

ORIGINAL
11-068

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

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

SEP 07 2011

Facility/Project Identification

Facility Name: Woodlawn Dialysis	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 5060 S. State St.		
City and Zip Code: Chicago, IL 60609-5328		
County: Cook	Health Service Area 006	Health Planning Area:

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

Exact Legal Name: Total Renal Care, Inc.
Address: 601 Hawaii St. El Segundo, California 90245
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 601 Hawaii Street, El Segundo, California 90245
Telephone Number: (310) 536-2500

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: Kara Friedman
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: 312-873-2939

Additional Contact

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

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 2 nd Floor, Chicago, Illinois 60647
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

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E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

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: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 2 nd Floor, Chicago, Illinois 60647
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: South Central Medical Center Building Trust
Address of Site Owner: 5050 South State Street, Chicago, IL 60609
Street Address or Legal Description of Site: 5060 S. State St., Chicago, IL 60609
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 St. 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

[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</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. and Total Renal Care, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to discontinue its existing 20-station dialysis facility located at 1164 E. 55th St., Chicago, IL 60615 and to establish a 32-station dialysis facility at 5060 S. State St., Chicago, IL 60609 (the "Replacement Facility").

This project was previously approved by the Board as Project No. 10-093. However, the Applicants encountered site problems and had to abandon Project Permit No. 10-093 and identify a new location for the Replacement Facility.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,622,397		\$1,622,397
Contingencies	\$150,000		\$150,000
Architectural/Engineering Fees	\$110,980		\$110,980
Consulting and Other Fees	\$71,500		\$71,500
Movable or Other Equipment (not in construction contracts)	\$1,021,431		\$1,021,431
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,993,213		\$1,993,213
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,969,521		\$4,969,521
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	\$2,976,308		\$2,976,308
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,993,213		\$1,993,213
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,969,521		\$4,969,521
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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 Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes 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 \$ _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics 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):

- Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
 Project obligation will occur after permit issuance.

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

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry **NOT APPLICABLE**
 APORS **NOT APPLICABLE**
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

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

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:					

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 manager 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.

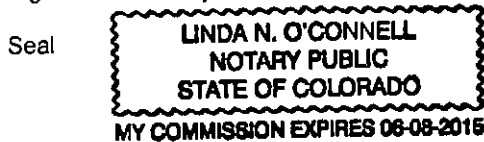
Luis Borgen
SIGNATURE

Luis Borgen
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of August, 2011

Linda O'Connell
Signature of Notary



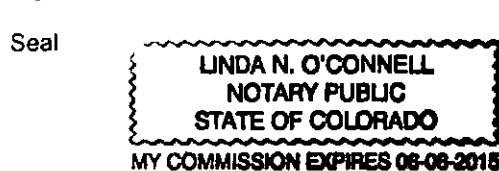
Kim M. Rivera
SIGNATURE

Kim M. Rivera
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of August, 2011

Linda O'Connell
Signature of Notary



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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- 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 Total Renal Care, 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.

Luis Borgen
SIGNATURE

Luis Borgen
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 23 day of AUGUST 2011

Linda N O'Connell
Signature of Notary

Seal
LINDA N. O'CONNELL
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 08-08-2015

Kim M. Rivera
SIGNATURE

Kim M. Rivera
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of AUGUST 2011

Linda N O'Connell
Signature of Notary

Seal
LINDA N. O'CONNELL
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 08-08-2015

*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	20	32

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:**

\$2,976,308	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;
\$1,993,213	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:
	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.
\$4,969,521	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				
Percent Debt to Total Capitalization				
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)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

DB

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.

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.

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.

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware is attached.

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 THIRTIETH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

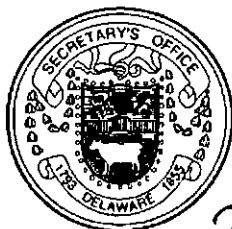
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

101133217

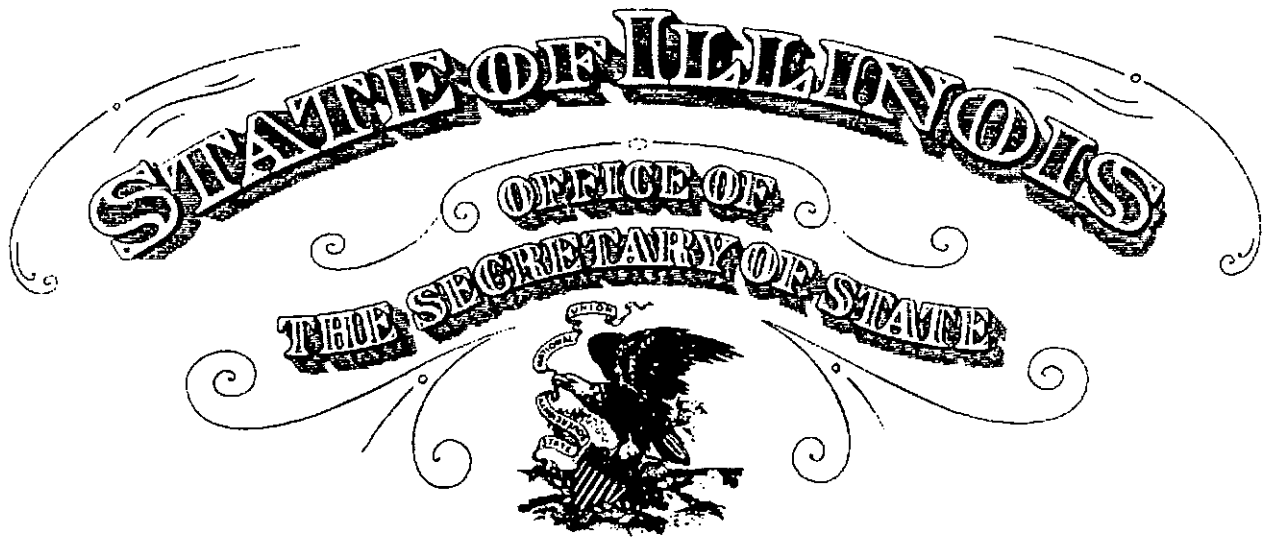
You may verify this certificate online
at corp.delaware.gov/authver.shtml



24


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8386715

DATE: 11-30-10



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I 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 18TH day of OCTOBER A.D. 2010



Jesse White

25

SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between South Central Medical Building Trust and Total Renal Care, Inc. to lease the facility located at 5060 S. State St., Chicago, IL 60609 is attached at Attachment – 2.

Aug. 31. 2011 11:37AM

No. 1085 P. 2

Aug. 30. 2011 9:35AM

No. 1081 P. 2



USI REAL ESTATE BROKERAGE SERVICES INC.

2216 YORK ROAD,
SUITE 110
OAK BROOK, IL 60923

TELEPHONE: 630-990-3646
FACSIMILE: 630-990-2100
EMAIL: EPURCELL@USIREALESTATE.COM

August 30, 2011

Dr. Carmello Russell
5060 South State Street
Chicago, IL 60609

RE: *Non-Binding Letter of Intent*

Dear Dr. Russell:

USI Real Estate Brokerage Services Inc. has been exclusively authorized by Total Renal Care, Inc. - a subsidiary of DaVita Inc. ("Tenant") to provide the following non-binding letter of intent for the following property.

- LOCATION:** 5060 South State Street, Chicago, IL 60609 (the "Premises")
- TENANT:** Total Renal Care, Inc. or related entity to be named
- LANDLORD:** South Central Medical Center Building Trust
- BUILDING MANAGEMENT:** South Central Medical Center Building Trust
- INITIAL SPACE REQUIREMENT:** Approximately 12,000 contiguous usable square feet on the 1st floor. Exact square footage will be determined upon completion of space plans and shall be mutually agreed to by the parties.
- PRIMARY TERM:** Ten (10) year initial lease term.
- POSSESSION AND COMMENCEMENT:**

Tenant shall take possession of the Premises upon mutual lease execution. The rent and term shall commence the earlier of five (5) months from possession or until:

 - a. Leasehold Improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
 - b. A Certificate of Occupancy for the Premises has been obtained; and
 - c. Tenant has obtained all necessary licenses and permits

FAILURE TO DELIVER PREMISES

If Landlord has not delivered the Premises to Tenant by thirty (30) days from lease execution, Tenant may elect to terminate the lease by written notice to Landlord.

Aug. 31. 2011 11:37AM

No. 1085 P. 3

Aug 30. 2011 9:55AM

No. 1081 P. 3

LEASE FORM:

Tenant's standard lease form shall be used.

USE:

Landlord warrants that Tenant's use (Dialysis related medical exam rooms, offices and distribution of pharmaceuticals) and parking are permitted within the building's zoning.

**BASE BUILDING/
TENANT IMPROVEMENTS:**

Landlord shall provide the following:

A complete, turnkey fire sprinkler and alarm system for the entire building based on NFPA 101, 2000 that meets all local building and life safety codes. This system will be on a new, dedicated water line independent of Tenant's other water line requirements. The system will be designed by Tenant's Architect and/or Engineer and education fees will be paid for by Landlord.

The Fire Alarm system panel will accommodate all of the building tenants and will be located in a common room with conduit stubbed into the tenant spaces based on the final permitted drawings. The system will be monitored per building code requirements and Landlord will provide all test and contract information to Tenant.

Landlord to provide a fire wall separation as designed by Tenant's Architect/Engineer.

In order to successfully coordinate the work listed above the Tenant will provide Landlord with Tenant's Architect, MEP Engineer and General Contractor to contract directly with Landlord to complete the design and installation of above improvements.

Landlord will patch, seal coat and stripe the parking areas south and east of the Premises.

The cost for the above improvements will be paid for by the Landlord and included in the Base Rent.

OPTION TO RENEW:

Tenant shall have three (3) five (5) year options to renew the lease. Option Rent shall be the lesser of 95% of fair market value or, the rent during the prior term escalated by the increase in the CPI-U over the prior term, capped at three percent (3%) annually.

**RIGHT OF FIRST REFUSAL ON
ADJACENT SPACE:**

Tenant shall 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:

\$ 22.00 per square foot gross (inclusive of real estate taxes, building insurance, common area maintenance and 24 hour security costs) escalating at three percent (3%) per lease year

UTILITIES:

Tenant shall be separately metered for gas, electric and water.

HOLDING OVER:

In the event Tenant remains in possession of the Premises after the expiration of the term of this Lease, then Tenant shall be obligated to pay

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Aug. 31. 2011 11:37AM

No. 1085 P. 4

Aug. 31. 2011 7:00AM

7/10/11 11:37

rent at the then current rate for three (3) months. After three (3) months, holding over is at 125% of the rate payable for the current month.

PARKING:

Tenant shall have access to parking at a ratio of 4 spaces per 1,000 square feet of leased space. Tenant requires 3 spaces be designated in the south parking lot as Tenant's exclusive use for patient's handicap parking. These spaces will be established when the parking lot is resealed and striped prior to Tenant's occupancy.

COMMON AREA EXPENSES AND REAL ESTATE TAXES:

Common area expenses, building insurance, security and real estate taxes shall be included as part of the Gross Rental Rate. Besides the yearly increases in Base Rent there shall be no pass thru's during the lease term.

Tenant shall be directly responsible for janitorial services in and about the Premises.

SIGNAGE:

Tenant shall have the right to install illuminated facade mounted signage above the Premises, subject to Landlord's consent, which consent shall not be unreasonably withheld and subject to compliance by Tenant with all applicable laws and regulations. Tenant requests approval for use of Tenant's standard signage fonts and colors. Tenant to have the right to install a monument sign with Tenant's name on it fronting State Street and 51st Street, subject to city approval.

BUILDING HOURS:

Tenant will have access to its Premises 24 hours a day, 7 days a week.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DeVita Inc. without the consent of the Landlord.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause Tenant's Premises, the Building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (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(s).

ROOF RIGHTS:

Lessee shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish, and/or install cable service to the Premises at no additional fee. Lessor shall reasonably cooperate and grant "right of access" with Lessee's satellite or cable provider to ensure there is no delay in acquiring such services.

EARLY TERMINATION OPTION:

Tenant, with 120 days prior written notice, shall have the one-time right to terminate the leasehold after the 60th month. Tenant, concurrently with said notice, shall pay the unamortized transaction costs.

29

Aug. 31. 2011 11:37AM

No. 1085 P. 5

Aug. 30. 2011 9:30AM

No. 1061 P. 2

SECURITY DEPOSIT:

Within ten (10) days of execution of this Letter of Intent Tenant shall deliver to Landlord a security deposit in the amount of one (1) month's rent. This security deposit shall be deemed non-refundable unless the Certificate of Need (discussed below as Contingency) is not received by the Tenant for the operation of this clinic. Upon commencement of the Lease the security deposit will be applied as a credit against the first dollars due the Landlord from the Tenant.

CORPORATE GUARANTEE:

Neither DaVita Inc. nor any of its subsidiaries or affiliated entities will provide corporate lease guarantees. DaVita Inc. is a publicly traded company and its annual report Form 10Ks, Form 10 Qs and other SEC filings are readily available on the corporate web site at www.davita.com.

CONTINGENCIES:

Tenant Certificate of Need ("CON") Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a CON permit from the Illinois Health Facilities Planning Board (the "Planning Board"). Tenant agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, Tenant does not expect to receive a CON permit prior to January 31, 2012. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award Tenant a CON permit to establish a dialysis center on the Premises by January 31, 2012, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

Tenant will need to apply for a Certificate of Need for the final location. If Tenant does not get the Certificate of Need by January 31, 2012, the Lease will be null and void. If they do get the Certificate of Need, then they will go forward with the lease based on satisfying the other contingencies that are in their standard Lease Document.

BROKERAGE FEE:

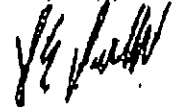
Landlord agrees that it recognizes USI Real Estate Brokerage Services Inc. as the client's sole representatives and will pay USI a brokerage fee equal to \$1.00/SF per year of lease term. Commission to be paid in full within 30 days of lease commencement. Landlord and USI will sign a separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the Real Estate Commission.

Aug. 30. 2011 9:37AM

If you are in agreement with the above, please sign and send back to me. I will have DaVita countersign so that we can have the lease document drafted by DaVita's legal department.

Thank you for your time and cooperation in this matter.

Very truly yours,




Emmott Pincell
Senior Vice President, Real Estate Services
USI Real Estate Brokerage Services Inc.

Co: Jim Burke - DaVita, Inc.
Edgar Levin - JCI

AGREED TO AND ACCEPTED THIS 31 DAY OF AUGUST 2011

By: 
South Central Medical Center Building Trust ("Landlord")

By: 
On behalf of Total Rental Care, Inc. a wholly owned subsidiary of DaVita, Inc. ("Tenant")

Section I, Identification, General Information, and Certification
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Total Renal Care, Inc. is attached at Attachment – 3.



To all to whom these Presents Shall Come, Greeting:
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I 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 18TH day of OCTOBER A.D. 2010



Jesse White

SECRETARY OF STATE

Authentication #: 1029100457
 Verify at www.cyberdriveillinois.com

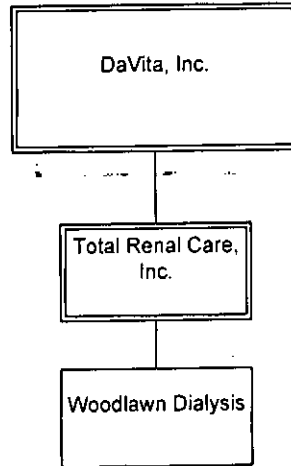
33

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for Davita Inc. and Total Renal Care, Inc. is attached at Attachment – 4.

34

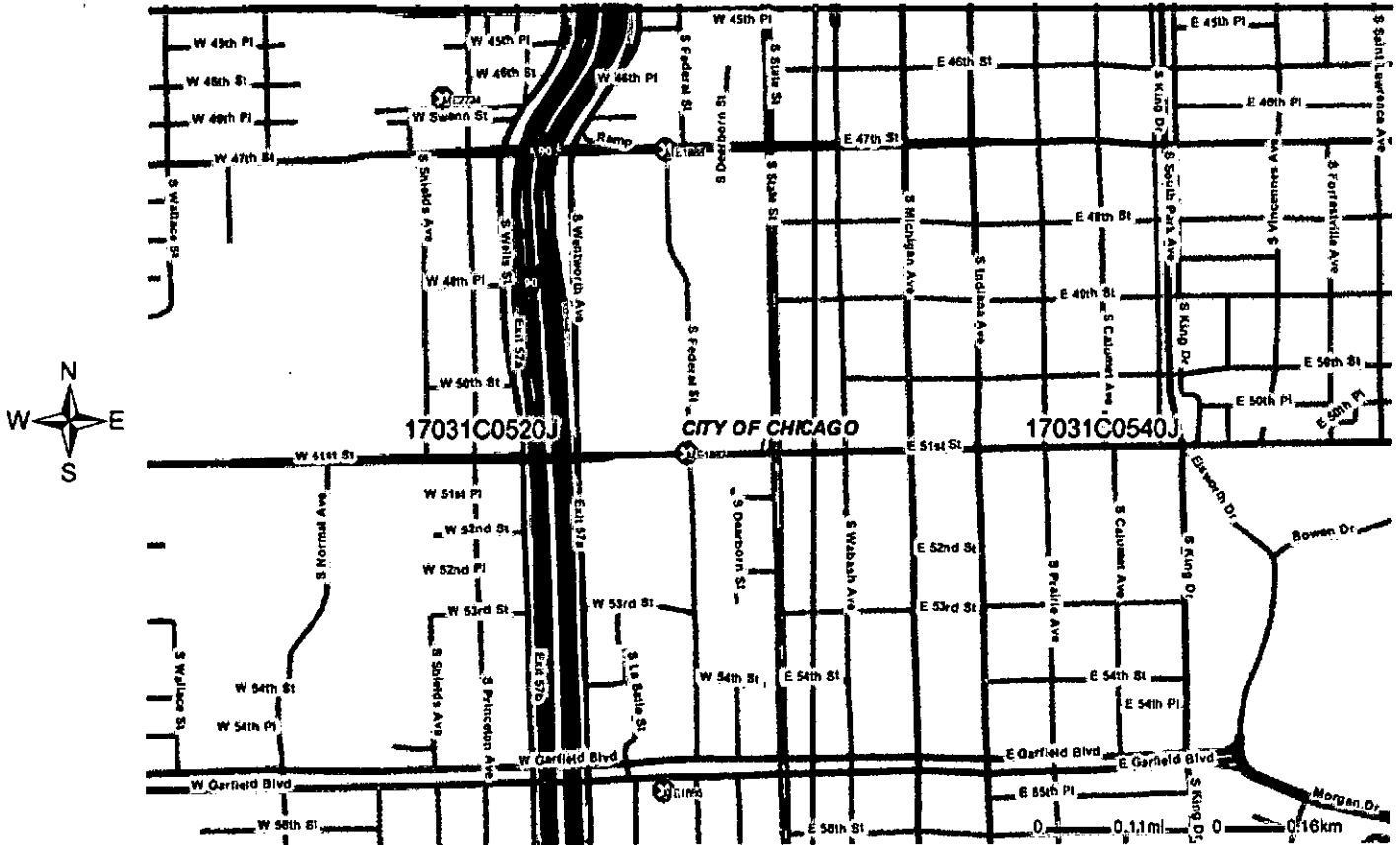
Woodlawn Dialysis Organizational Structure



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 5060 S. State St., Chicago, IL 60609. As shown on the attached FEMA Flood Insurance Rate Map, Map Index, this area is located on panel 17031C0520J. This is a non-printed panel with no special flood hazard area identified.

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Legend

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ● Cities ▲ Other Places ■ Small Towns ● Small Cities ● State Largest Cities ● Major Cities ● Completed LOMAs ● LOMR's ● OFIRM Panels ● Bench Marks ● General Structures ● Canals ● Foot Bridges ● Dams ● Levees ● Wing Walls ● Base Flood Elevation (cont) | <ul style="list-style-type: none"> ▬ BFE with NAVD83 datum ▬ BFE with NAD83 datum ▬ BFE with other datum ▬ Cross Section Lines ▬ Cross Section with NAVD83 datum ▬ Cross Section with NAD83 datum ▬ Cross Section with other datum ▬ Streams ▬ Streets ▬ Streets ▬ Major Roads ▬ Highways ▬ Major Highways ▬ States ▬ Lakes, Major Rivers ▬ Land Areas ▬ us ▬ (cont) | <ul style="list-style-type: none"> □ Other Countries |
|--|--|---|

Thursday, 1 September 2011 14:49



FEMA

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.

161 North Clark Street, Suite 4200
Chicago, IL 60601
(312) 819-1900
Facsimile: (312) 819-1910
www.polsinelli.com

Anne M. Cooper
(312) 873-3606
acooper@polsinelli.com

August 24, 2011

CERTIFIED / RETURN RECEIPT

Ms. Anne Haaker
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

RE: Historic Preservation Act Determination

Dear Ms. Haaker:

This office represents DaVita Inc. and Total Renal Care, Inc. ("Requestors"). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestors seek a formal determination from the Illinois Historic Preservation Agency as to whether Requestor's proposed project to establish a 32-station dialysis facility in an existing building at 5060 S. State Street, Chicago, Illinois 60609 ("Proposed Project") affects historic resources.

1. Project Description and Address

The Requestors are seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 32-station dialysis facility in an existing building located at 5060 S. State Street, Chicago, Illinois 60609. No demolition or physical alteration of the existing building or construction of new buildings will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.

3. Photographs of Standing Buildings/Structure

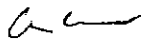
A photograph of the existing building is attached at Attachment 2.

4. Address for Building/Structure

The Proposed Project will be located within an existing shopping area located at 5060 S. State Street, Chicago, Illinois 60609.

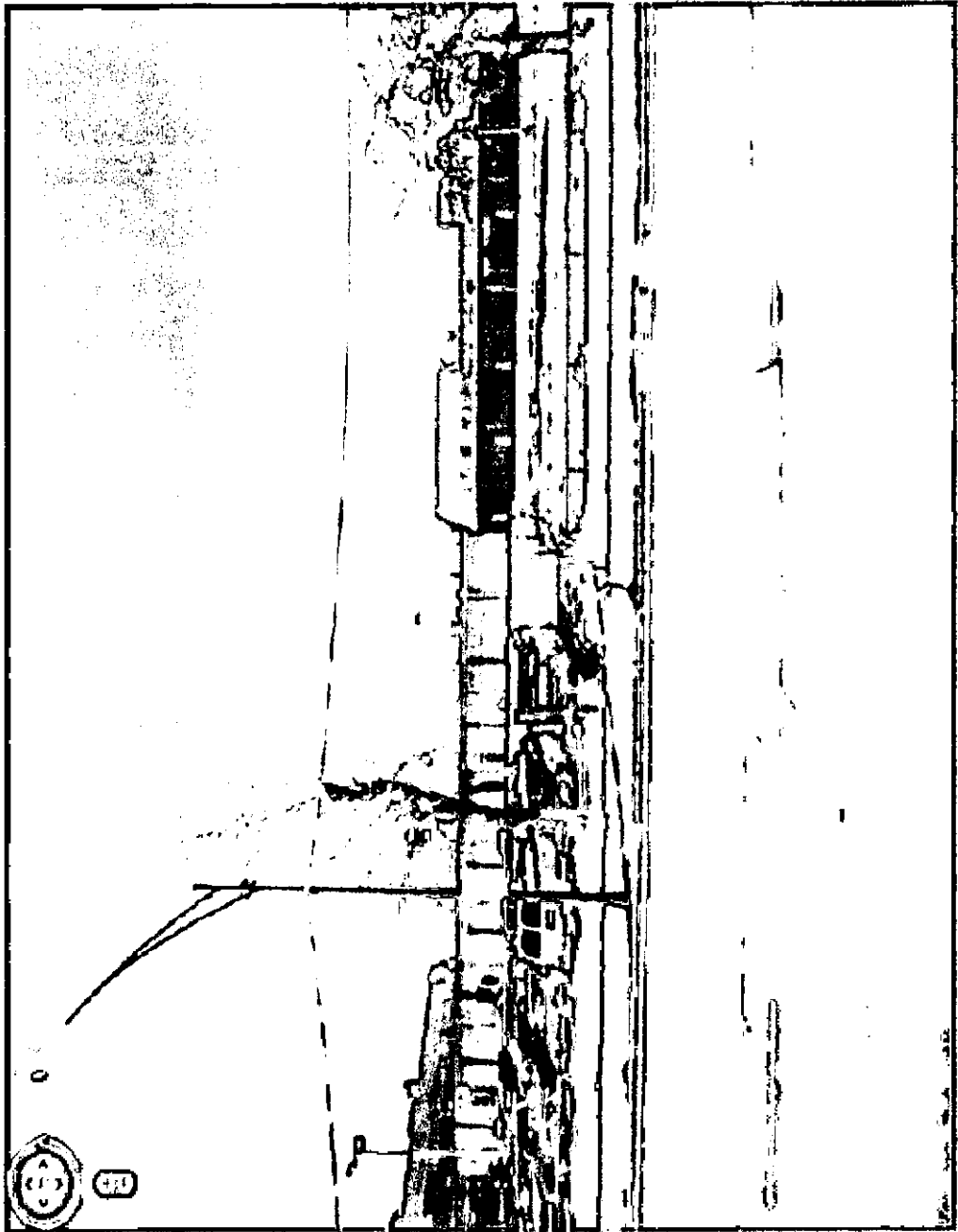
Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-873-3606 or acooper@polsinelli.com.

Sincerely,



Anne M. Cooper

AMC:
Encs.
064628 418783



2. Article Number



7160 3901 9848 8756 9656

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Jim Mills

B. Date of Delivery

8-24-11

C. Signature

Jim Mills

Agent
 Address

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes
 No

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

Ms. Anne Haaker
Deputy State Historic Preservation
Officer
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, IL 62701
064628-418783 AMCCO

PS Form 3811, January 2005

Domestic Return Receipt

43

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Modernization Contracts	\$1,622,397		\$1,622,397
Contingencies	150,000		150,000
Architectural/Engineering Fees	\$110,980		\$110,980
Consulting and Other Fees	\$71,500		\$71,500
Moveable and Other Equipment			
Communications	\$138,816		\$138,816
Water Treatment	\$213,985		\$213,985
Bio-Medical Equipment	\$12,485		\$12,485
Clinical Equipment	\$529,354		\$529,354
Clinical Furniture/Fixtures	\$40,115		\$40,115
Lounge Furniture/Fixtures	\$4,415		\$4,415
Storage Furniture/Fixtures	\$11,423		\$11,423
Business Office Fixtures	\$19,713		\$19,713
General Furniture/Fixtures	\$37,625		\$37,625
Signage	\$13,500		\$13,500
Total Moveable and Other Equipment	\$1,021,431		\$1,021,431
Fair Market Value of Leased Space	\$1,993,213		\$1,993,213
Total Project Costs	\$4,969,521		\$4,969,521

**Section I, Identification, General Information, and Certification
Cost Space Requirements**

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$4,969,521	12,380			12,380		
Total Clinical	\$4,969,521	12,380			12,380		
NON CLINICAL							
Total Non-clinical	0	0					
TOTAL	\$4,969,521	12,380			12,380		

Section II, Discontinuation
Criterion 1110.130(a), General

1. The Applicant seeks authority from the Health Facilities and Services Review Board (the "Board") to discontinue Woodlawn Dialysis' 20-station facility located at 1164 E. 55th St., Chicago, IL 60615 (the "Existing Facility"). As documented at Attachment – 10A, the lease for the Existing Facility with University of Chicago will expire on December 31, 2011. On July, 21, 2011, the Board approved the relocation of Woodlawn Dialysis to 5038 S. Martin Luther King, Jr. Drive, Chicago, IL 60615, but the Applicant encountered site problems. The Applicants have been working with the Alderman and have received her initial approval to relocate Woodlawn Dialysis to the proposed site. Documentation of this along with an opinion that proposed site zoning classification permits retrofitting the site as a dialysis facility is attached at Attachment – 10B.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: April 30, 2012
4. The Applicants lease space for the Existing Facility from the University of Chicago. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Proposed Site.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

Section II, Discontinuation
Criterion 1110.130(c), Impact on Access

1. The discontinuation of the Current Site will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to residents of Chicago's south side. The Applicants propose to discontinue its existing 20-station dialysis facility and establish a 32-station dialysis facility. The Replacement Facility will be located at 5060 S. State Street, Chicago, IL approximately 2 miles, or 5 minutes, from the Existing Facility. As documented throughout this application, there is an identified need for 41 additional stations in HSA 6 and the relocation and expansion of Woodlawn Dialysis will assist in meeting this need.
2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time is attached at Attachment – 10C. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10D.
3. No impact statements regarding the discontinuation were received by the Applicants.

Section II, Discontinuation
Criterion 1110.130(b), Reasons for Discontinuation

The lease for the Existing Facility with University of Chicago will expire on December 31, 2011. As set forth in the letter from the University of Chicago at Attachment – 10A, the landlord has identified a different use for the property, and is unwilling to renew the lease. The financial penalties for holding over are significant. While the Applicants are hopeful they can negotiate a short extension of the lease, which will allow them to remain in the Existing Facility until construction of the Replacement Facility is completed, the landlord may attempt to evict the Applicants. Accordingly, the Applicants chose to relocate the Existing Facility.



Jeffrey A. Finesilver
Vice President
and Director, Comer Children's Hospital

5721 South Maryland Avenue
MC 8000, Suite K160
Chicago, Illinois 60637
phone 773-702-9797
fax 773-702-4523
jeffrey.finesilver@uchospitals.edu

March 11, 2010

Nimalan Chinniah
Vice President, Administration
and Chief Financial Officer
Commercial Real Estate Operations
University of Chicago
5801 South Ellis avenue
Chicago, Illinois 60637

Re: Use of Space - 1160-66 East 55th Street

Dear Mr. Chinniah,

The University of Chicago Medical Center ("UCMC") is negotiating a sale of its dialysis centers to DaVita, Inc. As part of the sale, UCMC needs to assign its Lessee interest in the captioned premises to DaVita and hereby requests the consent of the Lessor, The University of Chicago, to such assignment. DaVita is aware that the space needs to be vacated, but between the time of the sale projected for this summer, and the build out of a new dialysis unit within the year following the sale, we request your permission to the lease assignment.

Please review and execute below if in agreement. Please call me at (773) 702-9797 and I will answer any questions you may have, or have it picked up after it is executed. Thank you.

Sincerely,

Jeffrey A. Finesilver
Vice President, Comer
University of Chicago Medical Center

cc: William Frazier
UCMC Legal Affairs

Agreed to and Accepted by:

Nimalan Chinniah
Vice President, Administration
and Chief Financial Officer

Date:

03/15/10



Mark J. Nora
(312) 873-3622
(312) 873-2922 Direct Fax
mnora@polsinelli.com

161 N. Clark Street, Suite 4200
Chicago, IL 60601
(312) 819-1900
Fax: (312) 819-1910
www.polsinelli.com

September 2, 2011

Penny Davis, RN, FACHE
Division Vice President - Skyline
DaVita Inc.
2659 N. Milwaukee Avenue
Chicago, IL 60647

Re: *Woodlawn Dialysis Site Selection*

Dear Penny:

As we have discussed previously, DaVita Inc. secured Certificate of Need approval for the relocation of its Woodlawn Dialysis facility to 5038 S. Martin Luther King, Jr. Drive ("Original Site") in reliance on the fact that a dialysis facility was permitted at that site as a matter of right under the existing zoning classification. Moreover, DaVita Inc. obtained the written commitment to, and approval of, the Original Site for this purpose from Alderman Dowell, in whose ward the Original Site is located. Subsequent to DaVita Inc. obtaining the Certificate of Need approval, Alderman Dowell reversed course, rescinded her approval, and advised DaVita Inc. that she would block the building permits required to relocate the dialysis facility to the Original Site. Although DaVita Inc. could bring a mandamus action to compel issuance of the building permits, such process would be expensive and time consuming in a situation where timing is of the essence. Accordingly, DaVita has selected an alternative relocation site for Woodlawn Dialysis: 5060 S. State, Chicago, IL 60609 (the "New Location").

We have confirmed that the New Location zoning classification, B3-2 Community Shopping District, permits retrofitting the suite within the existing building to provide in-center dialysis services under the Chicago zoning laws as long as the Chicago Zoning Ordinances and the Municipal Code requirements for bulk, density, parking and landscaping requirements are satisfied.

Chicago Dallas Denver Edwardsville Jefferson City Kansas City Los Angeles New York
Overland Park Phoenix St. Joseph St. Louis Springfield Topeka Washington, DC Wilmington

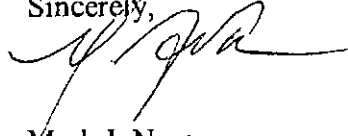
In California, Polsinelli Shughart LLP.

Attachment - 10B

Penny Davis
September 2, 2011
Page 2

Although the New Location, like the Original Site, permits the use of the property for a dialysis treatment facility as a matter of right, it is essential that the Alderman not attempt to block the redevelopment and use of the New Location. In this particular instance, we understand that the Alderman, in fact, suggested the New Location as an appropriate site for the dialysis facility relocation and approved the site on August 29, 2011. Because (i) the site is properly zoned for the planned use, (ii) it does not involve construction of a new building, (iii) the site has a previous medical use and (iv) the Alderman has recommended this site, it is reasonable to believe that she will have no further comments and no objections exist and there is no basis for her to rescind approval.

Sincerely,



Mark J. Nora

064628 418783

Begin forwarded message:

From: Ward03 <ward03@cityofchicago.org>
Date: July 13, 2011 5:48:09 PM CDT
To: "dabdo71@aol.com" <dabdo71@aol.com>
Subject: RE: 51st and s king

Dan,

Please proceed with the project. As I stated yesterday, you have my support. I will, however, want to hear what Steve V and James W have to say. The agreement needs some very minor tinkering...nothing substantive and nothing that should prevent you from moving forward.

Ald. Dowell

From: dabdo71@aol.com [dabdo71@aol.com]
Sent: Tuesday, July 12, 2011 9:34 PM
To: Ward03
Cc: penny.d.davis@davita.com; jmq727@aol.com
Subject: Re: 51st and s king

Alderman Dowell,

I understand how you feel about the tight schedule. Believe me, I would never have arranged for such a tight schedule and don't want to rush anyone. We are all facing the same time crunch, and no one involved (including Penny, who took her position at DaVita in the last 60 days) created it. I just need to be honest with you as to what the schedule is and work towards accomplishing everyone's goal as the developer.

I attach the full elevations. I will go over them with James Wilson as soon as he is able and then with Steve Valenziano next week. Please confirm with the architect that the site plan and elevation are acceptable and that you are happy with them. I need to be sure that they are satisfactory to you asap, so that I can move the project forward.

As I have stated from the beginning of the process, I am committed to a project that meets with your satisfaction. I hope that it does, but can only know that once you provide your approval of the attached drawings and the community agreement. Please let me know. If they work for you, Josh and I will work with DaVita to bring the project to completion.

I look forward to hearing from you tomorrow.

Dan

-----Original Message-----
From: Ward03 <ward03@cityofchicago.org>
To: dabdo71@aol.com
Cc: Wilson, James <james.wilson@cityofchicago.org>
Sent: Tue, Jul 12, 2011 3:07 pm
Subject: RE: 51st and s king
Dan,

You mentioned last week that Steve Valenziano will be reviewing your site plan and elevations. Steve Valenziano is out on vacation this week. In the interim, I request that you contact James Wilson, my Department of Housing and Economic Development planner, so that he can also review the rendering and site plan in advance of Steve doing his formal review. Thanks.

9/2/2011

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Ald. Dowell

From: dabdo71@aol.com [dabdo71@aol.com]
Sent: Tuesday, July 12, 2011 12:57 PM
To: Ward03
Subject: Fwd: 51st and s king

Alderman,

The following is a rendering of the retail corner reflecting some of the comments that you sent.

I wanted to send them to you as we are finalizing the full rendering. We are scheduling an appointment with the Department of Planning so that we can move forward into the next phase of approval. At this point we really need to continue moving through the approval process in order to to meet any sort of reasonable deadlines for Davita.

I hope that all is well!

Dan

Daniel J. Abdo
(312-208-2500)
The Glazier Corporation

-----Original Message-----

From: Chris Sharkey <c.sharkey@studiogc.com>
To: dabdo71@aol.com; [Nikki Bridges <n.bridges@studiogc.com>](mailto:n.bridges@studiogc.com)
Cc: [Jmg727 <jmg727@aol.com>](mailto:jmg727@aol.com)
Sent: Tue, Jul 12, 2011 10:19 am
Subject: 51st and s king
Dan,

Are these proportions better for the signage? Let me know and I'll get them rendered.



Christopher Sharkey
Studio-GC architecture + interiors
ph: 312.253.3400
223 W Jackson Blvd | Suite 1200
Chicago, Illinois 60606
1600 Golf Road | Suite 1000
Rolling Meadows, Illinois 60008

Joseph Van Leer

From: Kara Friedman
Sent: Monday, August 29, 2011 5:45 PM
To: Anne Cooper; Mark Nora; Joseph Van Leer
Subject: Fw: building

From: Ward03 [mailto:ward03@cityofchicago.org]
Sent: Monday, August 29, 2011 2:00 PM
To: Penny Davis
Subject: RE: building

Ms. Davis,

I am support of your move to this location.

Ald. Dowell

From: Penny Davis [Penny.D.Davis@davita.com]
Sent: Friday, August 26, 2011 7:54 PM
To: Ward03
Subject: building

Alderman Dowell, as you may be aware, we are in discussions with the physician landlord of the building to the south of your office. He is now able to provide 12,000 square feet which is our requirement for the dialysis center. We are nearing completion of a Letter of Intent and want to ensure that you will support this project as it is a site recommended by you previously. Please let me know if you support or have any concerns. Thanks so much.

Penny Davis, RN, FACHE
Division Vice President - Skyline
DaVita, Inc.
2659 N. Milwaukee Avenue
Chicago, IL 60647
773.276.2380 ex29
872.201.9341 (cell)
efax 866.818.5068

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

July 27, 2010

Via Fed Ex Mail

Facility Manager
FMC - Chicago Dialysis Center
820 W. Jackson Street
Chicago, 60607

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 20-station dialysis facility located at 1164 E. 55th Street in Chicago upon ownership and control of the facility. In conjunction with the facility's discontinuation we propose establishing a new, 32-station dialysis facility less than 4 minutes away of the existing facility at 1301 E. 47th St., Chicago, Illinois (60653). The proposed site is only 1.18 miles directly north of the existing facility. Please understand that we are still negotiating the lease terms and the address may change. However, we will relocate the facility within a mile or two of its existing site.

The estimated date for the discontinuation and establishment is December 2011.

Over the last two years the facility has served 136 to 143 chronic renal dialysis patients. We expect all current patients to transfer to the new facility. 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
Regional Operations
DaVita Inc.

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FACILITIES WITHIN 45 MINUTES TRAVEL TIME OF WOODLAWN DIALYSIS
1164 E. 55th Street, Chicago, Illinois 60615

MapQuest Reference	Facility Name	Address	City	Zip Code	Mileage	Drive Time	Time (1.25)
Facilities within 45 Minutes Adjusted Travel Time							
2	University of Chicago - Lake Park	1531 E. Hyde Park Blvd.	Chicago	60615	1.02	3	3.75
3	FMC - Garfield	5401 S. Wentworth	Chicago	60609	1.89	6	7.50
60	DaVita - Grand Crossing (DeNovo)	7311 S. Cottage Grove Avenue	Chicago	60619	2.72	8	10.00
7	FMC - Jackson Park Dialysis Center	7531 S. Stony Island	Chicago	60649	3.26	10	12.50
4	DaVita - Emerald Dialysis	710 West 43rd St.	Chicago	60609	4.06	11	13.75
5	FMC - Ross Dialysis - Englewood	6333 S. Green Street	Chicago	60621	3.82	11	13.75
8	FMC - Bridgeport	825 W. 35th St	Chicago	60609	5.19	13	16.25
9	RCG - Prairie	1717 S. Webesh Street	Chicago	60616	6.09	13	16.25
23	FMC - Neomedica - South Shore	2420 E. 79th St.	Chicago	60649	4.38	13	16.25
10	FMC - Greenwood Avenue Dialysis Center	1111 E. 87th Street	Chicago	60619	4.87	14	17.50
89	FMC - Chatham (DENOVO)	8315-8331 S. Holland Avenue	Chicago	60620	6.36	14	17.5
11	University of Chicago - Stony Island Center	8725 South Stony Island Avenue	Chicago	60617	4.81	15	18.75
15	DSI - Chicago South or OSI - Loop	1101 S. Canal St	Chicago	60607	7.76	15	18.75
16	FMC - Neomedica Loop	557 W. Polk Street	Chicago	60607	7.9	15	18.75
18	FMC - Neomedica - South	9200 S. South Chicago Avenue	Chicago	60617	6.86	15	18.75
20	FMC - Chicago Dialysis Center	820 W. Jackson Street	Chicago	60607	8.78	16	20.00
25	Renal Care Group - Univ Program	710 N. Fairbanks	Chicago	60611	6.17	17	21.25
12	DaVita - Little Village Dialysis	2335 W. Cermak Road	Chicago	60608	9.4	18	22.50
13	FMC - Neomedica - Marquette Park	8535 S. Western Avenue	Chicago	60636	5.78	18	22.50
26	Circle Medical Management	1426 W. Washington Blvd	Chicago	60607	9.76	18	22.50
33	John H. Stroger Jr Hospital of Cook County	1901 W. Harrison	Chicago	60612	9.90	18	22.50
22	University of Illinois Hospital - Dialysis	1859 W. Taylor	Chicago	60612	10	18	23.75
29	FMC - Dialysis Services of Congress Parkway	3410 West Van Buren St.	Chicago	60624	11.55	19	23.75
17	DaVita - Beverly Dialysis	8109 S. Western Avenue	Chicago	60620	8.18	20	25.00
19	FMC - Chicago Westside Dialysis	2011 Hastings Street or 1340 S	Chicago	60608	8.28	20	25.00
80	FMC - West Willow (DENOVO)	1444-1454 W. Willow	Chicago	60642	11.19	20	25
23	Mt. Sinai Hosp Med Ctr Renal	2700 W. 15th Street or 1500 S.	Chicago	60608	11.25	21	26.25
28	FMC - Roseland Dialysis	132 W. 111th St.	Chicago	60628	11.46	21	26.25
21	FMC - Southside Dialysis Center	3134 West 78th Street	Chicago	60652	9.32	23	28.75
34	Garfield Kidney Center	3250 W. Franklin Blvd	Chicago	60624	12.37	23	28.75
39	FMC - Blue Island Dialysis Center	12203 S. Western	Blue Island	60408	12.68	23	28.75
44	FMC - West Suburban Dialysis Center	518 S. Austin	Oak Park	60304	14.08	23	28.75
27	FMC - Neomedica - Evergreen Park	8730 S. Western Avenue	Evergreen Park	60805	10.23	24	30.00
41	DaVita - Lincoln Park Dialysis	3157 N. Lincoln Avenue	Chicago	60657	12.97	24	30.00
42	DaVita - Logan Square Dialysis	2659 N. Milwaukee Avenue	Chicago	60647	13.91	24	30.00
31	FMC - West Metro Dialysis	1044 N. Mozart	Chicago	60622	12.3	25	31.25
38	RCG - Memorial Park	11630 S. Kedzie	Mentmore Park	60803	13.03	25	31.25
45	FMC-NA Lakeview Dialysis	4008 North Broadway Avenue	Chicago	60613	12.72	25	31.25
46	FMC - North Center	2620 W. Addison St.	Chicago	60618	14.3	25	31.25
50	Maple Avenue Kidney Center	810 S. Maple Avenue	Oak Park	60304	16.71	25	31.25
30	DSI - Boottside	4651 W. 75th Street	Chicago	60652	11.09	26	32.50
36	DaVita Dialysis Mt. Greenwood	3401 W. 111th Street	Chicago	60655	12.6	26	32.50
51	FMC-NA Uptown	4700 or 4770 N. Marine	Chicago	60640	13.43	26	32.50
83	DaVita - West Lawn (DENOVO)	7000 S. Pulaski Road	Chicago	60629	8.44	26	32.50
32	FMC - Dialysis Services of Burbank	4811 W. 77th Street	Burbank	60459	11.42	27	33.75
40	FMC - Austin Community Kidney Center	4900 W. Chicago Avenue	Chicago	60651	15.84	28	35.00
47	FMC - Oak Park Dialysis Unit	733 W. Madison	Oak Park	60302	17.34	28	35.00
58	FMC-Neomedica - North Kipatrick	4800 N. Kipatrick	Chicago	60630	17.09	28	35.00
59	DSI or RCG - South Holland	18136 South Park Avenue	South Holland	60473	18.34	28	35.00
84	FMC Midway (DENOVO)	6201 W. 83rd St.	Chicago	60638	15.85	28	35.00
35	DaVita - Stony Creek Dialysis	9115 S. Cicero Avenue	Oak Lawn	60453	12.48	28	36.25
55	Foster McGaw Hospital of Loyola	1201 W. Roosevelt Road	Marywood	60153	18.07	28	36.25
57	DSI - Marham	3053-3055 West 156th Street	Marham	60426	18.87	28	36.25
91	FMC - River Forest (DENOVO)	103 Forest Avenue	River Forest	60305	17.85	28	36.25
43	RCG - Berwyn	2801 S. Harlem Avenue	Berwyn	60402	18.45	30	37.50
52	FMC-Neomedica - West Belmont	4843 W. Belmont Avenue	Chicago	60641	16	30	37.50
54	Nephron Dialysis Center, LTD	5140 N. California Avenue	Chicago	60625	18.73	31	38.75
48	FMC - Alsip Dialysis Center	12250 S. Cicero	Alsip	60803	16.82	32	40.00
53	RCG - Creshwood	4881 West Cal Sag Road	Creshwood	60445	18.83	32	40.00
51	FMC - Neomedica - Melrose Park	1111 Superior St.	Melrose Park	60160	19.8	32	40.00
87	Center for Renal Replacement	7301 N. Lincoln Avenue	Lincolnwood	60712	20.51	32	40.00
70	Resurrection Medical Center	7435 W. Talcott Avenue	Chicago	60631	20.41	32	40.00
56	Direct Dialysis	14255 S. Cicero Avenue	Creshwood	60445	18.95	33	41.25
62	FMCNA - North Avenue Dialysis Center	911 W. North Avenue	Melrose Park	60180	20.93	33	41.25
63	Community Dialysis of Harvey	16657 S. Halsted	Harvey	60420	21.88	33	41.25
64	FMC - Neomedica - South Holland	17225 S. Pluton Avenue	South Holland	60473	20.91	33	41.25
68	FMC - Neomedica - Hazelcrest	17524 E. Cartageway Drive	Hazel Crest	60429	21.32	34	42.50
69	FMC - Northridge	4701 N. Cumberland Avenue	Northridge	60708	23.15	35	43.75
71	RCG - Hazelcrest	3470 W. 183rd St	Hazel Crest	60429	21.88	35	43.75
73	FMC - Willowbrook	6390 S. Kinyon Hwy	Willowbrook	60527	29.98	35	43.75
65	FMC - LaGrange Dialysis Center	2400 Wolf Road	Westchester	60154	23.53	36	45.00
78	FMC - Skokie Dialysis	6801 Woods Drive	Skokie	60077	24.58	36	45.00
Facilities in Excess of 45 Minutes Adjusted Travel Time							
66	FMC - Rogers Park	2277 W. Howard St	Chicago	60645	17.89	37	46.25
79	DaVita - Olympia Fields Dialysis Center	4507 B West Lincoln Highway	Matteson	60443	28.04	37	46.25
80	DaVita - Montclare Dialysis	7008 W. Belmont Avenue	Chicago	60634	18.84	38	47.50
81	FMC - Mokena	8810 W. 102nd Street	Mokena	60448	26.76	38	47.50
85	DaVita - Palos Park (DeNovo)	13155 S. La Grange Road	Orland Park	60462	27.88	38	47.50
72	RCG - Orland Park	9160 W. 159th Street	Orland Park	60462	24.43	39	48.75
75	FMC - MidAmerica Evanston	2853 Central Street	Evanston	60201	25.97	39	48.75
82	RCG South Suburban	2609 W. Lincoln Hwy	Olympia Fields	60461	28.51	42	52.50
86	FMC - Steger (DENOVO)	NW Corner Love Rock Rd & St	Steger		28.03	42	52.5
77	DSI - Evanston Renal Center	1715 Central St.	Evanston	60201	27.05	43	63.75
88	FMC - Lombard (DENOVO)	1840 Springer Drive	Lombard	60148	30.04	44	55
78	Evanston-Northwestern Healthcare	2650 Ridge Avenue	Evanston	60201	27.78	45	56.25
87	FMC - Lockport (DENOVO)	1050-1062 Thomson Avenue	Lockport	60441	38.1	51	63.75

SOURCE: Mileage and Drive Time: MapQuest. See documentation in Appendix 1.

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Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230, Project Purpose, Background and Alternatives

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2010 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach was submitted with Project Nos. 11-027 – 11-036 on July 11, 2011.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the EMPOWER, IMPACT, CathAway, and transplant assistance programs. Information on the EMPOWER, IMPACT and CathAway programs are attached at Attachment – 11A.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals a troubling trend:

- The prevalence of CKD stages 1 to 4 has increased from 10% to 13.1% between 1988 and 2004¹
- Increasing prevalence of diabetes and hypertension, the two major causes of CKD

Additionally, approximately 65% of CKD Medicare patients (patients 67 and older) have never been evaluated by a nephrologist.² Timely CKD care, however, is imperative because adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes:

- Reduced GFR is an independent risk factor for morbidity and mortality,
- A reduction in the rate of decline in kidney function upon nephrologists referrals has been associated with prolonged survival of CKD patients,
- Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- Timely referral of CKD patients to a multidisciplinary nephrology team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the EMPOWER program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. The EMPOWER program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

The IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. In fact, since piloting in October 2007, the program has not only shown to reduce mortality rates by 8 percent but has also resulted in improved patient outcomes.

The CathAway program seeks to reduce the number of patients with central venous catheters ("CVC") through arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower

¹ US Renal Data System, USRDS 2007 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2007.

² Id.

complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita is an industry leader in the rate of fistula use and had the lowest 90-day catheter rates among large dialysis providers in 2010.

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is \$509 million in hospitalization savings to the health care system and the American taxpayer in 2010.

No adverse action has been taken against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

1. Health care facilities owned or operated by the Applicants:

A list of health care facilities owned or operated by DaVita and Total Renal Care, Inc. is attached at Attachment – 11B.

Dialysis facilities are not subject to State Licensure.

2. Certification that no adverse action has been taken against any of the Applicants, or against any health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application is attached at Attachment – 11C.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11C.



Office of the Chief
Medical Officer (OCMO)
Allen R. Nissenson, MD
Chief Medical Officer
Meredith Mathews, MD
Robert Provenzano, MD
Jann Robertson, MD
David B. Van Wyck, MD

April 30, 2009

Dear Physicians:

As your partner, DaVita® and OCMO are committed to helping you achieve unprecedented clinical outcomes with your patients. As part of OCMO's Relentless Pursuit of Quality™, DaVita will be launching our top two clinical initiatives; IMPACT and CathAway™, at our annual 2009 Nationwide Meeting. Your facility administrators will be orienting you on both programs upon their return from the meeting in early May.



IMPACT: The goal of IMPACT is to reduce incident patient mortality. IMPACT stands for Incident Management of Patients Actions Centered on Treatment. The program focuses on three components: patient intake, education and management and reporting. IMPACT has been piloting since October 2007 and has demonstrated a reduction in mortality. The study recently presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN. In addition to lower mortality rates, patient outcomes improved - confirming this vulnerable patient population is healthier under DaVita's relentless pursuit of quality care.



CathAway: Higher catheter use is associated with increased infection, morbidity, mortality and hospitalizations ⁽¹⁾⁽²⁾. The 7-step Cathaway Program supports reducing the number of patients with central venous catheters (CVCs). The program begins with patient education outlining the benefits of fistula placement. The remaining steps support the patient through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. For general information about the CathAway program, see the November 2008 issue of QUEST, DaVita's Nephrology Journal.

Here is how you can support both initiatives in your facilities:

- **Assess incident patients regularly in their first 90 days:** Discuss patients individually and regularly. Use the IMPACT scorecard to prompt these discussions.
- **Adopt "Facility Specific Orders":** Create new facility specific orders using the form that will be provided to you.
- **Minimize the "catheter-removal" cycle time:** Review each of your catheter patients with your facility teammates and identify obstacles causing delays in catheter removal. Work with the team and patients to develop action plans for catheter removal.
- **Plan fistula and graft placements:** Start AV placement plans early by scheduling vessel mapping and surgery evaluation appointments for Stage 4 CKD patients. Schedule fistula placement surgery for those patients where ESRD is imminent in the next 3-6 months.

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Attachment – 11A

Launch Kits:

In May, Launch Kits containing materials and tools to support both initiatives will be arriving at your facilities. IMPACT kits will include a physician introduction to the program, step by step implementation plan and a full set of educational resources. FAs and Vascular Access Leaders will begin training on a new tool to help identify root-causes for catheter removal delays.

Your support of these efforts is crucial. As always, I welcome your feedback, questions and ideas. Together with you, our physician partners, we will drive catheter use to all-time lows and help give our incident patients the quality and length of life they deserve.

Sincerely,



Allen R. Nissenson, MD, FACP
Chief Medical Officer, DaVita

- (1) Dialysis Outcomes and Practice Patterns Study (DOPPS): 2 yrs/7 Countries / 10,000 pts.
- (2) Pastan et al: Vascular access and increased risk of death among hemodialysis patients.



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DaVita®



Dear Physician Partners:

IMPACT™ is an initiative focused on reducing incident patient mortality. The program provides a comprehensive onboarding process for incident patients, with program materials centered on four key clinical indicators—access, albumin, anemia, and adequacy.

Medical Directors: How can you support IMPACT in your facilities?

- Customize the new Standard Admission Order template into facility-specific orders. Drive use of the standard order with your attending physicians
- Review your facility IMPACT scorecard at your monthly QIFMM meeting
- Talk about IMPACT regularly with your attending physicians

Attending Physicians: How can you support IMPACT in your facilities?

- Use the IMPACT scorecard to assess incident patients
- Educate teammates about the risk incident patients face and how IMPACT can help

How was IMPACT developed? What are the initial results?

From October 2007 to April 2009, IMPACT was piloted in DaVita® centers. Early results, presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN this April, showed an 8% reduction in annualized mortality. In addition to lower mortality, IMPACT patients showed improvements in fistula placement rates and serum albumin levels. The results are so impressive that we are implementing this program throughout the Village.

Your support of this effort is crucial.

If you have not seen the IMPACT order template and scorecard by the end of June, or if you have additional questions about the program, email impact@davita.com. Together we can give our incident patients the quality and length of life they deserve.

Sincerely,

Dennis Kogod
Chief Operating Officer

Allen R. Nissenson, MD, FACP
Chief Medical Officer

DaVita.

Corporate Office | 601 E. 12th St., Suite 2000 | Denver, CO 80202 | 303.733.1232 | www.davita.com



FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

El Segundo, Calif., (March, 29, 2009) – DaVita Inc., a leading provider of kidney care services for those diagnosed with chronic kidney disease (CKD), today released the findings of a study revealing DaVita's IMPACT™ (Incident Management of Patients, Actions Centered on Treatment) pilot program can significantly reduce mortality rates for new dialysis patients. The study presented at the National Kidney Foundation's Spring Clinical Meeting in Nashville, TN details how the IMPACT patient care model educates and manages dialysis patients within the first 90 days of treatment, when they are most unstable and are at highest risk. In addition to lower mortality rates, patient outcomes improved - confirming the health of this vulnerable patient population is better supported under DaVita's *Relentless Pursuit of Quality*™ care.

The pilot program was implemented with 606 patients completing the IMPACT program over a 12 month period in 41 DaVita centers around the nation. IMPACT focuses on patient education and important clinical outcomes - such as the measurement of adequate dialysis, access placement, anemia, and albumin levels - monitoring the patient's overall health in the first 90 days on dialysis. Data reflects a reduction in annualized mortality rates by eight percent for IMPACT patients compared with non-IMPACT patients in the DaVita network. Given that DaVita has roughly 28,000 new patients starting dialysis every year, this reduction affects a significant number of lives.

In addition, a higher number of IMPACT patients versus non-IMPACT patients had an arteriovenous fistula (AVF) in place. Research shows that fistulas - the surgical connection of an artery to a vein - last longer and are associated with lower rates of infection, hospitalization and death compared to all other access choices.

Allen R. Nissenson, MD, Chief Medical Officer at DaVita says, "The IMPACT program is about quality patient care starting in the first 90 days and extending beyond. Improved outcomes in new dialysis patients translates to better long term results and healthier patients overall."

Researchers applaud the IMPACT program's inclusion of all patients starting dialysis, regardless of their cognitive ability or health status. Enrolling all patients at this early stage in their treatment allows them to better understand their disease and care needs while healthcare providers work to improve their outcomes. Through this program, DaVita mandates reporting on this particular population to better track and manage patients through their incident period.

Dennis Kogod, Chief Operating Officer of DaVita says, "We are thrilled by the promising results IMPACT has had on our new dialysis patients. DaVita continues to be the leader in the kidney care community, and we look forward to rolling out this program to all facilities later this year, to improve the health of all new dialysis patients."

DaVita, IMPACT and *Relentless Pursuit of Quality* are trademarks or registered trademarks of DaVita Inc. All other trademarks are the properties of their respective owners.

Poster Presentation
NKF Spring Clinical Meeting
Nashville, TN
March 26-28, 2009

Incident Management of Hemodialysis Patients: Managing the First 90 Days

John Robertson¹, Pooja Goel¹, Grace Chen¹, Ronald Levine¹, Debbie Benner¹, and Amy Burdan¹
¹DaVita Inc., El Segundo, CA, USA

IMPACT (Incident Management of Patients, Actions Centered on Treatment) is a program to reduce mortality and morbidity in new patients during the first 3 months of dialysis, when these patients are most vulnerable. IMPACT was designed to standardize the onboarding process of incident patients from their 0 to 90-day period. We report on an observational (non-randomized), un-blinded study of 606 incident patients evaluated over 12 months (Oct77-Oct08) at 44 US DaVita facilities.

The study focused on 4 key predictive indicators associated with lower mortality and morbidity —anemia, albumin, adequacy and access (4As). IMPACT consisted of:

- (1) Structured New Patient Intake Process with a standardized admission order, referral fax, and an intake checklist;
- (2) 90-day Patient Education Program with an education manual and tracking checklist;
- (3) Tools for 90-day Patient Management Pathway including QOL; and
- (4) Data Monitoring Reports.

Data as of July, 2008 is reported. Patients in the IMPACT group were 60.6 ± 15.1 years old (mean±SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p < 0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p \leq 0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33 \leq \text{Hb} \leq 36$) vs. 23.4% for controls ($p < 0.10$); some IMPACT patients may still have >36 -level Hcts. Mean calculated Kt/V was 1.54 for IMPACT patients vs. 1.58 for nonIMPACT patients ($p \leq 0.05$).

IMPACT is a first step toward a comprehensive approach to reduce mortality of incident patients. We believe this focus may help us to better manage CKD as a continuum of care. Long-term mortality measures will help determine if this process really impacts patients in the intended way, resulting in longer lives and better outcomes.

IMPACT Tools

Here's how the IMPACT program will help the team record data, educate patients and monitor their progress in your facilities.

- 1 Standard Order Template, a two-page form with drop-down menus that can be customized into a center-specific template
- 2 Intake Checklist to gather registration and clinical data prior to admission
- 3 Patient Announcement to alert teammates about new incident patients
- 4 Patient Education Book and Flip Chart to teach patients about dialysis
- 5 Tracking Checklist for the team to monitor progress over the first 90 days
- 6 IMPACT Scorecard to track monthly center summary and patient level detail for four clinical indicators: access, albumin, adequacy, anemia

PROVIDER'S ORDER FORM

1

2

INTAKE CHECKLIST

3

Attention, teammates!
A new IMPACT patient is about to step up to the plate.

Let's become their biggest fans. Let's coach and encourage them. And let's cheer them along every step of their first 90 days.

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IMPACT SCORECARD

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Facility: XYZ - Sample Facility
Group: Sample Group
Division: Sample Division
Region: Sample Region 1
Period: March 2009

Indicator	Target	Actual	Score
Access	95%	92%	92
Albumin	3.5 g/dL	3.2 g/dL	32
Adequacy	1.3	1.2	12
Anemia	12 g/dL	11 g/dL	11

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IMPACT Education Checklist

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IMPACT Management Checklist

90

Patient Name	Access	Albumin	Adequacy	Anemia
JOHNSON, J	95%	3.5 g/dL	1.3	12 g/dL
SMITH, M	92%	3.2 g/dL	1.2	11 g/dL
DAVIS, K	90%	3.0 g/dL	1.1	10 g/dL

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Headquarters
1627 Cole Blvd, Bldg 18
Lakewood CO 80401
1-888-200-1041

IMPACT

For more information, contact
1-800-400-8331

DaVita.com

Our Mission
To be the Provider,
Partner and Employer
of Choice

Core Values
Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

Cole

DaVita, Inc.
Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Logan Square Dialysis	2659 N MILWAUKEE AVE	1ST FL	CHICAGO	COOK	IL	60647-1643	14-2534
Lake County Dialysis Services	918 S MILWAUKEE AVE		LIBERTYVILLE	LAKE	IL	60048-3229	14-2552
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
Skyline Home Dialysis	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2560
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665

DaVita, Inc.
Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD		IL	62056-1775	14-2583
Mattoon Dialysis	200 RICHMOND AVE E		MATTOON	COLES	IL	61938-4652	14-2585
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	142599
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Woodridge Home Dialysis	7425 JAMES AVE	STE 103	WOODRIDGE	DUPAGE	IL	60517-2356	14-2696
Big Oaks Dialysis	5623 W TOUHY AVE		MILES	COOK	IL	60714-4019	14-2712
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719

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DaVita, Inc.
Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Lake Park Dialysis	1531 E HYDE PARK BLVD		CHICAGO	COOK	IL	60615-3039	14-2717
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Woodlawn Dialysis	1164 E 55TH ST		CHICAGO	COOK	IL	60615-5115	14-2310
Woodlawn Home Program	5841 S MARYLAND AVE	RM L-026	CHICAGO	COOK	IL	60637-1447	14-3524
Lockport Home Dialysis	16626 W 159TH ST	STE 703	LOCKPORT	WILL	IL	60441-8019	14-2697
Maryville Home Dialysis	21368 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2686
Kennedy Home Dialysis	5509 N CUMBERLAND AVE	STE 515	CHICAGO	COOK	IL	60656-4702	14-2691

**Total Renal Care, Inc.
Illinois Facilities**

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Logan Square Dialysis	2659 N MILWAUKEE AVE	1ST FL	CHICAGO	COOK	IL	60647-1643	14-2534
Lake County Dialysis Services	918 S MILWAUKEE AVE		LIBERTYVILLE	LAKE	IL	60048-3229	14-2552
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Stoncrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Lake Park Dialysis	1531 E HYDE PARK BLVD		CHICAGO	COOK	IL	60615-3039	14-2717
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Woodlawn Dialysis	1164 E 55TH ST		CHICAGO	COOK	IL	60615-5115	14-2310



1551 Wewatta Street
Denver, CO 80202
Tel: (303) 405-2100
www.davita.com

August 23, 2011

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

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by DaVita Inc. or Total Renal Care, Inc. during the three years prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Luis Borgen
Chief Financial Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 23 day of August,
2011

Notary Public

LINDA N. O'CONNELL
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 06-08-2015

Attachment - 11C

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Purpose of the Project

1. There is a need for 41 dialysis stations in the City of Chicago. The Applicants propose to discontinue the Existing Facility located at 1164 E. 55th St., Chicago, IL 60615 and establish a replacement facility at 5060 S. State St., Chicago, IL 60609. The lease for the Existing Facility with University of Chicago will expire on December 31, 2011. On July, 21, 2011, the Board approved a relocation of Woodlawn Dialysis to 5038 S. Martin Luther King, Jr. Drive, Chicago, IL 60615 (the "Original Site"), but after granting written approval for the Original Site, the Alderman rescinded her approval for the Original Site. As a result, the Applicants had to identify a new site. To ensure that all necessary approvals are in place and the construction of the Replacement Facility can promptly begin upon Board approval, the Applicants have been diligently working with the Alderman to identify an acceptable site that will serve the growing demand for dialysis services in the Woodlawn neighborhood while addressing the Alderman's concerns. Documentation of the Alderman's support along with an opinion that Proposed Site zoning classification permits retrofit as a dialysis facility are attached at Attachment – 12A. As such, the Applicants seek approval from the Board for the Replacement Facility, which is necessary to continue providing essential dialysis care to Woodlawn Dialysis' patients. The proposed location is just 2.3 miles from the Existing Facility. Thus, the facility will continue to serve its current patients and meet rising demand in its geographic service area ("GSA").

The Replacement Facility is needed to serve the growing demand for dialysis services in the Woodlawn neighborhood. The Existing Facility currently serves 135 ESRD patients. In addition Dr. Hammes referral letter identifies 21 Stage 4 and Stage 5 CKD patients that would likely be referred to the Replacement Facility. Furthermore, utilization of existing facilities to accommodate growing need for dialysis is not feasible. Utilization in Woodlawn Dialysis' GSA is high.

As shown in Attachment – 12B, there are currently 52 existing or approved dialysis facilities within 30 minutes normal travel time of the Replacement Facility and utilization of existing facilities as reported to The Renal Network (the "Renal Network Utilization Data") for the quarter ending June 30, 2011 is 78%, just 2% below the Board's 80% utilization standard. The Applicants acknowledge that the Renal Network Utilization Data excludes 4 dialysis facilities approved by the Board that have not commenced operations (FMC Chatham, FMC West Willow, FMC South Deering, and Grand Crossing Dialysis). Importantly, these facilities will serve distinct patient populations. In fact, Dr. Mary Hammes, the primary referring physician for Woodlawn Dialysis is unrelated to either of the primary referral sources for the four non-operational facilities. Accordingly, there is no overlap of patients between Woodlawn Dialysis and the other facilities currently under construction. Moreover, the referring physicians for the four facilities anticipate they will refer a sufficient number of patients to each facility that all non-operational facilities will be operating at or above the Board's 80% utilization standard by the second year after project completion. Therefore, the non-operational facilities are not a viable option for Woodlawn Dialysis patients.

It is essential that the Applicants obtain approval for a new location in order to continue providing necessary dialysis services to Woodlawn's patients. The lease expires on December 31, 2011. As demonstrated at Attachment – 12C, the landlord has identified a different use for the property, and is unwilling to renew the lease and the financial penalties for holding over are significant. While the Applicants are hopeful they can negotiate a short extension of the lease, which will allow them to remain in the Existing Facility until construction of the Replacement Facility is completed, the landlord may attempt to evict the dialysis facility. The Woodlawn Dialysis chronically ill patient population is largely comprised of low-income, disabled, and vulnerable individuals that require access to care DaVita provides at Woodlawn Dialysis.

The proposed Replacement Facility is the best alternative for the community and Woodlawn's current patients. Furthermore, in the application for permit for Project No. 10-093 previously approved by the Board, Dr. Mary Hammes identified 156 referrals to support the new Woodlawn Dialysis location. The

physician referral letter is attached at Attachment – 12D. These included 135 current patient transfers from Woodlawn Dialysis and 21 pre-ESRD patients. These projections remain substantially accurate. In fact, the Renal Network Utilization Data for Woodlawn Dialysis' shows a 111.67% utilization rate, far above the State standard. The addition of 12 dialysis stations will make treatment times more convenient for patients without negatively impacting utilization at other facilities, as discussed in more detail below.

2. A map of the market area for the proposed facility is attached at Attachment – 12E. The market area encompasses a 16 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Wilmette
- Northeast approximately 15 minutes normal travel time to Navy Pier
- East approximately 8 minutes normal travel time to Lakeshore Drive
- Southeast approximately 30 minutes normal travel time to East Chicago
- South approximately 30 minutes normal travel time to Homewood
- Southwest approximately 30 minutes normal travel time to Tinley Park
- West approximately 30 minutes normal travel time to LaGrange Park
- Northwest approximately 30 minutes normal travel time to O'Hare International Airport

3. Currently, there are 52 existing or approved facilities within thirty minutes normal travel time of the proposed facility. Average utilization of these operational facilities is 78%, just 2% below the State Board's 80% utilization standard. With the growing obesity epidemic and aging population, utilization is expected to increase. The current patient utilization along with the pre-ESRD patients identified by Dr. Hammes confirms this. 135 patients will continue treatment at the Replacement Facility, and Dr. Hammes is currently treating 21 Stage 4 and Stage 5 CKD patients. This represents a utilization of 81% by the second year following project completion, which is above the Board's standard. This will contribute to the need identified in the HFSRB Inventory.

The proposed facility will be located in Chicago. As shown in the physician referral letter attached at Attachment – 12D, the majority of pre-ESRD patients projected to utilize the proposed facility reside in Woodlawn Dialysis' service area.

4. Source Information

The Renal Network, Utilization Data for the Quarter Ending June 30, 2011.

U.S. Census Bureau, American FactFinder, Fact Sheet, *available at* http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited Aug. 22, 2011).

U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010 *available at* <http://www.usrds.org/atlas.htm> (last visited Aug. 22, 2011).

U.S. Renal Data System, USRDS 2007 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2007 *available at* http://www.usrds.org/adr_2007.htm (last visited Aug. 22, 2011).

5. As stated, the Existing Facility operates at approximately 111% utilization, which requires the facility to operate a 4th shift with the last patient leaving well past 10 p.m. Operating four shifts a day is very rare and is an extreme hardship for both patients and staff alike. The proposed project, which includes the addition of 12 stations, will increase capacity and allow patients to obtain treatment at

more manageable times. Additionally, the increase in capacity will enable DaVita to more effectively meet projected increases in demand set forth above.

6. The Applicants anticipate the proposed facility will have quality outcomes comparable to other DaVita facilities.

Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is \$509M in hospitalization savings to the health care system and the American taxpayer in 2010.



Mark J. Nora
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September 2, 2011

Penny Davis, RN, FACHE
Division Vice President - Skyline
DaVita Inc.
2659 N. Milwaukee Avenue
Chicago, IL 60647

Re: *Woodlawn Dialysis Site Selection*

Dear Penny:

As we have discussed previously, DaVita Inc. secured Certificate of Need approval for the relocation of its Woodlawn Dialysis facility to 5038 S. Martin Luther King, Jr. Drive ("Original Site") in reliance on the fact that a dialysis facility was permitted at that site as a matter of right under the existing zoning classification. Moreover, DaVita Inc. obtained the written commitment to, and approval of, the Original Site for this purpose from Alderman Dowell, in whose ward the Original Site is located. Subsequent to DaVita Inc. obtaining the Certificate of Need approval, Alderman Dowell reversed course, rescinded her approval, and advised DaVita Inc. that she would block the building permits required to relocate the dialysis facility to the Original Site. Although DaVita Inc. could bring a mandamus action to compel issuance of the building permits, such process would be expensive and time consuming in a situation where timing is of the essence. Accordingly, DaVita has selected an alternative relocation site for Woodlawn Dialysis: 5060 S. State, Chicago, IL 60609 (the "New Location").

We have confirmed that the New Location zoning classification, B3-2 Community Shopping District, permits retrofitting the suite within the existing building to provide in-center dialysis services under the Chicago zoning laws as long as the Chicago Zoning Ordinances and the Municipal Code requirements for bulk, density, parking and landscaping requirements are satisfied.

Chicago Dallas Denver Edwardsville Jefferson City Kansas City Los Angeles New York
Overland Park Phoenix St. Joseph St. Louis Springfield Topeka Washington, DC Wilmington

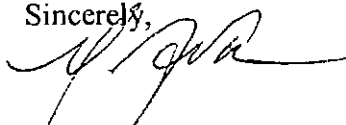
In California, Polsinelli Shughart LLP.

Attachment - 12A

Penny Davis
September 2, 2011
Page 2

Although the New Location, like the Original Site, permits the use of the property for a dialysis treatment facility as a matter of right, it is essential that the Alderman not attempt to block the redevelopment and use of the New Location. In this particular instance, we understand that the Alderman, in fact, suggested the New Location as an appropriate site for the dialysis facility relocation and approved the site on August 29, 2011. Because (i) the site is properly zoned for the planned use, (ii) it does not involve construction of a new building, (iii) the site has a previous medical use and (iv) the Alderman has recommended this site, it is reasonable to believe that she will have no further comments and no objections exist and there is no basis for her to rescind approval.

Sincerely,



Mark J. Nora

064628 418783

Joseph Van Leer

From: Kara Friedman
Sent: Monday, August 29, 2011 5:45 PM
To: Anne Cooper; Mark Nora; Joseph Van Leer
Subject: Fw: building

From: Ward03 [mailto:ward03@cityofchicago.org]
Sent: Monday, August 29, 2011 2:00 PM
To: Penny Davis
Subject: RE: building

Ms. Davis,

I am support of your move to this location.

Ald. Dowell

From: Penny Davis [Penny.D.Davis@davita.com]
Sent: Friday, August 26, 2011 7:54 PM
To: Ward03
Subject: building

Alderman Dowell, as you may be aware, we are in discussions with the physician landlord of the building to the south of your office. He is now able to provide 12,000 square feet which is our requirement for the dialysis center. We are nearing completion of a Letter of Intent and want to ensure that you will support this project as it is a site recommended by you previously. Please let me know if you support or have any concerns. Thanks so much.

Penny Davis, RN, FACHE
Division Vice President - Skyline
DaVita, Inc.
2659 N. Milwaukee Avenue
Chicago, IL 60647
773.276.2380 ex29
872.201.9341 (cell)
efax 866.818.5068

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Table 1110.230(b)(1) Facilities within 30 Minutes Driving Distance of Proposed Facility

Facility	City	Distance	Time	Adjusted Time	Stations	Patients (6/30/11)	Utilization
Austin Community Kidney Center	Chicago	12.36	23	28.75	16	57	59.38%
Beverly Dialysis	Chicago	7.19	16	20	12	45	62.50%
Blue Island Dialysis Ctr	Blue Island	12.72	21	26.25	24	115	79.86%
Chicago Dialysis Center	Chicago	6.5	12	15	21	82	65.08%
Children's Memorial Hospital	Chicago	9.56	20	25	6	18	50.00%
Circle Medical Management	Chicago	7.49	14	17.5	27	123	75.93%
DaVita - Lake Park Dialysis	Chicago	2.01	6	7.5	20	109	90.83%
DaVita - Stony Island Dialysis	Chicago	10.03	16	20	23	140	101.45%
Davita- Woodlawn	Chicago	2	5	6.25	20	134	111.67%
Dialysis Center of America - Loop	Chicago	7.24	14	17.5	28	74	44.05%
Emerald Dialysis	Chicago	2.08	6	7.5	24	126	87.50%
FMC Dialysis Services - Burbank	Burbank	10.42	23	28.75	22	121	91.67%
FMC Dialysis Services of Congress Parkway	Chicago	9.28	15	18.75	30	114	63.33%
Fresenius Medical Care - Midway	Chicago	13.57	23	28.75	12	26	36.11%
Fresenius Medical Care Chatham	Chicago	4.82	9	11.25	16	0	0.00%
Fresenius Medical Care Northcenter	Chicago	12.04	21	26.25	16	69	71.88%
Fresenius Medical Care of Chicago - West	Chicago	7	15	18.75	31	62	33.33%
Fresenius Medical Care of Roseland	Chicago	8.29	17	21.25	12	56	77.78%
Fresenius Medical Care South Deering	Chicago	5.73	15	18.75	20	0	0.00%
Fresenius Medical Care West Willow	Chicago	8.91	16	20	12	0	0.00%
Garfield Kidney Center	Chicago	10.07	19	23.75	16	98	102.08%
Grand Crossing Dialysis	Chicago	3.53	9	11.25	12	0	0.00%
Greenwood Dialysis Center	Chicago	6.43	13	16.25	28	143	85.12%
Jackson Park Dialysis	Chicago	4.65	12	15	24	117	81.25%
John H. Stroger Jr. Hospital of Cook County	Chicago	7.53	14	17.5	9	87	161.11%
Lincoln Park Dialysis Center	Chicago	10.7	20	25	22	102	77.27%
Little Village Dialysis	Chicago	7.12	14	17.5	16	93	96.88%
Logan Square Dialysis	Chicago	11.59	20	25	20	116	96.67%
Maple Avenue Kidney Center	Oak Park	14.44	21	26.25	18	66	61.11%
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	2.69	7	8.75	16	94	97.92%
Mount Greenwood Dialysis	Chicago	11.79	21	26.25	16	75	78.13%
Mt. Sinai Hospital Med Ctr	Chicago	11.53	19	23.75	16	73	76.04%
Neomedica Dialysis Ctrs - Bridgeport	Chicago	3.07	8	10	27	144	88.89%
Neomedica Dialysis Ctrs - Marquette Park	Chicago	5.53	15	18.75	16	80	83.33%
Neomedica Dialysis Ctrs - North	Chicago	14.81	24	30	28	126	75.00%
Neomedica Dialysis Ctrs - South	Chicago	6.98	13	16.25	36	171	79.17%

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Neomedica Dialysis Ctrs - South Shore	Chicago	5.72	16	20	16	82	85.42%
Neomedica Dialysis Ctrs - Evergreen Park	Evergreen Park	9.31	19	23.75	30	146	81.11%
Neomedica Loop East Delaware	Chicago	5.64	11	13.75	24	74	51.39%
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	7.97	16	20	44	200	75.76%
Oak Park Dialysis Center	Oak Park	15.32	24	30	12	133	184.72%
RCG - Uptown	Chicago	13.43	24	30	12	38	52.78%
RCG Garfield	Chicago	0.9	2	2.5	22	104	78.79%
RCG MidAmerica - Prairie	Chicago	4.42	10	12.5	24	92	63.89%
RCG-Merrionette Park	Merrionette Park	12.6	21	26.25	18	84	77.78%
RCG-Scottsdale	Chicago	9.97	22	27.5	35	156	74.29%
Rush Univ. Med. Ctr.	Chicago	7.19	13	16.25	5	6	20.00%
South Side Dialysis Center	Chicago	7.11	16	20	39	197	84.19%
University of Illinois Hospital	Chicago	6.65	14	17.5	26	136	87.18%
West Lawn Dialysis	Chicago	7.53	20	25	12	12	16.67%
West Metro Dialysis Center	Chicago	9.92	20	25	30	167	92.78%
West Suburban Hosp. Dialysis Unit	Oak Park	13.84	22	27.5	46	240	86.96%
Total					1047*	4923	78.37%

*Note that total stations only includes operational facilities.

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Jeffrey A. Finesilver
Vice President
and Director, Comer Children's Hospital

5721 South Maryland Avenue
MC 8000, Suite K160
Chicago, Illinois 60637
phone 773-702-9797
fax 773-702-4523
jeffrey.finesilver@uchospitals.edu

March 11, 2010

Nimalan Chinniah
Vice President, Administration
and Chief Financial Officer
Commercial Real Estate Operations
University of Chicago
5801 South Ellis avenue
Chicago, Illinois 60637

Re: Use of Space - 1160-66 East 55th Street

Dear Mr. Chinniah,

The University of Chicago Medical Center ("UCMC") is negotiating a sale of its dialysis centers to DaVita, Inc. As part of the sale, UCMC needs to assign its Lessee interest in the captioned premises to DaVita and hereby requests the consent of the Lessor, The University of Chicago, to such assignment. DaVita is aware that the space needs to be vacated, but between the time of the sale projected for this summer, and the build out of a new dialysis unit within the year following the sale, we request your permission to the lease assignment.

Please review and execute below if in agreement. Please call me at (773) 702-9797 and I will answer any questions you may have, or have it picked up after it is executed. Thank you.

Sincerely,

Jeffrey A. Finesilver
Vice President, Comer
University of Chicago Medical Center

cc: William Frazier
UCMC Legal Affairs

Agreed to and Accepted by:

Nimalan Chinniah
Vice President, Administration
and Chief Financial Officer

Date:

03/15/10



The University
of Chicago

DEPARTMENT OF MEDICINE
Section of Nephrology

Mary Hammes, D.O.
Assistant Professor of Medicine
5841 South Maryland Avenue, MC 5100
Chicago, IL 60637
Phone 773-702-9892 • Fax 773-753-8301
mhammes@medicine.hsd.uchicago.edu

December 13, 2010

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

Dear Ms. Ladd:

We are pleased to support the relocation and expansion of Woodlawn Dialysis. The new 32-station chronic renal dialysis facility, to be located at 4642-4658 S. Drexel Boulevard in Chicago (60653), will provide us with the space we need to provide the services needed for today's standard of care. The proposed addition of twelve (12) stations would assist us in serving our large patient population. Therefore, we are excited by the enhancement in patient care which the facility offers us.

Between 2007 and 2010 Woodlawn Dialysis has served between 138 and 152 patients with utilization of the 20-station facility consistently over 100%. To serve all of our patients we must operate four shifts, and our last patients leave well past ten o'clock. In 2009 alone we referred 29 new patients to the facility. Please refer to the attached Historical Caseload of our recent practice in the area.

Due to our large practice we are in full support of your plans. We have discussed the project with our patients and when your facility opens at the end of next year we would refer a total of 156 patients. Our patient referrals include all 135 current Woodlawn Dialysis patients who wish to transfer to the new facility and 21 patients with renal insufficiency. See the attached lists of patient referrals.

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

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

Sincerely,

Mary Hammes D.O.

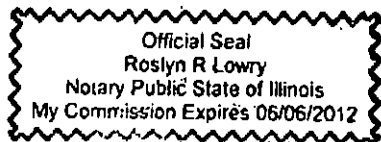
Mary Hammes, D.O.
Nephrologist

Notarization:

Subscribed and sworn before me this
13 day of December, 2010

[Signature]

Signature of Notary (seal)



Woodlawn - Current Pt. List
30-Nov-10

	<u>Patient Initials</u>	<u>Zip Code of Residency</u>
1	MT	30126
2	MO	60438
3	ON	60478
4	CC	60608
5	HD	60609
6	AG	60609
7	AH	60609
8	EB	60615
9	TB	60615
10	CF	60615
11	BG	60615
12	JH	60615
13	TJ	60615
14	MJ	60615
15	VM	60615
16	CN	60615
17	SN	60615
18	DR	60615
19	LR	60615
20	PS	60615
21	CS	60615
22	TR	60616
23	RW	60616
24	RW	60616
25	CA	60617
26	BB	60617
27	RJ	60617
28	ML	60617
29	AL	60617
30	BW	60617
31	KA	60619
32	DC	60619
33	TD	60619
34	EJ	60619
35	LJ	60619
36	CJ	60619
37	JL	60619
38	MM	60619
39	FO	60619
40	MP	60619
41	LP	60619
42	MR	60619
43	MS	60619
44	OS	60619
45	LT	60619
46	MT	60619
47	KT	60619

48	RC	60620
49	CC	60620
50	RH	60620
51	FP	60620
52	QS	60620
53	WW	60620
54	JW	60620
55	YH	60620
56	HB	60621
57	TB	60621
58	JF	60621
59	LH	60621
60	CJ	60621
61	SLT	60621
62	CM	60621
63	AO	60621
64	BS	60621
65	IJ	60622
66	LB	60624
67	BB	60628
68	AD	60628
69	EH	60628
70	EH	60628
71	LJ	60628
72	ELL	60632
73	DA	60636
74	DA	60636
75	JD	60636
76	JJ	60636
77	BJ	60636
78	AL	60636
79	TP	60636
80	JQ	60636
81	JT	60636
82	KW	60636
83	LA	60637
84	LA	60637
85	MB	60637
86	AD	60637
87	ED	60637
88	CD	60637
89	JE	60637
90	BG	60637
91	KJ	60637
92	DJ	60637
93	DJ	60637
94	LL	60637
95	HL	60637
96	YN	60637
97	MP	60637
98	BS	60637
99	TS	60637

100	CS	60637
101	MS	60637
102	TT	60637
103	DW	60637
104	AW	60637
105	JW	60637
106	RW	60637
107	NW	60637
108	HD	60643
109	RE	60643
110	JS	60643
111	MS	60647
112	BS	60649
113	AB	60649
114	LB	60649
115	LD	60649
116	TH	60649
117	MH	60649
118	SJ	60649
119	SJ	60649
120	LL	60649
121	LM	60649
122	CP	60649
123	LW	60649
124	CW	60649
125	CC	60653
126	OC	60653
127	DG	60653
128	AM	60653
129	CM	60653
130	MS	60653
131	ET	60653
132	QT	60653
133	ZA	60656
134	EA	60656
135	JJ	60827

**WOODLAWN DIALYSIS
PRE-RENAL PATIENT REFERRALS**

<u>Pt Number</u>	<u>Zip</u>	<u>ICD 9</u>	<u>Diagnosis</u>
23	60008	585.5	CHRONIC KIDNEY DISEASE, STAGE V
21	60478	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
1	60605	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
11	60609	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
6	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
9	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
12	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
8	60619	585.5	CHRONIC KIDNEY DISEASE, STAGE V
22	60619	585.5	CHRONIC KIDNEY DISEASE, STAGE V
3	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
13	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
18	60620	585.5	CHRONIC KIDNEY DISEASE, STAGE V
20	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
7	60621	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
17	60621	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
15	60629	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
4	60636	585.5	CHRONIC KIDNEY DISEASE, STAGE V
14	60636	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
10	60637	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
16	60639	585.5	CHRONIC KIDNEY DISEASE, STAGE V
2	60643	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)

SOURCE: Mary Hammes, D.O.

WOODLAWN DIALYSIS

**Number of Patients
2009**

<u>Zip Code</u>	<u>Patients</u>
60430	1
60435	1
60438	1
60445	1
60466	1
60478	1
60605	1
60607	1
60609	5
60615	15
60616	2
60617	9
60619	16
60620	7
60621	11
60622	1
60625	1
60628	8
60629	1
60636	6
60637	23
60643	3
60649	12
60652	1
60653	9
60656	1
60690	1
60803	1
60805	1
60827	2
	144

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WOODLAWN DIALYSIS

**Number of Patients
2008**

<u>Zip Code</u>	<u>Patients</u>
60409	1
60419	1
60430	1
60435	1
60438	2
60445	1
60466	1
60478	1
60605	1
60607	1
60609	5
60615	13
60616	1
60617	7
60618	1
60619	16
60620	7
60621	10
60622	1
60625	2
60628	6
60629	3
60636	6
60637	33
60643	2
60644	1
60649	14
60652	1
60653	8
60656	1
60690	1
60803	1
60827	1

152

WOODLAWN DIALYSIS

**Number of Patients
2007**

<u>Zip Code</u>	<u>Patients</u>
60409	1
60419	1
60435	1
60438	1
60445	1
60466	1
60473	1
60478	1
60605	1
60609	6
60615	10
60616	2
60617	8
60619	12
60620	6
60621	11
60622	1
60625	2
60628	6
60629	3
60636	4
60637	28
60643	3
60649	17
60651	1
60652	1
60653	10
60656	1
60803	2
60827	1

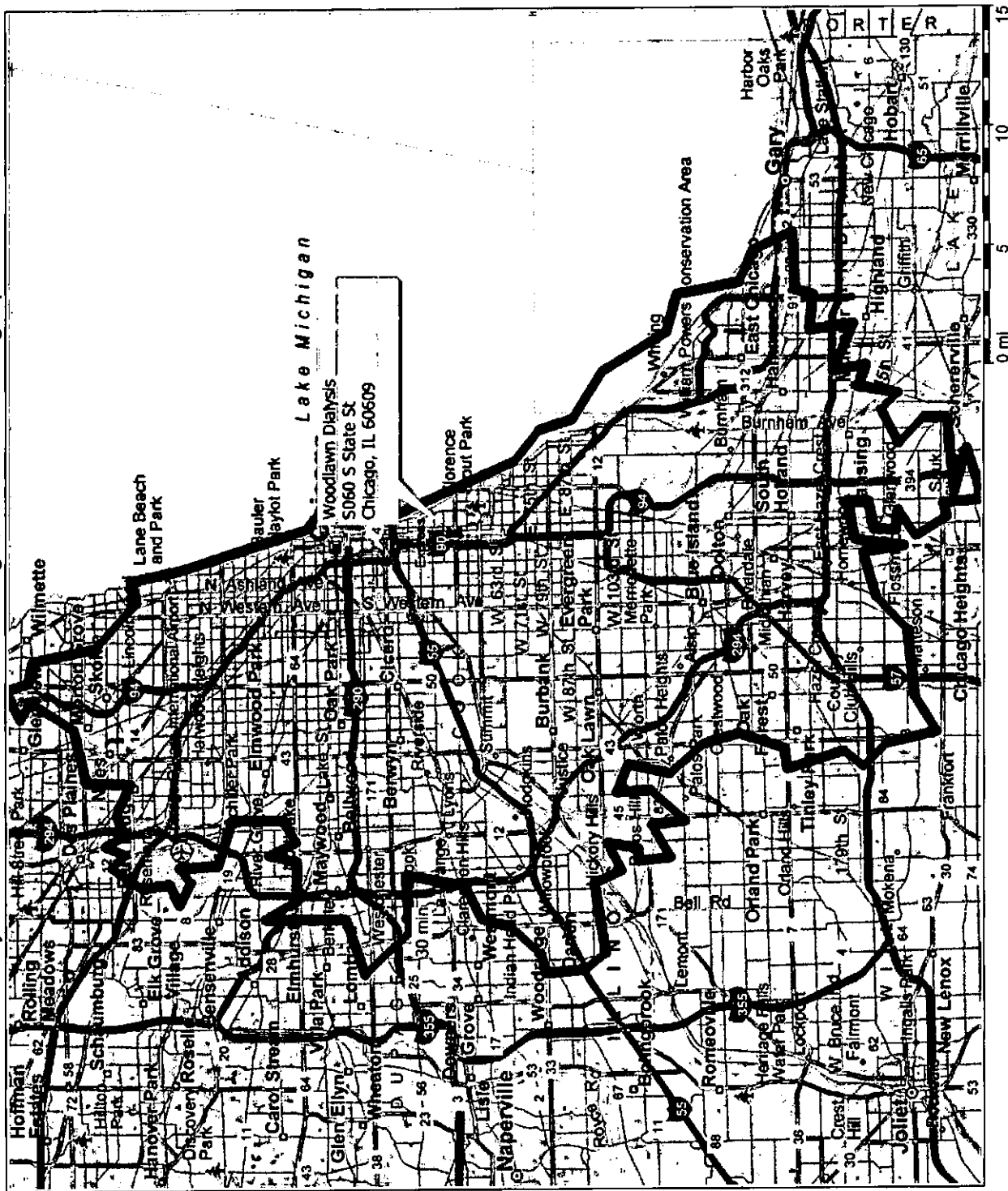
144

Woodlawn Dialysis
New Patients
2009

WL	60609	1
WL	60615	5
WL	60616	2
WL	60617	1
WL	60619	2
WL	60620	1
WL	60621	5
WL	60628	2
WL	60636	2
WL	60637	1
WL	60643	1
WL	60649	1
WL	60653	3
WL	60803	1
WL	60805	1

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Woodlawn Dialysis - 5060 S. State St. Chicago, IL 60609 Geographic Service Area



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Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(c), Project Purpose, Background and Alternatives

Alternatives

After exploring the options below, the Applicants determined to relocate and expand its capacity in order to meet rising demand and to address the current landlord's refusal to extend the lease. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

This is not a viable option. As stated in Attachment – 12, Woodlawn Dialysis' lease with the University of Chicago expires on December 31, 2011 and the landlord will not renew the lease. Thus, this is not an option.

There is no cost with this alternative.

Utilize Existing Facilities

Woodlawn Dialysis is currently operating at 111% utilization. Facilities within its service area show an average utilization of 78%, which is very close to target utilization. Although utilization is slightly below the state standard, dispersing patients on an ad hoc basis will not meet their needs as it does not appear that 156 patients can be accommodated in nearby locations. Additionally, the HFSRB Inventory identifies a need for 41 additional stations in HSA 6. Thus, utilizing existing facilities will not adequately meet that need. If utilizing other facilities was truly practical, this facility would not currently be operating a fourth shift, which is only done when there are no other viable treatment alternatives.

There is no cost with this alternative.

Relocate and Expand Woodlawn Dialysis

As stated in the application for Project No. 10-093, DaVita determined that the most effective and efficient way to serve its patients in Woodlawn and address the need for more stations in HSA 6 is to relocate and expand the existing facility. The demand for dialysis services that justified the expansion of Woodlawn Dialysis' capacity has not changed since the Board's approval of Project No. 10-093, but the use of the approved location is being blocked. Nevertheless, the proposed site in this application is located just 2.3 miles from the current site, and will adequately serve Woodlawn Dialysis' current and projected patient-base. Thus, the Applicants selected this option.

The cost associated with this option is \$4,969,521.

Table 1110.230(c)				
Alternatives to Proposed Project				
Cost Benefit Analysis				
Alternative	Community Need	Access	Cost	Status
Do Nothing	Not Met	Decreased	\$0	Reject
Utilize Existing Facilities	Not Met	Decreased	\$0	Reject
Establish New Facility	Met	Increased	\$4,969,521	Accept

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 11,520 to 16,640 gross square feet for 32 dialysis stations. The total gross square footage of the proposed dialysis facility is 12,380 gross square feet. Accordingly, the proposed facility meets the State standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	12,380	11,520 - 16,640	0	Meets State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, the proposed facility's annual utilization shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week.

Dr. Hammes projects that she will refer 156 patients. 135 patients currently receive treatment at the Existing Facility and will continue treatment at the Replacement Facility. Dr. Hammes is also currently treating 21 Stage 4 and Stage 5 CKD patients that will likely initiate dialysis in the next 18-24 months. This represents a utilization of 81.25% by the second year following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
2009	ESRD	20,101	N/A	14,976	Yes
2010	ESRD	21,150	N/A	14,976	Yes
2011 (Annualized)	ESRD	18,787	N/A	14,976	Yes
2012	ESRD	N/A	24,336	23,962	Yes
2013	ESRD	N/A	24,336	23,962	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(b), Planning Area Need**

1. Planning Area Need

The Applicants propose to discontinue its existing 20-station dialysis facility located at 1164 East 55th St., Chicago, IL 60615 and establish a new 32-station dialysis facility at 5060 S. State St., Chicago, IL 60609. The lease for the Existing Facility with the University of Chicago will expire on December 31, 2011. The University is unwilling to renew its lease. The Applicants are seeking approval for the proposed site, which is necessary to continue providing essential dialysis care to Woodlawn Dialysis' patients. The Applicants have the support of the Alderman for the proposed Replacement Facility, which is 2.3 miles from the current site. Thus, the facility will continue to serve its current patients and meet rising demand in its GSA.

The Existing Facility currently serves 135 ESRD patients and is operating at 111.7% capacity. Additionally, Dr. Hammes, the primary referring physician, is treating 21 CKD patients who will likely initiate dialysis within the next 18-24 months. Based upon the latest inventory data, there is a need for 41 dialysis stations in HSA 6, the service area where the proposed facility will be located. The addition of 12 stations at the Replacement Facility will address the current overutilization at the Existing Facility as well as the station need in HSA 6.

2. Service to Planning Area Residents

The primary purpose is to ensure the residents of south side of Chicago have access to life sustaining dialysis. As evidenced in the physician referral letter attached at Attachment – 26A, 131 of 135 current patients live in the service area. Additionally, 20 of 21 pre-ESRD patients live in the service area.

3. Service Demand – Establishment of In-Center Hemodialysis Service

As reported to the ESRD Network, Woodlawn Dialysis' utilization at June 30, 2011 was 111%, and the facility has been operating over 100% capacity for over four years. Attached at Attachment – 26A is the physician referral letter from Dr. Hammes documenting her historical and projected referrals.

4. Service Demand – Expansion of In-Center Hemodialysis Service

As reported to the ESRD Network, Woodlawn Dialysis' utilization at June 30, 2011 was 111%, and the facility has been operating at over 100% capacity for over three years. As shown in the referral letter at Attachment – 26A, Dr. Mary Hammes projects that she will refer a total of 156 patients to the facility. 135 are current Woodlawn Dialysis patients and another 21 pre-ESRD patients would need dialysis within the next 12 months. This results in an 81% utilization rate by the end of the second year of operation.

5. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to maintain access to life-sustaining dialysis for residents of Chicago. Woodlawn Dialysis' lease with the University of Chicago expires on December 31, 2011 and the landlord is unwilling to renew the lease. The relocation is necessary to provide essential care to Woodlawn Dialysis patients. Based on the latest data reported to the ESRD Network, Woodlawn Dialysis is operating at 111% utilization and the average utilization of existing facilities in the GSA is 78%. Moreover, HFSRB currently identifies a need for 41 stations in HSA 6. As such, the expanded Replacement Facility will better

accommodate current and future demand for dialysis services and ensure dialysis services are accessible to residents of Chicago's south side.



The University of Chicago

DEPARTMENT OF MEDICINE
Section of Nephrology

Mary Hammes, D.O.
Assistant Professor of Medicine
3841 South Maryland Avenue, MC 5100
Chicago, IL 60637
Phone 773-707-9897 • Fax 773-753-8301
mhammes@medicine.hsl.uchicago.edu

December 13, 2010

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

Dear Ms. Ladd:

We are pleased to support the relocation and expansion of Woodlawn Dialysis. The new 32-station chronic renal dialysis facility, to be located at 4642-4658 S. Drexel Boulevard in Chicago (60653), will provide us with the space we need to provide the services needed for today's standard of care. The proposed addition of twelve (12) stations would assist us in serving our large patient population. Therefore, we are excited by the enhancement in patient care which the facility offers us.

Between 2007 and 2010 Woodlawn Dialysis has served between 138 and 152 patients with utilization of the 20-station facility consistently over 100%. To serve all of our patients we must operate four shifts, and our last patients leave well past ten o'clock. In 2009 alone we referred 29 new patients to the facility. Please refer to the attached Historical Caseload of our recent practice in the area.

Due to our large practice we are in full support of your plans. We have discussed the project with our patients and when your facility opens at the end of next year we would refer a total of 156 patients. Our patient referrals include all 135 current Woodlawn Dialysis patients who wish to transfer to the new facility and 21 patients with renal insufficiency. See the attached lists of patient referrals.

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

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

Sincerely,

Mary Hammes D.O.

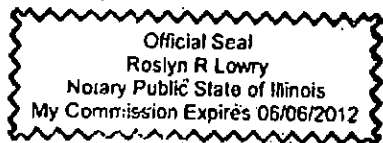
Mary Hammes, D.O.
Nephrologist

Notarization:

Subscribed and sworn before me this
13 day of December, 2010

[Signature]

Signature of Notary (seal)



Attachment - 26A

Woodlawn - Current Pt. List
30-Nov-10

	<u>Patient Initials</u>	<u>Zip Code of Residency</u>
1	MT	30126
2	MO	60438
3	ON	60478
4	CC	60608
5	HD	60609
6	AG	60609
7	AH	60609
8	EB	60615
9	TB	60615
10	CF	60615
11	BG	60615
12	JH	60615
13	TJ	60615
14	MJ	60615
15	VM	60615
16	CN	60615
17	SN	60615
18	DR	60615
19	LR	60615
20	PS	60615
21	CS	60615
22	TR	60616
23	RW	60616
24	RW	60616
25	CA	60617
26	BB	60617
27	RJ	60617
28	ML	60617
29	AL	60617
30	BW	60617
31	KA	60619
32	DC	60619
33	TD	60619
34	EJ	60619
35	LJ	60619
36	CJ	60619
37	JL	60619
38	MM	60619
39	FO	60619
40	MP	60619
41	LP	60619
42	MR	60619
43	MS	60619
44	OS	60619
45	LT	60619
46	MT	60619
47	KT	60619

48	RC	60620
49	CC	60620
50	RH	60620
51	FP	60620
52	OS	60620
53	WW	60620
54	JW	60620
55	YH	60620
56	HB	60621
57	TB	60621
58	JF	60621
59	LH	60621
60	CJ	60621
61	SLT	60621
62	CM	60621
63	AO	60621
64	BS	60621
65	IJ	60622
66	LB	60624
67	BB	60628
68	AD	60628
69	EH	60628
70	EH	60628
71	LJ	60628
72	ELL	60632
73	DA	60636
74	DA	60636
75	JD	60636
76	JJ	60636
77	BJ	60636
78	AL	60636
79	TP	60636
80	JQ	60636
81	JT	60636
82	KW	60636
83	LA	60637
84	LA	60637
85	MB	60637
86	AD	60637
87	ED	60637
88	CD	60637
89	JE	60637
90	BG	60637
91	KJ	60637
92	DJ	60637
93	DJ	60637
94	LL	60637
95	HL	60637
96	YN	60637
97	MP	60637
98	BS	60637
99	TS	60637

100	CS	60637
101	MS	60637
102	TT	60637
103	DW	60637
104	AW	60637
105	JW	60637
106	RW	60637
107	NW	60637
108	HD	60643
109	RE	60643
110	JS	60643
111	MS	60647
112	BS	60649
113	AB	60649
114	LB	60649
115	LD	60649
116	TH	60649
117	MH	60649
118	SJ	60649
119	SJ	60649
120	LL	60649
121	LM	60649
122	CP	60649
123	LW	60649
124	CW	60649
125	CC	60653
126	OC	60653
127	DG	60653
128	AM	60653
129	CM	60653
130	MS	60653
131	ET	60653
132	QT	60653
133	ZA	60656
134	EA	60656
135	JJ	60827

WOODLAWN DIALYSIS
PRE-RENAL PATIENT REFERRALS

<u>Pt Number</u>	<u>Zip</u>	<u>ICD 9</u>	<u>Diagnosis</u>
23	60008	585.5 ✓	CHRONIC KIDNEY DISEASE, STAGE V
21	60478	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
1	60605	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
11	60609	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
6	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
9	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
12	60617	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
8	60619	585.5 ✓	CHRONIC KIDNEY DISEASE, STAGE V
22	60619	585.5	CHRONIC KIDNEY DISEASE, STAGE V
3	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
13	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
18	60620	585.5	CHRONIC KIDNEY DISEASE, STAGE V
20	60620	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
7	60621	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
17	60621	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
15	60629	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
4	60636	585.5	CHRONIC KIDNEY DISEASE, STAGE V
14	60636	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
10	60637	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
16	60639	585.5	CHRONIC KIDNEY DISEASE, STAGE V
2	60643	585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)

SOURCE: Mary Hammes, D.O.

WOODLAWN DIALYSIS

**Number of Patients
2009**

<u>Zip Code</u>	<u>Patients</u>
60430	1
60435	1
60438	1
60445	1
60466	1
60478	1
60605	1
60607	1
60609	5
60615	15
60616	2
60617	9
60619	16
60620	7
60621	11
60622	1
60625	1
60628	8
60629	1
60636	6
60637	23
60643	3
60649	12
60652	1
60653	9
60656	1
60690	1
60803	1
60805	1
60827	2

144

WOODLAWN DIALYSIS

**Number of Patients
2008**

<u>Zip Code</u>	<u>Patients</u>
60409	1
60419	1
60430	1
60435	1
60438	2
60445	1
60466	1
60478	1
60605	1
60607	1
60609	5
60615	13
60616	1
60617	7
60618	1
60619	16
60620	7
60621	10
60622	1
60625	2
60628	6
60629	3
60636	6
60637	33
60643	2
60644	1
60649	14
60652	1
60653	8
60656	1
60690	1
60803	1
60827	1

152

WOODLAWN DIALYSIS

Number of Patients
2007

<u>Zip Code</u>	<u>Patients</u>
60409	1
60419	1
60435	1
60438	1
60445	1
60466	1
60473	1
60478	1
60605	1
60609	6
60615	10
60616	2
60617	8
60619	12
60620	6
60621	11
60622	1
60625	2
60628	6
60629	3
60636	4
60637	28
60643	3
60649	17
60651	1
60652	1
60653	10
60656	1
60803	2
60827	1

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Woodlawn Dialysis
New Patients
2009

WL	60609	1
WL	60615	5
WL	60616	2
WL	60617	1
WL	60619	2
WL	60620	1
WL	60621	5
WL	60628	2
WL	60636	2
WL	60637	1
WL	60643	1
WL	60649	1
WL	60653	3
WL	60803	1
WL	60805	1

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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication

- a. The proposed dialysis facility will be located at 5060 S. State St., Chicago, Illinois. A map of the Woodlawn Dialysis market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2000 census figures for each zip code is provided in Table 1110.1430(c)(1)(A) below.

Table 1110.1430(c)(1)(A)		
Population of Zip Codes within 30 Minutes of Proposed Facility		
Zip Code	City	Population
60053	MORTON GROVE	21,668
60076	SKOKIE	34,263
60077	SKOKIE	25,040
60104	BELLWOOD	20,571
60130	FOREST PARK	15,688
60141	HINES	247
60153	BROADVIEW	26,863
60154	WESTCHESTER	16,714
60160	MELROSE PARK	23,034
60162	HILLSIDE	8,513
60163	HILLSIDE	5,212
60165	STONE PARK	5,171
60171	RIVER GROVE	10,681
60301	OAK PARK	2,158
60302	OAK PARK	32,527
60304	OAK PARK	17,839
60305	RIVER FOREST	11,635
60402	STICKNEY	60,373
60406	BLUE ISLAND	25,370
60409	CALUMET CITY	39,065
60411	SAUK VILLAGE	60,461
60415	CHICAGO RIDGE	14,039
60419	DOLTON	25,567
60425	GLENWOOD	9,011
60426	MARKHAM	47,649
60429	HAZEL CREST	16,070
60430	HOMewood	21,152
60438	LANSING	28,950
60445	CRESTWOOD	25,979
60452	OAK FOREST	27,899
60453	OAK LAWN	54,499
60455	BRIDGEVIEW	16,138
60456	HOMETOWN	4,452

60457	HICKORY HILLS	14,110
60458	JUSTICE	14,226
60459	BURBANK	27,978
60463	PALOS HEIGHTS	13,286
60469	POSEN	4,703
60472	ROBBINS	6,672
60473	SOUTH HOLLAND	22,218
60476	THORNTON	2,601
60477	TINLEY PARK	56,840
60478	COUNTRY CLUB HIL	16,168
60480	WILLOW SPRINGS	4,758
60482	WORTH	11,262
60501	ARGO	11,175
60513	BROOKFIELD	19,146
60525	HODGKINS	32,475
60534	LYONS	10,212
60546	NORTH RIVERSIDE	15,700
60558	WESTERN SPRINGS	12,539
60601	CHICAGO	5,591
60602	CHICAGO	70
60603	CHICAGO	378
60604	CHICAGO	78
60605	CHICAGO	12,423
60606	CHICAGO	1,682
60607	CHICAGO	15,552
60608	CHICAGO	92,472
60609	CHICAGO	79,469
60610	CHICAGO	47,513
60611	CHICAGO	26,522
60612	CHICAGO	37,990
60613	CHICAGO	50,548
60614	CHICAGO	65,474
60615	CHICAGO	45,096
60616	CHICAGO	47,073
60617	CHICAGO	96,288
60618	CHICAGO	98,147
60619	CHICAGO	74,963
60620	CHICAGO	85,771
60621	CHICAGO	47,514
60622	CHICAGO	76,015
60623	CHICAGO	108,144
60624	CHICAGO	45,647
60625	CHICAGO	91,351
60626	CHICAGO	59,251
60628	CHICAGO	87,827
60629	CHICAGO	113,984
60630	CHICAGO	54,781

60631	CHICAGO	28,832
60632	CHICAGO	87,577
60633	BURNHAM	13,262
60634	NORRIDGE	74,164
60636	CHICAGO	51,451
60637	CHICAGO	57,090
60638	BEDFORD PARK	55,788
60639	CHICAGO	92,951
60640	CHICAGO	74,030
60641	CHICAGO	73,824
60643	CALUMET PARK	52,568
60644	CHICAGO	59,059
60645	LINCOLNWOOD	44,197
60646	LINCOLNWOOD	27,016
60647	CHICAGO	98,769
60649	CHICAGO	54,823
60651	CHICAGO	77,583
60652	CHICAGO	39,126
60653	CHICAGO	34,502
60654	CHICAGO	7
60655	MERRIONETTE PARK	29,138
60656	HARWOOD HEIGHTS	27,129
60657	CHICAGO	66,789
60659	LINCOLNWOOD	39,155
60660	CHICAGO	47,726
60661	CHICAGO	4,382
TOTAL		3,929,119

Source: U.S. Census Bureau, Census 2000, Zip Code Fact Sheet available at http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited Aug. 22, 2011).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 26C.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 135% of the State average, the average utilization of dialysis facilities within the GSA is 78%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 135% of the State Average.

	Population	Dialysis Stations	Stations to Population
Geographic Service Area	3,929,119	1,546	1:2,541
State	12,419,293	3,626	1:3,425

b. Historic Utilization of Existing Facilities

For over four years, the Existing Facility has operated in excess of 100% utilization. Additionally, the average utilization in the service area is 78%, just below the Board's 80% utilization standard. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services. Additional stations are necessary to adequately meet rising demand and a need of 41 additional dialysis stations, as identified by the HFSRB Inventory.

c. Sufficient Population to Achieve Target Utilization

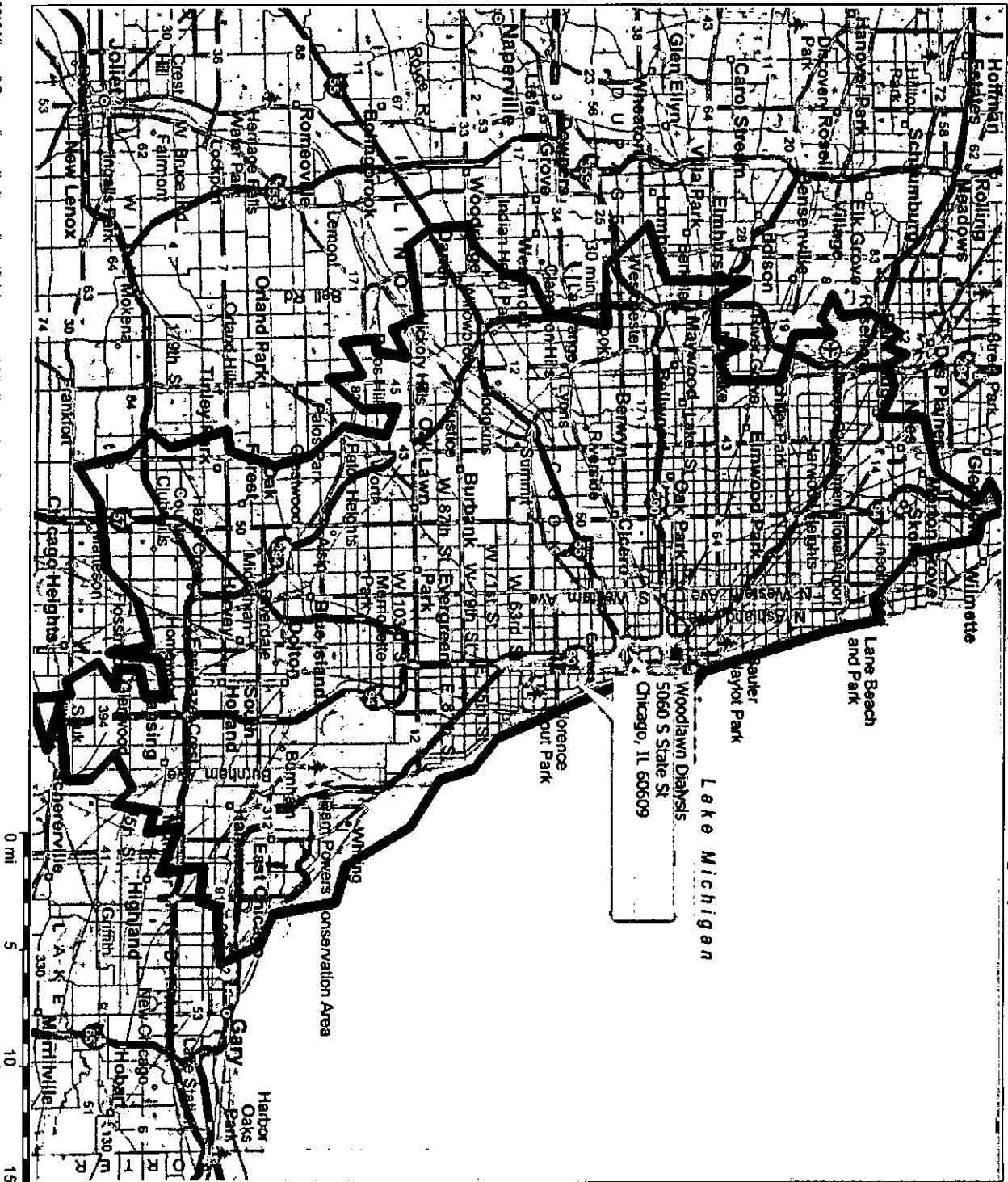
The Applicants propose to discontinue their existing 20-station facility and establish a 32-station facility. The Existing Facility currently treats 135 patients. To achieve the State Board's 80% utilization standard within the first two years after project completion, the Applicants would need 19 patient referrals and Dr. Hammes' referral information provides for 21.

Accordingly, there is sufficient population to achieve target occupancy.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the proposed geographic service area. All of the identified patients will either be transfers from the Existing Facility or referrals of pre-ESRD patients. No patients will be transferred from other existing dialysis facilities.
- b. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.

Woodlawn Dialysis - 5060 S. State St. Chicago, IL 60609 Geographic Service Area



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Table 1110.230(b)(1) Facilities within 30 Minutes Driving Distance of Proposed Facility

Facility	City	Distance	Time	Adjusted Time	Stations	Patients (6/30/11)	Utilization
Austin Community Kidney Center	Chicago	12.36	23	28.75	16	57	59.38%
Beverly Dialysis	Chicago	7.19	16	20	12	45	62.50%
Blue Island Dialysis Ctr	Blue Island	12.72	21	26.25	24	115	79.86%
Chicago Dialysis Center	Chicago	6.5	12	15	21	82	65.08%
Children's Memorial Hospital	Chicago	9.56	20	25	6	18	50.00%
Circle Medical Management	Chicago	7.49	14	17.5	27	123	75.93%
Davita - Lake Park Dialysis	Chicago	2.01	6	7.5	20	109	90.83%
Davita - Stony Island Dialysis	Chicago	10.03	16	20	23	140	101.45%
Davita- Woodlawn	Chicago	2	5	6.25	20	134	111.67%
Dialysis Center of America - Loop	Chicago	7.24	14	17.5	28	74	44.05%
Emerald Dialysis	Chicago	2.08	6	7.5	24	126	87.50%
FMC Dialysis Services - Burbank	Burbank	10.42	23	28.75	22	121	91.67%
FMC Dialysis Services of Congress Parkway	Chicago	9.28	15	18.75	30	114	63.33%
Fresenius Medical Care - Midway	Chicago	13.57	23	28.75	12	26	36.11%
Fresenius Medical Care Chatham	Chicago	4.82	9	11.25	16	0	0.00%
Fresenius Medical Care Northcenter	Chicago	12.04	21	26.25	16	69	71.88%
Fresenius Medical Care of Chicago - West	Chicago	7	15	18.75	31	62	33.33%
Fresenius Medical Care of Roseland	Chicago	8.29	17	21.25	12	56	77.78%
Fresenius Medical Care South Deering	Chicago	5.73	15	18.75	20	0	0.00%
Fresenius Medical Care West Willow	Chicago	8.91	16	20	12	0	0.00%
Garfield Kidney Center	Chicago	10.07	19	23.75	16	98	102.08%
Grand Crossing Dialysis	Chicago	3.53	9	11.25	12	0	0.00%
Greenwood Dialysis Center	Chicago	6.43	13	16.25	28	143	85.12%
Jackson Park Dialysis	Chicago	4.65	12	15	24	117	81.25%
John H. Stroger Jr. Hospital of Cook County	Chicago	7.53	14	17.5	9	87	161.11%
Lincoln Park Dialysis Center	Chicago	10.7	20	25	22	102	77.27%
Little Village Dialysis	Chicago	7.12	14	17.5	16	93	96.88%
Logan Square Dialysis	Chicago	11.59	20	25	20	116	96.67%
Maple Avenue Kidney Center	Oak Park	14.44	21	26.25	18	66	61.11%
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	2.69	7	8.75	16	94	97.92%
Mount Greenwood Dialysis	Chicago	11.79	21	26.25	16	75	78.13%
Mt. Sinai Hospital Med Cir	Chicago	11.53	19	23.75	16	73	76.04%
Neomedica Dialysis Ctrs - Bridgeport	Chicago	3.07	8	10	27	144	88.89%
Neomedica Dialysis Ctrs - Marquette Park	Chicago	5.53	15	18.75	16	80	83.33%
Neomedica Dialysis Ctrs - North	Chicago	14.81	24	30	28	126	75.00%
Neomedica Dialysis Ctrs - South	Chicago	6.98	13	16.25	36	171	79.17%

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Neomedica Dialysis Ctrs - South Shore	Chicago	5.72	16	20	16	82	85.42%
Neomedica Dialysis Ctrs - Evergreen Park	Evergreen Park	9.31	19	23.75	30	146	81.11%
Neomedica Loop East Delaware	Chicago	5.64	11	13.75	24	74	51.39%
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	7.97	16	20	44	200	75.76%
Oak Park Dialysis Center	Oak Park	15.32	24	30	12	133	184.72%
RCG - Uptown	Chicago	13.43	24	30	12	38	52.78%
RCG Garfield	Chicago	0.9	2	2.5	22	104	78.79%
RCG MidAmerica - Prairie	Chicago	4.42	10	12.5	24	92	63.89%
RCG-Merrionette Park	Merrionette Park	12.6	21	26.25	18	84	77.78%
RCG-Scottsdale	Chicago	9.97	22	27.5	35	156	74.29%
Rush Univ. Med. Ctr.	Chicago	7.19	13	16.25	5	6	20.00%
South Side Dialysis Center	Chicago	7.11	16	20	39	197	84.19%
University of Illinois Hospital	Chicago	6.65	14	17.5	26	136	87.18%
West Lawn Dialysis	Chicago	7.53	20	25	12	12	16.67%
West Metro Dialysis Center	Chicago	9.92	20	25	30	167	92.78%
West Suburban Hosp. Dialysis Unit	Oak Park	13.84	22	27.5	46	240	86.96%
Total					1047*	4923	78.37%

*Note that total stations only includes operational facilities.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Medical Director: Mary Hammes, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Hammes' curriculum vitae is attached at Attachment – 26D.
 - b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 20-station dialysis facility and establish a 32-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26F.
3. As set forth in the letter from Luis Borgen, Chief Financial Officer of DaVita, attached at Attachment 26-F, the Replacement Facility will maintain an open medical staff.

March, 2010

CURRICULUM VITAE

Mary Hammes, D.O.

PERSONAL INFORMATION

Office: University of Chicago, 5841 S. Maryland Ave., MC 5100
Chicago, IL 60637

Voice: 773-702-9893 FAX: 773-702-3370

e-mail: mhammes@medicine.bsd.uchicago.edu

Date of Birth: 11/24/59

Place of Birth: LaCrosse, WI

Citizenship: USA

Home: Riverside, IL

Spouse: Steven Beltran, M.D.

Children with DOB: Emily 11/26/94; Nicholas 7/17/96

EDUCATION AND TRAINING

College: Winona State University, BS in Nursing, 1981

Medical School: Texas College of Osteopathic Medicine, 1988

Residency: Loyola University Medical School, 1989-1992

Fellowship in Nephrology, University of Chicago 1992-1995

BOARD CERTIFICATION

Internal Medicine: September 1993

Nephrology: November 1994

Recertification, 2003, 2004

MEDICAL LICENSURE

Illinois Medical License IL 036-081803

PROFESSIONAL/ACADEMIC APPOINTMENTS:

(in chronological order)

Instructor of Medicine	University of Chicago	1995-1997
Assistant Professor in Medicine	University of Chicago	1997-present

HONORS, AWARDS, SCHOLARSHIP:

Midwest Trainee Investigator Award
AFRC and Central Society for Clinical Research
October, 1994
Renal Network Award, Anemia Management, Woodlawn Dialysis, 2005
Renal Network Award, Fistula First, Woodlawn Dialysis, 2005, 2006
Lecturer of the Year Nephrology 2008
CTSA Pilot and Collaborative Translational and Clinical Studies Award, 2008

PROFESSIONAL MEMBERSHIPS:

American Society of Nephrology

REVIEW AND EDITORIAL EXPERIENCE

Kidney International, July, 2004
cJASN May, 2008
NDT, June 2008
KI, June 2008
AJKD September, 2008
Translational Research
Hemodialysis International, 2009

CLINICAL PRACTICE

At the University of Chicago, I am an Assistant Professor of Medicine and Medical Director of Woodlawn Dialysis. My practice is primarily out-patient as I assume attending coverage for approximately 140 hemodialysis patients, plus attend two, four hour out patients sessions per week. I also attend on the in-patients consult service and provide week-end coverage on a rotating basis.

ADMINISTRATIVE / COMMITTEE WORK**Intramural**

1. Medical Director Woodlawn Dialysis
2. Chair monthly Hemodialysis CQI 1997-2008
3. Chair monthly Operations meetings 1997-present
- 4.. Vascular Access Advisory Board Renal Network 2009
5. Medical Review Board Renal Network, 2010

National/International:

1. Moderator, Cardiovascular Management of the Renal Patient, American Heart Association, November, 2006

PRESENTATIONS**Intramural**

1. Grand Rounds, University of Chicago, Update on Mortality and Dialysis Outcomes, November, 1999
2. Grand Rounds, University of Chicago, Cardiovascular Disease in a Patient with End-Stage Renal Failure, November, 2003

Regional

1. Renal Network Fistula First Learning Session. August, 2006. Chicago, IL. Fistula First and Foremost
2. Renal Network Nephrology Conference, March, 2007. Chicago, IL. Fistula First and Foremost.

National/International

1. Invited Lecture: Advances at the Forefront: Translational Medicine at the Bedside, Preventing Dialysis in Chronic Renal Failure: Critical Decisions, August, 2007

TEACHING EXPERIENCE AND CURRICULUM DEVELOPMENT

1. Invited Lecture. History of Artificial Organ Class, Illinois Institute of Technology, February, 2005, 2006, 2008, 2009.
2. Invited Lecture/Seminar. Undergraduate biomedical engineers and science majors from IIT. "Treatment of ESRD, Implications for Diabetes", August 2006, June, 2007, June 2008, June 2009

MENTORSHIP

2005-present, Cephalic Arch Project, Mentor: Frederic Coe, M.D.

RESEARCH

Current:

Cephalic Arch Project

Past:

Permeability of glomerular epithelial cells

Calcium oxalate crystals and gene-expression

Anergy and ESRD

Phosphate control in ESRD

Argatroban use in ESRD

Nasal Mupirocin to prevent catheter-related bacteremia in ESRD

TPA for catheter-associated thrombosis in ESRD

Nephrolithiasis in ESRD

Vasc-Alert surveillance tool for access in ESRD

Religious beliefs in ESRD

Human Tissue Factor and Thrombosis

PUBLICATIONS (in chronological order)

Peer-reviewed:

1. **Hammes MS**, Singh A: Effect of polycations on permeability of glomerular epithelial cell monolayers to albumin. *Journal of Laboratory and Clinical Medicine* 123: 437-446, 1994.
2. **Hammes MS**, DeMory A, Sprague SM: Hypocalcemia in end-stage renal disease: a consequence of spontaneous parathyroid gland infarction. *American Journal of Kidney Disease* 24: 519-522, 1994.
3. **Hammes MS**, Lieske JC, Pawar S, Spargo BH, Toback GF: Calcium oxalate monohydrate crystals stimulate gene expression in renal epithelial cells. *Kidney International* 8: 501-509, 1995.
4. Lieske JC, **Hammes MS**, Toback GF: Role of calcium oxalate monohydrate crystal interactions with renal epithelial cells in the pathogenesis of nephrolithiasis: a review. *Scanning Microscopy* 10: 519-534, 1996.
5. Lieske JC, **Hammes MS**, Hoyer JR, Toback FG: Calcium oxalate monohydrate crystals stimulate gene expression and protein secretion in renal epithelial cells. *Kidney International* 51: 679-686, 1997.
6. Poduval RD, **Hammes MS**. Tuberculosis screening in dialysis patients – is the tuberculin test effective? *Clinical Nephrology* 59: 436-440, 2003.
7. Poduval RD, Wolgemuth C, Ferrell J, **Hammes MS**. Hyperphosphatemia in dialysis: Is there a role for focused *counseling*? *Journal of Renal Nutrition* 13: 219-223, 2003.
8. **Hammes MS**. Medical Complications in hemodialysis patients requiring vascular access radiology procedures. *Seminars in Interventional Radiology* 21: 105-110, 2004.
9. Murray PT, Reddy BV, Groosman EJ, **Hammes MS**, Trevino S, Ferrell J, Tang I, Hursting MJ, Shamp TR, Swan SK. A Prospective comparison of three agartoban treatment regimens during hemodialysis in end-stage renal disease. *Kidney International* 66: 2446-2453, 2004.
10. Stankus N, Worcester E, **Hammes M**, Coe FL. Evidence against a conventional urine risk factor to de novo ESRD renal stones. *Nephrol Dial Transplant* 21(3): 701-6, 2006.
- 11 Brennan JM, Ronan A, Goonewardena S, Blair JEA, **Hammes M**, Shah D, Vasaiwala S, Kilpatrick JN, Spencer KT. Handcarried Ultrasound Measurement of the Inferior Vena Cava for Assessment of Intravascular Volume Status in the Outpatient Hemodialysis Clinic. *Clin. J. Am. Soc. Nephrol.* 1: 749-753, 2006.

12. Stankus, N, **Hammes M**, Gillen D, Worcester E. African American ESRD patients have a high pre-dialysis prevalence of kidney stones to NHANES III. *Urol Res* 35: 83-87, 2007.
13. Ko B, Khurana B, Spencer J, Scott B, Hahn M, **Hammes M**. Religious beliefs and quality of life in an American inner city hsemodialysis population. *Nephrol Dial Transplant* doi:10.1093/ndt/gfm341, 2007.
14. **Hammes M**, Funaki B, Coe F. Cephalic Arch Stenosis in Patients with Fistula Access for Hemodialysis. *Hemodialysis International* 12:85-89, 2008.
15. **Hammes M**, Boghosian ME, Cassel KW, Funaki B, Coe FL. Characteristic Differences in Cephalic Arch Geometry for Diabetic and Non-diabetic ESRD Patients. *Nephrol Dial, Transplant* 24: 2190-4, 2009
16. Zawaski S, **Hammes M**, Balasubramanian V. Alternatively Spliced Human Tissue Factor and Thrombotic Tendencies in Hemodialysis Patients. Accepted *International Journal of Nephrology and Urology*, 2010

Reviews, book chapters, books, web-based materials:

1. **Hammes M**, McGilluim D, Brennan S: Acute Renal Failure, in Hall JB, Schmidt GA, Wood LH (eds): Principles of Critical Care, 2nd Edition, McGraw-Hill: Acute Renal Failure, Chapter 70,1117-1131, 1998.
2. **Hammes M**, Brennan S, Lederer ED: Severe Electrolyte Disturbances, in Hall JB, SchmidtGA, Woods LH (eds): Principles of Critical Care 2nd Edition, McGraw Hill, Severe Electrolyte Disturbances, Chapter 73, 1153-1168, 1998.

Abstracts:

1. **Hammes MS**, Singh A: Effects of polycations on permeability of glomerular epithelial cell monolayers to albumin. American Society of Cell Biology, 1992.
2. **Hammes MS**, Lieske JC, Pawar S, Keeley E, Toback GF: Gene expression during kidney cell-crystal interactions. American Federation for Clinical Research, 1994.
3. **Hammes MS**, Lieske JC, Pawar S, Keeley E: Calcium oxalate monohydrate (COM) crystal induce gene expression in kidney epithelial cells. American Society of Nephrology, 1994.
4. Lieske JC, **Hammes MS**, Hoyer JR, Toback FG: Osteopontin (OPN) gene expression and protein secretion by renal epithelial cells is stimulated by calcium oxalate monhydrate (COM) crystals. *Journal of Investigative Medicine* 43 (S3): 466A, 1995.
5. Lieske JC, **Hammes MS**, Hoyer JR, Toback FG: Calcium oxalate monohydrate (COM) crystals stimulate osteopontin (OPN) gene expression and protein secretion by renal epithelial cells. *Journal American Society of Nephrology* 6: 951,1995.
6. Poduval RD, **Hammes MS**: Tuberculosis (TB) screening in Dialysis Patients- Is the Tuberculin Test Effective. *Journal American Society of Nephrology* 12:343A, 2001.
7. Poduval RD, Ferrell J, **Hammes MS**: Adequacy of Dialysis is a Major Derminant of Anergy among Patients on Chronic Hemodialysis (HD). *Journal American Society of Nephrology* 12:343A, 2001.
8. **Hammes MS**, Ferrell J, Poduval RD: Intraluminal Alteplase (t-PA) Is an Effective Means to Treat Occluded Hemodialysis (HD) Catheters. *Journal American Society of Nephrology* 12:290A, 2001.
9. **Hammes MS**, Ferrell J, Poduval RD: Prospective, Randomized, Double-blind Study of the Safety, Efficacy and Therapeutic dose of Alteplase (t-PA) in the Treatment of Occluded Hemodialysis Catheters, *Proceedings of the Clinical Nephrology Meetings 2002*, A-9.
10. Poduval RD, Wolgemuth C, Ferrell J, **Hammes MS**: Hyperphosphatemia in Dialysis Patients- Is there a Role for Focused Counseling? *Proceedings of the Clinical Nephrology Meetings 2002*, A-18.
11. **Hammes MS**, Poduval R, Ferrell J: The Effect of Intensive Hemodialysis (HD) on Anergy in Dialysis Patients – Results of a Prospective Study. *Journal American Society Nephrology* 14:212A, 2003.
12. Reddy BV, Poduval R, Ferrell J, **Hammes MS**: Effect of Nasal Mupirocin (MP) on the Incidence of Staphylococcus Aureus (SA) Bacteremia in Hemodialysis (HD) patients with Dialysis Catheters. *Journal American Society Nephrology* 14:709A, 2003.
13. Murray PT, Reddy BV, Grossman E, **Hammes M**, Trevino S, Ferrell J, Tang I,

Khurana A, Shamp T, Swan SK: Pharmacokinetics (PK) and Pharmacodynamics (PD) of Agatroban Anticoagulation in End-Stage Renal Disease (ESRD) Patients Undergoing Hemodialysis (HD) . *Journal American Society Nephrology* 14:728A, 2003.

14. Brennan MJ, Ronan A, Goonewardena S, Blair JE, Kirkpatrick J, **Hammes M**, Spencer K. Handcarried Ultrasound Measurement of IVC Collapsibility Index for Assessment of Intravascular Volume Status and Adverse Event Prediction in an Outpatient Hemodialysis Center. Presented at the Residents Research Day, University of Chicago, 2005.

15. **Hammes M**, Funaki B, Hirshman K, Kennedy J, Aneziokoro O: Vasc-Alert is an Effective Tool to Prevent Venous Stenosis. *Journal American Society Nephrology Abstracts*, 2006.

16. Khurana A, Ko B, Spencer J, Scott B, Hahn M, **Hammes M**. Religious Beliefs and Quality of Life in a Hemodialysis Population. *Journal American Society Nephrology Abstracts*, 2006.

17. **Hammes M**, Funaki, B, Coe FL. Prevalance and Co-morbidities of Cephalic Arch Stenosis in Patients with Brachiocephalic Fistulas for Hemodialysis. Medicine Research Day, University of Chicago, 2007.

18. **Hammes M**, Boghosian ME, Coe FL, Cassel K. Retrospective Study of Cephalic Arch Geometry and Stenosis in Hemodialysis Patients with Brachiocephalic Fistulas. *Journal American Society of Nephrology* 18: 263A, 2007.

19. **Hammes M**, Funaki B, Coe FL. Cephalic Arch Stenosis in Patients with Fistula Access: Relationship to Diabetes and Thrombosis. *Journal American Society of Nephrology* 18:263A, 2007.

PROGRAM DESCRIPTION

Introduction to Program

The Hemodialysis Education and Training Program is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Hemodialysis Education and Training Program is designed to provide the new teammate with the necessary theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates.

A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.

An **experienced teammate** is defined as:

- A newly hired patient care teammate with prior dialysis experience as evidenced by successful completion of a competency exam.
- A rehired patient care teammate who left and can show proof of completing their initial training.

The curriculum of the Hemodialysis Education and Training Program is modeled after the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing and the Board of Nephrology Examiners Nursing and Technology guidelines.

The program incorporates the policies, procedures, and guidelines of DaVita Inc.

The new teammate will be provided with a "StarTracker". The "StarTracker" is a tool that will help guide the training process while tracking progress. The facility administrator and preceptor will review the Star Tracker to plan and organize the training and professional development of the new teammate. The Star Tracker will guide the new teammate through the initial phase of training and then through the remainder of their first year with DaVita, thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "My Learning Plan Workbooks."

Program Description

- The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and (2) 280 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis

workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), the administrator, or the preceptor. This training includes introduction to the dialysis machine, components of the hemodialysis system, dialysis delivery system, principles of hemodialysis, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used, introduction to DaVita Policies and Procedures, and introduction to the Amgen Core Curriculum.

The **didactic phase** also includes classroom training with the Clinical Services Specialist, which covers more in-depth theory on structure and functions of the kidneys. This includes homeostasis, renal failure ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis, components of the hemodialysis system, water treatment, dialyzer reprocessing, hemodialysis treatment (which includes machine troubleshooting and patient complications), documentation, complication case studies, heparinization and anticoagulation, vascular access (which includes vascular access workshop), patient assessment (including workshop), fluid management with calculation workshop, nutrition, laboratory, adequacy, pharmacology, patient teaching/adult learning, service excellence (which includes professionalism, ethics and communications).

A final comprehensive examination score of $\geq 80\%$ must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, DaVita Virtual Training Program (which includes 21 hours of computer training classes), One For All orientation training, HIPAA training, LMS mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

Included in the **didactic phase** for nurses is additional classroom training. The didactic phase includes:

- The role of the dialysis nurse in the facility
- Pharmacology for nurses
- Outcomes management
- Patient assessment for the dialysis nurse.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, a registered nurse, or the clinical services specialist (CSS). During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Inventory Checklist* will be completed to the satisfaction of the preceptor and the administrator.

The clinical hemodialysis workbooks will also be utilized for this training and must be completed to the satisfaction of the preceptor and the administrator.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory LMS Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase of a specific skill set will be successfully completed prior to the new teammate receiving an independent assignment for that specific skill set. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

- The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The *Procedural Skills Inventory Checklist* including verification of review of applicable policies and procedures will be completed by the preceptor, a registered nurse, and/or the clinical services specialist (CSS) and the new teammate upon demonstration of an acceptable skill-level. The new teammate will also utilize the hemodialysis training workbook and progress at their own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

The *Initial Competency Exam* will be completed; a score of $\geq 80\%$ or higher is required prior to the new teammate receiving an independent patient-care assignment. If the new teammate receives a score of less than 80%, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-06-05, TR1-06-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the, DaVita Prep Class Evaluation (TR1-06-08), the New Teammate Satisfaction Survey on the LMS and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 26F is a letter from Luis Borgen, Chief Financial Officer, DaVita, Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.



1551 Wewatta Street
Denver, CO 80202
Tel: (303) 405-2100
www.davita.com

August 23, 2011

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

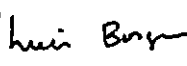
Re: Certification of Support Services

Dear Chairman Galassie:


I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(f) that Woodlawn Dialysis will maintain an open medical staff.

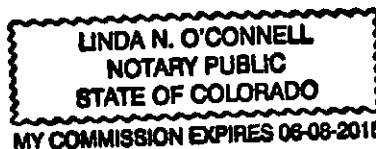
I also certify the following with regard to needed support services:

- DaVita participates in a dialysis data system;
- Woodlawn Dialysis will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- 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 Woodlawn Dialysis or through a signed, written agreement for these services with another facility.

Sincerely,

Luis Borgen
Chief Financial Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 23 day of August,
2011


Notary Public



Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 32-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

Included at Attachment – 26G are materials relating to the availability of transplantation and associated tissue typing services to the Applicants' patients at the University of Chicago Medical Center. Further, a letter agreement from University of Chicago Medical Center agreeing to accept the Applicants' ESRD patients for inpatient care and other hospital services at University of Chicago Medical Center when needed is included.

EXECUTION VERSION

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 1st day of August, 2010 (the "Effective Date"), by and between **University of Chicago Medical Center** (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:

Lake Park Dialysis #5578
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039

Stony Island Dialysis # 5579
8725 S. Stony Island
Chicago, Illinois 60617-2709

Woodlawn Dialysis #5580
1164 E. 55th Street
Chicago, Illinois 60615

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 between the facilities;

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

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. JOINT RESPONSIBILITIES. In accordance with Company's policies and procedures and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, a patient of Company may be transferred to Hospital as long as Hospital has bed availability, staff availability, is able to provide the services requested by Company, including on-call specialty physician availability, and the transfer is consistent with current patient transfer laws. In such cases, Hospital and Company agree to exercise their best efforts to provide for prompt admission of the patient. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, including but not limited to, the

Emergency Medical Treatment and Active Labor Act, the standards of the Joint Commission and any other applicable accrediting bodies, and policies and procedures of the facilities. Hospital and Company further acknowledge and agree that 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 facility.

2. HOSPITAL OBLIGATIONS. In accordance with the policies and procedures as hereinafter provided and the criteria set forth in Section 1, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) Hospital agrees to exercise its best efforts to ensure the prompt admission of patients as necessary, provided that Hospital has the capacity to treat the patient and all usual conditions of admission are met. In doing so, Hospital agrees to accept and treat patients in emergency situations requiring transfer of a patient from Company to Hospital.

(b) Hospital shall designate an individual to coordinate with Company in order to establish acceptable and efficient transfer guidelines.

3. COMPANY OBLIGATIONS.

(a) Upon transfer of a patient to Hospital pursuant to the criteria set forth in Section 1, Company agrees:

- i. That it shall transfer patients to Hospital for medical treatment only where such transfer has been determined to be medically appropriate;
- ii. That transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution;
- iii. That it shall obtain the informed consent for the transfer to Hospital from the patient, if medically possible, or from the legal guardian, legal representative or other surrogate decision maker of a patient who is determined to be unable to give informed consent to transfer;
- iv. To notify Hospital as far in advance as possible of the impending transfer;
- v. 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;
- vi. That it shall, to the extent possible, stabilize patients prior to transfer and initiate treatment to insure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. The parties recognize that the responsibility to arrange for transfer to Hospital rests with Company in emergency situation. Should a patient require transfer to Hospital

upon request of patient's attending physician in a non-emergency situation, the patient, or the patient through a relative or guardian, shall be responsible for transportation. Hospital's responsibility for the patient's care shall begin when the patient is admitted to Hospital;

vii. Original medical records kept by each of the parties shall remain the property of that institution; and

viii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Company agrees 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. contact information for the referring physician;
- ii. name of physician(s) at Hospital contacted with regard to the patient (and to whom the patient is to be transferred);
- iii. medical, nursing and other care plans;
- iv. current medical and lab findings;
- v. diagnosis;
- vi. rehabilitation potential;
- vii. discharge summary;
- viii. a brief summary of the course of treatment followed at Company;
- ix. medications administered;
- x. known allergies;
- xi. nursing and dietary information;
- xii. ambulating status;
- xiii. advanced medical directives; and
- xiv. pertinent administrative, third party billing and social information.

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

4. NON-DISCRIMINATION. The parties hereby acknowledge that nothing in this Agreement shall be construed to permit discrimination by either party in the transfer process set forth herein based on race, color, national origin, handicap, religion, age, sex or any characteristic protected by Illinois state laws, Title VI of the Civil Rights Act of 1964, as amended or any other applicable state or federal laws. Further, Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act require that no otherwise qualified individual with a handicap shall, solely by reason of the handicap be excluded from participation in, or denied the benefits of, or be subjected to discrimination in a facility certified under the Medicare or Medicaid programs.

5. 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. Hospital and Company agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. Hospital and Company will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

6. HIPAA. Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations at 45 C.F.R. Parts 160 and 164 promulgated by the United States Department of Health and Human Services, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations (collectively, "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.

7. 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.

8. INSURANCE. Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, comprehensive general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

9. INDEMNIFICATION.

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. 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.

10. 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.

11. 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, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. 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.

12. 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.

13. 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.

14. 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.

15. 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: The University of Chicago Medical Center
 5841 S. Maryland Avenue
 Chicago, Illinois 60637-1670
 Attention: Executive Administrator, Department of Medicine

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With a copy to: The University of Chicago Medical Center
5841 S. Maryland Avenue, Room O130
Chicago, Illinois 60637-1670
Attention: General Counsel

If to Company: Lake Park Dialysis
DaVita Inc.
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039
Attention: Facility Administrator

Stony Island Dialysis
DaVita Inc.
8725 S. Stony Island
Chicago, Illinois 60617-2709
Attention: Facility Administrator

Woodlawn Dialysis
DaVita Inc.
1164 E. 55th Street
Chicago, Illinois 60615
Attention: Facility Administrator

With copies to: Total Renal Care, Inc.
DaVita Inc.
c/o TRC Children's Dialysis
2611 N. Halsted Street
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 either party may assign this Agreement to one of its affiliates or subsidiaries without the consent of the other party.

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. 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.

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

18. 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.

19. 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.

20. 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.

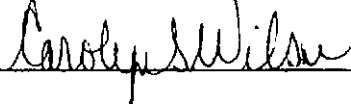
[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

4978245v.3

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

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: 

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: _____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: Kelly B Ladd

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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

Hospital:

**UNIVERSITY OF CHICAGO
MEDICAL CENTER**

By: _____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By:  _____

Name: Steven E. Lieb

Its: Group General Counsel

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

As set forth throughout this application, the Existing Facility has operated above 100% utilization for over four years. Moreover, the lease for the Existing Facility expires on December 31, 2011 and the landlord is unwilling to renew the lease. The proposed Replacement Facility is needed to ensure residents of Chicago's south side maintain access to life sustaining dialysis services.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Assurances

Attached at Attachment – 26H is a letter from Luis Borgen, Chief Financial Officer of DaVita, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation



1551 Wewatta Street
Denver, CO 80202
Tel: (303) 405-2100
www.davita.com

August 23, 2011

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

Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

Pursuant to 77 Ill. Admin. Code § 1110.1430(j), I hereby certify the following:

- By the second year after project completion, Woodlawn Dialysis will achieve and maintain 80% target utilization as specified in 77 Ill. Admin. Code; and
- Hemodialysis outcome measures will be achieved and maintained as follows:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Luis Borgen
Chief Financial Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 23 day of August,
2011

Notary Public

LINDA N. O'CONNELL
NOTARY PUBLIC
STATE OF COLORADO
MY COMMISSION EXPIRES 06-08-2015

Attachment – 26H

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease from South Central Medical Center Building Trust. A copy of DaVita's 2010 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the applications for Project Nos. 11-027 through 11-036.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2010 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the applications for Project Nos. 11-027 through 11-036.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 42A is a letter from Luis Borgen, Chief Financial Officer of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash.



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Denver, CO 80202
Tel: (303) 405-2100
www.davita.com

August 23, 2011

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

Re: Reasonableness of Financing Arrangements

Dear Chairman Galassie:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Luis Borgen
Chief Financial Officer
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 23 day of August,
2011

Notary Public



Attachment – 42A

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

Table 1120.310(c)									
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		\$131.05			12,380			\$1,622,397	\$1,622,397
Contingency		\$12.11			12,380			\$150,000	\$150,000
TOTALS		\$143.17			12,380			\$1,772,397	\$1,772,397

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Costs	\$1,622,397	\$145 per gross square foot x 12,380 gross square feet = \$1,795,100	Below State Standard
Contingencies	\$150,000	10 - 15% of Modernization Costs = 10 - 15% x \$1,622,397 = \$122,239 - \$243,360	Meets State Standard
Architectural/Engineering Fees	\$110,980	6.54 - 9.82% x (Modernization Costs + Contingencies) = 6.54 - 9.82% x (\$1,622,397 + \$150,000) = 6.54 - 9.82% x \$1,772,397 = \$115,915 - \$174,049	Below State Standard
Consulting and Other Fees	\$71,500	No State Standard	No State Standard
Moveable Equipment	\$1,021,431	\$39,945 per station \$39,945 x 32 = \$1,278,240	Below State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: \$2,282,806

Treatments: 23,131

Operating Expense per Treatment: \$98.69

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs: \$193,861

Treatments: 23,131

Capital Costs per Treatment: \$8.38

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita, Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois and submit the following information regarding the amount of charity and Medicaid care provided over the most recent three years.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2008	2009	2010
Inpatient			
Outpatient	10	19	21
Total	10	19	21
Charity (cost in dollars)			
Inpatient			
Outpatient	\$321,510	\$597,263	\$957,867
Total	\$321,510	\$597,263	\$957,867
MEDICAID			
Medicaid (# of patients)	2008	2009	2010
Inpatient			
Outpatient	214	220	268
Total	214	220	268
Medicaid (revenue)			
Inpatient			
Outpatient	\$9,073,985	\$9,212,781	\$10,893,264
Total	\$9,073,985	\$9,212,781	\$10,893,264

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As set forth throughout this application, the existing facilities located within 30 minutes normal travel time of the proposed facility are quickly approaching the HFSRB 80% standard utilization rate and are projected to be operating at 100% capacity prior to the projected completion date of the proposed facility. The proposed facility is necessary to allow the existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

Also, minority patients groups and seniors are disproportionately affected by ESRD and by providing improved access to ESRD care these vulnerable patients are better served.

3. The proposed project is for the relocation of Woodlawn Dialysis and the addition of 12 stations at its new location located 2.3 miles from its current location. Patients currently treated at Woodlawn will receive treatment at the new facility. As such, the discontinuation of service at the current location will not negatively impact the safety net.

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE			
	2008	2009	2010
Net Patient Revenue	\$157,223,604	\$166,573,387	\$174,373,288
Amount of Charity Care (charges)	\$297,508	\$575,803	\$957,867
Cost of Charity Care	\$297,508	\$575,803	\$957,867

Appendix, Map Quest Printouts



MAPQUEST.

Notes

Trip to W Chicago Ave & N Cicero Ave

Chicago, IL 60651

12.36 miles - about 23 minutes



5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.3 mi



6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. go 0.5 mi



7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. go 4.0 mi



8. Take EXIT 26A toward Independence Blvd. go 0.1 mi



9. Turn slight left onto W Congress Pky. go 0.0 mi



10. Turn right onto S Hamlin Blvd. go 0.5 mi



11. Turn left onto W Washington Blvd. go 1.3 mi

159



12. Turn right onto N Cicero Ave / IL-50.

go 0.9 mi



13. W CHICAGO AVE & N CICERO AVE.

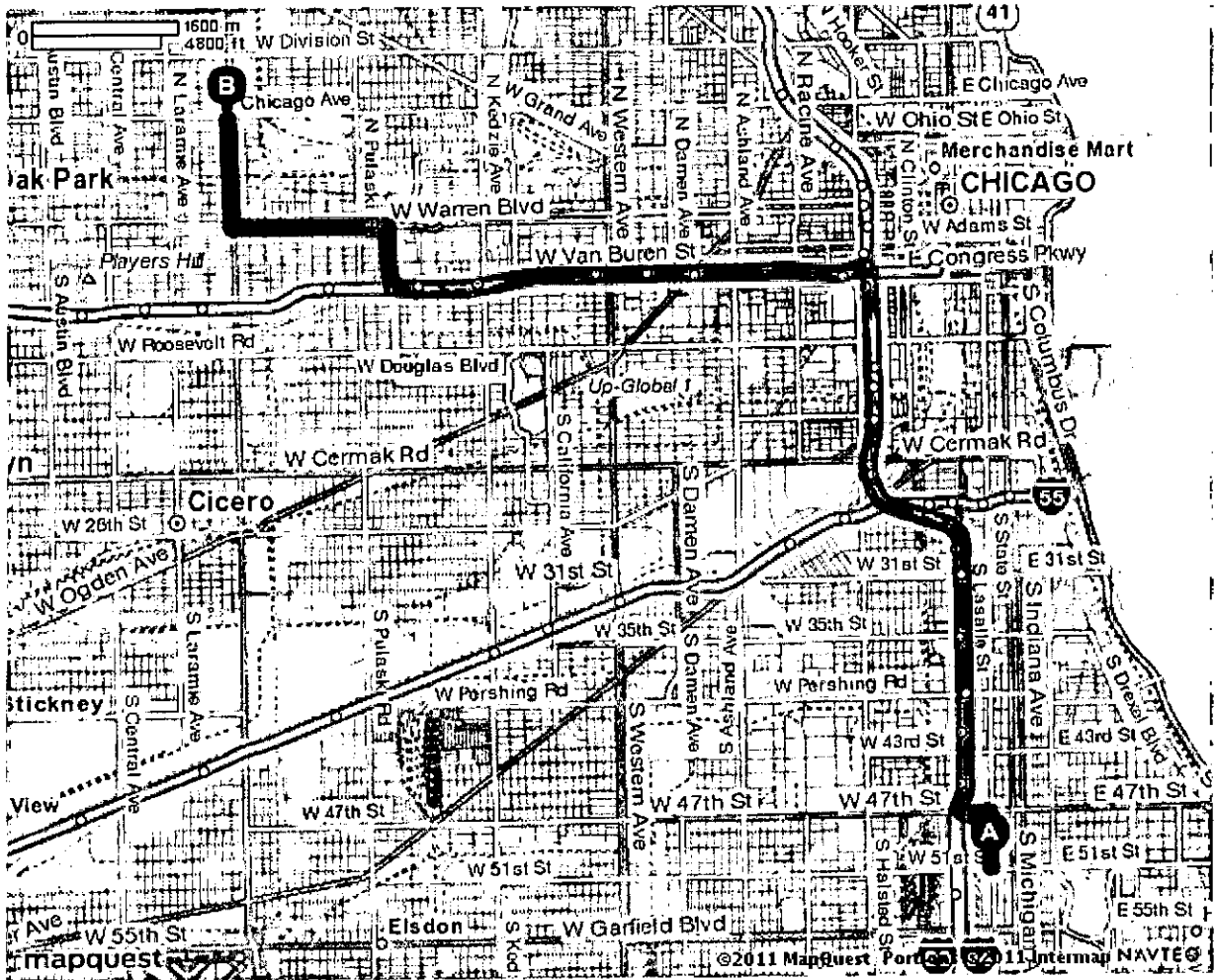
go 0.0 mi



W Chicago Ave & N Cicero Ave, Chicago, IL 60651

Total Travel Estimate : 12.36 miles - about 23 minutes

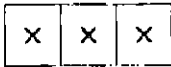
Route Map [Hide](#)



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156



There's a new MapQuest - come try it out!

MAPQUEST.

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A Starting Location

5060 S State St
Chicago, IL 60609-5328

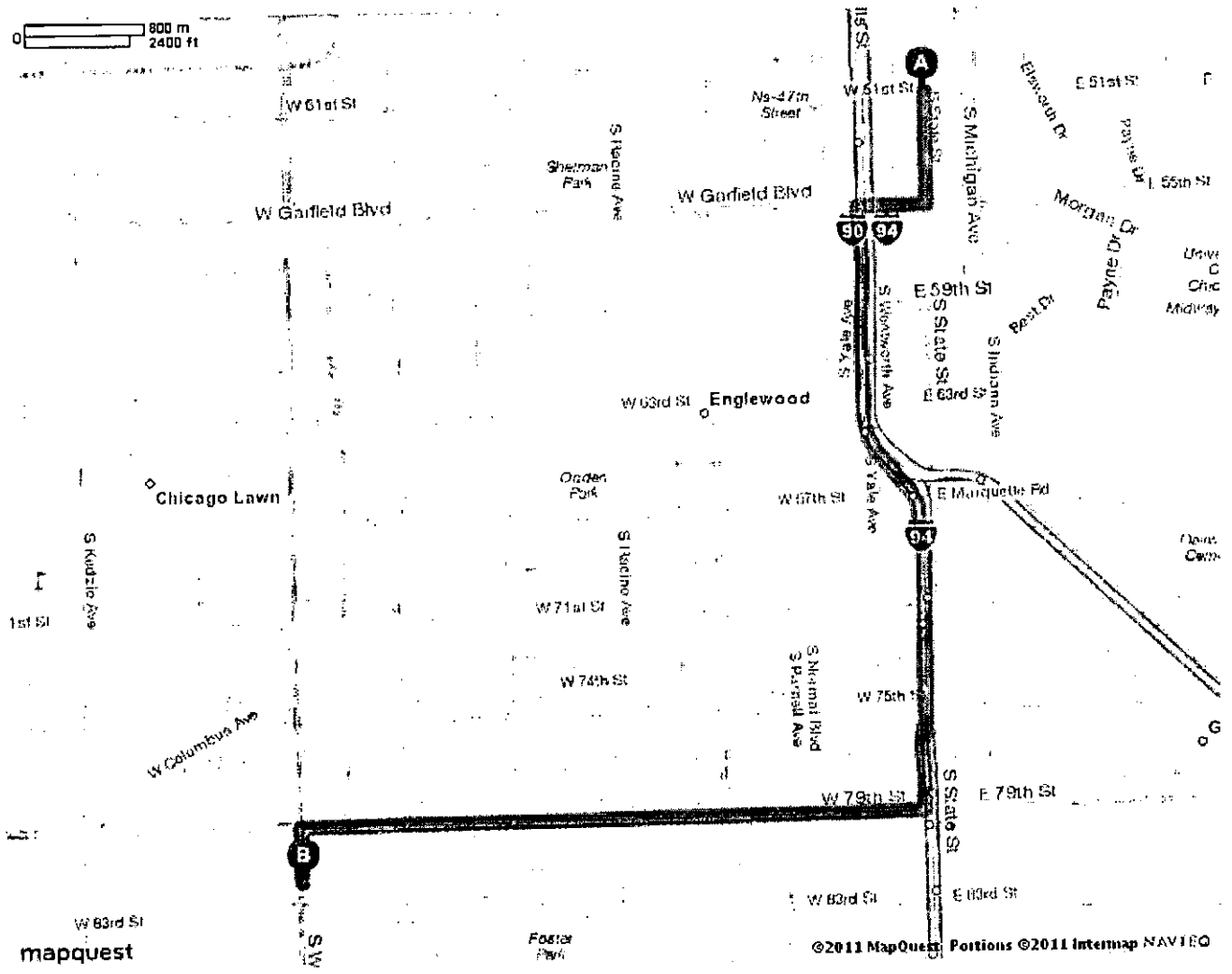
B Ending Location

8111 S Western Ave
Chicago, IL 60620-5939

Total Travel Estimate: 16 minutes / 7.19 miles Fuel Cost: [Calculate](#)












Directions with helpful hints.


the new **mapquest** 



156

5060 S State St [Edit](#)
Chicago, IL 60609-5328

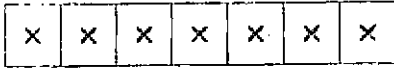
- | | | |
|---|--|--------|
|  | 1. Start out going south on S State St toward W 51st St. | 0.6 mi |
|  | 2. Turn right onto W Garfield Blvd/W 55th St. | 0.3 mi |
|  | 3. Turn left onto S Wells St. | 0.0 mi |
|   | 4. Merge onto I-94 E/Dan Ryan Expy E via the ramp on the left. | 2.6 mi |
|  | 5. Take EXIT 60C toward 79th St. | 0.2 mi |
|  | 6. Keep right at the fork in the ramp. | 0.1 mi |
|  | 7. Turn slight left onto S Lafayette Ave. | 0.0 mi |
|  | 8. Turn right onto W 79th St. | 2.9 mi |
|  | 9. Turn left onto S Western Ave. | 0.3 mi |
|  | 10. 8111 S WESTERN AVE is on the left. | |

 [8111 S Western Ave](#) [Edit](#)
Chicago, IL 60620-5939

Total Travel Estimate: 16 minutes / 7.19 miles Fuel Cost: [Calculate](#)

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There's a new MapQuest - come try it out!

MAPQUEST.

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A Starting Location

5060 S State St
Chicago, IL 60609-5328

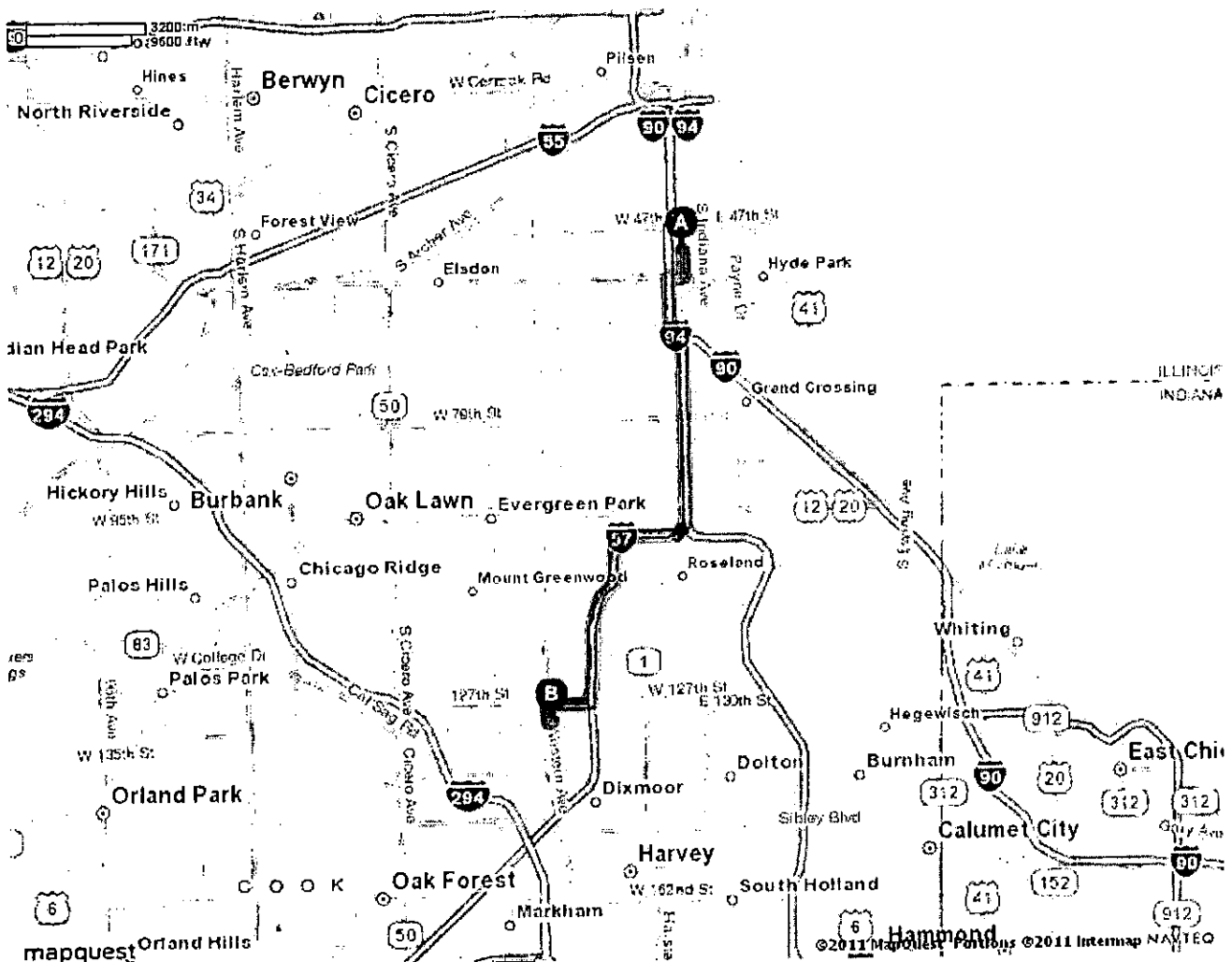
B Ending Location

2310 York St
Blue Island, IL 60406-2411

Total Travel Estimate: 21 minutes / 12.72 miles Fuel Cost: [Calculate](#)












Directions with helpful hints.

the new **mapquest**



158

5060 S State St
Chicago, IL 60609-5328

- | | | |
|---|--|--------|
|  | 1. Start out going south on S State St toward W 51st St. | 0.6 mi |
|  | 2. Turn right onto W Garfield Blvd/W 55th St. | 0.3 mi |
|  | 3. Turn left onto S Wells St. | 0.0 mi |
|  | 4. Merge onto I-94 E/Dan Ryan Expy E via the ramp on the left. | 5.2 mi |
|  | 5. Merge onto I-57 S via EXIT 63 toward Memphis. | 5.0 mi |
|  | 6. Take EXIT 353 toward 127th St/Burr Oak Ave. | 0.2 mi |
|  | 7. Stay straight to go onto S Paulina St. | 0.1 mi |
|  | 8. Turn right onto W 127th St/W Burr Oak Ave. | 0.9 mi |
|  | 9. Turn left onto Western Ave. | 0.4 mi |
|  | 10. Turn left onto York St. | 0.1 mi |
|  | 11. 2310 YORK ST is on the left. | |

B 2310 York St
Blue Island, IL 60406-2411

Total Travel Estimate: 21 minutes / 12.72 miles Fuel Cost: Calculate

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MAPQUEST.

Notes

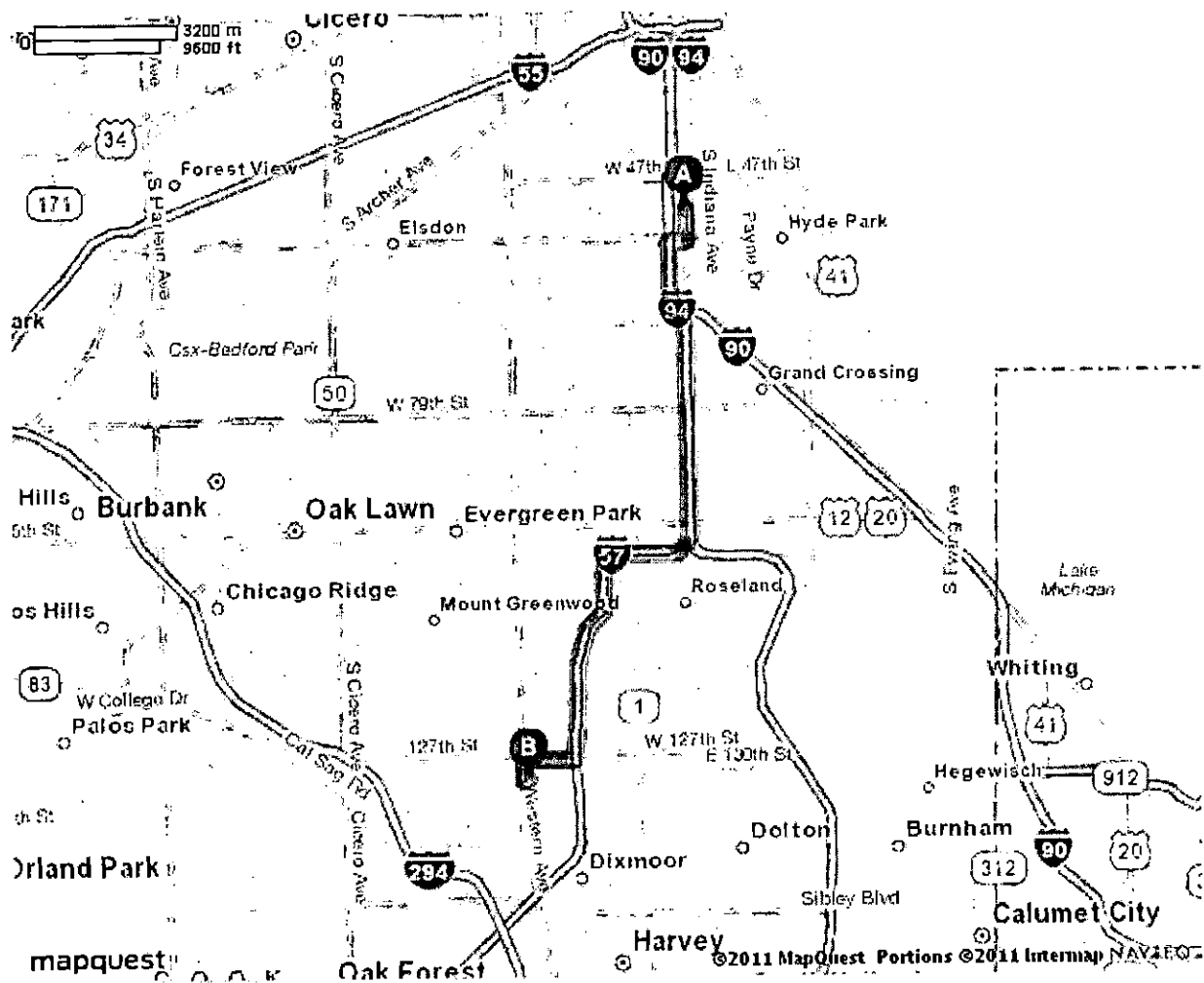
Trip to 2310 York St

Blue Island, IL 60406-2411

12.72 miles - about 21 minutes

160

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 820 W Jackson Blvd
Chicago, IL 60607-3026
6.50 miles - about 12 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.3 mi



6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. go 0.5 mi



7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. go 0.5 mi



8. Take the Morgan St exit, EXIT 29B. go 0.1 mi



9. Turn right onto S Morgan St. go 0.1 mi



10. Turn right onto W Jackson Blvd. go 0.2 mi



11. 820 W JACKSON BLVD is on the left. go 0.0 mi

B 820 W Jackson Blvd, Chicago, IL 60607-3026

162



Notes

MAPQUEST.

Trip to 2611 N Halsted St
Chicago, IL 60614-2301
9.56 miles - about 20 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W via the ramp on the left. go 5.6 mi



6. Take the Lake St exit, EXIT 51A. go 0.1 mi



7. Turn left onto W Lake St. go 0.1 mi



8. Turn right onto N Halsted St. go 1.8 mi



9. N Halsted St becomes N Halsted STS. go 0.0 mi



10. N Halsted STS becomes N Halsted St. go 1.2 mi



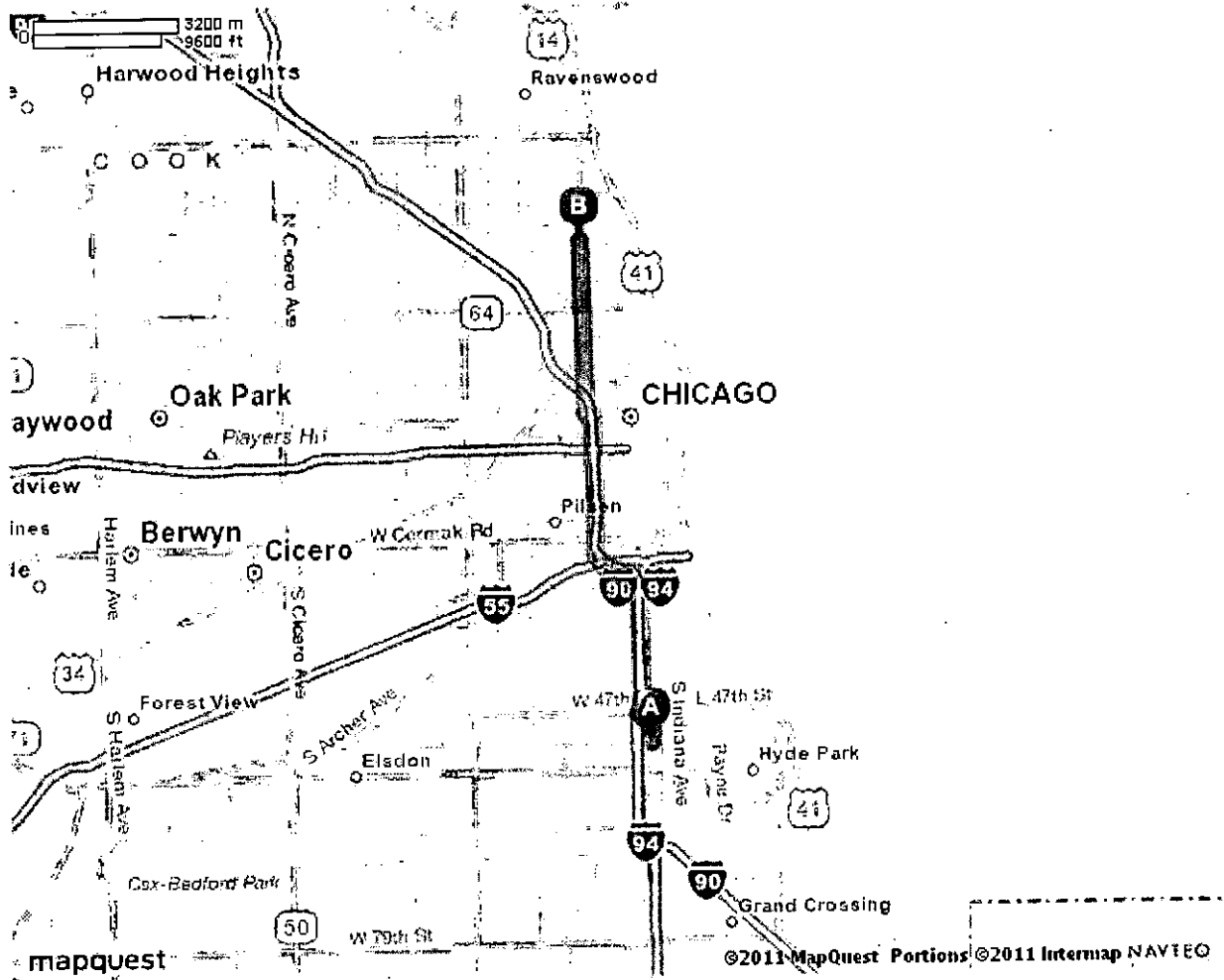
11. 2611 N HALSTED ST is on the right. go 0.0 mi

B 2611 N Halsted St, Chicago, IL 60614-2301

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Total Travel Estimate : 9.56 miles - about 20 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 1426 W Washington Blvd

Chicago, IL 60607-1821

7.49 miles - about 14 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.3 mi



6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. go 0.5 mi



7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. go 1.2 mi



8. Take EXIT 28B toward Ashland Ave / Paulina St. go 0.2 mi



9. Turn slight left onto W Van Buren St. go 0.0 mi



10. Turn right onto S Ashland Ave. go 0.3 mi



11. Turn slight right onto W Ogden Ave. go 0.2 mi

1666



12. Turn right onto W Washington Blvd / W Washington St.

go 0.0 mi



13. 1426 W WASHINGTON BLVD is on the left.

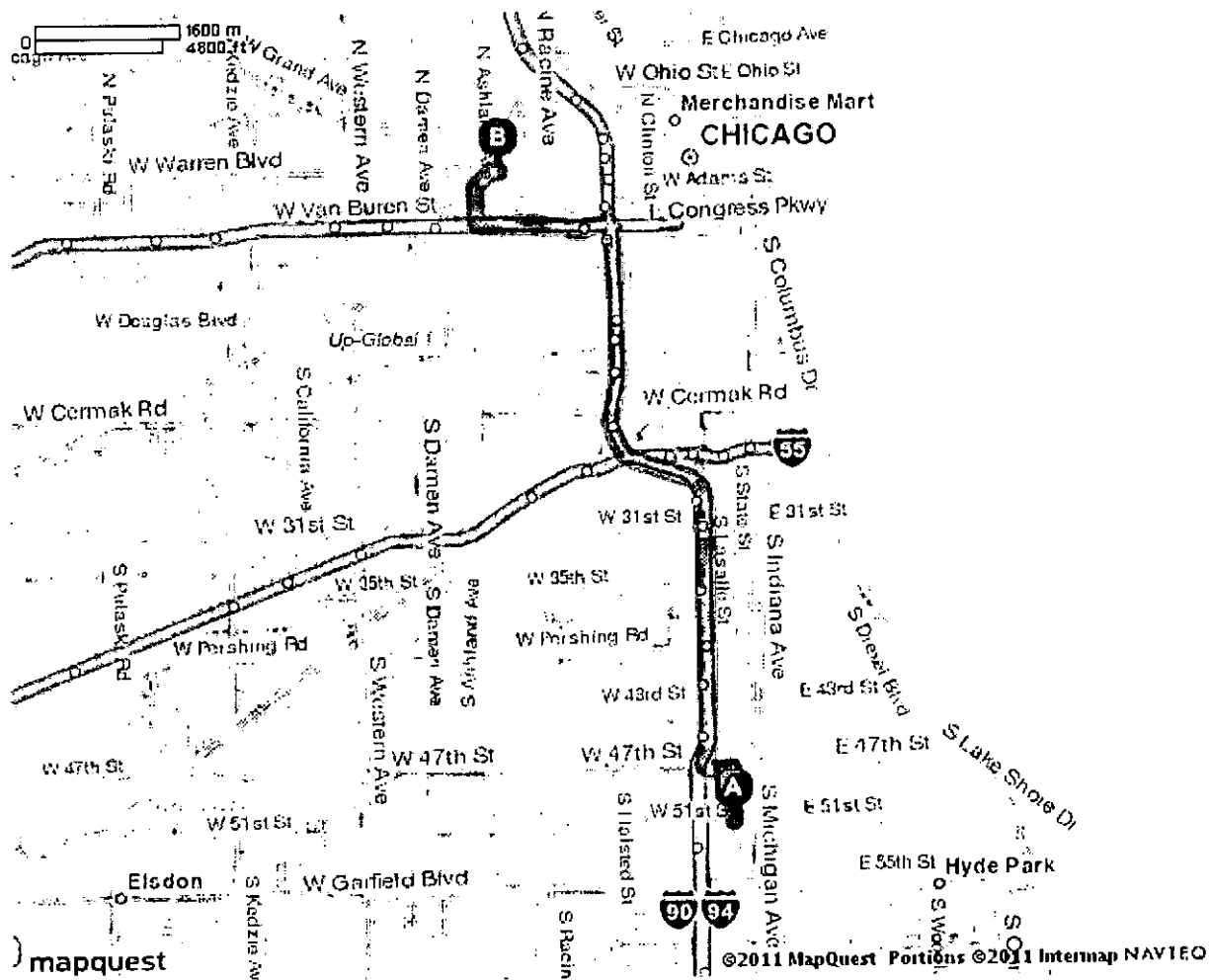
go 0.0 mi



1426 W Washington Blvd, Chicago, IL 60607-1821

Total Travel Estimate : 7.49 miles - about 14 minutes

Route Map [Hide](#)



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MAPQUEST.

Trip to 1531 E Hyde Park Blvd
Chicago, IL 60615-3039
2.01 miles - about 6 minutes

Notes



A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St.

go 0.0 mi



2. Turn left onto E 51st St.

go 2.0 mi

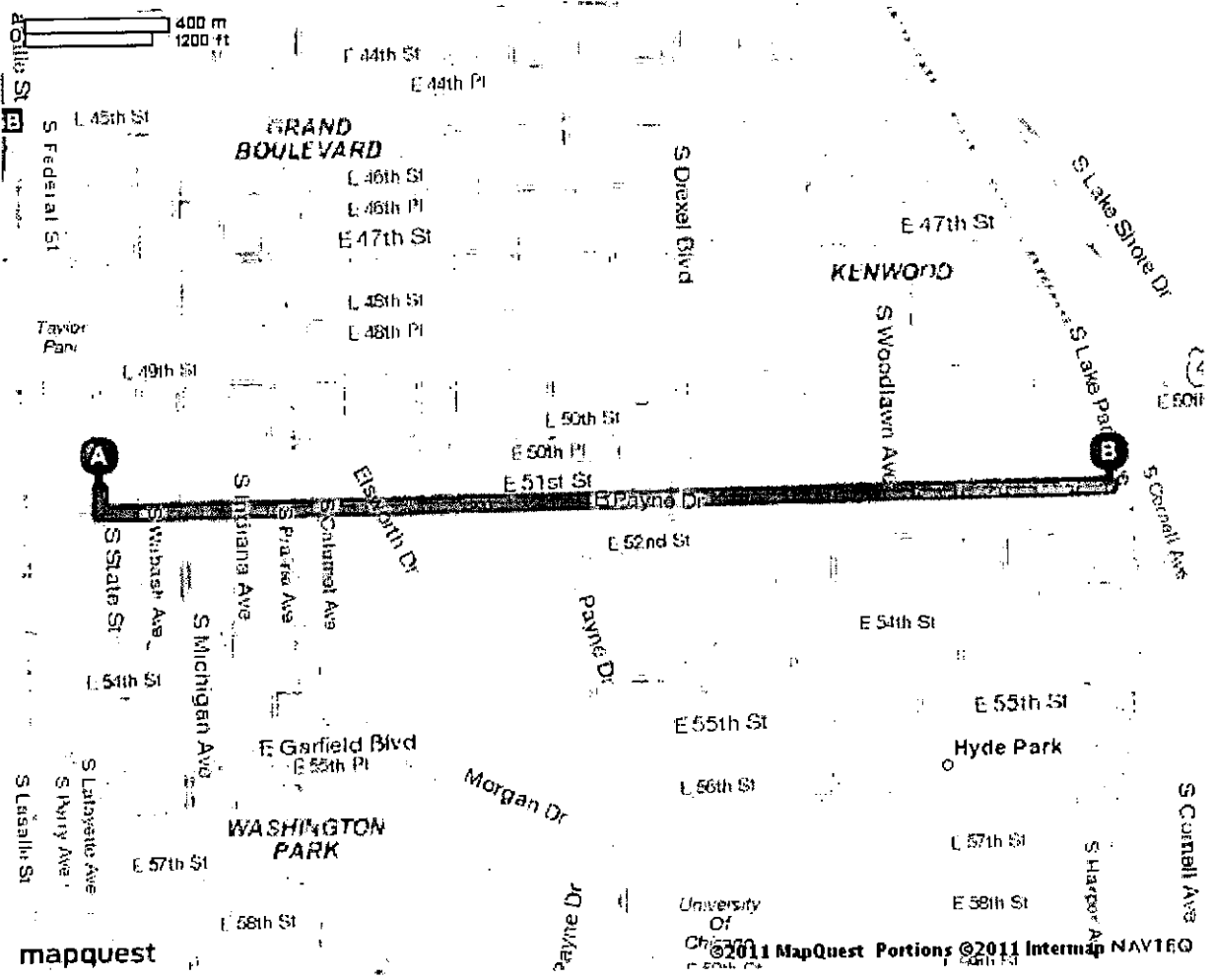


3. 1531 E HYDE PARK BLVD is on the right.

go 0.0 mi

B 1531 E Hyde Park Blvd, Chicago, IL 60615-3039
Total Travel Estimate : 2.01 miles - about 6 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 8721 S Stony Island Ave

Chicago, IL 60617-2709

10.03 miles - about 16 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi



3. Turn left onto S Wells St. go 0.0 mi



4. Merge onto I-94 E via the ramp on the left. go 6.6 mi



5. Take the Stony Island Ave exit, EXIT 65, toward 95th-103rd STS. go 0.8 mi



6. Turn slight left to take the North Stony Island Ave ramp toward 95th St. go 0.5 mi



7. Merge onto S Stony Island Ext. go 0.2 mi



8. S Stony Island Ext becomes S Stony Island Ave. go 1.0 mi



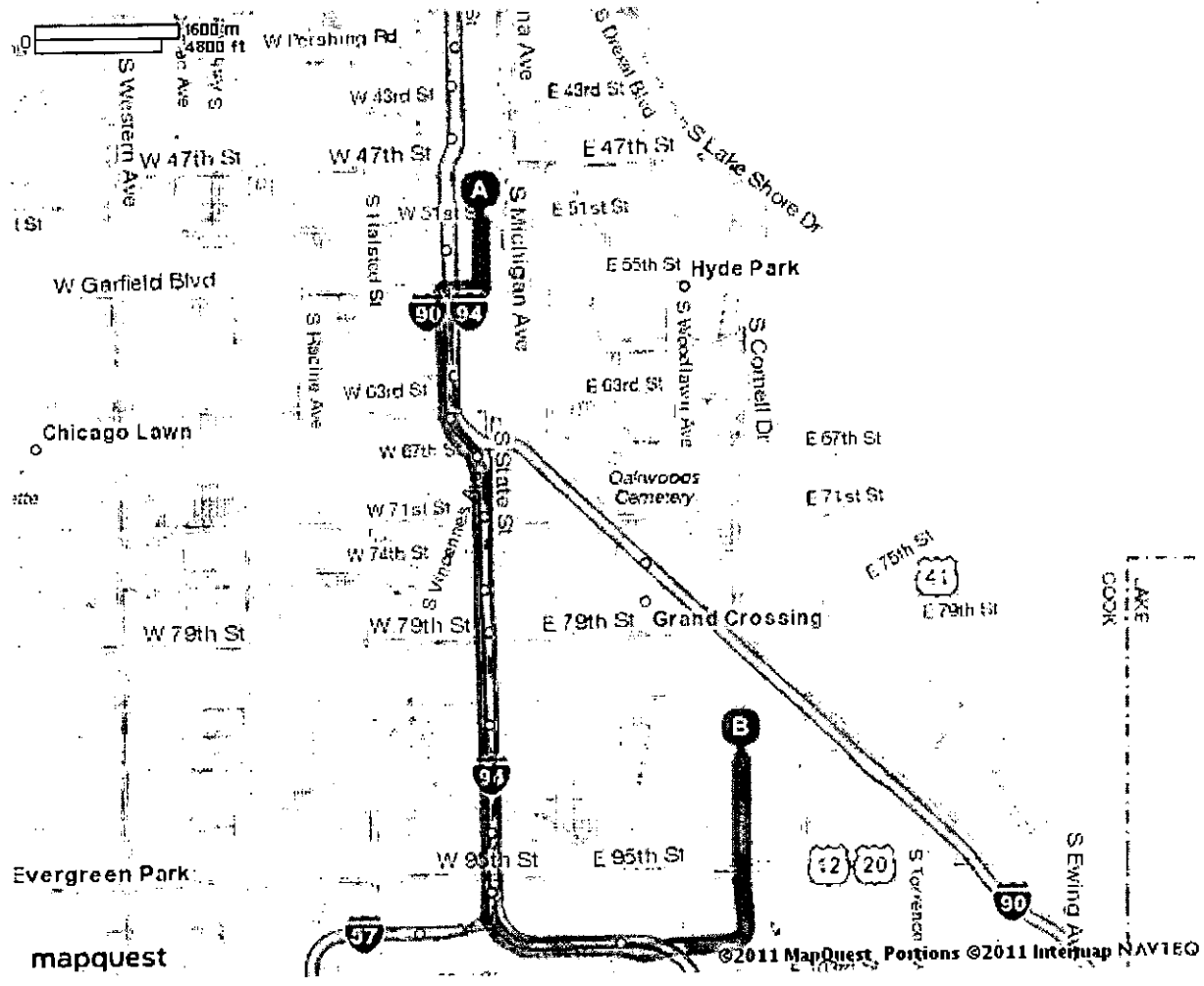
9. 8721 S STONY ISLAND AVE is on the right. go 0.0 mi

B 8721 S Stony Island Ave, Chicago, IL 60617-2709

Total Travel Estimate : 10.03 miles - about 16 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 1164 E 55th St
Chicago, IL 60615-5115
2.00 miles - about 5 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.0 mi



2. Turn left onto E 51st St. go 1.0 mi




3. Turn right onto S Cottage Grove Ave. go 0.5 mi



4. Turn left onto E 55th St. go 0.4 mi



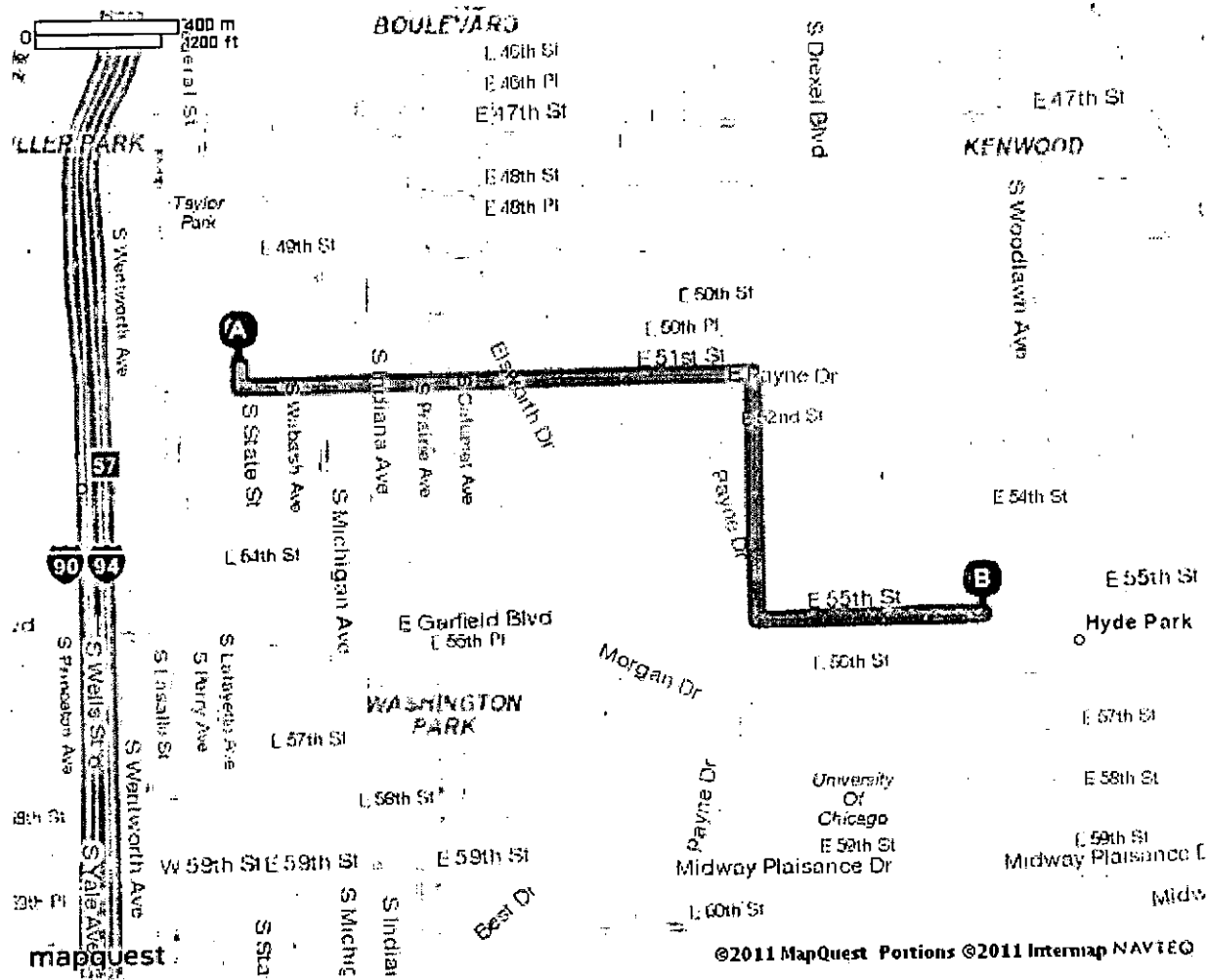
5. 1164 E 55TH ST is on the left. go 0.0 mi

 1164 E 55th St, Chicago, IL 60615-5115

Total Travel Estimate : 2.00 miles - about 5 minutes

Route Map [Hide](#)

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MAPQUEST.

Trip to 55 E Washington St
Chicago, IL 60602-2103
7.24 miles - about 14 minutes

Notes

5060 S State St, Chicago, IL 60609-5328

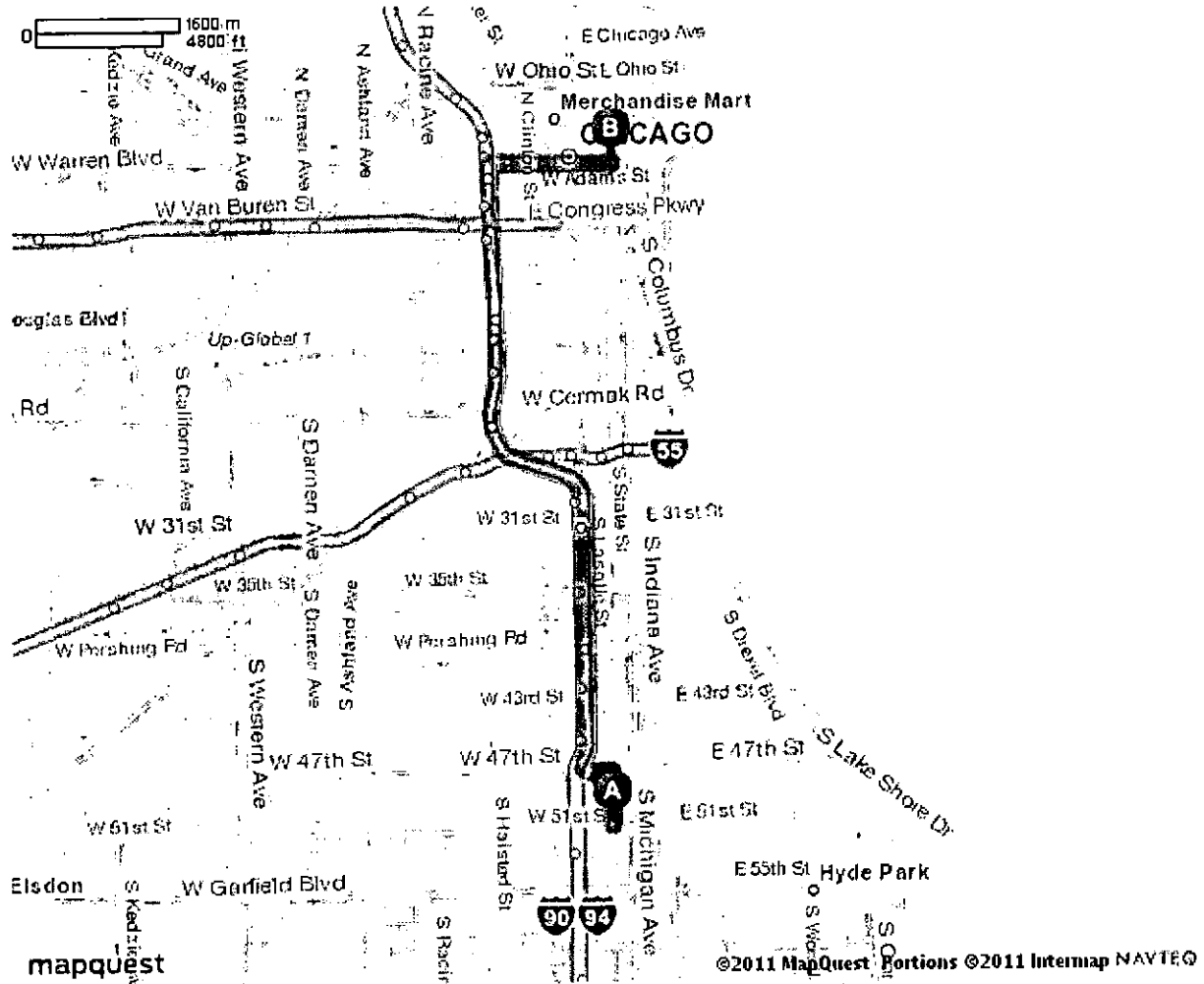
- | | | |
|--|--|-----------|
| | 1. Start out going north on S State St toward E 48th St. | go 0.5 mi |
| | 2. Turn left onto W 47th St. | go 0.2 mi |
| | 3. Turn slight right. | go 0.0 mi |
| | 4. Turn slight right onto S Lasalle St. | go 0.0 mi |
| | 5. Merge onto I-90 W / I-94 W via the ramp on the left. | go 5.4 mi |
| | 6. Take EXIT 51C toward East Washington Blvd. | go 0.1 mi |
| | 7. Turn right onto W Washington Blvd. | go 0.3 mi |
| | 8. W Washington Blvd becomes W Washington St. | go 0.7 mi |
| | 9. 55 E WASHINGTON ST is on the right. | go 0.0 mi |

55 E Washington St, Chicago, IL 60602-2103

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Total Travel Estimate : 7.24 miles - about 14 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 1437 E 53rd St
Chicago, IL 60615-4513
2.08 miles - about 6 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.0 mi



2. Turn left onto E 51st St. go 1.8 mi




3. Turn right onto S Dorchester Ave. go 0.2 mi



4. Turn left onto E 53rd St. go 0.0 mi

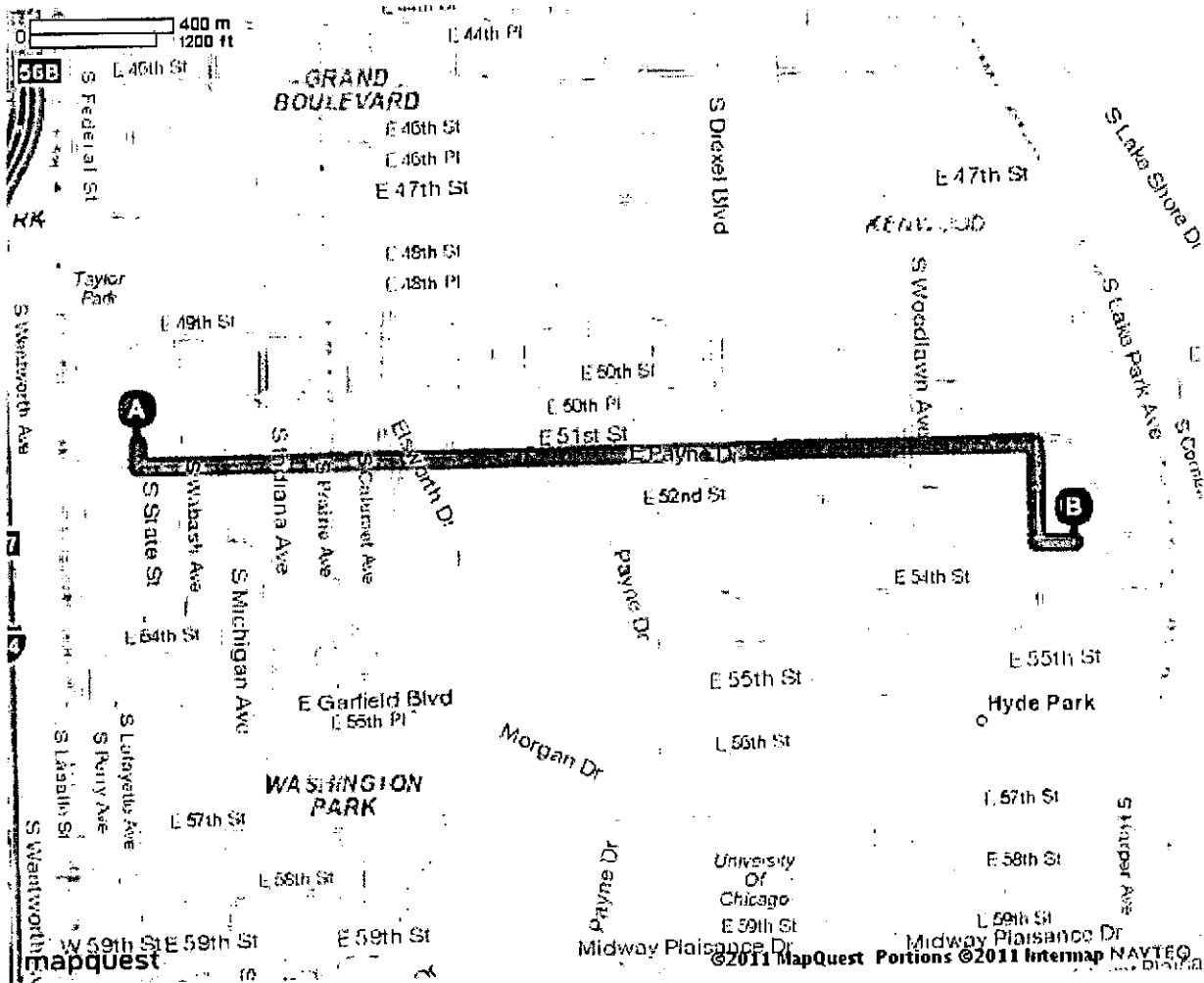


5. 1437 E 53RD ST is on the right. go 0.0 mi

 1437 E 53rd St, Chicago, IL 60615-4513
Total Travel Estimate : 2.08 miles - about 6 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 4811 W 77th St
Burbank, IL 60459-1586
10.42 miles - about 23 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi



3. Turn left onto S Wells St. go 0.0 mi



4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 2.6 mi



5. Take EXIT 60C toward 79th St. go 0.2 mi



6. Keep right at the fork in the ramp. go 0.1 mi



7. Turn slight left onto S Lafayette Ave. go 0.0 mi



8. Turn right onto W 79th St. go 6.0 mi



9. Turn right onto S Cicero Ave / IL-50. go 0.4 mi



10. Turn left onto W 76th St / W 77th St. go 0.1 mi



11. Turn left. go 0.0 mi

12. Turn right onto W 77th St. go 0.0 mi

187



END

13. 4811 W 77TH ST is on the left.

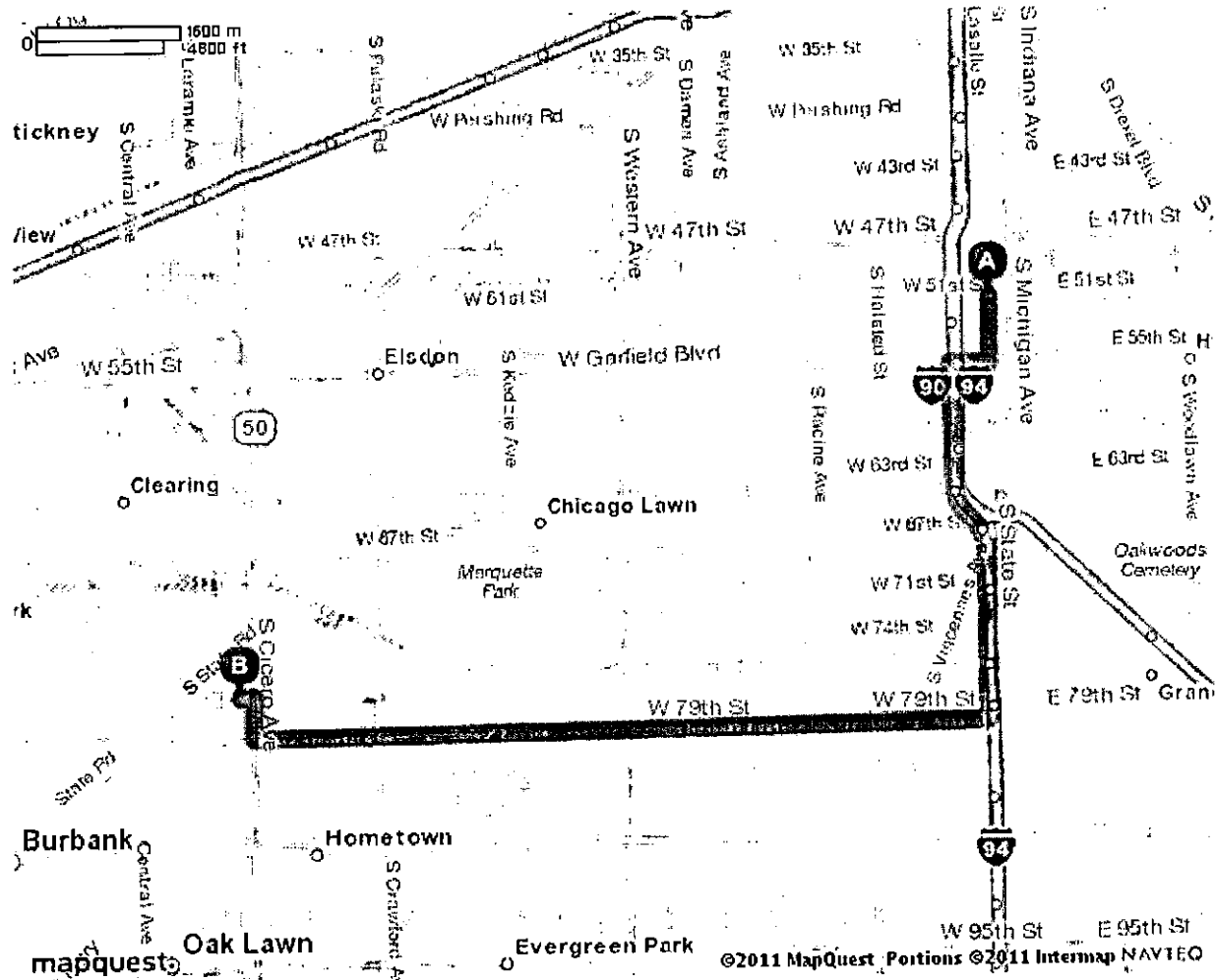
go 0.0 mi



4811 W 77th St, Burbank, IL 60459-1586

Total Travel Estimate : 10.42 miles - about 23 minutes

Route Map [Hide](#)



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MAPQUEST.

Trip to 3410 W Van Buren St
Chicago, IL 60624-3358
9.28 miles - about 15 minutes

Notes

 5060 S State St, Chicago, IL 60609-5328

- | | | |
|---|---|-----------|
|  | 1. Start out going north on S State St toward E 48th St. | go 0.5 mi |
|  | 2. Turn left onto W 47th St. | go 0.2 mi |
|  | 3. Turn slight right. | go 0.0 mi |
|  | 4. Turn slight right onto S Lasalle St. | go 0.0 mi |
|   | 5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. | go 4.3 mi |
|  | 6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. | go 0.5 mi |
|   | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. | go 3.5 mi |
|  | 8. Take EXIT 26B toward Homan Ave. | go 0.2 mi |
|  | 9. Stay straight to go onto W Congress Pky. | go 0.0 mi |



10. Turn right onto S Homan Ave.

go 0.0 mi



11. Turn left onto W Van Buren St.

go 0.0 mi



12. 3410 W VAN BUREN ST is on the right.

go 0.0 mi



B 3410 W Van Buren St, Chicago, IL 60624-3358

Total Travel Estimate : 9.28 miles - about 15 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 6201 W 63rd St
Chicago, IL 60638-5009
13.57 miles - about 23 minutes

A 5060 S State St, Chicago, IL 60609-5328

-  1. Start out going north on S State St toward E 48th St. go 0.5 mi
-  2. Turn left onto W 47th St. go 0.2 mi
-  3. Turn slight right. go 0.0 mi
-  4. Turn slight right onto S Lasalle St. go 0.0 mi
-   5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 2.8 mi
-   6. Merge onto I-55 S / Stevenson Expy S via EXIT 53B toward St Louis. go 6.7 mi
-  7. Take the Central Ave exit, EXIT 285. go 0.3 mi
-  8. Turn left onto S Central Ave. go 2.3 mi
-  9. Turn right onto W 63rd St. go 0.8 mi
-  10. 6201 W 63RD ST is on the left. go 0.0 mi

B 6201 W 63rd St, Chicago, IL 60638-5009
Total Travel Estimate : 13.57 miles - about 23 minutes

Route Map [Hide](#)



MAPQUEST.

Notes

Trip to 8315 S Holland Rd # 8331

Chicago, IL 60620-1328

4.82 miles - about 9 minutes

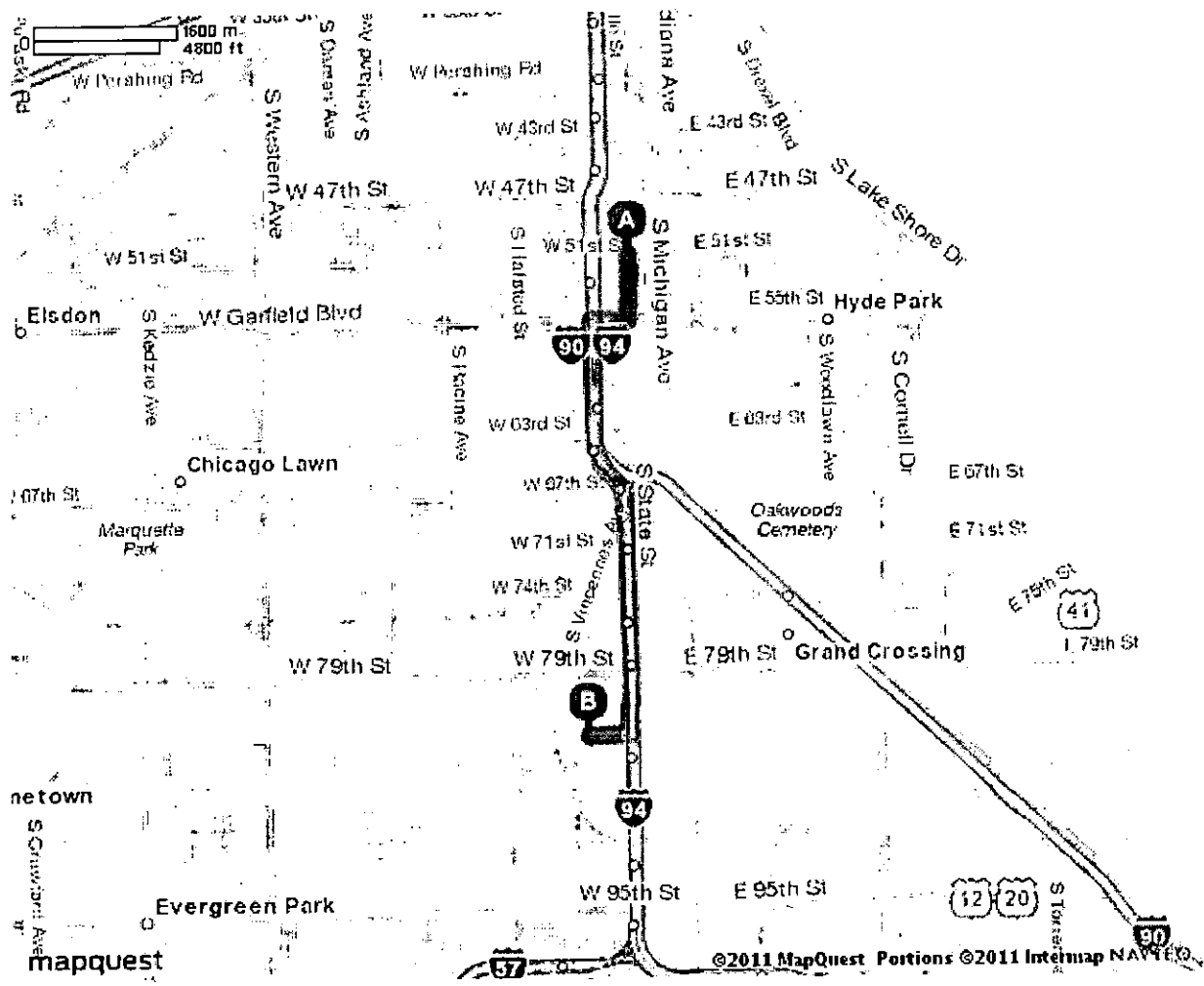
5060 S State St, Chicago, IL 60609-5328

- 1. Start out going south on S State St toward W 51st St. go 0.6 mi
- 2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi
- 3. Turn left onto S Wells St. go 0.0 mi
- 4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 3.1 mi
- 5. Take EXIT 61A toward 83rd St. go 0.2 mi
- 6. Keep right at the fork in the ramp. go 0.2 mi
- 7. Turn slight left onto S Lafayette Ave. go 0.0 mi
- 8. Turn right onto W 83rd St. go 0.3 mi
- 9. Turn left onto S Holland Rd. go 0.0 mi
- 10. 8315 S HOLLAND RD # 8331 is on the left. go 0.0 mi

8315 S Holland Rd # 8331, Chicago, IL 60620-1328

Total Travel Estimate : 4.82 miles - about 9 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 2620 W Addison St
Chicago, IL 60618-5905
12.04 miles - about 21 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W via the ramp on the left. go 9.7 mi



6. Take the Diversey Ave exit, EXIT 46B. go 0.3 mi



7. Turn slight left onto W Diversey Ave. go 0.2 mi



8. Turn right onto N California Ave. go 1.0 mi



9. Turn right onto W Addison St. go 0.2 mi

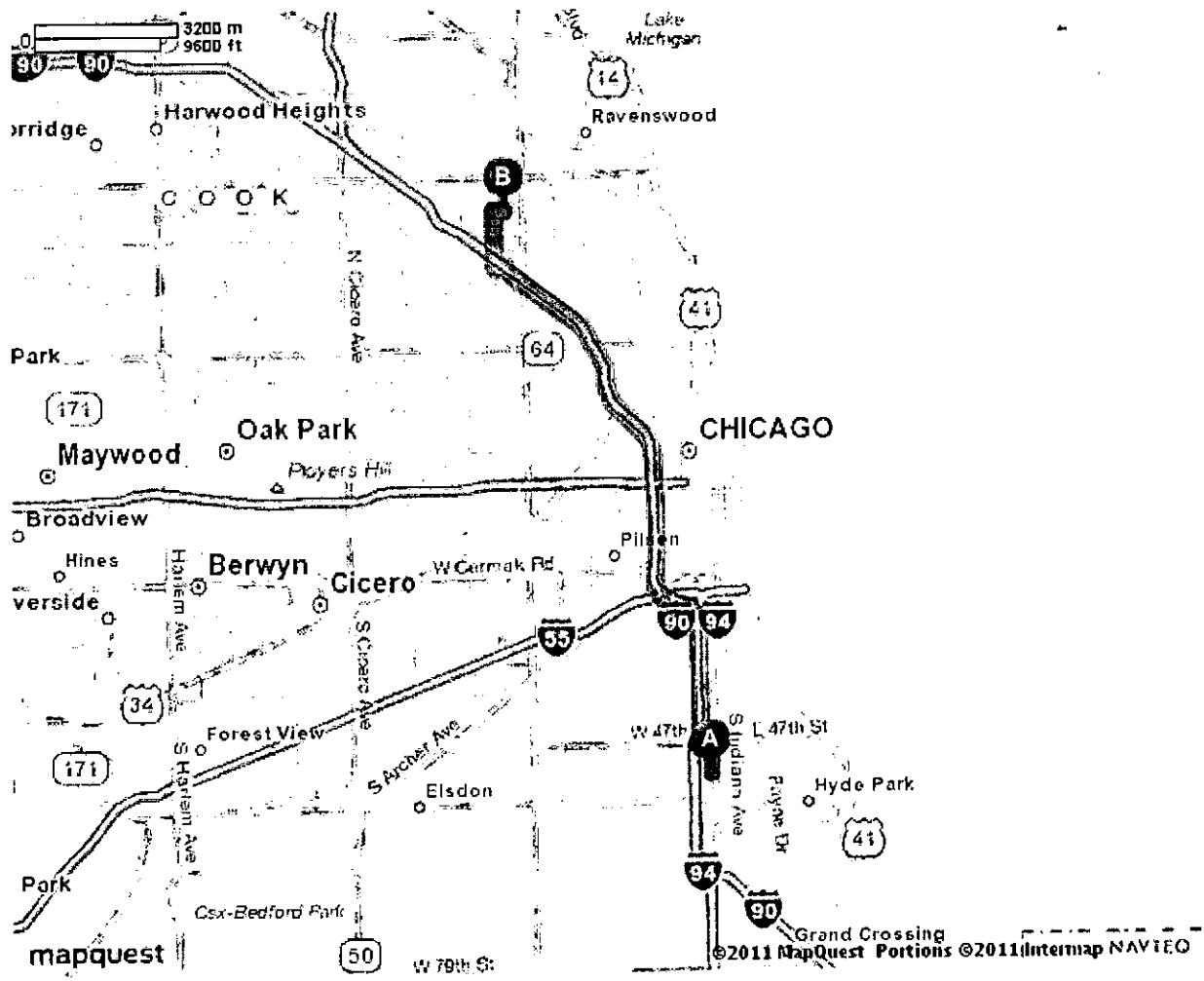


10. 2620 W ADDISON ST is on the left. go 0.0 mi

2620 W Addison St, Chicago, IL 60618-5905
Total Travel Estimate : 12.04 miles - about 21 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 1340 S Damen Ave
Chicago, IL 60608-1169
7.00 miles - about 15 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.2 mi



6. Take EXIT 52B toward Roosevelt Rd / Taylor St. go 0.1 mi



7. Stay straight to go onto S Ruble St. go 0.0 mi



8. Turn left onto W Roosevelt Rd. go 1.7 mi



9. Turn left onto S Damen Ave. go 0.2 mi



10. 1340 S DAMEN AVE is on the right. go 0.0 mi

1340 S Damen Ave, Chicago, IL 60608-1169
Total Travel Estimate : 7.00 miles - about 15 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 136 W 111th St
Chicago, IL 60628-4215
8.29 miles - about 17 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi



3. Turn left onto S Wells St. go 0.0 mi



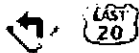
4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 4.7 mi



5. Take EXIT 62 toward US-12 / US-20 / 95th St. go 0.2 mi



6. Stay straight to go onto S Lafayette Ave. go 0.2 mi



7. Turn left onto US-20 E / US-12 E / W 95th St / Ulysses S Grant Memorial Hwy. go 0.0 mi



8. Turn right onto S State St. go 2.0 mi



9. Turn right onto W 111th St. go 0.2 mi

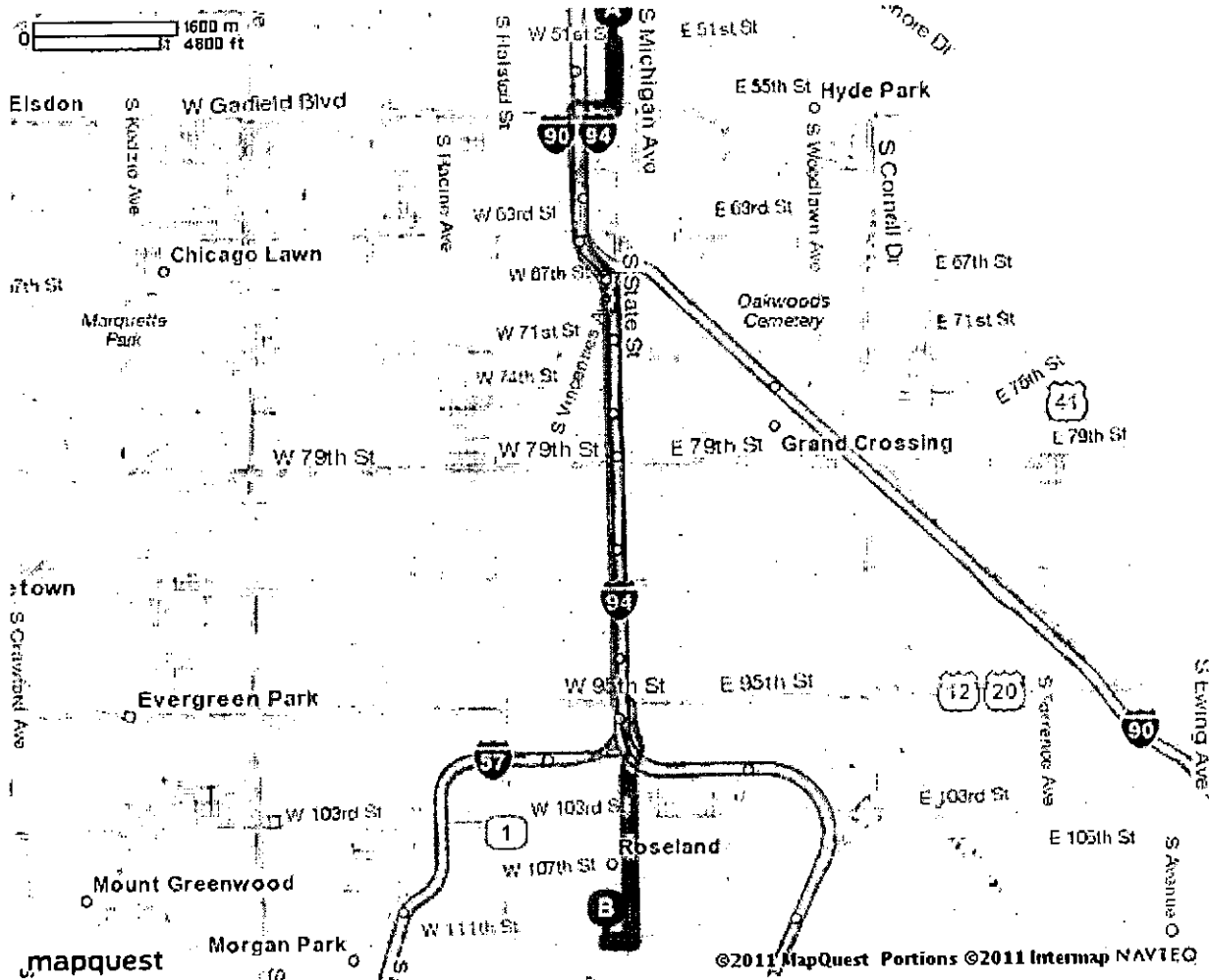


10. 136 W 111TH ST is on the right. go 0.0 mi

136 W 111th St, Chicago, IL 60628-4215
Total Travel Estimate : 8.29 miles - about 17 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to Jeffrey Manor South Deering
 2204 E 84th St, Chicago, IL 60617 - (773) 978-1691
 5.73 miles - about 15 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 1.6 mi



2. Turn left onto E 63rd St. go 0.5 mi



3. Turn slight right onto S Dr Martin L King Jr Dr. go 0.5 mi



4. Turn slight left onto S South Chicago Ave. go 3.1 mi



5. Turn left onto S Merrill Ave. go 0.0 mi



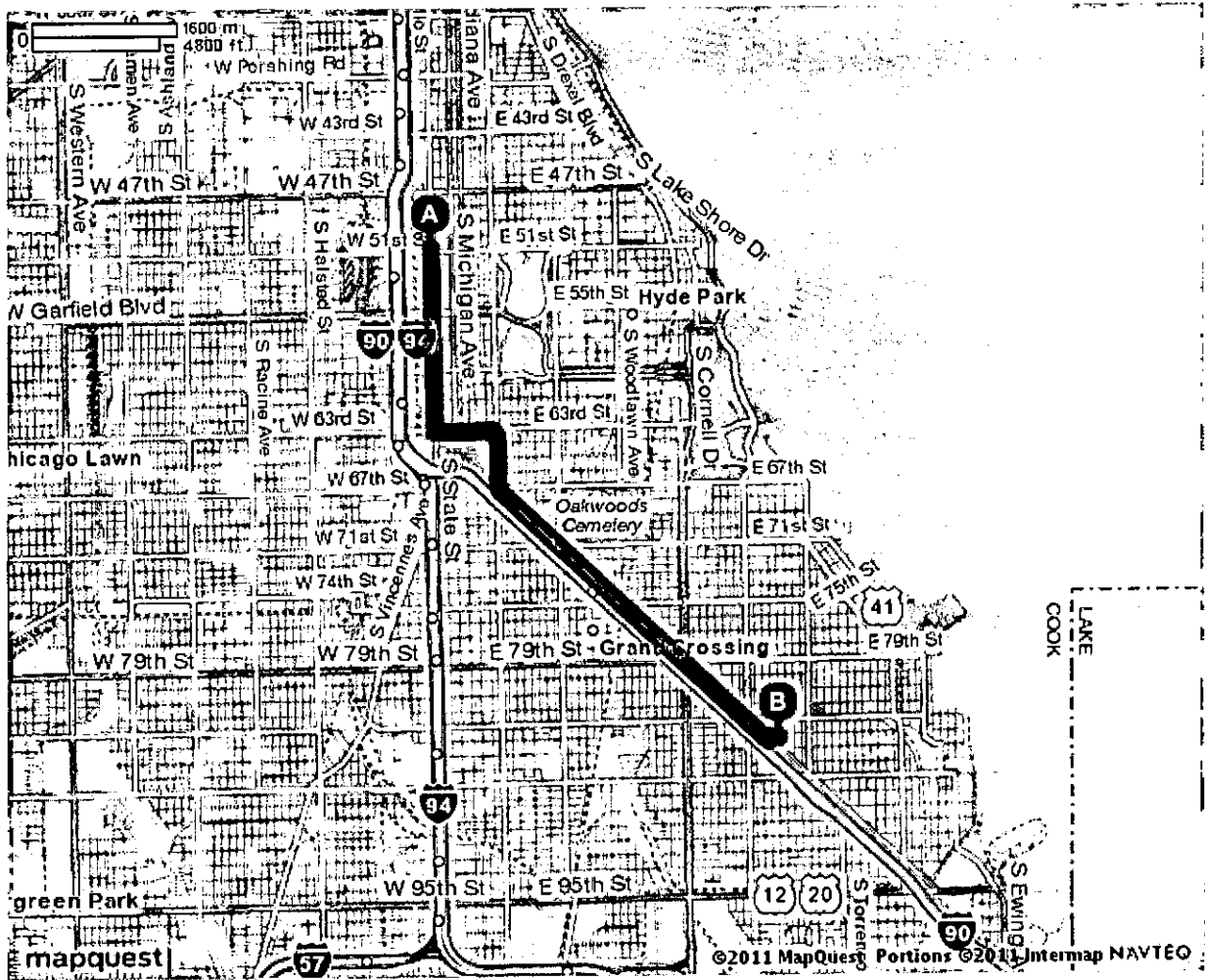
6. Turn right onto E 84th St. go 0.0 mi



7. 2204 E 84TH ST is on the left. go 0.0 mi

B Jeffrey Manor South Deering - (773) 978-1691
 2204 E 84th St, Chicago, IL 60617
 Total Travel Estimate : 5.73 miles - about 15 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 1444 W Willow St
Chicago, IL 60642-1524
8.91 miles - about 16 minutes

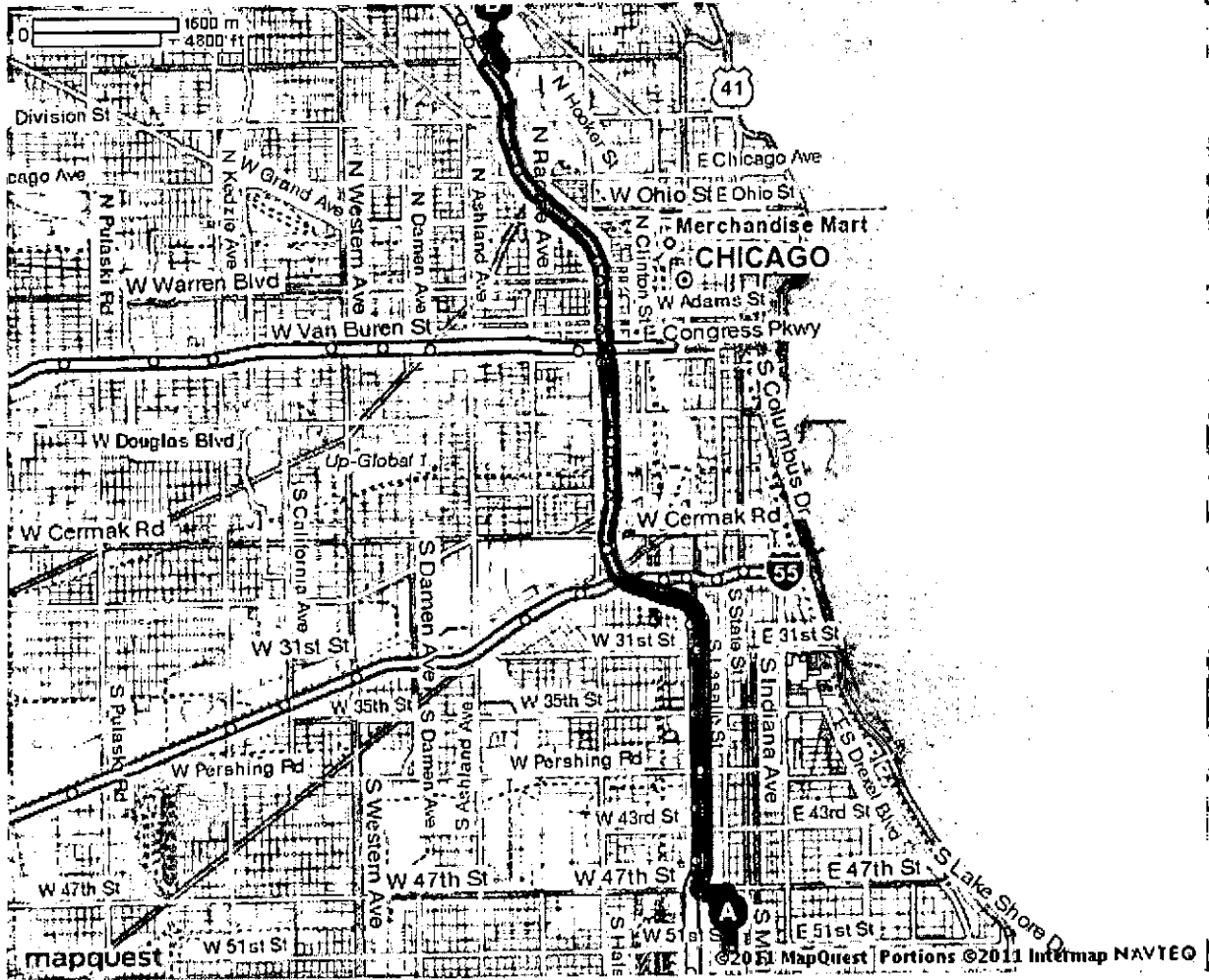
A 5060 S State St, Chicago, IL 60609-5328

- | | | |
|---|--|-----------|
|  | 1. Start out going north on S State St toward E 48th St. | go 0.5 mi |
|  | 2. Turn left onto W 47th St. | go 0.2 mi |
|  | 3. Turn slight right. | go 0.0 mi |
|  | 4. Turn slight right onto S Lasalle St. | go 0.0 mi |
|   | 5. Merge onto I-90 W / I-94 W via the ramp on the left. | go 7.6 mi |
|  | 6. Take the IL-64 / North Ave exit, EXIT 48B. | go 0.2 mi |
|   | 7. Turn right onto IL-64 / W North Ave. | go 0.1 mi |
|  | 8. Turn left onto N Elston Ave. | go 0.2 mi |
|  | 9. Turn right onto W Willow St. | go 0.0 mi |
|  | 10. 1444 W WILLOW ST is on the left. | go 0.0 mi |

B 1444 W Willow St, Chicago, IL 60642-1524
Total Travel Estimate : 8.91 miles - about 16 minutes

Route Map [Hide](#)

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MAPQUEST.


Notes

Trip to Garfield Kidney Center

3250 W Franklin Blvd, Chicago, IL 60624 -

(773) 638-1160

10.07 miles - about 19 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St.

go 0.5 mi



2. Turn left onto W 47th St.

go 0.2 mi



3. Turn slight right.

go 0.0 mi



4. Turn slight right onto S Lasalle St.

go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left.

go 4.3 mi



6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs.

go 0.5 mi



7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs.

go 2.5 mi



8. Take EXIT 27B toward California Ave.

go 0.2 mi



9. Keep right at the fork in the ramp.

go 0.1 mi



10. Turn slight left onto W Van Buren St.

go 0.3 mi



11. Turn right onto S Sacramento Blvd.

go 0.5 mi

205



MAPQUEST.

Notes

Trip to 7319 S Cottage Grove Ave
Chicago, IL 60619-1909
3.53 miles - about 9 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 1.6 mi



2. Turn left onto E 63rd St. go 0.5 mi



3. Turn slight right onto S Dr Martin L King Jr Dr. go 0.5 mi



4. Turn slight left onto S South Chicago Ave. go 0.7 mi



5. Turn slight right onto S Cottage Grove Ave. go 0.3 mi

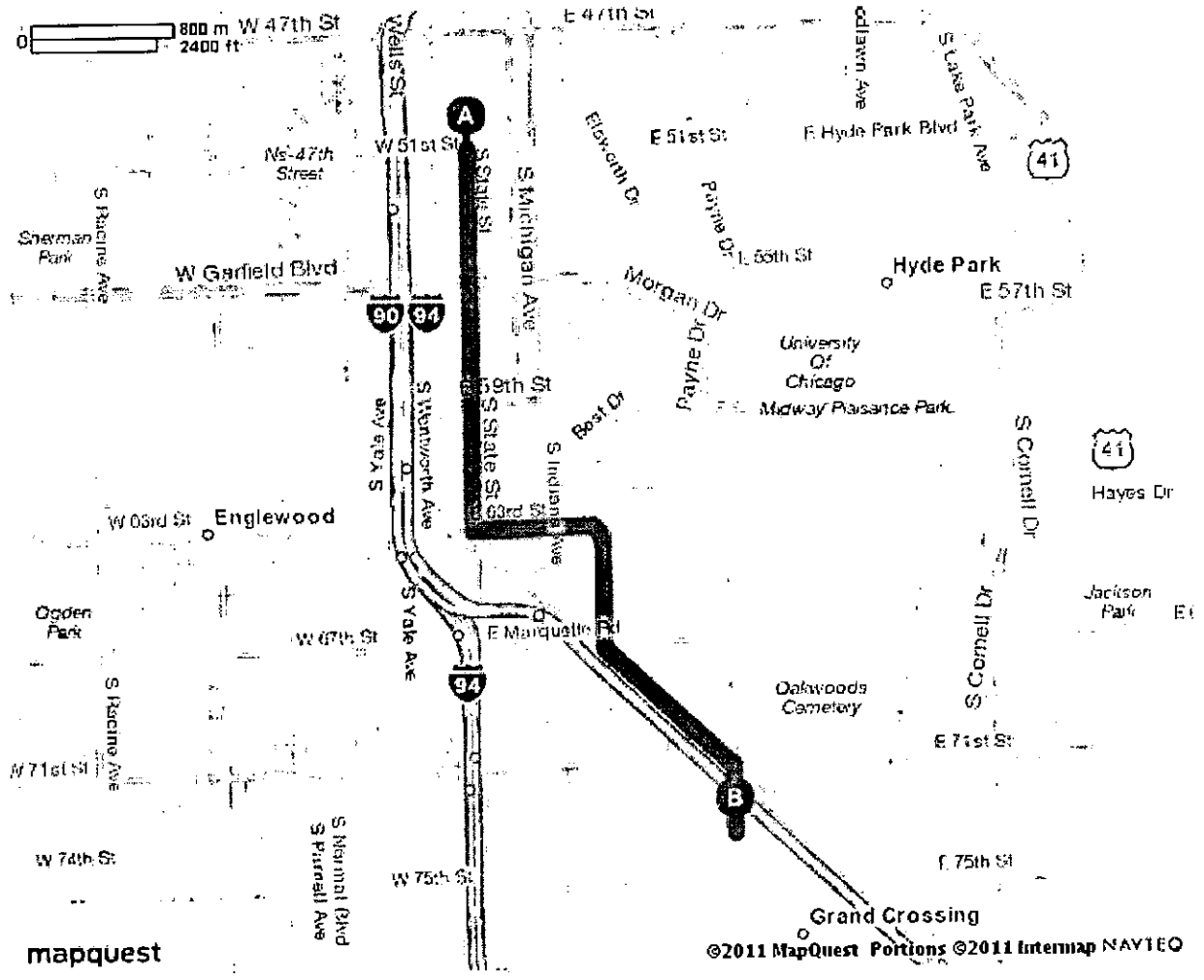


6. 7319 S COTTAGE GROVE AVE is on the left. go 0.0 mi

B 7319 S Cottage Grove Ave, Chicago, IL 60619-1909
Total Travel Estimate : 3.53 miles - about 9 minutes

Route Map [Hide](#)

0 800 m 2400 ft



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Notes

MAPQUEST.

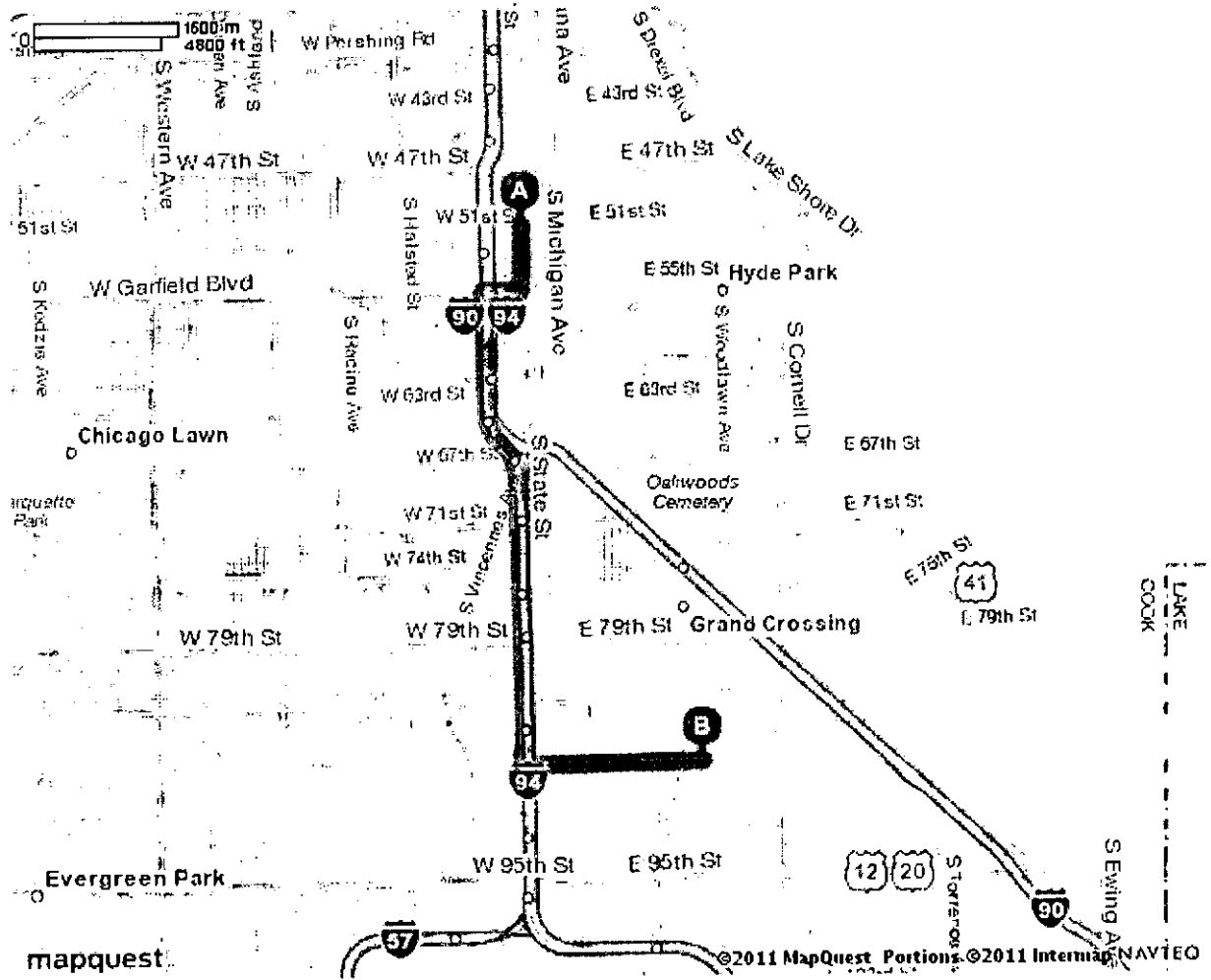
Trip to 1111 E 87th St
Chicago, IL 60619-7038
6.43 miles - about 13 minutes

A 5060 S State St, Chicago, IL 60609-5328

-  1. Start out going south on S State St toward W 51st St. go 0.6 mi
-  2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi
-  3. Turn left onto S Wells St. go 0.0 mi
-   4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 3.8 mi
-  5. Take EXIT 61B toward 87th St. go 0.2 mi
-  6. Stay straight to go onto S Lafayette Ave. go 0.1 mi
-  7. Turn left onto W 87th St. go 1.5 mi
-  8. 1111 E 87TH ST is on the right. go 0.0 mi

B 1111 E 87th St, Chicago, IL 60619-7038
Total Travel Estimate : 6.43 miles - about 13 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 7531 S Stony Island Ave

Chicago, IL 60649-3954

4.65 miles - about 12 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 1.6 mi



2. Turn left onto E 63rd St. go 0.5 mi



3. Turn slight right onto S Dr Martin L King Jr Dr. go 0.5 mi



4. Turn slight left onto S South Chicago Ave. go 1.4 mi



5. Turn slight left onto E 75th St. go 0.5 mi



6. Turn right onto S Stony Island Ave. go 0.0 mi



7. Make a U-turn onto S Stony Island Ave. go 0.1 mi

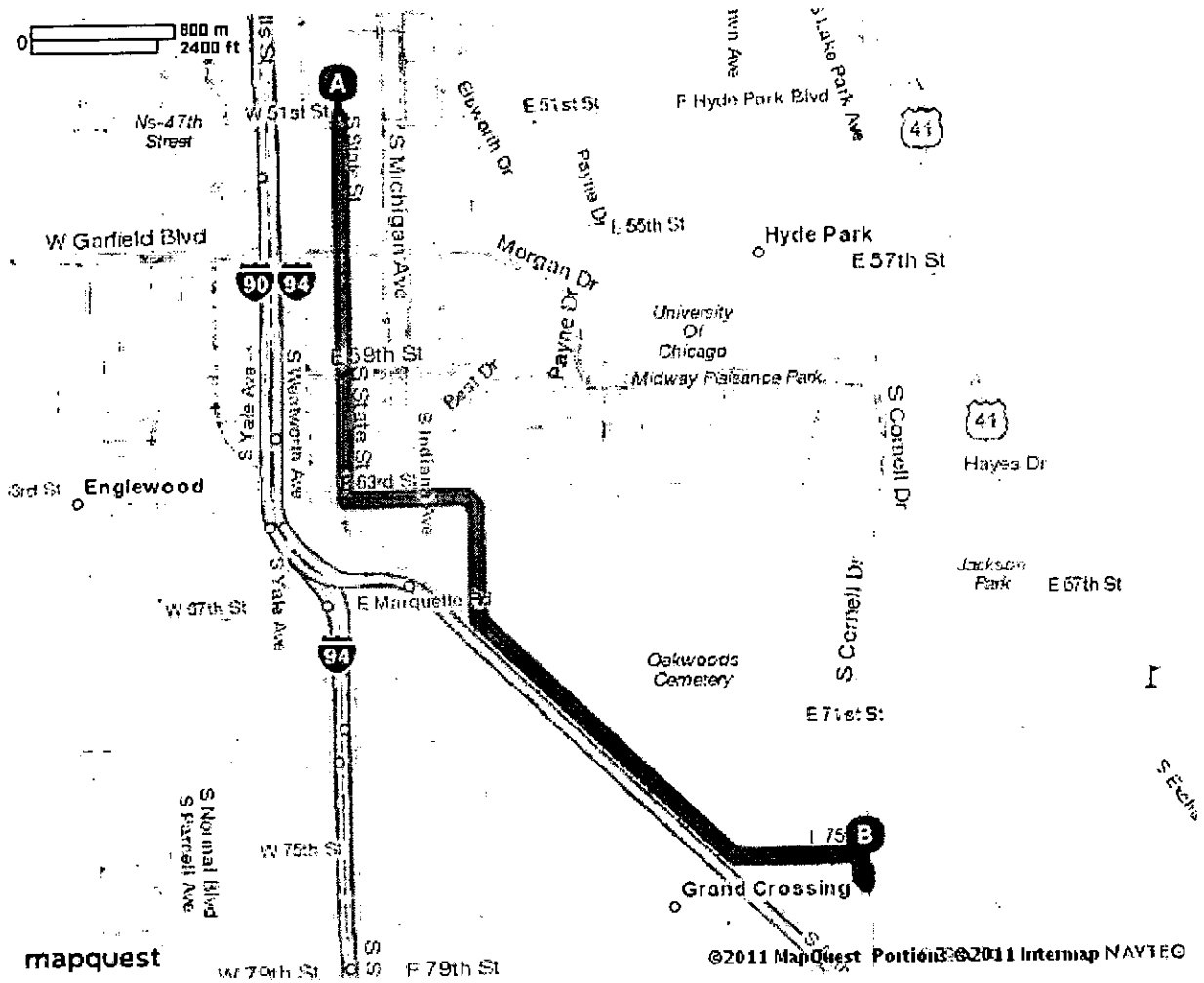


8. 7531 S STONY ISLAND AVE is on the right. go 0.0 mi

B 7531 S Stony Island Ave, Chicago, IL 60649-3954

Total Travel Estimate : 4.65 miles - about 12 minutes

Route Map [Hide](#)



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Notes

MAPQUEST.

Trip to 1835 W Harrison St
Chicago, IL 60612-3771
7.53 miles - about 14 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.3 mi



6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. go 0.5 mi



7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. go 1.2 mi



8. Take EXIT 28B toward Ashland Ave / Paulina St. go 0.2 mi



9. Turn slight left onto W Van Buren St. go 0.3 mi



10. Turn slight left onto W Ogden Ave. go 0.2 mi



11. Turn sharp left onto W Harrison St. go 0.1 mi

END

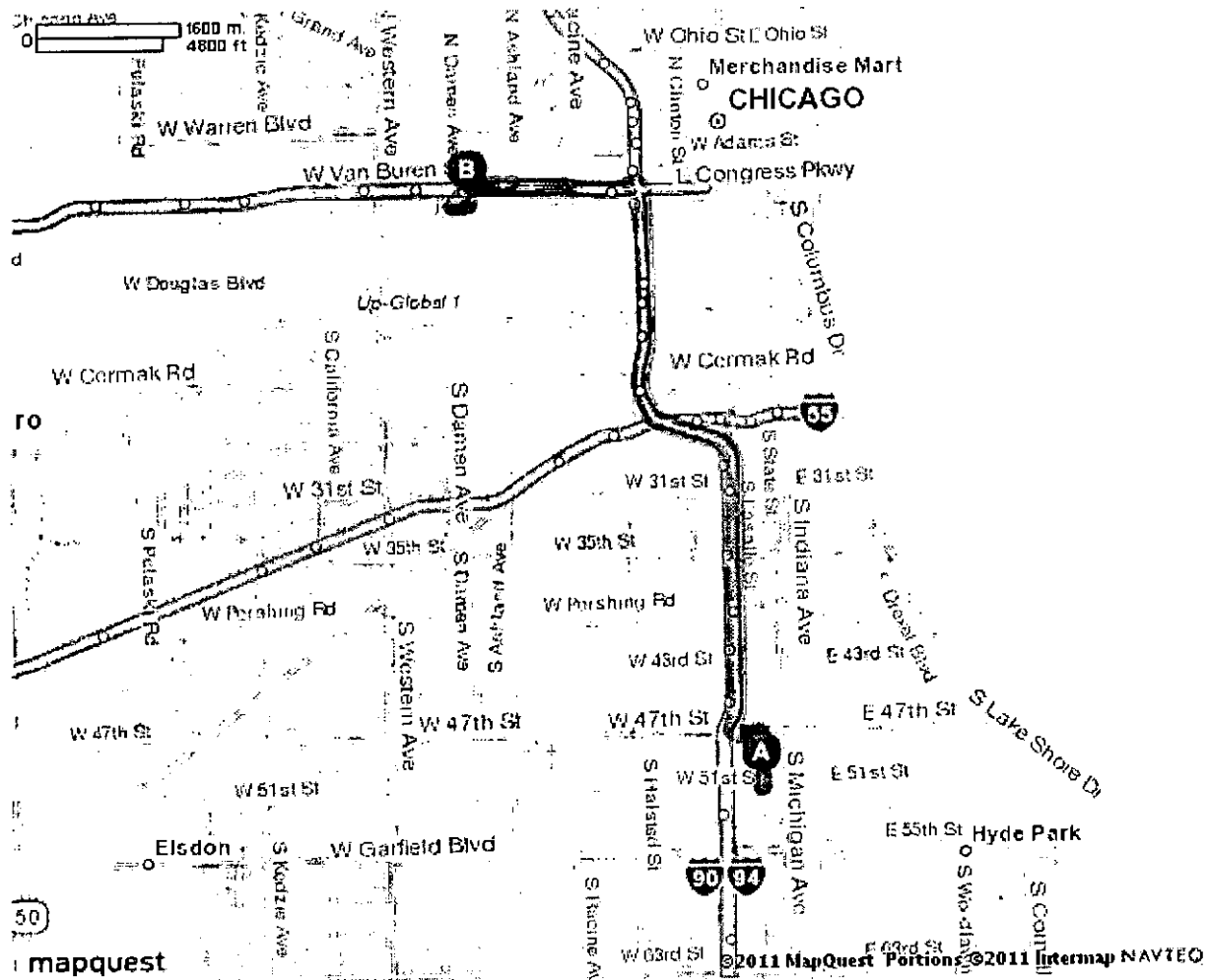
12. 1835 W HARRISON ST is on the right.

go 0.0 mi

B 1835 W Harrison St, Chicago, IL 60612-3771

Total Travel Estimate : 7.53 miles - about 14 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 3155 N Lincoln Ave
Chicago, IL 60657-3111
10.70 miles - about 20 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W via the ramp on the left. go 8.2 mi



6. Take the Armitage Ave exit, EXIT 48A. go 0.2 mi



7. Turn sharp right onto W Armitage Ave. go 0.0 mi



8. Turn left onto N Ashland Ave. go 1.5 mi



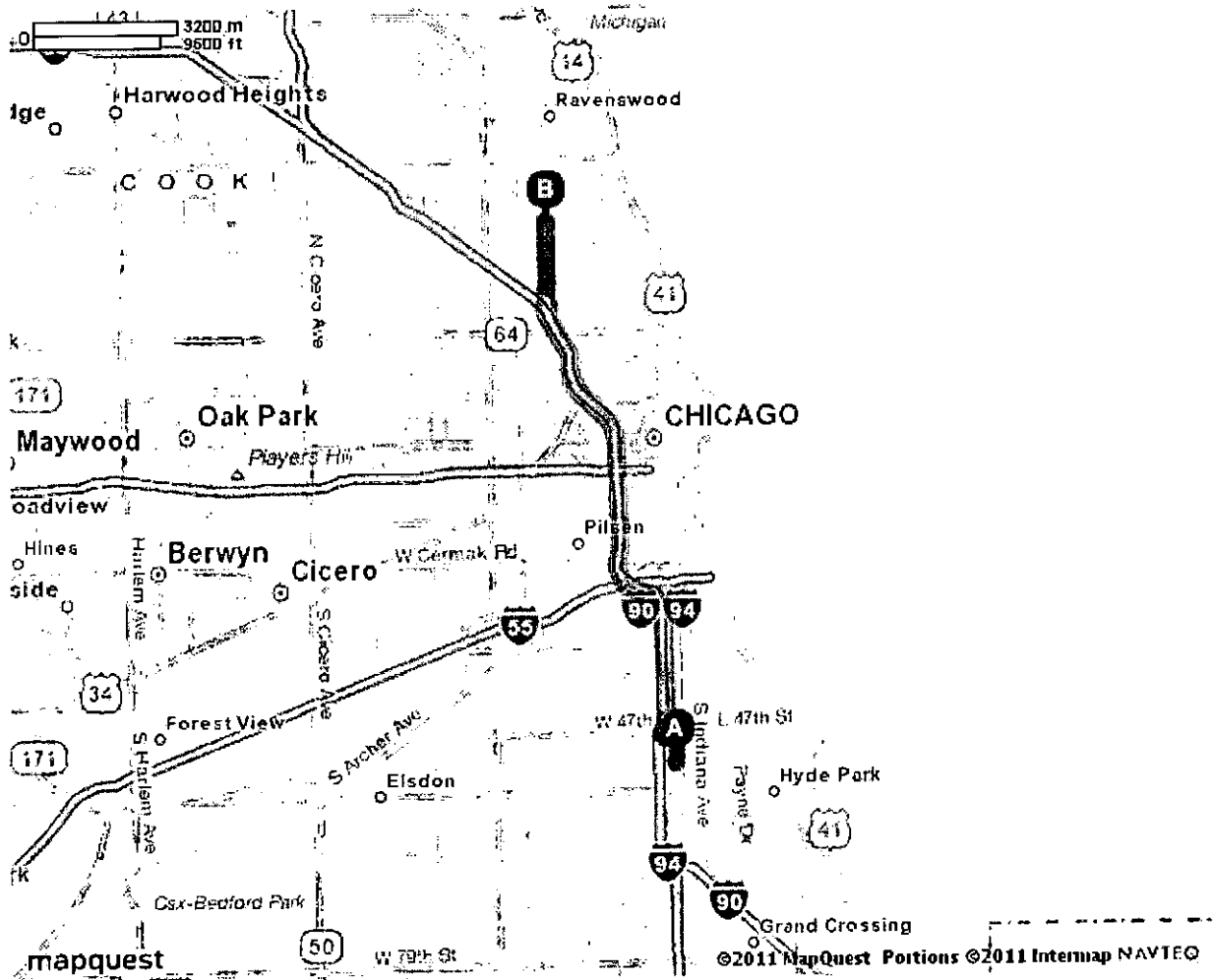
9. Turn sharp right onto N Lincoln Ave. go 0.0 mi



10. 3155 N LINCOLN AVE is on the left. go 0.0 mi

B 3155 N Lincoln Ave, Chicago, IL 60657-3111
Total Travel Estimate : 10.70 miles - about 20 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 2335 W Cermak Rd
Chicago, IL 60608-3811
7.12 miles - about 14 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 2.8 mi



6. Merge onto I-55 S / Stevenson Expy S via EXIT 53B toward St Louis. go 1.8 mi



7. Take the Damen Ave exit, EXIT 290. go 0.3 mi



8. Keep right at the fork to go on S Damen Ave. go 1.0 mi



9. Turn left onto W Cermak Rd. go 0.5 mi



10. 2335 W CERMAK RD is on the left. go 0.0 mi

2335 W Cermak Rd, Chicago, IL 60608-3811

Total Travel Estimate : 7.12 miles - about 14 minutes

Route Map [Hide](#)



MAPQUEST.

Notes

Trip to 2659 N Milwaukee Ave

Chicago, IL 60647-1643

11.59 miles - about 20 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W via the ramp on the left. go 9.7 mi



6. Take the Diversey Ave exit, EXIT 46B. go 0.3 mi



7. Turn slight left onto W Diversey Ave. go 0.7 mi



8. Turn left onto N Kedzie Ave. go 0.2 mi



9. Turn right onto N Milwaukee Ave. go 0.0 mi

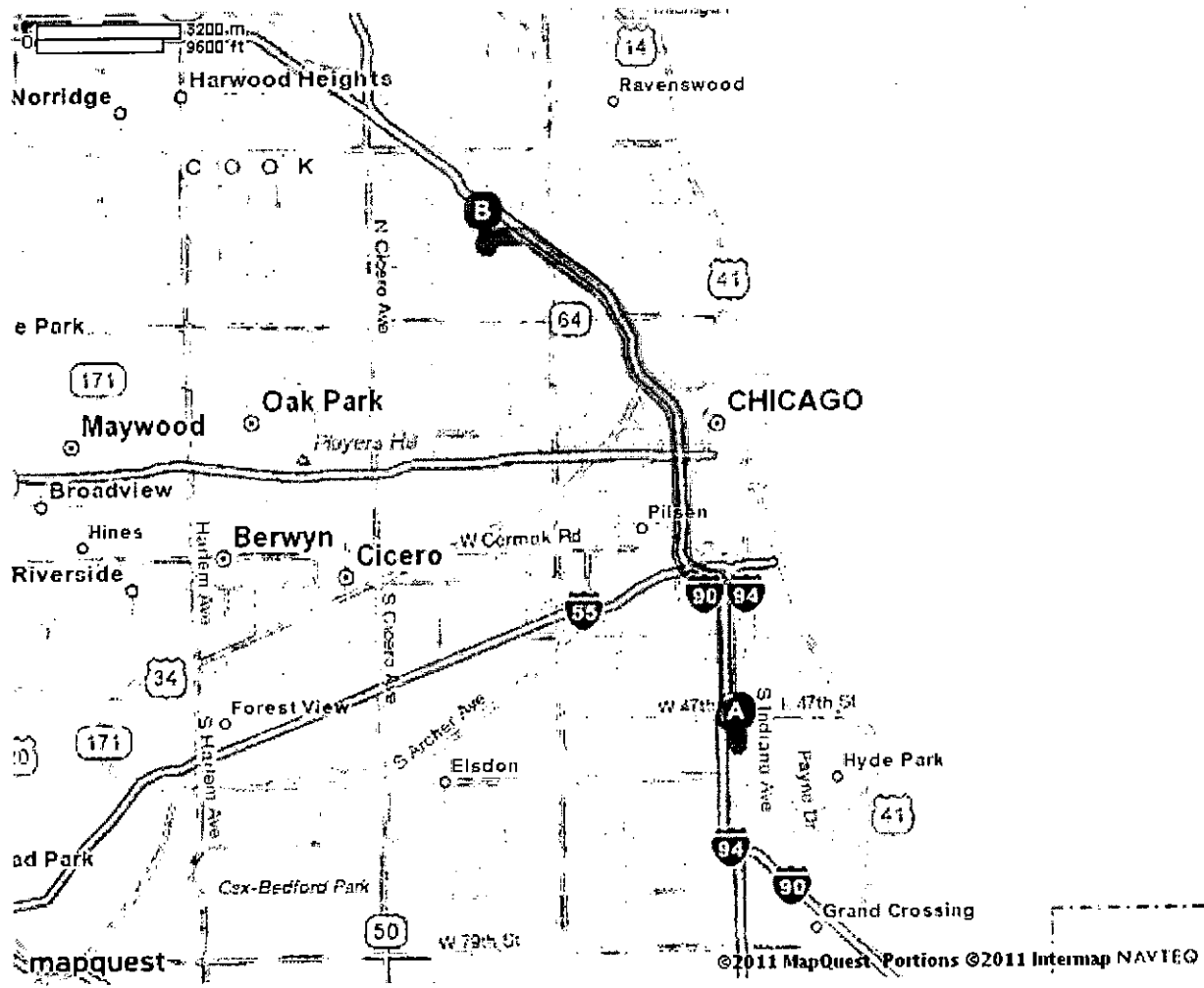


10. 2659 N MILWAUKEE AVE is on the right. go 0.0 mi

B 2659 N Milwaukee Ave, Chicago, IL 60647-1643

Total Travel Estimate : 11.59 miles - about 20 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 610 S Maple Ave
Oak Park, IL 60304-1091
14.44 miles - about 21 minutes

 5060 S State St, Chicago, IL 60609-5328

- 
1. Start out going north on S State St toward E 48th St.
go 0.5 mi
- 
2. Turn left onto W 47th St.
go 0.2 mi
- 
3. Turn slight right.
go 0.0 mi
- 
4. Turn slight right onto S Lasalle St.
go 0.0 mi
- 

5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left.
go 4.3 mi
- 
6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs.
go 0.5 mi
- 

7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs.
go 8.3 mi
- 
8. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left.
go 0.3 mi
- 

9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave.
go 0.3 mi
- 
10. Turn right onto Monroe St.
go 0.0 mi
- 
11. Turn right onto S Maple Ave.
go 0.0 mi



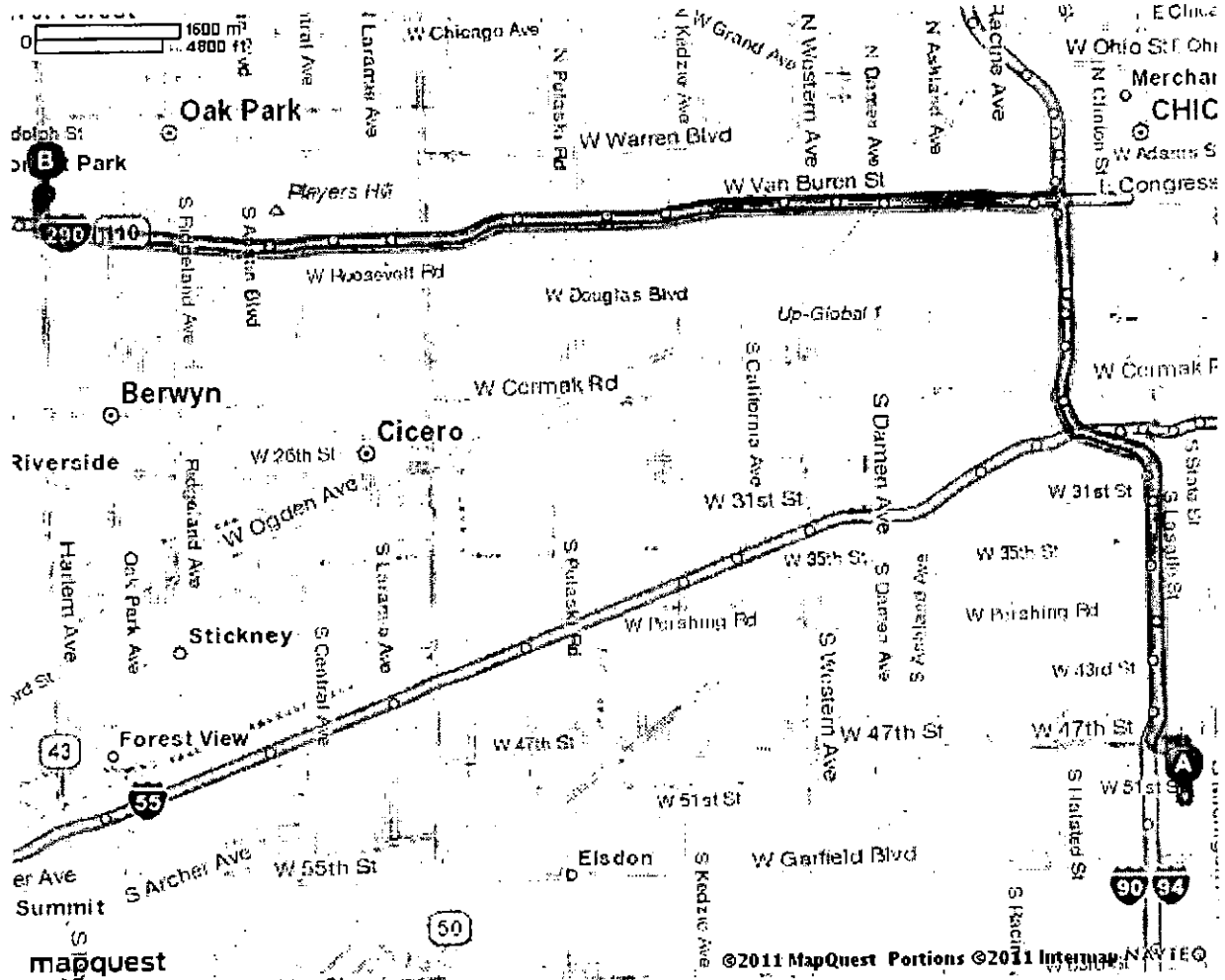
12. 610 S MAPLE AVE is on the left.

go 0.0 mi

B 610 S Maple Ave, Oak Park, IL 60304-1091

Total Travel Estimate : 14.44 miles - about 21 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 6333 S Green St
Chicago, IL 60621-1943
2.69 miles - about 7 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St. go 1.0 mi



3. Turn left onto S Halsted St. go 1.0 mi




4. Turn right onto W 63rd St. go 0.0 mi



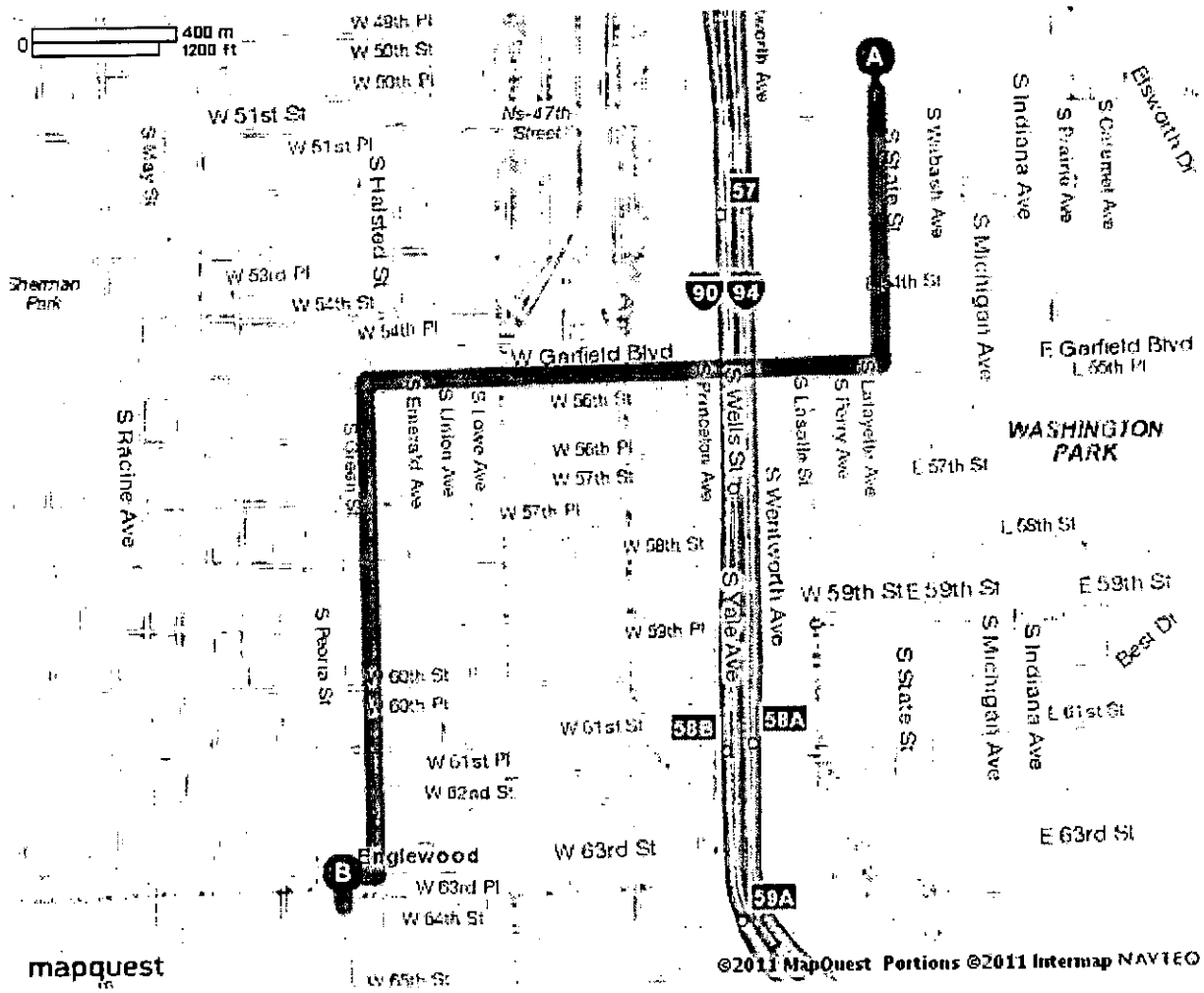
5. Turn left onto S Green St. go 0.0 mi



6. 6333 S GREEN ST is on the left. go 0.0 mi

 6333 S Green St, Chicago, IL 60621-1943
Total Travel Estimate : 2.69 miles - about 7 minutes

Route Map [Hide](#)



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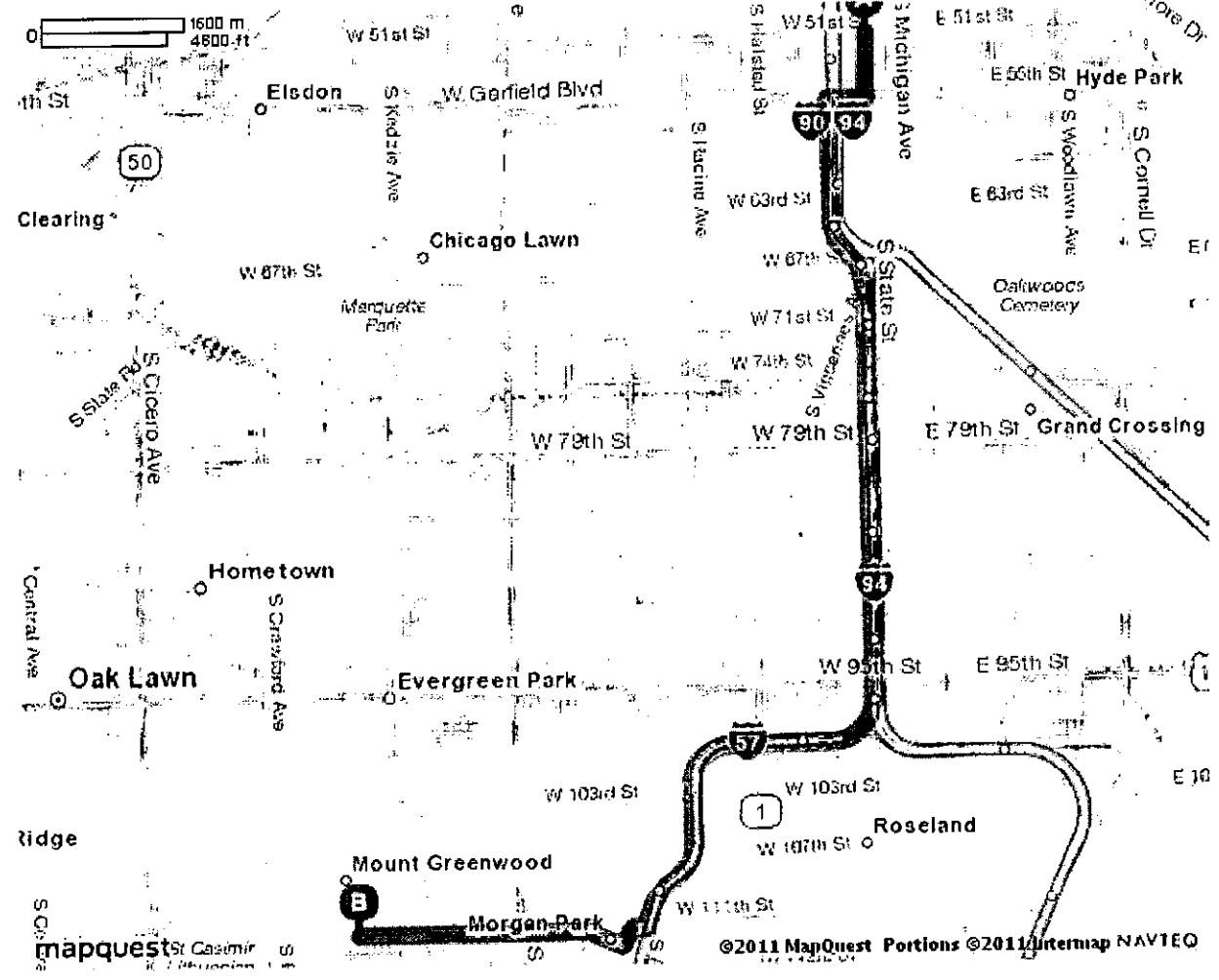


MAPQUEST.

Notes

Trip to 3401 W 111th St
Chicago, IL 60655-3329
11.79 miles - about 21 minutes

Route Map [Hide](#)



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MAPQUEST.


Notes














Trip to Mt Sinai Hospital Med Center

California Ave & 15th St, Chicago, IL 60608

- (773) 542-2000

11.53 miles - about 19 minutes

 5060 S State St, Chicago, IL 60609-5328

- | | | |
|---|---|-----------|
|  | 1. Start out going north on S State St toward E 48th St. | go 0.5 mi |
|  | 2. Turn left onto W 47th St. | go 0.2 mi |
|  | 3. Turn slight right. | go 0.0 mi |
|  | 4. Turn slight right onto S Lasalle St. | go 0.0 mi |
|   | 5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. | go 4.3 mi |
|  | 6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. | go 0.5 mi |
|   | 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. | go 4.7 mi |
|  | 8. Take EXIT 25 toward Kostner Ave. | go 0.2 mi |
|  | 9. Stay straight to go onto W Congress Pky. | go 0.0 mi |
|  | 10. Turn left onto S Kostner Ave. | go 0.6 mi |
|  | 11. Turn right onto W Roosevelt Rd. | go 0.1 mi |



12. Turn left onto S Kilbourn Ave.

go 0.4 mi



13. CALIFORNIA AVE & 15TH ST.

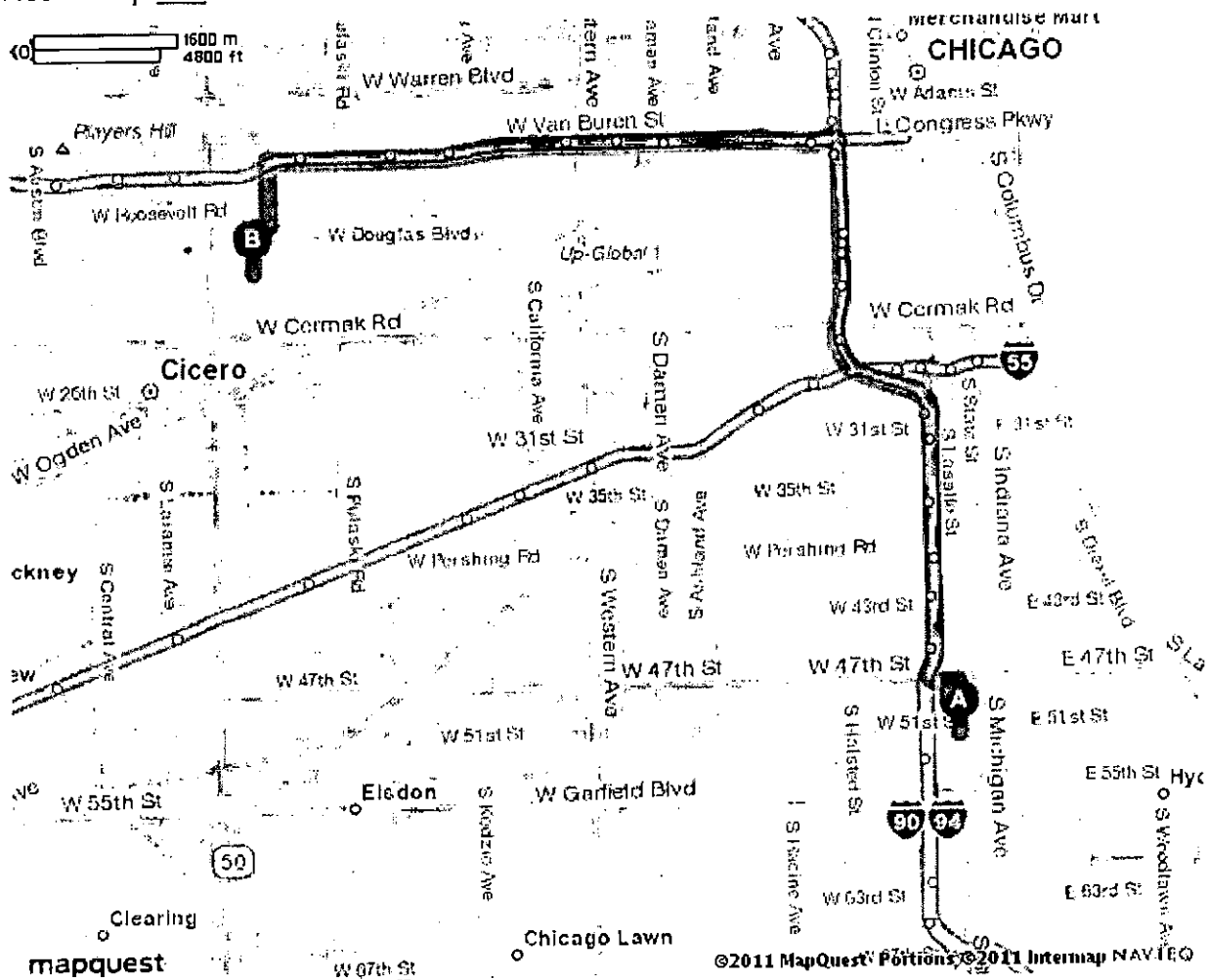
go 0.0 mi



**Mt Sinai Hospital Med Center - (773) 542-2000
California Ave & 15th St, Chicago, IL 60608**

Total Travel Estimate : 11.53 miles - about 19 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 825 W 35th St
Chicago, IL 60609-1511
3.07 miles - about 8 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 1.0 mi



6. Take EXIT 55A toward 35th St. go 0.2 mi



7. Stay straight to go onto S Lasalle St. go 0.3 mi



8. Turn left onto W 35th St. go 0.9 mi

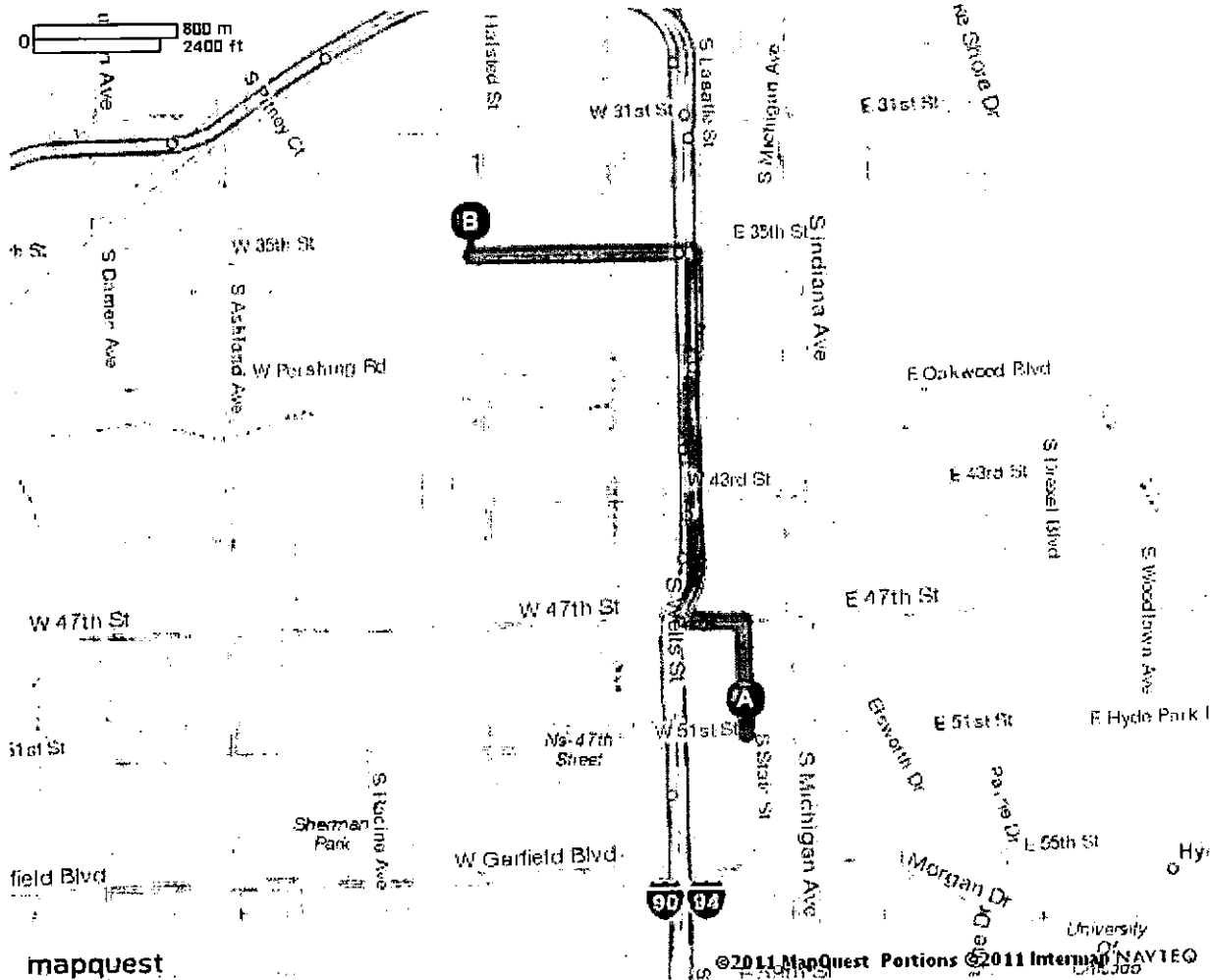


9. 825 W 35TH ST is on the left. go 0.0 mi

B 825 W 35th St, Chicago, IL 60609-1511
Total Travel Estimate : 3.07 miles - about 8 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 2534 W 69th St
Chicago, IL 60629
5.53 miles - about 15 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St. go 3.0 mi



3. Turn left onto S Western Ave. go 1.8 mi



4. Turn right onto W 69th St / W Lithuanian Plaza Ct. go 0.2 mi

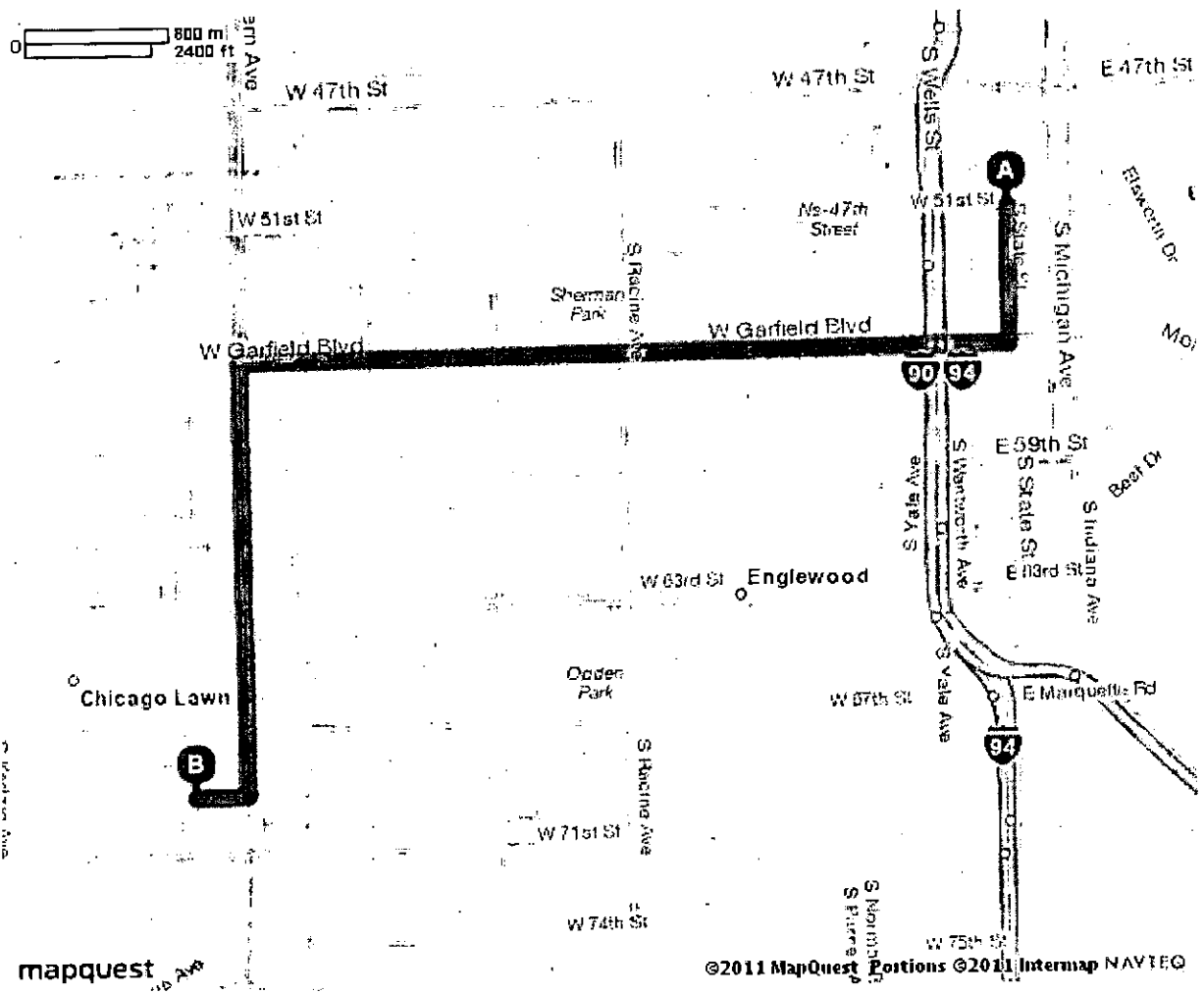


5. 2534 W 69TH ST is on the right. go 0.0 mi

B 2534 W 69th St, Chicago, IL 60629
Total Travel Estimate : 5.53 miles - about 15 minutes

Route Map [Hide](#)

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Notes

MAPQUEST.

Trip to 4800 N Kilpatrick Ave
Chicago, IL 60630-1725
14.81 miles - about 24 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W via the ramp on the left. go 12.7 mi



6. Take the Kostner Ave exit, EXIT 43D. go 0.2 mi



7. Turn right onto N Kostner Ave. go 0.5 mi



8. Turn right onto W Leland Ave. go 0.0 mi



9. Turn sharp left onto N Elston Ave. go 0.4 mi



10. Turn left onto N Kilpatrick Ave. go 0.2 mi



11. 4800 N KILPATRICK AVE is on the left. go 0.0 mi

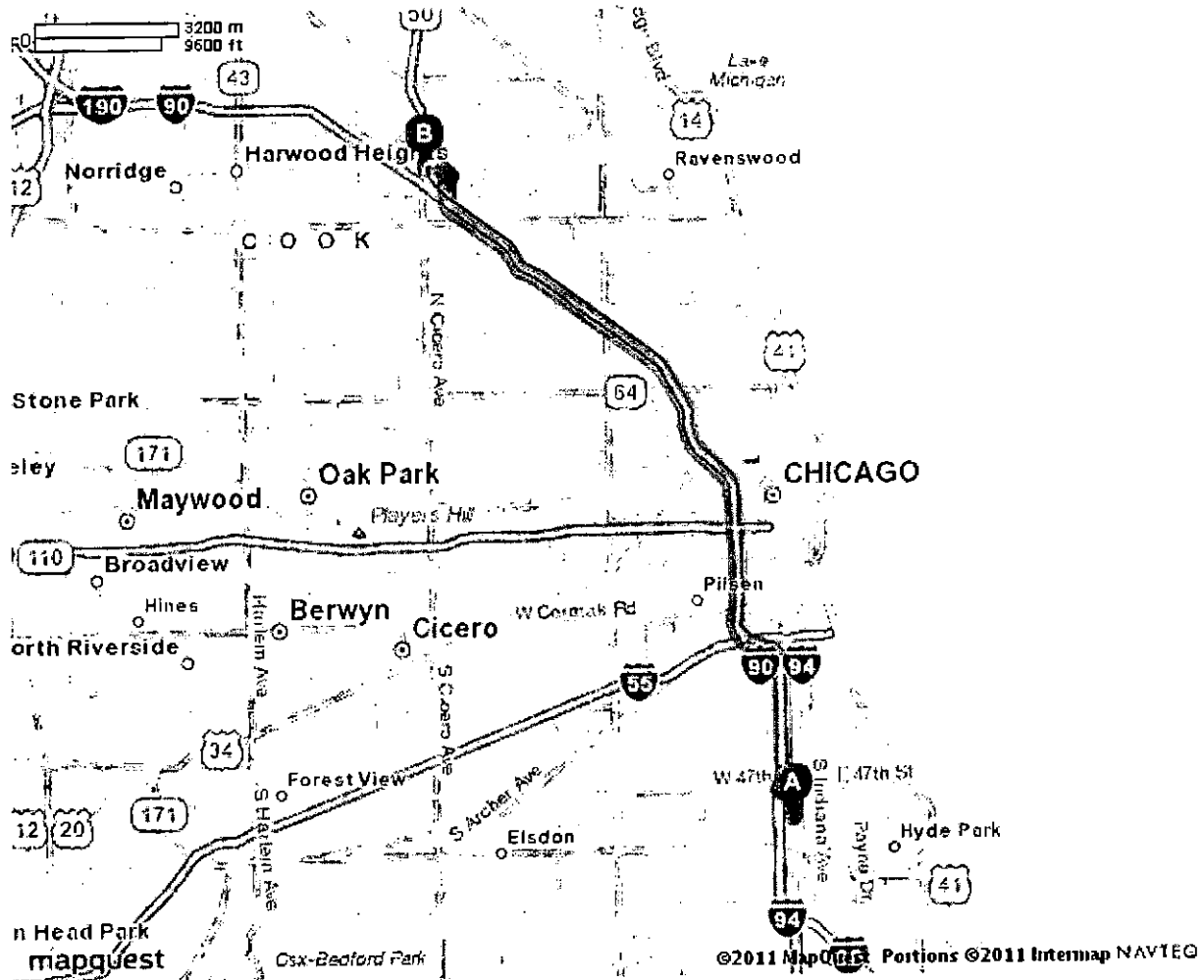


4800 N Kilpatrick Ave, Chicago, IL 60630-1725

233

Total Travel Estimate : 14.81 miles - about 24 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 9212 S South Chicago Ave
Chicago, IL 60617-4512
6.98 miles - about 13 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 1.9 mi



2. Merge onto I-90 E / Chicago Skwy E via the ramp on the left (Portions toll). go 4.6 mi



3. Take the Anthony Avenue exit toward 92nd Street. go 0.2 mi



4. Turn slight left onto S Anthony Ave. go 0.0 mi



5. Turn slight left onto E 92nd St. go 0.2 mi



6. Turn slight right onto S South Chicago Ave. go 0.0 mi

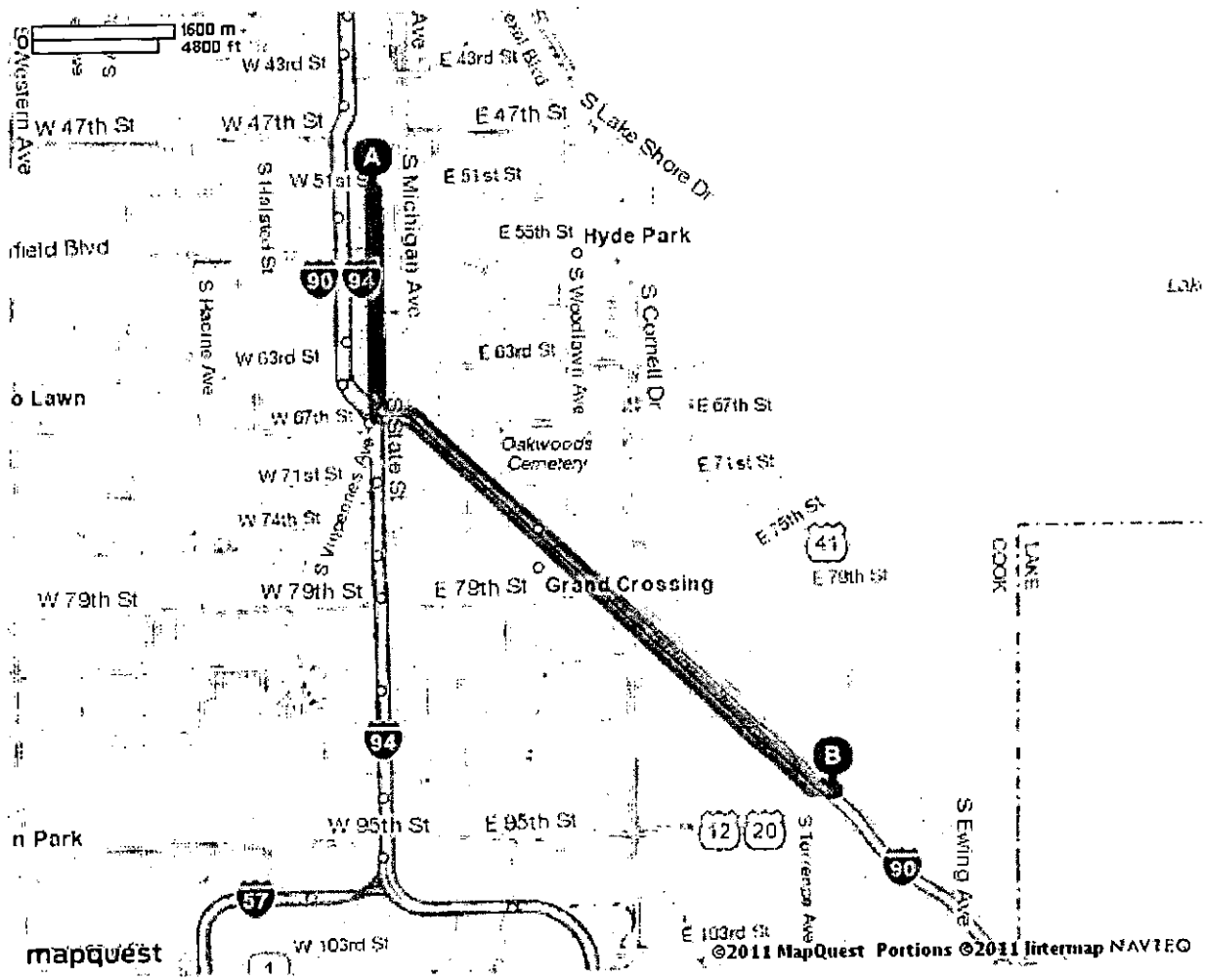


7. 9212 S SOUTH CHICAGO AVE is on the right. go 0.0 mi

B 9212 S South Chicago Ave, Chicago, IL 60617-4512
Total Travel Estimate : 6.98 miles - about 13 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 2420 E 79th St
Chicago, IL 60649-5112
5.72 miles - about 16 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 1.6 mi



2. Turn left onto E 63rd St. go 0.5 mi



3. Turn slight right onto S Dr Martin L King Jr Dr. go 0.5 mi



4. Turn slight left onto S South Chicago Ave. go 2.1 mi



5. Turn slight left onto E 79th St. go 1.0 mi

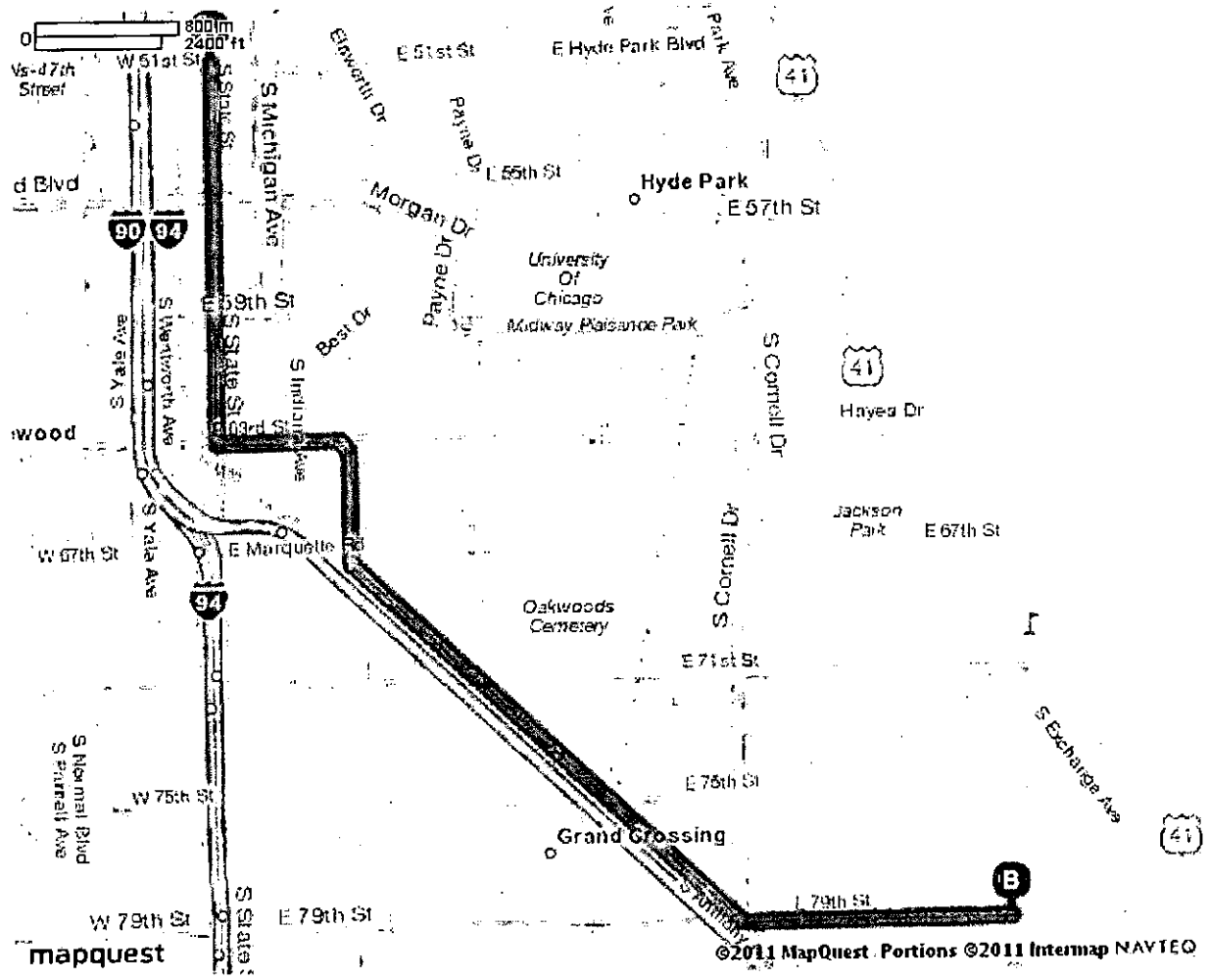


6. 2420 E 79TH ST is on the left. go 0.0 mi

2420 E 79th St, Chicago, IL 60649-5112
Total Travel Estimate : 5.72 miles - about 16 minutes

Route Map [Hide](#)

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Notes

MAPQUEST.

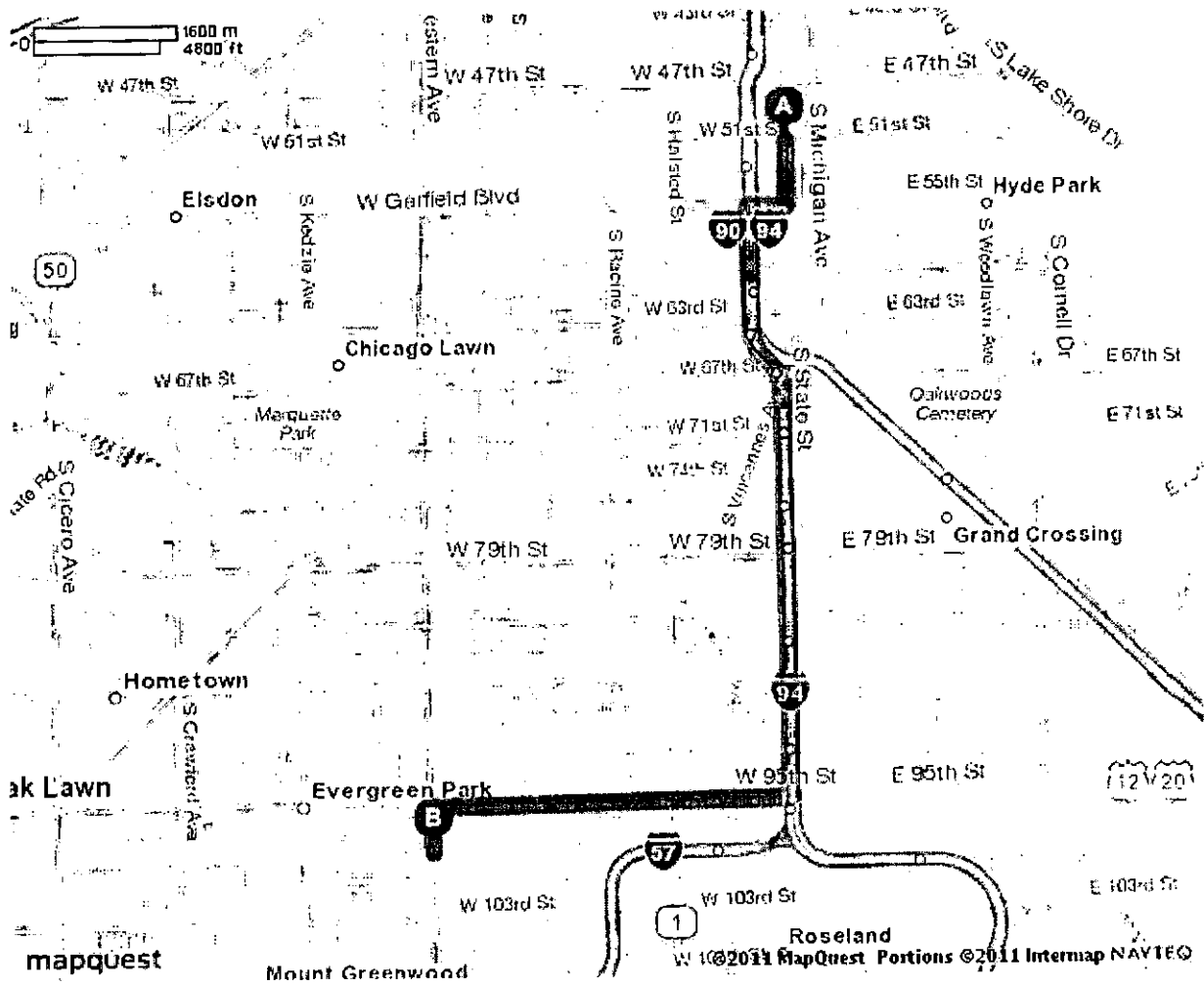
Trip to 9730 S Western Ave
Evergreen Park, IL 60805-2814
9.31 miles - about 19 minutes

A 5060 S State St, Chicago, IL 60609-5328

-  1. Start out going south on S State St toward W 51st St. go 0.6 mi
-  2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi
-  3. Turn left onto S Wells St. go 0.0 mi
-   4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 4.7 mi
-  5. Take EXIT 62 toward US-12 / US-20 / 95th St. go 0.2 mi
-  6. Stay straight to go onto S Lafayette Ave. go 0.1 mi
-   7. Turn right onto W 95th St / US-20 W / US-12 W / Ulysses S Grant Memorial Hwy. go 2.9 mi
-  8. Turn left onto S Western Ave. go 0.4 mi
-  9. 9730 S WESTERN AVE is on the right. go 0.0 mi

B 9730 S Western Ave, Evergreen Park, IL 60805-2814
Total Travel Estimate : 9.31 miles - about 19 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 557 W Polk St
Chicago, IL 60607-4388
5.64 miles - about 11 minutes

5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.2 mi



6. Take EXIT 52B toward Roosevelt Rd / Taylor St. go 0.1 mi



7. Stay straight to go onto S Ruble St. go 0.0 mi



8. Take the I-90 W / I-94 W ramp toward Kennedy Expy / Wisconsin. go 0.2 mi



9. Turn right onto W Taylor St. go 0.1 mi



10. Turn left onto S Jefferson St. go 0.2 mi



11. Turn right onto W Polk St. go 0.0 mi

12. 557 W POLK ST is on the right. go 0.0 mi

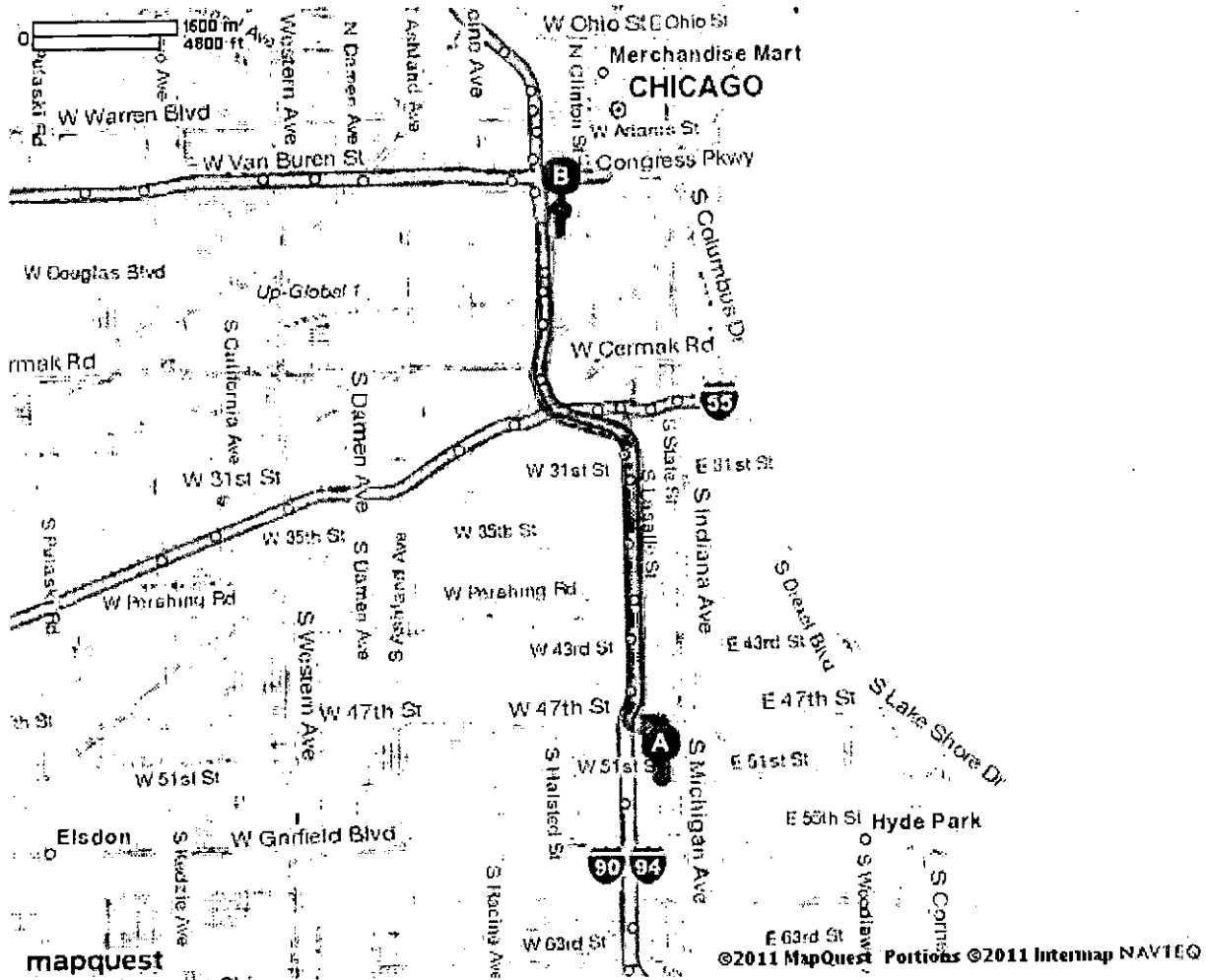
241



B 557 W Polk St, Chicago, IL 60607-4388

Total Travel Estimate : 5.64 miles - about 11 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 710 N Fairbanks Ct
Chicago, IL 60611-3013
7.97 miles - about 16 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 1.9 mi



6. Merge onto I-55 N / Stevenson Expy N via EXIT 53C on the left toward Lake Shore Dr. go 1.4 mi



7. Merge onto US-41 N / S Lake Shore Dr via the exit on the left. go 2.6 mi



8. Take the Randolph St / Wacker Dr ramp toward I-290. go 0.2 mi



9. Take the ramp toward Wacker Dr. go 0.2 mi



10. Keep right at the fork in the ramp. go 0.1 mi



11. Merge onto N Lake Shore Lower Dr. go 0.2 mi

12. Turn left onto E Grand Ave. go 0.3 mi



13. Turn right onto N Fairbanks Ct.

go 0.2 mi



14. 710 N FAIRBANKS CT is on the left.

go 0.0 mi



710 N Fairbanks Ct, Chicago, IL 60611-3013

Total Travel Estimate : 7.97 miles - about 16 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 733 Madison St
Oak Park, IL 60302-4419
15.32 miles - about 24 minutes

 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.3 mi



6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. go 0.5 mi



7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. go 8.3 mi



8. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. go 0.3 mi



9. Turn right onto IL-43 / Harlem Ave / S Harlem Ave. go 0.5 mi



10. Turn right onto Washington Blvd. go 0.5 mi



11. Turn right onto S Oak Park Ave. go 0.1 mi

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MAPQUEST.

Notes

Trip to 4720 N Marine Dr
Chicago, IL 60640-5120
13.43 miles - about 24 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going north on S State St toward E 48th St. go 0.5 mi



2. Turn left onto W 47th St. go 0.2 mi



3. Turn slight right. go 0.0 mi



4. Turn slight right onto S Lasalle St. go 0.0 mi



5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 1.9 mi



6. Merge onto I-55 N / Stevenson Expy N via EXIT 53C on the left toward Lake Shore Dr. go 1.4 mi



7. Merge onto US-41 N via the exit on the left. go 9.1 mi



8. Take the Lawrence Ave ramp. go 0.1 mi



9. Turn left onto W Lawrence Ave. go 0.1 mi



10. Turn left onto N Marine Dr. go 0.0 mi



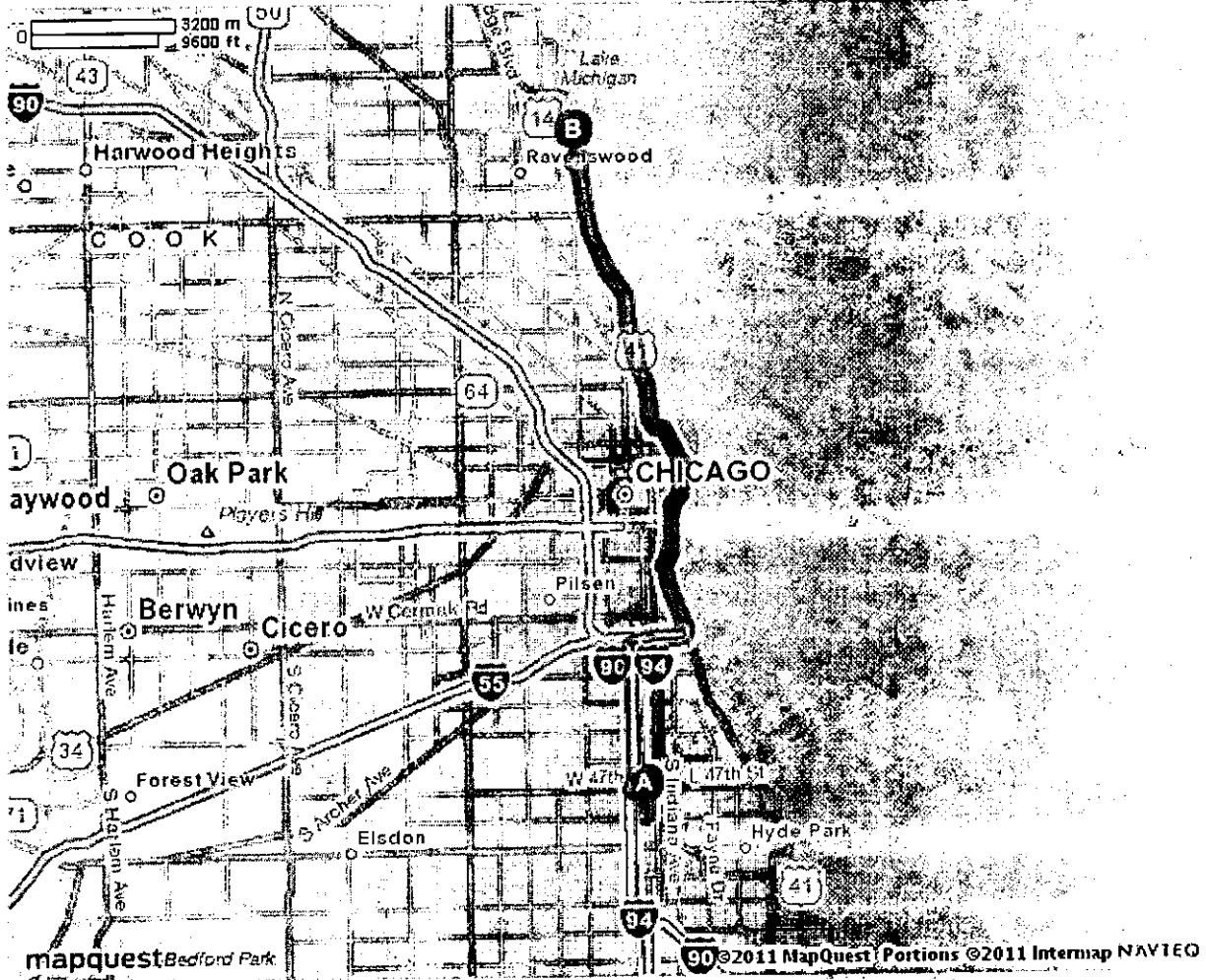
11. 4720 N MARINE DR is on the right. go 0.0 mi

B 4720 N Marine Dr, Chicago, IL 60640-5120

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Total Travel Estimate : 13.43 miles - about 24 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 5401 S Wentworth Ave

Chicago, IL 60609-6300

0.90 miles - about 2 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St.

go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St.

go 0.2 mi



3. Turn right onto S Wentworth Ave.

go 0.1 mi



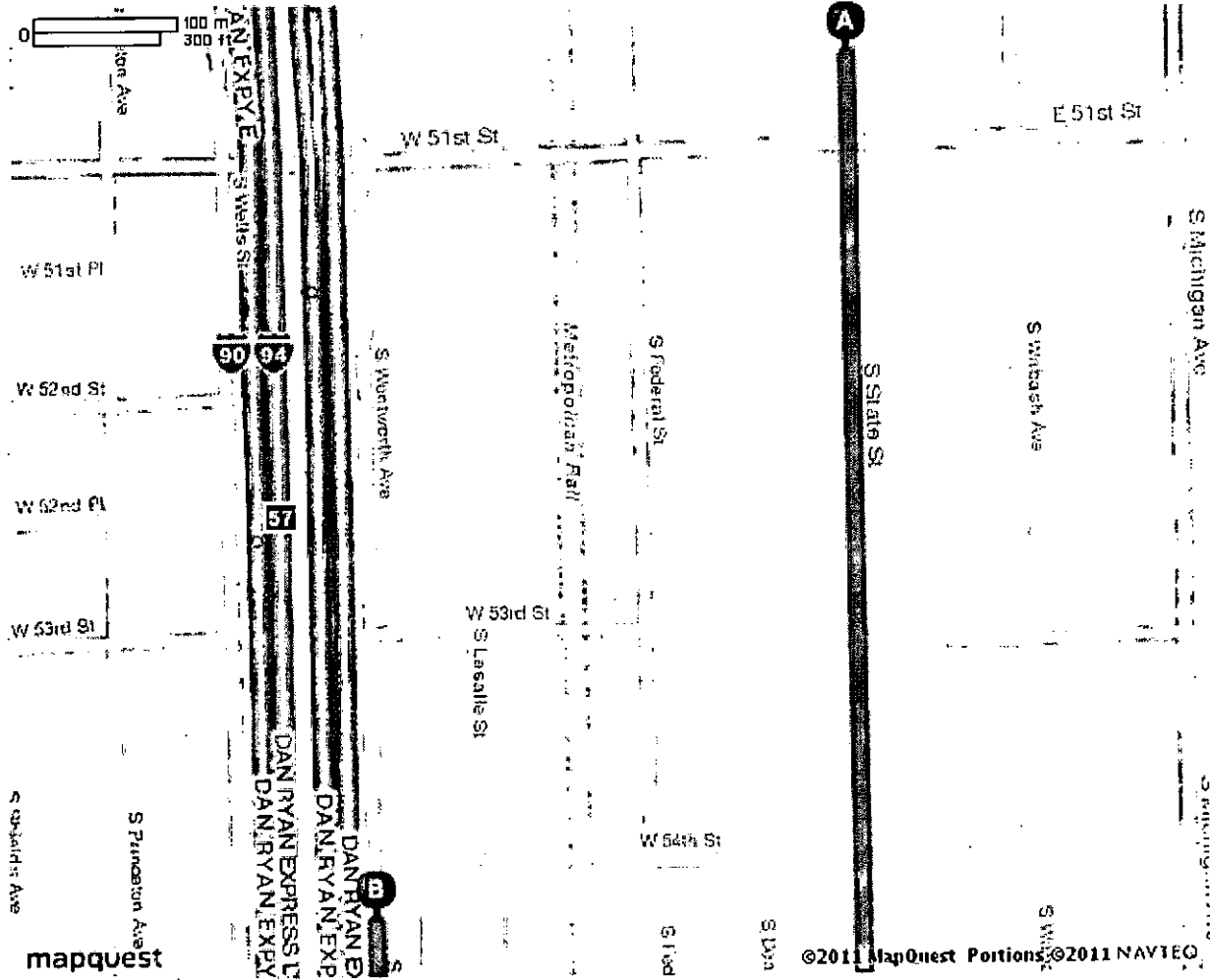
4. 5401 S WENTWORTH AVE is on the right.

go 0.0 mi

B 5401 S Wentworth Ave, Chicago, IL 60609-6300

Total Travel Estimate : 0.90 miles - about 2 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to [1600-1799] S Wabash Ave

Chicago, IL 60616

4.42 miles - about 10 minutes

5060 S State St, Chicago, IL 60609-5328

- 
1. Start out going north on S State St toward E 48th St.
go 0.5 mi
- 
2. Turn left onto W 47th St.
go 0.2 mi
- 
3. Turn slight right.
go 0.0 mi
- 
4. Turn slight right onto S Lasalle St.
go 0.0 mi
- 

5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left.
go 1.9 mi
- 
6. Take the I-55 N / Stevenson Expy / 22nd St exit. EXIT 53C, on the left toward Lake Shore Dr.
go 0.5 mi
- 
7. Take the 22nd St exit on the left.
go 0.5 mi
- 
8. Turn right onto W Cermak Rd / W 22nd St.
go 0.2 mi
- 
9. Turn left onto S State St.
go 0.3 mi
- 
10. Turn right onto E 18th St.
go 0.0 mi
- 
11. Turn left onto S Wabash Ave.
go 0.0 mi
- 12. [1600-1799] S WABASH AVE.
go 0.0 mi

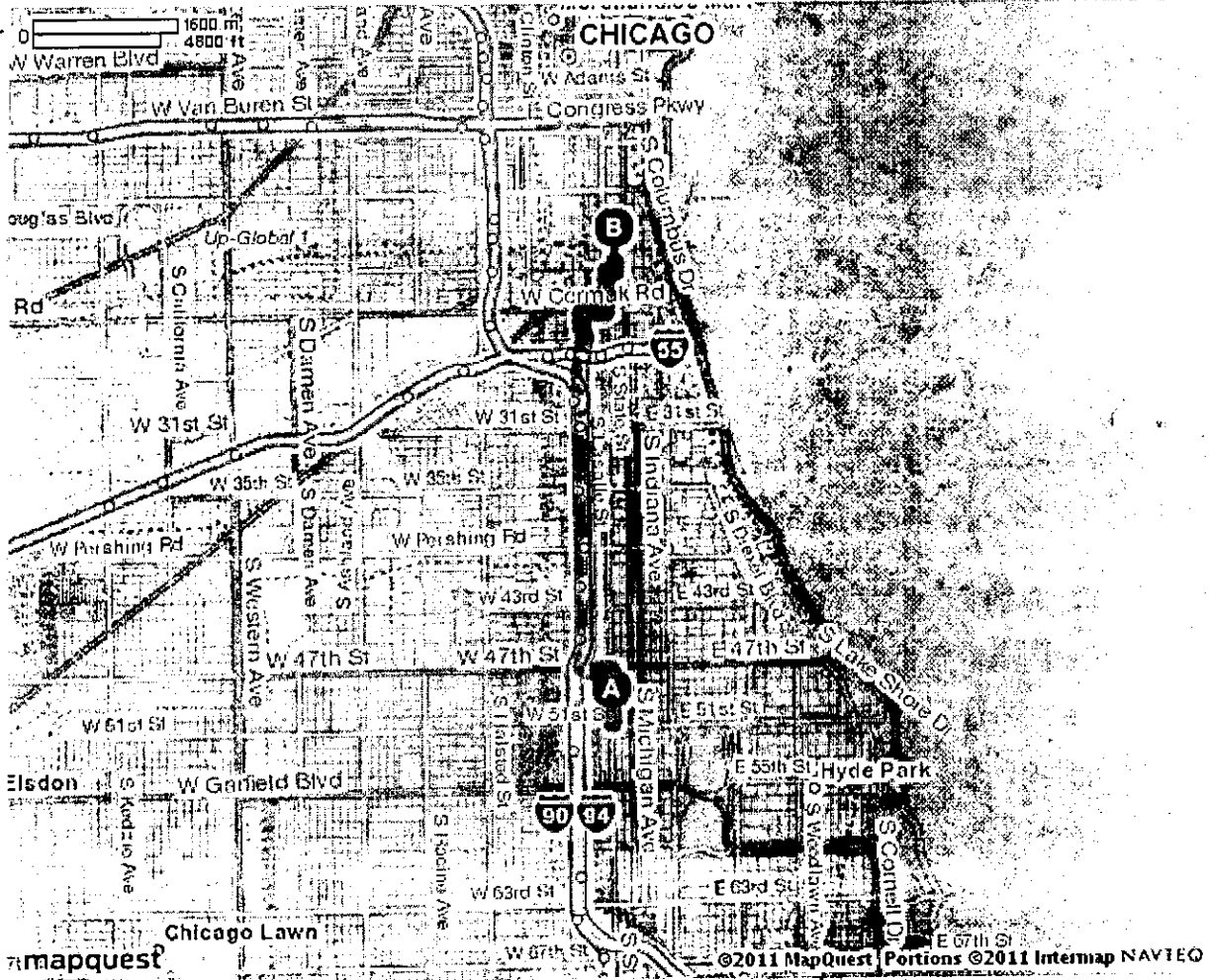
251

END

B [1600-1799] S Wabash Ave, Chicago, IL 60616

Total Travel Estimate : 4.42 miles - about 10 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 11650 S Kedzie Ave
Merrionette Park, IL 60803-6302
12.60 miles - about 21 minutes

A 5060 S State St, Chicago, IL 60609-5328

-  1. Start out going south on S State St toward W 51st St. go 0.6 mi
-  2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi
-  3. Turn left onto S Wells St. go 0.0 mi
-   4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 5.2 mi
-   5. Merge onto I-57 S via EXIT 63 toward Memphis. go 3.8 mi
-  6. Take EXIT 354 toward 119th St. go 0.2 mi
-  7. Stay straight to go onto S Marshfield Ave. go 0.2 mi
-  8. Turn right onto W 119th St. go 2.0 mi
-  9. Turn right onto S Kedzie Ave. go 0.3 mi
-  10. 11650 S KEDZIE AVE is on the left. go 0.0 mi

B 11650 S Kedzie Ave, Merrionette Park, IL 60803-6302
Total Travel Estimate : 12.60 miles - about 21 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 4651 W 79th St

Chicago, IL 60652-1186

9.97 miles - about 22 minutes

5060 S State St, Chicago, IL 60609-5328

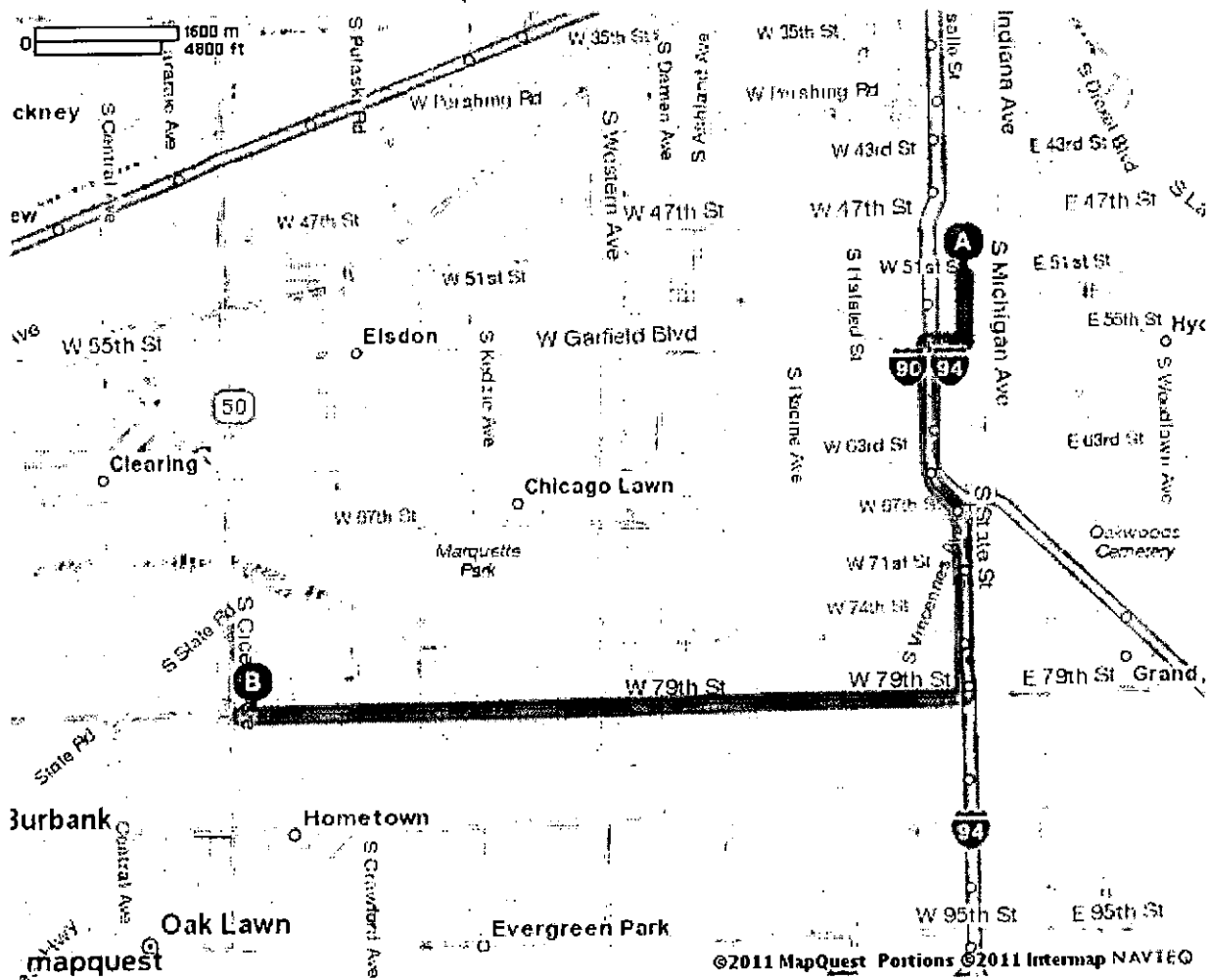
- 1. Start out going south on S State St toward W 51st St. go 0.6 mi
- 2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi
- 3. Turn left onto S Wells St. go 0.0 mi
- 4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 2.6 mi
- 5. Take EXIT 60C toward 79th St. go 0.2 mi
- 6. Keep right at the fork in the ramp. go 0.1 mi
- 7. Turn slight left onto S Lafayette Ave. go 0.0 mi
- 8. Turn right onto W 79th St. go 5.9 mi
- 9. Make a U-turn onto W 79th St. go 0.1 mi
- 10. 4651 W 79TH ST is on the left. go 0.0 mi

4651 W 79th St, Chicago, IL 60652-1186

Total Travel Estimate : 9.97 miles - about 22 minutes

Route Map [Hide](#)

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MAPQUEST.


Notes


Trip to 1653 W Congress Pkwy


Chicago, IL 60612-3833


7.19 miles - about 13 minutes


5060 S State St, Chicago, IL 60609-5328


- 
1. Start out going north on S State St toward E 48th St.
go 0.5 mi


- 
2. Turn left onto W 47th St.
go 0.2 mi


- 
3. Turn slight right.
go 0.0 mi


- 
4. Turn slight right onto S Lasalle St.
go 0.0 mi


- 
5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left.
go 4.3 mi


- 
6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs.
go 0.5 mi

- 
7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs.
go 1.2 mi

- 
8. Take EXIT 28B toward Ashland Ave / Paulina St.
go 0.2 mi

- 
9. Turn slight left onto W Van Buren St.
go 0.2 mi

- 
10. Turn left onto S Paulina St.
go 0.0 mi

- 
11. Turn left onto W Congress Pky.
go 0.0 mi



12. 1653 W CONGRESS PKWY.

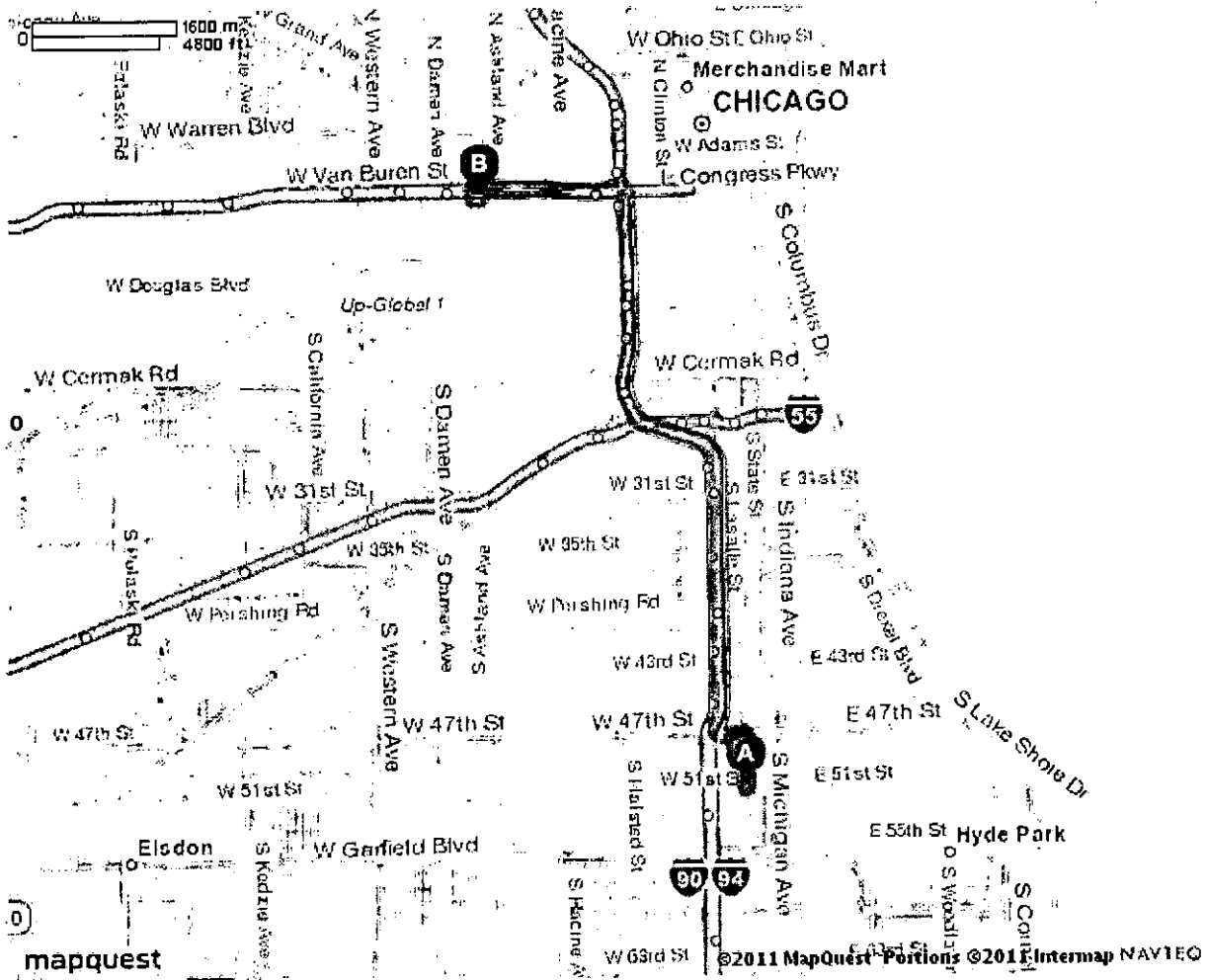
go 0.0 mi



1653 W Congress Pkwy, Chicago, IL 60612-3833

Total Travel Estimate : 7.19 miles - about 13 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 7721 S Western Ave
Chicago, IL 60620-5821
7.11 miles - about 16 minutes

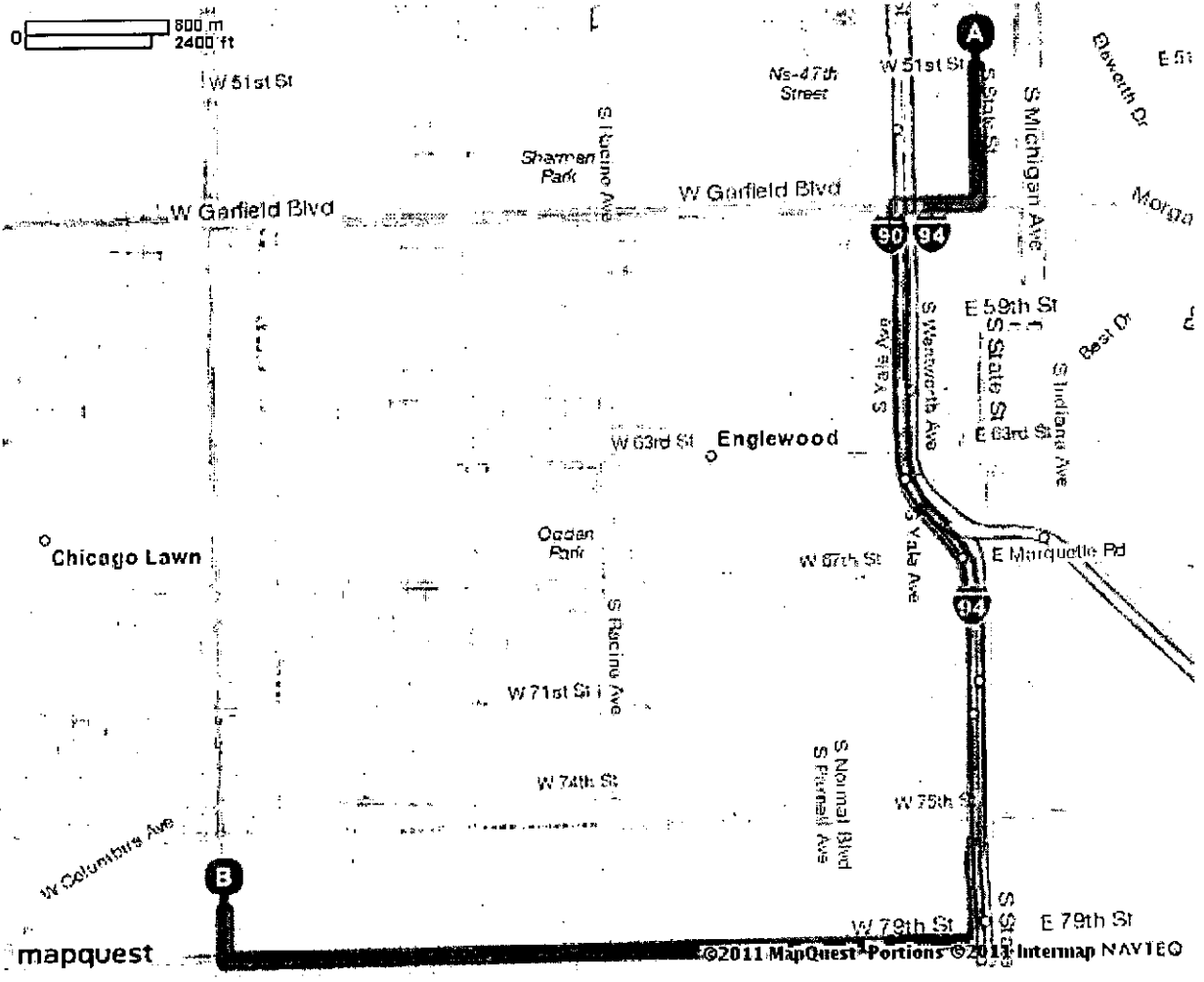
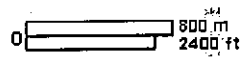
A 5060 S State St, Chicago, IL 60609-5328

-  1. Start out going south on S State St toward W 51st St. go 0.6 mi
-  2. Turn right onto W Garfield Blvd / W 55th St. go 0.3 mi
-  3. Turn left onto S Wells St. go 0.0 mi
-   4. Merge onto I-94 E / Dan Ryan Expy E via the ramp on the left. go 2.6 mi
-  5. Take EXIT 60C toward 79th St. go 0.2 mi
-  6. Keep right at the fork in the ramp. go 0.1 mi
-  7. Turn slight left onto S Lafayette Ave. go 0.0 mi
-  8. Turn right onto W 79th St. go 2.9 mi
-  9. Turn right onto S Western Ave. go 0.2 mi
-  10. 7721 S WESTERN AVE is on the right. go 0.0 mi

B 7721 S Western Ave, Chicago, IL 60620-5821
Total Travel Estimate : 7.11 miles - about 16 minutes

Route Map [Hide](#)

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MAPQUEST.

Notes

Trip to 1740 W Taylor St
Chicago, IL 60612-7232
6.65 miles - about 14 minutes

5060 S State St, Chicago, IL 60609-5328

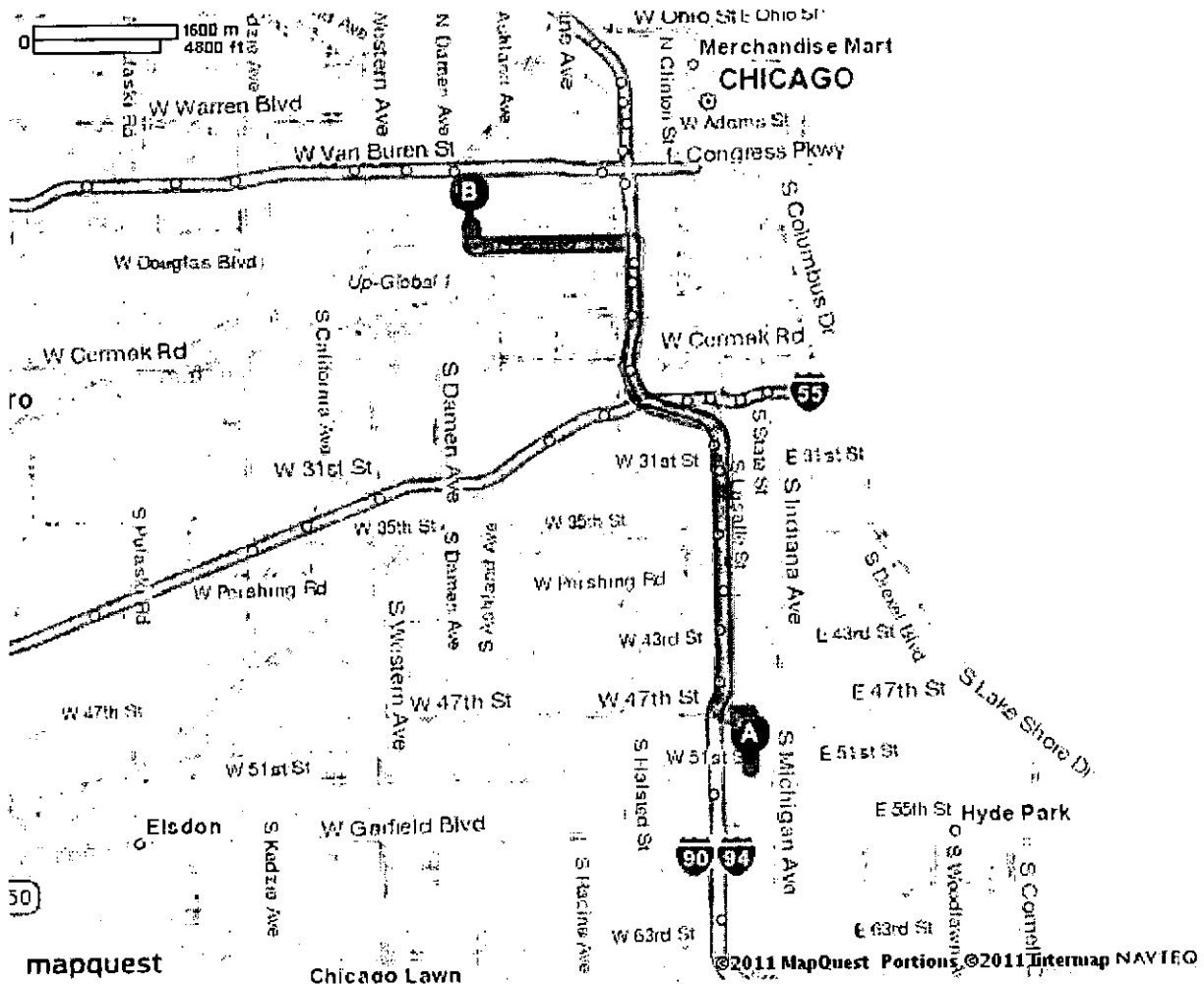
-  1. Start out going north on S State St toward E 48th St. go 0.5 mi
-  2. Turn left onto W 47th St. go 0.2 mi
-  3. Turn slight right. go 0.0 mi
-  4. Turn slight right onto S Lasalle St. go 0.0 mi
-   5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.2 mi
-  6. Take EXIT 52B toward Roosevelt Rd / Taylor St. go 0.1 mi
-  7. Stay straight to go onto S Ruble St. go 0.0 mi
-  8. Turn left onto W Roosevelt Rd. go 1.3 mi
-  9. Turn right onto S Hermitage Ave. go 0.2 mi
-  10. Turn left onto W Taylor St. go 0.0 mi
-  11. 1740 W TAYLOR ST is on the right. go 0.0 mi

1740 W Taylor St, Chicago, IL 60612-7232

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Total Travel Estimate : 6.65 miles - about 14 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to 7000 S Pulaski Rd
Chicago, IL 60629-5842
7.53 miles - about 20 minutes

A 5060 S State St, Chicago, IL 60609-5328



1. Start out going south on S State St toward W 51st St. go 0.6 mi



2. Turn right onto W Garfield Blvd / W 55th St. Continue to follow W 55th St. go 4.0 mi



3. Turn left onto S Kedzie Ave. go 1.5 mi



4. Turn right onto W Marquette Rd / W 67th St. go 1.0 mi



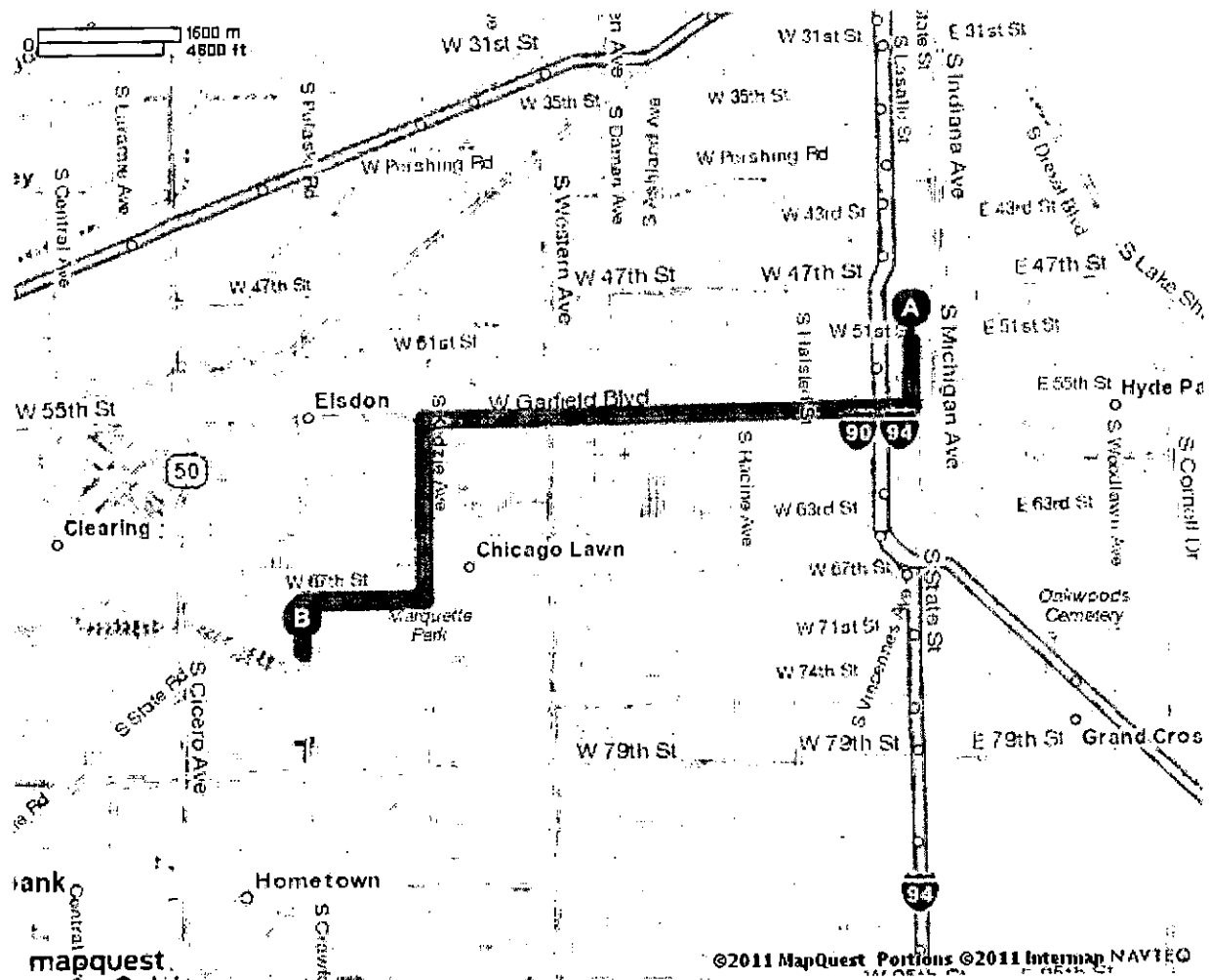
5. Turn left onto S Pulaski Rd. go 0.4 mi



6. 7000 S PULASKI RD is on the right. go 0.0 mi

B 7000 S Pulaski Rd, Chicago, IL 60629-5842
Total Travel Estimate : 7.53 miles - about 20 minutes

Route Map [Hide](#)



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MAPQUEST.

Notes

Trip to West Metro Dialysis Center

1044 N Mozart St # 300, Chicago, IL 60622

- (773) 342-3717

9.92 miles - about 20 minutes

5060 S State St, Chicago, IL 60609-5328

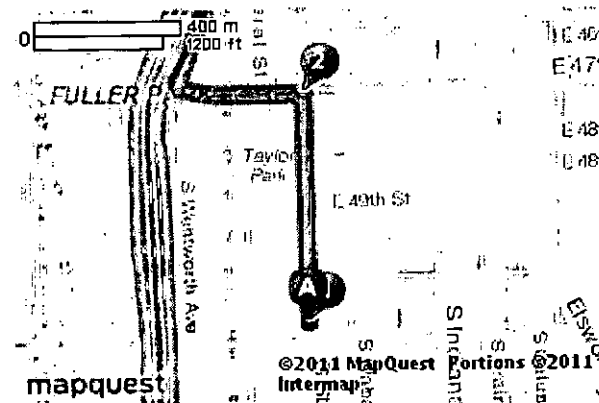
- 1. Start out going north on S State St toward E 48th St. go 0.5 mi
- 2. Turn left onto W 47th St. go 0.2 mi
- 3. Turn slight right. go 0.0 mi
- 4. Turn slight right onto S Lasalle St. go 0.0 mi
- 5. Merge onto I-90 W / I-94 W via the ramp on the left. go 6.8 mi
- 6. Take the Augusta Blvd / Milwaukee Ave exit, EXIT 49B. go 0.3 mi
- 7. Turn slight right onto N Milwaukee Ave. go 0.4 mi
- 8. Turn slight left onto W Division St. go 1.6 mi
- 9. Turn left onto N Mozart St. go 0.2 mi
- 10. 1044 N MOZART ST # 300 is on the left. go 0.0 mi

West Metro Dialysis Center - (773) 342-3717
 1044 N Mozart St # 300, Chicago, IL 60622
 Total Travel Estimate : 9.92 miles - about 20 minutes

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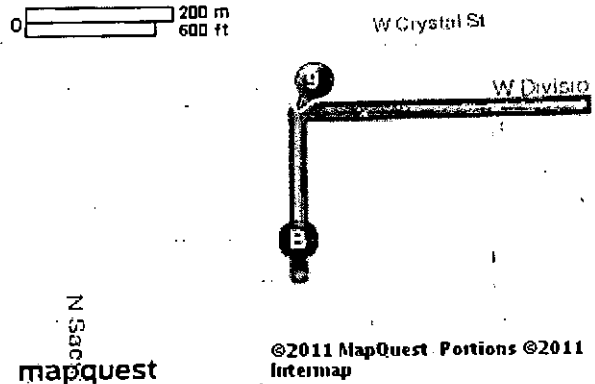
Start Map Hide

A: 5060 S State St, Chicago, IL 60609-5328



End Map Hide

B: West Metro Dialysis Center, 1044 N Mozart St # 300, Chicago, IL 60622



Route Map Hide



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x

MAPQUEST.

Notes

Trip to FMC West Suburban Dialysis Center

518 N Austin Blvd, Oak Park, IL 60644 -
(708) 386-5550
13.84 miles - about 22 minutes

5060 S State St, Chicago, IL 60609-5328

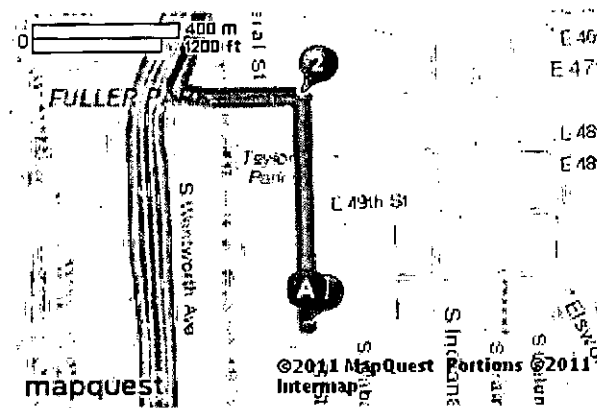
- 1. Start out going north on S State St toward E 48th St. go 0.5 mi
- 2. Turn left onto W 47th St. go 0.2 mi
- 3. Turn slight right. go 0.0 mi
- 4. Turn slight right onto S Lasalle St. go 0.0 mi
- 5. Merge onto I-90 W / I-94 W / Dan Ryan Expy W via the ramp on the left. go 4.3 mi
- 6. Take the I-290 W / Eisenhower Expy exit, EXIT 51H, toward West Suburbs. go 0.5 mi
- 7. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the exit on the left toward West Suburbs. go 6.7 mi
- 8. Take the Austin Blvd exit, EXIT 23A, on the left. go 0.3 mi
- 9. Turn right onto S Austin Blvd. go 1.3 mi
- 10. 518 N AUSTIN BLVD is on the left. go 0.0 mi

FMC West Suburban Dialysis Center - (708) 386-5550 518 N Austin Blvd, Oak Park, IL 60644 Total Travel Estimate : 13.84 miles - about 22 minutes

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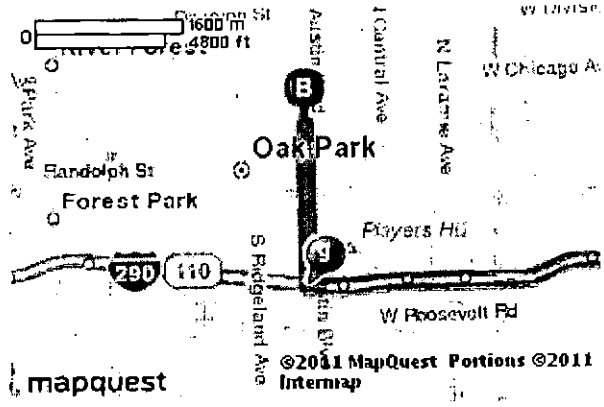
Start Map Hide

A: 5060 S State St, Chicago, IL 60609-5328

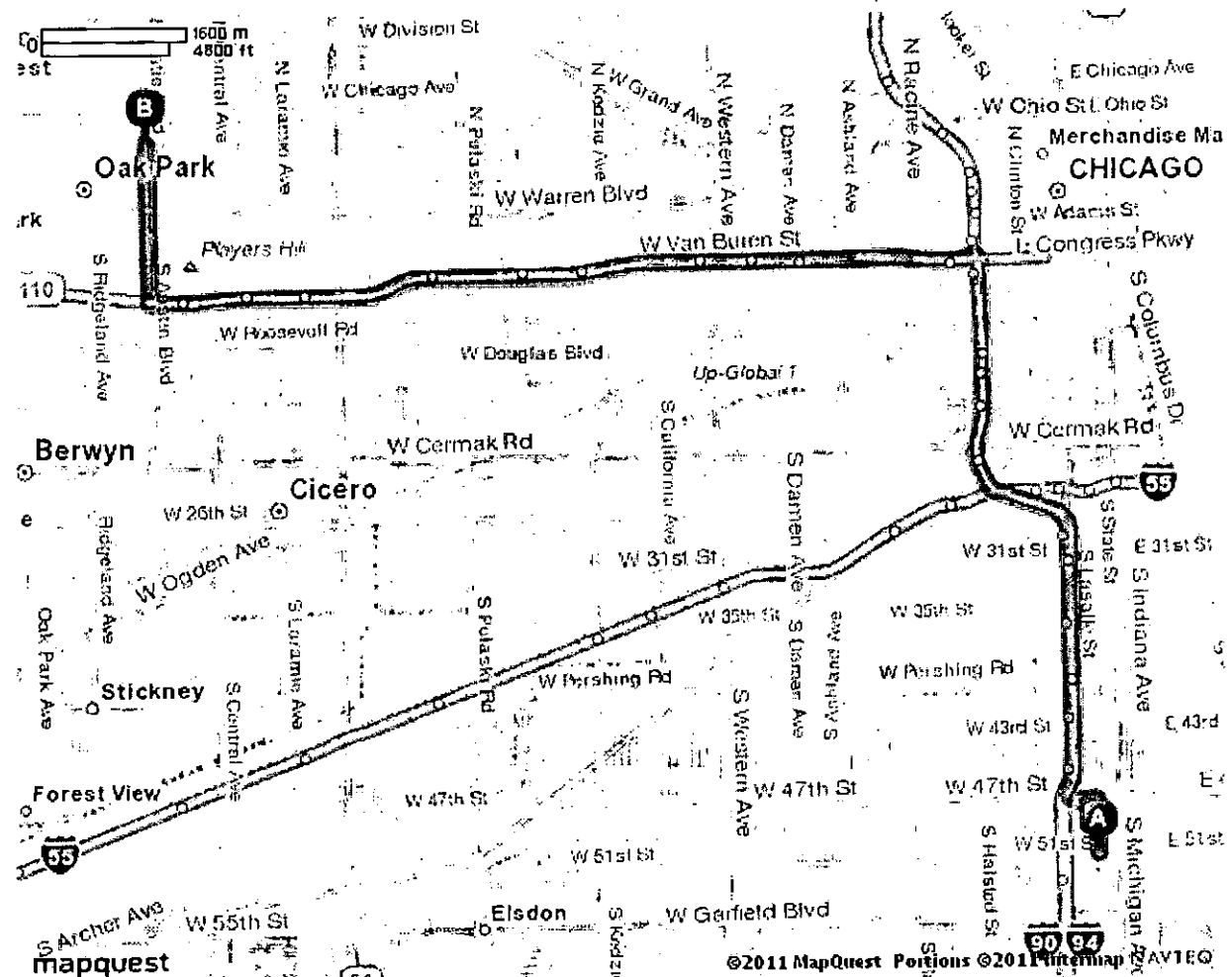


End Map Hide

B: FMC West Suburban Dialysis Center, 518 N Austin Blvd, Oak Park, IL 60644



Route Map Hide



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