi

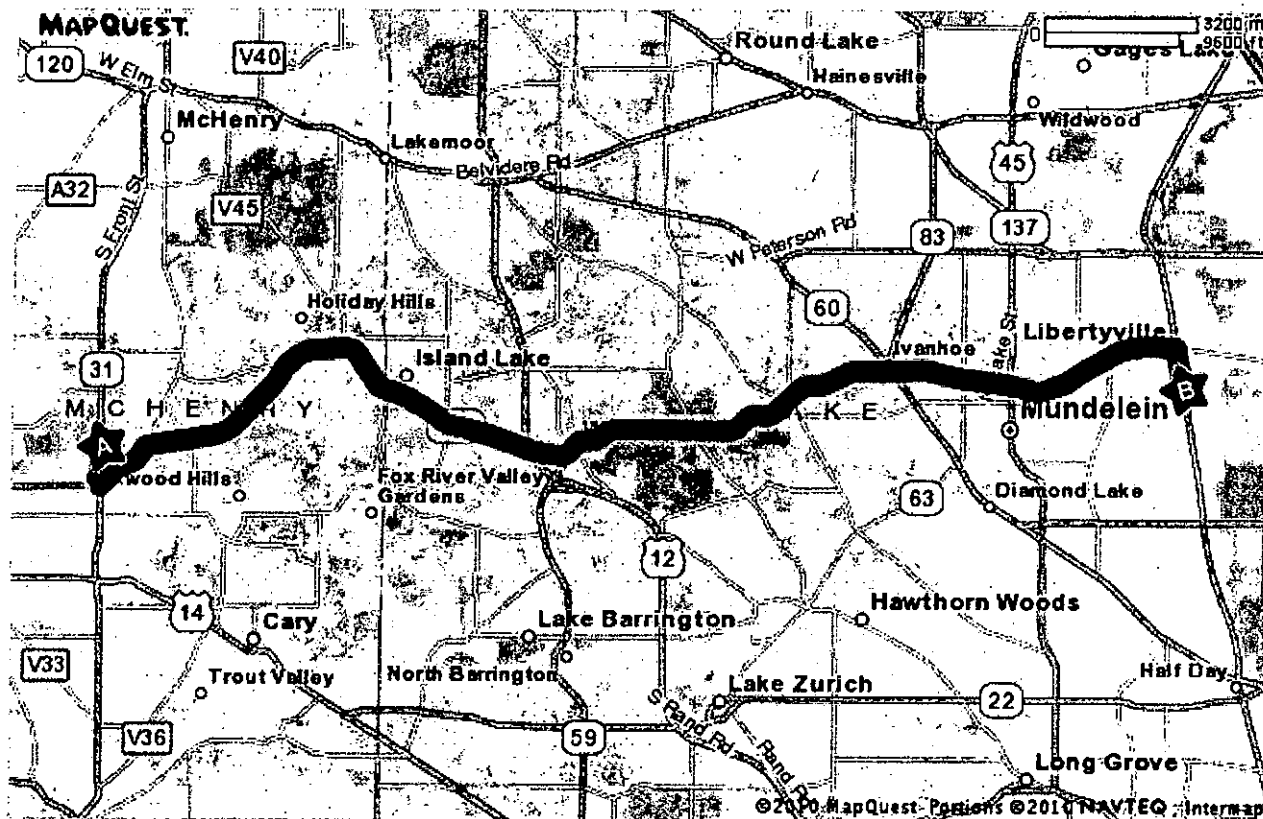


918 S Milwaukee Ave, Libertyville, IL 60048-3229

Total Travel Estimate : 20.64 miles - about 38 minutes

Route Map [Hide](#)

247



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248



MAPQUEST.

Trip to 306 Randall Rd
Geneva, IL 60134-4200
28.35 miles - about 38 minutes

Notes

Tri-Cities Dialysis

15



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 3.2 mi



2. Turn **RIGHT** onto **CR-A45 / JAMES R RAKOW RD.**
Continue to follow **JAMES R RAKOW RD.**

go 2.7 mi



3. **JAMES R RAKOW RD** becomes **RANDALL RD.**

go 22.4 mi



4. **306 RANDALL RD** is on the **RIGHT.**

go 0.0 mi

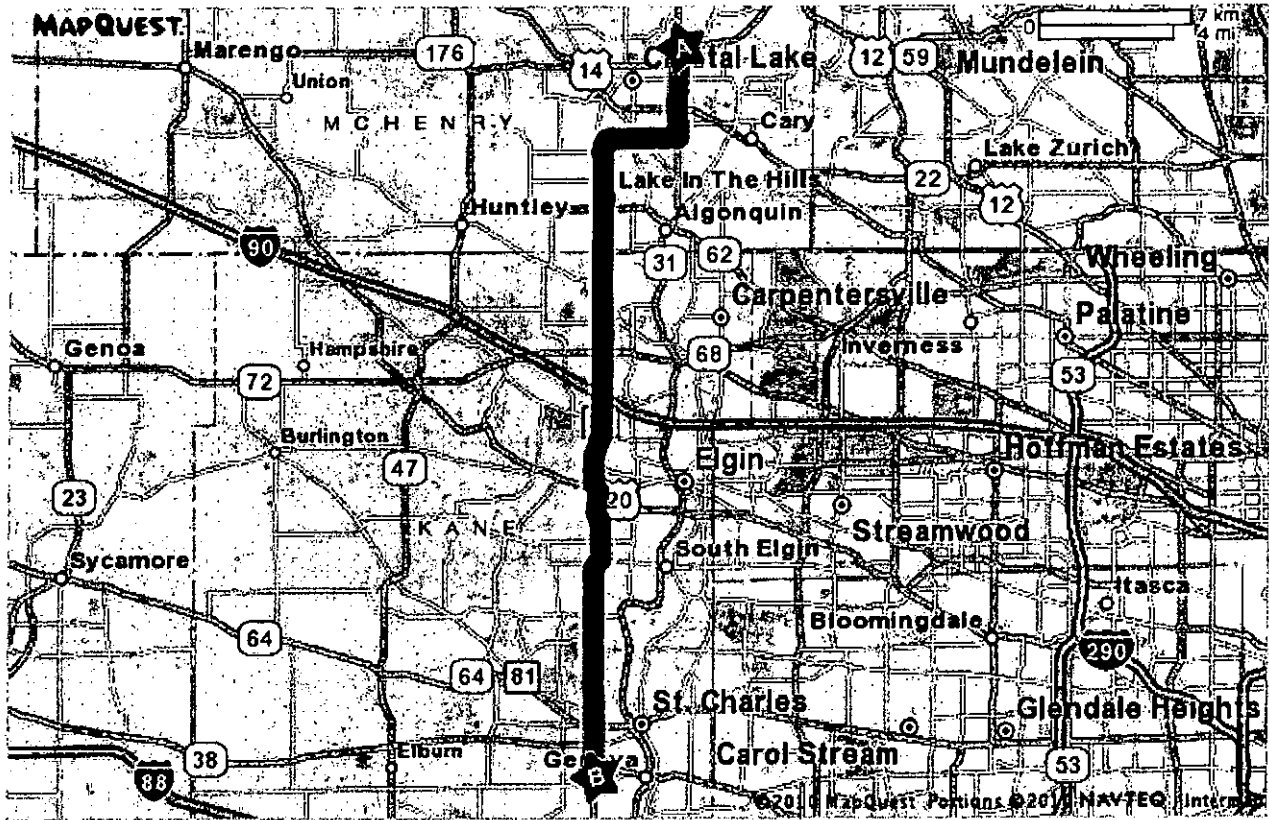


306 Randall Rd, Geneva, IL 60134-4200

Total Travel Estimate : 28.35 miles - about 38 minutes

Route Map [Hide](#)

249



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250



MAPQUEST.

Trip to 1156 S Roselle Rd
Schaumburg, IL 60193-4072
24.33 miles - about 39 minutes

Notes

DSI - Schaumburg

16



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**

go 12.9 mi



3. Turn **RIGHT** onto **N ROSELLE RD.**

go 5.1 mi



4. **1156 S ROSELLE RD** is on the **RIGHT.**

go 0.0 mi

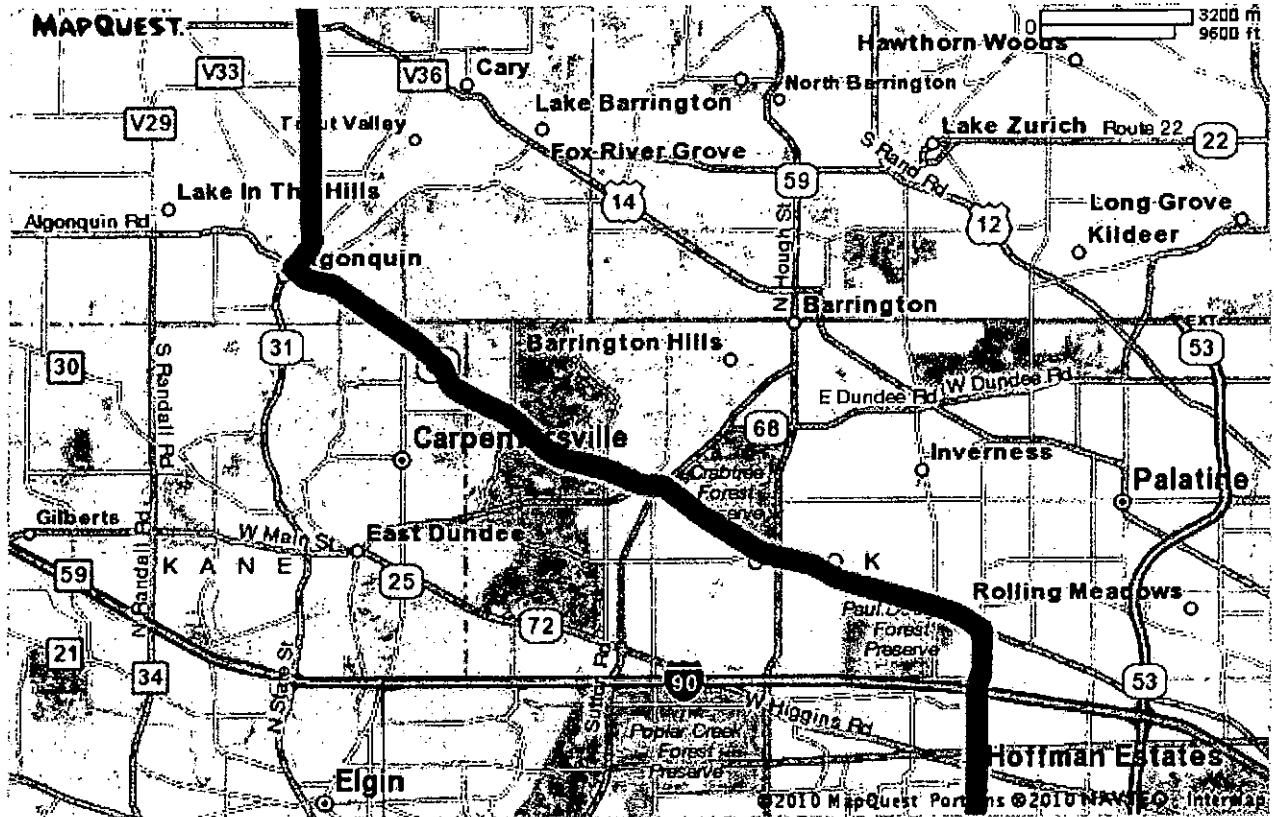


1156 S Roselle Rd, Schaumburg, IL 60193-4072

Total Travel Estimate : 24.33 miles - about 39 minutes

Route Map [Hide](#)

251



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252



MAPQUEST.

Trip to 901 Biesterfield Rd
Elk Grove Village, IL 60007-3392
27.15 miles - about 40 minutes

Notes

Elk Grove Dialysis Center

(17)



4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.** go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** go 12.9 mi



3. Turn **RIGHT** onto **N ROSELLE RD.** go 1.1 mi



4. Merge onto **I-90 E / JANE ADDAMS MEMORIAL TOLLWAY** via the ramp on the **LEFT** toward **CHICAGO** (Portions toll). go 2.0 mi



5. Merge onto **I-290 E / IL-53 S** toward **CHICAGO / WEST SUBURBS.** go 4.1 mi



6. Take the **IL-53 S / BIESTERFIELD RD** exit, **EXIT 4.** go 0.2 mi



7. Turn **LEFT** onto **BIESTERFIELD RD.** go 0.5 mi



8. **901 BIESTERFIELD RD** is on the **RIGHT.** go 0.0 mi

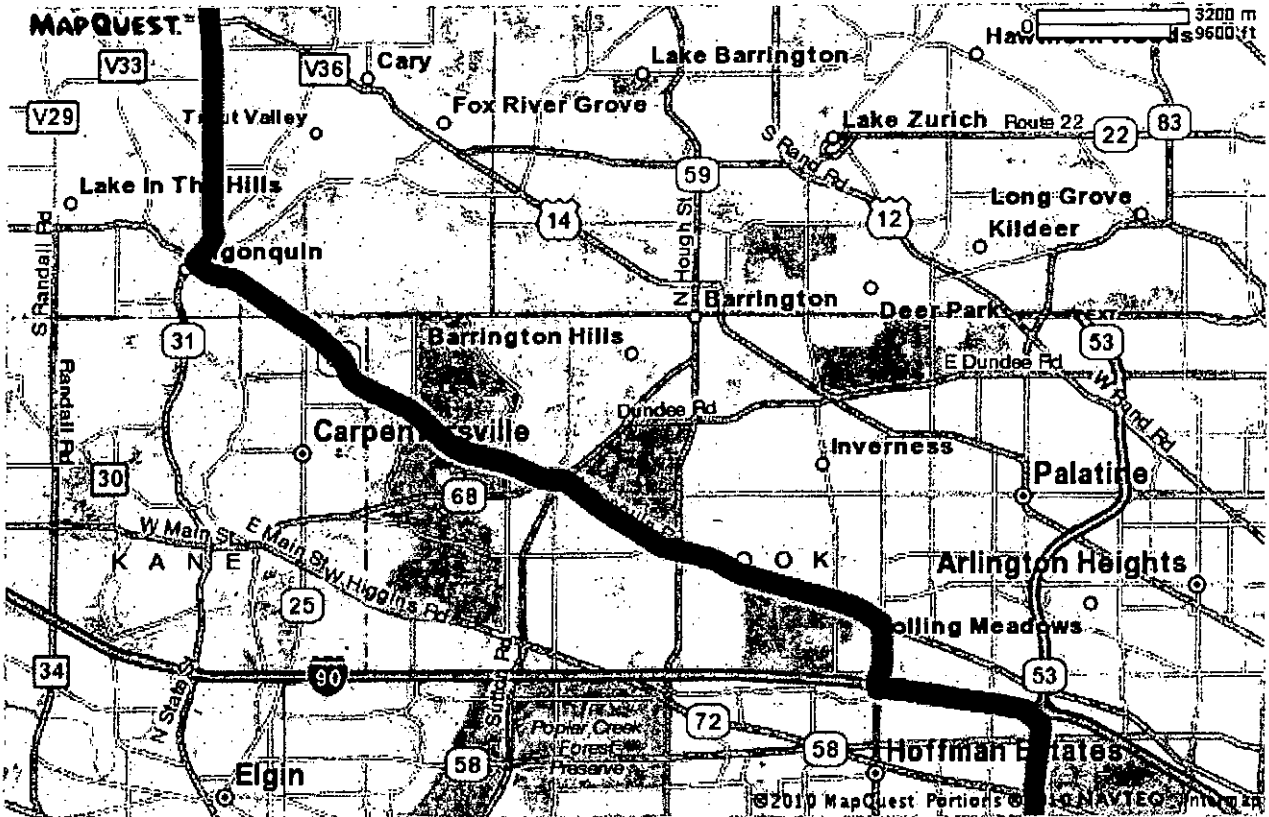


901 Biesterfield Rd, Elk Grove Village, IL 60007-3392

Total Travel Estimate : 27.15 miles - about 40 minutes

Route Map [Hide](#)

253



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254



MAPQUEST.

Notes

18

Trip to 17 W Golf Rd

Arlington Heights, IL 60005-3905

24.63 miles - about 40 minutes



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62**. Continue to follow **IL-62**.

go 17.6 mi



3. Turn **SLIGHT LEFT** onto **W GOLF RD / IL-58**.

go 0.6 mi



4. **17 W GOLF RD** is on the **RIGHT**.

go 0.0 mi

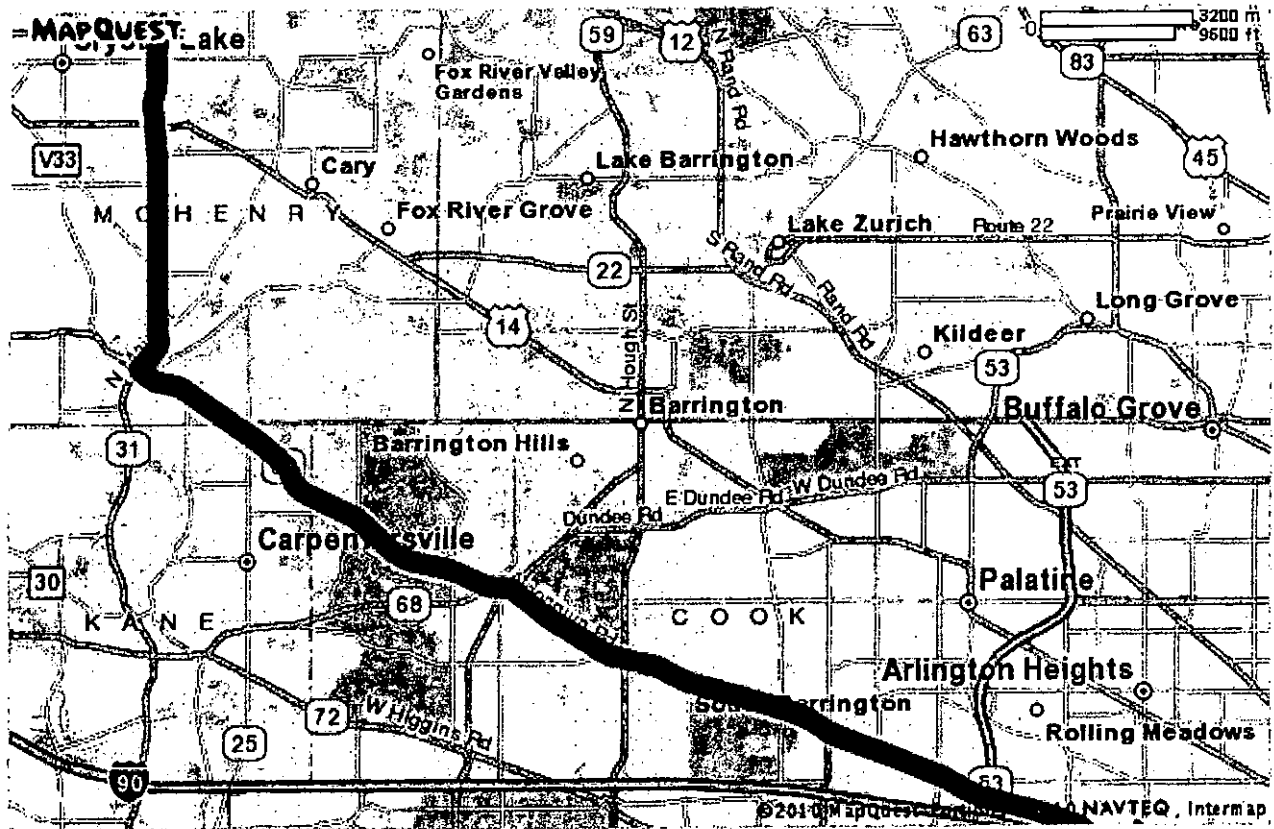


17 W Golf Rd, Arlington Heights, IL 60005-3905

Total Travel Estimate : 24.63 miles - about 40 minutes

Route Map [Hide](#)

255



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256



MAPQUEST.


Trip to 101 S Greenleaf St
 Gurnee, IL 60031-3369
 28.49 miles - about 40 minutes


Notes


FMC - Gurnee


19



4900 S Il Route 31, Crystal Lake, IL 60012-3784



- 
1. Start out going **NORTH** on **IL-31** toward **DRAKE DR.**
go 4.5 mi


- 
2. Turn **RIGHT** onto **CHARLES J MILLER RD.**
go 1.4 mi



- 
3. Turn **LEFT** onto **S RIVER RD / CR-V45.**
go 0.9 mi


- 
4. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.**
go 0.7 mi


- 

5. Turn **RIGHT** onto **IL-120.**
go 4.7 mi

- 

6. Turn **RIGHT** onto **IL-60.**
go 4.3 mi

- 
7. Turn **LEFT** onto **W PETERSON RD / CR-20 E / CR-A33 E.** Continue to follow **W PETERSON RD.**
go 6.0 mi

- 

8. Turn **LEFT** onto **IL-21 / N MILWAUKEE AVE.**
go 4.5 mi

- 
9. Turn **RIGHT** onto **WASHINGTON ST / W WASHINGTON ST / CR-45 / CR-A22.**
go 1.5 mi

- 
10. Turn **RIGHT** onto **S GREENLEAF AVE / CR-72 / CR-W29.**
go 0.0 mi

257'

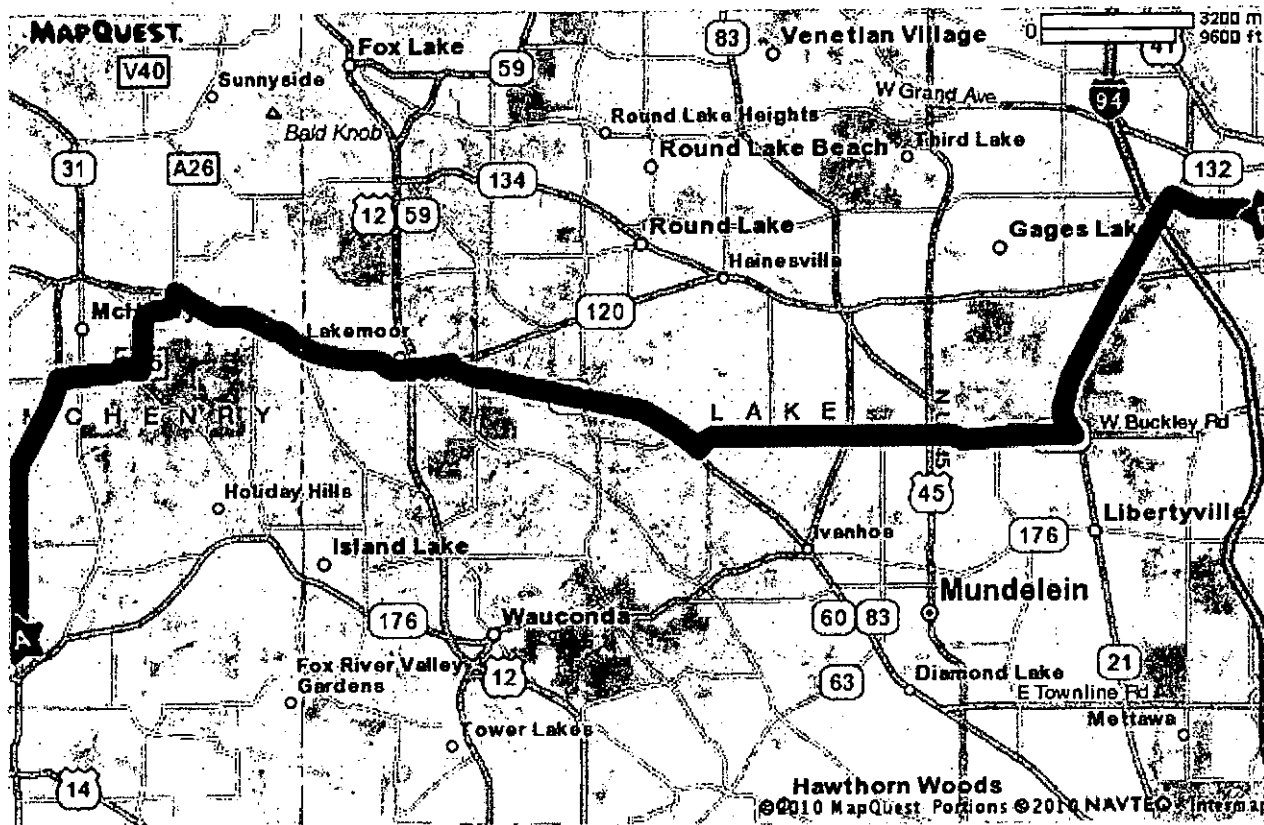
END

11. 101 S GREENLEAF ST.

go 0.0 mi

B 101 S Greenleaf St, Gurnee, IL 60031-3369
Total Travel Estimate : 28.49 miles - about 40 minutes

Route Map [Hide](#)



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258



MAPQUEST.

Trip to 101 Waukegan Road
 Lake Bluff, IL 60044
 28.39 miles - about 41 minutes

Notes

FMC - Lake Bluff

20



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **NORTH** on **IL-31** toward **DRAKE DR.** go 4.5 mi



2. Turn **RIGHT** onto **CHARLES J MILLER RD.** go 1.4 mi



3. Turn **LEFT** onto **S RIVER RD / CR-V45.** go 0.9 mi



4. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.** go 0.7 mi



5. Turn **RIGHT** onto **IL-120.** go 4.7 mi



6. Turn **RIGHT** onto **IL-60.** go 4.3 mi



7. Turn **LEFT** onto **W PETERSON RD / CR-20 E / CR-A33**
 E. Continue to follow **W PETERSON RD.** go 6.0 mi



8. **W PETERSON RD** becomes **BUCKLEY RD / IL-137 E.** go 3.6 mi



9. Turn **RIGHT** onto **WAUKEGAN RD / IL-43 S.** go 2.3 mi



10. **101 WAUKEGAN ROAD.** go 0.0 mi

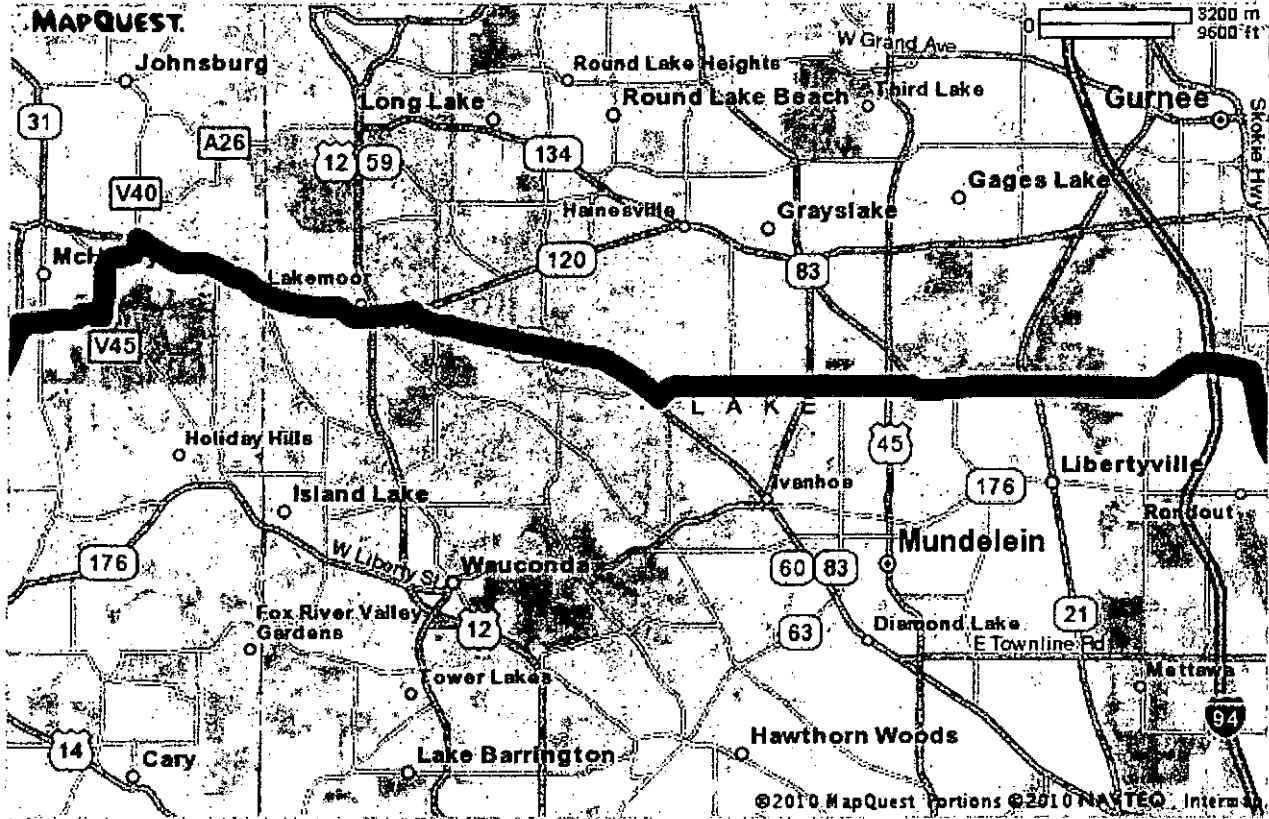


101 Waukegan Road, Lake Bluff, IL 60044

255

Total Travel Estimate : 28.39 miles - about 41 minutes

Route Map [Hide](#)



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260



MAPQUEST.

Trip to 1859 N Neltnor Blvd
West Chicago, IL 60185-5900
27.74 miles - about 41 minutes

Notes

FMC - West Chicago

(21)



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 6.4 mi



2. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**

go 7.0 mi



3. Turn **SLIGHT RIGHT.**

go 0.0 mi



4. Turn **SLIGHT RIGHT** onto **IL-59 S / NEW SUTTON RD.**
Continue to follow **IL-59 S.**

go 14.2 mi



5. **1859 N NELTNOR BLVD.**

go 0.0 mi

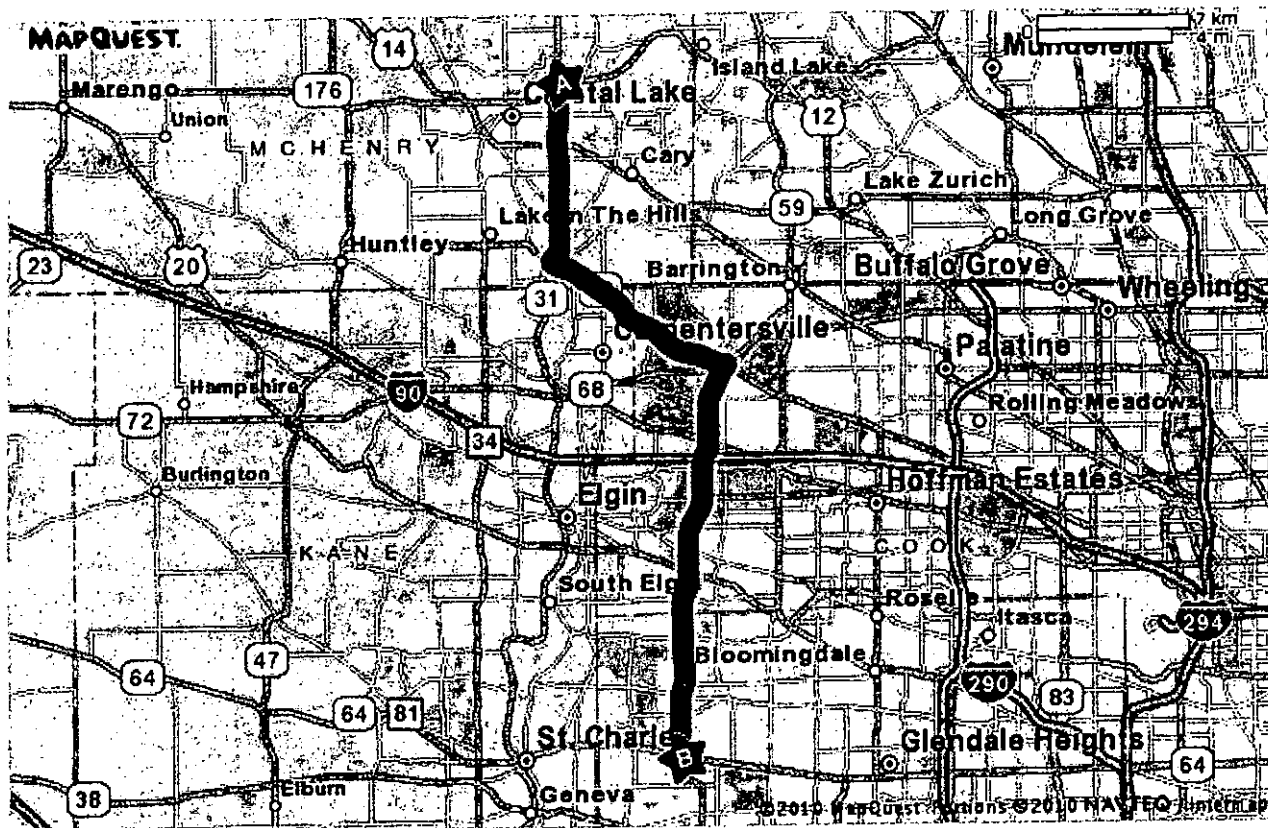


1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 27.74 miles - about 41 minutes

Route Map [Hide](#)

261



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262



MAPQUEST.

Trip to 405 Lake Cook Rd
 Deerfield, IL 60015-4993
 27.11 miles - about 42 minutes

Notes
 FMC - Deerfield

22

A 4900 S II Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.** go 2.0 mi



2. Take the **US-14** ramp. go 0.2 mi



3. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.** go 4.8 mi



4. Turn **LEFT** onto **IL-22.** go 5.3 mi



5. Turn **RIGHT** onto **S RAND RD / US-12 E.** go 4.4 mi



6. Turn **SLIGHT LEFT** onto **LAKE COOK RD.** go 10.3 mi

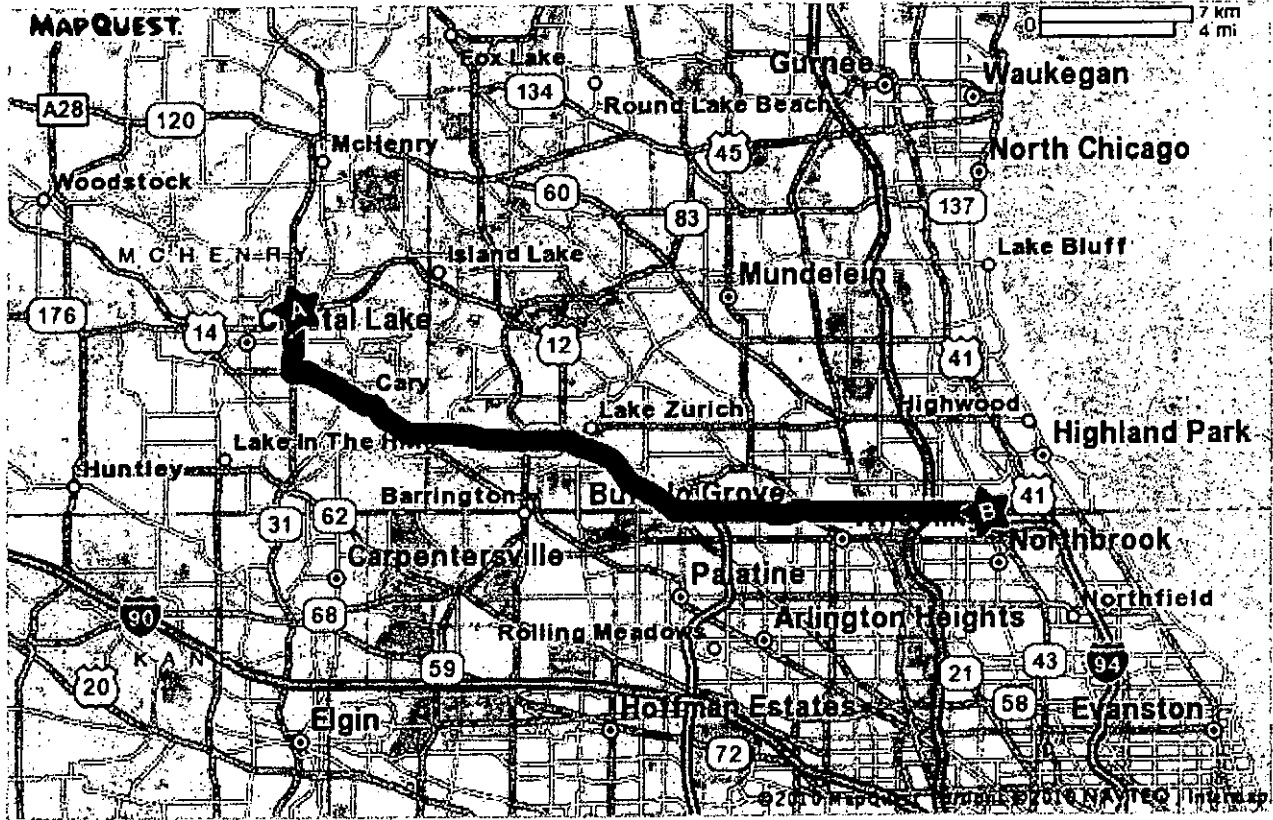


7. **405 LAKE COOK RD** is on the **RIGHT.** go 0.0 mi

B 405 Lake Cook Rd, Deerfield, IL 60015-4993
 Total Travel Estimate : 27.11 miles - about 42 minutes

Route Map [Hide](#)

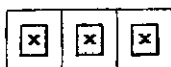
243



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264



MAPQUEST.

Trip to 1616 Grand Ave
Waukegan, IL 60085-3600
29.36 miles - about 49 minutes

Notes

Waukegan Dialysis Center

23



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **NORTH** on **IL-31** toward **DRAKE DR.** go 4.5 mi



2. Turn **RIGHT** onto **CHARLES J MILLER RD.** go 1.4 mi



3. Turn **LEFT** onto **S RIVER RD / CR-V45.** go 0.9 mi



4. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.** go 0.7 mi



5. Turn **RIGHT** onto **IL-120 E.** go 20.4 mi



6. Turn **LEFT** onto **S LEWIS AVE / CR-W34.** go 1.3 mi



7. Turn **RIGHT** onto **GRAND AVE.** go 0.2 mi



8. **1616 GRAND AVE** is on the **LEFT.** go 0.0 mi

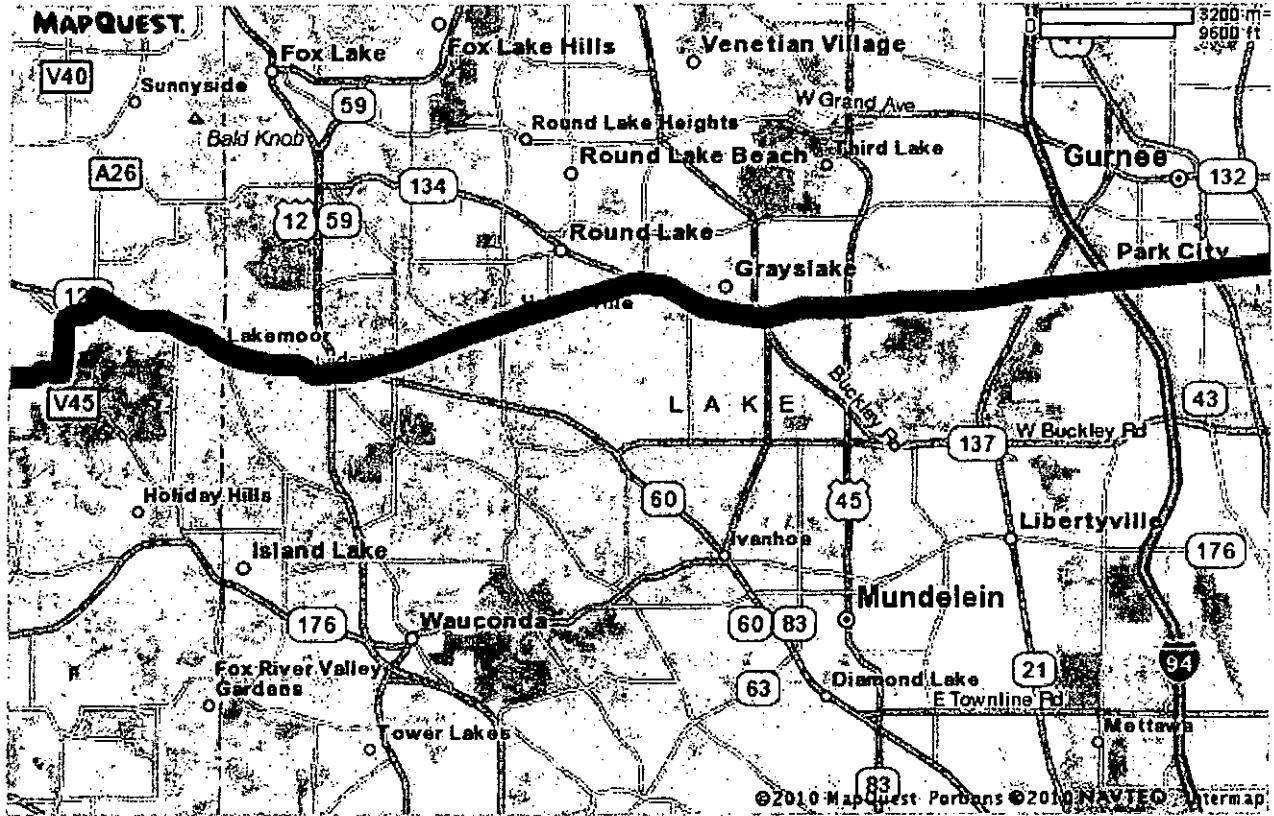


1616 Grand Ave, Waukegan, IL 60085-3600

Total Travel Estimate : 29.36 miles - about 49 minutes

Route Map [Hide](#)

265



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266



MAPQUEST.

Trip to 4248 Commercial Way
 Glenview, IL 60025-3573
 30.66 miles - about 49 minutes

Notes

FMC: Glenview
 (24)

★ 4900 S II Route 31, Crystal Lake, IL 60012-3784

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on IL-31 S toward RIVER BIRCH BLVD. | go 2.0 mi |
| | 2. Take the US-14 ramp. | go 0.2 mi |
| | 3. Turn LEFT onto US-14 / NORTHWEST HWY. Continue to follow US-14. | go 4.8 mi |
| | 4. Turn LEFT onto IL-22. | go 5.3 mi |
| | 5. Turn RIGHT onto S RAND RD / US-12 E. | go 4.4 mi |
| | 6. Turn SLIGHT LEFT onto LAKE COOK RD. | go 0.9 mi |
| | 7. Take the IL-53 S ramp toward WEST SUBURBS. | go 0.4 mi |
| | 8. Merge onto IL-53 EXT S. | go 1.2 mi |
| | 9. IL-53 EXT S becomes IL-53 S. | go 1.8 mi |
| | 10. Take the EAST PALATINE RD exit. | go 0.2 mi |

267

11. Merge onto **W PALATINE RD.**

go 1.6 mi

12. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.**

go 3.6 mi

13. Take the ramp toward **IL-21 / MILWAUKEE AVE / US-45.**

go 0.0 mi

14. Stay **STRAIGHT** to go onto **E PALATINE RD.**

go 0.6 mi

15. Turn **RIGHT** onto **N MILWAUKEE AVE / US-45 / IL-21.**
Continue to follow **N MILWAUKEE AVE / IL-21.**

go 3.0 mi

16. Turn **RIGHT** onto **DEARLOVE RD.**

go 0.3 mi

17. Turn **RIGHT** onto **COMMERCIAL WAY.**

go 0.1 mi

18. **4248 COMMERCIAL WAY** is on the **LEFT.**

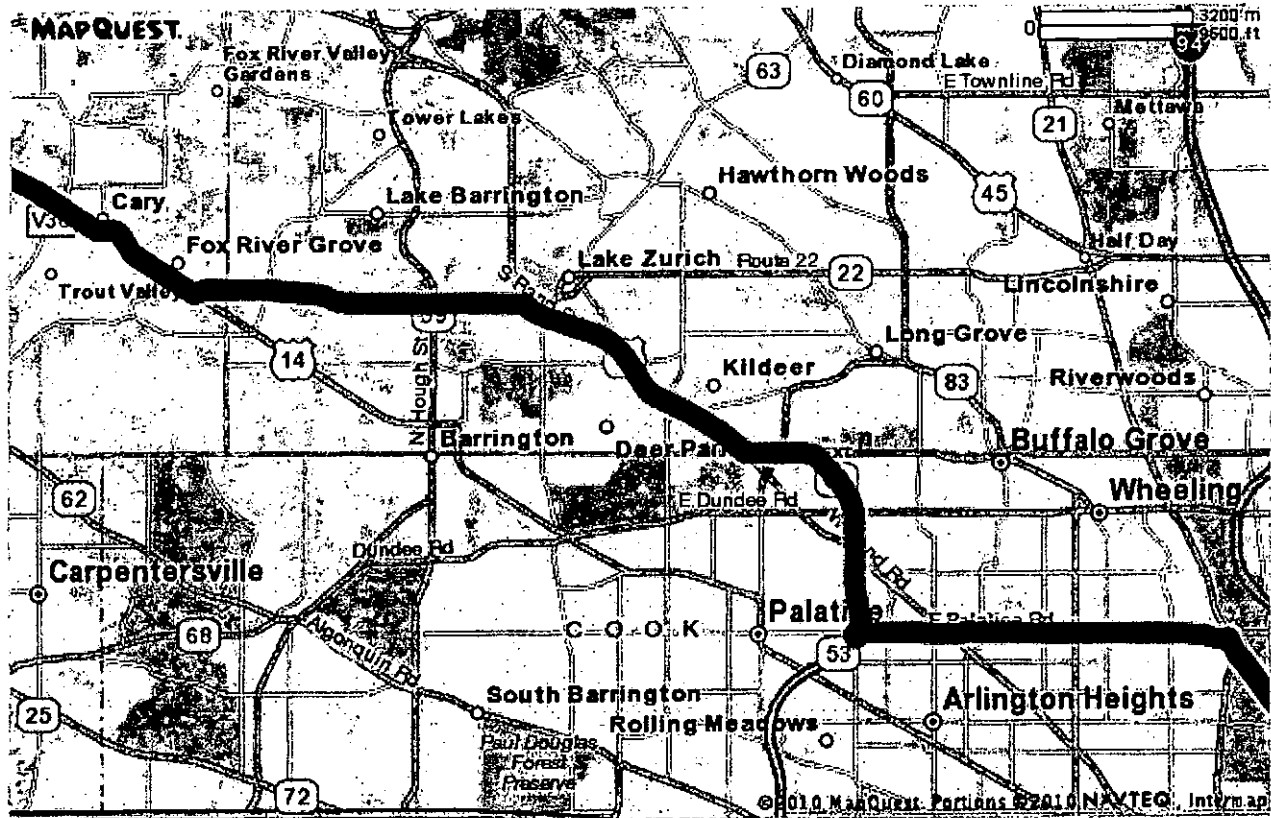
go 0.0 mi

**4248 Commercial Way, Glenview, IL 60025-3573**

Total Travel Estimate : 30.66 miles - about 49 minutes

Route Map [Hide](#)

268



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269



MAPQUEST.

Notes

(25)

Trip to 9371 N Milwaukee Ave

Niles, IL 60714-1303

32.86 miles - about 54 minutes

**4900 S II Route 31, Crystal Lake, IL 60012-3784**1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 2.0 mi

2. Take the **US-14** ramp.

go 0.2 mi

3. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.**

go 4.8 mi

4. Turn **LEFT** onto **IL-22.**

go 5.3 mi

5. Turn **RIGHT** onto **S RAND RD / US-12 E.**

go 4.4 mi

6. Turn **SLIGHT LEFT** onto **LAKE COOK RD.**

go 0.9 mi

7. Take the **IL-53 S** ramp toward **WEST SUBURBS.**

go 0.4 mi

8. Merge onto **IL-53 EXT S.**

go 1.2 mi

9. **IL-53 EXT S** becomes **IL-53 S.**

go 1.8 mi

10. Take the **EAST PALATINE RD** exit.

go 0.2 mi

11. Merge onto **W PALATINE RD.**

go 1.6 mi

270



12. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.**

go 3.6 mi



13. Take the ramp toward **IL-21 / MILWAUKEE AVE / US-45.**

go 0.0 mi



14. Stay **STRAIGHT** to go onto **E PALATINE RD.**

go 0.6 mi



15. Turn **RIGHT** onto **N MILWAUKEE AVE / US-45 / IL-21.**
Continue to follow **N MILWAUKEE AVE / IL-21.**

go 4.4 mi



16. Turn **SLIGHT RIGHT** onto **N GREENWOOD AVE.**

go 0.7 mi



17. Turn **LEFT** onto **W CHURCH ST.**

go 0.3 mi



18. Turn **LEFT** onto **N MARYLAND ST.**

go 0.0 mi



19. Turn **LEFT** onto **N MILWAUKEE AVE / IL-21.**

go 0.2 mi



20. **9371 N MILWAUKEE AVE** is on the **RIGHT.**

go 0.0 mi

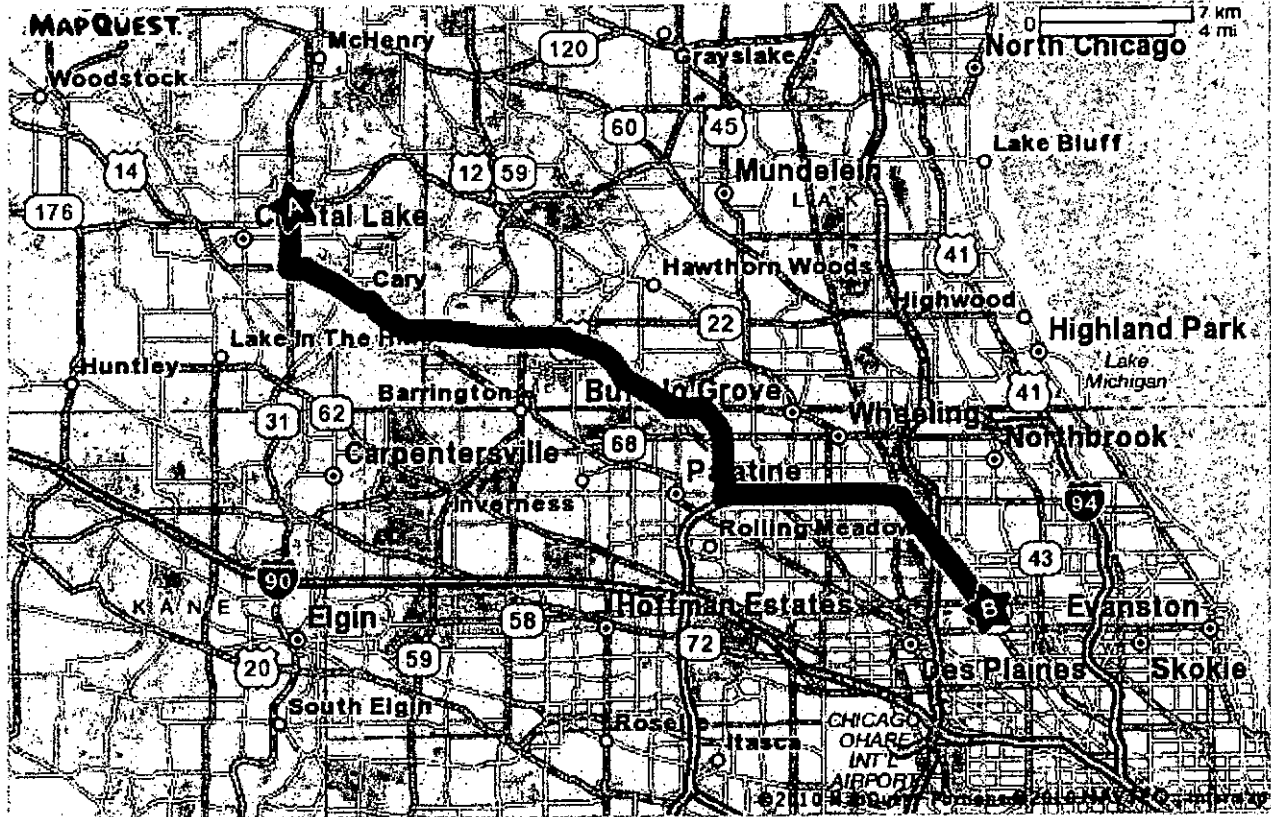


9371 N Milwaukee Ave, Niles, IL 60714-1303

Total Travel Estimate : 32.86 miles - about 54 minutes

Route Map [Hide](#)

271



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272



MAPQUEST.

Trip to 718 Glenview Ave
 Highland Park, IL 60035-2432
 29.07 miles - about 50 minutes

Notes

Highland Park

20



4900 S Il Route 31, Crystal Lake, IL 60012-3784

- | | | |
|--|---|-----------|
| | 1. Start out going SOUTH on IL-31 toward RIVER BIRCH BLVD. | go 0.6 mi |
| | 2. Turn LEFT onto IL-176. | go 8.3 mi |
| | 3. Merge onto US-12 E / N RAND RD. | go 2.7 mi |
| | 4. Turn LEFT onto N OLD MCHENRY RD / CR-32 / CR-V77. | go 5.8 mi |
| | 5. Turn LEFT onto IL-22 E. | go 9.6 mi |
| | 6. Turn RIGHT onto SKOKIE VALLEY RD / US-41 S / SKOKIE HWY. | go 0.8 mi |
| | 7. Turn LEFT onto PARK AVE W. | go 1.0 mi |
| | 8. Turn LEFT onto MIDLOTHIAN AVE. | go 0.2 mi |
| | 9. Turn LEFT onto GLENVIEW AVE. | go 0.0 mi |
| | 10. 718 GLENVIEW AVE is on the LEFT. | go 0.0 mi |

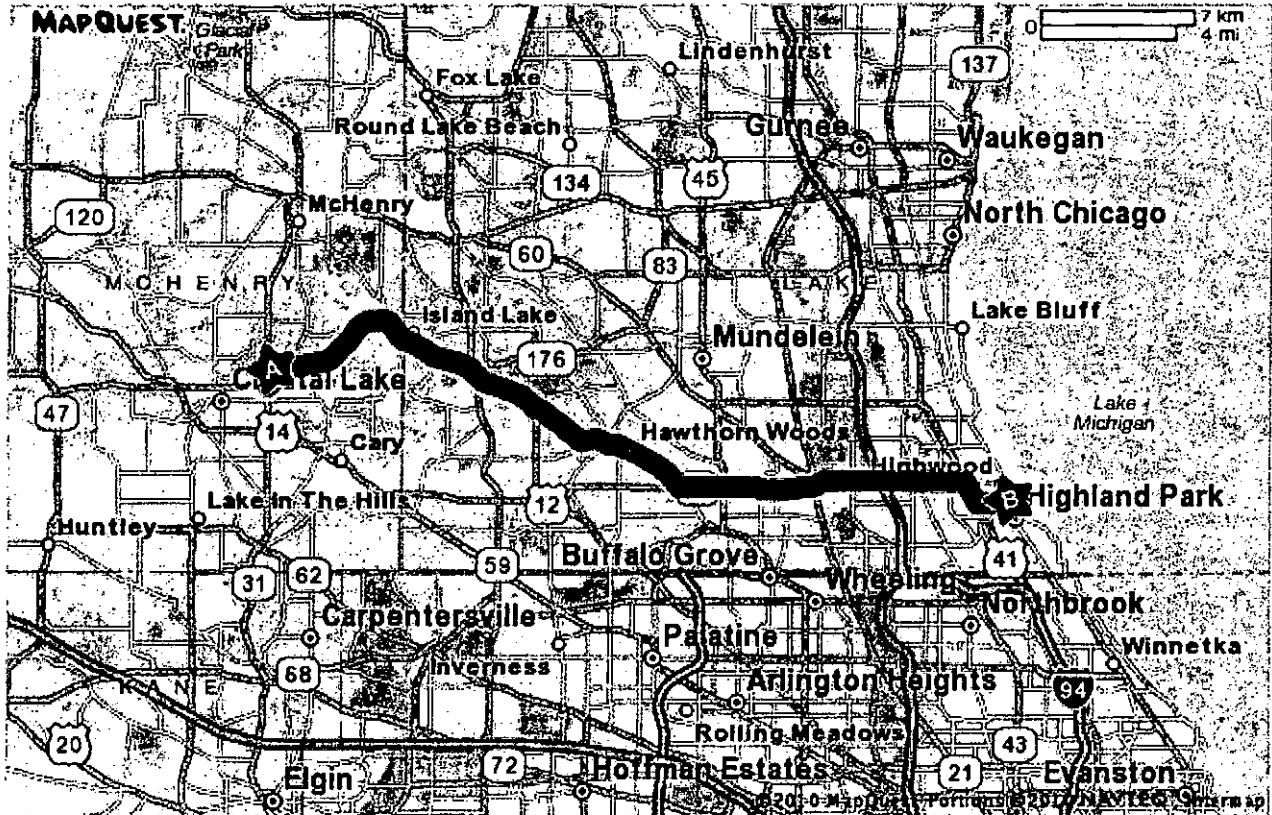


718 Glenview Ave, Highland Park, IL 60035-2432

273

Total Travel Estimate : 29.07 miles - about 50 minutes

Route Map [Hide](#)



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274



MAPQUEST.

Trip to 2130 Point Blvd
Elgin, IL 60123-9215
14.98 miles - about 21 minutes

Notes

FMC - Elgin (denovo)

(27)



4900 S Il Route 31, Crystal Lake, IL 60012-3784



1. Start out going **SOUTH** on **IL-31 S** toward **RIVER BIRCH BLVD.**

go 3.2 mi



2. Turn **RIGHT** onto **CR-A45 / JAMES R RAKOW RD.**
Continue to follow **JAMES R RAKOW RD.**

go 2.7 mi



3. **JAMES R RAKOW RD** becomes **RANDALL RD.**

go 8.6 mi



4. Turn **LEFT** onto **POINT BLVD.**

go 0.5 mi



5. **2130 POINT BLVD** is on the **LEFT.**

go 0.0 mi

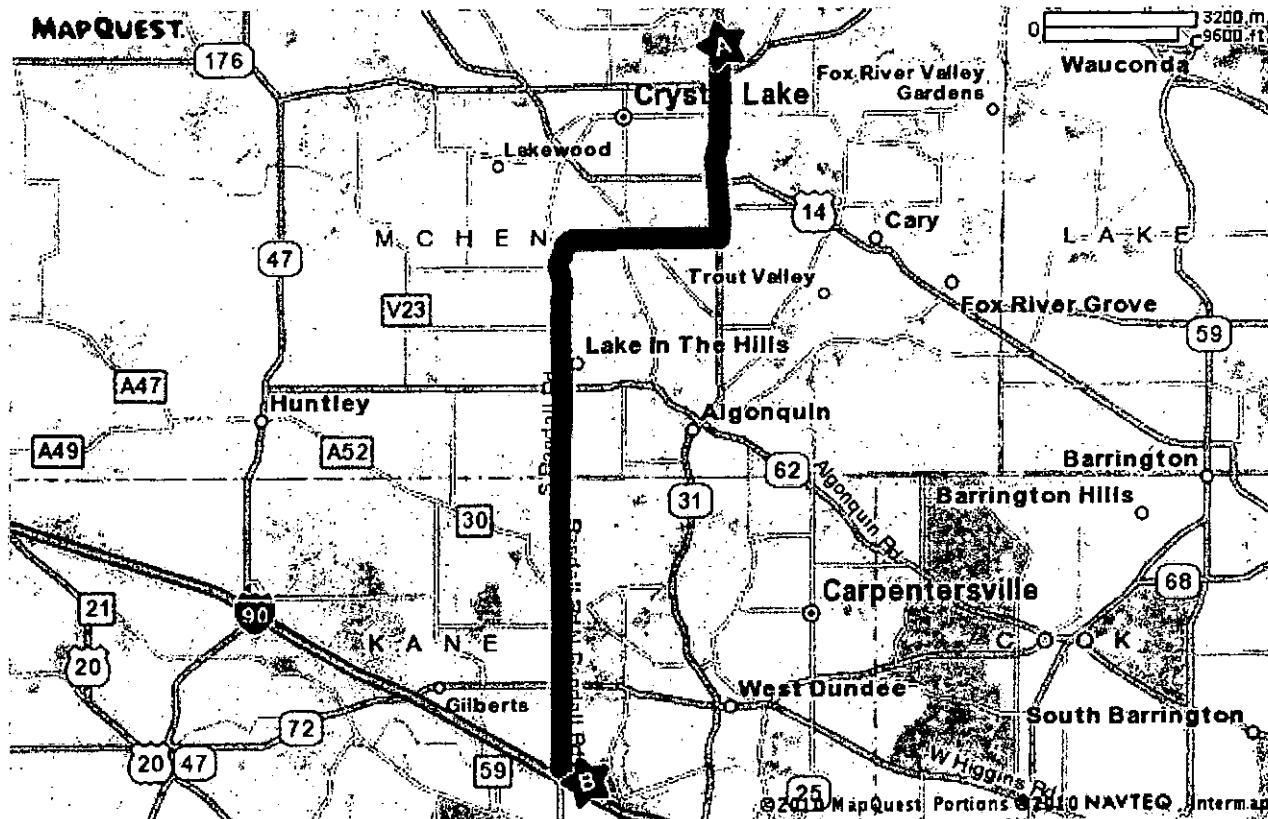


2130 Point Blvd, Elgin, IL 60123-9215

Total Travel Estimate : 14.98 miles - about 21 minutes

Route Map [Hide](#)

275



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APPENDIX 2

Documentation

**Letter of Impact on
Discontinuation and Relocation of
Crystal Lake Dialysis Center**

**Sent by DaVita on June 8, 2010
Received by Area Facilities on June 9, 2010**



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
ARA - Crystal Lake
6298 Northwest Highway
Crystal Lake, IL 60014

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

278

Margaret Enger

n: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616092540 Delivered
Attachments:

Sent: Wed 6/9/2010 12:03 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 11:59 AM
 Sign for by: R.AVENA
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Wt: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793616092540

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	ARA - Crystal Lake
2659 N. Milwaukee Avenue	6298 Northwest Highway
2nd Floor	Crystal Lake
Chicago	IL
IL	US
US	60014
60647	

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279

requestor and does not validate, guarantee or warrant the authenticity of the
st, the requestor's message, or the accuracy of this tracking update. For
tracking results and fedex.com's terms of use, go to fedex.com.

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280

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



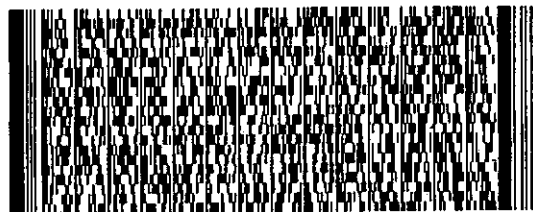
SHIP TO: (815) 477-0825 **BILL SENDER**
Facility Manager
ARA - Crystal Lake
6298 Northwest Highway

Ref #
Invoice #
PO #
Dept #

Crystal Lake, IL 60014

WED - 09 JUN A2
STANDARD OVERNIGHT

TRK# 7936 1609 2540
(0201)



60014

IL-US

ORD

79 UGNA



1056102225218

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*Pick up #
270*

281



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Sherman Hospital Dialysis Center
934 N Center Street
Elgin, IL 60120

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

282

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616094370 Delivered
Attachments:

Sent: Wed 6/9/2010 10:25 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 10:15 AM
 Sign for by: A.ACEVEDO
 Delivered to: Shipping/Receiving
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793616094370

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	Sherman Hospital Dialysis Center
2659 N. Milwaukee Avenue	934 N. Center Street
2nd Floor	Elgin
Chicago	IL
IL	US
US	60120
60647	

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requestor and does not validate, guarantee or warrant the authenticity of the request, the requestor's message, or the accuracy of this tracking update. For tracking results and fedex.com's terms of use, go to fedex.com.

Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



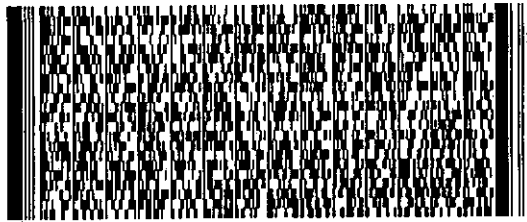
Ref #
Invoice #
PO #
Dept #

SHIP TO: (847) 429-8754 BILL SENDER
Facility Manager
Sherman Hospital Dialysis Center
934 N. Center Street

Elgin, IL 60120

WED - 09 JUN A2
STANDARD OVERNIGHT

TRK# 7936 1609 4370
0201



60120
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4456122726FE8

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Pick up #270

285



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
FMC - Hoffman Estates
3150 W Higgins Road
Hoffman Estates, IL 60195

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

RFC

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798738664682 Delivered
Attachments:

Sent: Wed 6/9/2010 10:36 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 10:32 AM
Sign for by: Signature Release on file
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798738664682

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	FMC - Hoffman Estates
2659 N. Milwaukee Avenue	3150 W. Higgins Road
2nd Floor	Hoffman Estates
Chicago	IL
IL	US
US	60195
60647	

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287

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tracking results and fedex.com's terms of use, go to fedex.com.

Thank you for your business.

2 PF

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



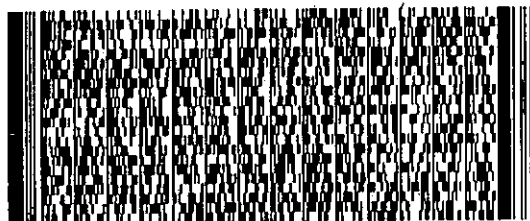
SHIP TO: (847) 310-0074 BILL SENDER
Facility Manager
FMC - Hoffman Estates
3150 W. Higgins Road

Ref #
Invoice #
PO #
Dept #

Hoffman Estates, IL 60195

WED - 09 JUN A1
STANDARD OVERNIGHT

TRK# 7987 3866 4682
0201

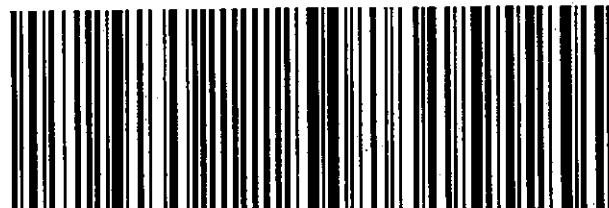


60195

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79 NOHA



4850122515518

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270*

289



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Tri-Cities Dialysis
306 Randall Road
Geneva, IL 60134

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

290

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798738727750 Delivered
Attachments:

Sent: Wed 6/9/2010 11:17 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 11:12 AM
 Sign for by: A.SMITH
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798738727750

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 Tri-Cities Dialysis
 306 Randall Road
 Geneva
 IL
 US
 60134

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Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



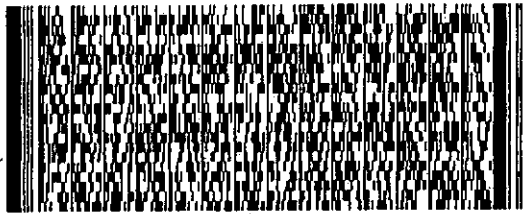
Ref #
Invoice #
PO #
Dept #

SHIP TO: (630) 362-1306 **BILL SENDER**
Facility Manager
Tri-Cities Dialysis
306 Randall Road

Geneva, IL 60134

WED - 09 JUN A2
STANDARD OVERNIGHT

TRK# 7987 3872 7750
0201

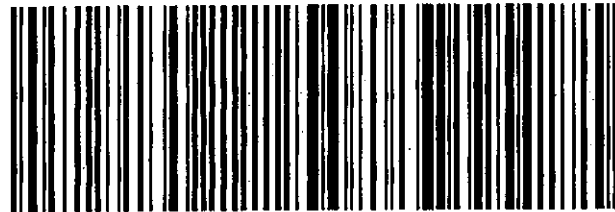


60134

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646C10272578

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*Pick Up
270*

293



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
DSI - Schaumburg
1156 S Roselle Road
Schaumburg, IL 60193

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

294

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616110510 Delivered
Attachments:

Sent: Wed 6/9/2010 11:24 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 11:20 AM
Sign for by: A.DIEGO
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793616110510

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	DSI - Schaumburg
2659 N. Milwaukee Avenue	1156 S. Roselle Road
2nd Floor	Schaumburg
Chicago	IL
IL	US
US	60193
60647	

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Thank you for your business.

296

From: Origin ID: NBUA (773) 276-2380
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago, IL 60647



Ship Date: 08JUN10
 ActWgt: 0.5 LB
 CAD: 4247177/NET3010

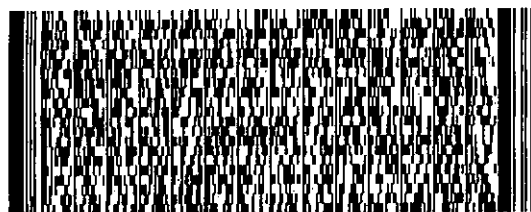
Delivery Address Bar Code



SHIP TO: (847) 524-4310 BILL SENDER
Facility Manager
DSI - Schaumburg
1156 S. Roselle Road

Schaumburg, IL 60193

Ref #
 Invoice #
 PO #
 Dept #



TRK# 7936 1611 0510
 0201

WED - 09 JUN A1
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60193
 IL-US
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*Pick Up
 # 270*

297



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
FMC - Round Lake
401 W Nippersink Avenue
Round Lake Heights, IL 60073

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

298

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616061450 Delivered
Attachments:

Sent: Wed 6/9/2010 12:27 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 12:22 PM
 Sign for by: C.FAROL
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793616061450

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Round Lake
 401 W. Nippersink Avenue
 Round Lake Heights
 IL
 US
 60073

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From: Origin ID: NBUA (773) 276-2380
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago, IL 60647



J1019100220224

Ship Date: 08JUN10
 ActWgt: 0.5 LB
 CAD: 4247177/NET3010

Delivery Address Bar Code



SHIP TO: (847) 740-5281 BILL SENDER
Facility Manager
FMC - Round Lake
401 W. Nippersink Avenue

Round Lake Heights, IL 60073

Ref #
 Invoice #
 PO #
 Dept #

WED - 09 JUN A2

STANDARD OVERNIGHT

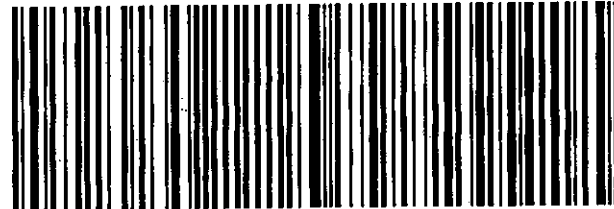
TRK# 7936 1606 1450
 0201

60073

IL-US

ORD

79 FEPA



0056102215FE8

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*Pick Up #
270*

301



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
FMC - North Central Rolling Meadows
4180 Winnetka Avenue
Rolling Meadows, IL 60008

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616090581 Delivered
Attachments:

Sent: Wed 6/9/2010 12:56 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 12:49 PM
 Sign for by: C.RICHDSO
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Wght: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793616090581

Shipper Information	Recipient Information
Margaret Enger	Facilty Manager
DaVita - Chicago Fire Regional	FMC - North Central Rolling Meadows
2659 N. Milwaukee Avenue	4180 Winnetka Avenue
2nd Floor	Rolling Meadows
Chicago	IL
IL	US
US	60008
60647	

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Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



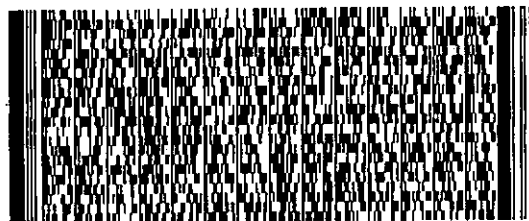
SHIP TO: (847) 394-6250 BILL SENDER
Facilty Manager
FMC - North Central Rolling Meadows
4180 Winnetka Avenue

Ref #
Invoice #
PO #
Dept #

Rolling Meadows, IL 60008

WED - 09 JUN A1
STANDARD OVERNIGHT

TRK# 7936 1609 0581
0201



60008

IL-US

ORD

79 NOHA



586C102F25FE8

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Pick Up #
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305



Heartland Region 1
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
FMC - Antioch
311 W Depot Street
Antioch, IL 60002

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616097358 Delivered
Attachments:

Sent: Wed 6/9/2010 1:02 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 12:58 PM
 Sign for by: F.CANCINO
 Delivered to: Receptionist/Front Desk
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 793616097358

Shipper Information
 Margaret Enger
 DaVita - Chicago Fire Regional
 2659 N. Milwaukee Avenue
 2nd Floor
 Chicago
 IL
 US
 60647

Recipient Information
 Facility Manager
 FMC - Antioch
 311 W. Depot Street
 Antioch
 IL
 US
 60002

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tracking results and fedex.com's terms of use, go to fedex.com.

Thank you for your business.

308

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

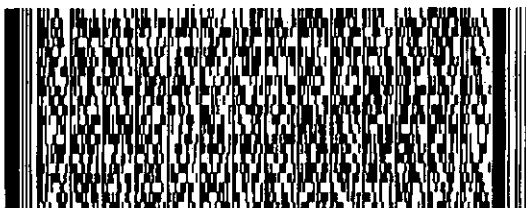
Delivery Address Bar Code



SHIP TO: (847) 395-5854 BILL SENDER
Facility Manager
FMC - Antioch
311 W. Depot Street

Antioch, IL 60002

Ref #
Invoice #
PO #
Dept #

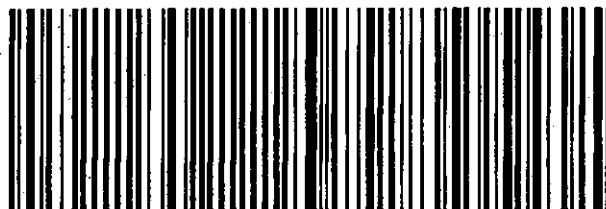


TRK# 7936 1609 7358
0201

WED - 09 JUN A2
STANDARD OVERNIGHT

60002
IL-US
ORD

79 FEPA



6450122F78FE8

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Quality Renal Care - Carpentersville
2203 Randall Road
Carpentersville, IL 60110

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

310

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798738713618 Delivered
Attachments:

Sent: Wed 6/9/2010 1:07 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 1:02 PM
Sign for by: S.YEAGAR
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798738713618

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
Quality Renal Care-
Carpentersville
2203 Randall Road
Carpentersville
IL
US
60110

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



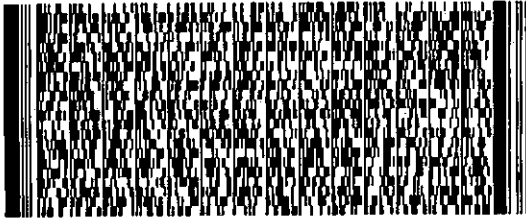
SHIP TO: (847) 426-6456 BILL SENDER
Facility Manager
Quality Renal Care-Carpentersville
2203 Randall Road

Ref #
Invoice #
PO #
Dept #

Carpentersville, IL 60110

WED - 09 JUN A2
STANDARD OVERNIGHT

TRK# 7987 3871 3618
0201



60110
IL-US
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6456102825518

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3/3



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Lake County Dialysis Services
918 S Millwaukee Avenue
Libertyville, IL 60048

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

314

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616086063 Delivered
Attachments:

Sent: Wed 6/9/2010 1:08 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 1:03 PM
Sign for by: C.VAGLE
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793616086063

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Sandy Hall
DaVita - Lake County Dialysis
918 S. Milwaukee Avenue
Libertyville
IL
US
60048

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Thank you for your business.

From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



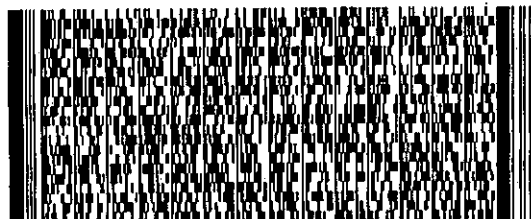
SHIP TO: (847) 918-7010 BILL SENDER
Sandy Hall
DaVita - Lake County Dialysis
918 S. Milwaukee Avenue

Ref #
Invoice #
PO #
Dept #

Libertyville, IL 60048

WED - 09 JUN A2
STANDARD OVERNIGHT

TRK# 7936 1608 6063
0201



60048
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585G102F2AF8

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Lake Villa Dialysis
37809 N Illinois Route 59
Lake Villa, IL 60046

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

318

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616099979 Delivered
Attachments:

Sent: Wed 6/9/2010 1:27 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 1:24 PM
Sign for by: D.DECENA
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Wght: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793616099979

Shipper Information	Recipient Information
Margaret Enger	Allan Navarro
DaVita - Chicago Fire Regional	DaVita - Lake Villa Dialysis
2659 N. Milwaukee Avenue	37809 N. Illinois Route 59
2nd Floor.	Lake Villa
Chicago	IL
IL	US
US	60046
60647	

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Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #

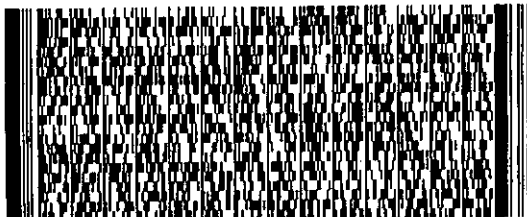
SHIP TO: (847) 245-4872 BILL SENDER

Allan Navarro
DaVita - Lake Villa Dialysis
37809 N. Illinois Route 59

Lake Villa, IL 60046

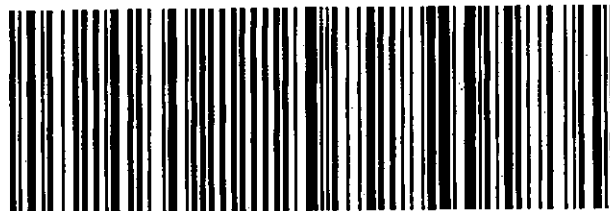
WED - 09 JUN A2
STANDARD OVERNIGHT

TRK# 7936 1609 9979
0201



60046
IL-US
ORD

79 FEPA



596C127235FE9

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Heartland Region I
2659 N. Milwaukee
Chicago, IL 60647
Tel: (773) 276-2380 | Fax: (773) 276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Quality Renal Care – Marengo
910 Greenlee Street
Marengo, IL 60152

Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798738662500 Delivered
Attachments:

Sent: Wed 6/9/2010 1:55 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 1:50 PM
Sign for by: E.HO
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798738662500

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
Quality Renal Care - Marengo
910 Greenlee Street
Marengo
IL
US
60152

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Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DeVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



J18191002228224

Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



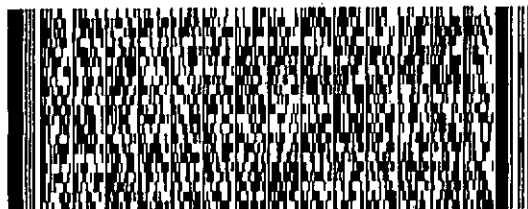
SHIP TO: (815) 568-5800 BILL SENDER
Facility Manager
Quality Renal Care - Marengo
910 Greenlee Street

Ref #
invoice #
PO #
Dept #

Marengo, IL 60152

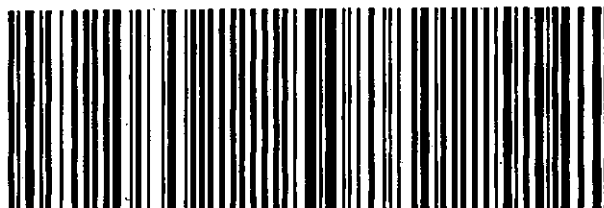
WED - 09 JUN AA
STANDARD OVERNIGHT

TRK# 7987 3866 2500
0201



60152
IL-US
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79 RFDA



96601027252E8

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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
FMC - McHenry
4312 W Elm Street
McHenry, IL 60050

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616237060 Delivered
Attachments:

Sent: Wed 6/9/2010 2:18 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 2:11 PM
Sign for by: W.SMITH
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793616237060

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
FMC of McHenry
4312 W ELM ST
MCHENRY
IL
US
60050

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tracking results and fedex.com's terms of use, go to fedex.com.

Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/INET3010

Delivery Address Bar Code

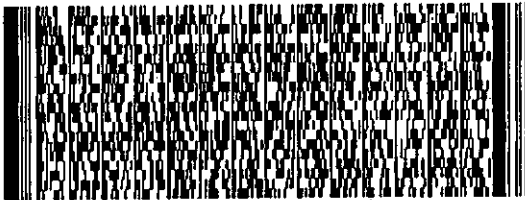


SHIP TO: (815) 363-7254 **BILL SENDER**
Facility Manager
FMC of McHenry
4312 W ELM ST

Ref #
Invoice #
PO #
Dept #

MCHENRY, IL 60050

WED - 09 JUN A2
STANDARD OVERNIGHT



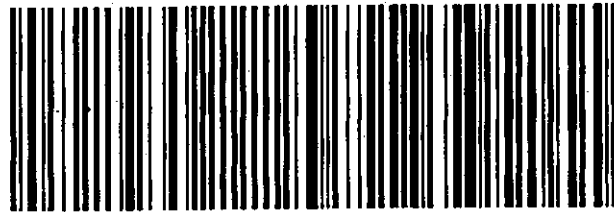
TRK# 7936 1623 7060
0201

60050

IL-US

ORD

79 UGNA



645610272/2EA

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Heartland Region 1
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
DSI Buffalo Grove
1291 W Dundee Road
Buffalo Grove, IL 60089

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

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The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

330

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 793616133496 Delivered
Attachments:

Sent: Wed 6/9/2010 2:23 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 2:19 PM
Sign for by: D.DULAY
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 793616133496

Shipper Information	Recipient Information
Margaret Enger	Facility Manager
DaVita - Chicago Fire Regional	DSI Buffalo Grove
2659 N. Milwaukee Avenue	1291 W. Dundee Road
2nd Floor	Buffalo Grove
Chicago	IL
IL	US
US	60089
60647	

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



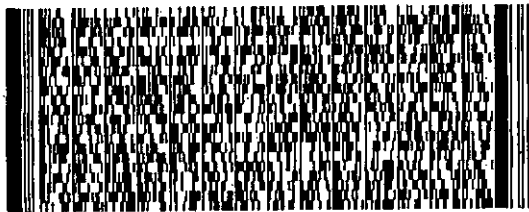
SHIP TO: (847) 253-9400 **BILL SENDER**
Facility Manager
DSI Buffalo Grove
1291 W. Dundee Road

Buffalo Grove, IL 60089

Ref #
Invoice #
PO #
Dept #

WED - 09 JUN A1
STANDARD OVERNIGHT

TRK# 7936 1613 3496
0201

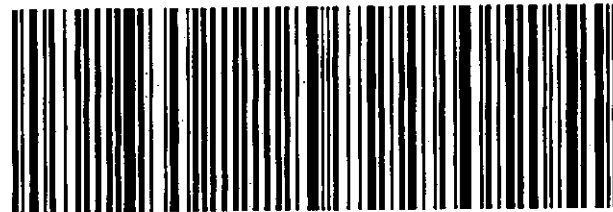


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686C122F207B

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*Rocky
#270*

332



Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
ARA - South Barrington
33 W Higgins Road
South Barrington, IL 60010

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

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The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798738685268 Delivered
Attachments:

Sent: Wed 6/9/2010 11:28 AM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
Name: Margaret Enger
E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
Delivery date: Jun 9, 2010 11:23 AM
Sign for by: D.IGIULIO
Delivered to: Receptionist/Front Desk
Service type: FedEx Standard Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday

Tracking number: 798738685268

Shipper Information
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago
IL
US
60647

Recipient Information
Facility Manager
ARA - South Barrington
33 W. Higgins Road
Barrington
IL
US
60010

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Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code



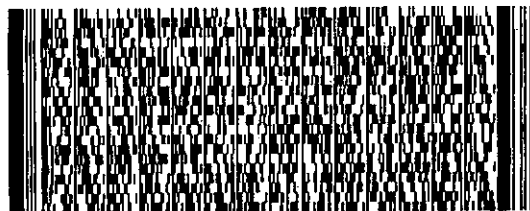
SHIP TO: (847) 783-4700 BILL SENDER
Facility Manager
ARA - South Barrington
33 W. Higgins Road

Ref #
Invoice #
PO #
Dept #

Barrington, IL 60010

WED - 09 JUN A1
STANDARD OVERNIGHT

TRK# 7987 3868 5268
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Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
FMC - Elgin
2130 Point Blvd
Elgin, IL 60123

Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

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Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

337

Margaret Enger

From: TrackingUpdates@fedex.com [TrackingUpdates@fedex.com]
To: Margaret Enger
Cc:
Subject: FedEx Shipment 798738722873 Delivered
Attachments:

Sent: Wed 6/9/2010 12:01 PM

This tracking update has been requested by:

Company Name: DaVita - Chicago Fire Regional
 Name: Margaret Enger
 E-mail: menger@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: Jun 8, 2010
 Delivery date: Jun 9, 2010 11:57 AM
 Sign for by: A.KILLIAN
 Delivered to: Shipping/Receiving
 Service type: FedEx Standard Overnight
 Packaging type: FedEx Envelope
 Number of pieces: 1
 Weight: 0.50 lb.
 Special handling/Services: Deliver Weekday

Tracking number: 798738722873

Shipper Information	Recipient Information
Margaret Enger	Lori Wright
DaVita - Chicago Fire Regional	FMC - Elgin
2659 N. Milwaukee Avenue	One Wesetbrook Corporate Center
2nd Floor	Tower One, Suite 1000
Chicago	Westchester
IL	IL
US	US
60647	60154

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Thank you for your business.

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From: Origin ID: NBUA (773) 276-2380
Margaret Enger
DaVita - Chicago Fire Regional
2659 N. Milwaukee Avenue
2nd Floor
Chicago, IL 60647



J1619106222924

Ship Date: 08JUN10
ActWgt: 0.5 LB
CAD: 4247177/NET3010

Delivery Address Bar Code

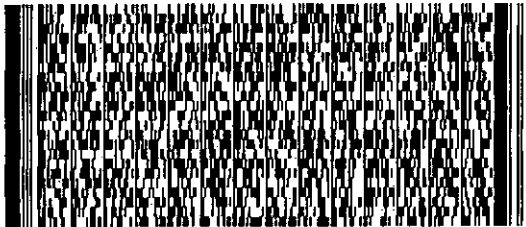


SHIP TO: (708) 498-9121 BILL SENDER
Lori Wright
FMC - Elgin
One Wesetbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154

Ref #
Invoice #
PO #
Dept #

WED - 09 JUN A1
STANDARD OVERNIGHT

TRK# 7987 3872 2873
0201

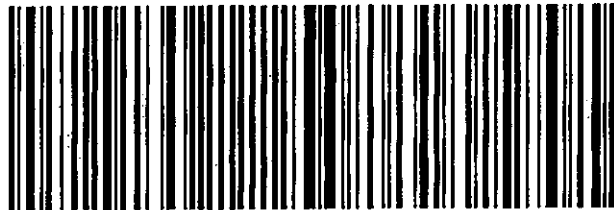


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2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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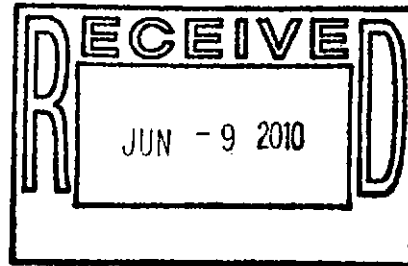


Heartland Region I
2659 N. Milwaukee Avenue
Chicago, IL 60647
Tel: 773-276-2380 | Fax: 773-276-4176
www.davita.com

June 8, 2010

Via Fed Ex Mail

Facility Manager
Barrington Creek
28214 W. Northwest Highway
Barrington, IL 60010



Dear Facility Manager:

DaVita Inc. and Total Renal Care Inc. are in the process of developing a Certificate of Need (CON) application to discontinue the 6-station dialysis facility located at 4900 S. Route 31 in Crystal Lake upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, slightly larger facility within a short distance from the existing location. The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 18 to 26 chronic renal dialysis patients. We expect all current patients to transfer to the new location. We do not expect our plans to have any adverse impact upon access to care for patients in the area or on other providers.

The rules of the Illinois Health Facilities and Services Review Board require us to inform you of these plans and ask you for an impact statement on your facility. Your response must be submitted to us with 15 days of receipt of this letter. You are not required to respond. However, no response will constitute an assumption on our part that the discontinuation will not have an adverse impact on your facility.

Thank you for consideration of this matter. If you have any questions or concerns please contact me or our consultant, Delia Wozniak who can be reached at 773/279-0458.

Sincerely,

Kelly B. Ladd
Group Director
DaVita Inc.

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APPENDIX 3

Documentation

Physician Credentials & Licenses

Karol E. Rosner, MD
Curriculum Vitae

Date of Birth: September 7, 1967

Address (Home):

1101 Timothy Lane
Woodstock, IL 60098-3044
(815) 690-0471

Address (Practice):

650 Dakota Street, Suite C
Crystal Lake, IL 60012-3744
Office Phone: 815-301-1001

Address (Correspondence/Credentialing):

Nephrology Associates of Northern Illinois
855 Madison Street, Oak Park IL 60302-4420
(708) 386-1000

Board Certification:

American Board of Internal Medicine (ABIM)
Internal Medicine, through 12/31/2011
Nephrology, through 12/31/2012

Education:

Medical Fellowship Training (1999-2001)
Northwestern University, Chicago IL

Medical Residency Training (1996-1999)
Southern Illinois University, Springfield IL

Medical School Diploma, MD 1996
University of Illinois, Chicago IL

Bachelor of Arts Degree 1988
Northwestern University, Evanston IL
Honors and Awards:

Barry Breen, MD Memorial Award 1998-1999
Awarded to the years outstanding senior Medicine Resident

Barry Breen, MD Memorial Award 1996-1997
Awarded to the years Outstanding Senior Medicine Intern

Illinois General Assembly Scholarship 1994-1995

Illinois State Scholar 1985-1988

Activities and Organizations:

Renal Physician Association (RPA) 2002-present
American Society of Nephrology (ASN) 2000-present
American Society of Transplantation 2000-present
American College of Physician Associate Member 1999-present
Illinois State Medical Society (ISMIS) 1991-present
Resident Education Committee 1997-1999 (Southern Illinois University)
St. John's Adult Critical Care Committee 1997-1999

Research, Publications & Presentations:

Battle DC., Ghossein C., Lerma E, Mahmood S., Rosner K., Rammohan M.; A crossover randomized blinded prospective multi-centered clinical evaluation of the rate of adverse events to Ferrlecit (sodium ferric gluconate complex in sucrose solution) in hemodialysis patients vs. those receiving placebo and historical controls.

Battle DC., Ghossein C., Lerma E, Mahmood S., Rosner K., Rammohan M.; Open label prospective multi-centered study to evaluate the rate of adverse events and their relationship to concomitant administration of angiotensin converting enzyme inhibitor therapy following repeated administration of Ferrlecit in hemodialysis patients receiving erythropoietin.

Battle DC., Gbaunchar HP, Lerma F., Rosner K., Rammohan M.; A study of the effect of dietary sodium restriction in the metabolism of sodium and potassium in normal subjects.

Rosa RM, Lerma E. Yu W., Young JB, Rosner K.; Racial differences in the metabolism of sodium and potassium: Implications regarding the role of diet in the etiology of hypertension in African Americans. 2000 (in progress)

Rosa RM, Young JB, Rosner K., Suh A., DeJesus E.; Racial Differences in Extrarenal Potassium Metabolism. ASN Poster SA-P0893 November 2002.

Ivanovich P., Rosner K.; A Case for Cellulosic Membrane Hemodialyzers, Seminars in Dialysis Vol 13, No 6. Nov/Dec 2000 pp. 409-411

Rubenstein JN, Eggener SE, Pins MR, Rosner K., Chugh S., Campbell SC;
Juxtaglomerular apparatus tumor: A rare, surgically correctable cause of hypertension. Reviews in Urology, 4 (4). 192-195, 2002.

Internal Medicine Grand Rounds, September, 1999

"It Might Be, It Could Be, It Is!", A unique presentation of Crohn's Disease.

Internal Medicine Grand Rounds, January 1999

"Flash Cerebral Edema", An interesting case of hypertensive encephalopathy.

Interests:

Spending time with my children and baseball

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
336.059412
036.098913

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
07/31/2011

LICENSED PHYSICIAN AND SURGEON
CONTROLLED SUBSTANCE
IIN II III IV V IIIN

KAROL E ROSNER MD
650 DAKOTA ST STE C
CRYSTAL LAKE, IL 60012



Dean Martinez

DEAN MARTINEZ
SECRETARY

Daniel E. Bluthardt

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3545628

345

BINDU PAVITHRAN, MD

941 Par Dr
Algonquin, IL 60102
847 658 3606 (Home)
630 723 9066 (cell)

bindupavithran@hotmail.com

Objective & Summary:

For Credentialing

Medical Licensing

Current Medical Licensure in Illinois

Board Certifications

Board certified in-Internal Medicine (2000) & Nephrology (2003)

Practice Experience

Physician (Nephrology), Solo practice, BP Nephrology & Hypertension Consultants, Ltd
South Barrington, IL (10/01/08 to current)

Physician (Nephrology), Nephrology Associates at Elgin Clinic, IL (05/01/08 to
09/30/08)

Physician (Nephrology & Internal Medicine), Elmhurst Clinic, IL (04/05/05 to 04/26/08)

Nephrologist (locum tenens) at Good Samaritan Hospital, Vincennes, IN
(08/30/04 to 09/03/04, 11/18/04 to 11/19/04, 12/30/04 to 01/02/05 & 01/08/05 to
01/09/05)

Nephrologist (locum tenens) with Hypertension Nephrology Consultants,
Columbus, OH (08/2003 to 01/2004)

Fellowship in Nephrology at University of Kentucky, Lexington, KY
(01/2001 to 01/2003)

Senior House Officer in Nephrology – Sree Uthradum Thirunal Hospital, Trivandrum,
Kerala, India (12/1993- 12 /1994)

Private Practice in Internal medicine at Sree Uthradum Thirunal Hospital, Trivandrum, Kerala, India (03/1993 to 05/1993)

Private practice in Internal medicine at Valsala Nursing Home at Trivandrum, Kerala, India (06/1991 to 08/1991)

Professional Memberships

American Society of Nephrology

Education

January 2001 – January 2003 Lexington, KY
Fellowship in Nephrology. University of Kentucky

July 1997 – November 2000 Pittsburgh, PA
Residency in Internal Medicine. Mercy Hospital of Pittsburgh

September 1984 – May 1991
MBBS, Medical College, Trivandrum, India

Other

Experienced in most of the usual Nephrology procedure, Hemo & Peritoneal dialysis, home hemodialysis, CWHD/CVHDF/SCUF & Plasmapheresis.

Citizen of the United States of America
References & Procedure Log furnished on request.
Willing to relocate for the right opportunity.

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
336.073857
036.110997

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
07/31/2011

LICENSED PHYSICIAN AND SURGEON
CONTROLLED SUBSTANCE
IIN II III IV V IIN

BINDU PAVITHRAN MD
650 DAKOTA ST STE C
CRYSTAL LAKE, IL 60012



Michael T. McRaith

MICHAEL T. McRAITH
ACTING SECRETARY

Daniel E. Bluthardt

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

3650091

34F

Sumit Bector, MD

2835 Coral Ct, Apt. 204, Coralville, IA 52241

Home: 630-999-2022

Mobile: 224-628-4284

Email: sumitbector@yahoo.com

Present Position:

Nephrology Fellow, University of Iowa Hospitals and Clinics, Iowa City, IA
2008- Present (until 06/2010)

Education:

University of Iowa, Nephrology Fellow 2008- Present
University of Wisconsin, Aurora Health Care Program, Chief Resident 2007-2008
University of Wisconsin, Aurora Health Care Program, Resident (IM) 2004 - 2007
Government Medical College, India- Junior Resident 06/2001-12/2001
Dayanand Medical College & Hospital, Ludhiana, India- 1995 - 2001

Work Experience:

Ajit Hospital, Khanna, India
Medical officer 01/2002-08/2003 & 01/2001-06/2001

Licensure:

State Medical License -- Iowa

Certifications:

American Board of Internal Medicine - 2007
Advanced Cardiac Life Support - 2009
Basic Life Support - 2009
Education Commission for Foreign Medical Graduates - Certified 2004

Professional Society Memberships:

American Society of Nephrology
National Kidney foundation
American Medical Association
American Association of Physicians of Indian Origin
Punjab Medical Council (India)

Presentations/Research:

"H. heilmannii Gastritis" - Vignette Presentation at
ACP (Wisconsin) Chapter Meeting - 09/2006

Represented Aurora Sinai Medical center at "Jeopardy Contest" at Annual ACP Meeting (Wisconsin Chapter) in 2005 and 2006

Other Academics:
Instrumental in setting up "Computerized Physician Order Entry" in various Aurora Healthcare Hospitals in Wisconsin.

Visa Status:
Permanent Resident

350

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
036.125927

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
07/31/2011

LICENSED
PHYSICIAN AND SURGEON

SUMIT BECTOR MD
650 DAKOTA ST SUITE C
CRYSTAL LAKE, IL 60012



Brent E. Adams
BRENT E. ADAMS
SECRETARY

BRENT E. ADAMS
SECRETARY

Donald W. Seabock
DONALD W. SEABOCK
ACTING DIRECTOR

DONALD W. SEABOCK
ACTING DIRECTOR

5228416

The official status of this license can be verified at www.idfpr.com

Cut on Dotted Line

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APPENDIX 4

DaVita Inc.

LIST OF FACILITIES

JANUARY 2010

Branch Name	Address	City	State	Zip	Phone	Fax	Business Hours	Director	Supervisor	Staff
South Beach Branch	4701 N MERIDIAN AVE	MIAMI BEACH	FL	33154	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Beach Branch	1871 N WILSON BLVD	MIAMI BEACH	FL	33179	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1100 NW 87th St	Miami	FL	33150	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Southwest Branch	5900 SW 11th Ave	Miami	FL	33155	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
West Branch	5850 W Florida Ave	Miami	FL	33155	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Northwest Branch	4587 NW 27th Ave	Miami	FL	33167	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	575 N Kiewit Dr	Daytona Beach	FL	32109	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	2068 S Douglas Ave	Daytona Beach	FL	32118	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	2966 S US Highway 1	Daytona Beach	FL	32119	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	5601 W Atlantic Blvd	Daytona Beach	FL	32117	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	3801 W Atlantic Blvd	Daytona Beach	FL	32117	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1869 N Ocean Blvd	Daytona Beach	FL	32118	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	3665 S Congress Ave	Daytona Beach	FL	32117	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	715 S US Highway 1	Daytona Beach	FL	32117	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	444 N Henderson St	Hudson	FL	34642	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	1101 S Sheridan St	Hudson	FL	34642	3863660100	3863660100	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	1505 NW 73rd Ave	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	400 S 11th St	Miami	FL	33130	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	2600 W HWY 1	Miami	FL	33134	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	13100 SW 30th Dr	Miami	FL	33170	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1864 N US HWY 1	Miami	FL	33142	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	5831 N Wiles Rd	Miami	FL	33120	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	6401 SW HWY 200	Miami	FL	33141	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1500 NW 77th St	Miami	FL	33142	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	5100 NW 20th Ave	Miami	FL	33122	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	6625 Lane Elder Rd	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	5100 Anderson St	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	2718 W Old US Highway 41	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	2211 N St	Miami	FL	33142	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1100 S US Highway 1	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	615 Highway 251	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	1154 Celebration Blvd	Miami	FL	33156	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	2233 S Bay St	Miami	FL	33133	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	2875 S 1st Ave	Miami	FL	33133	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	1300 S US Highway 1	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	6610 S US Highway 1	Miami	FL	33143	3052615220	3052615220	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	480 Georgian Ave	St Petersburg	FL	33709	7275611111	7275611111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	3613 13th St	St Petersburg	FL	33709	7275611111	7275611111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	5225 Stamford Park Dr	St Petersburg	FL	33709	7275611111	7275611111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	3252 Longview Dr	St Petersburg	FL	33709	7275611111	7275611111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	11700 184th St	Tampa	FL	33618	8132311111	8132311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	3885 Medical Park Dr	Tampa	FL	33613	8132311111	8132311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	2539 Martin Luther King Jr Dr	Tampa	FL	33613	8132311111	8132311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	3501 Professional Dr	Tampa	FL	33613	8132311111	8132311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1300 Montreal Rd	Tucker	GA	30084	7702311111	7702311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	1705 Belle Meade Ct	Tucker	GA	30084	7702311111	7702311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	2419 S Main St	Tucker	GA	31708	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	521 N Expressway	Union City	GA	30753	7702311111	7702311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	121 Linden Ave	Union City	GA	30753	7702311111	7702311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	154 Washington Plz	Union City	GA	30753	7702311111	7702311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	2625 Collier Dr	Decatur	GA	30030	4782111111	4782111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	15401 Douglas Blvd	Atlanta	GA	30343	4047111111	4047111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	2548 Flintstone Rd	Gainesville	GA	30601	7702311111	7702311111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	1508 Wagon Wheel Dr	Gainesville	GA	31904	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	84 Traders Way	Waynesboro	GA	31793	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	105 E Highway 92	Macon	GA	31201	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	10560 Peachtree Blvd	Duluth	GA	30087	4782111111	4782111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	1031 E 10th Ave	Columbus	GA	31904	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	480 Peachtree St	Columbus	GA	31904	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	2714 Oakridge Rd	St Marys	GA	31568	4782111111	4782111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	2714 Alee St	Americus	GA	31518	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	2000 E Highway 17	Waynesboro	GA	31793	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	260 E Main St	Waynesboro	GA	31793	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	200 S 30th St	Waynesboro	GA	31793	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
South Branch	1013 Clayton Dr	Dublin	GA	31707	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
Central Branch	266 Park Central Blvd	Decatur	GA	30030	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER
North Branch	2630 N 77th St	Decatur	GA	30030	4783111111	4783111111	10-2100	Robertson, Anthony	Sumarathana, Region 08: OPER	Sumarathana, Region 11: OPER

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Center Name	Address	City	State	Zip	Phone	Facility	Director	Supervisor	Staff	Notes
Central One Midwest	300 W Broadway	DES MOINES	IA	50308-149	14-2520	OPER	Ledy, Robert			Discovery Region 01 - Field of Dreams
Central One Midwest	810 10TH ST	PEERY	IA	50720-221	14-2534	OPER	Ledy, Robert			Discovery Region 11 - Field of Dreams
Alphalee	1500 E 10TH ST	ATLANTIC	IA	50721-125	14-2529	OPER	David, Saphy			Discovery Region 11 - Field of Dreams
Newton	304 N 4TH AVE E	NEWTON	IA	50008-315	14-2529	OPER	Seitz, Mark			Discovery Region 11 - Field of Dreams
Des Moines	501 SW 7TH ST	DES MOINES	IA	50309-436	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	501 W 20TH ST	DES MOINES	IA	50309-370	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	1640 CANYON CREST DR	TWIN FALLS	ID	83321-530	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	741 N OVERLOOK DR	BOISE	ID	83511-340	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	2001 BENCH RD	POCAHONTO	ID	83201-203	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	3625 E LOUISE ST	POCAHONTO	ID	83202-353	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	871 S BARBER PKWY	CALDWELL	ID	83645-500	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	1111 E 25TH ST	BOISE	ID	83620-219	14-2529	OPER	Stuchman, Bruce			North Star Region 02 - OPER
Des Moines	2100 WEST 5TH	LINCOLN	IL	60806-415	14-2592	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Des Moines	1151 ROUTE 74 W	BENTON	IL	62521-150	14-2592	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Des Moines	8115 S CIGERO AVE	OAK LAWN	IL	60453-185	14-2591	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago Heights	177 W JCE DR	CHICAGO HEIGHTS	IL	60411-173	14-2525	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Stamwood	2820 GATEWAY DR	STAMWOOD	IL	60171-913	14-2589	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Litchfield	814 S FRANCES WAY	LITCHFIELD	IL	62554-175	14-2583	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Faylorville	201 W SPRASSER ST	FAYORVILLE	IL	62566-181	14-2587	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Logan Square	2609 N MIDWAY AVE	CHICAGO	IL	60641-184	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	8100 SOUTH WESTERN AVE	CHICAGO	IL	60656-600	14-2528	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	1600 LEFFERON AVE	MOUNT VERNON	IL	60054-400	14-2541	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	1060 N MCKENRY AVE	ROCKFORD	IL	61103-200	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	3011 W 13TH ST	CHICAGO	IL	60644-110	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	1600 W 13TH ST	CHICAGO	IL	60608-211	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	3011 W 13TH ST	CHICAGO	IL	60608-211	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	3011 W 13TH ST	CHICAGO	IL	60608-211	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	3011 W 13TH ST	CHICAGO	IL	60608-211	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER
Chicago	3011 W 13TH ST	CHICAGO	IL	60608-211	14-2584	OPER	Stuchman, Bruce			Star Catchers Division 02 - OPER

Agency/Division	Address	City	State	Zip	Phone	Personnel	Organization	Division
San Antonio District Center	6132 FREDERICKSBURG RD	SA SAN ANTONIO	TX	78228-3112	45-2923	182777-61	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	500 LOOP 53	SA SAN ANTONIO	TX	78103-3555	45-2928	181227-24	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	897 THEBROOK LN	HOUSTON	TX	77060-3043	45-2927	180441-02	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	1102 E BROADWAY ST	GUERO	TX	77045-7764	45-2968	181857-01	Rental Treatment Centers-Southwest, LP	Single Division: AI
San Antonio District Center	CS1 R1 453	HUNTSVILLE	TX	77340-5581	45-2983	064946-01	DVA Rental Healthcare, Inc.	Long Star Division: AI
San Antonio District Center	1260 E CLIFF DR	EL PASO	TX	79904-4860	45-2720	067932-09	Total Road Care Teams Limited Partnership	New Frontier Division: AI
San Antonio District Center	2831 V LAMBERT RD	SPEARMAN	TX	79462-2650	45-2774	081444-01	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	2800 S BITEAS TATE HWY 39	AUSTIN	TX	78769-6705	45-2727	179946-02	Rental Treatment Centers-Southwest, LP	Single Division: AI
San Antonio District Center	200 DUFF PAVY	LA MARQUE	TX	77466-4022	45-2934	173418-02	DVA Rental Healthcare, Inc.	Long Star Division: AI
San Antonio District Center	3100 W 10TH ST	SA SAN ANTONIO	TX	78265-3307	45-2970	181223-04	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	2102 FM 2106	ROCKPORT	TX	78186-4348	47-2909	181515-02	Rental Treatment Centers-Southwest, LP	Single Division: AI
San Antonio District Center	104 W PLANTINGTON ST	BEEVILLE	TX	78112-3324	47-2583	181515-02	Rental Treatment Centers-Southwest, LP	Single Division: AI
San Antonio District Center	505 NEWMAN ST	EL PASO	TX	79920-5443	47-2528	178956-02	Total Road Care Teams Limited Partnership	New Frontier Division: AI
San Antonio District Center	8201 PINECROFT DR	SA SAN ANTONIO	TX	77060-3179	47-2581	180906-01	The Woodcock Division Center, LP	Long Star Division: AI
San Antonio District Center	1544 VALWOOD PAVY	CARROLLTON	TX	75008-5125	47-2948	183541-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	10855 EASTVIEW HWY	HOUSTON	TX	77069-4523	47-2935	179218-01	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	100 WYNTHOROUGH DR	DALLAS	TX	75246-4273	47-2938	044138-01	UF Southwestern DVA Healthcare, LP	Company Division: AI
San Antonio District Center	2424 W PLEASANT RUN RD	LANCASTER	TX	75146-4025	47-2920	171160-02	Total Road Care Teams Limited Partnership	Company Division: AI
San Antonio District Center	805 CASTROVILLE RD	SA SAN ANTONIO	TX	78237-3148	47-2931	177271-02	SAUCO-COVA, Davina Patricia, LP	Company Division: AI
San Antonio District Center	221 FM 1080 RD W	HOUSTON	TX	77069-3371	46-2784	044137-01	Imperial Service Network Limited Partnership	Long Star Division: AI
San Antonio District Center	1800 FANNIN ST	HOUSTON	TX	77064-1828	47-2938	040984-10	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1501 SOUTHWEST-COASTAL DIVISION	SA SAN ANTONIO	TX	78213-4601	47-2938	072041-01	UF Southwestern DVA Healthcare, LP	Company Division: AI
San Antonio District Center	1123 N MAIN AVE	SA SAN ANTONIO	TX	78124-2738	47-2915	181222-05	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	101 CEDAR ST	HEARNE	TX	77856-2520	47-2946	040343-01	Rental Treatment Centers-Southwest, LP	Long Star Division: AI
San Antonio District Center	120 S JOHNS REDDITT DR	LUFKIN	TX	75845-2529	45-2939	040343-01	Rental Treatment Centers-Southwest, LP	Long Star Division: AI
San Antonio District Center	800 W 54TH ST	AUSTIN	TX	78705-1144	48-2785	040319-01	Municipal Daycare Center/Total Road Care Limited Partnership	Single Division: AI
San Antonio District Center	207 BULLHEAD RD	NORTH RICHLAND HILLS	TX	78145-1105	47-2960	181785-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1800 W HIGHTWATER HWY	GRANDPINE	TX	78041-3413	47-2960	181785-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1718 S GARDNER HWY	ROUBIDOU	TX	75778-1861	48-2758	040302-01	Municipal Daycare Center/Total Road Care Limited Partnership	Single Division: AI
San Antonio District Center	2700 N STANTON ST	EL PASO	TX	79902-2909	45-2959	182571-04	Total Road Care Teams Limited Partnership	New Frontier Division: AI
San Antonio District Center	1350 N DESSA ST	EL PASO	TX	79920-2009	47-2943	171213-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	117 E HARWOOD RD	HURST	TX	76154-3003	47-2978	041808-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	9900 FM 1800 BYPASS RD W	HUMBLE	TX	75058-4039	47-2950	041808-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	2901 NE LOOP 10	SA SAN ANTONIO	TX	78117-5613	47-2923	182452-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	1000 S HWY 79 N	HENDERSON	TX	75627-8008	45-2905	044343-01	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	1800 PETER GARZA ST	SAN MARCOS	TX	78685-4677	45-2780	187185-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	10511 S HAWK CREEK DR	EL PASO	TX	79910-2443	47-2938	040319-01	Municipal Daycare Center/Total Road Care Limited Partnership	Single Division: AI
San Antonio District Center	8078 MARIANA DR	SA SAN ANTONIO	TX	78239-8640	47-2915	181811-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	4078 HIGHWAY N	HOUSTON	TX	77064-5792	47-2944	182507-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	4510 BURNETT RD	AUSTIN	TX	78758-3033	48-2949	182507-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	1720 E WYOMING BLVD	TAYLOR	TX	78131-0938	47-2949	040319-01	Municipal Daycare Center/Total Road Care Limited Partnership	Single Division: AI
San Antonio District Center	201 W FAIRMONT PAVY	LA PORTE	TX	77571-4333	47-2911	130603-03	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	12420 JONES RD	HOUSTON	TX	77065-6246	47-2938	187946-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	1501 W WYOMING BLVD	HOUSTON	TX	77064-5792	47-2938	182927-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1501 W WYOMING BLVD	HOUSTON	TX	77064-5792	47-2938	182927-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	3150 REA MENTIRE LANE	DENISON	TX	75020-0267	45-2906	040319-01	Municipal Daycare Center/Total Road Care Limited Partnership	Single Division: AI
San Antonio District Center	405 W GRAND PASKY E	LA TX	TX	77484-4369	45-2781	040319-01	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	5283 BALLS MOUNTAIN DR	EL PASO	TX	79924-3032	47-2901	170601-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	3618 BLOSSOM AVE	DALLAS	TX	75204-6233	47-2953	151189-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	2425 RIDGE RD	ROCKWALL	TX	75087-6530	47-2953	151189-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	2425 E 500TH RD	IRVING	TX	75039-3111	47-2953	151189-02	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	217 GULF FWY 3	IRVING CITY	TX	75039-3111	47-2953	183410-02	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	11111 BROOKLET DR	HOUSTON	TX	77066-3665	46-2740	040319-01	Integrated Service Network Limited Partnership	Company Division: AI
San Antonio District Center	1308 N MAIN ST	BOERNE	TX	78003-2958	47-2978	181222-05	SAUCO-COVA, Davina Patricia, LP	Single Division: AI
San Antonio District Center	201 W 8TH ST	BONHAM	TX	75418-4527	47-2943	178631-02	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	1425 VICTORIA STATION DR	VICTORIA	TX	77901-3062	45-2928	040319-01	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1008 W WELLS ST	EDINA	TX	77867-2193	47-2947	181594-02	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	17849 FM 1488 RD	MAGNOLIA	TX	77344-5295	47-2947	181594-02	Total Road Care Teams Limited Partnership	Long Star Division: AI
San Antonio District Center	1805 ROCK PRAIRIE RD	COLLEGE STATION	TX	77744-4359	47-2954	174807-02	DVA Rental Healthcare, Inc.	Long Star Division: AI
San Antonio District Center	280 W PARK	WYOMING	TX	79081-3541	47-2954	040319-01	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	2801 WILKERSON DR	MUFMAN	TX	81443-6665	47-2919	040319-01	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1447 HIGWAY 6	SUGAR LAND	TX	77478-5984	47-2982	194807-01	Rental Treatment Centers-Southwest, LP	Company Division: AI
San Antonio District Center	1222 CHAMPIONSHIP DR	SEELY	TX	77147-6828	47-2908	230386-01	Rental Office of Houston, LLC	Long Star Division: AI

City/County	Address	City	Zip	Phone	Agency	Service	Notes
Houston	910 JONES RD 1385 H OAK ST	Houston	77064-489	46-7705	Total Retail Care Team Limited Partnership DVA Healthcare Using Care, Inc.	04/01/05-01 07/20/05-01	Long Star Division: AI
Dallas	2000 S LEMWELL AVE	Dallas	75224-1804	46-2984	Total Retail Care Team Limited Partnership Remed Treatment Centers - Southwest, LP	07/20/05-13 1/20/06-02	Long Star Division: AI
Dallas	518 N WOOD ST	Dallas	75201-1149	46-2979	Remed Treatment Centers - Southwest, LP	04/06/05-01	Long Star Division: AI
Dallas	730 LITTLE YORK RD	Dallas	75208-1028	46-2978	UT Southwestern DVA Healthcare, L.P.	04/06/05-01	Long Star Division: AI
Dallas	3012 N BUCKNER BLVD	Dallas	75208-2842	46-2922	Remed Treatment Centers - Southwest, LP	04/06/05-01	Long Star Division: AI
Houston	8650 KIRBY DR	Houston	77064-2929	46-2987	Remed Treatment Centers - Southwest, LP	04/06/05-01	Long Star Division: AI
Houston	2500 GREEN OAK DR	Houston	77057-2701	46-2988	Remed Treatment Centers - Southwest, LP	04/06/05-01	Long Star Division: AI
Houston	913 E BIRCHWOOD DR	Houston	77055-3503	46-2989	Remed Treatment Centers - Southwest, LP	04/06/05-01	Long Star Division: AI
Houston	2800 WINDYBROOK DR	Houston	77055-3503	46-2990	DVA Healthcare Rental Care, Inc.	07/16/05-01	Long Star Division: AI
Houston	515 GRANADA DR	Houston	77058-8672	46-2991	DVA Healthcare Rental Care, Inc.	07/16/05-01	Long Star Division: AI
Houston	1607 PIN OAK RD	Houston	77044-8648	46-2992	Total Retail Care Team Limited Partnership DVA Healthcare Using Care, Inc.	07/20/05-07 07/16/05-01	Long Star Division: AI
Houston	3101 BRECKENRIDGE DR	Houston	77047-4623	46-2993	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
Houston	2636 S GAY ST	Houston	77004-7818	46-2972	DVA Rental Healthcare, Inc.	04/27/07-01	Long Star Division: AI
Brenham	302 E HOUSTON ST	Brenham	77833-5261	46-2941	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
Cleveland	500 MEDICAL CENTER BLVD	Conroe	77385-2989	46-2709	Remed Treatment Centers - Southwest, LP	1/19/05-05	Long Star Division: AI
Houston	3101 H 4TH ST	Houston	77004-4818	46-2710	Total Retail Care Team Limited Partnership DVA Healthcare Rental Care, Inc.	07/20/05-02 07/20/05-02	Long Star Division: AI
Houston	2000 S LEMWELL AVE	Houston	77055-3503	46-2711	Remed Treatment Centers - Southwest, LP	07/20/05-02	Long Star Division: AI
Houston	1155 SCARLETT BLVD	Houston	77058-3311	46-2712	Houston Memory Care of Houston, L.P.	07/16/05-01	Long Star Division: AI
Houston	10851 SCARLETT BLVD	Houston	77058-3311	46-2713	Houston Memory Care of Houston, L.P.	07/16/05-01	Long Star Division: AI
Houston	11028 NORTHMONT Pkwy	Houston	77060-2111	46-2942	Remed Treatment Centers - Southwest, LP	04/27/05-01	Long Star Division: AI
Houston	7243 SOUTH HWY	Houston	77071-2623	46-2943	DVA Healthcare Rental Care, Inc.	07/16/05-01	Long Star Division: AI
Houston	8650 MONROE RD	Houston	77091-4815	46-2978	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
Houston	7136 NORTH LOOP E	Houston	77038-2493	46-2979	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
Houston	7136 NORTH LOOP E	Houston	77038-2493	46-2979	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
Houston	4818 W 34TH ST	Houston	77058-3739	46-2973	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
El Paso	7200 GATWAY BLVD E	El Paso	79902-9099	46-2986	Total Retail Care Team Limited Partnership	07/20/02-18	Long Star Division: AI
Tomball	21700A TOMPAAL PKWY	Tomball	77461-1391	46-2707	Total Retail Care Team Limited Partnership	1/26/05-02	Long Star Division: AI
Pearland	6511 BROWN ST	Pearland	77581-3779	46-2745	Remed Treatment Centers - Southwest, LP	04/03/11-01	Long Star Division: AI
Pearland	3431 W 10TH ST	Pearland	77581-4310	46-2746	Remed Treatment Centers - Southwest, LP	07/20/02-05	Long Star Division: AI
El Paso	2400 N OREGON ST	El Paso	79902-3135	46-2989	Total Retail Care Team Limited Partnership	07/20/02-05	Long Star Division: AI
El Paso	1600 SOMERSET DR	El Paso	79902-3135	46-2990	Total Retail Care Team Limited Partnership	07/20/02-05	Long Star Division: AI
Dallas	11998 GREENVILLE AVE	Dallas	75243-2801	46-2984	Remed Treatment Centers - Southwest, LP	04/23/05-01	Long Star Division: AI
Houston	1335 LA COMEHL LN	Houston	77058-2762	46-2714	DVA Rental Healthcare, Inc.	04/23/05-01	Long Star Division: AI
College Station	COLLEGE STATION	College Station	77840-1430	46-2950	DVA Rental Healthcare, Inc.	04/23/05-01	Long Star Division: AI
Houston	5909 SOUTH LOOP E	Houston	77033-1071	46-2986	Remed Treatment Centers - Southwest, LP	04/23/05-01	Long Star Division: AI
Houston	413 S WINDYBROOK	Houston	77011-4640	46-2977	Remed Treatment Centers - Southwest, LP	04/23/05-01	Long Star Division: AI
Houston	208 HWY 42 NORTH	Houston	77062-9019	46-2985	Total Retail Care Team Limited Partnership	1/16/05-02	Long Star Division: AI
Houston	2207 GRANFORD ST	Houston	77062-9015	46-2986	Total Retail Care Team Limited Partnership	1/16/05-02	Long Star Division: AI
El Paso	1309 LOMALDO DR	El Paso	79915-8204	46-2974	TRC El Paso United Partnership (N. El Paso)	04/23/05-01	Long Star Division: AI
Galveston	1409 N SARGENT AVENUE	Galveston	77551-4206	46-2920	Remed Treatment Centers - Southwest, LP	04/23/05-01	Long Star Division: AI
Houston	1266 ROCK TANYON DR	Houston	77165-3811	46-2933	DVA Rental Healthcare, Inc.	1/16/05-02	Long Star Division: AI
Houston	1481 BROWN THRL	Houston	77062-3418	46-2934	DVA Rental Healthcare, Inc.	04/23/05-01	Long Star Division: AI
Houston	4131 DALLAS BLVD	Houston	77062-3418	46-2934	DVA Rental Healthcare, Inc.	04/23/05-01	Long Star Division: AI
Houston	300 W LITTLE YORK RD	Houston	77074-1305	46-2973	Remed Treatment Centers - Southwest, LP	07/16/05-01	Long Star Division: AI
San Antonio	1308 MURCHISON DR	San Antonio	78202-4640	46-2981	Total Retail Care Team Limited Partnership SANJOE-JAYVA DVA Healthcare Partners, LP	1/16/05-02	Long Star Division: AI
San Antonio	1313 S MILITARY DR	San Antonio	78214-2650	46-2977	Total Retail Care Team Limited Partnership SANJOE-JAYVA DVA Healthcare Partners, LP	1/16/05-02	Long Star Division: AI
Conroe	2610 S LOOP 338 W	Conroe	77384-5913	46-2988	Total Retail Care Team Limited Partnership	08/20/02-15	Long Star Division: AI
Conroe	4251 FREDONIA ST	Conroe	77384-5913	46-2989	Total Retail Care Team Limited Partnership	08/20/02-15	Long Star Division: AI
Lubbock	1321 31ST AVENUE DR LIVE	Lubbock	79424-0218	46-2934	Remed Treatment Centers - Southwest, LP	1/16/05-02	Long Star Division: AI
Galveston	6220 BROADWAY ST	Galveston	77551-4206	46-2920	DVA Rental Healthcare, Inc.	1/16/05-02	Long Star Division: AI
Galveston	10241 500 W	Galveston	77551-4206	46-2921	DVA Rental Healthcare, Inc.	1/16/05-02	Long Star Division: AI
Houston	1000 WINDYBROOK DR	Houston	77062-9015	46-2935	DVA Rental Healthcare, Inc.	1/16/05-02	Long Star Division: AI
Houston	1176 E 50 S	Houston	77062-9015	46-2936	DVA Rental Healthcare, Inc.	1/16/05-02	Long Star Division: AI
Houston	724 W 500 S	Houston	77062-9015	46-2937	DVA Rental Healthcare, Inc.	1/16/05-02	Long Star Division: AI
Portsmouth	3510 GREEN ST	Portsmouth	23707-3208	46-2918	Remed Treatment Centers - Southwest, LP	1/27/05-02	Long Star Division: AI
Harrisburg	871 CANTRELL AVE	Harrisburg	77801-4272	46-2927	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	WINDYBROOK	Harrisburg	77801-4272	46-2928	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	1070 N BIRCHWOOD	Harrisburg	77801-4272	46-2929	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	1070 N BIRCHWOOD	Harrisburg	77801-4272	46-2930	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	4820 N CENTER DR	Harrisburg	77801-4272	46-2931	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	1700 S STONE DR	Harrisburg	77801-4272	46-2932	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	1701 S GEORGE MASON DR	Harrisburg	77801-4272	46-2933	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI
Harrisburg	1800 TIMBERWOOD BLVD	Harrisburg	77801-4272	46-2934	DVA Healthcare Rental Care, Inc.	1/27/05-02	Long Star Division: AI

River Curve, Danvers, VT	117 N. JEFFERSON ST 801 S. HOWELL AVE	VT	5600-9100	52-2509	117-6580633	DVA Rural Healthcare, Inc. Total Rural Care, Inc.	Wideman, Jeffrey Stevens, Stephen	Star Catchers Region 06, OPEER Star Catchers Region 06, OPEER Star Catchers Region 07 - Northw. Light OPEER	Star Catchers Division, AI Star Catchers Division, AI Star Catchers Division, AI
Aurora Medical Group-Oriskany West, Oriskany, VT	870 ELDELL AVE	VT	54001-1448	52-2575	172954333	Aurora Medical, LLC	Chenoweth, Chemical		Headland Division, AI
Aurora Medical Group-Lake Geneva, Lake Geneva, VT	865 N WEST-AVEN DR 144 E BENEVA SQ	VT	54004-7888	52-2580	13161-6770	MGD-Aurora Medical Group, Inc.	Lynn, Edward	Star Catchers Region 06, OPEER	Star Catchers Division, AI
Aurora Medical Group-Morrisville, Morrisville, VT	481 OLD PESHIGO RD	VT	5317-2884	52-2537	133250000	MGD-Aurora Medical Group, Inc.	Warner, Paul	Star Catchers Region 06, OPEER	Star Catchers Division, AI
Aurora Medical Group-Oran, Oran, VT	1781 DECKNER AVE	VT	54202-2030	52-2553	147760040	MGD-Aurora Medical Group, Inc.	Ortiz, Germawaldin	Star Catchers Region 06, OPEER	Star Catchers Division, AI
Aurora Medical Group-Alpharetta, Alpharetta, VT	801 REED AVE	VT	54220-2072	52-2562	156995995	MGD-Aurora Medical Group, Inc.	Ortiz, Germawaldin	Star Catchers Region 06, OPEER	Star Catchers Division, AI
Aurora Medical Group-Sharon, Sharon, VT	193 S. VERA LANE 111 WILSON RD	VT	54204-1800	52-2565	169772989	MGD-Aurora Medical Group, Inc.	Keller, Kenneth	Star Catchers Region 06, OPEER	Star Catchers Division, AI
Aurora Medical Group-Fox Lake, Fox Lake, VT	210 WISSONNIN AMERICAN DR 2414 VOHLER MEMORIAL DR	VT	5371-2552	52-2567	173042529	DVA Rural Healthcare, Inc.	Wideman, Jeffrey	Star Catchers Region 06, OPEER	Star Catchers Division, AI
West Virginia Division, Charleston, WV	167 STOLLINGS AVE	WV	5081-3138	52-2578	165311410	West Virginia Division, Inc.	Brooks, Michael	Star Catchers Region 06, OPEER	Star Catchers Division, AI
West Virginia Division, Charleston, WV	158 W. MAIN ST	WV	2601-4010	51-2518	310001705	West Virginia Division, Inc.	Brooks, Michael	Star Catchers Region 06, OPEER	Star Catchers Division, AI
West Virginia Division, Charleston, WV	158 W. MAIN ST	WV	2601-1264	51-2518	310001705	West Virginia Division, Inc.	Brooks, Michael	Star Catchers Region 06, OPEER	Star Catchers Division, AI
West Virginia Division, Charleston, WV	158 W. MAIN ST	WV	2601-1264	51-2518	310001705	West Virginia Division, Inc.	Brooks, Michael	Star Catchers Region 06, OPEER	Star Catchers Division, AI

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APPENDIX 5

Documentation

IDPH SURVEYS/PLANS OF CORRECTION

Facsimile Transmittal Form

Sherman Dialysis Center
Fax: 224-783-2819
Telephone: 224-783-8754

Attention: Margaret

Date: 6-14-10

Fax # Called: 866-176-2748

Pages: 37

(including cover sheet)

<input checked="" type="checkbox"/>	Susan Kuester, RN - Manager	224-783-8595
<input type="checkbox"/>	Ginger Sorensen, RD - Dietitian	224-783-2005
<input type="checkbox"/>	Norma Perez, Unit Secretary	224-783-8754
<input type="checkbox"/>	Cheryl Rodriguez, RN - PD Nurse	224-783-8253
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Message: Copies per your request

original IDPH Survey 6/25 ~~62~~ 62 pgs

Response 7/2/09 - 62 pgs

additional return survey - 8/18/09 response + revisions

"CONFIDENTIAL HEALTH INFORMATION ENCLOSED"

Health Care information is personal and sensitive information related to a person's health. It is being faxed to you after either appropriate patient authorization or circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties in federal and state law.

IMPORTANT WARNING

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this message in error, please notify us immediately and destroy the related message.

PLEASE NOTE: If you do not receive all the pages indicated above, please call the sending party as soon as possible. Thank-you.

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SHERMAN HOSPITAL
Sherman Health

934 Center Street
Elgin, Illinois 60120-2198
Phone 847-742-9800
shermanhealth.com

08/28/09
G. Stubblefield, R.N. Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
122 S Michigan Ave, 7th Floor
Chicago, IL 60603

Ms. Stubblefield,

I have enclosed revised Plan of Correction from re-visit/survey on 08/10/09. Also enclosed are supporting documents for the Plan of Correction.

The original re-certification survey was at the Sherman Family Health Care -Crystal Lake Dialysis on dates June 22nd through June 25th.

I am available for clarification, questions etc at 847-429-8595, Monday through Friday.

Sincerely

Susan Kuester, RN, CNN
Dialysis Manager

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

VII C.
CRYSTAL LAKE

PRINTED: 08/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2009
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(V 501) 494.80 PATIENT ASSESSMENT (V 501)

The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care.

This STANDARD is not met as evidenced by:
Surveyor: 15166

A. Based on Facility policy review, clinical record review, and staff interview, it was determined, for 3 of 5 clinical records reviewed, (Pt. #s 5, 6, and 7) that the Facility failed to ensure that the comprehensive assessment was completed via the collaborative effort of an interdisciplinary team.

Findings include:

1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "The entire interdisciplinary team is responsible for ensuring that each patient is individually assessed and his/her needs identified. All members of the interdisciplinary team will complete their portion..."
2. The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Susan Kuestler RN CMO TITLE *Dialysis Manager* (X6) DATE *8-28-09*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/18/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2009
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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{V 501} Continued From page 1 {V 501}

12/5/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 1/6/09. The assessment lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment.

3. The clinical record for Pt. #6 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included an undated comprehensive assessment. The assessment lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment.

4. The clinical record for Pt. #7 was reviewed on 6/25/09. This was a 64-year-old female, admitted 12/11/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 12/20/08. The assessment lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment.

5. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.

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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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{V 501} Continued From page 2 {V 501}

Surveyor: 15168

A. Based on policy review, clinical record review and staff interview, it was determined that in 3 of 3 (Pt #1, 2, and 3) clinical records reviewed, the Facility failed to ensure that all comprehensive assessments were completed via the collaborative effort of an interdisciplinary team.

Findings include:

1. Facility policy entitled, "Assessment of Dialysis Patient," reviewed on survey date 8/10/09 at 1:00 PM required, "...3. The entire multidisciplinary team is responsible for ensuring that each patient is individually assessed and his/her needs identified. 4. A clinical assessment will be done face-to-face with the patient..a. All members of the multidisciplinary team will complete their portion of the comprehensive assessment..."

2. The clinical record of Pt #1 was reviewed on survey date 8/10/09. Pt #1 was an 82 year old male admitted to the Facility on 1/22/09 with a diagnosis of Chronic Kidney Disease. The clinical record contained a Comprehensive Interdisciplinary Assessment dated 8/5/09, that lacked documentation that the physician was part of the assessment team.

3. The clinical record of Pt #2 was reviewed on survey date 8/10/09. Pt #2 was a 40 year old male admitted to the Facility on 12/5/08 with a

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/10/2009
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
{V 501}	Continued From page 3 diagnosis of Chronic Kidney Disease. The clinical record contained a Comprehensive Interdisciplinary Assessment dated 7/16/09, that lacked documentation that the physician was part of the assessment team. 4. The clinical record of Pt #3 was reviewed on survey date 8/10/09. Pt #3 was a 46 year old male admitted to the Facility on 6/24/09 with a diagnosis of Chronic Kidney Disease. The clinical record contained a Comprehensive Interdisciplinary Assessment dated 7/16/09, that lacked documentation that the physician was part of the assessment team. 5. The findings were conveyed to the Dialysis Manager during an interview on survey date 8/10/09 at 12:00 PM	{V 501} V501	<p>494.80 Patient Assessment Comprehensive assessment has been revised to include signature of physician and also area for physician to enter issues concerns In addition a letter will be sent to nephrologist upon acceptance of new patient reminding them to plan to attend team meeting.</p> <p>Monthly audits will be completed by social worker on 15% of total patient population records for participation by attending Nephrologist.</p> <p>Audits will be reported to medical director and nurse manager on monthly basis at quality meeting.</p> <p>08/28/09 08/28/09 09/10/09 09/10/09</p>

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ESRD Patient/Staff Selection Guide and Identifier List

DATE 8/10/09

Provider Number 14-3509

Facility Sherman Family Health Care Dialysis
Census _____

Select 10% of the patient population for interviews and clinical review. For facilities with a patient population (census) of less than 50 patients, select at least 5 patients. Select a maximum of 15 patients for facilities with more than 150 patients.

Choose a variety of patients. Home patients may be interviewed by phone or during a clinic visit, if possible.

Patient Identifier Number	Patient Name	Surveyor initials
1.	Carlton Whitney	TJ
2.	Reyar Ayala	TJ
3.	Paula Hcdl	TJ
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

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SHERMAN HOSPITAL
Sherman Health

934 Center Street
Elgin, Illinois 60120-2198
Phone 847-742-9800
shermanhealth.com

08-06-09
G. Stubblefield, R.N. Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
160 North LaSalle – 7th Floor
Chicago, IL 60601

Ms. Stubblefield,

Enclosed please find revisions to the Statement of Deficiencies and Plan of Correction for the recent re-certification survey at Sherman Family Health Care –Crystal Lake Dialysis on dates June 22nd through June 25th .

I am available for clarification, questions etc at 847-429-8595, Monday through Friday.

Sincerely

Susan Kuester, RN, CNN
Dialysis Manager

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2009
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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V 117	<p>494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE</p> <p>Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or an adjacent area to that where used equipment or blood samples are handled.</p> <p>When multiple dose medication vials are used (including vials containing diluents), prepare individual patient doses in a clean (centralized) area away from dialysis stations and deliver separately to each patient. Do not carry multiple dose medication vials from station to station.</p> <p>Do not use common medication carts to deliver medications to patients. If trays are used to deliver medications to individual patients, they must be cleaned between patients.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 07105</p> <p>A. Based on observation and staff interview, it was determined that the Facility failed to ensure medication preparation areas were separated from contaminated areas.</p> <p>Findings include:</p> <p>1. On 6/22/09 at approximately 12:00PM, RN #1 was observed retrieving medication from an automated medication dispensing system (Pyxis). The medication was placed on a cart next to the Pyxis system. The cart contained dust. RN #1</p>	V 117	<p>CDC RR-5 As Adopted by Reference:</p> <p>Policy - DLY-178 "Medication Preparation and Administration Guidelines for Dialysis", created addresses clean areas and expectation related to the small counter space in the Crystal Lake unit with specifics on how to handle the common area related to blood specimens and medications. [Policy included.]</p> <p>All direct patient care staff working in the Crystal Lake Dialysis Facility will be educated to policy DLY-178</p> <p>Monitoring will be random observation by nurse manager or medical director. Non compliance with above policy will be handled following the Sherman Health Systems Disciplinary Action Policy.</p>	<p>06/25/09</p> <p>07/29/09</p> <p>Ongoing</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Susan Kuester, RN Dialysis Manager* TITLE _____ (X6) DATE *7/12/09*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 117	Continued From page 1 then carried vials of medication into the nurse's station and placed them on a cluttered table that contained office supplies and two tubes of blood.	V 117		
V 122	2. The above finding was conveyed to the Manager of the Dialysis unit on 6/22/09 at approximately 12:15PM. 494.30(a)(4)(ii) PROCEDURES FOR INFECTION CONTROL [The facility must demonstrate that it follows standard infection control precautions by implementing- (4) And maintaining procedures, in accordance with applicable State and local laws and accepted public health procedures, for the-] (ii) Cleaning and disinfection of contaminated surfaces, medical devices, and equipment. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review and staff interview, it was determined, for 6 of 6 Phoenix machines, (PH0307, PH0310, PH04677, PH10844, PH20529, and PH20525) that the Facility failed to ensure that the Hanson and dialysate connectors were disinfected as required. Findings include: 1. Facility policy #DLY-140 entitled, "Dialysate Conductivity Verification," was reviewed on 06/23/09 at approximately 10:55 A.M. The policy required that "all Hanson and Dialysate Connectors are to be soaked in Actril and rinsed with Deionized water once per week. For Crystal	V 122	V122 494.30(a)(4)(ii) Procedures for Infection Control: Policy - DLY-031 "Cobe Centry3 Plus Hemodialysis System & COBE Phoenix Hemodialysis System Cleaning and Disinfection", (copy included), was revised In additional the "Daily Quality Control Log" for each machine was revised to provide a place to document when cleaning of Hansen connectors, etc is performed. All staff to be educated regarding change to above policy and log changes. Review of all logs for compliance will be done monthly, by nurse manager or designee and results will be reviewed with Medical Director and staff monthly. Non compliance with above policy will be handled following the Sherman Health Systems Disciplinary Action Policy. Note: DLY-140 "dialysate Conductivity Verification" does not contain any mention of Hansen and Dialysate (copy included)	06/30/09 07/25/09 08/10/09 Ongoing

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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V 122	Continued From page 2 lake, this will be done every Saturday...."	V 122		
V 124	2. An interview was conducted with E #5 on survey date 6/23/09 at 10:30 A.M., E #5 stated, "we don't have a log" documenting disinfection of the Hanson and dialysate connectors. 3. The above finding was conveyed to the Dialysis Unit Manager on 6/23/09 at approximately 10:30 A.M. 494.30(a)(1)(i) CDC RR-5 AS ADOPTED BY REFERENCE Routine Testing for Hepatitis B The HBV serological status (i.e. HBsAg, total anti-HBc and anti-HBs) of all patients should be known before admission to the hemodialysis unit. Routinely test all patients [as required by the referenced schedule for routine testing for Hepatitis B Virus]. Promptly review results, and ensure that patients are managed appropriately based on their testing results. This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on clinical record review and staff interview it was determined that the facility failed to ensure all patients receive serological testing (HSsAG, Anti-HBc-Anti-HB) prior to admission for 5 of 5 clinical records reviewed (Pt. #s 4, 5, 6, and 8). Findings include: 1. On 6/25/09 between 9:00 and 11:30AM, the five clinical records for Pt. #s 4-8 which were	V 124 V 124	V124 494.30(a)(1)(i) CDC RR-5 As Adopted by Reference: Testing for Hepatitis B Policies – Dly-054 "Administration of Hepatitis B Vaccine" and DLY-125 "Routine Laboratory Testing of Dialysis Patients" revised to require not only HBsAg, but also Anti-HBc and Anti-HBs. Revision to "Criteria for Intake Form" to include above labs Hepatitis Vaccination Tracking Log has been revised to include results of Anti-HBc and Anti-HBs along with HBsAg. All staff to be educated regarding changes to policies and intake form. Monitoring for compliance will be done monthly by review of the Hepatitis Vaccination Tracking Log by the nurse manager and medical director.	07/07/09 7/07/09 08/10/09 08/10/09 and then Ongoing

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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V 124	Continued From page 3 reviewed did not contain baseline hepatitis antibody testing.	V 124		
V 175	<p>2. The above findings were conveyed to the Nurse Manager during an interview on 6/25/09 at approximately 11:35AM.</p> <p>494.40 WATER AND DIALYSATE QUALITY</p> <p>This CONDITION is not met as evidenced by: Surveyor: 15166</p> <p>Based on Facility policy review, observation, clinical record review, a review of water and equipment logs, and staff interview, it was determined that the Facility failed to ensure that the water system was monitored for maximum level of chemical contaminants as required by AAMI standards (V177); failed to develop a policy that reflected AAMI action level standards for endotoxin count in dialysate (V180); failed to ensure that an accurate schematic diagram was posted and that piping and major water components were properly labeled (V187); failed to ensure that the softener timer was checked at the beginning of each day (V190); failed to ensure water hardness was tested at the end of the treatment day to determine if the softener has sufficient capacity (V191A); failed to ensure that separate, clean medicine cups were used to collect the samples, so as not to cross-contaminate (V191B); failed to ensure accurate documentation of the chloramine test results in accordance with the sensitivity of the test strips (V196); failed to perform monthly loop disinfection for 1 of 6 months in 2009 (V219); failed to ensure that the mixed dialysate containers were labeled with the patients' names</p>	V 175	<p>V175 494.40 Water and Dialysate Quality Update to completion of the conditions which led to the Immediate Jeopardy, for the facility are identified below and addressed in the following pages with each specific tag: Policies have been revised Training continues</p> <p>Medical Director has been updated weekly regarding training.</p>	7/12/09

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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 175	<p>Continued From page 4</p> <p>(V236A); failed to ensure that all mixed concentrates were disposed of after 72 hours, in accordance with policy (V236B); failed to ensure that a pH and conductivity test was performed with an independent method, before each patient use (V250); failed to ensure staff were educated in safe packaging of water samples (V252); failed to incubate machine dialysate samples in accordance with policy (V256A); and failed to ensure a quality assurance program was designed to ensure appropriate use of the dip sampler and staff training (V256B).</p> <p>An Immediate Jeopardy and serious threat to patients' health and safety were created from the cumulative effect of these systemic practices, resulting in the Facility's inability to ensure safe water quality. The Immediate Jeopardy was identified on 6/23/09 at 1:50 P.M. due to failure to incubate and handle dialysate culture samples as required. The Dialysis Manager was notified in person of the Immediate Jeopardy on 6/23/09 at 1:55 P.M.</p> <p>Below is a summary of the Immediate Jeopardy action plan which the Facility presented on 6/24/09 at 12:10 P.M.:</p> <p>"Action Plan Crystal Lake Dialysis 6/23/09" A review of the Action Plan included policy revision DLY-053 [making policy more specific to Crystal Lake unit] DLY -141 LAL; obtaining dialysate/machine cultures and submitting results to IDPH; identifying staff as superusers to train remaining staff; follow up monitoring of staff; and disciplinary action for any noncompliance.</p> <p>While the Immediate Jeopardy was removed on 6/24/09 at 12:30 P.M., the Facility remains out of</p>	V 175	<p>V175 494.40 Water and Dialysate Quality Update to completion of the conditions which led to the Immediate Jeopardy, for the facility are identified below and addressed in the following pages with each specific tag: Policies have been revised Training continues</p> <p>Medical Director has been updated weekly regarding training.</p>	7/12/09	

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V 175	Continued From page 5 compliance because all staff have not been reeducated according to the action plan and the Facility needs time to evaluate the efficacy of the interventions. The Dialysis Manager was notified on 6/25/09 at 2:00 P.M. of the removal of Immediate Jeopardy.	V 175		
V 177	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 4 Fluid quality 4.1 Water 4.1.1 Maximum level of chemical contaminants in water: chem analysis Product water used to prepare dialysate or concentrates from powder at a dialysis facility, or to process dialyzers for reuse, shall not contain chemical contaminants at concentrations in excess of those listed in ANSI/AAMI RD62, which is reproduced in Table 1 below: Table 1-Maximum allowable chemical contaminant levels in water used to prepare dialysate and concentrates from powder at a dialysis facility and to reprocess dialyzers for multiple uses (Reproduced from ANSI/AAMI RD62:2001) Contaminant / Maximum concentration (mg/L) Calcium 2 (0.1 mEq/L) Magnesium 4 (0.3 mEq/L) Potassium 8 (0.2 mEq/L) Sodium 70 (3.0 mEq/L) Antimony 0.006 Arsenic 0.005 Barium 0.10 Beryllium 0.0004 Cadmium 0.001 Chromium 0.014 Lead 0.005	V 177	V177 494.40 (a) ANSI/AAMI RD52:2004 As Adopted by Reference Results of water monitoring for chemical contaminants (heavy metals) obtained from Siemens Water Technology and placed in water log/culture book. Under the appropriate month. (Copies for Feb, Apr, and Jun included in this report) Continue to meet this standard with every other month testing as demonstrated by the above reports. Dialysis staff to be knowledgeable of testing being performed on water quality by Siemens. All staff will review policy, DLY-180 "Chemical Contaminants Monitoring of Water System per AAMI Standards, (copy included) Medical Director to review results to ensure water system remains safe.	06/30/09 07/30/09 07/30/09 08/10/09

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V 177	<p>Continued From page 6</p> <table border="0"> <tr><td>Mercury</td><td>0.0002</td></tr> <tr><td>Selenium</td><td>0.09</td></tr> <tr><td>Silver</td><td>0.005</td></tr> <tr><td>Aluminum</td><td>0.01</td></tr> <tr><td>Chloramines</td><td>0.10</td></tr> <tr><td>Free Chlorine</td><td>0.50</td></tr> <tr><td>Copper</td><td>0.10</td></tr> <tr><td>Fluoride</td><td>0.20</td></tr> <tr><td>Nitrate (as N)</td><td>2.0</td></tr> <tr><td>Sulfate</td><td>100</td></tr> <tr><td>Thallium</td><td>0.002</td></tr> <tr><td>Zinc</td><td>0.10</td></tr> </table> <p>NOTE-American National Standards are revised every three to five years. Users should consult the most recent edition of ANSI/AAMI RD62 to ensure that the levels listed in this table are still valid.</p> <p>The manufacturer or supplier of a complete water treatment system should recommend a system that is capable of meeting the requirements of this clause at the time of installation given the analysis of the feed water. The system design should reflect possible seasonal variations in feed water quality.</p> <p>Following installation of a water treatment, storage, and distribution system, the user is responsible for continued monitoring of the levels of chemical contaminants in the water and for complying with the requirements of this standard.</p>	Mercury	0.0002	Selenium	0.09	Silver	0.005	Aluminum	0.01	Chloramines	0.10	Free Chlorine	0.50	Copper	0.10	Fluoride	0.20	Nitrate (as N)	2.0	Sulfate	100	Thallium	0.002	Zinc	0.10	V 177		
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V 177	Continued From page 7 This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on a review of the water culture log and staff interview, it was determine that the Facility failed to ensure that the water system was monitored for maximum level of chemical contaminants as required by AAMI standards. Findings include: 1. On 6/22/09 at approximately 10:00AM the water culture log was reviewed. The Log failed to contain results of water monitoring for chemical contaminants (heavy metals). 2. The above finding was conveyed to the Dialysis Manager during an interview on 6/22/09 at approximately 10:30AM.	V 177		
V 180	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 4.3.2.1 Bacteriology of conventional dialysate: max & action limits Conventional dialysate should contain a total viable microbial count lower than 200 CFU/mL and an endotoxin concentration of lower than 2 EU/mL. The action level for the total viable microbial count in conventional dialysate should be 50 CFU/mL and the action level for the endotoxin concentration should be 1 EU/mL. If levels exceeding the action levels are observed in the dialysate, corrective measures, such as disinfection and retesting, should promptly be taken to reduce the levels. This STANDARD is not met as evidenced by:		V177 494.40 (a) ANSI/AAMI RD52:2004 As Adopted by Reference Results of water monitoring for chemical contaminants (heavy metals) obtained from Siemens Water Technology and placed in water log/culture book. Under the appropriate month. (Copies for Feb, Apr, and Jun included in this report) Continue to meet this standard with every other month testing as demonstrated by the above reports. Dialysis staff to be knowledgeable of testing being performed on water quality by Siemens. All staff will review policy, DLY-180 "Chemical Contaminants Monitoring of Water System per AAMI Standards, (copy included) Results will be obtained from Siemens and reviewed by the nurse manager and Medical Director to ensure water system remains safe.	06/30/09 07/30/09 07/30/09 08/10/09

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V 180	Continued From page 8 Surveyor: 07105 A. Based on policy review and staff interview, it was determined, for 1 of 1 policy manual reviewed, that the Facility failed to have a policy that reflected AAMI action level standards for endotoxin count in dialysate. Findings include: 1. On 6/23/09 at approximately 11:30AM, policy DLY 053 was reviewed. The policy titled "cultures-monthly testing" was reviewed. The policy included a section for "dialysate cultures" but failed to give the AAMI ranges for dialysate action levels for endotoxins. The policy was not unit specific to Crystal Lake. The policy referred to "product" water instead of dialysate. 2. The above finding was conveyed to the Dialysis Manager during an interview on 6/23/09 at approximately 12:00PM.	V 180	494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 4.3.2.1 Bacteriology of conventional dialysate: max & action limits Revision to DLY-053 "Cultures - Monthly Testing" and DLY-141 LAL Testing, adding AAMI ranges for action levels for both cultures and LAL samples. DLY-053 has been written to be more specific to Crystal Lake Dialysis All staff to be educated regarding revisions to above policies and documenting on the action plan documentation record All direct patient care staff to complete competency in obtaining and reading both cultures and LAL's Monitoring for compliance to policy will be random observation performed by nurse manager or super users. Non compliance with above policies will be handled following the Sherman Health Systems Disciplinary Action Policy.	06/30/09 06/30/09 07/15/09 07/15/09 08/10/09
V 187	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 8 Environment: schematic diagrams/labels Water systems should include schematic diagrams that identify components, valves, sample ports, and flow direction. Additionally, piping should be labeled to indicate the contents of the pipe and direction of flow. If water system manufacturers have not done so, users should label major water system components in a manner that not only identifies a device but also describes its function, how performance is verified, and what actions to take in the event performance is not within an			

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V 187	Continued From page 9 acceptable range. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on observation and staff interview, it was determined that, in the water room, the Facility failed to ensure that an accurate schematic diagram was posted and that piping and major water components were properly labeled. Findings include: 1. On 6/22/09 at approximately 11:00 A.M. a tour of the water room was conducted. There was a schematic diagram of the water system posted, however, the diagram failed to accurately depict the current layout and flow direction. 2. The piping in the water room lacked labeling to indicate the direction of flow. 3. The major water system components failed to include labels that describe their function, how performance is verified, and what actions to take if performance is not within an acceptable range. 4. The above findings were conveyed to the Unit Manager during an interview, on 6/22/09 at approximately 2:30 P.M.	V 187	V187 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 8 Environment: Schematic diagrams/labels: All components of the water system are labeled along with flow direction identified. Have obtained revised schematic and having hospital print and post. Revised schematic is posted All staff will be educated on the labeling, the function of each component as identified on the label and what action to take when component is not within acceptable range.	07/20/09 08/15/09 07/31/09 08/15/09
V 190	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 5.2.4 Softeners: auto regen/timers/salt/salt level Prior to exhaustion, softeners should be restored; that is, new exchangeable sodium ions are placed on the resin by a process known as "regeneration," which involves exposure of the	V 190		

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V 190	<p>Continued From page 10 resin bed to a saturated sodium chloride solution.</p> <p>5.2.4 Softeners Refer to RD62:2001, 4.3.10 Automatically regenerated water softeners: Automatically regenerated water softeners shall be fitted with a mechanism to prevent water containing the high concentrations of sodium chloride used during regeneration from entering the product water line during regeneration.</p> <p>The face of the timers used to control the regeneration cycle should be visible to the user.</p> <p>6.2.4 Softeners Timers should be checked at the beginning of each day and should be interlocked with the RO system so that the RO is stopped when a softener regeneration cycle is initiated.</p> <p>The softener brine tank should be monitored daily to ensure that a saturated salt solution exists in the brine tank. Salt pellets should fill at least half the tank. Salt designated as rock salt should not be used for softener regeneration since it is not refined and typically contains sediments and other impurities that may damage O-rings and pistons and clog orifices in the softener control head.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on a review of Facility RO logs and staff interview, it was determined for 6 of 6 months reviewed, (January-June 22, 2009) that the facility failed to ensure the softener timer was checked at the beginning of each day.</p>	V 190		

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V 190	Continued From page 11 Findings include: 1. The Facility's RO (reverse osmosis) log was reviewed on 6/22/09 at approximately 1:00 P.M. The log lacked documentation to indicate that the softener timer was checked at the beginning of each day. 2. In an interview with E#3, on 6/22/09 at approximately 11:50 A.M., E#3 stated that she does not check the softener timer when she completes the water room/RO checks. 3. The above findings were conveyed to the Unit Manager during an interview, on 6/22/09 at approximately 2:30 P.M.	V 190	V190 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 5.2.4 Softener Daily Water System Log revised to include documentation of "time of day" on softener clock. All staff to be educated on reading the correct time on the water softener.	06/30/09
V 191	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 6.2.4 Softeners: Testing hardness/log Users should ensure that test accuracy and sensitivity are sufficient to satisfy the total hardness monitoring requirements of the reverse osmosis machine manufacturer. Total hardness of the water exiting the water softener should be measured at the end of each treatment day. Water hardness test results should be recorded in a water softener log. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy, observation, and staff interview, it was determined for 2 of 2 staff interviewed, (E#3 and E#4) that the Facility failed to ensure water hardness was tested at the end of the treatment day to determine if the softener has sufficient capacity.		Monitoring will be through auditing of the Daily Water System Log performed by nurse manager or designee and reviewed with the medical director for compliance on a monthly basis.	07/17/09 08/15/09

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V 191	Continued From page 12 Findings include: 1. A Facility policy for hardness testing was requested. The Unit Manager stated that there was no policy for hardness testing of the water. 2. The Facility's RO (reverse osmosis) log was reviewed on 6/22/09 at approximately 1:00 P.M. The log required RO checks including water hardness testing to be done twice per day, "AM" and "PM". 3. On 6/22/09 at approximately 11:45 A.M., E#3 performed a hardness test of the water for surveyor observation. E#3 (dialysis technician) stated that the hardness is checked everyday at the beginning of the day and again "when the second shift comes on, between 1:30 -2:20" P.M. 4. E#4 (dialysis technician) performed the water room check, to include hardness testing, at approximately 1:30 P.M. on 6/22/09. E#4 stated that the lasted patient would not finish dialyzing until approximately 3:30 P.M., (almost 2 hours after the last hardness sample was collected). 5. The above findings were conveyed to the Unit Manager during an interview, on 6/22/09 at approximately 2:30 P.M. B. Based on Facility policy review, observation, and staff interview, it was determined, for 1 of 1 staff performing chloramine and hardness tests, that the staff person, (E#3) failed to ensure that separate, clean medicine cups were used to collect the samples, so as not to cross-contaminate the samples.	V 191	V191 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 6.2.4 Softeners: Testing hardness/log A. Policy- DLY-085, "Daily Water System Check", was revised along with the "Daily Water System Log" (copies included), hardness sampling moved to end of log. Policy changed to have testing performed at the end of evening when the last patient is coming off the machine. All staff to be educated on changes on above policy and to perform hardness at end of day. Monitoring will be through audits of the Daily Water System Log performed by the nurse manager or designee. Results will be reviewed with the medical director for compliance on a monthly basis. Recent review of log indicates "hardness is being done at end of night.	07/08/09 07/15/09 08/10/09	

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V 191	Continued From page 13 Findings include: 1. Facility policy #DLY-083 entitled, "Daily Water Testing Chlorine/Chloramines," was reviewed on 6/23/09 at approximately 9:00 A.M. The policy requires, "Collect water samples... in separate, clean medicine cups." 2. On 6/22/09 at approximately 11:45 A.M., E#3 performed chloramine and hardness tests of the water, by collecting samples, one at a time from three different valves, (valve #15, 16, and 11. E#3 used the same medicine cup to collect all three samples, without rinsing the cup in between samples. Hence, the potential for cross-contamination of the samples existed. 3. The above findings were conveyed to the Unit Manager during an interview, on 6/22/09 at approximately 2:30 P.M.	V 191	V191 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference B. 6.2.4 Softeners: Testing hardness/log Policy- DLY-083, "Daily Water Testing Chlorine/Chloramines", was reviewed for appropriateness regarding using clean collection containers for each valve. All staff to read policy and sign off on proper collection of samples. Monitoring for compliance will be through random observation performed by nurse manager or medical director.	7/08/09 07/25/09 08/15/09
V 196	494 40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 6.2.5 Carbon adsorption: monitoring, testing freq Testing for free chlorine, chloramine, or total chlorine should be performed at the beginning of each treatment day prior to patients initiating treatment and again prior to the beginning of each patient shift. If there are no set patient shifts, testing should be performed approximately every 4 hours. Results of monitoring of free chlorine, chloramine, or total chlorine should be recorded in a log sheet. Testing for free chlorine, chloramine, or total chlorine can be accomplished using the	V 196		

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V 196	<p>Continued From page 14</p> <p>N,N-diethyl-p-phenylene-diamine (DPD) based test kits or dip-and-read test strips. On-line monitors can be used to measure chloramine concentrations. Whichever test system is used, it must have sufficient sensitivity and specificity to resolve the maximum levels described in [AAMI] 4.1.1 (Table 1) [which is a maximum level of 0.1 mg/L].</p> <p>Samples should be drawn when the system has been operating for at least 15 minutes. The analysis should be performed on-site, since chloramine levels will decrease if the sample is not assayed promptly.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Facility policy review, a review of manufacturer's directions for use, manufacturer interview, a review of the Facility RO log, and staff interview, it was determined, for 6 of 6 months reviewed, (January-June 22, 2009) that the Facility failed to ensure accurate documentation of the chloramine test results in accordance with the sensitivity of the test strips.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy #DLY-83 entitled, "Daily Water Testing Chloramine/Chloramines," was reviewed on 6/22/09 at approximately 1:15 P.M. The policy requires, "Dip the Watercheck 2 test strip... Document all test results on the water testing log..." 2. The manufacturer's directions for use for the Watercheck 2 For 0.1 ppm low level Chlorine/Chloramine test strips were reviewed on 6/22/09 at approximately 2:15 P.M. The 	V 196		

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V 196	Continued From page 15 directions required, "Watercheck 2 low level Chlorine/Chloramine test strips can measure total chlorine to less than 0.1 ppm." 3. A telephone interview was conducted with the President of the company that manufactures the Watercheck 2 Chlorine/Chloramine test strips, on 6/22/09 at approximately 1:45 P.M. The President stated that the test strips could test the sensitivity of approximately 0.05 ppm, but could not be tested to 0 ppm. 4. On 6/22/09, the Facility's RO log was reviewed for January-June 22, 2009 and the log included documentation for multiple dates, which indicated a chloramine test result of "0". 5. The above findings were conveyed to the Unit Manager during an interview, on 6/22/09 at approximately 2:30 P.M.	V 196	V196 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference B. 6.2.4 Softeners: Testing hardness/log Policy- DLY-083, "Daily Water Testing Chlorine/Chloramines", was reviewed and explanation regarding proper reading of the test strips was added. All staff to read policy and sign off understanding proper reading of test strips. Monitoring for compliance will be through audits of the daily water system log by nurse manager or designee and reviewed monthly with medical director.	07/08/09 07/17/09 08/15/09
V 219	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 7 Strategies for bacterial control 7.1 General: disinfect monthly/disinfection dwell Routine low-level disinfection of the pipes should be performed to control bacterial contamination of the distribution system. The frequency of disinfection will vary with the design of the system and the extent to which biofilm has already formed in existing systems, but disinfection must be performed at least monthly. A mechanism should be incorporated in the distribution system to ensure that disinfectant does not drain from pipes during the disinfection period. This STANDARD is not met as evidenced by:	V 219		

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V 219	Continued From page 16 Surveyor: 07105 A. Based on review of the monthly service request forms for 2009, and staff interview, it was determined that the facility failed to perform monthly loop disinfection for 1 of 6 months in 2009. Findings include: 1. The facility's "service request" forms were reviewed on 6/22/09 at approximately 2:30PM. There was no documentation of a water loop sanitization for January 2009. 2. The above finding was conveyed to the Manager of the dialysis unit on 6/22/09 at approximately 2:30PM.	V 219	V219 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 7 Strategies for bacterial control As of February 1 st '09 new contract in place with Siemens Water Technology for monthly sanitization. Medical Director will review for compliance on monthly basis through review of service reports.	2/09 08/20/09
V 236	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 5.4.5 Additives: labeling spiked jugs/labeling if for specific pt (5.4.4.1 Concentrate jugs): If a chemical spike is added to an individual container to increase the concentration of an electrolyte, the label should show the added electrolyte, the date and time added, and the name of the person making the addition. Containers should be labeled to indicate the final concentration of the added electrolyte This information should also be recorded in a permanent record. Labels should be affixed to the containers when the mixing process begins. 6.4.2 Additives When additives are prescribed for a specific patient, the container holding the prescribed acid	V 236		

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V 236	<p>Continued From page 17</p> <p>concentrate should be labeled with the name of the patient, the final concentration of the added electrolyte, the date on which the prescribed concentrate was made, and the name of the person who mixed the additive.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Facility policy review, observation and staff interview, it was determined, for 3 of 3 patients, (Pt. #s 1, 2, and 3) with spiked dialysate baths, that the Facility failed to ensure that the mixed dialysate containers were labeled with the patients' names.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy #DLY-036 entitled, "Dialysate Conductivity Verification," was reviewed on 6/23/09 at approximately 10:30 A.M. The policy requires, "All unit mixed dialysate must be labeled with the actual concentration of the newly mixed solution, dated, timed and initialed by two staff members." However, the policy failed to require that the patient's name be included on the label. 2. A tour was conducted of the dialysis treatment area on 6/22/09 from approximately 9:00-11:15 A.M. The mixed dialysate containers for Pt. #s 1, 2, and 3, all lacked documentation of the patient's name on the labels. 3. The above finding was conveyed to the Dialysis Unit Manager on 6/22/09 at approximately 11:00 A.M. 	V 236	<p>V236</p> <p>494.40(a) ANS/AAMI RD52:2004 As Adopted by Reference 5.4.5Additives: labeling Policy -DLY-036 "Procedure for Addition of Calcium and/or Potassium to Premixed Dialysate" was revised to include adding patient's name to concentrate when spiked.</p> <p>All staff to read policy and sign off understanding only RN can add spike and patient's name must be on all concentrates with additives.</p> <p>Monitoring for compliance will be through random observation performed by nurse manager.</p>	<p>07/08/09</p> <p>07/17/09</p> <p>Ongoing</p>

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V 236	Continued From page 18 B. Based on Facility policy review, observation, and staff interview, it was determined for 1 of 2 staff observed, (E#3) that the Facility failed to ensure that all mixed concentrates were disposed of after 72 hours, in accordance with policy. Findings include: 1. Facility policy #DLY-036 entitled, "Procedure for Addition of Calcium and/or Potassium to Premixed Dialysis" was reviewed on 6/23/09 at approximately 2:00 P.M. The policy requires, "All unit-mixed dialysate must be labeled... Dated... All mixed concentrates must be disposed of after 72 hours". 2. On 6/22/09 at approximately 10:30 A.M., E#3 was cleaning station #6 after the first shift patient. E#3 emptied the remaining contents of a unit-mixed container of dialysate labeled, "6/20 2K+2.25 Ca" into another unit mixed container of dialysate labeled, "6/22 2K+2.25 Ca". The container labeled 6/22 was then placed on the bottom shelf of the stock cart for use at a later time. E#3 failed to keep the two dates separate to ensure accurate labeling for the date that the concentrate was mixed. In doing so, E#3 also failed to ensure that the concentrate would be disposed of after 72 hours. 3. The above finding was conveyed to the Dialysis Unit Manager on 6/22/09 at approximately 11:00 A.M.	V 236	V236 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 5.4.5Additives: labeling Policy -DLY-036 "Procedure for Addition of Calcium and/or Potassium to Premixed Dialysate" was reviewed with E#3, who recognized what she had done. Verbal warning was given regarding not following policy as written. All staff to read policy and sign off understanding proper labeling and storage of all Dialysate. . Monitoring for compliance will be through random observation performed by nurse manager.	06/22/09 07/17/09 08/15/09
V 250	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 5.6 Dialysate proportioning: monitor pH/conductivity	V 250		

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V 250	<p>Continued From page 19</p> <p>It is necessary for the operator to follow the manufacturer's instructions regarding dialysate conductivity and to measure approximate pH with an independent method before starting the treatment of the next patient.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Facility policy review, observation, clinical record review, and staff interview, it was determined, for 5 of 5 clinical records reviewed, (Pt. #s 4-8) the Facility failed to ensure that a pH and conductivity test was performed with an independent method, before each patient use as required.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Facilities policy #DLY-140 entitled, "Dialysate Conductivity Verification," was reviewed 6/23/09 at approximately 1:30 P.M. The policy requires that "Each machine will have a conductivity test daily, prior to the first patient use of the day...." The policy failed to require conductivity verification prior to each patient treatment. 2. On 6/22/09 a tour of the dialysis treatment area was conducted from approximately 9:30-11:30 A.M. Prior to the start of the dialysis treatments for the second shift patients, the staff failed to ensure that the pH and conductivity of the dialysate was performed with an independent method. 3. The clinical records were reviewed for Pt. #s 	V 250		

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V 250	Continued From page 20 4-8 on 6/24 and 6/25/09 for the dates of 6/2/09-6/22/09. The treatment sheets lacked documentation of pH testing. In addition, the treatment sheets included documentation of only one conductivity reading, and failed to include documentation of a conductivity verification with an independent method. 4. An interview with E #5 was conducted at approximately 9:20 AM on survey date 6/23/09. E #5 stated, "we do our conductivity testing once a day before the first patient" begins dialysis. 5. The above findings were conveyed to the Manager of the Dialysis Unit at approximately 9:30 A.M. on 6/23/09.	V 250	V250 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 5.6 Dialysate proportioning: monitoring pH/conductivity Policy -DLY-140 "Dialysate Conductivity Verification" was revised to be performed prior to each patient treatment once machine has reached conductivity and completed all alarm testing. New policy DLY-179 "pH Testing Of Dialysate Solutions" was created to perform pH testing prior to each patient treatment. Treatment flow sheet has been revised to include documentation of testing performed.	07/02/09
V 252	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED BY REFERENCE 7.2 Microbial monitoring methods: monthly water samples/method 7.2.1 General Culture water ...weekly for new systems until a pattern has been established. For established systems, culture monthly unless a greater frequency is dictated by historical data at a given institution. Monitoring can be accomplished by direct plate counts, in conjunction with the measurement of bacterial endotoxin. 7.2.2 Sample collection Water samples should be collected directly from outlet taps situated in different parts of the water distribution system. In general, the sample taps should be opened and the water should be allowed to run for at least 60 seconds before a sample is collected in a sterile, endotoxin-free	V 252	All staff to read policy and sign off understanding new process. Monitoring for compliance will be achieved by auditing of at least three patient charts/month. Either nurse manager or designee will be performing audits and report results to medical director on a monthly basis during quality meeting.	07/17/09 08/15/09 And on going.

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V 252	<p>Continued From page 21</p> <p>container. A minimum of 50 mL of water, or the volume specified by the laboratory performing the test, should be collected. Sample taps should not be disinfected.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 07105</p> <p>A. Based on policy review, observation and staff interview, it was determined that the facility failed to ensure staff were educated in safe packaging of water samples for 1 of 1 employee observed (E#3).</p> <p>Findings include:</p> <p>1. Facility policy #DLY-141 titled "LAL(Limulus Amebocyte Lysate) testing was reviewed on 6/22/09 at approximately 10:00AM. The policy required, "Purpose to ensure that water and equipment used in dialysis will not be a source of infection to patients. Obtain samples at the beginning of day,...once specimens have been obtained and labeled...place labeled samples back in kit with frozen pack. Slip kit back into shipping box and tape shut..."</p> <p>2. On 6/22/09 at 9:50AM, two dialysis samples were obtained by E #3. The samples were placed in a container without ice and remained in the container until 10:15AM (25 minutes). The surveyor then informed the Nurse Manager that E#3 failed to place the samples on ice.</p> <p>3. The above finding was conveyed to the Manager of the Dialysis unit on 6/23/09 at approximately 1:50PM.</p>	V 252	<p>V252 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 7.2 Microbial monitoring methods: monthly water samples/method Policy -DLY-141 "LAL (Limulus Amebocyte Lysate) Testing "was reviewed for specifics.</p> <p>All staff will be educated on policy and perform return demonstration, which will include proper handling of samples.</p> <p>Monitoring for compliance will be through random observation performed by nurse manager and reported to medical director.</p> <p>Review of competency will be initiated if and when LAL results come back greater than expected and repeat testing results in normal limits will competency staff again.</p>	<p>07/02/09</p> <p>08/01/09</p> <p>08/15/09 And on going.</p> <p>On going</p>
V 256	494.40(a) ANSI/AAMI RD52:2004 AS ADOPTED	V 256		

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V 256	<p>Continued From page 22 BY REFERENCE</p> <p>7.2.3 Heterotrophic plate count: dip samplers require QC Dip samplers may be used for bacterial surveillance ...in conjunction with a quality assurance program designed to ensure their appropriate use. Elements of the quality assurance program should include staff training in areas such as the correct methods of inoculation, incubation, and interpretation, and verification involving duplicate samples sent to a certified laboratory on at least an annual basis. Plates shall be incubated at 35 °C for 48 hours.</p> <p>Colonies should be counted using a magnifying device.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 07105</p> <p>A. Based on policy review and staff interview, it was determined that the Facility failed to ensure that for 1 of 1 staff interviewed (E#2), that the staff failed to adhere to the Facility policy of incubating machine dialysate samples.</p> <p>Findings include:</p> <p>1. On 6/22/09 at approximately 9:00AM, the policy # DLY 053 entitled, "Cultures-Monthly Testing [water, dialysate, machine]" was reviewed. The policy required, "Water will be tested for bacterial cultures monthly in Crystal Lake...A Millipore Total Count sampler is used for all samples...incubate the sampler, grid side down, in incubator at 35 degrees Celsius (95 degrees Fahrenheit). Incubate period is 48- 72</p>	V 256	<p>V256 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 7.2.3 Heterotrophic plate count: dip samplers require QC A. Policy -DLY-053 "culture - Monthly Testing" has been revised to include using the incubator. Cultures obtained on 6/23/09 were incubated per protocol</p> <p>All staff will be educated on policy. All staff will be instructed in how to use incubator.</p> <p>Monitoring for compliance will be through random observation performed by nurse manager.</p>	<p>06/25/09</p> <p>07/15/09 07/17/09</p> <p>And on going.</p>

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V 256	Continued From page 23 hours. Note date and time of sample on CQ check list in the culture book for the appropriate machine or system" 2. On 6/22/09 at approximately 9:30AM, E #2 was interviewed. E #2 stated that collection of dialysate samples from each machine in use (6 machines) is performed monthly by millipore sampling technique. After the dialysate sample is obtained, the millipore sampler is placed in a drawer at the nurse's station and results are read 2 days later. The surveyor asked E#2 about how the samples are incubated and E #2 stated that they have always been read without having been incubated. E#2 stated that the Facility purchased an incubator in March 2009 but that staff have not been inserviced on its utilization. The supply room contained one incubator that was still packaged. 3. The above finding was conveyed to the Manager of the Dialysis unit on 6/23/09 at approximately 1:50PM. B. Based on policy review, a review of a water culture log, educational files and staff interview, it was determined, for 3 of 3 documents reviewed, that the Facility failed to ensure a quality assurance program was designed to ensure appropriate use of the dip sampler and staff training. Findings include: 1. Policy # DLY 053 was reviewed on 6/22/09 at approximately 10:00AM. The policy included, " Note date and time of sample on CQ check list in the culture book for the appropriate machine or system"	V 256	V256 494.40(a) ANSI/AAMI RD52:2004 As Adopted by Reference 7.2.3 Heterotrophic plate count: dip samplers require QC B. QC checklist included (is not identified as QC) which was used to document when, and who did cultures and what the results were. Additional quality log has been created to track what machines were cultured to ensure two machines monthly and every machine once per year. This log also tracks LAL testing. All staff will be educated on documenting in the new log along with the changes to policy DLY-053 "Monthly Cultures" All staff to complete competency on obtaining cultures from water and Dialysate. Log will be reviewed monthly for compliance by medical director.	07/02/09 07/25/09 07/25/09 07/17/09 08/15/09 And on going.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012	
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V 256	Continued From page 24	V 256		
V 403	<p>2. The Monthly "Water Cultures Crystal Lake Dialysis" log was reviewed on 6/22/09 at approximately 11:00AM for 2008 and 2009. The log failed to contain a quality check list.</p> <p>3. Educational files were reviewed for all employees on 6/23/09 at approximately 11:30AM. There was no documentation of staff education for millipore sampling .</p> <p>4. The Manager of the Dialysis unit was interviewed on 6/23/09 at approximately 11:30AM. The Manager stated that staff have not been inserviced for millipore sampling although the practice has been in effect for years.</p> <p>494.60(b) EQUIPMENT MAINTENANCE</p> <p>The dialysis facility must implement and maintain a program to ensure that all equipment (including emergency equipment, dialysis machines and equipment, and the water treatment system) are maintained and operated in accordance with the manufacturer's recommendations.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 07105</p> <p>A. Based on facility stated practice, a review of "service reports, review of the monthly preventive maintenance log and staff interview, it was determined that the facility failed to have available the results of monthly water maintenance for 2 of 12 months in 2008 and 2 of 5 months in 2009.</p> <p>Findings include:</p> <p>1. On 6/22/09 at approximately 11:30AM, the</p>	V 403		

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V 403	<p>Continued From page 25</p> <p>Manager of the Dialysis unit was interviewed. The Manager stated that it is the Facility's practice to have a contracted service (Siemens) inspect the water system each month.</p> <p>2. The preventive maintenance "RO log" was reviewed on 6/22/09 at approximately 11:30AM. Results of preventive maintenance for operating pressures, flow, temperatures and other operating data were not available for review for January and March 2008 and January and February 2009.</p> <p>3. Service reports for 2009 were reviewed on 6/22/09 at approximately 11:30AM. A service report dated 1/19/09 at 9:00AM, included, "...water temperature 63F try to adjust blending valve. Blending valve needs to be replaced." There was no documentation that the blender valve (regulates hot/cold water in water room) was replaced as indicated on the service report.</p> <p>4. On 6/25/09, at 8:45AM the water room was inspected with the Dialysis Unit Manager. The water temperature gauge registered at 64 F. The temperature range should be between 70-80 according to the RO (reverse osmosis) US filter daily flowsheet and Manager of the Dialysis unit.</p> <p>5. The above findings were conveyed to the Manager of the Dialysis unit during an interview on 6/22/09 at approximately 3:00PM and 6/25/09 at 8:45AM.</p>	V 403	<p>V403 494.60(b) Equipment Maintenance</p> <p>2. Preventive maintenance reports for March 2008 and February 2009 attached. Unable to obtain missing reports, for Jan 2008 and Jan 2009.</p> <p>To prevent in future will log date of PM into water book upon receipt of service report</p> <p>All staff will be educated on new process to track PM's on water system and how to correctly enter into log. RN or PCT who signs work order form Siemens is responsible for entering on log.</p> <p>Monthly tracking of log will be reviewed by medical director monthly to ensure compliance.</p> <p>3. & 4. Mixing valve temperature issue currently obtaining quote, expect to be replaced by 7/25/09 Mixing valve replaced 07/23/09</p>	07/15/09 07/15/09 08/15/09 07/25/09
V 415	<p>494.60(d)(4) EMERGENCY PREPAREDNESS</p> <p>[The facility must-] Evaluate at least annually the effectiveness of the emergency and disaster plans and update them as necessary;</p>	V 415		

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V 415	Continued From page 26 This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on review of the policy and procedure manual and staff interview, was determined, for 1 of 1 policy and procedure manual, that the Facility failed to ensure the hemodialysis unit at Crystal Lake develop a unit specific disaster plan and conduct mock drills. Findings include: 1. On 6/24/09 at 8:45AM, the policy and procedure manual was reviewed. The manual did not contain an emergency disaster plan. 2. On 6/24/09 at 8:50AM the Dialysis Manager was interviewed. The Manager presented a disaster plan that was specific to Sherman Hospital and stated that there was no disaster plan for the Crystal Lake dialysis unit. The Manager further stated that there have not been any dialysis specific mock drills. 3. The above finding was conveyed to the Dialysis Manager during an interview on 6/24/09 at approximately 8:55AM.	V 415	V415 494.60(d)(4) Emergency Preparedness Disaster Plan specific to the Crystal Lake Dialysis Facility to be completed. Patients are given information regarding emergency preparedness by the social worker, which includes registering for special needs with McHenry County. Facility maintains emergency records book, which contains all patients' names, addresses, phone, emergency phone, patient's prescription etc. Quarterly patients are asked to demonstrate emergency disconnect process, documentation is maintained in patient chart. Copy included Quarterly fire drills are performed in the Crystal Lake building, dialysis utilizes that drill to discuss with patients emergency disconnect and evacuation process.	08/01/09 ongoing ongoing ongoing Ongoing	
V 416	494.60(d)(4) EMERGENCY PREPAREDNESS [The facility must-] (iii) Contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency.	V 416	All staff completes annual net learning regarding emergencies for weather and fire. Develop plan to conduct drills or mock emergencies	8/01/09	

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V 416	Continued From page 27 This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on staff interview, it was determined, for 1 of 1 staff interviewed, (E#1) that the Facility failed to ensure collaboration with a local disaster management agency existed, in order to ensure life saving dialysis services will be available in the event of an emergency disaster. Findings include: 1. On 6/24/09 at approximately 9:00AM, the Dialysis Manager was interviewed. The Manager was unaware of the CMS regulation requiring at least annual contact of the local disaster management agency. As a result, there was no documentation of a communicative relationship with the local disaster management agency. 2. The above finding was conveyed to the Manager during an interview on 6/24/09 at approximately 9:00AM.	V 416	V416 494.40(d) (4) Emergency Preparedness Working with Sherman Health Emergency Preparedness Officer to contact local disaster management agency in Crystal Lake	07/15/09
V 451	494.70 PATIENTS' RIGHTS The dialysis facility must inform patients (or their representatives) of their rights (including their privacy rights) and responsibilities when they begin their treatment and must protect and provide for the exercise of those rights. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review and staff interview, it was determined, for 5 of 5 (P1's #4, #5, #6, #7, #8) records reviewed, that the Facility failed to ensure that patients were	V 451		

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V 451	Continued From page 28 informed of their rights. Findings include; 1. Facility policy #DLY-099 titled, "Patient Rights and Responsibility/The Renal Network," requires, Procedure 1. "Within the first 60 days of initiation of outpatient dialysis, the social worker will present and review the patient Rights and Responsibilities as outlined by The Renal Network. 2. After reading the Rights and Responsibilities, the patient will be asked to sign and date the document acknowledging their understanding and acceptance of the Rights and Responsibilities." 2. The clinical records of Pts. #4, #5, #6, #7, #8 reviewed on survey dates 6/24/09 and 6/25/09, lacked any signed documentation informing patients of their rights. 3. The above finding was conveyed to the Manager of the Dialysis Unit at approximately 9:25 A.M. on survey date 6/24/09.	V 451	494.70 Patient's Rights Dly-099 "Patient Rights and Responsibility/The Renal Network" step #3 states Social Worker will maintain the signed paperwork within her file on each patient stored in the SW office to ensure patient confidentiality. Four of five patient records reviewed had signed paperwork (copies included) One patient had not signed paperwork within time frame Audits will be conducted monthly by social worker to ensure all new patients have been made aware of their rights and responsibilities by reviewing social worker progress notes for documentation or through review of social worker specific patient file. Results of audits will be reviewed by manager and medical director during quality meeting . Compliance will become part of social workers' annual goals.	07/25/09 08/10/09 08/15/09 ongoing
V 500	494.80 PATIENT ASSESSMENT This CONDITION is not met as evidenced by: Surveyor: 15166 Based on Facility policy review, clinical record review and staff interview, it was determined that Facility failed to ensure an individualized and comprehensive assessment based on patients' needs (V501); failure to ensure that the comprehensive patient assessment was complete to include evaluation of intradialytic symptoms for each patient	V 500		

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V 500	Continued From page 29 (V504); failure to ensure that the comprehensive patient assessment was complete for evaluation of all factors associated with renal bone disease (V508); failure to ensure that the comprehensive patient assessment included a complete nutritional assessment (V509); failure to ensure that the comprehensive patient assessment was complete to include evaluation of the dialysis access for each patient (V511); failure to ensure that the comprehensive patient assessment was complete to include evaluation of the physical activity level for each patient (V515); failure to ensure that a follow up comprehensive reassessment was completed within 3 months of the initial assessment (V517).	V 500	V500 494.80 Patient Assessment Comprehensive assessment has been revised. Each tag number addressed individually on following pages	07/02/09
V 501	494.80 PATIENT ASSESSMENT The facility's interdisciplinary team consists of, at a minimum, the patient or the patient's designee (if the patient chooses), a registered nurse, a physician treating the patient for ESRD, a social worker, and a dietitian. The interdisciplinary team is responsible for providing each patient with an individualized and comprehensive assessment of his or her needs. The comprehensive assessment must be used to develop the patient's treatment plan and expectations for care. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review, and staff interview, it was determined, for 3 of 5 clinical records reviewed, (Pt. #s 5, 6, and 7) that the Facility failed to ensure that the comprehensive assessment was completed via	V 501		

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V 501	<p>Continued From page 30 the collaborative effort of an interdisciplinary team.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "The entire interdisciplinary team is responsible for ensuring that each patient is individually assessed and his/her needs identified. All members of the interdisciplinary team will complete their portion..." 2. The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 1/6/09. The assessment lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment. 3. The clinical record for Pt. #6 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included an undated comprehensive assessment. The assessment lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment. 4. The clinical record for Pt. #7 was reviewed on 6/25/09. This was a 64-year-old female, admitted 12/11/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 12/20/08. The assessment lacked 	V 501	<p>V501 494.80 Patient Assessment Comprehensive assessment has been revised to include signature of physician and also area for physician to enter issues concerns</p> <p>Monthly audits will be completed by social worker on 15% of total patient population records for participation by attending Nephrologist.</p> <p>Audits will be reported to medical director and nurse manager on monthly basis at quality meeting.</p>	<p>07/02/09</p> <p>0815/09</p> <p>08/15/09</p>
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V 501	Continued From page 31 documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment.	V 501		
V 504	5. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M. 494.80(a)(2) ASSESSMENT CRITERIA [The patient's comprehensive assessment must include, but is not limited to, the following:] Blood pressure, and fluid management needs. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review, and staff interview, it was determined, for 3 of 5 clinical records reviewed (Pt. #s 5, 6, and 8), that the Facility failed to ensure that the comprehensive patient assessment was complete to include evaluation of intradialytic symptoms for each patient. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "Initial comprehensive assessment will be completed within the later of 30 calendar days or 13 outpatient hemodialysis sessions after the patient's first dialysis treatment." 2. The clinical record for Pt. #5 was reviewed on	V 504		

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V 504	Continued From page 32 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 1/6/09, but lacked documentation of evaluation for volume status to include elevated blood pressure and estimated dry weight. 3. The clinical record for Pt. #6 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included an undated comprehensive assessment, but lacked documentation of evaluation for volume status to include elevated blood pressure. 4. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 65-year-old male, admitted 3/5/09 for Chronic Kidney Disease. The record included a comprehensive assessment dated 3/17/09, but lacked documentation of evaluation for volume status to include elevated blood pressure and estimated dry weight. 5. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 504	V504 494.80 (a)(2) Assessment Criteria Comprehensive assessment has been revised to improve each disciplines section to reduce and eliminate areas not being completed. Monthly charts audits for completion of assessment will be conducted by social worker on 15% of the patient records. Audits will be reported to medical director and nurse manager on monthly basis at quality meeting.	07/02/09 0815/09 08/15/09	
V 508	494.80(a)(5) ASSESSMENT CRITERIA [The patient's comprehensive assessment must include, but is not limited to, the following:] (5) Evaluation of factors associated with renal bone disease. This STANDARD is not met as evidenced by: Surveyor: 15166	V 508			

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V 508	Continued From page 33 A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 1 of 5 clinical records reviewed, (Pt. #8) that the Facility failed to ensure that the comprehensive patient assessment was complete for the evaluation of all factors associated with renal bone disease. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "Initial comprehensive assessment will be completed within the later of 30 calendar days or 13 outpatient hemodialysis sessions after the patient's first dialysis treatment." 2. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 65-year-old male, admitted 3/5/09 for Chronic Kidney Disease. The record included a comprehensive assessment dated 3/17/09. The assessment lacked documentation of evaluation of all factors associated with renal bone disease, to include evaluation of the PTH. 3. The above findings was conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 508	V508 494.80(a)(5) Assessment Criteria Evaluation of factors associated with renal bone disease. Comprehensive assessment was revised to ensure all areas are being reviewed and completed Monthly chart audits will be completed on 15% of total patient population records for completion in all areas of comprehensive assessments. Nurse manager to educate several staff on performing chart audits. Audits will be reported to medical director and nurse manager on monthly basis.	07/02/09	0815/09 08/15/09
V 509	494.80(a)(6) ASSESSMENT CRITERIA [The patient's comprehensive assessment must include, but is not limited to, the following:] (6) Evaluation of nutritional status by a dietitian.	V 509			

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V 509	<p>Continued From page 34</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 1 of 5 clinical records reviewed, (Pt. #7) that the Facility failed to ensure that the comprehensive patient assessment included a complete nutritional assessment.</p> <p>Findings include:</p> <p>1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "Initial comprehensive assessment will be completed within the later of 30 calendar days or 13 outpatient hemodialysis sessions after the patient's first dialysis treatment."</p> <p>2. The clinical record for Pt. #7 was reviewed on 6/25/09. This was a 64-year-old female, admitted 12/11/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 12/20/08. The assessment lacked documentation of evaluation for the following: nutritional status to include anthropometrics and nutritional related medications.</p> <p>3. The above finding was conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.</p>	V 509	<p>V509 494.80(a)(5) Assessment Criteria Evaluation of factors associated with renal bone disease. Comprehensive assessment was revised to ensure all areas are being reviewed and completed</p> <p>Monthly chart audits will be completed on 15% of total patient population for completion in all areas of comprehensive assessment</p> <p>Audits will be reported to medical director and nurse manager on monthly basis.</p>	<p>07/02/09</p> <p>0815/09</p> <p>08/15/09</p>
V 511	<p>494.80(a)(8) ASSESSMENT CRITERIA</p> <p>[The patient's comprehensive assessment must include, but is not limited to, the following:] (8) Evaluation of dialysis access type and maintenance (for example, arteriovenous fistulas,</p>	V 511		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
V 511	<p>Continued From page 35 arteriovenous grafts and peritoneal catheters).</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 4 of 5 clinical records reviewed, (Pt. #s 4, 5, 6, and 8) that the Facility failed to ensure that the comprehensive patient assessment was complete to include evaluation of the dialysis access for each patient.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "Initial comprehensive assessment will be completed within the later of 30 calendar days or 13 outpatient hemodialysis sessions after the patient's first dialysis treatment." 2. The clinical record for Pt. #4 was reviewed on 6/24/09. This was an 82-year-old male, admitted 1/24/09 for End Stage Renal Disease. The record included a comprehensive assessment dated 3/20/09, but lacked documentation of access evaluation to include: average blow flow rate, average arterial pressure, and average venous pressure. 3. The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 	V 511			

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V 511	Continued From page 36 1/6/09, but lacked documentation of access evaluation to include: average blow flow rate, average arterial pressure, and average venous pressure. 4. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included an undated comprehensive assessment and lacked documentation of access evaluation to include: average blow flow rate, average arterial pressure, and average venous pressure. 5. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 65-year-old male, admitted 3/5/09 for Chronic Kidney Disease. The record included a comprehensive assessment dated 3/17/09, but lacked documentation for evaluation of the dialysis access and history of infections of access site. 6. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 511	V511 494.80(a)(5) Assessment Criteria Evaluation of dialysis access: Comprehensive assessment was revised to flow better for all disciplines. Monthly chart audits will be completed on 15% of total patient population for completion in all areas of comprehensive assessment nurse manager will educate several staff members to perform audits. Audits will be reported to medical director and nurse manager on monthly basis.	07/02/09 0815/09 08/15/09	
V 515	494.80(a)(12), (13) ASSESSMENT CRITERIA [The patient's comprehensive assessment must include, but is not limited to, the following:] (12) Evaluation of current patient physical activity level. (13) Evaluation for referral to vocational and physical rehabilitation services. This STANDARD is not met as evidenced by: Surveyor: 15166	V 515			

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V 515	Continued From page 37 A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 2 of 5 clinical records reviewed, (Pt. #s 4 and 8) that the Facility failed to ensure that the comprehensive patient assessment was complete to include evaluation of the physical activity level for each patient. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "Initial comprehensive assessment will be completed within the later of 30 calendar days or 13 outpatient hemodialysis sessions after the patient's first dialysis treatment." 2. The clinical record for Pt. #4 was reviewed on 6/24/09. This was an 82-year-old male, admitted 1/24/09 for End Stage Renal Disease. The record included a comprehensive assessment dated 3/20/09, but lacked documentation of evaluation of physical activity including the pain assessment. 3. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 65-year-old male, admitted 3/5/09 for Chronic Kidney Disease. The record included a comprehensive assessment dated 3/17/09, but lacked documentation of evaluation of physical activity including the pain assessment. 4. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 515	V515 494.80(a)(12) Assessment Criteria Evaluation of dialysis access Comprehensive assessment was revised to flow better for all disciplines. Monthly chart audits will be completed on 15% of total patient population for completion in all areas of comprehensive assessment. Nurse manager will educate several staff to perform audits Audits will be reported to medical director and nurse manager on monthly basis.	07/02/09 0815/09 08/15/09
V 517	494.80(b)(2) FREQUENCY OF ASSESSMENT	V 517		

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V 517	Continued From page 38 A follow up comprehensive reassessment must occur within 3 months after the completion of the initial assessment to provide information to adjust the patient's plan of care specified in §494.90. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 5 of 5 clinical records reviewed, (Pt. #s 4-8) that the Facility failed to ensure that a follow up comprehensive reassessment was completed within 3 months of the initial assessment. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "A follow-up comprehensive assessment must occur within 3 months after the completion of the initial assessment." 2. The clinical records for Pt. #s 4, 5, 6, 7, and 8 lacked documentation of a follow up comprehensive reassessment within 3 months of the initial assessment. 3. The above finding was conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 517	V517 494.80(b)(2)Frequency of Assessment Review of Policy DLY-032 "Assessment of Dialysis Patient" by all staff to improve awareness Social Worker developed spreadsheet to improve compliance with the 3 month reassessment. Monthly chart audits will be completed on those patients at the 3 month reassessment period compliance Audits will be reported to medical director and nurse manager on monthly basis.	07/25/09 07/02/09 0815/09 08/15/09
V 540	494.90 PATIENT PLAN OF CARE This CONDITION is not met as evidenced by:	V 540		

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V 540	Continued From page 39 Surveyor: 15166	V 540	V540 494.90 PATIENT PLAN OF CARE Review of Policy DLY-032 "Assessment of Dialysis Patient" by all staff to improve awareness	07/25/09
V 542	Based on Facility policy review, clinical record review and staff interview, it was determined that Facility failed to ensure interdisciplinary collaborative efforts for patients' plans of care and failed to ensure that an integrated patient plan of care was developed by all members of the interdisciplinary team (V542); failed to ensure volume status issues were addressed as needed in the plan of care (V543); failed to ensure the plan of care addressed attaining the optimal access for dialysis (V550); and failed to ensure the plan of care addressed the prevention of infiltrations of the access site (V551). 494.90(a) DEVELOPMENT OF PATIENT PLAN OF CARE The interdisciplinary team must develop a plan of care for each patient. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review, and staff interview, it was determined, for 3 of 5 clinical records reviewed, (Pt. #s 5, 6, and 7) that the Facility failed to ensure that an interdisciplinary plan of care was developed for each patient. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "At the completion of the comprehensive assessment the team will develop and implement a written individualized comprehensive care plan..."	V 542	Review of Measurement Assessment Tool MAT to improve understanding of process and goals to consider and develop. Each individual tag will be addressed on the following pages.	08/10/09

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V 542	Continued From page 40 2. The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a patient plan of care dated 1/6/09. The plan of care lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the development of the plan of care. 3. The clinical record for Pt. #6 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included an undated patient plan of care. The plan of care lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) and Pt. #6 himself, was involved in the development of the plan of care. 4. The clinical record for Pt. #7 was reviewed on 6/25/09. This was a 64-year-old female, admitted 12/11/08 for Chronic Kidney Disease. The record included a patient plan of care dated 12/20/08. The plan of care lacked documentation to indicate that the physician treating the patient for End Stage Renal Disease (ESRD) was involved in the development of the plan of care. 5. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M. The Unit Manager stated that the current practice is for the interdisciplinary team to meet to develop the patient plan of care, however, the physician is not always available.	V 542	V542 494.90(a) DEVELOPMENT OF PATIENT PLAN OF CARE DLY-032 "Assessment of Dialysis Patient", team will develop and implement a written individualized comprehensive care plan. Plan of care has been revised to improve goal setting by all disciplines including physician. All members of the interdisciplinary team will be educated regarding the new Plan of Care, which has improved focus on the Measures Assessment Tool (MAT) Chart audits of 15% of current patients will be conducted on a monthly basis. Nurse manager will instruct several staff on how to do audits. Audits will be reported to medical director and nurse manager on monthly basis.	07/12/09 08/10/09 08/10/09 08/15/09	
V 543	494.90(a)(1) DEVELOPMENT OF PATIENT PLAN OF CARE	V 543			

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V 543	<p>Continued From page 41</p> <p>(1) Dose of dialysis. The interdisciplinary team must provide the necessary care and services to manage the patient's volume status;</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 4 of 5 clinical records reviewed, (Pt. #s 4, 5, 6, and 8) that the Facility failed to ensure volume status issues were addressed as needed in the plan of care.</p> <p>Findings include:</p> <p>1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "At the completion of the comprehensive assessment the team will develop and implement a written individualized comprehensive care plan that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include... Measurable and expected outcomes... Estimated timetables to achieve these outcomes."</p> <p>2. The clinical record for Pt. #4 was reviewed on 6/24/09. This was an 82-year-old male, admitted 1/24/09 for End Stage Renal Disease. The record included a comprehensive assessment dated 3/20/09 that indicated that Pt. #4 had hypotension during dialysis treatments. The plan of care lacked documentation to include</p>	V 543	<p>494.90(a)(1) DEVELOPMENT OF PATIENT PLAN OF CARE</p> <p>DLY-032 "Assessment of Dialysis Patient", team will develop and implement a written individualized comprehensive care plan.</p> <p>Plan of care has been revised to improve goal setting by all disciplines.</p> <p>All members of the interdisciplinary team will be educated regarding the new Plan of Care, which has improved focus on the Measures Assessment Tool (MAT).</p> <p>Nurse Manager and Medical Director will review identified patient charts and Tag 543 and create education to nursing staff on how to improve address hypotension and dry weight at each treatment and on the POC.</p> <p>Monthly chart audits by social worker will be performed on 15% of current patients to monitor POC for addressing dry weight and hypotension</p> <p>Results of audits will be reported to medical director and nurse manager on monthly quality meeting.</p>	<p>07/12/09</p> <p>08/10/09</p> <p>08/10/09</p> <p>08/15/09</p> <p>08/15/09 ongoing</p>

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V 543	<p>Continued From page 42</p> <p>interventions, measurable outcomes, and expected timetables to achieve these outcomes, that would address the hypotension.</p> <p>3. The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 1/6/09 that indicated that Pt. #5 had hypotension, cramping, and dizziness during dialysis treatments. The plan of care lacked documentation to include interventions, measurable outcomes, and expected timetables to achieve these outcomes, that would address the above noted intradialytic symptoms.</p> <p>4. The clinical record for Pt. #6 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included an undated comprehensive assessment that indicated that Pt. #6 had hypotension during dialysis treatments. The plan of care lacked documentation to include interventions, measurable outcomes, and expected timetables to achieve these outcomes, that would address the hypotension.</p> <p>6. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 65-year-old male, admitted 3/5/09 for Chronic Kidney Disease. The record included a comprehensive assessment dated 3/17/09 that indicated that Pt. #8 had hypotension during dialysis treatments. The plan of care lacked documentation to include interventions, measurable outcomes, and expected timetables to achieve these outcomes, that would address the hypotension.</p> <p>7. The above findings were conveyed to the Unit</p>	V 543			

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V 543	Continued From page 43 Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 543	494.90(a)(5) DEVELOPMENT OF PATIENT PLAN OF CARE	
V 550	494.90(a)(5) DEVELOPMENT OF PATIENT PLAN OF CARE The interdisciplinary team must provide vascular access monitoring and appropriate, timely referrals to achieve and sustain vascular access. The hemodialysis patient must be evaluated for the appropriate vascular access type, taking into consideration co-morbid conditions, other risk factors, and whether the patient is a potential candidate for arteriovenous fistula placement. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 1 of 5 clinical records reviewed, (Pt. #7) that the Facility failed to ensure a plan of care was developed to ensure the patient received the optimal access for dialysis. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "At the completion of the comprehensive assessment the team will develop and implement a written individualized comprehensive care plan that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the	V 550	DLY-032 "Assessment of Dialysis Patient", team will develop and implement a written individualized comprehensive care plan. Plan of care has been revised to improve goal setting by all disciplines. All members of the multidisciplinary team will be educated regarding the new Plan of Care, which has improved focus on the Measures Assessment Tool (MAT). Nurse Manager and Medical Director will review identified patient chart and Tag 550 and provide education to nursing staff on how to improve, addressing vascular access and documentation regarding access on the POC. Monthly chart audits by social worker on 15% of current patients to monitor POC for addressing access. Results of audits will be reported to medical director and nurse manager on monthly quality meeting.	07/12/09 08/10/09 08/10/09 08/15/09 08/15/09 ongoing

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V 550	Continued From page 44 patient's condition, and must include... Measurable and expected outcomes... Estimated timetables to achieve these outcomes." 2. The clinical record for Pt. #7 was reviewed on 6/25/09. This was a 64-year-old female, admitted 12/11/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 12/20/08 that indicated that Pt. #7 had a right tunneled catheter for an access. The plan of care lacked documentation to include interventions, measurable outcomes, and expected timetables to address the catheter, and obtain fistula placement. The record also lacked any documentation to indicate that the patient was not a candidate for fistula placement. 3. The above finding was conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 550	494.90(a)(5) DEVELOPMENT OF PATIENT PLAN OF CARE DLY-032 "Assessment of Dialysis Patient", team will develop and implement a written individualized comprehensive care plan. Plan of care has been revised to improve goal setting by all disciplines. All members of the interdisciplinary team will be educated regarding the new Plan of Care, which has improved focus on the Measures Assessment Tool (MAT). Nurse Manager and Medical Director will review identified patient chart and Tag 550 and provide education to nursing staff on how to improve POC, addressing vascular access and documentation related to access Chart audits of 15% of current patients to monitor POC for completeness Audits will be reported to medical director and nurse manager on monthly basis.	07/12/09 08/10/09 08/10/09 08/15/09 08/15/09 ongoing
V 551	494.90(a)(5) DEVELOPMENT OF PATIENT PLAN OF CARE The patient's vascular access must be monitored to prevent access failure, including monitoring of arteriovenous grafts and fistulae for symptoms of stenosis. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Facility policy review, clinical record review, and staff interview, it was determined for 1 of 5 clinical records reviewed, (Pt. #5) that the			

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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 551	Continued From page 45 Facility failed to ensure the plan of care addressed the prevention of infiltrations of the access site. Findings include: 1. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "At the completion of the comprehensive assessment the team will develop and implement a written individualized comprehensive care plan that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include... Measurable and expected outcomes... Estimated timetables to achieve these outcomes." 2. The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a comprehensive assessment dated 1/6/09 that indicated that Pt. #5 has a history of frequent infiltrations and has concerns about infiltrations of the left arteriovenous fistula site. The plan of care lacked documentation to include interventions, measurable outcomes, and expected timetables to achieve these outcomes, that would address prevention of infiltrations of the access site. 3. The above finding was conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 551	94.90(a)(5) DEVELOPMENT OF PATIENT PLAN OF CARE DLY-032 "Assessment of Dialysis Patient", team will develop and implement a written individualized comprehensive care plan. Plan of care has been revised to improve goal setting by all disciplines. All members of the interdisciplinary team will be educated regarding the new Plan of Care, which has improved focus on the Measures Assessment Tool (MAT). Nurse Manager and Medical Director will review identified patient chart and Tag 551 along with facility policies related to fistula care and development to improve POC, addressing infiltrate in the POC. Chart audits of 15% of current patients to monitor POC for completeness Audits will be reported to medical director and nurse manager on monthly basis.	07/12/09 08/10/09 08/10/09 08/15/09 08/15/09 ongoing
V 625	494.110 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT	V 625		

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V 625	Continued From page 46 This CONDITION is not met as evidenced by: Surveyor: 07105 Based on observation, a review of water system monitoring and a review of the facility's quality assurance policy, it was determined that the facility failed to develop a comprehensive quality improvement program that includes the scope of the program, objectives, procedures for overseeing the effectiveness of monitoring, identify and assess problem solving activities. This includes: failed to develop a comprehensive quality improvement program (V626); failed to identify the parameters used to evaluate the water system were inaccurate, out of range and did not include all components for water system monitoring (V638A) failed to monitor the dialysis process by ensuring only licensed professionals prepare additives to dialysis concentrate (V638B); and failed to notify the Manager of the Dialysis Unit of water system problems (V640).	V 625	V625 494.110 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT Each individual tag will be addressed in the following pages. Nurse manager and Medical Director along with other members of the interdisciplinary team will develop the Quality Assessment & Performance Improvement plan (QAPI) using the MAT to encompass all aspects.	7/25/09
V 626	494.110 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team. The program must reflect the complexity of the dialysis facility's organization and services (including those services provided under arrangement), and must focus on indicators related to improved health outcomes and the prevention and reduction of medical errors. The dialysis facility must maintain and demonstrate evidence of its quality improvement and performance improvement program for review by	V 626	Additional members of the interdisciplinary team along with the Vice President for of Ancillary Service to be included in the team. Team will meet at least monthly.	06/10/09

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V 626	<p>Continued From page 47 CMS.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 07105</p> <p>A. Based on review of the facility's "Quality Assurance" policy # DLY-051 and staff interview, it was determined that the facility failed to develop a comprehensive quality improvement program.</p> <p>Findings include:</p> <p>1. On 6/24/09 at approximately 10:15AM, policy DLY-051 titled, "Quality Assurance" was reviewed. The policy failed to include the scope of the program, objectives, procedures for overseeing the effectiveness of monitoring, and assessing and problem solving activities.</p> <p>2. The above finding was conveyed to the Manager of the Dialysis unit on 6/24/09 at approximately 10:00AM.</p>	V 626	<p>V626 494.110 QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT DLY-051 "Quality Assurance" was revised to include the scope of the program, objectives, etc.</p> <p>Nurse manager and Medical Director along with other members of the multidisciplinary team will meet on a monthly basis to discuss QAPI with minutes kept to track improvement wins and opportunities. Focus on improvement will be related to those things not being met as indicated by MAT. Review will include but is not limited to Adequacy, Access, Anemia management, Bone disease, nutrition, vascular access, medical errors or injuries, patient satisfaction and grievances, Infection control, vaccinations, Health outcomes-adjustment and survival.</p>	08/10/09
V 638	<p>494.110(b) MONITORING PROGRAM IMPROVEMENT</p> <p>The dialysis facility must continuously monitor its performance, take actions that result in performance improvements, and track performance to ensure that improvements are sustained over time.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 07105</p> <p>A. Based on a review of daily RO (reverse osmosis) operational safety checks, and staff interview, it was determined that the Facility failed to identify that the parameters, used to monitor</p>			

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V 638	<p>Continued From page 48</p> <p>the safety of the water system, were inaccurate, out of range and did not identify all aspects for water system monitoring for 3 of 3 months review for 2009 (April, May and June 2009).</p> <p>Findings include:</p> <p>1. On 6/15/09 at approximately 9:10AM, the daily operational safety checks (gauges A through Q) for April, May and June were reviewed. The sheets require staff to read and document daily safe operation of the water system. The sheets include the phone number for the company "US filter" However, the contracted service is with Siemens.</p> <p>Examples:</p> <ul style="list-style-type: none"> * Temperature gauge A indicated the normal range for temperature is 70-80 PSI (pounds per inch). However, the actual gauge observed registers the water temperature in Farenheit. The water temperature was out of range for 9 out of 25 days in June 2009 (6/ 9, 6/12, 6/16, 6/17, 6/18, 6/19, 6/20, 6/23, and 6/25/09. * The sheet required water chloramine samples to be obtained from gauges 14 and 15. However, staff are obtaining chloramine samples from gauges 15 and 16. * The sheet does not identify "carbon tanks" or identify which carbon tank is a polisher. * The sheet does not allow staff to record the exact time of hardness testing. *The sheet does not contain staff documentation /reading of the softener timer at the beginning of 	V 638		

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V 638	Continued From page 49 the day. B. Based on observation and staff interview, it was determined, for 1 of 1 staff observed, (E#3) that the Facility failed to monitor the dialysis process by ensuring only licensed professionals prepare additives to dialysis concentrate. Findings include: 1. On 6/22/09 at approximately 9:00AM, two surveyors observed a technician (E#3) place a 1 K (potassium) additive in a bottle of 1 K/2.25Ca concentrate to raise the potassium content to a 2K concentrate the patient at station #8. The technician initiated the bottle and the RN (E#2) on duty also initiated the bottle. 2. The above finding was conveyed to the Nurse Manager during an interview on 6/15/09 at approximately 10:30AM.	V 638	V638 494.110(b)MONITORING PROGRAM IMPROVEMENT Facility will continuously monitor performance, taking actions that result in performance improvement and track improvements by establishing QAPI program and team to oversee performance. Using the MAT as a guide along with all identified "tags" in this survey.	08/10/09 08/10/09
V 640	494.110(c) PRIORITIZING IMPROVEMENT ACTIVITIES The facility must immediately correct any identified problems that threaten the health and safety of patients. This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on observation, a review of service requests, a review of the daily RO Operational sheets and staff interview, it was determined, for 1 of 2 staff interviewed (E#3), that staff failed to notify the Dialysis Manager of water system problems. Findings include:	V 640	Nurse manager and Medical Director along with other members of the interdisciplinary team will meet on a monthly basis to discuss QAPI with minutes kept to track improvement wins and opportunities.	

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V 640	Continued From page 50 1. On 6/22/09 at 8:45AM, the surveyors entered the dialysis unit and noticed a red light signal on the water alarm system that read "worker tank exhausted". Six patient were being dialyzed. The surveyors were informed by the technician (E#3) that Siemens water company performed scheduled water system sanitization on Saturday(6/21/09) and left a service report documenting that the water water system was alarming but the water was safe to use. When asked if the Manager or Medical Director had been notified, E#3 stated "no". 2. On 6/22/09 at approximately 8:45AM, the "service request" dated 6/21/09 indicated, "water system is alarming but water is OK to use. A technician will return during the week as soon as possible to resolve issue. Meter is off use fights on tanks to gauge goal. Will be here Monday or Tuesday." 3. The water room RO daily safety sheet, dated 6/22/09 was reviewed on 6/22/09 at approximately 9:00AM. The technician documented that the alarms were not "OK" The sheet included the following instructions, "If all testing is not within stated parameters, you must notify Nurse Manager (E#1) and document that you have reported the problem. The nurse and technician on duty failed to notify the nurse manager of the problem. 4. The above findings were conveyed to the Manager of the Dialysis unit on 6/22/09 at approximately 10:00AM.	V 640	V640 494.110(C)PRIORITIZING IMPROVEMENT ACTIVITIES Education to all direct patient care staff as to the expectation, to notify manager or designee when issues related to safe operation of the water system, or machines is compromised. Monitoring for compliance will be performed monthly when auditing the water check list and reviewed at monthly QAPI meetings. Non compliance with above policy will be handled following the Sherman Health Systems Disciplinary Action Policy.	07/17/09 08/10/09 ongoing
V 710	494.150 RESPONSIBILITIES OF THE MEDICAL DIRECTOR	V 710		

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V 710	Continued From page 51 This CONDITION is not met as evidenced by: Surveyor: 15166 Based on Facility policy review, a review of Facility logs, a review of Facility quality assurance activities, clinical record review, and staff interview, it was determined, that the Facility failed to have a Medical Director, who was expected to ensure the delivery of quality care and clinical outcomes in the Facility (V711); to ensure that Facility staff receive the appropriate education and training to competently perform their job responsibilities (V713); to participate in the periodic review and approval of a patient care policies and procedures manual for the Facility (V714); and to ensure that all policies and procedures relative to patient admissions, patient care, infection control and safety are adhered to by all individuals who treat patients in the Facility, including attending physician and non-physician providers (V715).	V 710	V710 494.150 RESPONSIBILITIES OF THE MEDICAL DIRECTOR Responsibilities of the medical director addressed to each specific tag in the following pages. Medical Director, Dr. Karol Rosner reviewed and participated in the plans of correction and will continue to lead the QAPI to performance improvement and safe delivery of care. Tracking will be available in facility.	08/10/09 08/11/09
V 711	494.150 RESPONSIBILITIES OF THE MEDICAL DIRECTOR The dialysis facility must have a medical director who meets the qualifications of §494.140(a) to be responsible for the delivery of patient care and outcomes in the facility. The medical director is accountable to the governing body for the quality of medical care provided to patients. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on clinical record review and staff interview, it was determined, for 5 of 5 clinical	V 711		

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V 711	<p>Continued From page 52</p> <p>records reviewed, (Pt. #s 4-8) that the Facility failed to ensure the dialysis prescription orders were complete to include minimum acceptable blood flow rate (BFR).</p> <p>Findings include:</p> <ol style="list-style-type: none"> The clinical record for Pt. #4 was reviewed on 6/24/09. This was an 82-year-old male, admitted 1/24/09 for End Stage Renal Disease. The record included a physician's dialysis prescription order dated 1/26/09 for "BFR____ to 500 mL/min". The order failed to include the minimum range for BFR (blood flow rate). The clinical record for Pt. #5 was reviewed on 6/24/09. This was a 47-year-old female, admitted 12/5/08 for Chronic Kidney Disease. The record included a physician's dialysis prescription order dated 12/11/08 for "BFR____ to 500 mL/min". The order failed to include the minimum range for BFR (blood flow rate). The clinical record for Pt. #6 was reviewed on 6/25/09. This was a 73-year-old male, admitted 12/2/08 for End Stage Renal Disease. The record included a physician's dialysis prescription order dated 12/5/08 for "BFR____ to 500 mL/min". The order failed to include the minimum range for BFR (blood flow rate). The clinical record for Pt. #7 was reviewed on 6/25/09. This was a 64-year-old female, admitted 12/11/08 for Chronic Kidney Disease. The record included a physician's dialysis prescription order dated 4/24/09 for "BFR____ to 500 mL/min". The order failed to include the minimum range for BFR (blood flow rate). 	V 711	<p>V711</p> <p>494.150 RESPONSIBILITIES OF THE MEDICAL DIRECTOR</p> <p>Medical Director together with nurse manager will create new policy related to blood flows.</p> <p>Physician order sheet will be revised to identify minimum BFR to be 200 ml/min.</p> <p>All staff to be educated regarding new policy and action required when blood flows are less than target..</p> <p>Monitoring for compliance will be through monthly chart audits by social worker or designated PCT of 15% of patient charts. Results of monthly audits will be reported to medical director at monthly quality meeting.</p>	<p>07/25/09</p> <p>07/25/09</p> <p>08/10/09</p> <p>08/10/09</p>
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V 711	Continued From page 53 5. The clinical record for Pt. #8 was reviewed on 6/25/09. This was a 65-year-old male, admitted 3/5/09 for Chronic Kidney Disease. The record included a physician's dialysis prescription order dated 2/26/09 for "BFR _____ to 600 mL/min". The order failed to include the minimum range for BFR (blood flow rate).	V 711		
V 713	6. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M. 494.150(b) RESPONSIBILITIES OF THE MEDICAL DIRECTOR [Medical director responsibilities include, but are not limited to, the following:] (b) Staff education, training, and performance. This STANDARD is not met as evidenced by: Surveyor. 15166 A. Based on Facility policy review, a review of Facility logs, observation, clinical record review, and staff interview, it was determined, for 3 of 3 staff observed, (E#s 2, 3, and 5) that the Medical Director failed to ensure that the staff provide appropriate handling and testing of water and dialysate in order to provide dialysis in a safe manner. Findings include: 1. On 6/22/09 at approximately 9:00AM, the policy # DLY 053 entitled, "Cultures-Monthly Testing [water, dialysate, machine]" was reviewed. The policy required, "Water will be tested for bacterial cultures monthly in Crystal Lake...A Millipore Total Count sampler is used for	V 713		

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V 713	<p>Continued From page 54</p> <p>all samples...incubate the sampler, grid side down, in incubator at 35 degrees Celsius (95 degrees Fahrenheit). Incubate period is 48-72 hours. Note date and time of sample on CQ check list in the culture book for the appropriate machine or system"</p> <p>2. On 6/22/09 at approximately 9:30AM, E #2 was interviewed. E #2 stated that collection of dialysate samples from each machine in use (6 machines) is performed monthly by millipore sampling technique. After the dialysate sample is obtained, the millipore sampler is placed in a drawer at the nurse's station and results are read 2 days later. The surveyor asked E#2 about how the samples are incubated and E #2 stated that they have always been read without having been incubated. E#2 stated that the Facility purchased an incubator in March 2009 but that staff have not been inserviced on its utilization. The supply room contained one incubator that was still packaged.</p> <p>3. Policy # DLY 053 was reviewed on 6/22/09 at approximately 10:00AM. The policy included, "Note date and time of sample on CQ check list in the culture book for the appropriate machine or system"</p> <p>4. The Monthly "Water Cultures Crystal Lake Dialysis" log was reviewed on 6/22/09 at approximately 11:00AM for 2008 and 2009. The log failed to contain a quality check list.</p> <p>5. Educational files were reviewed for all employees on 6/23/09 at approximately 11:30AM. There was no documentation of staff education for millipore sampling .</p> <p>6. The Manager of the Dialysis unit was</p>	V 713		

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V 713	Continued From page 55 interviewed on 6/23/09 at approximately 11:30AM. The Manager stated that staff have not been inserviced for millipore sampling although the practice has been in effect for years. 7. Facility policy #DLY-141 titled "LAL(Limulus Amebocyte Lysate) testing was reviewed on 6/22/09 at approximately 10:00AM. The policy required, "Purpose to ensure that water and equipment used in dialysis will not be a source of infection to patients. Obtain samples at the beginning of day...once specimens have been obtained and labeled...place labeled samples back in kit with frozen pack. Slip kit back into shipping box and tape shut..." 8. On 6/22/09 at 9:50AM, two dialysis samples were obtained by E #3. The samples were placed in a container without ice and remained in the container until 10:15AM (25 minutes). The surveyor then informed the Nurse Manager that E#3 failed to place the samples on ice. 9. Facility policy #DLY-83 entitled, "Daily Water Testing Chloramine/Chloramines," was reviewed on 6/22/09 at approximately 1:15 P.M. The policy requires, "Dip the Watercheck 2 test strip... Document all test results on the water testing log..." 10. The manufacturer's directions for use for the Watercheck 2 For 0.1 ppm low level Chlorine/Chloramine test strips were reviewed on 6/22/09 at approximately 2:15 P.M. The directions required, "Watercheck 2 low level Chlorine/Chloramine test strips can measure total chlorine to less than 0.1 ppm." 11. A telephone interview was conducted with the	V 713		

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AT THE END OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2009	
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
V 713	<p>Continued From page 56</p> <p>President of the company that manufactures the Watercheck 2 Chlorine/Chloramine test strips, on 6/22/09 at approximately 1:45 P.M. The President stated that the test strips could test the sensitivity of approximately 0.05 ppm, but could not be tested to 0 ppm.</p> <p>12. On 6/22/09, the Facility's RO log was reviewed for January-June 22, 2009 and the log included documentation for multiple dates, which indicated a chloramine test result of "0".</p> <p>13. The Facilities policy #DLY-140 entitled, "Dialysate Conductivity Verification," was reviewed 6/23/09 at approximately 1:30 P.M. The policy requires that "Each machine will have a conductivity test daily, prior to the first patient use of the day...." The policy failed to require conductivity verification prior to each patient treatment.</p> <p>14. On 6/22/09 a tour of the dialysis treatment area was conducted from approximately 9:30-11:30 A.M. Prior to the start of the dialysis treatments for the second shift patients, the staff failed to ensure that the pH and conductivity of the dialysate was performed with an independent method.</p> <p>15. The clinical records were reviewed for PL #s 4-8 on 6/24 and 6/25/09 for the dates of 6/2/09-6/22/09. The treatment sheets lacked documentation of pH testing. In addition, the treatment sheets included documentation of only one conductivity reading, and failed to include documentation of a conductivity verification with an independent method.</p> <p>16. An interview with E #5 was conducted at</p>	V 713	<p>V713</p> <p>494.150(b) RESPONSIBILITIES OF THE MEDICAL DIRECTOR</p> <p>Medical Director will verify all staff has been trained appropriately, following review of all documentation related to the training of staff as related to tags (issues of non-compliance) as indicated by signature of competency.</p> <p>Medical director participated and will review all policy changes related to tags (issues)</p> <p>Medical director will assist in developing and educating all staff on new processes and or equipment.</p>	08/10/09	07/25/09	ongoing

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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V 713	Continued From page 57 approximately 9:20 AM on survey date 6/23/09. E #5 stated, "we do our conductivity testing once a day before the first patient" begins dialysis.	V 713		
V 714	494.150(c)(1) POLICIES AND PROCEDURES The medical director must- (1) Participate in the development, periodic review and approval of a "patient care policies and procedures manual" for the facility; This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on review of 1 of 1 policy/procedure manual and staff interview, it was determined that the Medical Director failed to ensure a current policy and procedure manual was available to all staff members Findings include: 1. On 6/22/09 the policy and procedure manual was reviewed between 10:00AM and 3:00PM. *The manual failed to contain the date all policies were reviewed by the Medical Director. *Although the index referenced polices and procedures contents, that were many policies that were not found the manual such as: infection control (DLY-45) policies, patient rights/ assessment/reassessments, and dialysate conductivity verification policy . * The Facility failed to develop many policies such as: grievance policy, incident/occurrence reporting policy, and a policy that reflected AAMI action level standards for endotoxin count in	V 714	V714 494.150(c)(1) POLICIES AND PROCEDURES Organization is transforming from a hard copy policy and procedure manual to a web based policy and procedure manual, resulting in numerous policies missing from the paper manual. Expected completion of the web-based manual 9/15/09. This web based process will allow for all policies related to dialysis and the organization to be current and readily available to all employees all the time. A hard copy policy and procedure manual will be accessible to all employees at all times. Medical director and nurse manager will review hard copy periodically to ensure all policies are current and available. On monthly basis will review percentage of policies to ensure accuracy and availability.	09/15/09 08/10/09 08/10/09 and ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 714	Continued From page 58 dialysate.	V 714		
V 715	Throughout the survey, the Manager was obtaining policies that were not located in the manual, but were stored on a personal computer USB drive that was unavailable to the dialysis staff. 2. The above findings were conveyed to the Manager during an interview on 6/24/09 at approximately 2:30PM. 494.150(c)(2)(i) POLICIES AND PROCEDURES The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers; This STANDARD is not met as evidenced by: Surveyor: 15168 A. Based on Facility policy review, observation, a review of Facility logs, and staff interview, it was determined, for 1 of 1 policy manual, that the Medical Director failed to ensure staff adhere to policies and procedures relative to patient care, infection control and safety. Findings include: 1. Facility policy #DLY-140 entitled, "Dialysate Conductivity Verification," was reviewed on 06/23/09 at approximately 10:55 A.M. The policy required that "all Hanson and Dialysate Connectors are to be soaked in Actril and rinsed	V 715		

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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 S RT 31 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 715	Continued From page 59 with Deionized water once per week. For Crystal lake, this will be done every Saturday...." 2. An interview was conducted with E #5 on survey date 6/23/09 at 10:30 A.M., E #5 stated, "we don't have a log" documenting disinfection of the Hanson and dialysate connectors. 3. Facility policy #DLY-141 titled "LAL(Limulus Amebocyte Lysate) testing was reviewed on 6/22/09 at approximately 10:00AM. The policy required, "Purpose to ensure that water and equipment used in dialysis will not be a source of infection to patients. Obtain samples at the beginning of day,...once specimens have been obtained and labeled...place labeled samples back in kit with frozen pack. Slip kit back into shipping box and tape shut.." 4. On 6/22/09 at 9:50AM, two dialysis samples were obtained by E #3. The samples were placed in a container without ice and remained in the container until 10:15AM (25 minutes). The surveyor then informed the Nurse Manager that E#3 failed to place the samples on ice. 5. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient," was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "The entire interdisciplinary team is responsible for ensuring that each patient is individually assessed and his/her needs identified. All members of the interdisciplinary team will complete their portion..." 6. The clinical record for Pt. #s 5, 6, and 7 were reviewed on 6/24 and 6/25/09. The comprehensive assessments lacked documentation to indicate that the physician	V 715	494.150(c)(1) POLICIES AND PROCEDURES Medical director actively participated in the revisions to policies related to this survey. Medical director will present in-service to all patient dialysis staff identifying the importance of adherence to policies and procedures relative to the operation of this facility. Medical director will review all education materials, competencies for appropriateness. Medical director will be knowledgeable regarding status of training of all staff. Medial director will review audits on monthly basis to identify compliance. Medial director will perform random observation of staff to ensure compliance/adherence to the policies and procedures.	07/12/09 07/30/09 07/20/09 08/10/09 08/10/09 ongoing

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STATEMENT OF DEFICIENCIES A. PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 143509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2009
NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 31 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 715	Continued From page 60 treating the patient for End Stage Renal Disease (ESRD) was involved in the comprehensive interdisciplinary assessment 7. Facility policy #DLY-032 entitled, "Assessment of Dialysis Patient." was reviewed on 6/24/09 at approximately 1:00 P.M. The policy requires, "A follow-up comprehensive assessment must occur within 3 months after the completion of the initial assessment." 8. The clinical record for Pt. #s 4, 5, 6, 7, and 8 lacked documentation of a follow up comprehensive reassessment within 3 months of the initial assessment. 9. The above findings were conveyed to the Unit Manager in an interview, on 6/25/09 at approximately 11:00 A.M.	V 715		
V 751	494.180 GOVERNANCE The ESRD facility is under the control of an identifiable governing body, or designated person(s) with full legal authority and responsibility for the governance and operation of the facility. The governing body adopts and enforces rules and regulations relative to its own governance and to the health care and safety of patients, to the protection of the patients' personal and property rights, and to the general operation of the facility. This STANDARD is not met as evidenced by: Surveyor: 07105 A. Based on staff interview, it was determined, for 2 of 2 years requested (2008 and 2009) that the Facility failed to ensure the ESRD facility is under	V 751		

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NAME OF PROVIDER OR SUPPLIER SHERMAN FAMILY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 S RT 21 CRYSTAL LAKE, IL 60012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
V 751	Continued From page 81 the control of an identifiable governing body who who has full legal authority and responsibility for the management of the dialysis unit and failed to ensure documentation of governing body minutes for 2008 and 2009. Findings include: 1. On 6/22/09 at approximately 2:00PM governing body minutes for 2008 and 2009 were requested. The Nurse Manager phoned Sherman hospital and requested dialysis governing body minutes. The minutes were not available for review. As of survey date 6/25/09, the governing body was not identified. 2. The above finding was conveyed to the Nurse Manager during an interview on 6/22/09 at approximately 3:00PM.	V 751	V751 494.180 GOVERNANCE Sherman Family Health Care Crystal Lake Dialysis unit functions under Sherman Hospital. Administrative oversight of the department is provided by Tom Nitz, Vice President for Ancillary Services. Nurse manager, Susan Kuester, RN, CNN meets monthly with administrator to review operations of facility. Copy of agenda included Medical Director, Dr. Karol Rosner, will conference weekly with nurse manager regarding operations of facility, including discussion of compliance of new policies, equipment maintenance etc. Meeting minutes will be taken. Medical director will meet monthly with to review all Quality Assurance/Performance Improvement processes, including all issues related to this survey. Meeting will include attendance by nurse manager and administrator as well as other members of the interdisciplinary team. Meeting minutes will be taken	Ongoing 07/14/09 & ongoing 07/22/09

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APPENDIX 6

Map Quest
Documentation

**List of Facilities within 30 minutes of the
Proposed Location
Total Renal Care d/b/a Crystal Springs Dialysis**

Occupancy of Facilities within 30 minutes of Crystal Lake, Illinois												
5/12/10												
720 Cog Circle, Crystal Lake, IL 60014												
MapQuest												
Map #	Facility Name	Address	City	Zip Code	Mileage	MapQuest Drive Time/m Adjustment	15% Drive Time	Capacity	IHFPP Inventory	Pt. Census	3/31/2010 Utilization	3/31/2010 Comments
1	ARA - Crystal Lake Dialysis Center	6298 Northwest Hwy	Crystal Lake	60014	1.77	3	3.45	54	9	51	84%	
3	DaVita - Barrington Creek (denovo)	28160 W. Northwest Hwy	Lake Barrington	60014	7.08	12	13.8	72	12	0	0%	
4	Quality Renal Care - Carpentersville	2203 Randall Road	Carpentersville	60010	10.03	14	16.1	78	13	76	97%	
2	FMC of McHenry	4312 W. Elm Street	McHenry	60050	9.31	16	18.4	72	12	39	54%	
26	FMC - Elgin (denovo)	2130 Point Blvd.	Elgin	60123	13.15	18	20.7	72	12	0	0%	
7	ARA - South Barrington Dialysis Center	33 W. Higgins Road	South Barrington	60010	15.87	24	27.6	66	11	52	79%	
9	FMCNA - Neomedica - Hoffman Estates	3150 W. Higgins Road	Hoffman Estates	60195	16.71	26	29.9	102	17	113	111%	
6	Quality Renal Care - Marengo	910 Greenlee St.	Marengo	60152	17.47	26	29.9	60	10	27	45%	
10	FMC - Neomedica - Round Lake	401 W. Nippersink	Round Lake	60073	17.67	29	33.35	96	16	85	89%	
11	DSI - Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	60089	18.3	30	34.5	96	16	61	64%	
12	FMC - Neomedica - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	60008	20.51	31	35.65	144	24	100	69%	
8	Lake Villa Dialysis	37809 N. Illinois Route 59	Lake Villa	60046	19.71	32	36.8	72	12	34	47%	
16	DSI - Schaumburg	1156 S. Roselle Road	Schaumburg	60193	22.51	36	41.4	84	14	63	75%	
15	Tri Cities Dialysis LLC	308 Randall Road	Geneva	60134	26.52	36	41.4	108	18	78	72%	
18	DSI - Arlington Heights	17 W. Golf Road	Arlington Heights	60005	22.81	37	42.55	108	18	53	49%	
17	FMC - Elk Grove Dialysis Center	901 Blesterfield Road	Elk Grove	60007	25.27	38	43.7	168	28	145	86%	
21	FMC - West Chicago	1859 Neltor Blvd	Crystal Lake	60014	25.91	39	44.85	72	12	10	14%	
22	FMC - Deerfield	405 Lake Cook Road	Deerfield	60015	25.29	39	44.85	72	12	8	11%	
14	DaVita - Lake County Dialysis	918 S. Milwaukee Avenue	Libertyville	60048	22.09	41	47.15	96	16	70	73%	
13	FMC - Antioch	311 Depot	Antioch	60002	25.01	41	47.15	72	12	53	74%	
19	FMC - Neomedica - Gurnee	101 S. Greenleaf	Gurnee	60031	28.2	45	51.75	84	14	81	96%	
24	FMC - Glenview Dialysis Center	4248 Commercial Way	Glenview	60025	28.84	46	52.9	120	20	95	79%	
20	FMCNA - Lake Bluff	101 Waukegan Road	Lake Bluff	60044	28.1	46	52.9	96	16	74	77%	
25	Highland Park Hospital Dialysis	718 Glenview Avenue	Highland Park	60035	26.92	48	55.2	120	20	102	85%	
23	Waukegan Dialysis Center	1616 Grand Avenue	Waukegan	60085	31.05	53	60.95	132	22	96	73%	

4/11



MAPQUEST.

Notes

ARA-Crystal Lake

①

Trip to 6298 Northwest Hwy
Crystal Lake, IL 60014-7933
1.77 miles - about 3 minutes

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **RIGHT** onto **US-14 / NORTHWEST HWY.**

go 1.5 mi



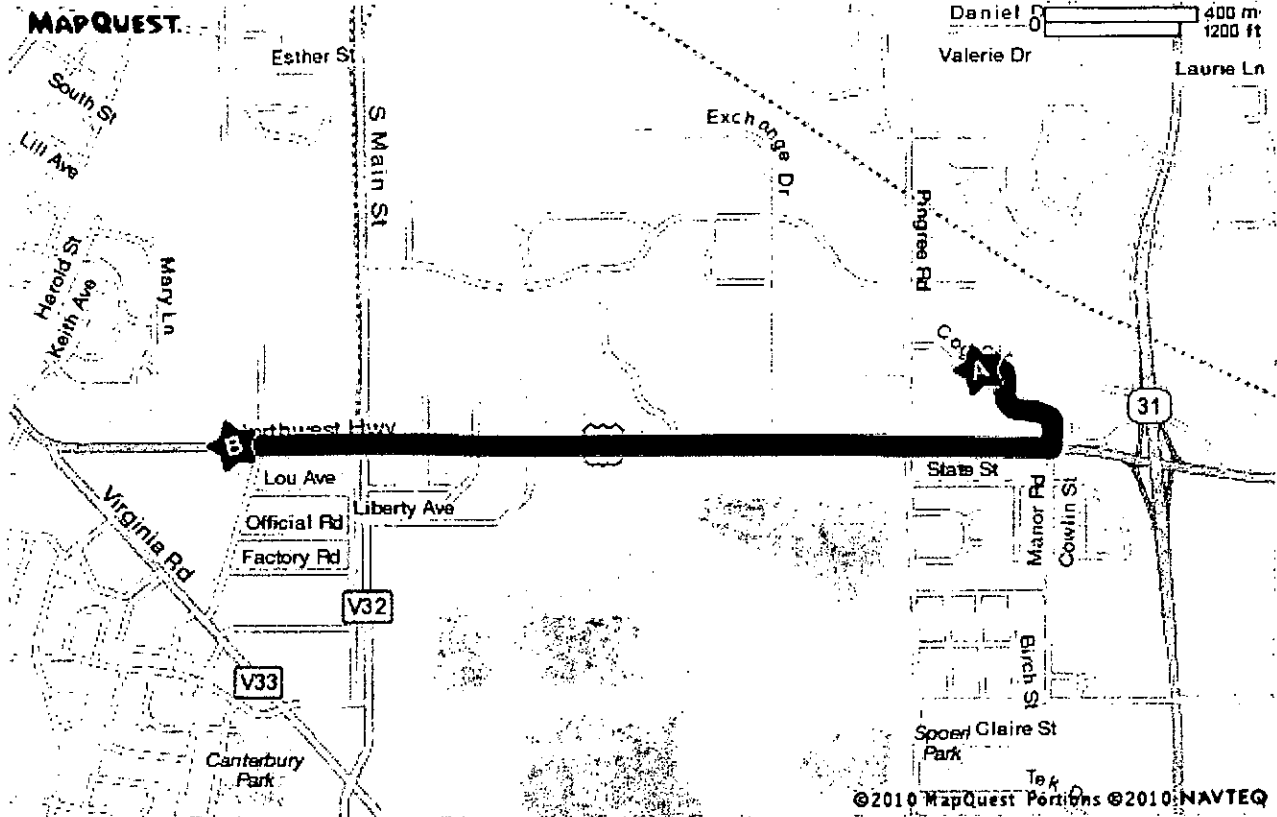
3. **6298 NORTHWEST HWY** is on the **RIGHT.**

go 0.0 mi

B **6298 Northwest Hwy, Crystal Lake, IL 60014-7933**
Total Travel Estimate : 1.77 miles - about 3 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

FMC-McHenry
(2)

Trip to 4312 W Elm St
McHenry, IL 60050-4003
9.31 miles - about 16 minutes

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.**

go 0.2 mi



3. Merge onto **IL-31 N** via the ramp on the **LEFT.**

go 8.4 mi



4. Turn **LEFT** onto **W ELM ST / IL-120.**

go 0.4 mi



5. **4312 W ELM ST** is on the **RIGHT.**

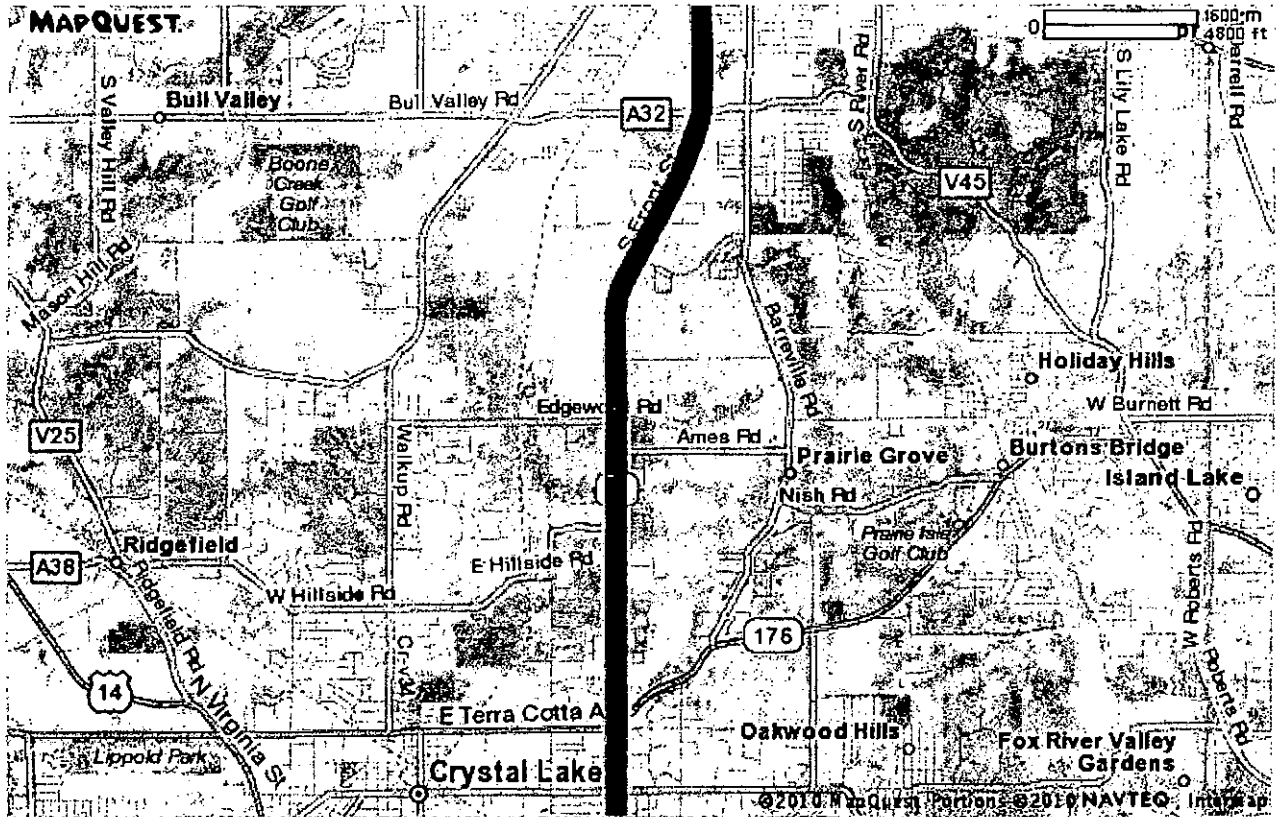
go 0.0 mi

B 4312 W Elm St, McHenry, IL 60050-4003

Total Travel Estimate : 9.31 miles - about 16 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

DaVita - Barrington Creek

Trip to 28160 W Northwest Hwy

Lake Barrington, IL 60010-2324

7.08 miles - about 12 minutes

③



720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14 E.**

go 6.7 mi



3. Make a **U-TURN** onto **W NORTHWEST HWY / US-14 W.**

go 0.1 mi



4. **28160 W NORTHWEST HWY** is on the **RIGHT.**

go 0.0 mi

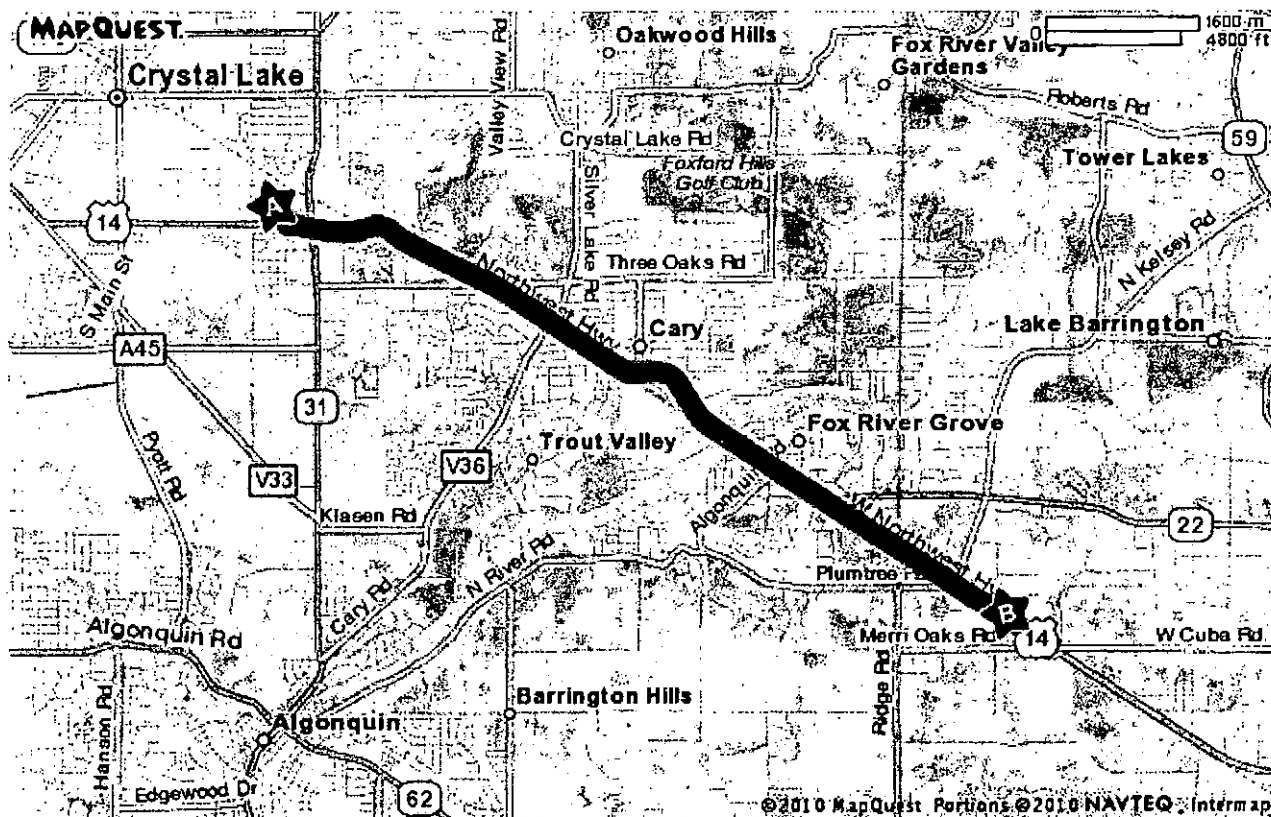


28160 W Northwest Hwy, Lake Barrington, IL 60010-2324

Total Travel Estimate : 7.08 miles - about 12 minutes

Route Map [Hide](#)

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MAPQUEST.









Notes

Carpentersville

(4)

Trip to 2203 Randall Rd
Carpentersville, IL 60110-3355
10.03 miles - about 14 minutes

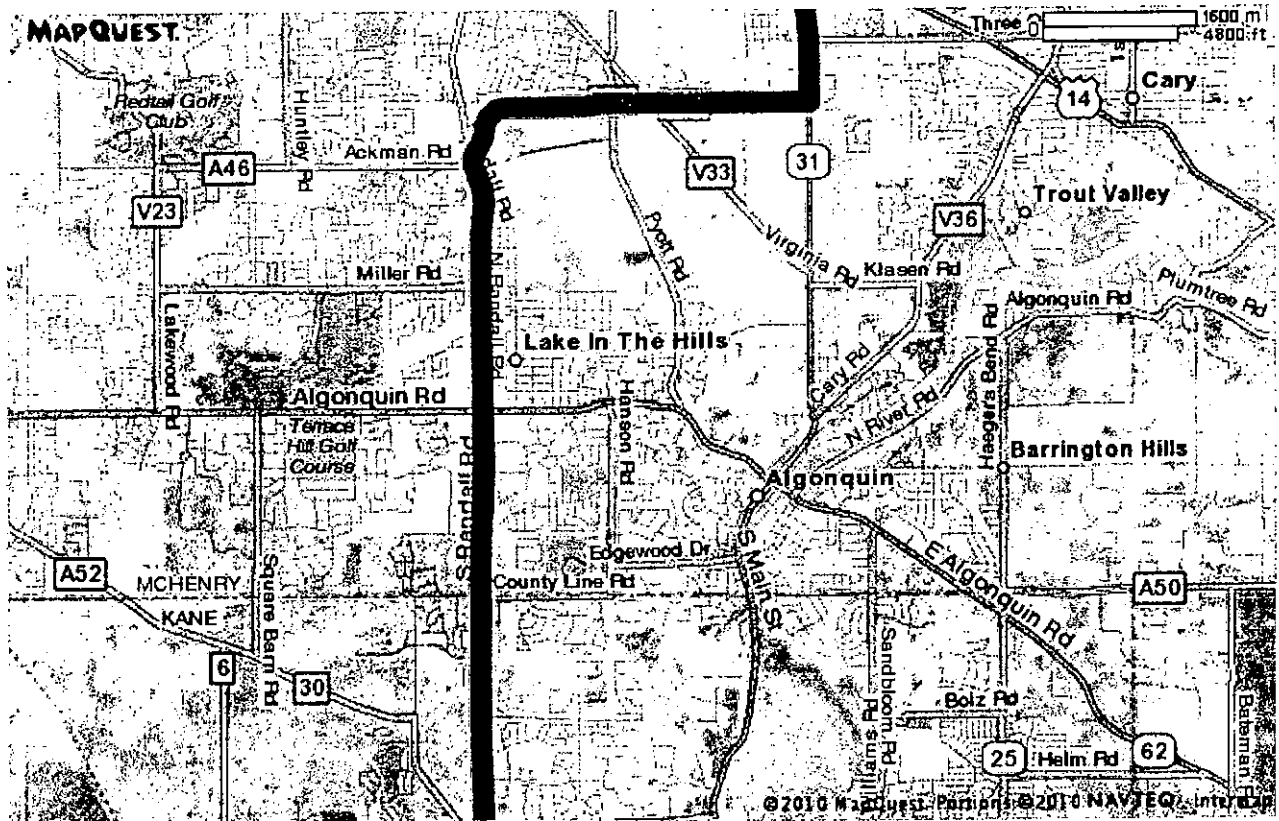
A 720 Cog Cir, Crystal Lake, IL 60014

-  1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi
-   2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi
-   3. Merge onto **IL-31 S.** go 1.0 mi
-  4. Turn **RIGHT** onto **CR-A45 / JAMES R RAKOW RD.**
Continue to follow **JAMES R RAKOW RD.** go 2.7 mi
-  5. **JAMES R RAKOW RD** becomes **RANDALL RD.** go 5.9 mi
-  6. **2203 RANDALL RD** is on the **LEFT.** go 0.0 mi

B 2203 Randall Rd, Carpentersville, IL 60110-3355
Total Travel Estimate : 10.03 miles - about 14 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Round Lake
⑤

Trip to 401 W Nippersink Rd
Round Lake Heights, IL 60073-3280
17.67 miles - about 29 minutes

720 Cog Cir, Crystal Lake, IL 60014

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTHEAST on COG CIR toward US-14 / NORTHWEST HWY. | go 0.3 mi |
|   | 2. Turn LEFT onto US-14 / NORTHWEST HWY. | go 0.2 mi |
|   | 3. Merge onto IL-31 N via the ramp on the LEFT . | go 1.6 mi |
|   | 4. Turn RIGHT onto IL-176 . | go 4.9 mi |
|  | 5. Turn LEFT onto CR-V45 / S RIVER RD. | go 0.2 mi |
|  | 6. Turn RIGHT onto W BURNETT RD. | go 1.6 mi |
|  | 7. Turn LEFT onto N DARRELL RD / DARRELL RD / CR-44 / CR-V47 . Continue to follow N DARRELL RD / CR-44 / CR-V47 . | go 1.0 mi |
|  | 8. Turn RIGHT onto W CASE RD. | go 1.0 mi |
|   | 9. Turn LEFT onto US-12 W / IL-59 N . | go 2.1 mi |
|   | 10. Turn RIGHT onto IL-120 / BELVIDERE RD. | go 3.6 mi |
| | 11. Turn LEFT onto S CEDAR LAKE RD / CR-28 / CR- | |

453



V63.

go 0.9 mi



12. Keep **RIGHT** at the fork to go on **CR-28 / CR-V63**.

go 0.2 mi



13. Stay **STRAIGHT** to go onto **NIPPERSINK AVE / CR-28 / CR-V63**.

go 0.0 mi



14. **401 W NIPPERSINK RD.**

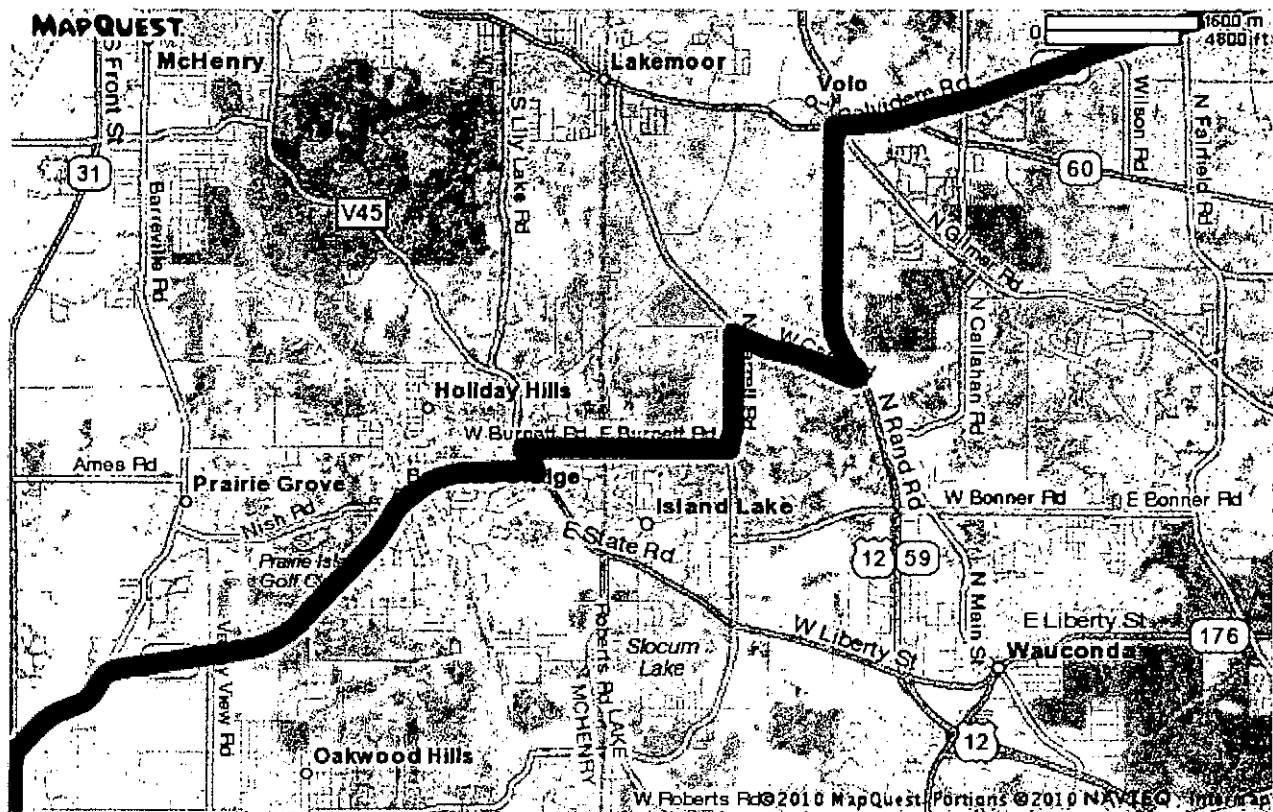
go 0.0 mi



401 W Nippersink Rd, Round Lake Heights, IL 60073-3280

Total Travel Estimate : 17.67 miles - about 29 minutes

Route Map [Hide](#)



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MAPQUEST

Notes

Marengo
(6)

Trip to 910 Greenlee St
Marengo, IL 60152-8200
17.47 miles - about 26 minutes

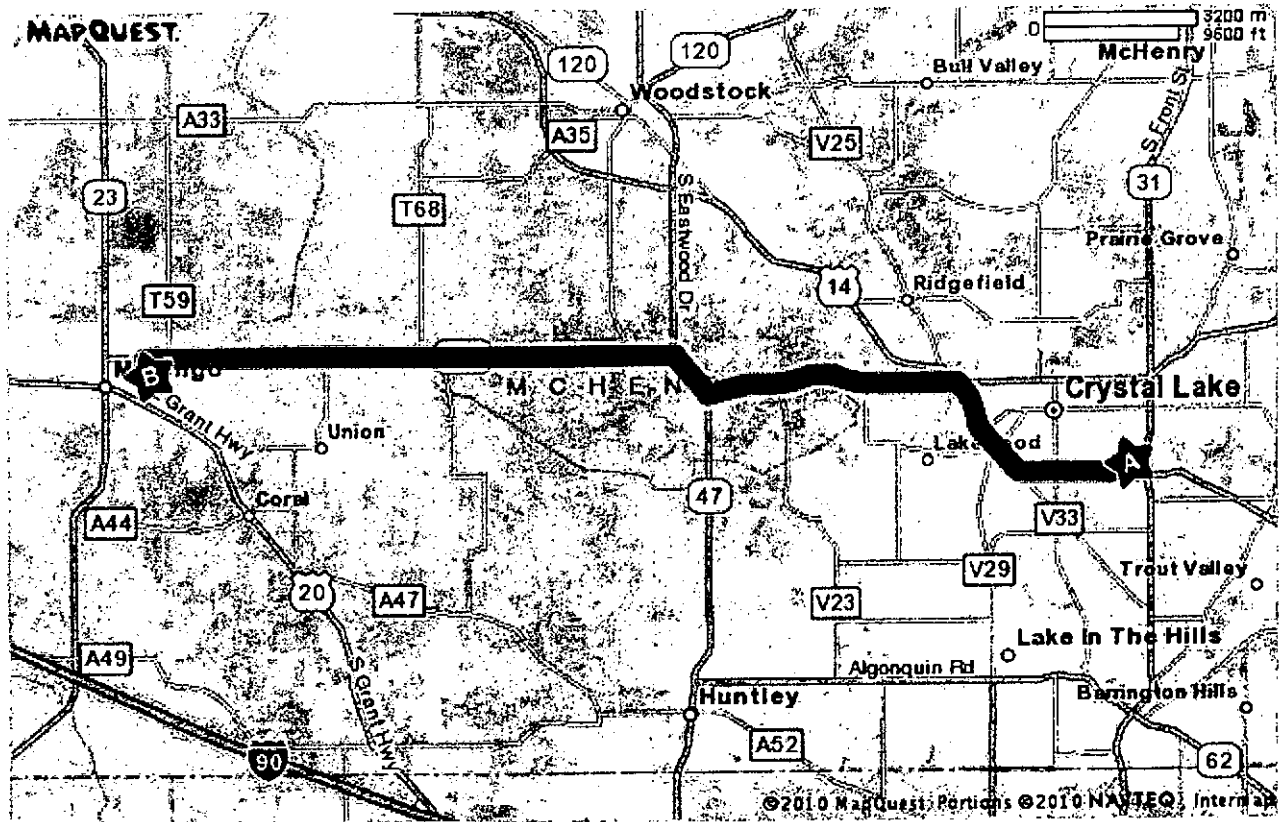
A 720 Cog Cir, Crystal Lake, IL 60014

-  1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi
-   2. Turn **RIGHT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.** go 3.7 mi
-   3. Turn **LEFT** onto **IL-176.** go 4.0 mi
-   4. Turn **RIGHT** onto **IL-176 / IL-47.** go 0.8 mi
-   5. Turn **LEFT** onto **IL-176.** go 8.4 mi
-  6. Turn **LEFT** onto **N PROSPECT ST.** go 0.3 mi
-  7. Turn **LEFT** onto **GREENLEE ST.** go 0.0 mi
-  8. **910 GREENLEE ST** is on the **RIGHT.** go 0.0 mi

B 910 Greenlee St, Marengo, IL 60152-8200 Total Travel Estimate : 17.47 miles - about 26 minutes

Route Map [Hide](#)

455



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456



MAPQUEST.

Trip to 33 W Higgins Rd
South Barrington, IL 60010-9115
15.87 miles - about 24 minutes

Notes

ARA-South Barrington



720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi



3. Merge onto **IL-31 S.** go 4.2 mi



4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** go 7.0 mi



5. Turn **SLIGHT RIGHT.** go 0.0 mi



6. Turn **SLIGHT RIGHT** onto **IL-59 S / NEW SUTTON RD.** go 2.8 mi



7. Turn **LEFT** onto **IL-72 E / W HIGGINS RD.** go 1.3 mi

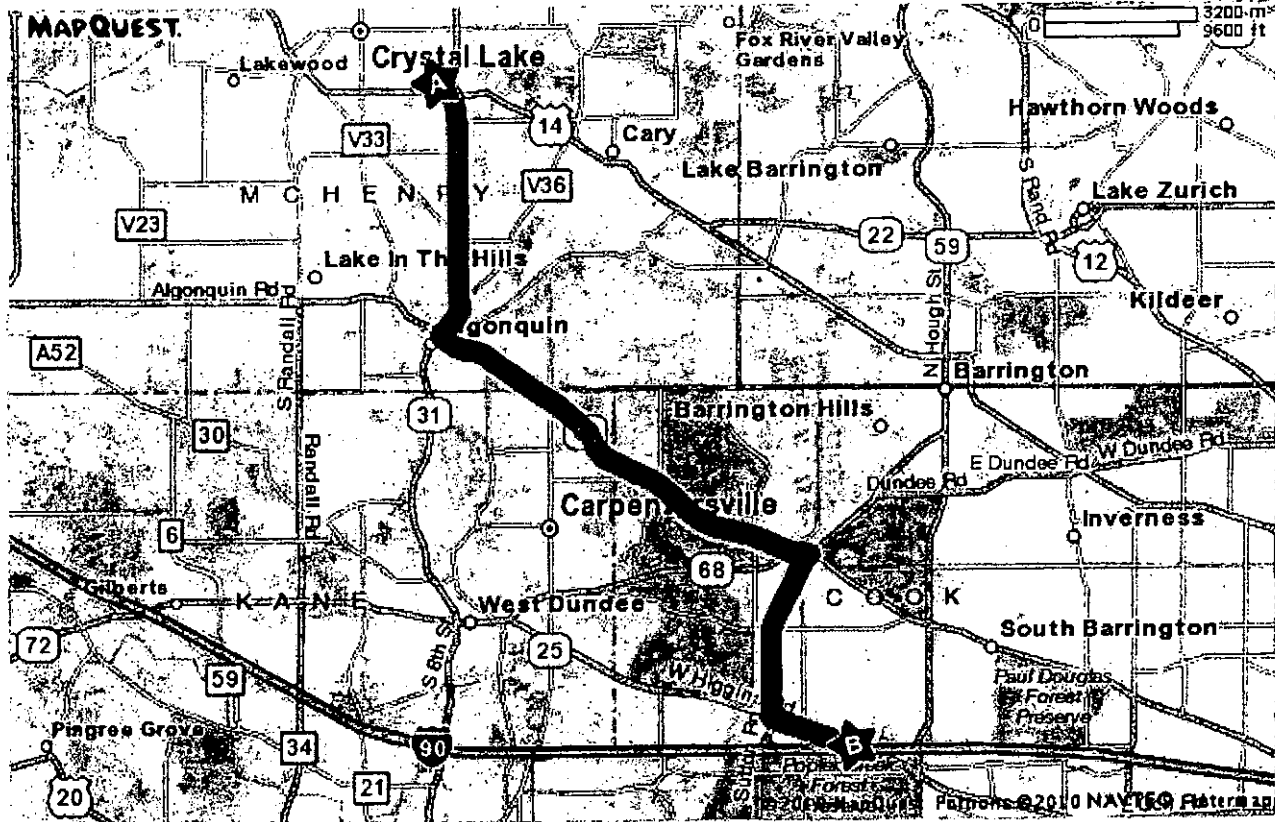


8. **33 W HIGGINS RD.** go 0.0 mi

33 W Higgins Rd, South Barrington, IL 60010-9115 Total Travel Estimate : 15.87 miles - about 24 minutes

Route Map [Hide](#)

457



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458.



MAPQUEST.

Trip to 37809 N II Route 59
Lake Villa, IL 60046-7332
19.71 miles - about 32 minutes

Notes

DaVita - Lake Villa Dialysis



720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.**

go 0.2 mi



3. Merge onto **IL-31 N** via the ramp on the **LEFT**.

go 6.8 mi



4. Turn **RIGHT** onto **CHARLES J MILLER RD.**

go 1.4 mi



5. Turn **LEFT** onto **S RIVER RD / CR-V45.**

go 0.9 mi



6. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.**

go 1.3 mi



7. Turn **RIGHT** onto **W LINCOLN RD.**

go 1.4 mi



8. Turn **LEFT** onto **CUHLMAN RD.**

go 0.7 mi



9. Turn **RIGHT** onto **E BAY RD / CR-A26.**

go 0.8 mi



10. **E BAY RD / CR-A26** becomes **W BIG HOLLOW RD.**

go 1.6 mi

459



11. Turn LEFT onto US-12 W / IL-59 N. Continue to follow IL-59 N.

go 4.4 mi



12. 37809 N IL ROUTE 59.

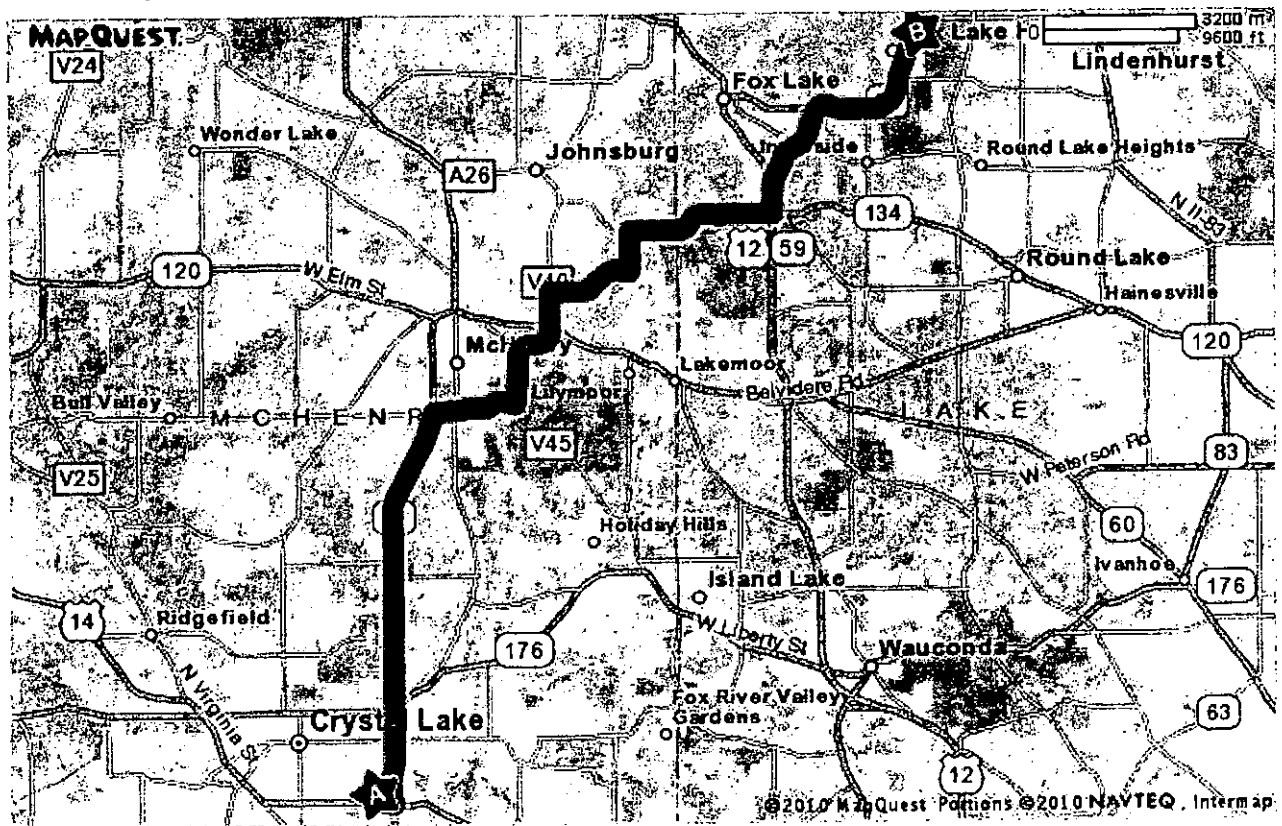
go 0.0 mi



37809 N Il Route 59, Lake Villa, IL 60046-7332

Total Travel Estimate : 19.71 miles - about 32 minutes

Route Map [Hide](#)



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460



MAPQUEST.

Trip to 3150 W Higgins Rd
Hoffman Estates, IL 60169-7237
16.71 miles - about 26 minutes

Notes

FMC - Hoffman Estates



720 Cog Cir, Crystal Lake, IL 60014

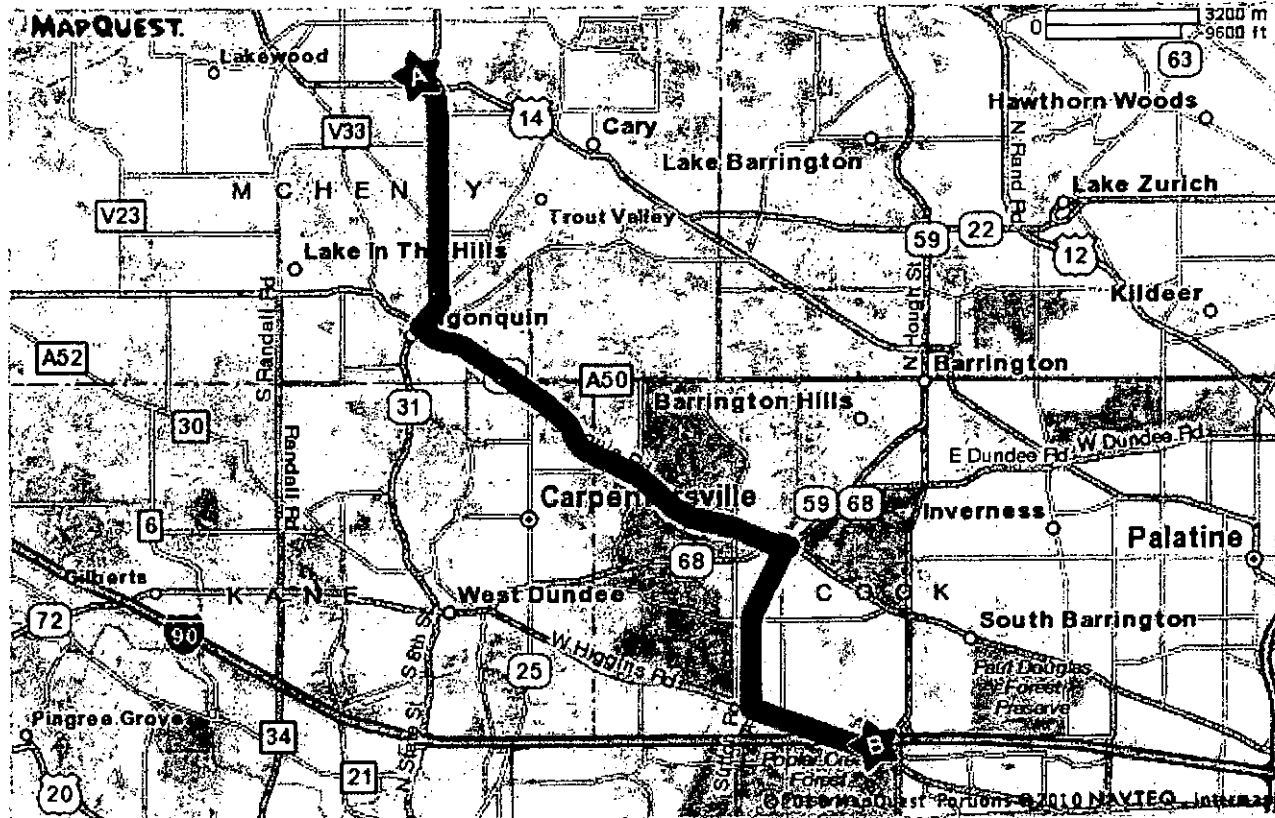
- 1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi
- 2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi
- 3. Merge onto **IL-31 S.** go 4.2 mi
- 4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** go 7.0 mi
- 5. Turn **SLIGHT RIGHT.** go 0.0 mi
- 6. Turn **SLIGHT RIGHT** onto **IL-59 S / NEW SUTTON RD.** go 2.8 mi
- 7. Turn **LEFT** onto **IL-72 E / W HIGGINS RD.** go 2.0 mi
- 8. Turn **LEFT** onto **GREENSPPOINT PKWY.** go 0.0 mi
- 9. Turn **LEFT** onto **W HIGGINS RD.** go 0.0 mi
- 10. **3150 W HIGGINS RD** is on the **RIGHT.** go 0.0 mi

3150 W Higgins Rd, Hoffman Estates, IL 60169-7237

466

Total Travel Estimate : 16.71 miles - about 26 minutes

Route Map [Hide](#)



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462



MAPQUEST.

Trip to 934 Center St
Elgin, IL 60120-2125
14.17 miles - about 27 minutes

Notes

Sherman Hospital Dialysis Center

10

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi



3. Merge onto **IL-31 S.** go 4.2 mi



4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** go 2.1 mi



5. Turn **RIGHT** onto **IL-25 S.** go 6.8 mi



6. Stay **STRAIGHT** to go onto **DUNDEE AVE.** go 0.0 mi



7. Turn **RIGHT** onto **SLADE AVE.** go 0.5 mi



8. Turn **RIGHT** onto **CENTER ST.** go 0.0 mi

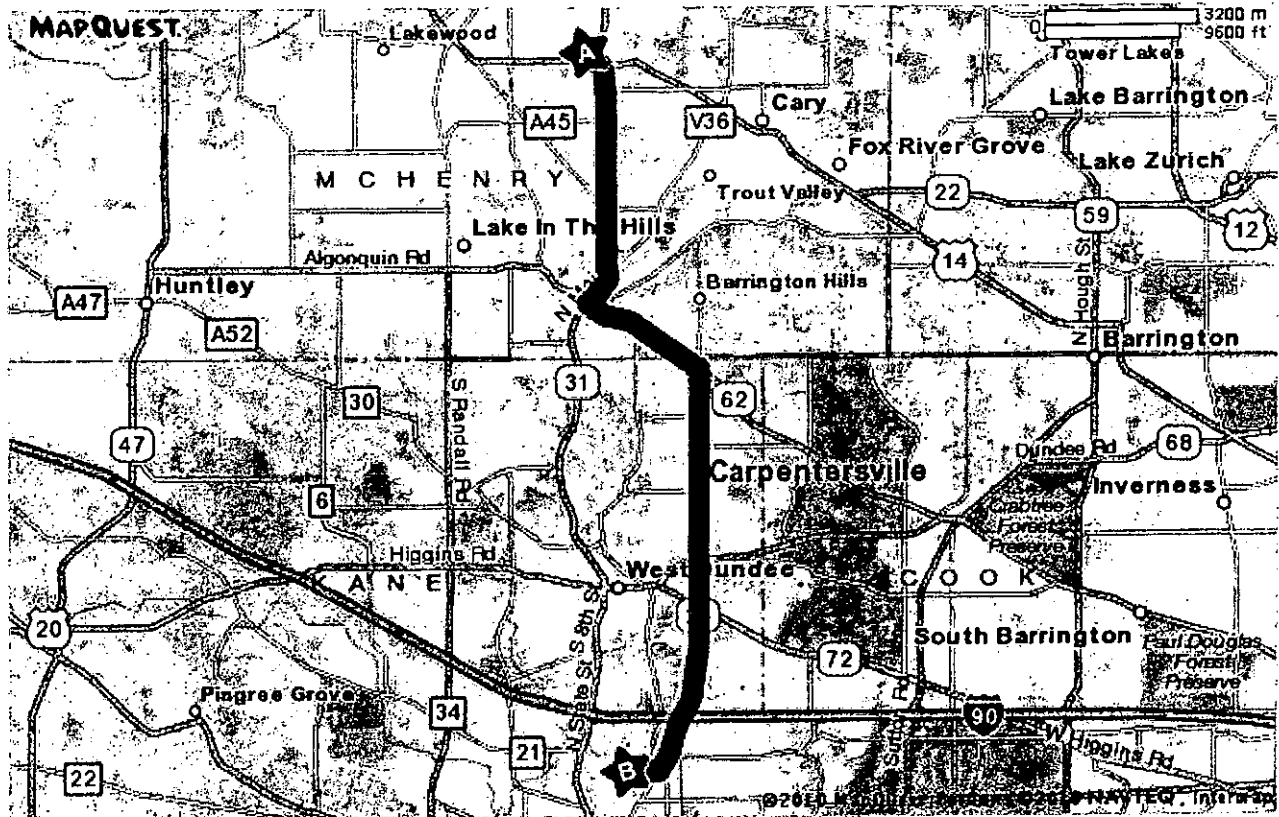


9. **934 CENTER ST** is on the **RIGHT.** go 0.0 mi

B 934 Center St, Elgin, IL 60120-2125
Total Travel Estimate : 14.17 miles - about 27 minutes

Route Map [Hide](#)

463



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MAPQUEST.

Trip to 1291 W Dundee Rd
Buffalo Grove, IL 60089-4009
18.30 miles - about 30 minutes

Notes

Buffalo Grove



720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.**

go 5.0 mi



3. Turn **LEFT** onto **IL-22.**

go 5.3 mi



4. Turn **RIGHT** onto **S RAND RD / US-12 E.**

go 4.4 mi



5. Turn **SLIGHT LEFT** onto **LAKE COOK RD.**

go 0.9 mi



6. Take the **IL-53 S** ramp toward **WEST SUBURBS.**

go 0.4 mi



7. Merge onto **IL-53 EXT S.**

go 0.6 mi



8. Take the **IL-68 E** exit.

go 0.3 mi



9. Turn **LEFT** onto **IL-68 / E DUNDEE RD / IL-53.** Continue to follow **IL-68 / E DUNDEE RD.**

go 1.0 mi



10. **1291 W DUNDEE RD** is on the **RIGHT.**

go 0.0 mi

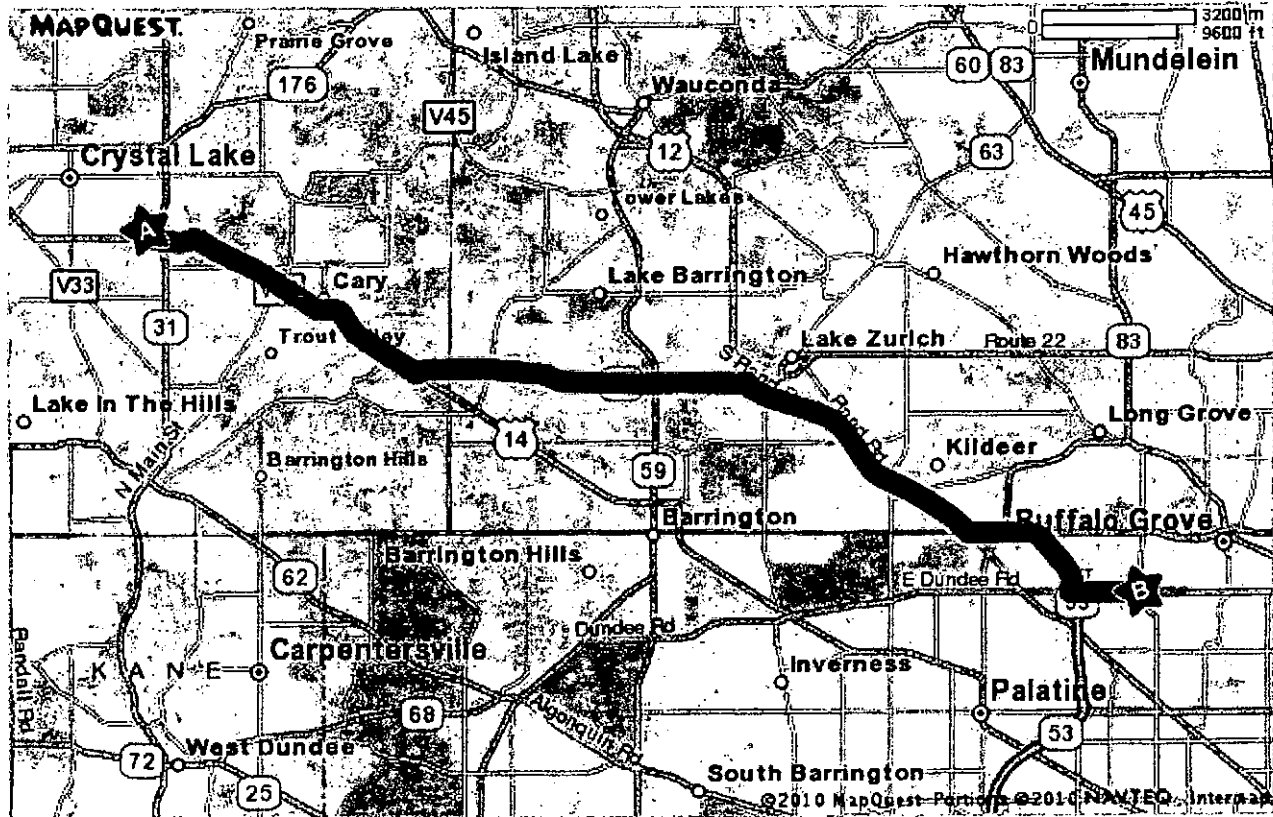


1291 W Dundee Rd, Buffalo Grove, IL 60089-4009

465

Total Travel Estimate : 18.30 miles - about 30 minutes

Route Map [Hide](#)



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MAPQUEST.













Trip to 4180 Winnetka Ave
Rolling Meadows, IL 60008-1375
20.51 miles - about 31 minutes

Notes

Rolling Meadows

12

A 720 Cog Cir, Crystal Lake, IL 60014

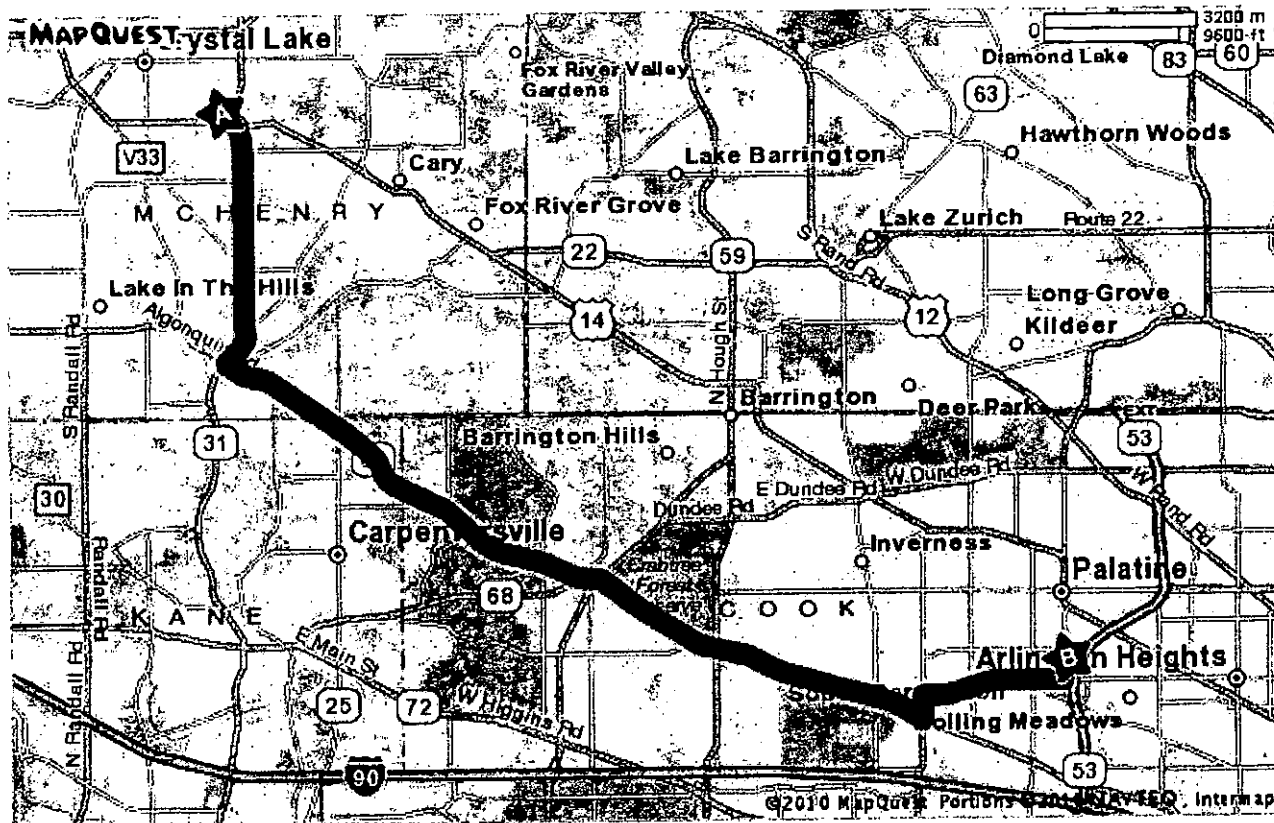
- 
1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**
go 0.3 mi
- 

2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.**
go 0.1 mi
- 

3. Merge onto **IL-31 S.**
go 4.2 mi
- 

4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**
go 12.9 mi
- 
5. Turn **LEFT** onto **S ROSELLE RD.**
go 0.4 mi
- 
6. Turn **RIGHT** onto **W EUCLID AVE.**
go 2.3 mi
- 
7. Turn **LEFT** onto **HICKS RD.**
go 0.3 mi
- 
8. Turn **RIGHT** onto **WINNETKA AVE.**
go 0.0 mi
- 
9. 4180 **WINNETKA AVE** is on the **LEFT.**
go 0.0 mi

B 4180 Winnetka Ave, Rolling Meadows, IL 60008-1375

Total Travel Estimate : 20.51 miles - about 31 minutes

Route Map [Hide](#)

467



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MAPQUEST.

Trip to 311 W Depot St
Antioch, IL 60002-1500
25.01 miles - about 41 minutes

Notes

FMC-Antioch

13

 **720 Cog Cir, Crystal Lake, IL 60014**



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.2 mi



3. Merge onto **IL-31 N** via the ramp on the **LEFT.** go 6.8 mi



4. Turn **RIGHT** onto **CHARLES J MILLER RD.** go 1.4 mi



5. Turn **LEFT** onto **S RIVER RD / CR-V45.** go 0.9 mi



6. Stay **STRAIGHT** to go onto **CR-V40 / CHAPEL HILL RD.** go 1.3 mi



7. Turn **RIGHT** onto **W LINCOLN RD.** go 1.4 mi



8. Turn **LEFT** onto **CUHLMAN RD.** go 0.7 mi









9. Turn **RIGHT** onto **E BAY RD / CR-A26.** go 0.8 mi



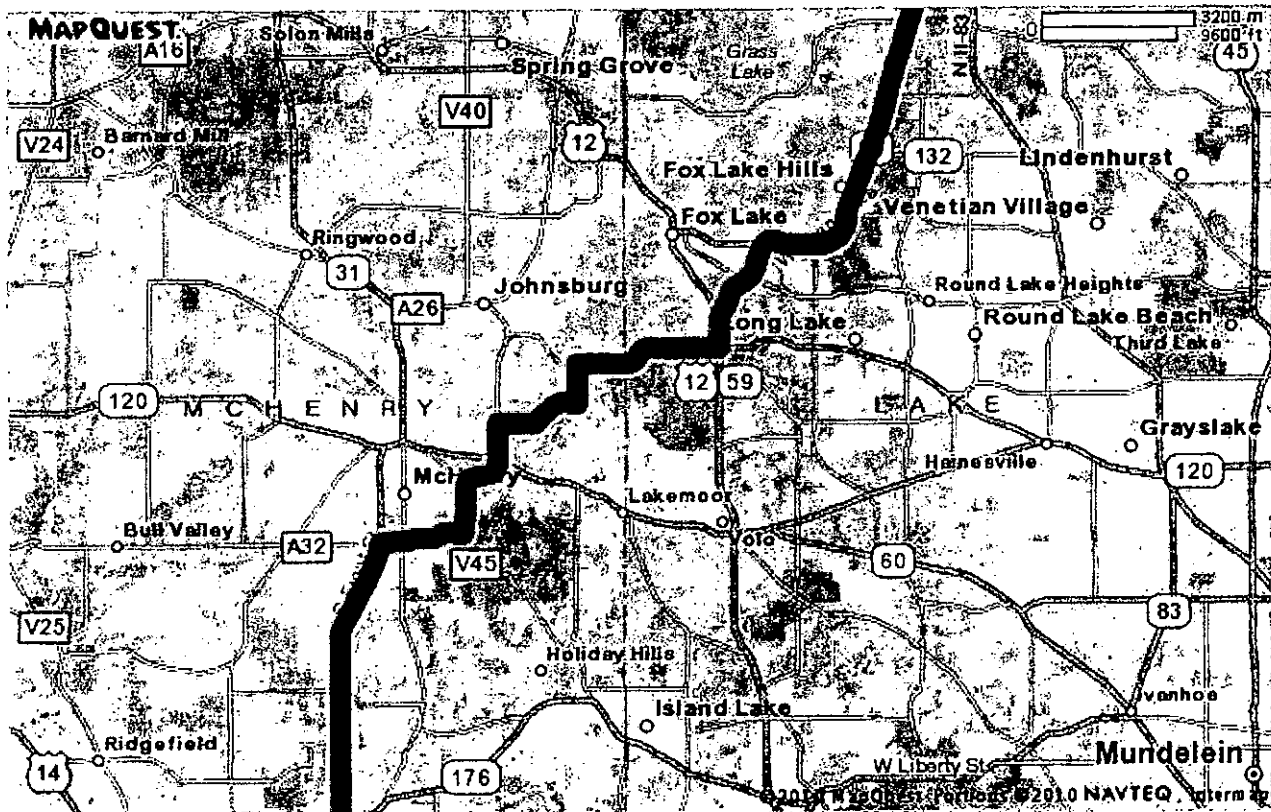
10. **E BAY RD / CR-A26** becomes **W BIG HOLLOW RD.** go 1.6 mi

469

-   11. Turn **LEFT** onto **US-12 W / IL-59 N**. Continue to follow **IL-59 N**. go 9.4 mi
-  12. Turn **LEFT** onto **TOFT AVE**. go 0.1 mi
-  13. Turn **RIGHT** onto **ORCHARD ST**. go 0.2 mi
-  14. **ORCHARD ST** becomes **W DEPOT ST**. go 0.0 mi
-  15. **311 W DEPOT ST** is on the **LEFT**. go 0.0 mi

B 311 W Depot St, Antioch, IL 60002-1500
Total Travel Estimate : 25.01 miles - about 41 minutes

Route Map [Hide](#)



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MAPQUEST.

Trip to 918 S Milwaukee Ave
Libertyville, IL 60048-3229
22.09 miles - about 41 minutes

Notes

DaVita - Lake County Dialysis

(14)

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.**

go 0.2 mi



3. Merge onto **IL-31 N** via the ramp on the **LEFT.**

go 1.6 mi



4. Turn **RIGHT** onto **IL-176.**

go 19.3 mi



5. Turn **RIGHT** onto **IL-21 / S MILWAUKEE AVE.**

go 0.7 mi



6. **918 S MILWAUKEE AVE.**

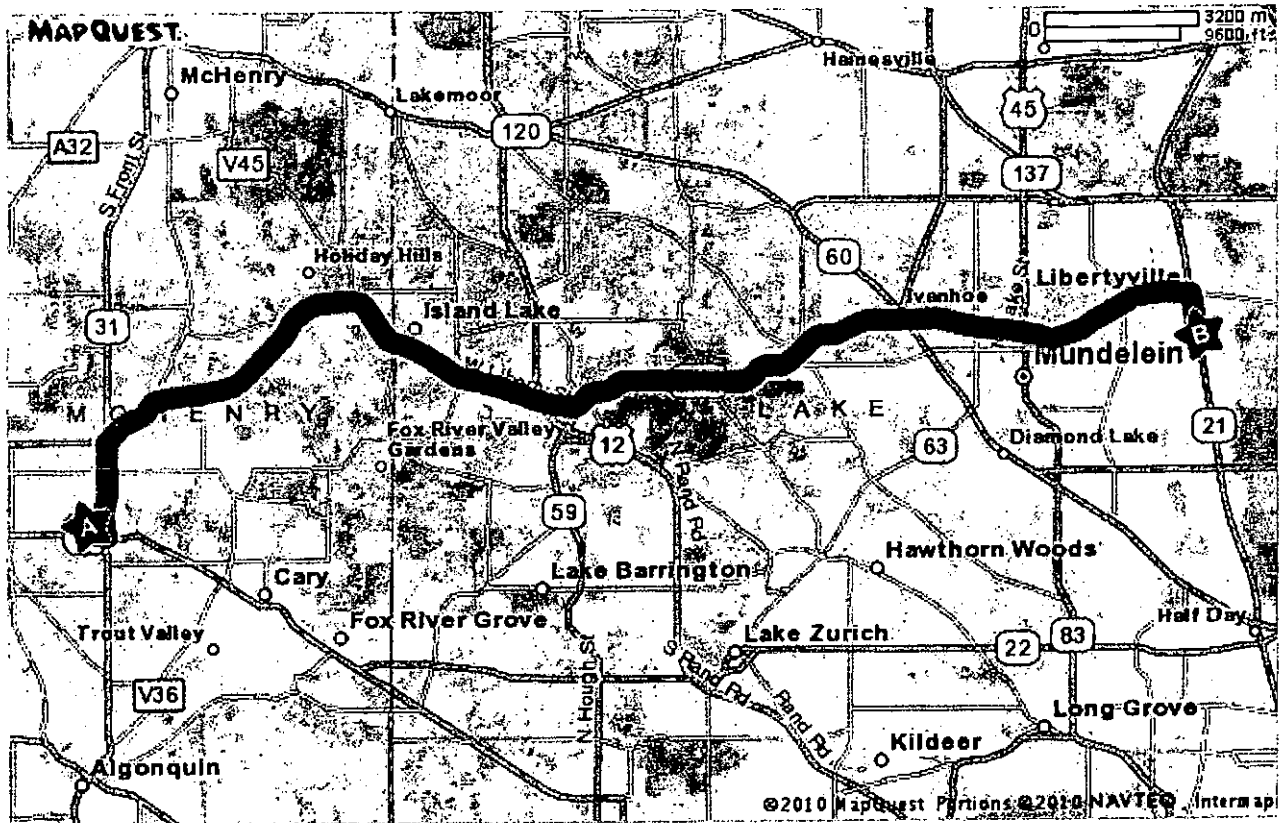
go 0.0 mi

B 918 S Milwaukee Ave, Libertyville, IL 60048-3229

Total Travel Estimate : 22.09 miles - about 41 minutes

Route Map [Hide](#)

472



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MAPQUEST.

Trip to 306 Randall Rd
Geneva, IL 60134-4200
26.52 miles - about 36 minutes

Notes

Tri-Cities Dialysis

15

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi



3. Merge onto **IL-31 S.** go 1.0 mi



4. Turn **RIGHT** onto **CR-A45 / JAMES R RAKOW RD.**
Continue to follow **JAMES R RAKOW RD.** go 2.7 mi



5. **JAMES R RAKOW RD** becomes **RANDALL RD.** go 22.4 mi



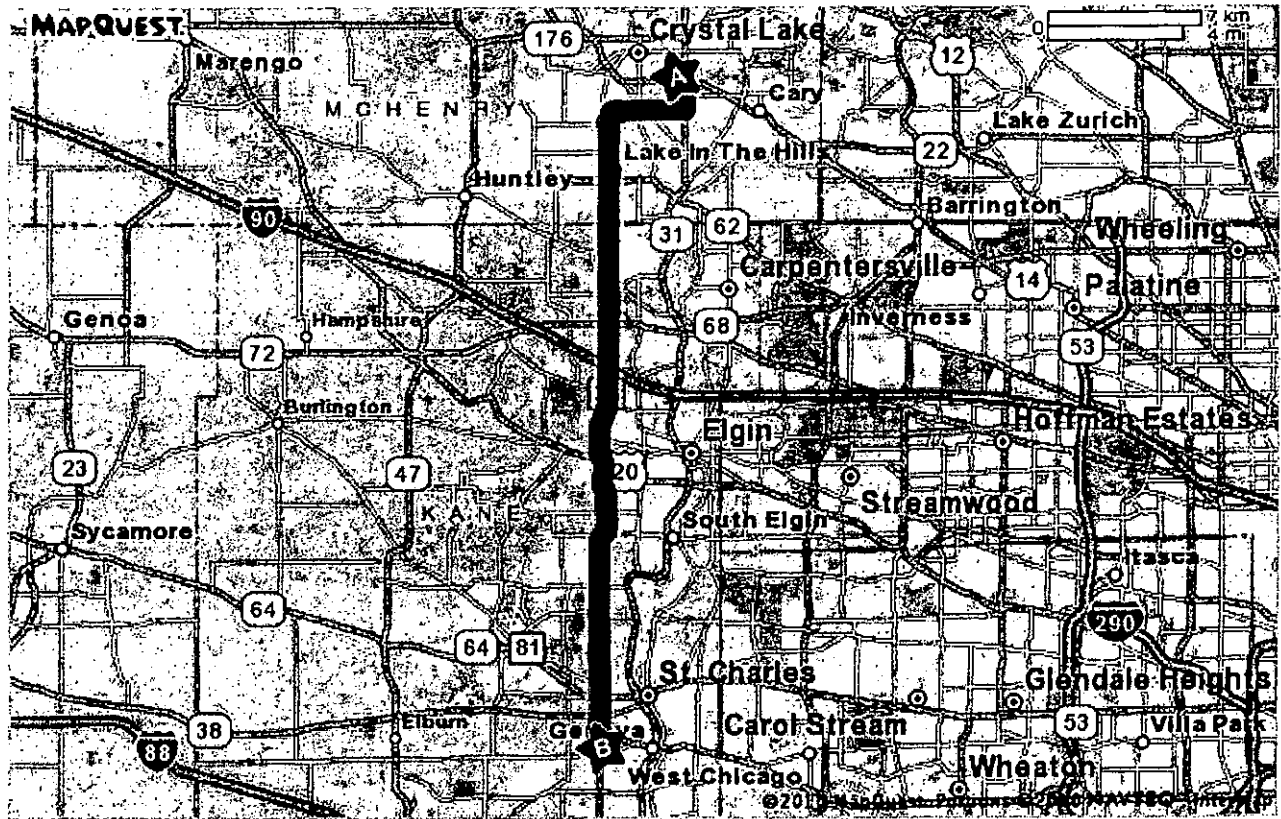
6. **306 RANDALL RD** is on the **RIGHT.** go 0.0 mi

B 306 Randall Rd, Geneva, IL 60134-4200

Total Travel Estimate : 26.52 miles - about 36 minutes

Route Map [Hide](#)

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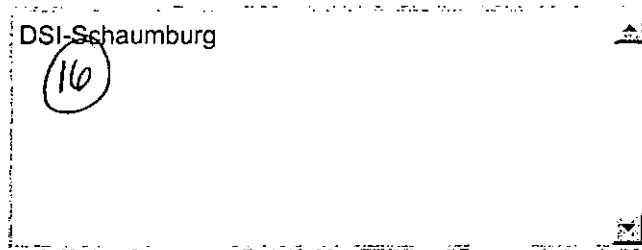
475












MAPQUEST.

Trip to 1156 S Roselle Rd
Schaumburg, IL 60193-4072
22.51 miles - about 36 minutes

Notes



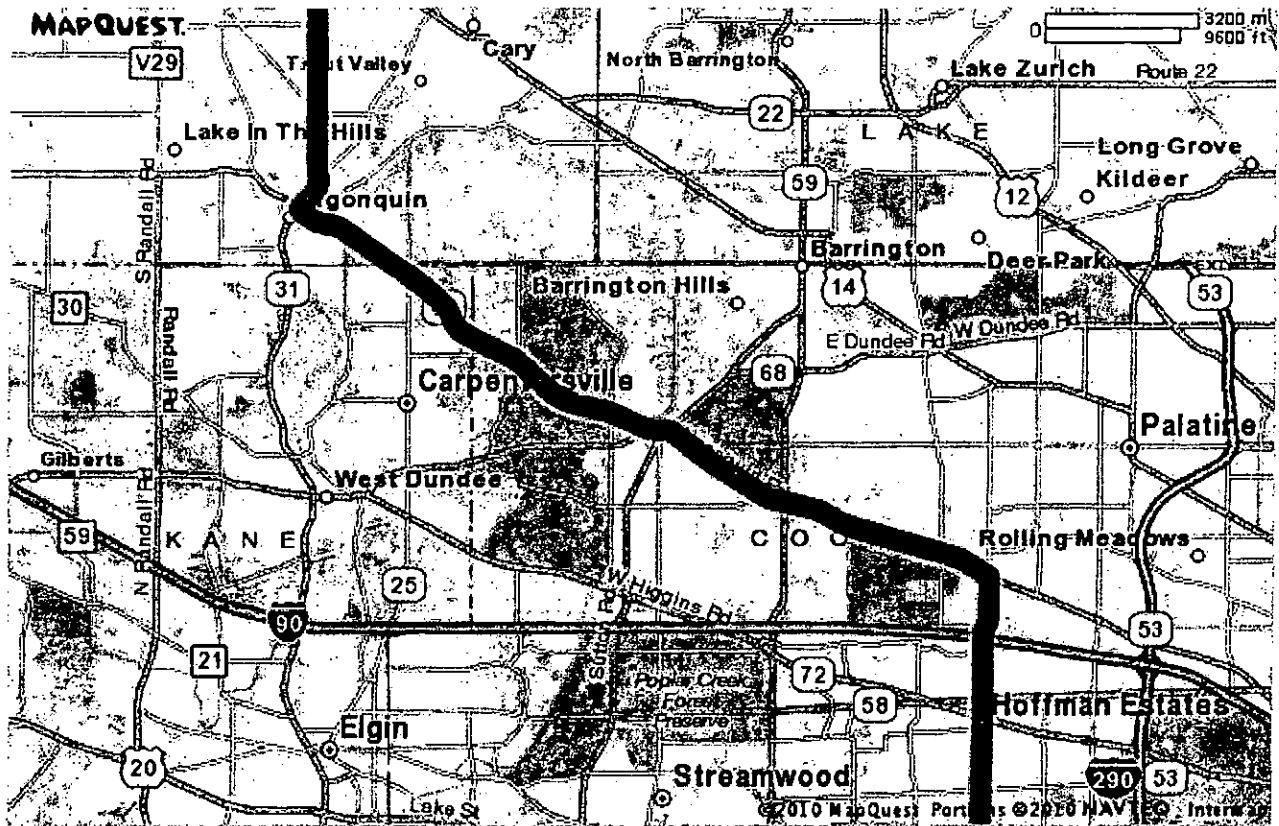
A 720 Cog Cir, Crystal Lake, IL 60014

-  1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi
-   2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi
-   3. Merge onto **IL-31 S.** go 4.2 mi
-   4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** go 12.9 mi
-  5. Turn **RIGHT** onto **N ROSELLE RD.** go 5.1 mi
-  6. **1156 S ROSELLE RD** is on the **RIGHT.** go 0.0 mi

B 1156 S Roselle Rd, Schaumburg, IL 60193-4072
Total Travel Estimate : 22.51 miles - about 36 minutes

Route Map [Hide](#)

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MAPQUEST.

Trip to 901 Biesterfield Rd
 Elk Grove Village, IL 60007-3392
 25.27 miles - about 38 minutes

Notes

FMC - Elk Grove Dialysis Center

17

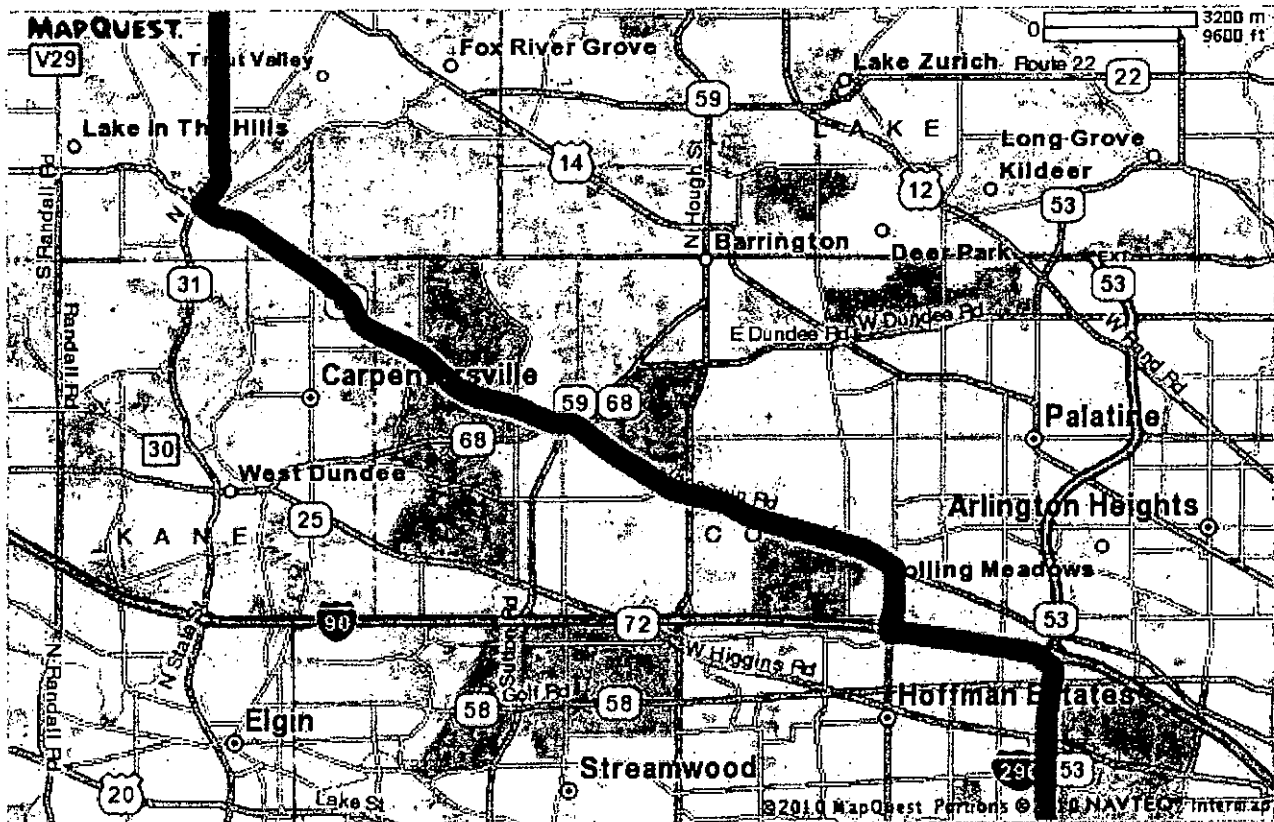
A 720 Cog Cir, Crystal Lake, IL 60014

- | | | |
|--|---|------------|
| | 1. Start out going SOUTHEAST on COG CIR toward US-14 / NORTHWEST HWY. | go 0.3 mi |
| | 2. Turn LEFT onto US-14 / NORTHWEST HWY. | go 0.1 mi |
| | 3. Merge onto IL-31 S. | go 4.2 mi |
| | 4. Turn LEFT onto ALGONQUIN RD / IL-62. | go 12.9 mi |
| | 5. Turn RIGHT onto N ROSELLE RD. | go 1.1 mi |
| | 6. Merge onto I-90 E / JANE ADDAMS MEMORIAL TOLLWAY via the ramp on the LEFT toward CHICAGO (Portions toll). | go 2.0 mi |
| | 7. Merge onto I-290 E / IL-53 S toward CHICAGO / WEST SUBURBS. | go 4.1 mi |
| | 8. Take the IL-53 S / BIESTERFIELD RD exit, EXIT 4. | go 0.2 mi |
| | 9. Turn LEFT onto BIESTERFIELD RD. | go 0.4 mi |
| | 10. 901 BIESTERFIELD RD is on the RIGHT. | go 0.0 mi |

B 901 Biesterfield Rd, Elk Grove Village, IL 60007-3392

Total Travel Estimate : 25.27 miles - about 38 minutes

Route Map [Hide](#)



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479



MAPQUEST.

Trip to 17 W Golf Rd
Arlington Heights, IL 60005-3905
22.81 miles - about 37 minutes

Notes

(18)

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi



3. Merge onto **IL-31 S.** go 4.2 mi



4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.** Continue to follow **IL-62.** go 17.6 mi



5. Turn **SLIGHT LEFT** onto **W GOLF RD / IL-58.** go 0.6 mi

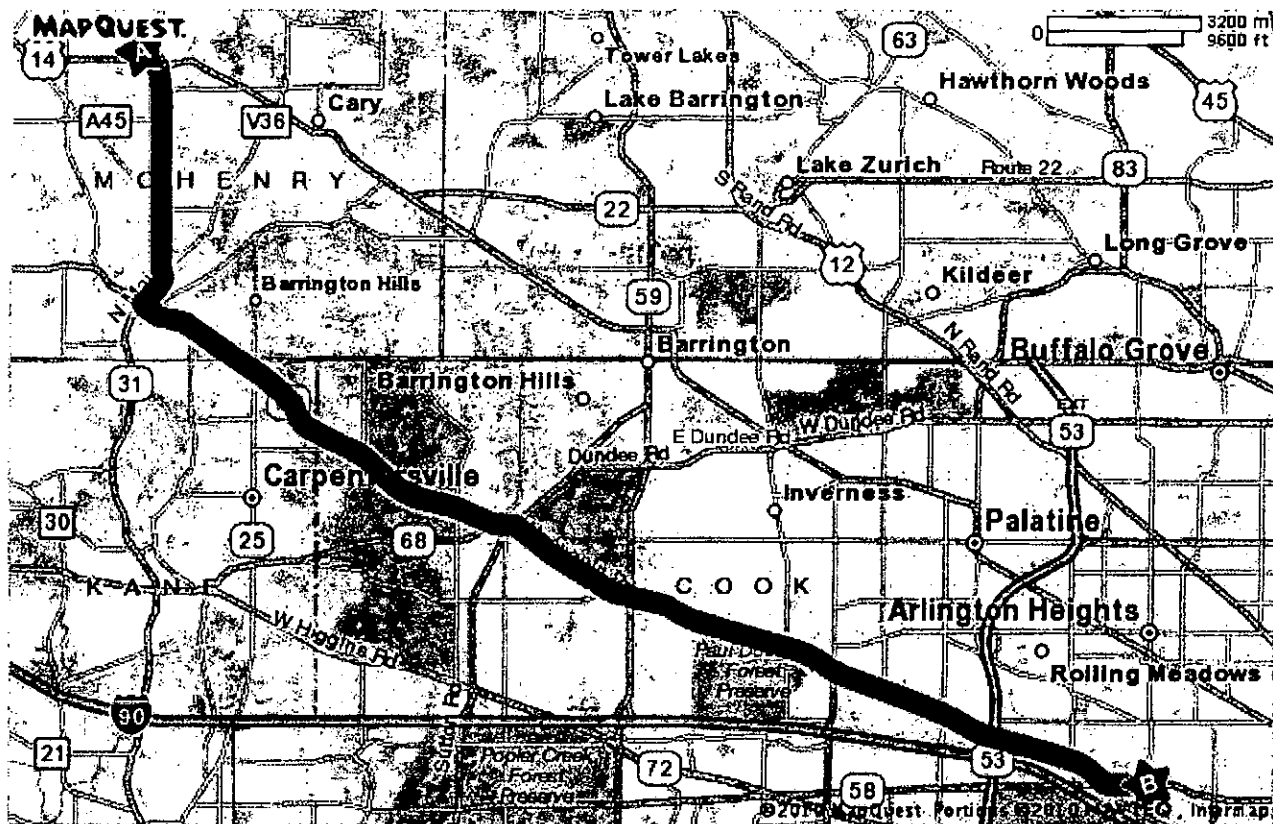


6. **17 W GOLF RD** is on the **RIGHT.** go 0.0 mi

B 17 W Golf Rd, Arlington Heights, IL 60005-3905
Total Travel Estimate : 22.81 miles - about 37 minutes

Route Map [Hide](#)

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481



MAPQUEST.

Trip to 101 S Greenleaf St
Gurnee, IL 60031-3369
28.20 miles - about 45 minutes

Notes

FMC-Gurnee

19

720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.2 mi



3. Merge onto **IL-31 N** via the ramp on the **LEFT.** go 1.6 mi



4. Turn **RIGHT** onto **IL-176.** go 14.4 mi



5. Turn **LEFT** onto **SCHANK AVE.** go 0.2 mi



6. **SCHANK AVE** becomes **IL-83 / IVANHOE RD.** go 2.0 mi



7. Turn **RIGHT** onto **W PETERSON RD / CR-20 E / CR-A33 E.** Continue to follow **W PETERSON RD.** go 3.5 mi



8. Turn **LEFT** onto **IL-21 / N MILWAUKEE AVE.** go 4.5 mi



9. Turn **RIGHT** onto **WASHINGTON ST / W WASHINGTON ST / CR-45 / CR-A22.** go 1.5 mi



10. Turn **RIGHT** onto **S GREENLEAF AVE / CR-72 / CR-W29.** go 0.0 mi

482

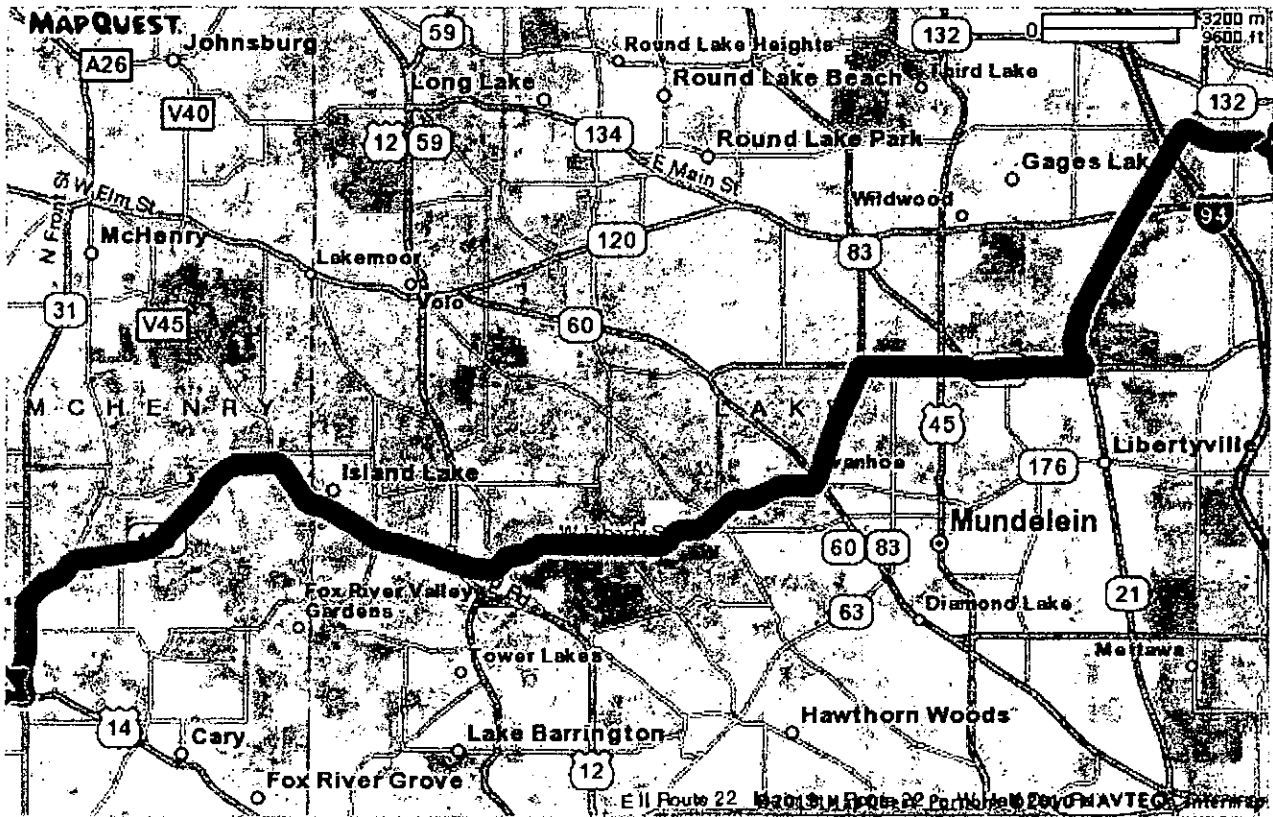
END

11. 101 S GREENLEAF ST.

go 0.0 mi

B 101 S Greenleaf St, Gurnee, IL 60031-3369
Total Travel Estimate : 28.20 miles - about 45 minutes

Route Map [Hide](#)



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483



MAPQUEST.

Trip to 101 Waukegan Road
 Lake Bluff, IL 60044
 28.10 miles - about 46 minutes

Notes

FMC - Lake Bluff

20

A 720 Cog Cir, Crystal Lake, IL 60014

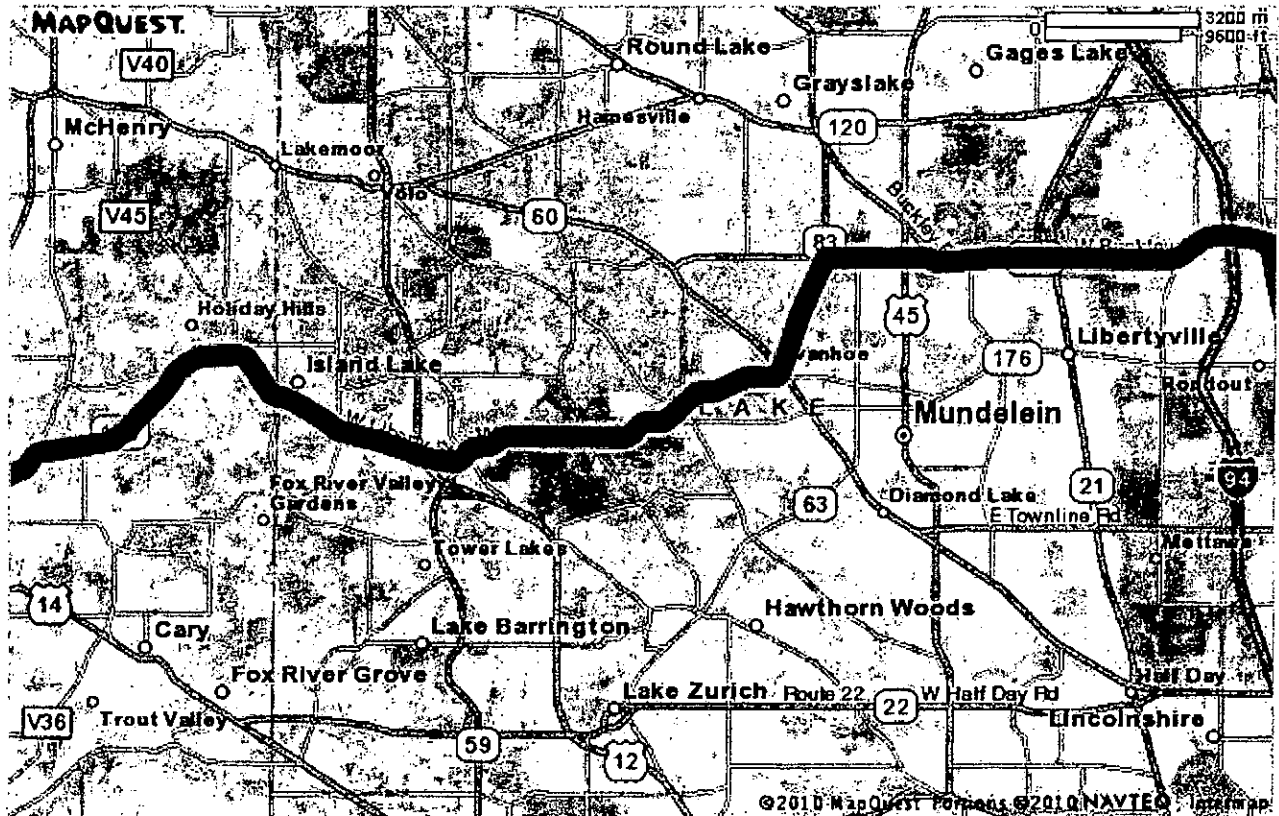
- | | | |
|--|---|------------|
| | 1. Start out going SOUTHEAST on COG CIR toward US-14 / NORTHWEST HWY. | go 0.3 mi |
| | 2. Turn LEFT onto US-14 / NORTHWEST HWY. | go 0.2 mi |
| | 3. Merge onto IL-31 N via the ramp on the LEFT . | go 1.6 mi |
| | 4. Turn RIGHT onto IL-176 . | go 14.4 mi |
| | 5. Turn LEFT onto SCHANK AVE. | go 0.2 mi |
| | 6. SCHANK AVE becomes IL-83 / IVANHOE RD. | go 2.0 mi |
| | 7. Turn RIGHT onto W PETERSON RD / CR-20 E / CR-A33 E . Continue to follow W PETERSON RD . | go 3.5 mi |
| | 8. W PETERSON RD becomes BUCKLEY RD / IL-137 E . | go 3.6 mi |
| | 9. Turn RIGHT onto WAUKEGAN RD / IL-43 S . | go 2.3 mi |
| | 10. 101 WAUKEGAN ROAD . | go 0.0 mi |

B 101 Waukegan Road, Lake Bluff, IL 60044

484

Total Travel Estimate : 28.10 miles - about 46 minutes

Route Map [Hide](#)



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485



MAPQUEST.

Trip to 1859 N Neltnor Blvd
West Chicago, IL 60185-5900
25.91 miles - about 39 minutes

Notes

FMC - West Chicago

(21)

720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.**

go 0.1 mi



3. Merge onto **IL-31 S.**

go 4.2 mi



4. Turn **LEFT** onto **ALGONQUIN RD / IL-62.**

go 7.0 mi



5. Turn **SLIGHT RIGHT.**

go 0.0 mi



6. Turn **SLIGHT RIGHT** onto **IL-59 S / NEW SUTTON RD.**
Continue to follow **IL-59 S.**

go 14.2 mi



7. **1859 N NELTNOR BLVD.**

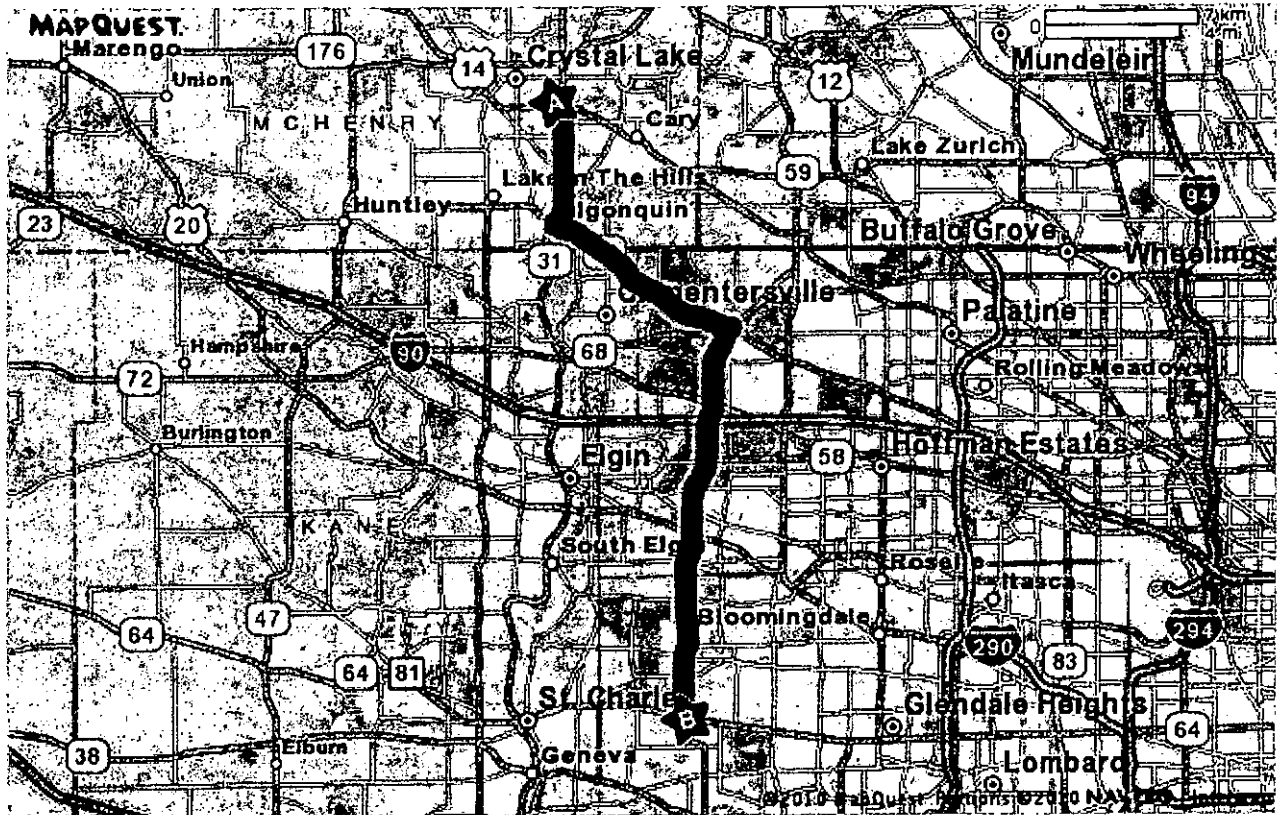
go 0.0 mi

1859 N Neltnor Blvd, West Chicago, IL 60185-5900

Total Travel Estimate : 25.91 miles - about 39 minutes

Route Map [Hide](#)

486



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487



MAPQUEST.

Trip to 405 Lake Cook Rd
Deerfield, IL 60015-4993
25.29 miles - about 39 minutes

Notes

FMC - Deerfield

22

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.**

go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.**

go 5.0 mi



3. Turn **LEFT** onto **IL-22.**

go 5.3 mi



4. Turn **RIGHT** onto **S RAND RD / US-12 E.**

go 4.4 mi



5. Turn **SLIGHT LEFT** onto **LAKE COOK RD.**

go 10.3 mi



6. 405 LAKE COOK RD is on the **RIGHT.**

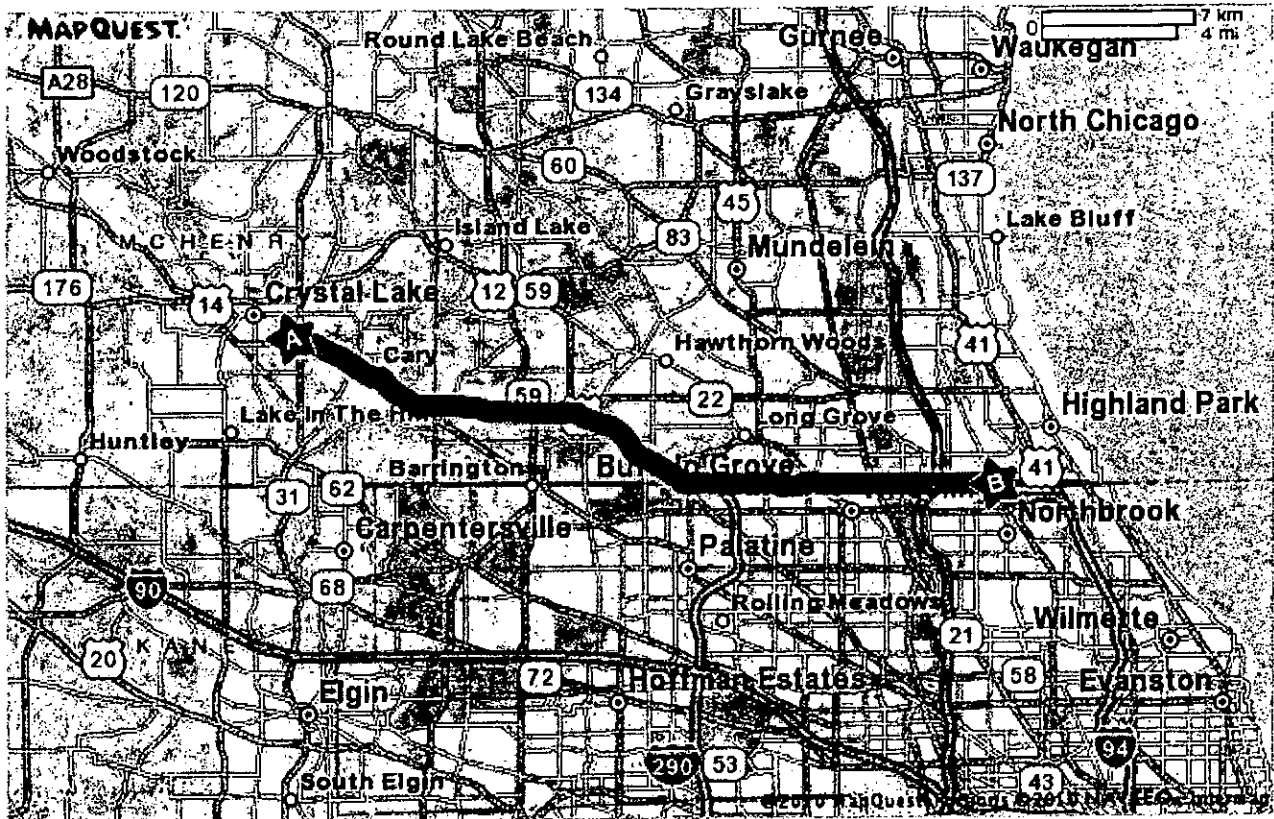
go 0.0 mi

B 405 Lake Cook Rd, Deerfield, IL 60015-4993

Total Travel Estimate : 25.29 miles - about 39 minutes

Route Map [Hide](#)

488



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MAPQUEST.















Trip to 1616 Grand Ave
 Waukegan, IL 60085-3600
 31.05 miles - about 53 minutes

Notes

Waukegan Dialysis Center

(23)

A 720 Cog Cir, Crystal Lake, IL 60014

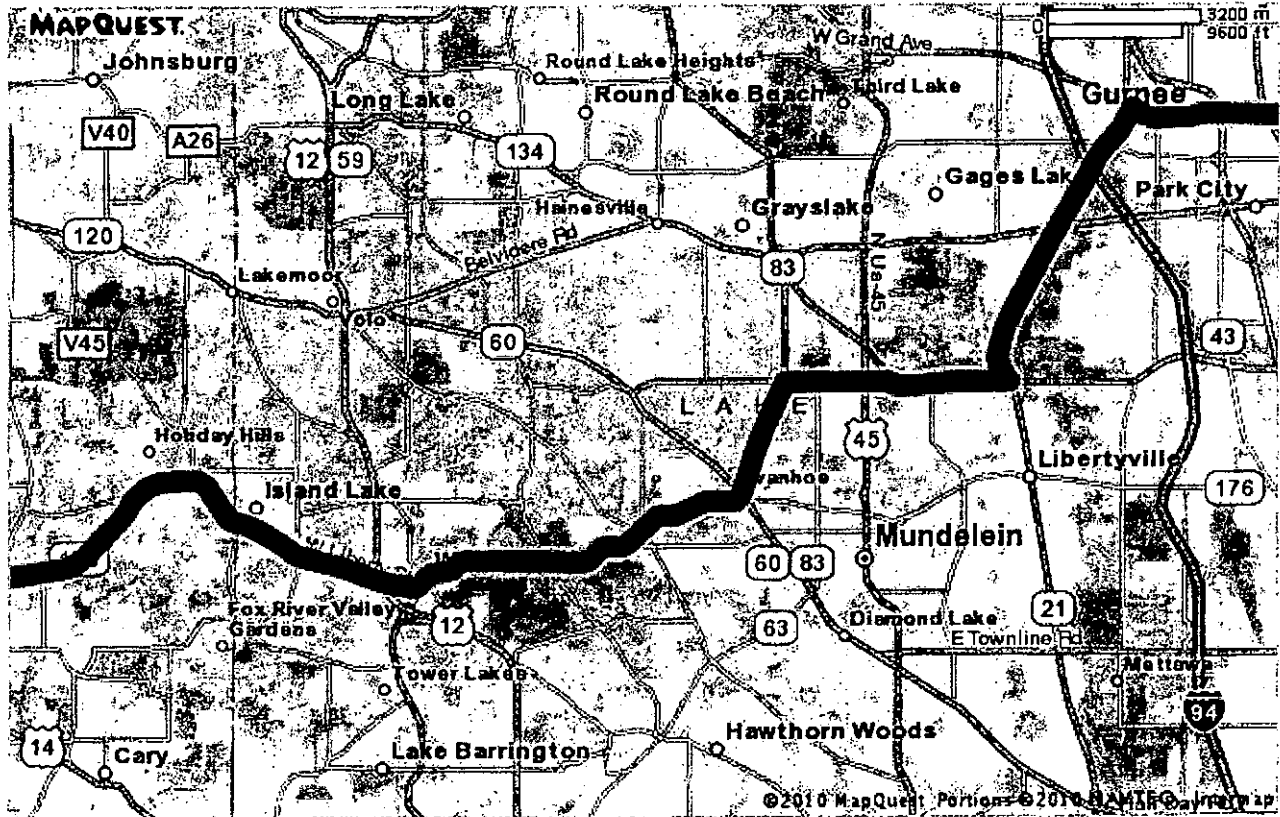
- | | | |
|---|---|------------|
|  | 1. Start out going SOUTHEAST on COG CIR toward US-14 / NORTHWEST HWY. | go 0.3 mi |
|   | 2. Turn LEFT onto US-14 / NORTHWEST HWY. | go 0.2 mi |
|   | 3. Merge onto IL-31 N via the ramp on the LEFT . | go 1.6 mi |
|   | 4. Turn RIGHT onto IL-176 . | go 14.4 mi |
|  | 5. Turn LEFT onto SCHANK AVE. | go 0.2 mi |
|   | 6. SCHANK AVE becomes IL-83 / IVANHOE RD. | go 2.0 mi |
|  | 7. Turn RIGHT onto W PETERSON RD / CR-20 E / CR-A33 E . Continue to follow W PETERSON RD . | go 3.5 mi |
|  | 8. Turn LEFT onto IL-21 / N MILWAUKEE AVE . Continue to follow N MILWAUKEE AVE . | go 5.2 mi |
|  | 9. Turn RIGHT onto GRAND AVE / IL-132 . Continue to follow GRAND AVE . | go 3.7 mi |
|  | 10. 1616 GRAND AVE is on the LEFT . | go 0.0 mi |

B 1616 Grand Ave, Waukegan, IL 60085-3600

490

Total Travel Estimate : 31.05 miles - about 53 minutes

Route Map [Hide](#)



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MAPQUEST.

Trip to 4248 Commercial Way
 Glenview, IL 60025-3573
 28.84 miles - about 46 minutes

Notes

Glenview Dialysis Center

24

★ 720 Cog Cir, Crystal Lake, IL 60014

- | | | |
|---|--|-----------|
|  | 1. Start out going SOUTHEAST on COG CIR toward US-14 / NORTHWEST HWY. | go 0.3 mi |
|   | 2. Turn LEFT onto US-14 / NORTHWEST HWY. Continue to follow US-14. | go 5.0 mi |
|   | 3. Turn LEFT onto IL-22. | go 5.3 mi |
|   | 4. Turn RIGHT onto S RAND RD / US-12 E. | go 4.4 mi |
|  | 5. Turn SLIGHT LEFT onto LAKE COOK RD. | go 0.9 mi |
|  | 6. Take the IL-53 S ramp toward WEST SUBURBS. | go 0.4 mi |
|   | 7. Merge onto IL-53 EXT S. | go 1.2 mi |
|   | 8. IL-53 EXT S becomes IL-53 S. | go 1.8 mi |
|  | 9. Take the EAST PALATINE RD exit. | go 0.2 mi |
|  | 10. Merge onto W PALATINE RD. | go 1.6 mi |

492



11. Stay **STRAIGHT** to go onto **PALATINE RD EXPRESS LN.**

go 3.6 mi



12. Take the ramp toward **IL-21 / MILWAUKEE AVE / US-45.**

go 0.0 mi



13. Stay **STRAIGHT** to go onto **E PALATINE RD.**

go 0.6 mi



14. Turn **RIGHT** onto **N MILWAUKEE AVE / US-45 / IL-21.**
Continue to follow **N MILWAUKEE AVE / IL-21.**

go 3.0 mi



15. Turn **RIGHT** onto **DEARLOVE RD.**

go 0.3 mi



16. Turn **RIGHT** onto **COMMERCIAL WAY.**

go 0.1 mi



17. **4248 COMMERCIAL WAY** is on the **LEFT.**

go 0.0 mi

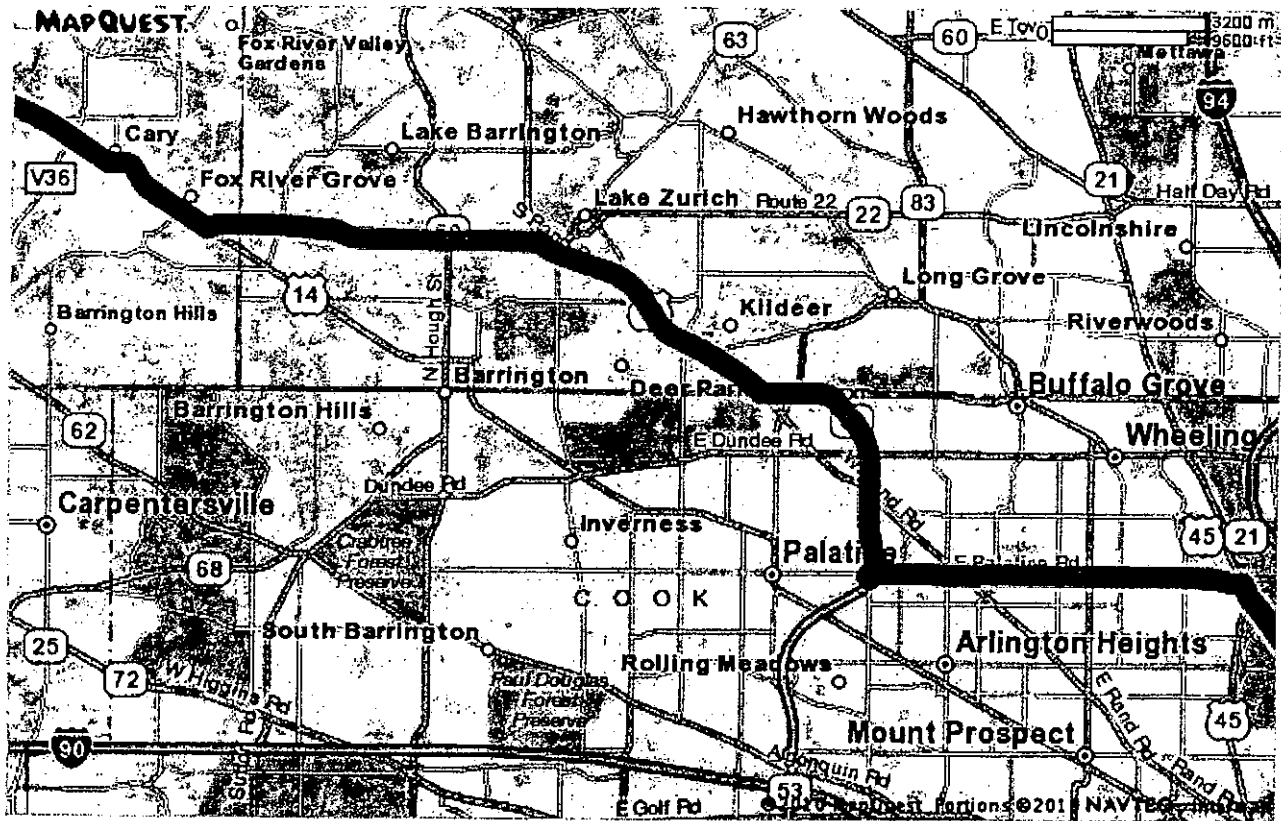


4248 Commercial Way, Glenview, IL 60025-3573

Total Travel Estimate : 28.84 miles - about 46 minutes

Route Map [Hide](#)

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MAPQUEST.












Trip to 718 Glenview Ave
Highland Park, IL 60035-2432
26.92 miles - about 48 minutes

Notes

Highland Park Hospital

(25)

A 720 Cog Cir, Crystal Lake, IL 60014

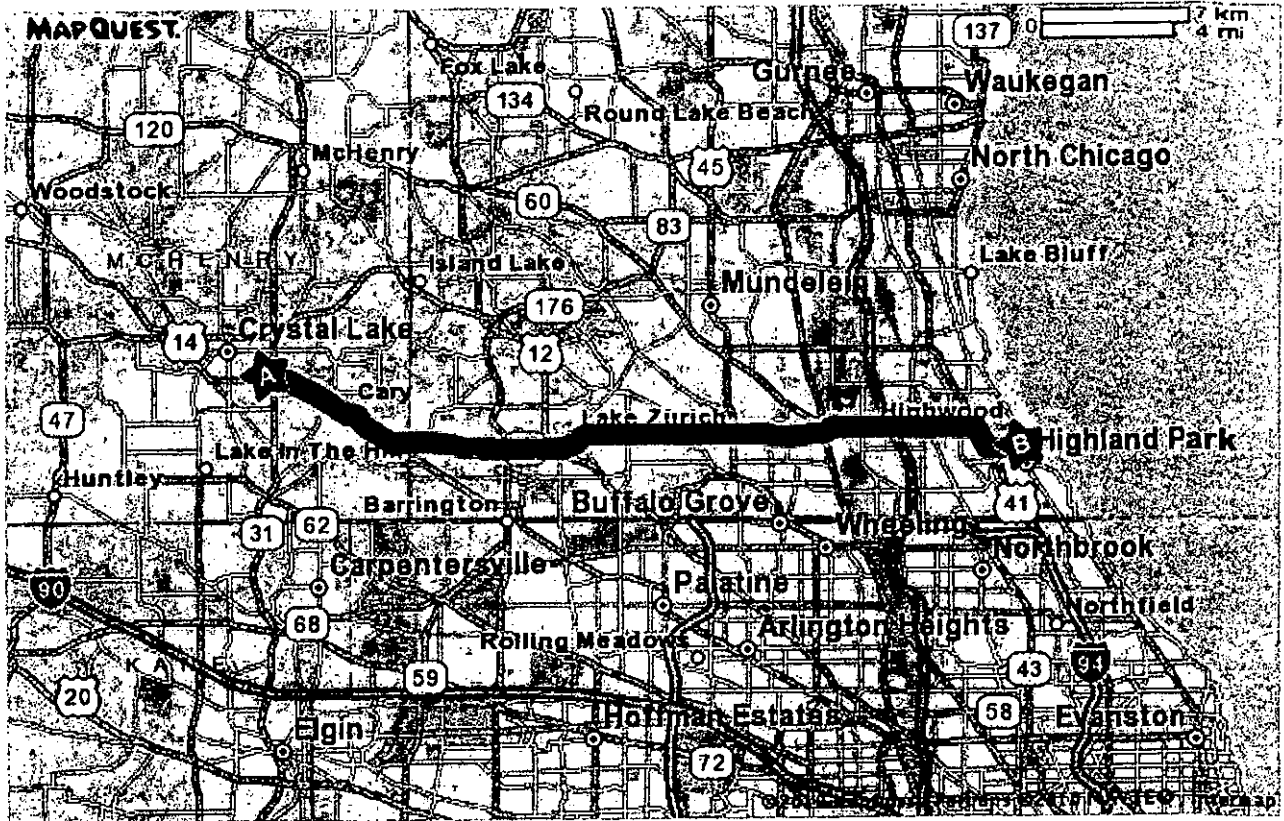
- 
 1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi
- 

 2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** Continue to follow **US-14.** go 5.0 mi
- 

 3. Turn **LEFT** onto **IL-22 E.** go 19.7 mi
- 

 4. Turn **RIGHT** onto **SKOKIE VALLEY RD / US-41 S / SKOKIE HWY.** go 0.8 mi
- 
 5. Turn **LEFT** onto **PARK AVE W.** go 1.0 mi
- 
 6. Turn **LEFT** onto **MIDLOTHIAN AVE.** go 0.2 mi
- 
 7. Turn **LEFT** onto **GLENVIEW AVE.** go 0.0 mi
- 
 8. 718 **GLENVIEW AVE** is on the **LEFT.** go 0.0 mi

B 718 Glenview Ave, Highland Park, IL 60035-2432

Total Travel Estimate : 26.92 miles - about 48 minutes

Route Map [Hide](#)

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MAPQUEST.

Trip to 2130 Point Blvd
Elgin, IL 60123-9215
13.15 miles - about 18 minutes

Notes

FMC - Elgin (denovo)

26

A 720 Cog Cir, Crystal Lake, IL 60014



1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14 / NORTHWEST HWY.** go 0.3 mi



2. Turn **LEFT** onto **US-14 / NORTHWEST HWY.** go 0.1 mi



3. Merge onto **IL-31 S.** go 1.0 mi



4. Turn **RIGHT** onto **CR-A45 / JAMES R RAKOW RD.**
Continue to follow **JAMES R RAKOW RD.** go 2.7 mi



5. **JAMES R RAKOW RD** becomes **RANDALL RD.** go 8.6 mi



6. Turn **LEFT** onto **POINT BLVD.** go 0.5 mi



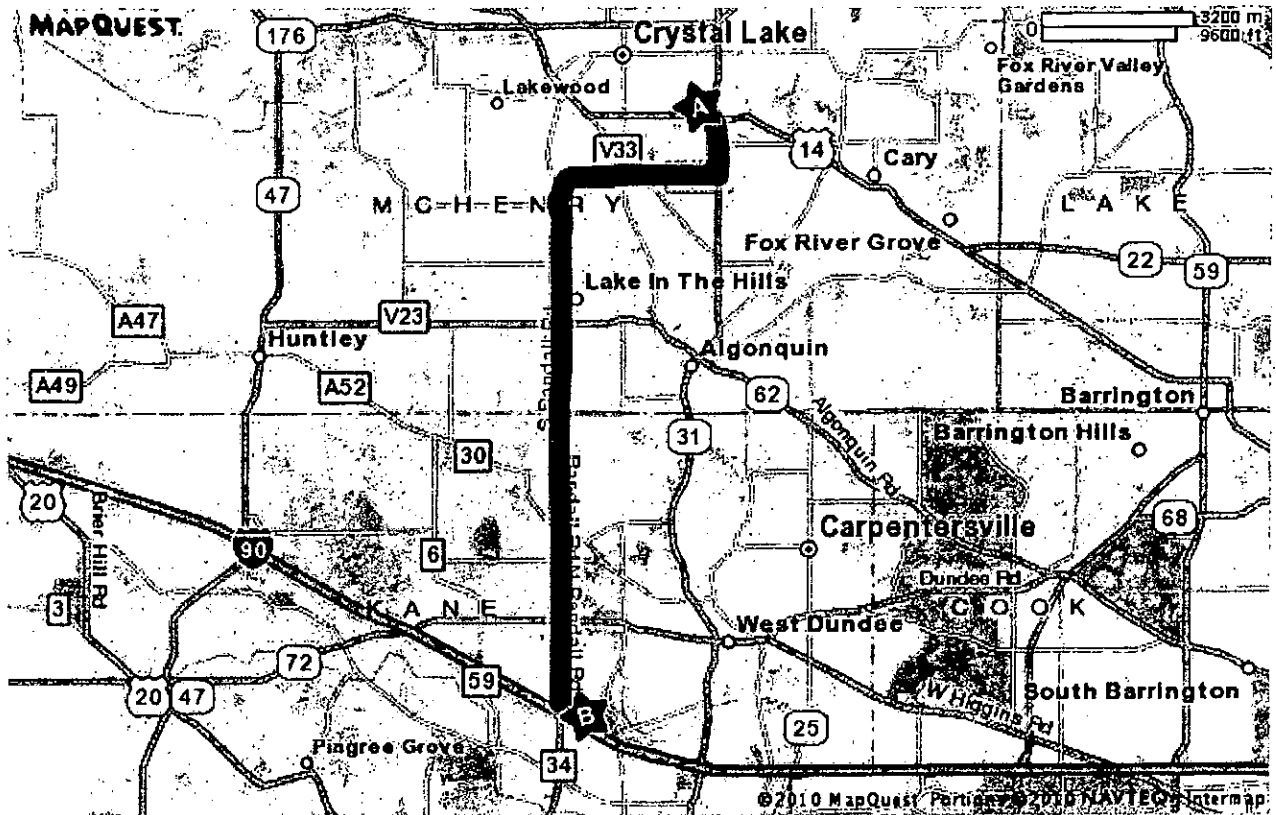
7. **2130 POINT BLVD** is on the **LEFT.** go 0.0 mi

B 2130 Point Blvd, Elgin, IL 60123-9215

Total Travel Estimate : 13.15 miles - about 18 minutes

Route Map [Hide](#)

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MAPQUEST

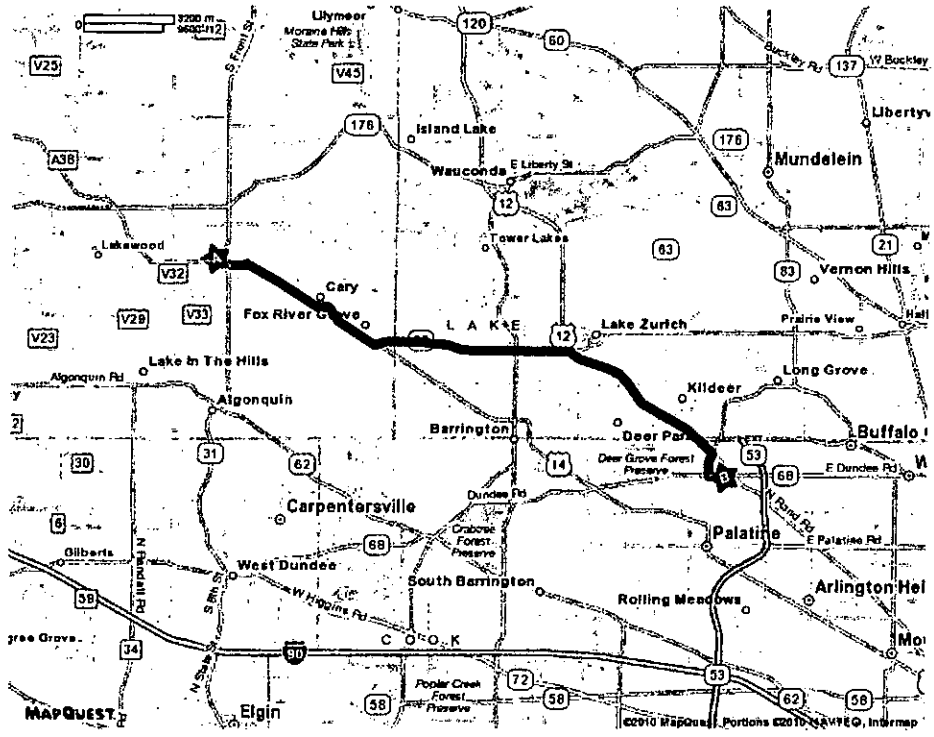
Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

Starting Location
720 Cog Cir
Crystal Lake, IL 60014

Ending Location
691 E Dundee Rd
Palatine, IL 60074-2817

Total Travel Estimate: 27 minutes / 16.49 miles Fuel Cost: Calculate

FMC - Palatine
#27



720 Cog Cir Edit
Crystal Lake, IL 60014

- START** 1. Start out going **SOUTHEAST** on **COG CIR** toward **US-14/NORTHWEST HWY.** 0.3 mi
- 2. Turn **LEFT** onto **US-14/NORTHWEST HWY.** Continue to follow **US-14.** 5.0 mi
- 3. Turn **LEFT** onto **IL-22.** 5.3 mi
- 4. Turn **RIGHT** onto **S RAND RD/US-12 E.** 4.9 mi
- 5. Turn **RIGHT** onto **N HICKS RD.** 0.7 mi
- 6. Turn **LEFT** onto **E DUNDEE RD/IL-68.** 0.4 mi
- END** 7. **691 E DUNDEE RD** is on the **RIGHT.**

691 E Dundee Rd Edit
Palatine, IL 60074-2817

Total Travel Estimate: 27 minutes / 16.49 miles Fuel Cost: Calculate

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