

ORIGINAL

11-103

**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.**

NOV 02 2011

Facility/Project Identification

Facility Name: Lawndale Dialysis	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 3934 West 24 th Street		
City and Zip Code: Chicago, IL 60623		
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: 1551 Wewatta Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 1551 Wewatta Street, Denver, CO 80202
Telephone Number: (303) 405-2100

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Primary Contact

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

Name: 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:

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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Fax Number: 866-366-1681

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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: SDO Development LLC
Address of Site Owner: 1149 West 175 th Street, Homewood, Illinois 60403
Street Address or Legal Description of Site: 3934 West 24th Street, Chicago, IL 60623
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: 1551 Wewatta Street, Denver, CO 80202
<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 establish a 16-station dialysis facility located at 3934 West 24th Street, Chicago, Illinois. The proposed dialysis facility will include a total of 6,781 gross square feet.

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	\$940,600		\$940,600
Contingencies	\$140,000		\$140,000
Architectural/Engineering Fees	\$52,800		\$52,800
Consulting and Other Fees	\$75,000		\$75,000
Movable or Other Equipment (not in construction contracts)	\$525,708		\$525,708
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,374,469		\$1,374,469
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$3,108,577		\$3,108,577
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,734,108		\$1,734,108
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,374,469		\$1,374,469
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$3,108,577		\$3,108,577
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 \$161,892

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, 2013

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-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

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.

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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:					


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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.



 SIGNATURE
 Tom Usilton

 PRINTED NAME
 Senior Vice President

 PRINTED TITLE



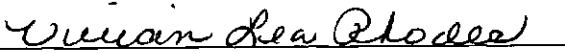
 SIGNATURE
 Art Sida

 PRINTED NAME
 Assistant Secretary

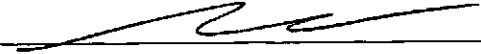
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 29 day of September, 2011

Notarization:
 Subscribed and sworn to before me
 this 30 day of Sept 2011



 Signature of Notary

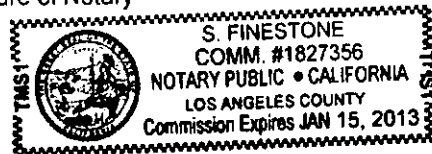


 Signature of Notary

Seal

Vivian Lea Rhodes
 Notary Public
 DeKalb County, Georgia
 My Commission Expires April 24, 2015

Seal



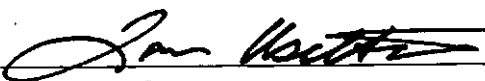
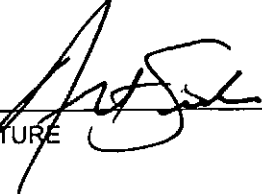
*Insert EXACT legal name of the applicant

CERTIFICATION

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

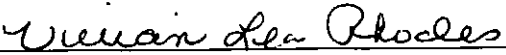
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of 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 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.

 _____ SIGNATURE Tom Usilton _____ PRINTED NAME Senior Vice President _____ PRINTED TITLE	 _____ SIGNATURE Art Sida _____ PRINTED NAME Assistant Secretary _____ PRINTED TITLE
--	--

Notarization:
 Subscribed and sworn to before me
 this 29 day of September 2011

Notarization:
 Subscribed and sworn to before me
 this 30 day of Sept 2011



 Signature of Notary




 Signature of Notary


Seal

Vivian Lea Rhodes
 Notary Public
 DeKalb County, Georgia
 My Commission Expires April 24, 2015

Seal

 S. FINESTONE
 COMM. #1827356
 NOTARY PUBLIC • CALIFOR
 LOS ANGELES COUNTY
 Commission Expires JAN 15, 2013

*Insert EXACT legal name of the applicant

 S. FINESTONE
 COMM. #1827356
 NOTARY PUBLIC • CALIFORNIA
 LOS ANGELES COUNTY
 Commission Expires JAN 15, 2013

11

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.

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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.

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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 tot 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.

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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	0	16

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".

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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:**

\$1,734,108	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;
\$1,374,469	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.
\$3,108,577	TOTAL FUNDS AVAILABLE	

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

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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.

18

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

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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			

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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.

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Section I, Identification, General Information, and Certification
Applicants

Total Renal Care, Inc. will operate Lawndale Dialysis, which shall be used as a trade name. DaVita Inc. is the entity that has final control over the proposed operator. Certificates of Good Standing for DaVita Inc. and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment - 1. 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.

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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.

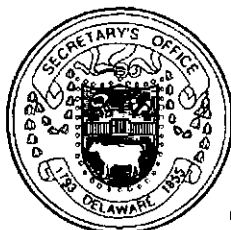
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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



23


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8386715

DATE: 11-30-10

Attachment - 1



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

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SECRETARY OF STATE

Attachment - 1

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

The letter of intent between SDO Development LLC and Total Renal Care, Inc. to lease the facility located at 3934 West 24th Street, Chicago, Illinois 60623 is attached at Attachment - 2.

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October 31, 2011

Emmett Purcell
Senior Vice President
USI Real Estate Brokerage Services Inc.
2215 York Road, Suite 110
Oak Brook, IL 60523

RE: REQUEST FOR PROPOSAL
NEC 24th Street & Pulaski Road
Chicago, IL

Dear Emmett:

Please allow this letter to serve as our response to enter into a binding lease with Total Renal Care, Inc.

LOCATION: NEC 24th Street & Pulaski Road, Chicago, IL (the "Premises")
3934 West 24th Street, Chicago, Illinois 60623

TENANT: Total Renal Care, Inc. or related entity to be named.

LANDLORD: SDO Development LLC, an Illinois limited liability company,
FEIN: 26-1207687

SPACE REQUIREMENTS: Approximately 6,781.1 contiguous useable square feet. Final SF and building layout to be mutually agreed to by the parties. Tenant shall have the right to measure the space based on the most recent BOMA standards. *Please indicate both rentable and useable square footage for the Premises.*

Landlord agrees to these terms and conditions. The square footage for the Premises is as follows:

Rentable: 6781.1 SF

Useable: 6444.25 SF

PRIMARY TERM: **15 YEAR LEASE**
\$21.83/SF, with annual 3% increases after the Fifth Lease Year

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BASE RENT:

Please indicate the annual rate per rentable square foot.

**15 YEAR TERM
LEASE YEAR**

ANNUAL RENT

1	\$ 148,031.41
2	\$ 148,031.41
3	\$ 148,031.41
4	\$ 148,031.41
5	\$ 148,031.41
6	\$ 152,472.35
7	\$ 157,046.53
8	\$ 161,757.92
9	\$ 166,610.66
10	\$ 171,608.98
11	\$ 176,757.25
12	\$ 182,059.97
13	\$ 187,521.76
14	\$ 193,147.42
15	\$ 198,941.84

Please indicate the lease type. (i.e. FSG, MG, NNN).

NNN

ADDITIONAL EXPENSES:

Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM.

Annual Estimated Cost/SF \$7.75 The taxes are being reassessed and we will receive a 2010 Tax statement in October, 2011. See Exhibit D.

<i>Taxes</i>	<i>Insurance</i>	<i>CAM</i>
\$3.98	\$.49 cents	\$3.28

Please provide Tenant's pro rata share percentage of operating expenses.

Tenant's pro rata share % is 44%



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If operating expenses are based on a Base Year, please indicate the Base Year and expense stop.

N/A

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent.

Tenant shall be responsible for all separately-metered utility charges for the Premises.

Landlord to limit the cumulative operating expense costs to no greater than three percent (3%) increase annually.

Landlord agrees to these terms and conditions.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

Landlord agrees to these terms and conditions.

POSSESSION AND COMMENCEMENT:

Tenant shall take possession of the premises upon the later of completion of Landlord's required work (if any) or mutual lease execution. The rent commencement shall be the earlier of four (4) months from possession or until:

- a. Construction 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 from the City of Chicago, IL; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

Landlord will deliver the Premises in approximately four (4) months from the receipt of the Certificate of Need, or sooner, subject to Force Majeure and Governmental delays. Landlord requires Tenant to take possession of the Premises within thirty (30) days of said date and will provide for four (4) months of free base rent and CAM and Taxes upon delivery of possession.



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The Lease Term under shall begin upon Landlord's delivery of the vanilla box to Tenant. Landlord and Tenant shall work together to save time while Landlord is relocating Turner Acceptance Corporation and will consider any and all time saving methods for faster completion of the delivery of the space.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by two hundred seventy (270) days from receipt of the Certificate of Need, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the two hundred seventy (270) day delivery period.

LEASE FORM:

Tenant's standard lease form.

Landlord agrees to these terms and conditions.

USE:

The use is for a Dialysis Clinic, related medical, office and distribution of pharmaceuticals. Tenant will require that the Landlord receive approval of the proposed building and use from the Alderman before a letter of intent can be finalized.

Landlord agrees to these terms and conditions. Please refer to

Exhibit F.

BASE BUILDING:

The following items must be delivered by the Landlord to the premises as part of the base building:

- A 2" dedicated water meter and line
- A 4" sewer line to a municipal sewer system
- Minimum 400 to 800, 120/208 volt 3 phase, 4 wire electrical service
- Gas service, at a minimum, will be rated to have 6" of water column pressure and supply 800,000-BTU's



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- HVAC rooftop Units/Systems and all associated cost(s) with unit(s)

Please refer to the attached Exhibit B regarding additional base building improvements and site development requirements.

Landlord agrees to these terms and conditions.

TENANT IMPROVEMENTS:

Please provide the tenant improvement allowance offered (psf).

None

OPTION TO RENEW:

Tenant shall receive three (3) five (5) year options to renew the lease. Option Rent shall be the lesser of 95% of fair market value.

Landlord agrees to these terms and conditions.

RIGHT OF FIRST OPPORTUNITY
ON ADJACENT SPACE:

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

Landlord agrees to these terms and conditions.

HOLDING OVER:

Tenant shall be obligated to pay 125% for the then current rate.

PARKING:

Please indicate the number and location of parking spaces. Tenant requests one (1) dedicated stall per 1,000 rsf and (2) dedicated handicap stalls.

The parking ratio at 24th and Pulaski is 4.2 per 1000. Landlord will deliver to Tenant two (2) handicap spots directly in front of its space as well as two (2) other spots adjacent to the handicap for Tenants clients.

CONCESSIONS:

None.



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**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Please provide a detailed itemization and estimates of all common area operating expense components including real estate taxes and special assessments, insurance, landscape maintenance, exterior lighting, property management, maintenance, utilities, janitorial, security, etc., for which the client will be responsible to pay. If the lease provides for a base year for operating expenses, please indicate what the base year will be for a renewal.

Please see Exhibit D attached hereto.

TENANT SIGNAGE:

Tenant shall have the right to install building signage on the building, subject to Landlord's consent, which consent shall not be unreasonably withheld and subject to compliance by Tenant with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

Landlord agrees to these terms and conditions. Landlord will also deliver to Tenant signage rights on the Pylon on 24th in which Tenant will receive the second spot on the Pylon (replacing the Turner Acceptance Corporation sign) in accordance of all City of Chicago applicable laws.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week. Please indicate building hours for HVAC and utility services.

Landlord agrees to these terms and conditions.

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 DaVita Inc. without the consent of the Landlord or to unrelated entities with Landlord's reasonable approval.

Landlord agrees to these terms and conditions.

**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



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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).

Landlord agrees to these terms and conditions.

ROOF RIGHTS:

If the building does not have cable television service, then Tenant will need the right to place a satellite dish on the roof at no additional fee.

Landlord agrees to these terms and conditions.

RADIUS RESTRICTION:

Landlord shall not lease space to another dialysis clinic or similar facility at the property or at any of the other properties Landlord controls within two (2) miles of the subject property.

Landlord agrees to these terms and conditions.

HVAC:

Please provide general description of HVAC systems (i.e. ground units, tonnage, age).

The HVAC units are brand new and the tonnage is 5 tons per unit.

DELIVERIES:

Landlord will provide Tenant with a dock door located on Harding Avenue per Tenant's specifications.

EARLY TERMINATION OPTION:

After Tenant has completed Forty-eight (48) months of rent payments, Tenant shall have the one time right to terminate the Lease at any time with Two hundred seventy (270) days prior written notice before the expiration date along with a payment equal to one-quarter (1/4) of Tenant's monthly base rental obligations for the remaining portion of the current lease term and any unamortized transaction costs (brokerage commissions and tenant allowance).

SECURITY DEPOSIT:

None.

Landlord agrees to these terms and conditions.

CORPORATE GUARANTEE:

None.



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Landlord agrees to these terms and conditions.

CONTINGENCIES:

Tenant will need to apply for a Certificate of Need for the final location. If Tenant does not get the Certificate of Need by March 1, 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.

Tenant 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 March 1, 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 March 1, 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.

BROKERAGE FEE:

Landlord agrees that it recognizes USI Real Estate Brokerage Services Inc. as the client's sole representative and a brokerage fee equal to \$1.00/RSF per year of lease term shall be paid to USI, per separate commission agreement. Commissions to be paid 50% due within 30 days a fully executed lease and receipt



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of the CON and 50% within 30 days of lease commencement. The client shall retain the right to offset rent for failure to pay the Real Estate Commission.

PLANS:

Please provide copies of site and construction plans or drawings.

Please see Exhibit E attached hereto as well Landlord will deliver a CAD file to Tenant.

AGREED TO AND ACCEPTED THIS 31 DAY
DAY
OF October, 2011

By:

SDO Development LLC, an Illinois limited
owned
liability company, ("Landlord")

AGREED TO AND ACCEPTED THIS
OF 10/31, 2011

By:

On behalf of Total Renal Care, Inc. a wholly
subsidiary of DaVita, Inc. ("Tenant")

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS REQUEST FOR A PROPOSAL ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS REQUEST FOR A PROPOSAL, NEITHER TENANT NOR LANDLORD (OR US) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER



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Mitchell Simborg
President

(800) 799 - 4001

www.simborg.com

COMMERCIAL

(708) 789 - 4949*

PARTIES. NEITHER TENANT, LANDLORD OR USI INTENDS ON THE PROVISIONS CONTAINED IN THIS REQUEST FOR A PROPOSAL TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS REQUEST FOR A PROPOSAL WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. USI IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES USI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS REQUEST FOR A PROPOSAL IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD



ALDERMAN - 22ND WARD

PUBLIC SERVICE OFFICE

1100 NORTH LAUREL STREET
CHICAGO, ILLINOIS 60610
TEL: 312.744.3100

CITY COUNCIL
COMMITTEE MEMBERSHIP
SOUTH WARD - 13TH
13TH WARD
COUNCIL MEMBER
COUNCIL MEMBER
COUNCIL MEMBER
COUNCIL MEMBER

COUNCIL CHAMBER
1100 NORTH LAUREL STREET
CHICAGO, ILLINOIS 60610
TEL: 312.744.3100

September 22, 2011

Mr. Richard Kahan
KB Real Estate
790 Frontage Road
Suite 315
Northfield, Illinois 60093

RE: Zoning 3934 West 24th and Pulaski

Mr. Kahan

This letter is to confirm the zoning for the applicable known address of 3934 West 24th Street and Pulaski, whereas the Municipal Code of Chicago, the Chicago Zoning Ordinance, was amended by changing all of the zoning for the applicable zoning from M2-1 to C1-1 on July 9, 2008, with the following bounded area by:


The south line of the Chicago Burlington and Quincy Railroad Company right-of-way; the west line of South Harding Avenue as extended north from West 24th Street to its intersection with the south line of the Chicago Burlington and Quincy Railroad Company right-of way; West 24th Street and South Pulaski Road,

to those of a C1-1 neighborhood commercial district which is hereby established in the area described above.

The C1-1 Zoning in the City of Chicago permits to "accommodate a very broad range of small scale business, services and commercial uses," Whereas the owner of the property is permitted by use and with approval of the Alderman a medical clinic at the property with the address of 3934 West 24th Street.

If I can be of further assistance please feel free to contact me at your convenience.

Sincerely,

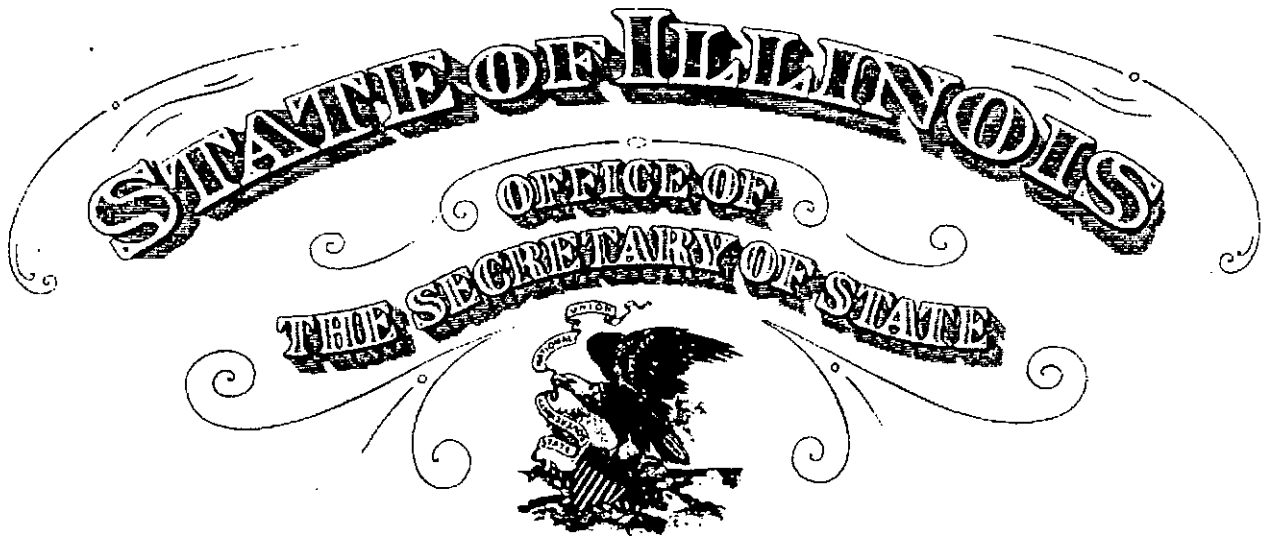

Ricardo Munoz
Alderman, 22nd Ward

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

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

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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
38

SECRETARY OF STATE

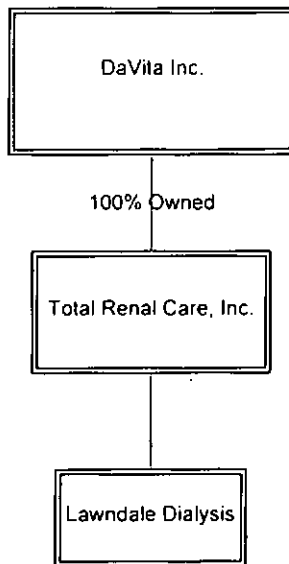
Attachment - 3

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.

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DaVita Inc. Organizational Chart

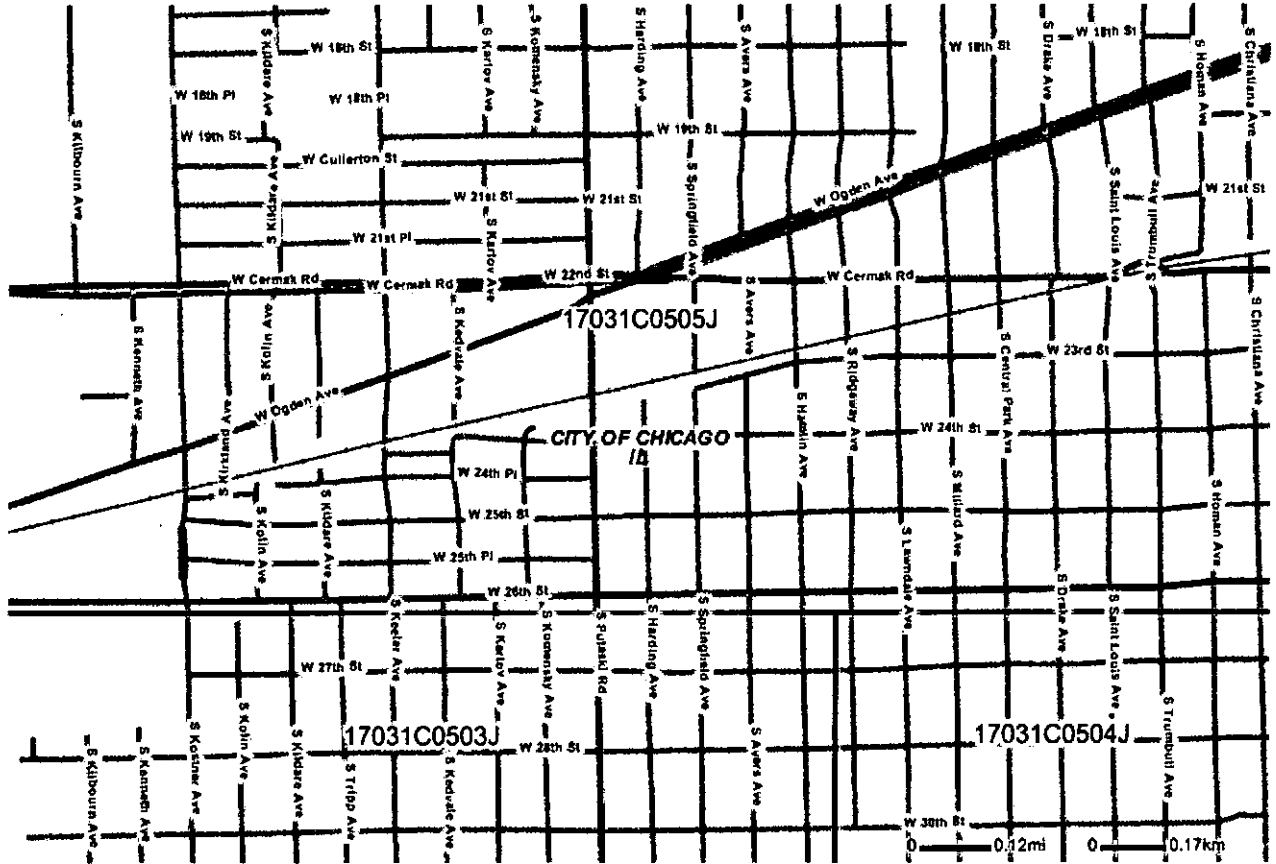


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Section I, Identification, General Information, and Certification
Flood Plain Requirements

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 3934 West 24th Street, Chicago, Illinois 60623. As shown on the FEMA Flood Insurance Rate Map, Map Index at Attachment - 5, this area is located on panel 17031C0505J. This is a non-printed panel with no special flood hazard area identified.

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Legend

<p>Cities</p> <ul style="list-style-type: none"> ▲ Other Place ● Small Towns ● Small Cities ● State Largest Cities ● Major Cities ● Completed LOMAs ● LOMAs DFIRM Panels Bench Marks General Structures Cohorts Foot Bridges Dams Levees Wing Walls Base Flood Elevation (cont) 	<ul style="list-style-type: none"> BFE with NGVD29 datum BFE with NAVD83 datum BFE with other datum Cross Section Lines Cross Section with NGVD29 datum Cross Section with NAVD83 datum Cross Section with other datum Political Jurisdictions DFIRM Streets PRIMARY ROAD SECONDARY ROAD RAILROAD OTHER ROAD Streams Water Body Floodways Flood Hazard Zones (cont) 	<ul style="list-style-type: none"> Zone A Zone AE Zone AH Zone AO Zone AR Zone ASB Zone V Zone VE Zone D 0.2% Annual Chance Flood Hazard Zone Streets Streets Major Roads Highways Major Highways Streets Lakes, Major Rivers 	<p>Land Areas</p> <ul style="list-style-type: none"> US Other Countries
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Monday, 24 October 2011 21:38



FEMA

42



[Home](#) > [Map Search Results](#)

Map Search Results

Non-printed Panel(s)

17031C0505J

17031C

COOK CO UNINC & INC AREAS

FEMA Map Service Center, P.O. Box 1038 Jessup, Maryland 20794-1038 Phone: (877) 336-2627
Adobe Acrobat Reader required to view certain documents. [Click here to download.](#)

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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.

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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

October 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 16-station dialysis facility in an existing building at 3934 West 24th Street, Chicago, Illinois 60623 (the “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 16-station dialysis facility in an existing building located at 3934 West 24th Street, Chicago, Illinois 60623. 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 3934 West 24th Street, Chicago, Illinois 60623.

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Polsinelli
Shughart

Ms. Anne Haaker
October 24, 2011
Page 2

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.

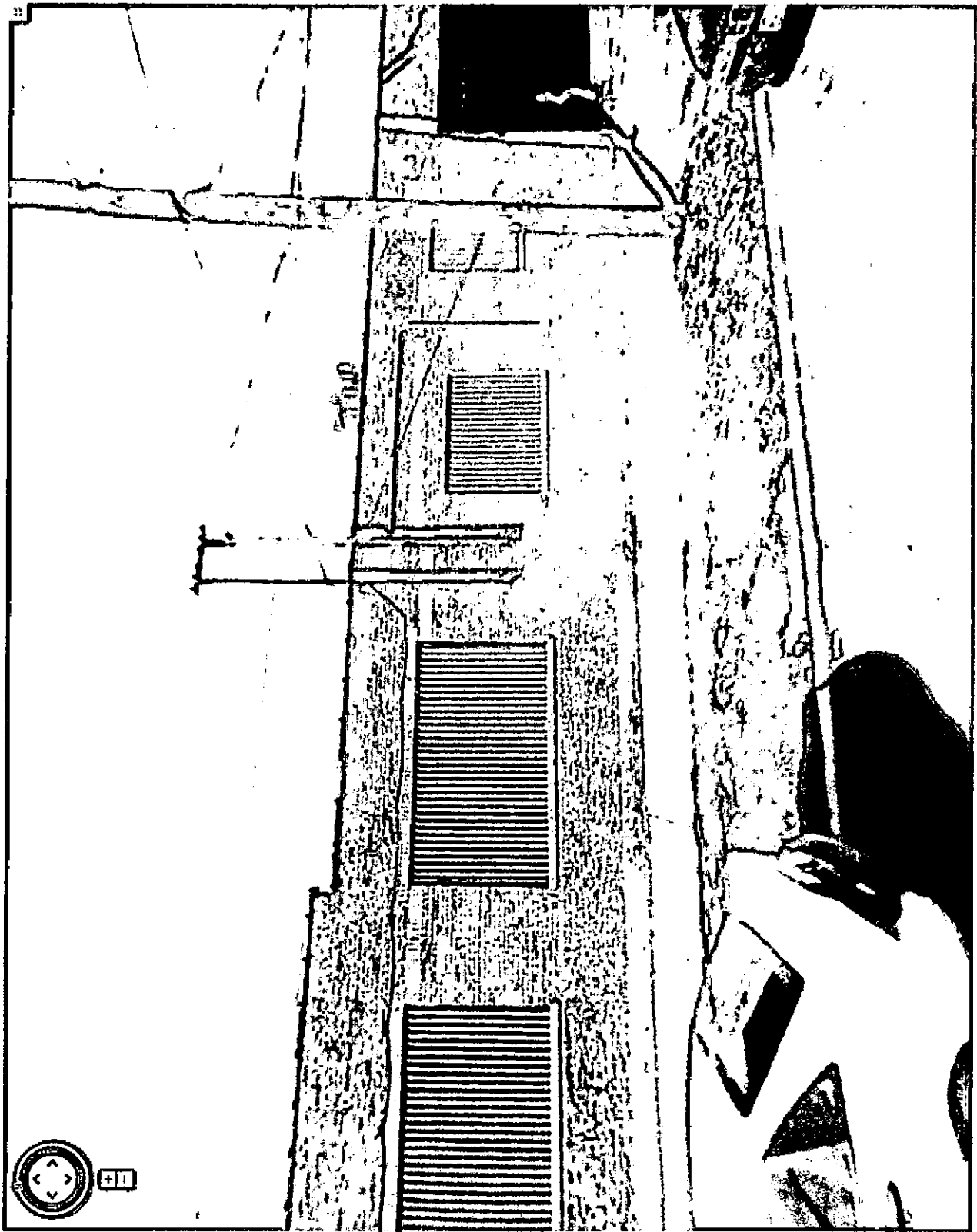
Sincerely,



Anne M. Cooper

AMC:
Encs.
064628 426511

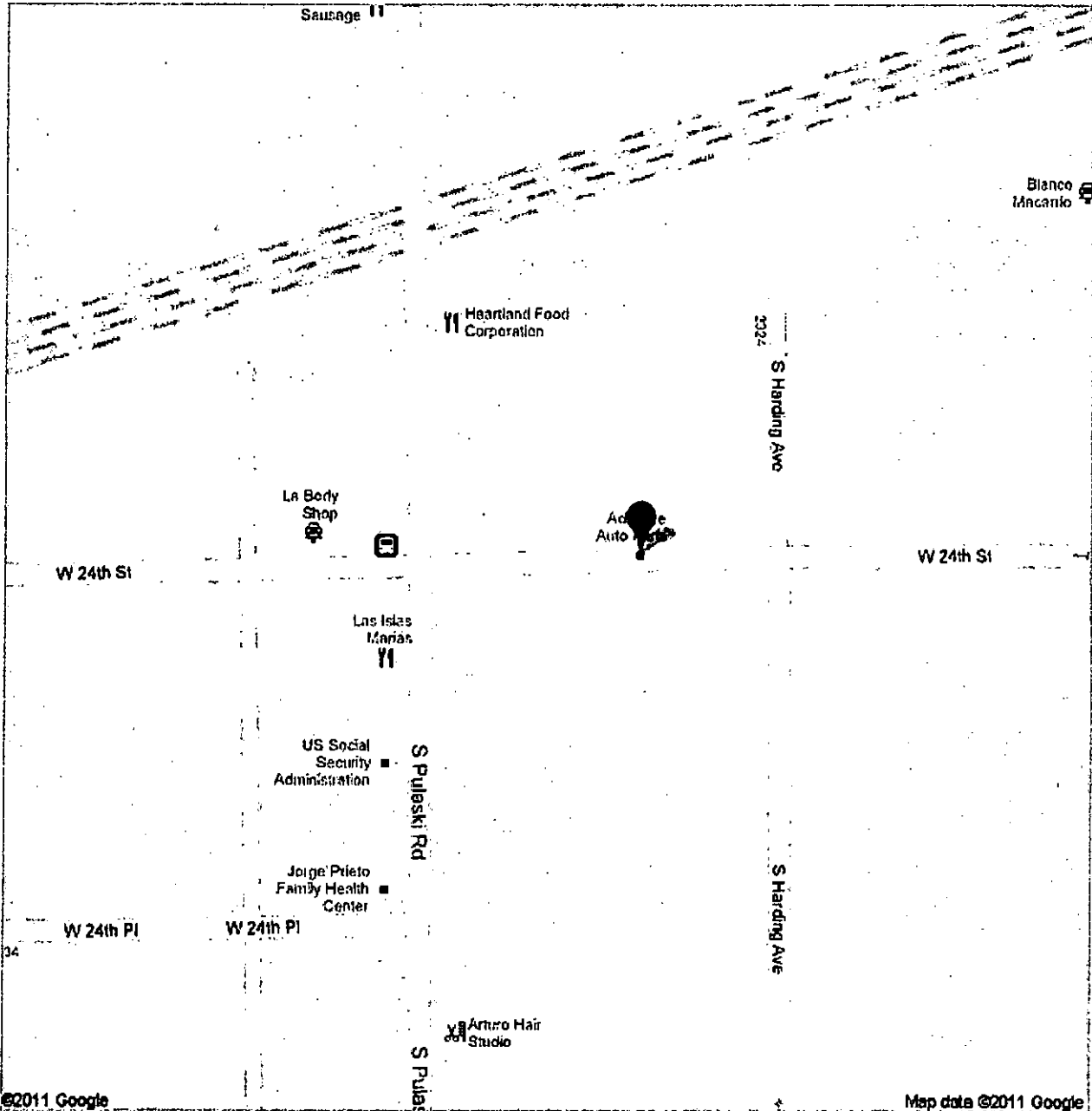
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Google

3934 W. 24th St. Chicago, IL 60623



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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Modernization Contracts	\$940,600		\$940,600
Contingencies	\$140,000		\$140,000
Architectural/Engineering Fees	\$52,800		\$52,800
Consulting and Other Fees	\$75,000		\$75,000
Moveable and Other Equipment			
Communications	\$64,125		\$64,125
Water Treatment	\$116,930		\$116,930
Bio-Medical Equipment	\$8,885		\$8,885
Clinical Equipment	\$250,535		\$250,535
Clinical Furniture/Fixtures	\$20,179		\$20,179
Lounge Furniture/Fixtures	\$2,815		\$2,815
Storage Furniture/Fixtures	\$5,359		\$5,359
Business Office Fixtures	\$22,925		\$22,925
General Furniture/Fixtures	\$21,455		\$21,455
Signage	\$12,500		\$12,500
Total Moveable and Other Equipment	\$525,708		\$525,708
Fair Market Value of Leased Space	\$1,374,469		\$1,374,469
Total Project Costs	\$3,108,577		\$3,108,577

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**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	\$3,108,577	6,781			6,781		
Total Clinical	\$3,108,577	6,781	0	0	6,781	0	0
NON REVIEWABLE							
Total Non-Reviewable	\$0	0	0	0	0	0	0
TOTAL	\$3,108,577	6,781	0	0	6,781	0	0

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Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(a) – Background, Purpose of the Project, 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, much of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on July 11, 2011 as part of Applicants' applications for Proj. Nos. 11-027 to 11-036. The proposed project involves the the establishment of a 16-station dialysis facility located at 3934 West 24th Street, Chicago, Illinois 60623.

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 two troubling trends, which help explain the growing need for dialysis services:

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

Additionally, DaVita's EMPOWER program helps to improve intervention and education for pre-ESRD patients. Approximately 65% of CKD Medicare patients have never been evaluated by a nephrologist.² Timely CKD care is imperative for patient morbidity and mortality. 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 and reduce ESRD:

- 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 clinical 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. DaVita's EMPOWER program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

DaVita's 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,

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.

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the program has not only shown to reduce mortality rates by 8 percent but has also resulted in improved patient outcomes.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower 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 day-90 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 savings to the health care system and the American taxpayer in 2010.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Furthermore, it saves approximately 8.5 million pounds of medical waste through dialyzer reuse and it also diverts 95% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and is seeking LEED Gold certification for its corporate headquarters.

DaVita consistently raises awareness to community needs and makes cash contributions to organizations aimed at improving access to kidney care. In 2010, DaVita donated more than \$2 million to kidney disease- awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assisted in these initiatives by raising more than \$3.4 million through Tour DaVita and DaVita Kidney Awareness Run/Walks.

DaVita does not limit its community engagement to the U.S. alone. It founded Bridge of Life, a 501(c)(3) nonprofit organization that operates on donations to bring care to those for whom it is out of reach. In addition to contributing dialysis equipment to DaVita Medical Missions, Bridge of Life has accomplished 18 Missions since 2006, with more than 75 participating teammates spending more than 650 days abroad. It provided these desperately needed services in Cameroon, India, Ecuador, Guatemala, and the Philippines, and trained many health care professionals there as well.

Neither the Centers for Medicare and Medicaid Services or the Illinois Department of Public Health has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs 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.

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

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11B.

Dialysis facilities are currently not subject to State Licensure in Illinois.

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois 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.

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Office of the Chief
Medical Officer (OCMO)
Alan E. ... M.
Cheryl ... M.
Margaret ... M.
Robert ... M.
John ... M.
David B. ... M.

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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DaVita

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.



55

DaVita.



56

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

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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 44 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 show 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. Nissenon, 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.

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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±3SD), 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 ($33 \leq 3xHb \leq 36$) 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

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IMPACT SCORECARD

Facility: XYZ - Sample Facility
 Group: Sample Group
 Division: Sample Division
 Region: Sample Region 1
 Period: March 2023

Indicator	Actual	Target	Delta	Score
91 - 150 Days IMPACT Graduates	100%	95%	5%	100%
92 - 90 Days IMPACT Graduates	100%	95%	5%	100%
93 - 60 Days IMPACT Graduates	100%	95%	5%	100%
94 - 30 Days IMPACT Graduates	100%	95%	5%	100%

5

90

IMPACT Education Checklist

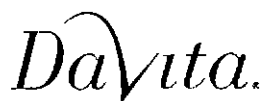
90

IMPACT Management Checklist

Indicator	Actual	Target	Delta	Score
91 - 150 Days IMPACT Graduates	100%	95%	5%	100%
92 - 90 Days IMPACT Graduates	100%	95%	5%	100%
93 - 60 Days IMPACT Graduates	100%	95%	5%	100%
94 - 30 Days IMPACT Graduates	100%	95%	5%	100%

4

600



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

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DaVita, Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	142599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
DSI Arlington Heights Renal Center	17 West Golf Road		Arlington Heights	COOK	IL	60005-3905	14-2628
DSI Buffalo Grove Renal Center	1291 W. Dundee Road		Buffalo Grove	COOK	IL	60089-4009	14-2650
DSI Evanston Renal Center	1715 Central Street		Evanston	COOK	IL	60201-1507	14-2511
DSI Hazel Crest Renal Center	3470 West 183rd Street		Hazel Crest	COOK	IL	60429-2428	14-2622
DSI Loop Renal Center	1101 South Canal Street		Chicago	COOK	IL	60607-4901	14-2505
DSI Markham Renal Center	3053-3055 West 159th Street		Markham	COOK	IL	60428-4026	14-2575
DSI Schaumburg Renal Center	1156 S Roselle Rd		Schaumburg	COOK	IL	60193-4072	14-2654
DSI Scottsdale Renal Center	4651 West 79th Street	Suite 100	Chicago	COOK	IL	60652-1779	14-2518
DSI South Holland Renal Center	16136 South Park Avenue		South Holland	COOK	IL	60473-1511	14-2544
DSI Waukegan Renal Center	1616 North Grand Avenue	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529

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DaVita, Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Jacksonville Dialysis	151S W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Lake County Dialysis Services	918 S MILWAUKEE AVE		LIBERTYVILLE	LAKE	IL	60048-3229	14-2552
Lake Park Dialysis	1531 E HYDE PARK BLVD		CHICAGO	COOK	IL	60615-3039	14-2717
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD		IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Lockport Home Dialysis	16626 W 159TH ST	STE 703	LOCKPORT	WILL	IL	60441-8019	14-2697
Logan Square Dialysis	2659 N MILWAUKEE AVE	1ST FL	CHICAGO	COOK	IL	60647-1643	14-2534
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 Development Drive		Charleston	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINTE CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674

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DaVita, Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTIES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	1164 E 55TH ST		CHICAGO	COOK	IL	60615-5115	14-2310

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DaVita, Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Woodlawn Home Program	5841 S MARYLAND AVE	RM L-026	CHICAGO	COOK	IL	60637-1447	14-3524
Woodridge Home Dialysis	7425 JANES AVE	STE 103	WOODRIDGE	DUPAGE	IL	60517-2356	14-2696

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

September 29, 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,

Tom Usilton
Senior Vice President
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 29 day of September,
2011

Vivian Lea Rhodes
Notary Public

Vivian Lea Rhodes
Notary Public
DeKalb County, Georgia
My Commission Expires April 24, 2015

Attachment – 11C

Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Chicago. The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Lawndale community who suffer from chronic kidney disease. These chronically ill individuals in Chicago are more often low-income, disabled, elderly, and members of minority groups.

Based upon the latest inventory data, there is a need for 124 dialysis stations in HSA 6, the service area where the proposed facility will be located. As shown in Attachment – 12A, there are currently 47 existing or approved dialysis facilities within 30 minutes travel time of the proposed dialysis facility (the "Geographic Service Area" or "GSA"). There is insufficient capacity at existing facilities to accommodate growing need for dialysis services. Overall utilization of existing GSA facilities as reported to The Renal Network (the "Renal Network Utilization Data") for the quarter ending June 30, 2011 is 78%.

The projected referrals from Dr. Aneziokoro, the primary referring physician for the proposed facility, confirm this. Dr. Aneziokoro is currently treating 148 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 18 months. See Attachment – 12B. Conservatively, the Applicants project that 74 of these patients will initiate dialysis within 12 to 18 months. That is, because of CKD patient death, transplant, return of function, or relocation, only approximately 50% of the patients are expected to initiate dialysis. Dr. Aneziokoro is also currently treating 25 patients at Little Village Dialysis, which is a local facility operating at 97% utilization, far above the state standard. Dr. Aneziokoro anticipates 14 of these patients will transfer to the proposed facility. Thus, approximately 88 patients will be referred to the proposed facility within 12 to 18 months.

Many dialysis patients often rely on public transit, family members, and friends for transportation to and from treatment. Including transportation time and transition time, patients typically devote 15 to 20 hours for dialysis each week over three days. This inconvenience is exacerbated when patients require treatment during an evening or fourth shift. When facilities are operating at 80% utilization, it is often difficult for a patient to schedule dialysis during an optimal shift, which is generally the second shift. Dialysis patients are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter, but patients feel much more secure when coming and going in the daylight. The establishment of a 16-station dialysis facility will not only allow for safer and more convenient treatment times for patients, but will also help meet the 124-station need in the service area.

2. A map of the market area for the proposed facility is attached at Attachment – 12C. The market area encompasses approximately a 15 mile radius around the proposed facility. The boundaries of the market area of are as follows:
 - North approximately 30 minutes normal travel time to Skokie
 - Northeast approximately 22 minutes normal travel time to Belmont Ave. & Lake Shore Drive
 - East approximately 12 minutes normal travel time to South Lake Shore Drive
 - Southeast approximately 30 minutes normal travel time to South Deering
 - South approximately 30 minutes normal travel time to Crestwood
 - Southwest approximately 30 minutes normal travel time to Bolingbrook
 - West approximately 30 minutes normal travel time to Lombard
 - Northwest approximately 30 minutes normal travel time to Chicago O'Hare International Airport

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The purpose of this project is to improve access to life sustaining dialysis to residents of Lawndale and the immediately surrounding areas. As discussed more fully above, there is not sufficient capacity within the GSA to accommodate all of Dr. Aneziokoro projected referrals.

3. The minimum size of a GSA is 30 minutes; however, most of the patients reside within the immediate vicinity of the proposed facility. Diabetes and hypertension (high blood pressure) are the two leading causes of CKD and ESRD.³ Due to socioeconomic conditions in the Chicago's Southside community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension. African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites and the incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Notably, a large percentage of the area is African American (approximately 32%) or Hispanic (approximately 30%). This, coupled with the aging population, is expected to increase utilization.

As shown in Attachment – 12B, the projected referrals by Dr. Aneziokoro confirms this. Dr. Aneziokoro expects approximately 74 of the current CKD patients to require dialysis within the next 12 months.

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. The proposed facility will improve access to dialysis services to the residents of Lawndale and the surrounding area by establishing a 16-station dialysis facility in Lawndale. Given the expense and time of additional travel, patients may frequently miss treatments or forego dialysis altogether. This would significantly harm a patient's survival rate and exacerbate co-morbidities. By making dialysis services more accessible to the residents of Lawndale and the surrounding area, patients are more likely to adhere to their treatment protocols, which will result in better outcomes and survival rates.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring 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

³ Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), available at [http://www.ajkd.org/article/S0272-6386\(08\)01575-8/fulltext](http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext) (last visited Oct. 5, 2011).

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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 was \$509M in hospitalization savings to the health care system and the American taxpayer in 2010.

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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	4.38	12	15	16	57	59.38%
Beverly Dialysis	Chicago	9.17	23	28.75	12	45	62.50%
Chicago Dialysis Center	Chicago	6.01	12	15	21	82	65.08%
Children's Memorial Hospital	Chicago	9.95	22	27.5	6	18	50.00%
Circle Medical Management	Chicago	4.24	12	15	27	123	75.93%
DaVita - Lake Park Dialysis	Chicago	11.65	19	23.75	20	109	90.83%
Davita - Woodlawn	Chicago	12.2	21	26.25	20	134	111.67%
Dialysis Center of America - Berwyn	Berwyn	4.7	13	16.25	26	140	89.74%
Dialysis Center of America - Loop	Chicago	7.63	16	20	28	74	44.05%
Emerald Dialysis	Chicago	11.83	20	25	24	126	87.50%
FMC Dialysis Services - Burbank	Burbank	7.36	17	21.25	22	121	91.67%
FMC Dialysis Services of Congress Parkway	Chicago	2.73	8	10	30	114	63.33%
FMC Dialysis Services of Willowbrook	Willowbrook	17.08	24	30	16	83	86.46%
Fresenius Medical Care - Midway	Chicago	6.98	15	18.75	12	26	36.11%
Fresenius Medical Care Chatham	Chicago	14.32	22	27.5	16	0	0.00%
Fresenius Medical Care Northcenter	Chicago	12.42	23	28.75	16	69	71.88%
Fresenius Medical Care of Chicago - West	Chicago	3.24	9	11.25	31	62	33.33%
Fresenius Medical Care West Willow	Chicago	9.3	17	21.25	12	0	0.00%
Garfield Kidney Center	Chicago	3.73	11	13.75	16	98	102.08%
Grand Crossing Dialysis	Chicago	13.84	23	28.75	12	0	0.00%
John H. Stroger Jr. Hospital of Cook County	Chicago	3.48	9	11.25	9	87	161.11%
LaGrange Dialysis Center	Westchester	13.06	24	30	20	94	78.33%
Lincoln Park Dialysis Center	Chicago	11.08	21	26.25	22	102	77.27%
Little Village Dialysis	Chicago	2.38	7	8.75	16	93	96.88%
Logan Square Dialysis	Chicago	6.5	19	23.75	20	116	96.67%
Loyola Dialysis Center	Maywood	8.57	17	21.25	30	130	72.22%
Maple Avenue Kidney Center	Oak Park	6.22	13	16.25	18	66	61.11%
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	12.18	20	25	16	94	97.92%
Mt. Sinai Hospital Med Ctr	Chicago	2.02	5	6.25	16	73	76.04%
Neomedica Dialysis Ctrs - Bridgeport	Chicago	6.37	14	17.5	27	144	88.89%
Neomedica Dialysis Ctrs - Marquette Park	Chicago	7.43	20	25	16	80	83.33%
Neomedica Dialysis Ctrs - Melrose Park	Melrose Park	9.31	19	23.75	18	63	58.33%
Neomedica Loop East Delaware	Chicago	6.58	13	16.25	24	74	51.39%
Neomedica West Belmont	Chicago	7.23	21	26.25	13	43	55.13%

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North Avenue Dialysis Center	Melrose Park	10.31	21	26.25	22	121	91.67%
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	9.13	18	22.5	44	200	75.76%
Oak Park Dialysis Center	Oak Park	7.09	15	18.75	12	133	184.72%
RCG Garfield	Chicago	10.6	17	21.25	22	104	78.79%
RCG MidAmerica - Prairie	Chicago	8.1	15	18.75	24	92	63.89%
RCG-Scottsdale	Chicago	7.76	18	22.5	35	156	74.29%
Rush Univ. Med. Ctr.	Chicago	3.74	10	12.5	5	6	20.00%
South Side Dialysis Center	Chicago	9.1	22	27.5	39	197	84.19%
Stoney Creek Dialysis	Oak Lawn	9.14	21	26.25	12	66	91.67%
University of Illinois Hospital	Chicago	3.43	9	11.25	26	136	87.18%
West Lawn Dialysis	Chicago	5.79	15	18.75	12	12	16.67%
West Metro Dialysis Center	Chicago	4.8	14	17.5	30	167	92.78%
West Suburban Hosp. Dialysis Unit	Oak Park	5.62	14	17.5	46	240	86.96%

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2075 West 19th Street
Chicago, Illinois 60623

(773) 464 1000

October 28, 2011

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

Dear Chairman Galassie:

I am pleased to support the establishment of Lawndale Dialysis. The new 16-station chronic renal dialysis facility, to be located at 3934 West 24th Street, Chicago, IL 60623, will afford me the space I need to provide my patients with the highest level of care.

I am excited about the enhancement in patient care the new facility will offer. Due to the large number of patients my practice serves, I fully support the plan to establish Lawndale Dialysis. I have discussed the project with my patients, and when the facility opens at the end of next year I anticipate referring 79 patients to the new facility.

My practice is currently treating 148 chronic kidney disease patients whose condition is advancing to end stage renal disease (ESRD). Based upon a conservative attrition rate due to patient death, transplant, or return of function, it is projected that 74 of the patients will require dialysis within the next 12 to 18 months. A list of pre-ESRD patients are provided at Attachment - 1. I am also currently treating 25 patients at Little Village Dialysis, which is a nearby facility operating at 97% utilization, significantly higher than the state standard. A list of the zip codes for these patients is attached at Attachment - 2. I anticipate that 14 of these patients will transfer to the proposed facility. Thus, I project that I would refer a total of 88 patients within 12 to 18 months following project completion.

The community surrounding the proposed facility, as well as my patient-base, is a vulnerable population, primarily African-American and Hispanic, low-income, disabled, and elderly. The average age of my patients is 60 years old. Additionally, Medicare and Medicaid are the primary payors for many of my patients. This further demonstrates the economic status of the patient population and why a local facility is needed for our patients.

The average utilization in the community is nearly 80%. This results in many patients receiving treatment on early or late shifts, which is sub-optimal. For those patients that rely on friends and family members for transportation, it is a burden on the whole family system to have to travel to other facilities, especially for people who don't have cars. Importantly, there is a need for 124

Attachment - 12B

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stations in HSA 6. The establishment of another facility in the area will not only lessen this burden on many of my patients, but it will also help the state meet its planning needs.

These patient referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Lawndale Dialysis.

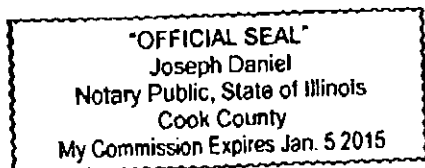
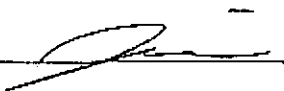
Sincerely,



Ogbonnaya Aneziokoro, M.D.
Nephrologist

Subscribed and sworn to me
This 28 day of October, 2011

Notary Public



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**ATTACHMENT 1
PRE-ESRD PATIENTS**

Zip Code	Patients
60084	1
60110	1
60130	2
60402	3
60446	1
60534	1
60607	1
60608	15
60609	13
60612	3
60616	2
60620	3
60622	1
60623	42
60624	5
60629	9
60632	16
60634	4
60636	2
60637	1
60638	2
60639	1
60640	1
60641	2
60644	2
60649	1
60651	3
60653	2
60804	8
Total	148

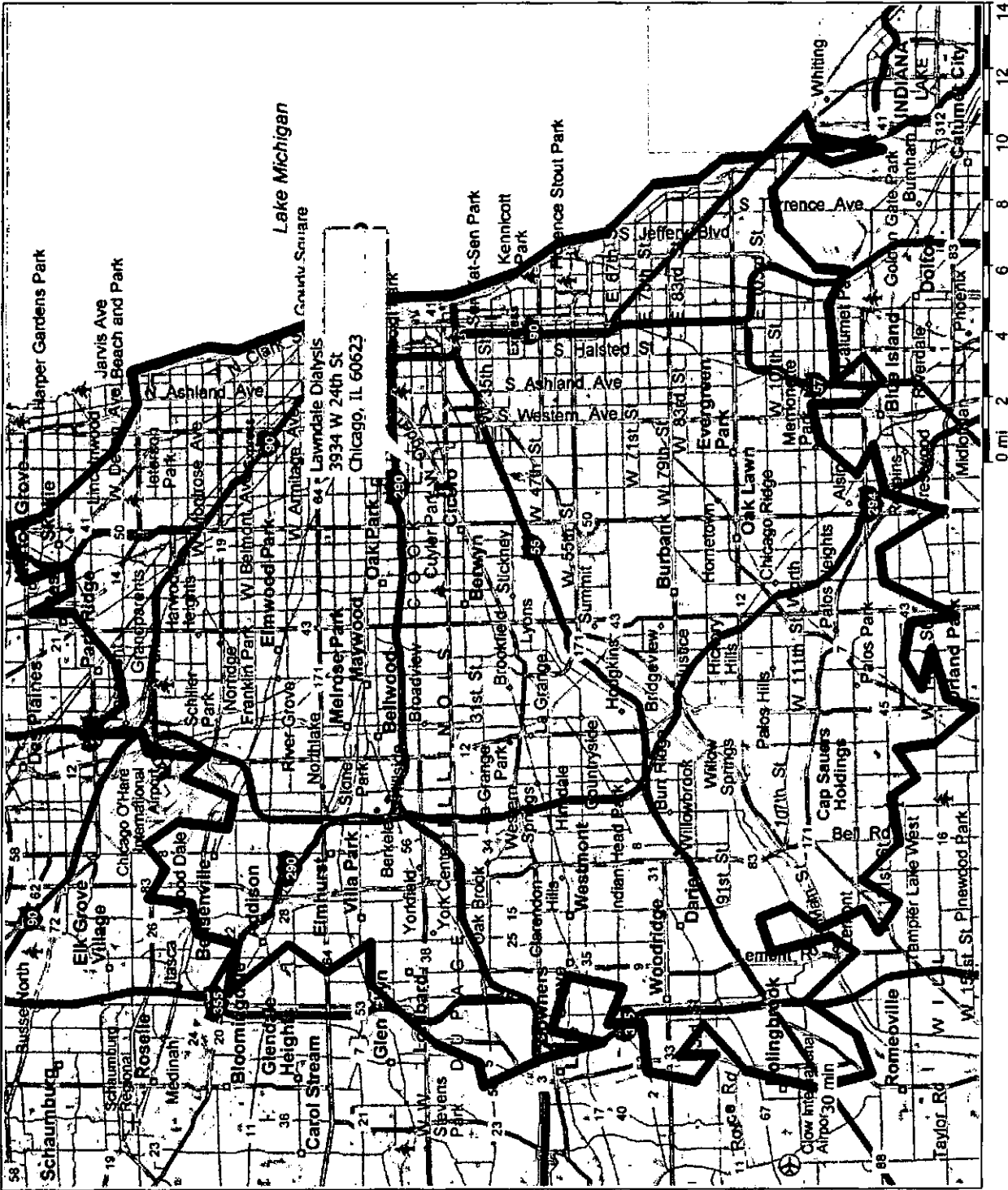
74

**ATTACHMENT 2
CURRENT PATIENTS**

Zip Code	Patients
60402	1
60608	1
60609	2
60623	9
60629	3
60632	6
60644	1
60651	1
60804	1
Total	25

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Lawndale Dialysis Geographic Service Area



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Attachment - 12C

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Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered two options prior to determining to establish a 16-station dialysis facility. The options considered are as follows:

1. Maintain the status quo; and
2. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 16-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

Based upon the latest inventory data, there is a need for 124 dialysis stations in HSA 6, the service area where the proposed facility will be located. Average utilization of existing facilities is currently 78%. 12 of these facilities are operating above 90% utilization, which requires the operation of a fourth shift. Patients receiving treatment during a fourth shift face additional safety hazards when arriving and departing the facility in the dark. As stated above, the community surrounding Lawndale is largely comprised of low-income, disabled, and vulnerable individuals who rely on assistive devices such as canes and walkers. Some of these hazards cannot be avoided in the winter but patients feel more secure when coming and going during the day.

The proposed project will improve access to dialysis services by adding a much needed dialysis facility to the Lawndale community. Importantly, a large percentage of the area is African American (approximately 32%) or Hispanics (approximately 30%). African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of diabetes and hypertension, the two leading causes of CKD and ESRD, in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites and among the Hispanic population it is 1.5 times greater than the non-Hispanic population. As such, demand in the community will continue to increase. Dr. Aneziokoro projected referrals further demonstrate this.

Dr. Aneziokoro is currently treating 148 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 18 months. See Attachment – 13A. Conservatively, the Applicants project that 74 of these patients will initiate dialysis within 12 to 18 months. That is, because of CKD patient death, transplant, return of function, or relocation, only approximately 50% of the patients are expected to initiate dialysis. Dr. Aneziokoro is also currently treating 25 patients at Little Village Dialysis, which is a local facility operating at 97% utilization, far above the state standard. Dr. Aneziokoro anticipates 14 of these patients will transfer to the proposed facility. Thus, approximately 88 patients will be referred to the proposed facility within 12 to 18 months. The establishment of a 16-station dialysis facility is necessary to meet the dialysis needs of these patients, will allow for safer and more convenient treatment times for patients, and will also help meet the 124-station need in the service area.

There is no capital cost with this alternative.

Establish a New Facility

Based upon current utilization of the existing facilities and the projected number of CKD patients that will require in-center hemodialysis within the next 12 to 18 months, the only feasible option is to establish a 16-station in-center hemodialysis facility. This alternative will ensure residents of

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Lawndale and its surrounding communities have continued access to life sustaining dialysis treatment.

The cost of this alternative is \$3,108,577.

Table 1110.230(c) Alternatives to Proposed Project Cost Benefit Analysis				
Alternative	Community Need	Access	Capital Cost	Status
Maintain the status quo	Not Met	Decreased	\$0	Reject
Establish New Facility	Met	Increased	\$3,108,577	Accept

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2075 West 18th Street
Chicago, Illinois 60623

(773) 464 1000

October 28, 2011

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

Dear Chairman Galassie:

I am pleased to support the establishment of Lawndale Dialysis. The new 16-station chronic renal dialysis facility, to be located at 3934 West 24th Street, Chicago, IL 60623, will afford me the space I need to provide my patients with the highest level of care.

I am excited about the enhancement in patient care the new facility will offer. Due to the large number of patients my practice serves, I fully support the plan to establish Lawndale Dialysis. I have discussed the project with my patients, and when the facility opens at the end of next year I anticipate referring 79 patients to the new facility.

My practice is currently treating 148 chronic kidney disease patients whose condition is advancing to end stage renal disease (ESRD). Based upon a conservative attrition rate due to patient death, transplant, or return of function, it is projected that 74 of the patients will require dialysis within the next 12 to 18 months. A list of pre-ESRD patients are provided at Attachment - 1. I am also currently treating 25 patients at Little Village Dialysis, which is a nearby facility operating at 97% utilization, significantly higher than the state standard. A list of the zip codes for these patients is attached at Attachment - 2. I anticipate that 14 of these patients will transfer to the proposed facility. Thus, I project that I would refer a total of 88 patients within 12 to 18 months following project completion.

The community surrounding the proposed facility, as well as my patient-base, is a vulnerable population, primarily African-American and Hispanic, low-income, disabled, and elderly. The average age of my patients is 60 years old. Additionally, Medicare and Medicaid are the primary payors for many of my patients. This further demonstrates the economic status of the patient population and why a local facility is needed for our patients.

The average utilization in the community is nearly 80%. This results in many patients receiving treatment on early or late shifts, which is sub-optimal. For those patients that rely on friends and family members for transportation, it is a burden on the whole family system to have to travel to other facilities, especially for people who don't have cars. Importantly, there is a need for 124

Attachment - 13A

stations in HSA 6. The establishment of another facility in the area will not only lessen this burden on many of my patients, but it will also help the state meet its planning needs.

These patient referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

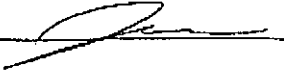
I support the proposed establishment of Lawndale Dialysis.

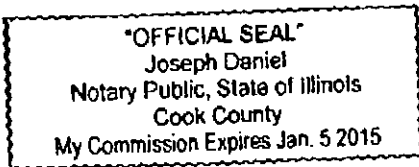
Sincerely,



Ogonnaya Aneziokoro, M.D.
Nephrologist

Subscribed and sworn to me
This 28 day of October, 2011

Notary Public 



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2

**ATTACHMENT 1
PRE-ESRD PATIENTS**

Zip Code	Patients
60084	1
60110	1
60130	2
60402	3
60446	1
60534	1
60607	1
60608	15
60609	13
60612	3
60616	2
60620	3
60622	1
60623	42
60624	5
60629	9
60632	16
60634	4
60636	2
60637	1
60638	2
60639	1
60640	1
60641	2
60644	2
60649	1
60651	3
60653	2
60804	8
Total	148

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**ATTACHMENT 2
CURRENT PATIENTS**

Zip Code	Patients
60402	1
60608	1
60609	2
60623	9
60629	3
60632	6
60644	1
60651	1
60804	1
Total	25

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

The Applicants propose to establish a 16-station 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 5,760 to 8,320 gross square feet for 16 dialysis stations. The total gross square footage of the proposed dialysis facility is 6,781 gross square feet. Accordingly, proposed Facility meets the State standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	6,781	5,760 – 8,320	0	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility 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. Aneziokoro anticipates referring 74 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 18 months. Dr. Aneziokoro also expects that 14 of 25 patients he is currently treating at Little Village Dialysis will transfer to the proposed facility. Thus, approximately 88 patients will be referred to the proposed facility within 12 to 18 months.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 1	ESRD	N/A	13,728	11,980	Yes
Year 2	ESRD	N/A	13,728	11,980	Yes

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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.

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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.

BC

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 16-station dialysis facility to be located at 3934 West 24th Street, Chicago, Illinois 60623. The proposed facility will be located in HSA 6. Based upon the latest inventory data, there is a need for 124 dialysis stations in HSA 6, the service area where the proposed facility will be located. The proposed facility will address the need in HSA 6. As shown in Attachment – 26A, there are currently 47 dialysis facilities within 30 minutes normal travel time of the proposed facility. The average utilization of these facilities is 78%.

Additionally, Dr. Aneziokoro is currently treating 148 CKD patients. See Attachment – 26B. The Applicants anticipate that approximately 74 patients will require dialysis within the next 12 to 18 months. Additionally, Dr. Aneziokoro anticipates referring 14 of the 25 patients he is currently treating at Little Village Dialysis to the proposed facility. Little Village Dialysis is currently operating at 97% utilization and will continue operating above the State's 80% standard even after 14 patients transfer to the proposed facility. Accordingly, establishment of the proposed facility is necessary to maintain access to life-sustaining dialysis to residents of Lawndale.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of Lawndale. As evidenced in the physician referral letter attached at Attachment – 26B, 25 of 25 current patients live in the service area. Additionally, 145 of 148 pre-ESRD patients live in the service area.

3. Service Demand

Attached at Attachment – 26B is physician referral letter from Dr. Aneziokoro and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below. A summary of patients Dr. Aneziokoro is currently treating at Little Village Dialysis is provided below.

Table 1110.1430(b)(3)(B)	
Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	Patients
60084	1
60110	1
60130	2
60402	3
60446	1
60534	1
60607	1
60608	13
60609	8
60612	3
60616	2
60620	2
60622	1

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60623	36
60624	5
60629	8
60632	13
60634	4
60636	2
60637	1
60638	2
60639	1
60640	1
60641	2
60644	2
60649	1
60651	3
60653	1
60804	8
Total	148

Table 1110.1430(b)(3)(B)	
Current Patients by Zip Code	
Zip	Patients
60402	1
60608	1
60609	2
60623	9
60629	3
60632	6
60644	1
60651	1
60804	1
Total	25

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of Lawndale. The average utilization of existing dialysis facilities within the GSA is 78%. Moreover, HFSRB currently identifies a need for 124 stations in HSA 6. Accordingly, a new dialysis facility is needed to improve access to dialysis services to residents of Chicago.

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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	4.38	12	15	16	57	59.38%
Beverly Dialysis	Chicago	9.17	23	28.75	12	45	62.50%
Chicago Dialysis Center	Chicago	6.01	12	15	21	82	65.08%
Children's Memorial Hospital	Chicago	9.95	22	27.5	6	18	50.00%
Circle Medical Management	Chicago	4.24	12	15	27	123	75.93%
DaVita - Lake Park Dialysis	Chicago	11.65	19	23.75	20	109	90.83%
Davita- Woodlawn	Chicago	12.2	21	26.25	20	134	111.67%
Dialysis Center of America - Benwyn	Berwyn	4.7	13	16.25	26	140	89.74%
Dialysis Center of America - Loop	Chicago	7.63	16	20	28	74	44.05%
Emerald Dialysis	Chicago	11.83	20	25	24	126	87.50%
FMC Dialysis Services - Burbank	Burbank	7.36	17	21.25	22	121	91.67%
FMC Dialysis Services of Congress Parkway	Chicago	2.73	8	10	30	114	63.33%
FMC Dialysis Services of Willowbrook	Willowbrook	17.08	24	30	16	83	86.46%
Fresenius Medical Care - Midway	Chicago	6.98	15	18.75	12	26	36.11%
Fresenius Medical Care Chatham	Chicago	14.32	22	27.5	16	0	0.00%
Fresenius Medical Care Northcenter	Chicago	12.42	23	28.75	16	69	71.88%
Fresenius Medical Care of Chicago - West	Chicago	3.24	9	11.25	31	62	33.33%
Fresenius Medical Care West Willow	Chicago	9.3	17	21.25	12	0	0.00%
Garfield Kidney Center	Chicago	3.73	11	13.75	16	98	102.08%
Grand Crossing Dialysis	Chicago	13.84	23	28.75	12	0	0.00%
John H. Stroger Jr. Hospital of Cook County	Chicago	3.48	9	11.25	9	87	161.11%
LaGrange Dialysis Center	Westchester	13.06	24	30	20	94	78.33%
Lincoln Park Dialysis Center	Chicago	11.08	21	26.25	22	102	77.27%
Little Village Dialysis	Chicago	2.38	7	8.75	16	93	96.88%
Logan Square Dialysis	Chicago	6.5	19	23.75	20	116	96.67%
Loyola Dialysis Center	Maywood	8.57	17	21.25	30	130	72.22%
Maple Avenue Kidney Center	Oak Park	6.22	13	16.25	18	66	61.11%
Midwest Renal Care - Chicago (Fresenius Ross-Englewood)	Chicago	12.18	20	25	16	94	97.92%
Mt. Sinai Hospital Med Ctr	Chicago	2.02	5	6.25	16	73	76.04%
Neomedica Dialysis Ctrs - Bridgeport	Chicago	6.37	14	17.5	27	144	88.89%
Neomedica Dialysis Ctrs - Marquette Park	Chicago	7.43	20	25	16	80	83.33%
Neomedica Dialysis Ctrs - Melrose Park	Melrose Park	9.31	19	23.75	18	63	58.33%
Neomedica Loop East Delaware	Chicago	6.58	13	16.25	24	74	51.39%
Neomedica West Belmont	Chicago	7.23	21	26.25	13	43	55.13%

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North Avenue Dialysis Center	Melrose Park	10.31	21	26.25	22	121	91.67%
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	9.13	18	22.5	44	200	75.76%
Oak Park Dialysis Center	Oak Park	7.09	15	18.75	12	133	184.72%
RCG Garfield	Chicago	10.6	17	21.25	22	104	78.79%
RCG MidAmerica - Prairie	Chicago	8.1	15	18.75	24	92	63.89%
RCG-Scottsdale	Chicago	7.76	18	22.5	35	156	74.29%
Rush Univ. Med. Ctr.	Chicago	3.74	10	12.5	5	6	20.00%
South Side Dialysis Center	Chicago	9.1	22	27.5	39	197	84.19%
Stoney Creek Dialysis	Oak Lawn	9.14	21	26.25	12	66	91.67%
University of Illinois Hospital	Chicago	3.43	9	11.25	26	136	87.18%
West Lawn Dialysis	Chicago	5.79	15	18.75	12	12	16.67%
West Metro Dialysis Center	Chicago	4.8	14	17.5	30	167	92.78%
West Suburban Hosp. Dialysis Unit	Oak Park	5.62	14	17.5	46	240	86.96%

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2075 West 18th Street
Chicago, Illinois 60623

(773) 464-1000

October 28, 2011

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

Dear Chairman Galassie:

I am pleased to support the establishment of Lawndale Dialysis. The new 16-station chronic renal dialysis facility, to be located at 3934 West 24th Street, Chicago, IL 60623, will afford me the space I need to provide my patients with the highest level of care.

I am excited about the enhancement in patient care the new facility will offer. Due to the large number of patients my practice serves, I fully support the plan to establish Lawndale Dialysis. I have discussed the project with my patients, and when the facility opens at the end of next year I anticipate referring 79 patients to the new facility.

My practice is currently treating 148 chronic kidney disease patients whose condition is advancing to end stage renal disease (ESRD). Based upon a conservative attrition rate due to patient death, transplant, or return of function, it is projected that 74 of the patients will require dialysis within the next 12 to 18 months. A list of pre-ESRD patients are provided at Attachment - 1. I am also currently treating 25 patients at Little Village Dialysis, which is a nearby facility operating at 97% utilization, significantly higher than the state standard. A list of the zip codes for these patients is attached at Attachment - 2. I anticipate that 14 of these patients will transfer to the proposed facility. Thus, I project that I would refer a total of 88 patients within 12 to 18 months following project completion.

The community surrounding the proposed facility, as well as my patient-base, is a vulnerable population, primarily African-American and Hispanic, low-income, disabled, and elderly. The average age of my patients is 60 years old. Additionally, Medicare and Medicaid are the primary payors for many of my patients. This further demonstrates the economic status of the patient population and why a local facility is needed for our patients.

The average utilization in the community is nearly 80%. This results in many patients receiving treatment on early or late shifts, which is sub-optimal. For those patients that rely on friends and family members for transportation, it is a burden on the whole family system to have to travel to other facilities, especially for people who don't have cars. Importantly, there is a need for 124

Attachment - 26B

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stations in HSA 6. The establishment of another facility in the area will not only lessen this burden on many of my patients, but it will also help the state meet its planning needs.

These patient referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Lawndale Dialysis.

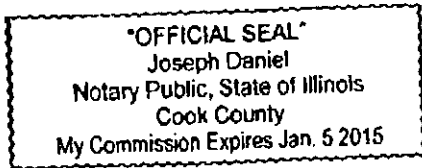
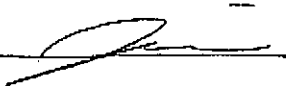
Sincerely,



Ogonnaya Aneziokoro, M.D.
Nephrologist

Subscribed and sworn to me
This 26 day of October, 2011

Notary Public



92
2

**ATTACHMENT 1
PRE-ESRD PATIENTS**

Zip Code	Patients
60084	1
60110	1
60130	2
60402	3
60446	1
60534	1
60607	1
60608	15
60609	13
60612	3
60616	2
60620	3
60622	1
60623	42
60624	5
60629	9
60632	16
60634	4
60636	2
60637	1
60638	2
60639	1
60640	1
60641	2
60644	2
60649	1
60651	3
60653	2
60804	8
Total	148

93

**ATTACHMENT 2
CURRENT PATIENTS**

Zip Code	Patients
60402	1
60608	1
60609	2
60623	9
60629	3
60632	6
60644	1
60651	1
60804	1
Total	25

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

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at 3934 West 24th Street, Chicago, Illinois 60623. A map of the proposed facility's market area is attached at Attachment – 26C. 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 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A).

Table 1110.1430(c)(1)(A)		
Population of Zip Codes within 30 Minutes of Proposed Facility		
Zip	City	Population
60517	WOODRIDGE	32038
60515	DOWNERS GROVE	27503
60516	DOWNERS GROVE	29084
60559	WESTMONT	24852
60439	LEMONT	22919
60561	DARIEN	23115
60527	WILLOWBROOK	27486
60514	CLARENDON HILLS	9708
60521	HINSDALE	17597
60558	WESTERN SPRINGS	12960
60148	LOMBARD	51468
60191	WOOD DALE	14310
60523	OAK BROOK	9890
60181	VILLA PARK	28836
60126	ELMHURST	46371
60162	HILLSIDE	8111
60163	BERKELEY	5209
60164	MELROSE PARK	22048
60106	BENSENVILLE	20309
60463	PALOS HEIGHTS	14671
60445	MIDLOTHIAN	26057
60464	PALOS PARK	9620
60480	WILLOW SPRINGS	5246
60465	PALOS HILLS	17495
60457	HICKORY HILLS	14049
60455	BRIDGEVIEW	16446
60525	LA GRANGE	31168
60526	LA GRANGE PARK	13576
60458	JUSTICE	14428
60501	SUMMIT ARGO	11626
60513	BROOKFIELD	19047
60534	LYONS	10649

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60482	WORTH	11063
60415	CHICAGO RIDGE	14139
60459	BURBANK	28929
60803	ALSIP	22285
60453	OAK LAWN	56855
60456	HOMETOWN	4349
60638	CHICAGO	55026
60402	BERWYN	63448
60655	CHICAGO	28550
60805	EVERGREEN PARK	19852
60652	CHICAGO	40959
60643	CHICAGO	49952
60620	CHICAGO	72216
60629	CHICAGO	113916
60632	CHICAGO	91326
60636	CHICAGO	40916
60621	CHICAGO	35912
60609	CHICAGO	64906
60628	CHICAGO	72202
60619	CHICAGO	63825
60617	CHICAGO	84155
60637	CHICAGO	49503
60653	CHICAGO	29908
60615	CHICAGO	40603
60649	CHICAGO	46650
60154	WESTCHESTER	16773
60155	BROADVIEW	7927
60104	BELLWOOD	19038
60165	STONE PARK	4946
60160	MELROSE PARK	25432
60153	MAYWOOD	24106
60141	HINES	224
60546	RIVERSIDE	15668
60130	FOREST PARK	14167
60305	RIVER FOREST	11172
60707	ELMWOOD PARK	42920
60131	FRANKLIN PARK	18097
60176	SCHILLER PARK	11795
60171	RIVER GROVE	10246
60634	CHICAGO	74298
60706	HARWOOD HEIGHTS	23134
60656	CHICAGO	27613
60631	CHICAGO	28641
60304	OAK PARK	17231
60301	OAK PARK	2539
60302	OAK PARK	32108
60804	CICERO	84573
60623	CHICAGO	92108

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60644	CHICAGO	48648
60639	CHICAGO	90407
60651	CHICAGO	64267
60624	CHICAGO	38105
60641	CHICAGO	71663
60630	CHICAGO	54093
60646	CHICAGO	27177
60712	LINCOLNWOOD	12590
60077	SKOKIE	26825
60608	CHICAGO	82739
60647	CHICAGO	87291
60612	CHICAGO	33472
60622	CHICAGO	52548
60607	CHICAGO	23897
60616	CHICAGO	48433
60642	CHICAGO	18480
60614	CHICAGO	66617
60661	CHICAGO	7792
60654	CHICAGO	14875
60606	CHICAGO	2308
60602	CHICAGO	1204
60610	CHICAGO	37726
60618	CHICAGO	92084
60625	CHICAGO	78651
60659	CHICAGO	38104
60657	CHICAGO	65996
60613	CHICAGO	48281
60640	CHICAGO	65790
60605	CHICAGO	24668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11110
60611	CHICAGO	28718
Total		3,809,715

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited Jul. 29, 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 – 26A.

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 HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to

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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 GSA is 90% of the State average, the average utilization of existing facilities 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 89% of the State Average.

Table 1110.1430(c)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	3,809,715	977	1:3,899
State	12,830,632	3,662	1:3,504

b. Historic Utilization of Existing Facilities

Additionally, the average utilization in the service area is 78%. Accordingly, there is sufficient patient population to justify the need for the proposed facility. There will be no maldistribution of services. Additional stations are necessary to adequately meet rising demand and a need of 124 additional dialysis stations, as identified by the HFSRB Inventory.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 16-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 77 patient referrals. As set forth above in Table 1110.230(b)(2), Dr. Aneziokoro is currently treating 148 CKD patients who would likely be referred to the proposed facility within 12 to 18 months after project completion. The Applicants project that approximately 74 of these patients will be referred to the proposed facility. Dr. Aneziokoro also anticipates referring 14 patients he is currently treating at Little Village Dialysis to the proposed facility. This results in 88 patient referrals within 12 to 18 months following project completion. Accordingly, there is sufficient volume to justify the proposed facility.

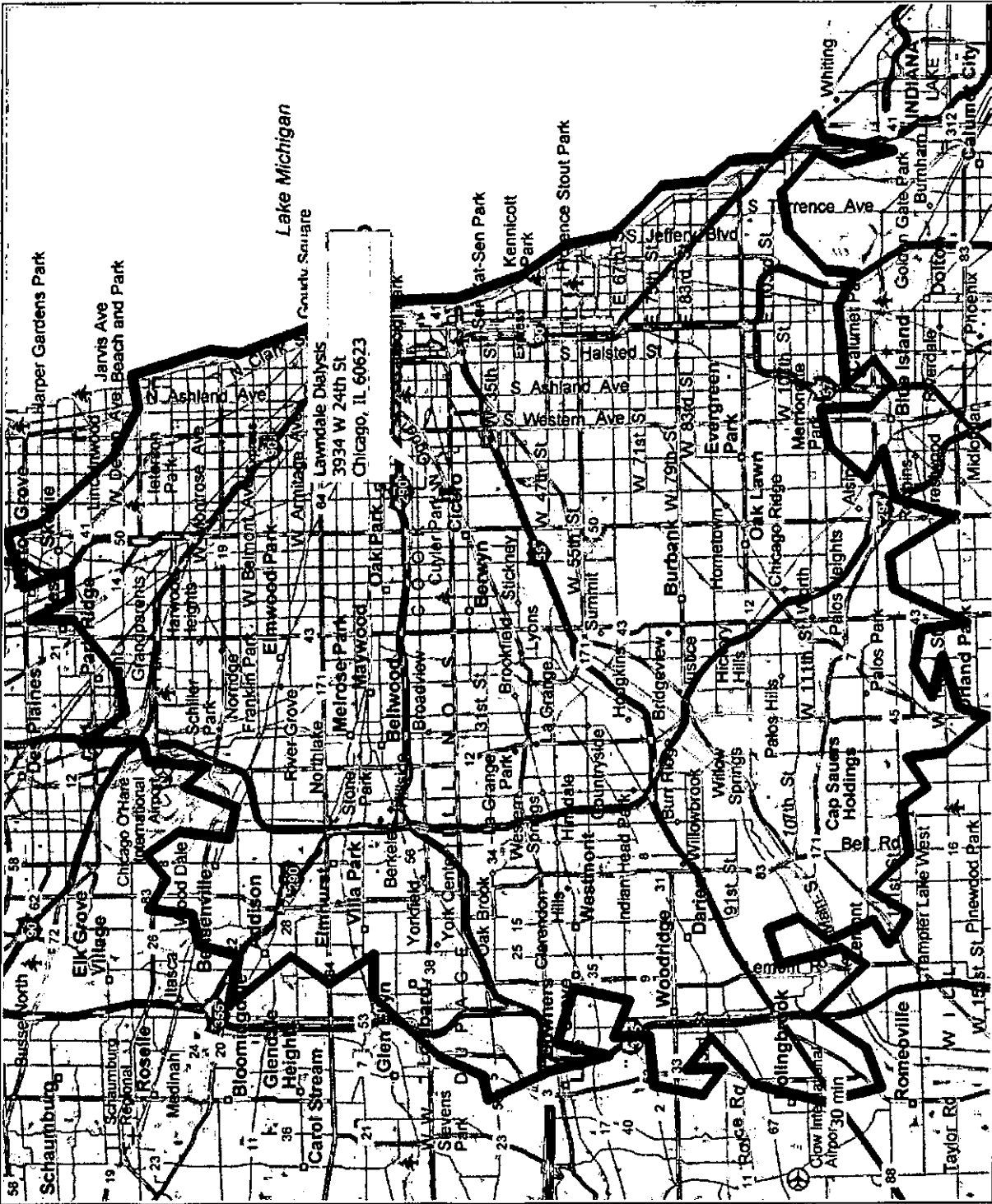
3. Impact to Other Providers

a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the average utilization among existing facilities is 78% and the HFSRB Inventory identifies a need of 124 additional stations. While Dr. Aneziokoro anticipates 14 of his patients he is currently at Little Village Dialysis will transfer to the proposed facility, Little Village Dialysis is currently operating at 97% utilization and will continue operating above the State's 80% standard even after 14 patients transfer to the proposed facility.

b. The proposed facility will not lower the utilization of other area providers that are operating below the occupancy standards.

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Lawndale Dialysis Geographic Service Area



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Attachment - 26C

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Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada. © Osborn's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

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: Ogbonnaya Aneziokoro, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Aneziokoro's curriculum vitae is attached at Attachment – 26D.
 - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator
Registered Nurse (.5 FTE)
Patient Care Technician (1.2 FTE)
Biomedical Technician (0.2 FTE)
Social Worker (licensed MSW) (0.1 FTE)
Registered Dietitian (0.1 FTE)
Administrative Assistant (0.5 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

- c. 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 – 26E.
 - d. As set forth in the letter from Tom Usilton, Senior Vice President of DaVita Inc. and Total Renal Care, Inc. is attached at Attachment – 26F, Lawndale Dialysis will maintain an open medical staff.

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Personal-Profile

1

Ogbonnaya Aneziokoro, M.D

Personal-Profile

Ogbonnaya Aneziokoro M.D

Contact Information

*655W Irving Park Road Apt 2101
Chicago Illinois 60613*

*Home 773-325-2533
Office 773-883-3639
Cell Phone - 630-667-5496
Business- 312-607-5496
E-Mail: oaneziok@nwmac.com*

Visa Status

US Citizen

Education

*Fellowship - Nephrology
Section of Nephrology
Department of Medicine
University of Chicago
July 2003- July 2006*

*Nephrology Research
University of Chicago
2002*

*Chief Medical Resident
St Joseph Hospital Chicago Illinois
June 2001- June 2002*

*Residency, Internal Medicine
St Joseph Hospital Chicago Illinois
June 1998- June 2001*

*Internship
University College Hospital, Ibadan, Nigeria
1995- 1996*

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Personal-Profile

2

Ogbonnaya Aneziokoro, M.D

*M.B.B.S., Bachelor of Medicine & Surgery
University College Hospital, Ibadan, Nigeria
1988 - 1995*

**Academic
Positions**

*Renal Clinical Pathophysiology Workshops: Taught renal
clinical Pathophysiology to groups of 20-30 4th year
medical students.*

*The University of Chicago
2003-2005*

*Attending Physician Laboure Medicine Clinic
June 2001- June 2002*

*Member, Medical Education Committee
St Joseph Hospital, Chicago, IL
June 2001- June 2002*

*Member, Critical Care Committee
St Joseph Hospital, Chicago, IL
June 2001- June 2002*

*Member, Institutional Coordination Committee
St Joseph Hospital, Chicago, IL
June 2001- June 2002*

*Member Advisory Committee
Laboure Outpatient Center
St Joseph Hospital, Chicago, IL
June 2001- June 2002*

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Personal-Profile

3

Ogbonnaya Aneziokoro, M.D**Research/Publications**

Distinct and Separable Roles of the Complement in Factor H Deficient Bone Marrow Chimeric Mice with Immune complex Disease.

J Am Society of Nephrology 17:1354-1361, April 2006

Gene Expression Profile in Mesangial Cells Cultured from Streptozotocin Induced Diabetes in C57Bl6 Mice.

Venous-Aliert Surveillance Monitoring of Chronic Hemodialysis Access With Radiological Determination of Venous Stenosis.

Clearance, Efficacy, and Safety of Pre-Filter Citrate during High Dose Continuous Venovenous Hemofiltration.

RAI - 002: A Multi-center, Open-label Randomized Phase II Study to Assess Safety and Preliminary Efficacy with the Renal Assist Device (RAD) in Patients with Acute Renal Failure

Essentials of Patient Oriented Research - A yearlong course offered at the University of Chicago on Ethics of clinical research biostatistics and epidemiology and clinical investigation.

Schistosomiasis in adult Idere community establish a link between prevalence of schistosomiasis and habits of locals.
1993

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Personal-Profile

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Ogbonnaya Aneziokoro, M.D**Presentations**

*Epigenetic Effects In Diabetic Nephropathy
Midwest Nephrology Research Day
Chicago Illinois.
March 2006*

*Mesangial Cells Cultured From Diabetic Mice Have
Hyperglycemic Memory
Midwest Nephrology Research Day Indianapolis
Sponsored by University of Indiana and Renal Network Inc.
Indianapolis Indiana.
May 2005*

*Hepatorenal Syndrome and Current Concepts
November 2005*

*Idiopathic Membranous with FSGS a Poor Prognostic
Indicator
October 2005*

*Home Hemodialysis a More than Viable Option
September 2005*

*Monitoring, Surveillance and Diagnostic Testing For
Vascular Access
August 2005*

*Current concepts, Terminology and Management of
Peritoneal dialysis Infections.
March 2005*

*Vascular Access Steal Syndrome
February 2005*

*Diagnosis and Management of Central Venous Stenosis
November 2004*

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Personal-Profile

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Ogbonnaya Aneziokoro, M.D

*Fistula Failure and Classification
September 2004*

*Pericardial Effusion and Pericarditis in Hemodialysis
Patients February 2004*

**Professional
Memberships**

*American Medical Association
American College of Physicians
American Society of Nephrology*

**Community
Service**

*Voluntary work for underserved population at the
Community health clinic in Chicago for 3 years
Jan 1999- June 2002*

Work experience

*Horizon Hospice, Chicago, IL Part time Internist
Nov 2000- July 2001*

*Internal medicine consultant for Hospital Care
Associates.
2001- 2002*

*House Physician St Anthony Hospital
2003- Present.*

*House Physician Lincoln Park Hospital
2005- Present.*

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Personal-Profile

6

Ogbonnaya Aneziokero, M.D

References:

F. Gary Toback MD, PhD, Professor of Medicine, Section of Nephrology, University of Chicago - 773 702 1476

Patrick Murray MD, Professor of Medicine, Fellowship program Director, Section of Nephrology, University of Chicago - 773 702 3630

Mary S Hammes, Assistant Professor of Medicine, Director, Woodlawn Dialysis facility, University of Chicago - 773 702 9892

Pradeep Kadambi MD, Assistant Professor of Medicine, Transplant Nephrology, University of Chicago - 773 702 1323

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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



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

September 29, 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 Lawndale 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;
- Lawndale 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 Lawndale Dialysis or through a signed, written agreement for these services with another facility.

Sincerely,

Tom Usilton
Senior Vice President
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 29 day of September,
2011

Notary Public

Vivian Lea Rhodes
Notary Public
DeKalb County, Georgia
My Commission Expires April 24, 2015

Attachment – 26F

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

Attached at Attachment – 26F is a letter from Tom Usilton, Senior Vice President, DaVita Inc. and Total Renal Care, 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.

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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 16-station dialysis facility. Accordingly, this criterion is met.

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

DaVita Inc. has agreements with several of the hospitals in the area to provide inpatient care and other hospital services. Attached at Attachment – 26G is a copy of a service agreement with an area hospital.

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CONTRACT ID #
48979

TRANSFER AGREEMENT BETWEEN

St. Anthony Hospital Catholic Health Partners ("HOSPITAL")
NAME OF HOSPITAL

2875 W. 19th Street
ADDRESS

Chicago, Illinois 60623
CITY, STATE AND ZIP CODE

AND

Renal Treatment Centers - Illinois, Inc. d/b/a Little Village Dialysis ("FACILITY")
NAME OF FACILITY

2335 W. Cermak Road
ADDRESS

Chicago, Illinois 60608
CITY, STATE AND ZIP CODE

To facilitate continuity of care and the timely transfer of patients and records between the Hospital and the Facility, the parties named above agree as follows:

1. When a patient's need for transfer from the Facility to the Hospital has been determined and substantiated by the patient's primary care physician or nephrologist, the Hospital agrees to admit the patient as promptly as possible, provided admission requirements in accordance with Federal and State laws and regulations are met provided the hospital has capacity for the admission.
2. The Facility will send with each patient at the time of transfer, or in the case of emergency, as promptly as possible, the completed transfer and referral forms mutually agreed upon to provide the medical and administrative information necessary to determine the appropriateness of the placement and to enable continuing care to the patient at the Hospital. The transfer and referral forms will include such information as current medical findings, diagnosis, a brief summary of the course of treatment followed in the Facility, nursing and dietary information, ambulation status, and pertinent administrative and social information, as appropriate.

Attachment - 26G

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had

3. The Hospital shall make available its diagnostic and therapeutic services, including emergency care, on an outpatient or inpatient basis as ordered by the patient's attending primary care physician or nephrologist subject to Federal and State laws and regulations.
4. The parties acknowledge that the terms of this agreement do not constitute an endorsement by either party of the activities or projects of the other party.
5. The Facility will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to these items. The Hospital shall be responsible for patients personal effects provided by Facility upon admission during the patient's stay at the Hospital.
6. The Facility will be responsible for effecting the transfer of the patient, including arranging for appropriate and safe transportation and care of the patient during the transfer in accordance with applicable Federal and State laws and regulations.
7. Charges for services performed by either the Hospital or Facility shall be collected by the institution rendering such services, directly from the patient, third-party payor, or other sources normally billed by the institution. Neither Hospital or Facility shall have any liability to the other for such charges.
8. The Governing Body of each facility shall have exclusive control of policies, management and affairs of its respective institutions. Neither institution shall assume any liability by virtue of any agreement for related to debts by and between either institution and a third party or other obligations incurred by the other party to this agreement.
9. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.
10. This agreement shall be in effect from the date both parties sign. It will continue until terminated by either facility upon 30 days written notice.

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Kerr

- 11. This agreement shall be maintained in the Facilities' files.
- 12. Any and all exchange of Protected Health Information (as that term is defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), at 45 C.F.R. Parts 160 and 164 (the "Privacy Standards")) shall be done in accordance with HIPAA and the Privacy Standards and any other applicable state patient privacy laws. The parties acknowledge that they are each health care providers and that in connection with each parties obligations hereunder, the exchange of any Protected Health Information, shall be done in connection with the treatment of patients who are the subject of the Protected Health Information.

2/19/04
DATE

2-9-04
DATE

Andrea Hall, M.D.
ADMINISTRATOR

Queen Rausch, COO
ADMINISTRATOR

Renal Treatment Centers Illinois, Inc.
D/b/a Little Village Dialysis

Saint Anthony Hospital
HOSPITAL

FACILITY PROVIDER NUMBER

14-0095
HOSPITAL PROVIDER NUMBER



2875 West 19th Street Ph: 773-484-1000
Chicago, IL 60623

February 9, 2004

Ms. Margaret Enger
Administrative Coordinator, DaVita, Inc.
Renal Treatment Centers of Illinois
2659 N. Milwaukee Avenue
Chicago, IL 60647

Dear Ms. Enger:

Enclosed please find a transfer agreement between Saint Anthony Hospital and your facility.

Please sign two copies and return one copy to Saint Anthony Hospital.

If you have any questions, please contact me directly at 773-484-4011. Thank you for your time and attention.

Sincerely,

Gwenn Rausch
Chief Operating Officer

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Heartland Region 1
2639 N. Milwaukee Ave., 2nd Fl.
Chicago, IL 60647
Tel: (773) 276-2380
Fax: (773) 276-4176
www.davita.com

February 20, 2004

Ms. Gwenn Rausch
Chief Operation Officer
Saint Anthony Hospital
2875 West 19th Street
Chicago, Illinois 60623

Dear Ms. Rausch:

Enclosed is the signed transfer agreement between Saint Anthony Hospital and Little Village Dialysis.

If you have any questions, please contact me at (773) 276-2380, ext. 311.

Thank you.

Respectfully,

Margaret Enger
Regional Administrative Coordinator

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

The Applicants propose the establishment of a 16-station dialysis facility. Thus, this criterion does is not applicable.

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

Attached at Attachment – 26H is a letter from Tom Usilton, Senior Vice President, DaVita Inc. and Total Renal Care, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation

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

September 29, 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, Lawndale 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,

Tom Usilton
Senior Vice President
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 29 day of September,
2011

Vivian Lea Rhodes
Notary Public

Vivian Lea Rhodes
Notary Public
DeKalb County, Georgia
My Commission Expires April 24, 2015

Attachment – 26H

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded with \$1,734,108 in cash and securities and a lease with SDO Development LLC for \$1,374,469. A copy of DaVita's 2010 10-K Statement, evidencing sufficient funds to finance the proposed project was previously submitted with the applications for Project Nos. 11-027 through 11-036. A letter of intent to lease the facility is attached at Attachments – 39A.

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SIMBORG

INDUSTRIAL

(708) 709 - 4900*

DEVELOPMENT

Mitchell Simborg
President

(800) 709 - 4901

www.simborg.com

COMMERCIAL

(708) 709 - 4948*

October 31, 2011

Emmett Purcell
Senior Vice President
USI Real Estate Brokerage Services Inc.
2215 York Road, Suite 110
Oak Brook, IL 60523

RE: REQUEST FOR PROPOSAL
NEC 24th Street & Pulaski Road
Chicago, IL

Dear Emmett:

Please allow this letter to serve as our response to enter into a binding lease with Total Renal Care, Inc.

LOCATION: NEC 24th Street & Pulaski Road, Chicago, IL (the "Premises")
3934 West 24th Street, Chicago, Illinois 60623

TENANT: Total Renal Care, Inc. or related entity to be named.

LANDLORD: SDO Development LLC, an Illinois limited liability company,
FEIN: 26-1207687

SPACE REQUIREMENTS: Approximately 6,781.1 contiguous useable square feet. Final SF and building layout to be mutually agreed to by the parties. Tenant shall have the right to measure the space based on the most recent BOMA standards. *Please indicate both rentable and useable square footage for the Premises.*

Landlord agrees to these terms and conditions. The square footage for the Premises is as follows:

Rentable: 6781.1 SF

Useable: 6444.25 SF

PRIMARY TERM: **15 YEAR LEASE**
\$21.83/SF, with annual 3% increases after the Fifth Lease Year



SIMBORG

INDUSTRIAL

(708) 709 - 4900

DEVELOPMENT

Mitchell Simborg
President

(800) 709 - 4001

www.simborg.com

COMMERCIAL

(708) 709 - 4049

BASE RENT:

Please indicate the annual rate per rentable square foot.

**15 YEAR TERM
LEASE YEAR**

ANNUAL RENT

1	\$ 148,031.41
2	\$ 148,031.41
3	\$ 148,031.41
4	\$ 148,031.41
5	\$ 148,031.41
6	\$ 152,472.35
7	\$ 157,046.53
8	\$ 161,757.92
9	\$ 166,610.66
10	\$ 171,608.98
11	\$ 176,757.25
12	\$ 182,059.97
13	\$ 187,521.76
14	\$ 193,147.42
15	\$ 198,941.84

Please indicate the lease type. (i.e. FSG, MG, NNN).

NNN

ADDITIONAL EXPENSES:

Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM.

Annual Estimated Cost/SF \$7.75 The taxes are being reassessed and we will receive a 2010 Tax statement in October, 2011. See Exhibit D.

<i>Taxes</i>	<i>Insurance</i>	<i>CAM</i>
\$3.98	\$.49 cents	\$3.28

Please provide Tenant's pro rata share percentage of operating expenses.

Tenant's pro rata share % is 44%



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(708) 789 - 4800*

DEVELOPMENT

Mitchell Simborg
President

(800) 799 - 4901

www.simborg.com

COMMERCIAL

(708) 789 - 4849*

If operating expenses are based on a Base Year, please indicate the Base Year and expense stop.

N/A

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent.

Tenant shall be responsible for all separately-metered utility charges for the Premises.

Landlord to limit the cumulative operating expense costs to no greater than three percent (3%) increase annually.

Landlord agrees to these terms and conditions.

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

Landlord agrees to these terms and conditions.

POSSESSION AND COMMENCEMENT:

Tenant shall take possession of the premises upon the later of completion of Landlord's required work (if any) or mutual lease execution. The rent commencement shall be the earlier of four (4) months from possession or until:

- a. Construction 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 from the City of Chicago, IL; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

Landlord will deliver the Premises in approximately four (4) months from the receipt of the Certificate of Need, or sooner, subject to Force Majeure and Governmental delays. Landlord requires Tenant to take possession of the Premises within thirty (30) days of said date and will provide for four (4) months of free base rent and CAM and Taxes upon delivery of possession.



SIMBORG

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The Lease Term under shall begin upon Landlord's delivery of the vanilla box to Tenant. Landlord and Tenant shall work together to save time while Landlord is relocating Turner Acceptance Corporation and will consider any and all time saving methods for faster completion of the delivery of the space.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by two hundred seventy (270) days from receipt of the Certificate of Need, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the two hundred seventy (270) day delivery period.

LEASE FORM:

Tenant's standard lease form.

Landlord agrees to these terms and conditions.

USE:

The use is for a Dialysis Clinic, related medical, office and distribution of pharmaceuticals. Tenant will require that the Landlord receive approval of the proposed building and use from the Alderman before a letter of intent can be finalized.

Landlord agrees to these terms and conditions. Please refer to

Exhibit F.

BASE BUILDING:

The following items must be delivered by the Landlord to the premises as part of the base building:

- A 2" dedicated water meter and line
- A 4" sewer line to a municipal sewer system
- Minimum 400 to 800, 120/208 volt 3 phase, 4 wire electrical service
- Gas service, at a minimum, will be rated to have 6" of water column pressure and supply 800,000-BTU's

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- HVAC rooftop Units/Systems and all associated cost(s) with unit(s)

Please refer to the attached Exhibit B regarding additional base building improvements and site development requirements.

Landlord agrees to these terms and conditions.

TENANT IMPROVEMENTS:

Please provide the tenant improvement allowance offered (psf).

None

OPTION TO RENEW:

Tenant shall receive three (3) five (5) year options to renew the lease. Option Rent shall be the lesser of 95% of fair market value.

Landlord agrees to these terms and conditions.

RIGHT OF FIRST OPPORTUNITY
ON ADJACENT SPACE:

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.

Landlord agrees to these terms and conditions.

HOLDING OVER:

Tenant shall be obligated to pay 125% for the then current rate.

PARKING:

Please indicate the number and location of parking spaces. Tenant requests one (1) dedicated stall per 1,000 rsf and (2) dedicated handicap stalls.

The parking ratio at 24th and Pulaski is 4.2 per 1000. Landlord will deliver to Tenant two (2) handicap spots directly in front of its space as well as two (2) other spots adjacent to the handicap for Tenants clients.

CONCESSIONS:

None.



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**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Please provide a detailed itemization and estimates of all common area operating expense components including real estate taxes and special assessments, insurance, landscape maintenance, exterior lighting, property management, maintenance, utilities, janitorial, security, etc., for which the client will be responsible to pay. If the lease provides for a base year for operating expenses, please indicate what the base year will be for a renewal.

Please see Exhibit D attached hereto.

TENANT SIGNAGE:

Tenant shall have the right to install building signage on the building, subject to Landlord's consent, which consent shall not be unreasonably withheld and subject to compliance by Tenant with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

Landlord agrees to these terms and conditions. Landlord will also deliver to Tenant signage rights on the Pylon on 24th in which Tenant will receive the second spot on the Pylon (replacing the Turner Acceptance Corporation sign) in accordance of all City of Chicago applicable laws.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week. Please indicate building hours for HVAC and utility services.

Landlord agrees to these terms and conditions.

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 DaVita Inc. without the consent of the Landlord or to unrelated entities with Landlord's reasonable approval.

Landlord agrees to these terms and conditions.

**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



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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).

Landlord agrees to these terms and conditions.

ROOF RIGHTS:

If the building does not have cable television service, then Tenant will need the right to place a satellite dish on the roof at no additional fee.

Landlord agrees to these terms and conditions.

RADIUS RESTRICTION:

Landlord shall not lease space to another dialysis clinic or similar facility at the property or at any of the other properties Landlord controls within two (2) miles of the subject property.

Landlord agrees to these terms and conditions.

HVAC:

Please provide general description of HVAC systems (i.e. ground units, tonnage, age).

The HVAC units are brand new and the tonnage is 5 tons per unit.

DELIVERIES:

Landlord will provide Tenant with a dock door located on Hording Avenue per Tenant's specifications.

EARLY TERMINATION OPTION:

After Tenant has completed Forty-eight (48) months of rent payments, Tenant shall have the one time right to terminate the Lease at any time with Two hundred seventy (270) days prior written notice before the expiration date along with a payment equal to one-quarter (1/4) of Tenant's monthly base rental obligations for the remaining portion of the current lease term and any unamortized transaction costs (brokerage commissions and tenant allowance).

SECURITY DEPOSIT:

None.

Landlord agrees to these terms and conditions.

CORPORATE GUARANTEE:

None.

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Landlord agrees to these terms and conditions.

CONTINGENCIES:

Tenant will need to apply for a Certificate of Need for the final location. If Tenant does not get the Certificate of Need by March 1, 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.

Tenant 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 March 1, 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 March 1, 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.

BROKERAGE FEE:

Landlord agrees that it recognizes USI Real Estate Brokerage Services Inc. as the client's sole representative and a brokerage fee equal to \$1.00/RSF per year of lease term shall be paid to USI, per separate commission agreement. Commissions to be paid 50% due within 30 days a fully executed lease and receipt



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of the CON and 50% within 30 days of lease commencement. The client shall retain the right to offset rent for failure to pay the Real Estate Commission.

PLANS:

Please provide copies of site and construction plans or drawings.

Please see Exhibit E attached hereto as well Landlord will deliver a CAD file to Tenant.

AGREED TO AND ACCEPTED THIS 31 DAY
DAY
OF October, 2011

By:

SDO Development LLC, an Illinois limited
owned
liability company, ("Landlord")

AGREED TO AND ACCEPTED THIS
OF 10/31, 2011

By:

On behalf of Total Renal Care, Inc. a wholly
subsidiary of DaVita, Inc. ("Tenant")

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS REQUEST FOR A PROPOSAL ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS REQUEST FOR A PROPOSAL, NEITHER TENANT NOR LANDLORD (OR US) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER

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PARTIES. NEITHER TENANT, LANDLORD OR USI INTENDS ON THE PROVISIONS CONTAINED IN THIS REQUEST FOR A PROPOSAL TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS REQUEST FOR A PROPOSAL WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. USI IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES USI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS REQUEST FOR A PROPOSAL IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

All project capital expenses, including the lease with SDO Development LLC, shall be funded through internal resources. 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.

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

Attached at Attachment – 42A is a letter from Tom Usilton, Senior Vice President of DaVita Inc. and Total Renal Care, Inc. attesting that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

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

September 29, 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,

Tom Usilton
Senior Vice President
DaVita Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 29 day of September,
2011

Vivian Lea Rhodes
Notary Public

Vivian Lea Rhodes
Notary Public
DeKalb County, Georgia
My Commission Expires April 24, 2015

Attachment - 42A

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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.

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Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

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

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		\$138.71			6,781			\$940,600	\$940,600
Contingency		\$20.65			6,781			\$140,000	\$140,000
TOTALS		\$159.36			6,781			\$1,080,600	\$1,080,600

* 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 Contracts	\$940,600	\$149.35 per gsf x 6,781 gsf = \$149.35 x 6,781 = \$1,012,742	Below State Standard
Contingencies	\$140,000	10-15% of Modernization Contracts = 10-15% x \$940,600 = \$94,060 - \$141,090	Meets State Standard
Architectural/Engineering Fees	\$52,800	6.77% - 10.17% x (Modernization Costs + Contingencies) = 6.77% - 10.17% x (\$940,600 + \$140,884) = 6.77% - 10.17% x \$1,080,600 = \$73,157 - \$109,897	Below State Standard
Consulting and Other Fees	\$75,000	No State Standard	No State Standard
Moveable Equipment	\$525,708	\$39,945 per station x 16 stations \$39,945 x 16 = \$639,120	Below State Standard

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

Operating Expenses: \$3,102,945

Treatments: 13,728

Operating Expense per Treatment: \$226.03

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

Capital Costs:

Depreciation:	\$120,121
Amortization:	\$4,342
Total Capital Costs:	\$124,463

Treatments: 13,728

Capital Costs per Treatment: \$9.07

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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. 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 previously submitted on July 11, 2011 as part of Applicants' applications for Proj. Nos. 11-027 to 11-036. DaVita accepts and dialyzes patients with renal failure needing a regular course of dialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care. DaVita submits 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	52	66	96
Total	52	66	96
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	443	445	563
Total	443	445	563
Medicaid (revenue)			
Inpatient			
Outpatient	\$8,695,341	\$8,820,052	\$10,447,021
Total	\$8,695,341	\$8,820,052	\$10,447,021

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 shown in Table 1110.1430(b), average utilization at existing dialysis facilities within 30 minutes normal travel time of the proposed facility is currently 78%. Thus, the proposed facility is necessary to allow existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Based upon the

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latest inventory data, there is a need for 124 dialysis stations in HSA 6, the service area where the proposed facility will be located. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Lawndale Dialysis. As such, this criterion is not applicable.

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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	\$138,964,396	\$149,370,292	\$161,884,078
Amount of Charity Care (charges)	\$297,508	\$575,803	\$957,867
Cost of Charity Care	\$297,508	\$575,803	\$957,867

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Appendix I – Time & Distance Determination

Attached as Appendix I are the distance and normal travel time from the proposed facility to all existing dialysis facilities in the GSA, as determined by MapQuest.

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Notes

Trip to:
 2611 N Halsted St
 Chicago, IL 60614-2301
 9.95 miles
 22 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven	
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi	
➔	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi	1.8 mi	
➔	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi	2.2 mi	
➔		4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left.	Go 3.6 Mi	5.8 mi
➔		5. Merge onto I-90 W / I-94 W / Kennedy Expy W toward Wisconsin.	Go 0.9 Mi	6.7 mi
	6. Take the Lake St exit, EXIT 51A.	Go 0.1 Mi	6.8 mi	
➔	7. Turn left onto W Lake St. <i>Lake & Union Restaurant is on the corner</i> <i>If you are on N Union Ave and reach W Walnut St you've gone a little too far</i>	Go 0.1 Mi	6.9 mi	
➔	8. Turn right onto N Halsted St. <i>Northwestern Cutlery is on the corner</i> <i>If you reach N Green St you've gone a little too far</i>	Go 1.8 Mi	8.7 mi	
↑	9. N Halsted St becomes N Halsted STS.	Go 0.05 Mi	8.8 mi	
↑	10. N Halsted STS becomes N Halsted St.	Go 1.2 Mi	9.9 mi	
■	11. 2611 N HALSTED ST is on the right. <i>Your destination is just past W Wrightwood Ave</i> <i>If you reach W Schubert Ave you've gone about 0.1 miles too far</i>		9.9 mi Appendix 1	

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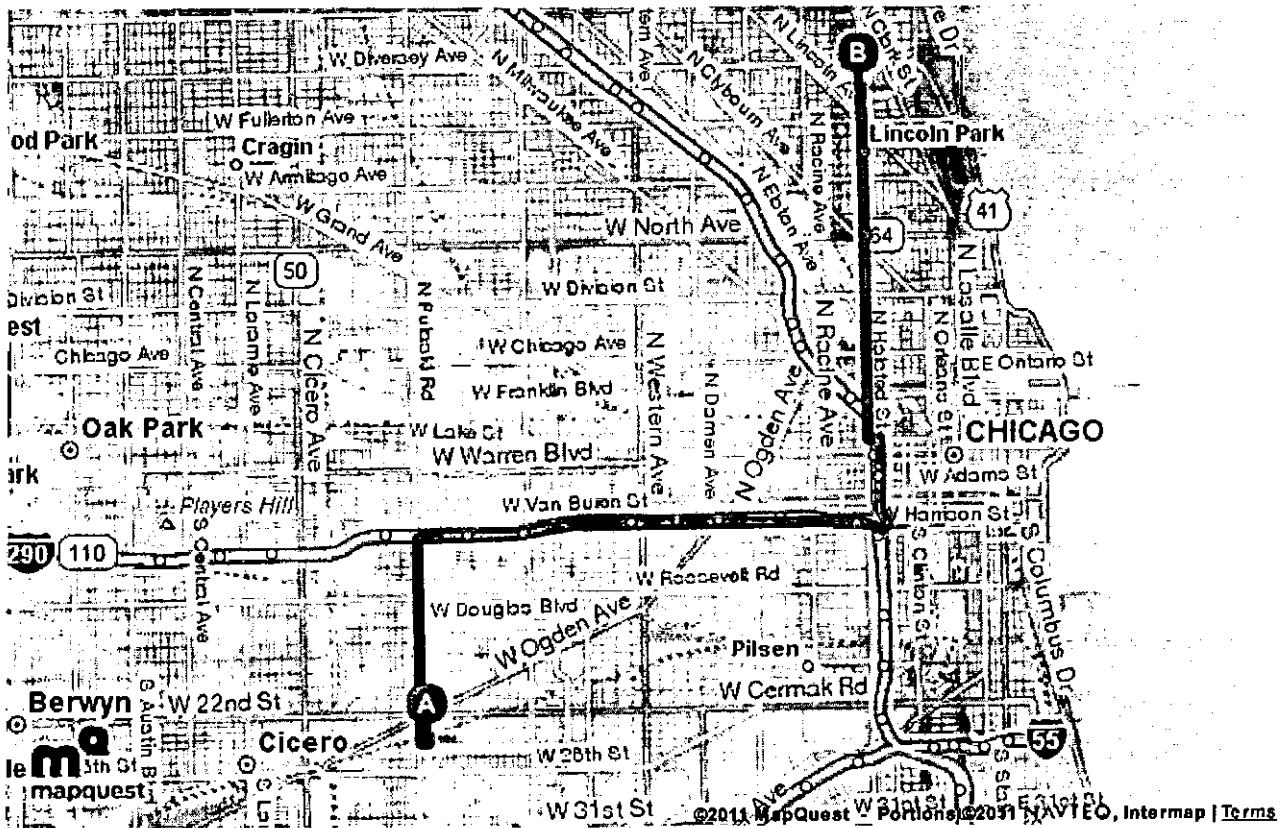
2611 N Halsted St
Chicago, IL 60614-2301

9.9 mi

9.9 mi

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Total Travel Estimate: 9.95 miles - about 22 minutes



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Notes

Trip to:
 1426 W Washington Blvd
 Chicago, IL 60607-1821
4.24 miles
12 minutes

Notes



3934 W 24th St
 Chicago, IL 60623-3371

Miles Per Section

Miles Driven



1. Start out going **west** on **W 24th St** toward **S Pulaski Rd.**

Go 0.06 Mi

0.06 mi



2. Take the 1st **right** onto **S Pulaski Rd.**

Go 0.2 Mi

0.3 mi

*Las Islas Marias is on the corner
 If you reach S Karlov Ave you've gone a little too far*



3. Take the 1st **right** onto **W Ogden Ave.**

Go 3.9 Mi

4.2 mi

If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far



4. Turn **right** onto **W Washington Blvd / W Washington St.**

Go 0.08 Mi

4.2 mi

*W Washington Blvd is just past W Warren Blvd
 If you reach W Randolph St you've gone about 0.1 miles too far*



5. **1426 W WASHINGTON BLVD** is on the **left.**

4.2 mi

*Your destination is just past N Bishop St
 If you reach N Loomis St you've gone a little too far*



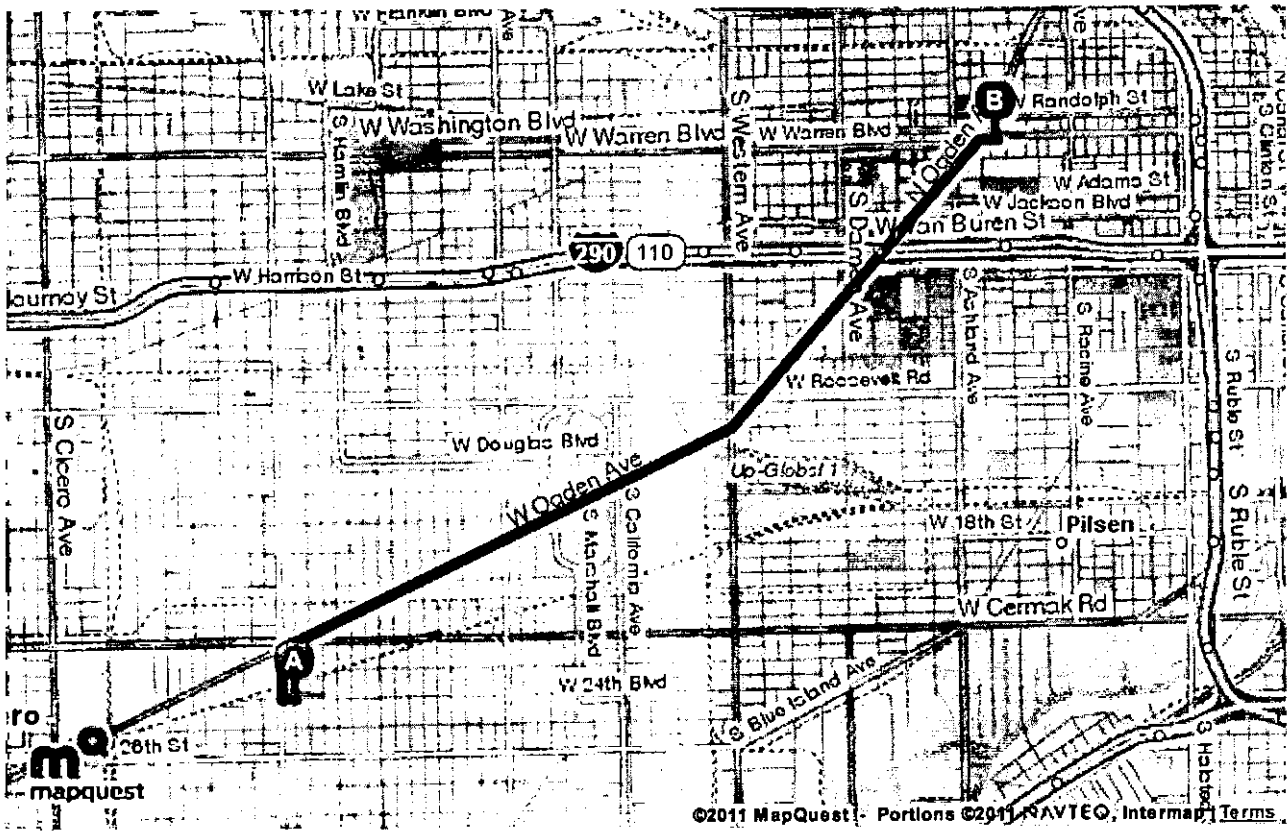
1426 W Washington Blvd
 Chicago, IL 60607-1821

4.2 mi

4.2 mi

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Total Travel Estimate: **4.24 miles - about 12 minutes**



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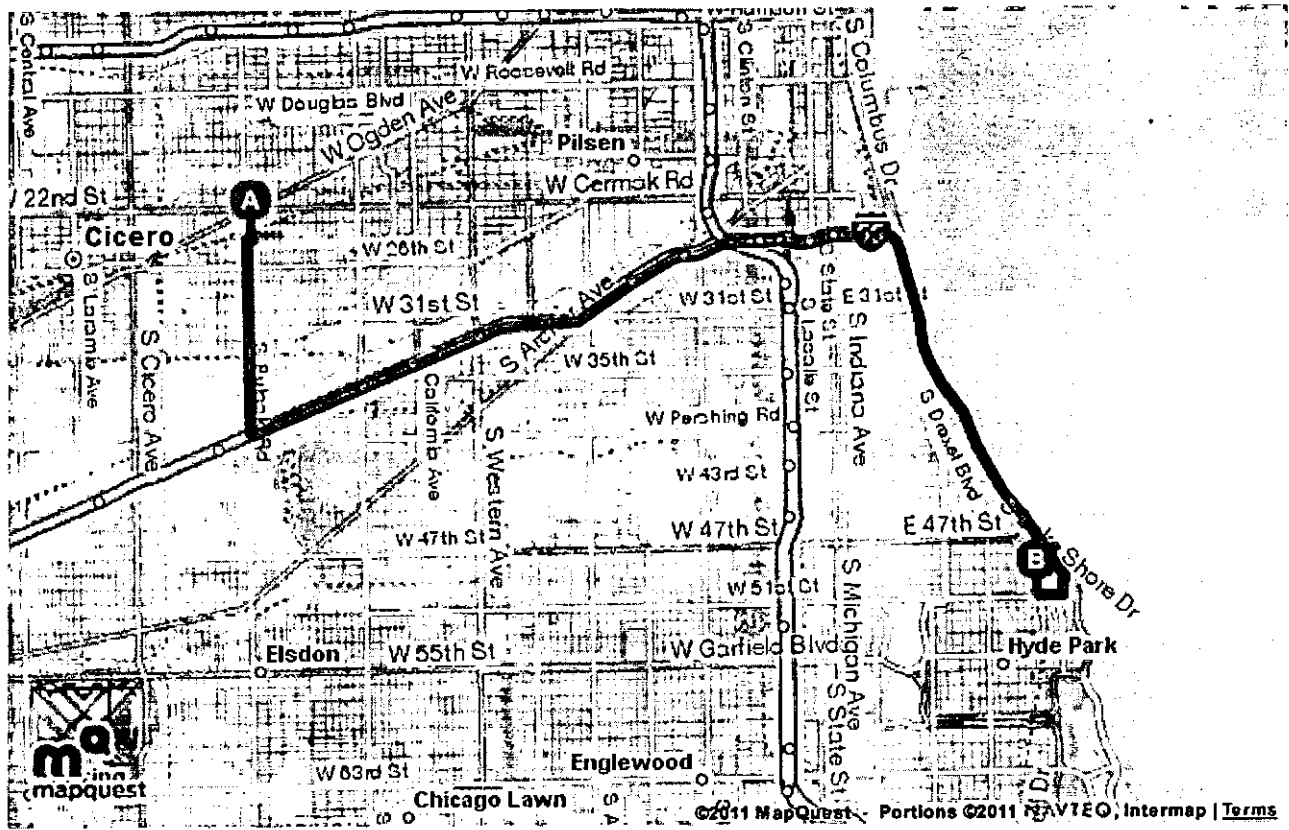
Notes

Trip to:
 1531 E Hyde Park Blvd
 Chicago, IL 60615-3039
11.65 miles
19 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.8 mi
		3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left .	Go 6.0 Mi 7.7 mi
		4. Merge onto S Lake Shore Dr / US-41 S.	Go 3.4 Mi 11.2 mi
RAMP	5. Take the ramp toward Hyde Park Blvd.	Go 0.2 Mi	11.3 mi
	6. Turn left onto S Shore Dr / S Chicago Beach Dr. <i>If you are on E 50th St and reach S East End Ave you've gone a little too far</i>	Go 0.1 Mi	11.4 mi
	7. Turn right onto E Hyde Park Blvd / E 51st St.	Go 0.2 Mi	11.7 mi
■	8. 1531 E HYDE PARK BLVD is on the left . <i>If you reach S Lake Park Ave you've gone a little too far</i>		11.7 mi
	1531 E Hyde Park Blvd Chicago, IL 60615-3039	11.7 mi	11.7 mi

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Total Travel Estimate: **11.65 miles - about 19 minutes**



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Notes

Trip to:
 8721 S Stony Island Ave
 Chicago, IL 60617-2709
19.53 miles
29 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.8 mi
	 3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left .	Go 4.2 Mi	6.0 mi
	 4. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana .	Go 0.8 Mi	6.7 mi
	5. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 5.5 Mi	12.2 mi
	 6. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E .	Go 4.8 Mi	17.0 mi
	7. Take the Stony Island Ave exit, EXIT 65 , toward 95th-103rd STS.	Go 0.8 Mi	17.8 mi
	8. Keep left to take the North Stony Island Ave ramp toward 95th St.	Go 0.5 Mi	18.3 mi
	9. Merge onto S Stony Island Ext.	Go 0.2 Mi	18.5 mi
	10. S Stony Island Ext becomes S Stony Island Ave.	Go 1.0 Mi	19.5 mi
	11. 8721 S STONY ISLAND AVE is on the right . <i>Your destination is just past E 88th St</i> <i>If you reach E 87th St you've gone a little too far</i>		19.5 mi

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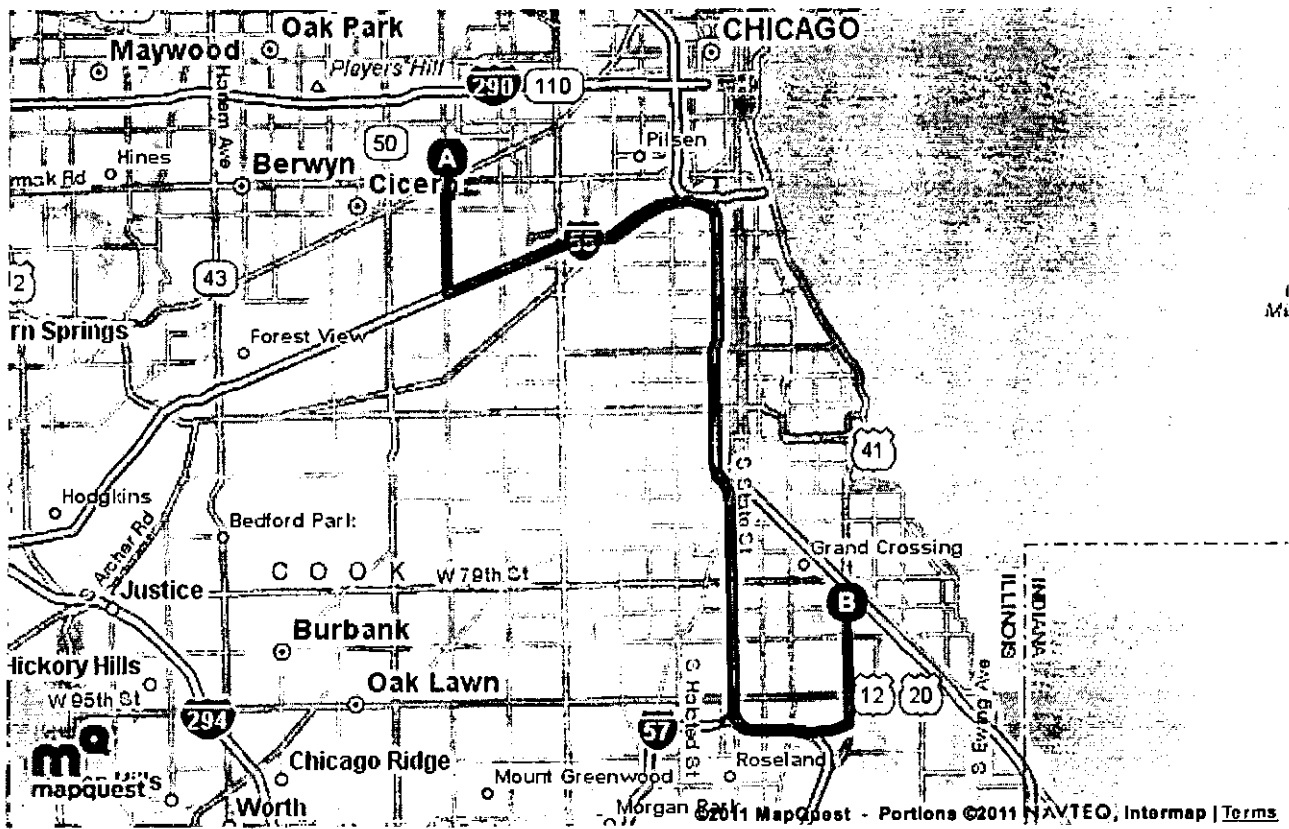
8721 S Stony Island Ave
Chicago, IL 60617-2709

19.5 mi

19.5 mi

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Total Travel Estimate: **19.53 miles - about 29 minutes**



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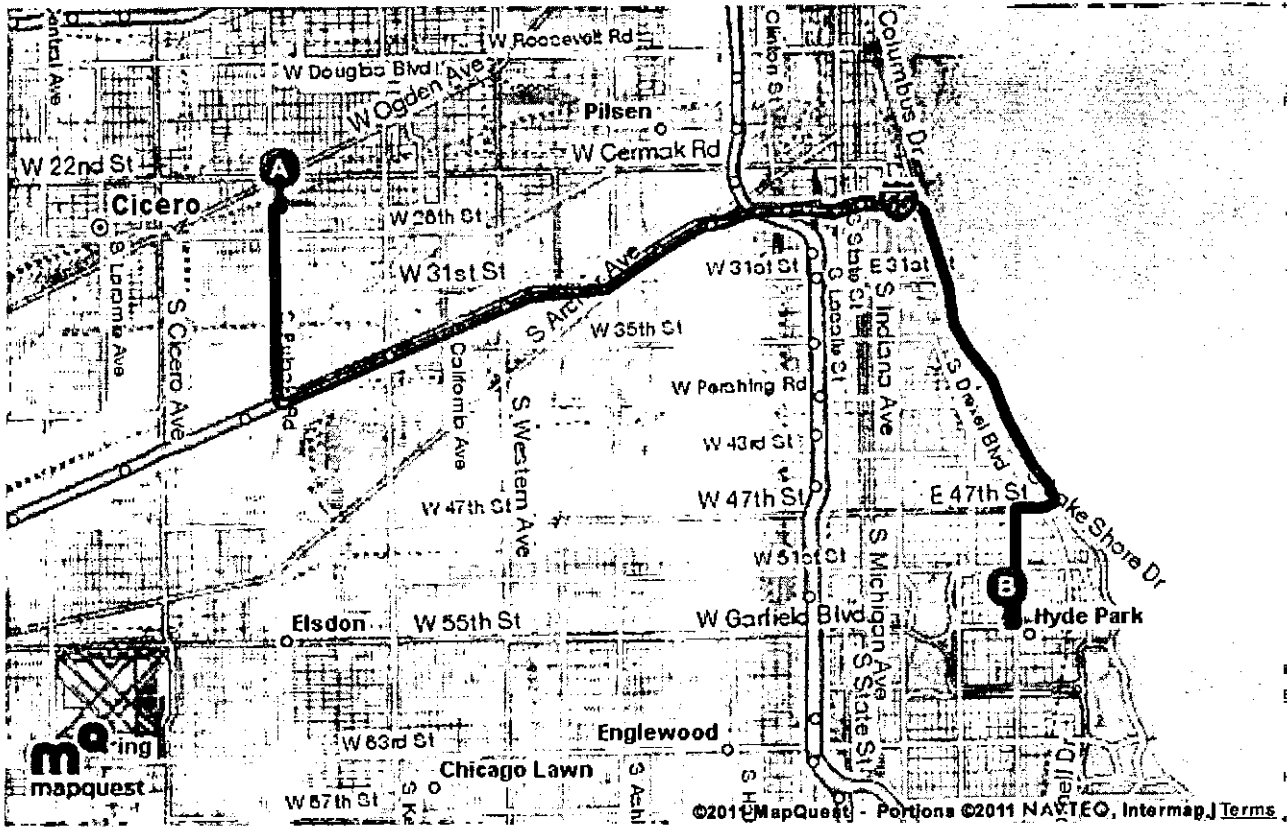
Notes

Trip to:
 1164 E 55th St
 Chicago, IL 60615-5115
12.20 miles
21 minutes

		Miles Per Section	Miles Driven
	3934 W 24th St Chicago, IL 60623-3371		
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.8 mi
	3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left .	Go 6.0 Mi	7.7 mi
	4. Merge onto S Lake Shore Dr / US-41 S.	Go 2.9 Mi	10.6 mi
	5. Take the 47th St ramp.	Go 0.2 Mi	10.8 mi
	6. Turn right onto E 47th St. <i>If you reach US-41 S you've gone about 0.1 miles too far</i>	Go 0.4 Mi	11.1 mi
	7. Turn left onto S Woodlawn Ave. <i>S Woodlawn Ave is 0.2 miles past S Lake Park Ave</i> <i>If you reach S Greenwood Ave you've gone about 0.1 miles too far</i>	Go 1.0 Mi	12.1 mi
	8. Turn right onto E 55th St. <i>E 55th St is 0.1 miles past E 54th Pl</i> <i>If you reach E 56th St you've gone about 0.1 miles too far</i>	Go 0.06 Mi	12.2 mi
	9. 1164 E 55TH ST is on the right . <i>If you reach S University Ave you've gone a little too far</i>		12.2 mi
	1164 E 55th St Chicago, IL 60615-5115	12.2 mi	12.2 mi

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Total Travel Estimate: **12.20 miles - about 21 minutes**



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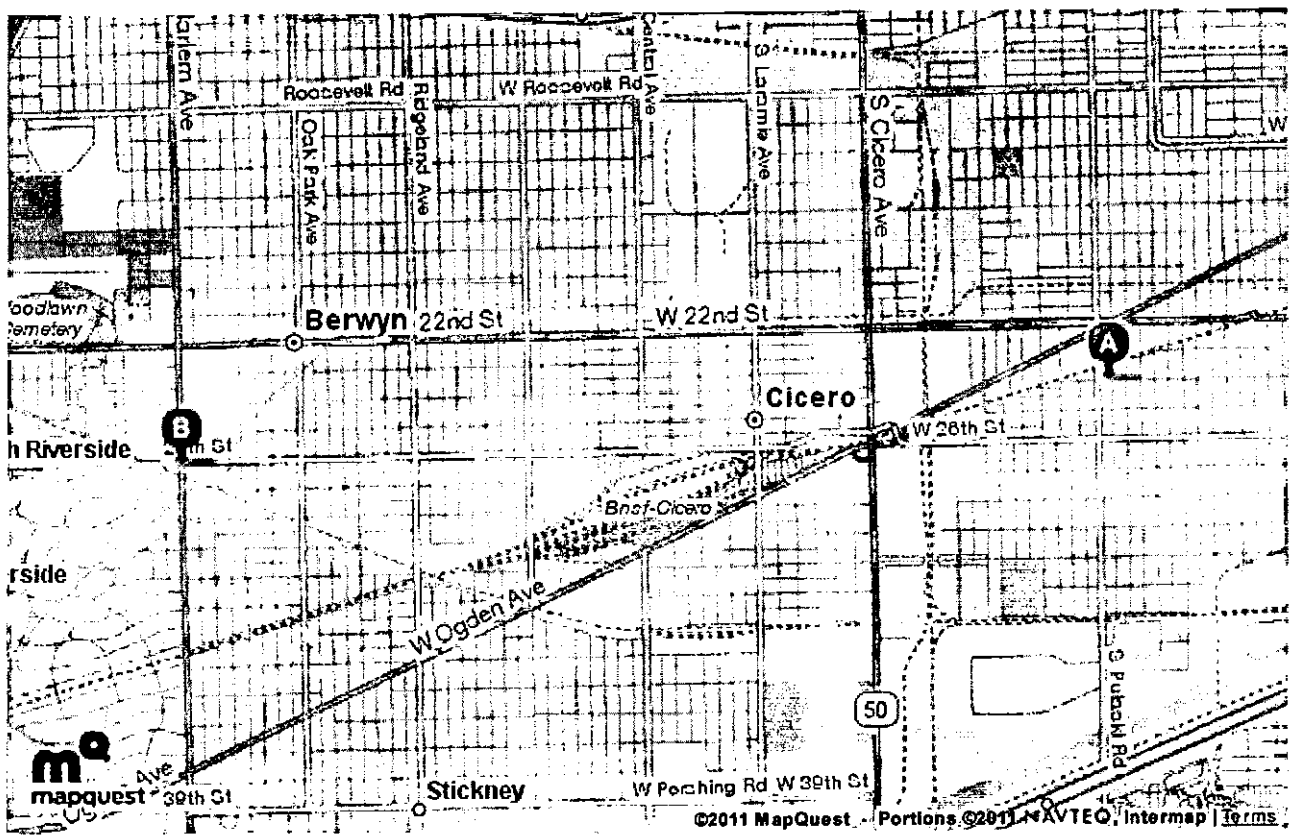
Notes _____

Trip to:
 2601 Harlem Ave
 Berwyn, IL 60402-2100
4.70 miles
13 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.2 Mi	0.3 mi
	3. Take the 1st left onto W Ogden Ave. <i>If you reach W Cermak Rd you've gone a little too far</i>	Go 1.0 Mi	1.3 mi
	4. Turn right onto W 26th St / 35th Pl. Continue to follow W 26th St. <i>W 26th St is 0.3 miles past S Kenneth Ave</i> <i>If you are on W Ogden Ave and reach S 49th Ave you've gone about 0.3 miles too far</i>	Go 3.2 Mi	4.5 mi
	5. Turn left onto Harlem Ave / IL-43. <i>Harlem Ave is 0.1 miles past Riverside Dr</i> <i>Citbank ATM is on the corner</i> <i>If you are on W 26th St and reach Veterans Dr you've gone about 0.3 miles too far</i>	Go 0.09 Mi	4.6 mi
	6. Make a U-turn onto Harlem Ave / IL-43. <i>If you reach Riverside Dr you've gone a little too far</i>	Go 0.09 Mi	4.7 mi
	7. 2601 HARLEM AVE is on the right. <i>If you reach W 25th St you've gone about 0.2 miles too far</i>		4.7 mi
	2601 Harlem Ave Berwyn, IL 60402-2100	4.7 mi	4.7 mi

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Total Travel Estimate: **4.70 miles - about 13 minutes**



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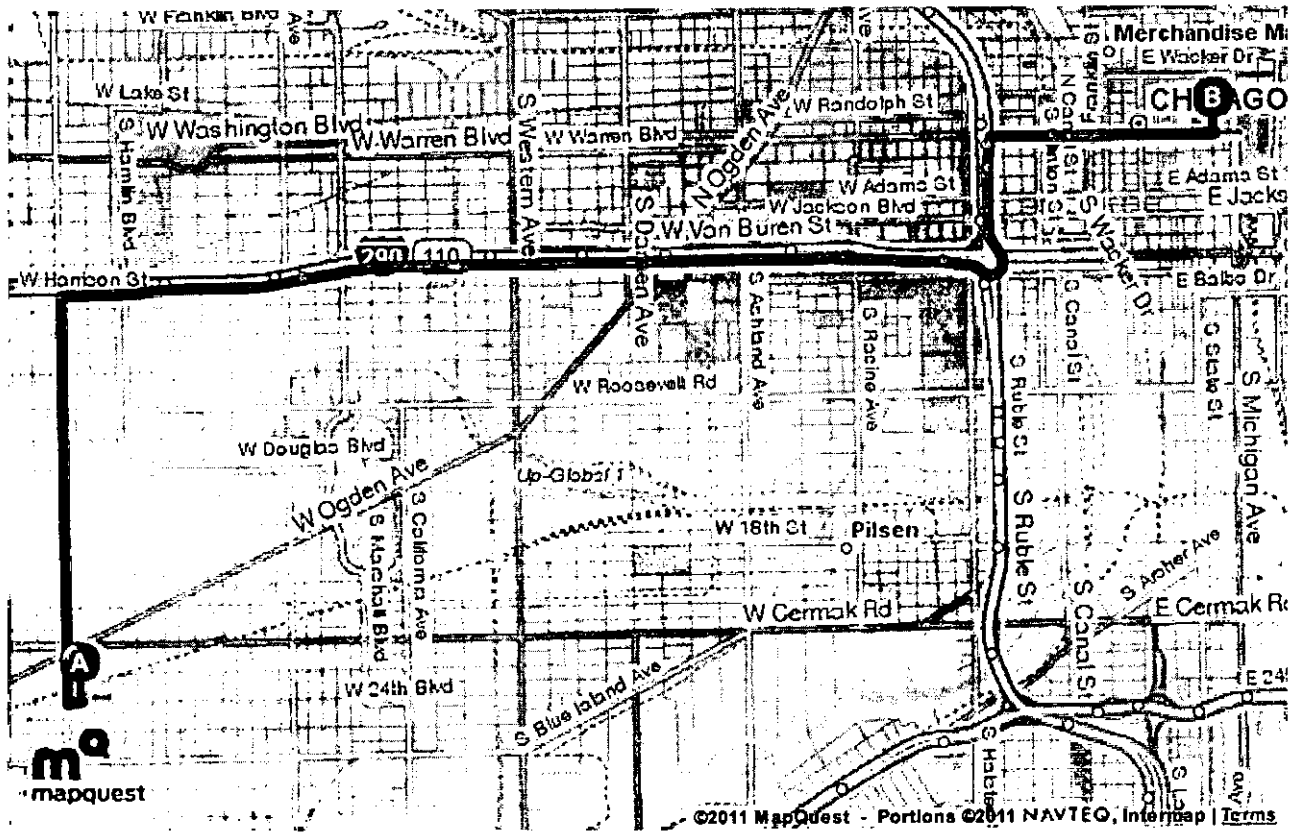
Notes

Trip to:
55 E Washington St
Chicago, IL 60602-2103
7.63 miles
16 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Manias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi	1.8 mi
	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi	2.2 mi
	 4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left.	Go 3.6 Mi	5.8 mi
	 5. Merge onto I-90 W / I-94 W / Kennedy Expy W toward Wisconsin.	Go 0.7 Mi	6.5 mi
	6. Take EXIT 51C toward East Washington Blvd.	Go 0.1 Mi	6.6 mi
	7. Turn right onto W Washington Blvd. <i>Columbus Grill & Carryout is on the right</i>	Go 0.3 Mi	6.9 mi
	8. W Washington Blvd becomes W Washington St.	Go 0.7 Mi	7.6 mi
	9. 55 E WASHINGTON ST is on the right. <i>Your destination is just past N Wabash Ave</i> <i>If you reach N Garland Ct you've gone a little too far</i>		7.6 mi
	55 E Washington St Chicago, IL 60602-2103	7.6 mi	7.6 mi

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Total Travel Estimate: **7.63 miles - about 16 minutes**



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Notes

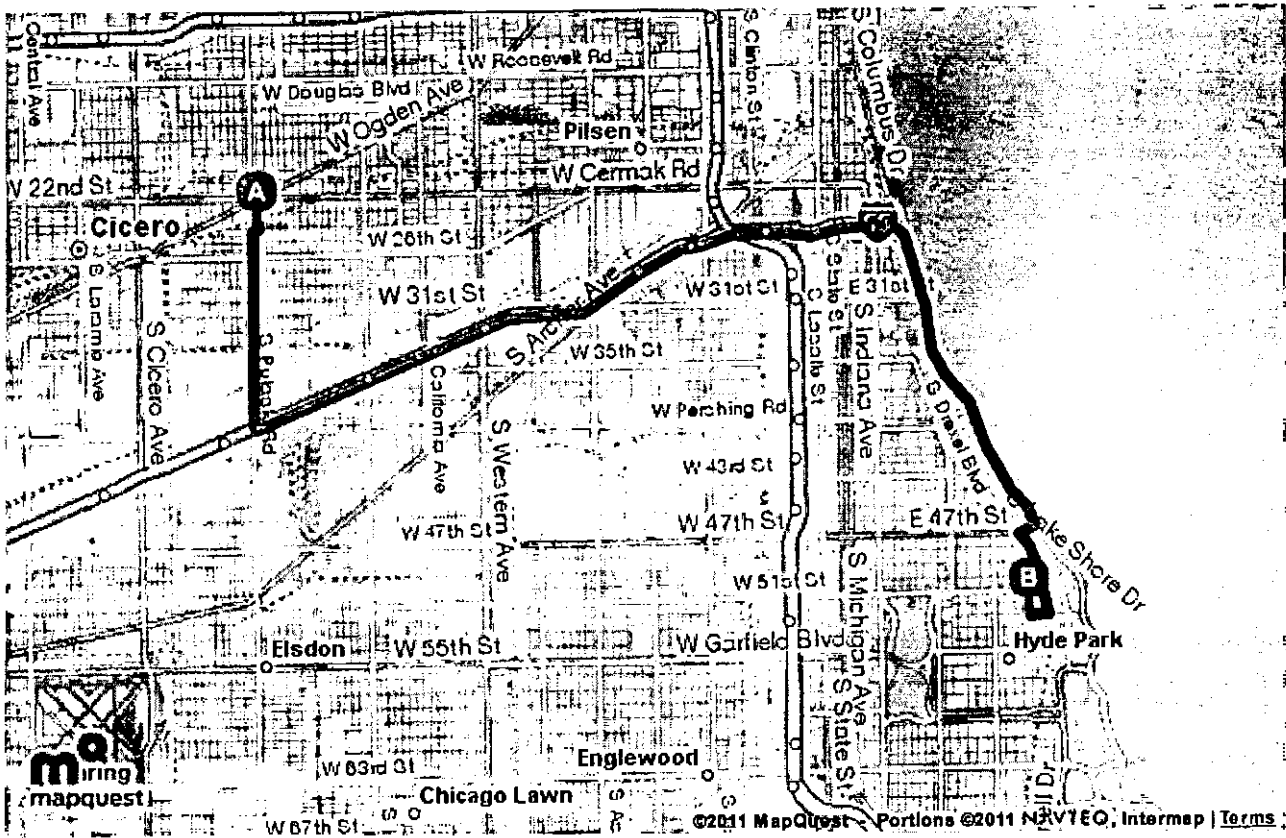
Trip to:
 1437 E 53rd St
 Chicago, IL 60615-4513
11.83 miles
20 minutes



A	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven	
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi	
↩	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.8 mi	
↗		3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left.	Go 6.0 Mi	7.7 mi
↗		4. Merge onto S Lake Shore Dr / US-41 S.	Go 2.9 Mi	10.6 mi
	5. Take the 47th St ramp.	Go 0.2 Mi	10.8 mi	
↘	6. Turn right onto E 47th St. <i>If you reach US-41 S you've gone about 0.1 miles too far</i>	Go 0.2 Mi	10.9 mi	
↩	7. Turn sharp left onto S Lake Park Ave. <i>S Lake Park Ave is 0.1 miles past S Cornell Ave Italian Fiesta Pizzeria is on the right If you reach S Woodlawn Ave you've gone about 0.2 miles too far</i>	Go 0.8 Mi	11.7 mi	
↘	8. Turn right onto E 53rd St. <i>E 53rd St is 0.1 miles past E 52nd St Borders is on the corner If you reach E 54th St you've gone about 0.1 miles too far</i>	Go 0.2 Mi	11.8 mi	
■	9. 1437 E 53RD ST is on the left. <i>Your destination is just past S Harper Ave If you reach S Blackstone Ave you've gone a little too far</i>		11.8 mi	
B	1437 E 53rd St Chicago, IL 60615-4513	11.8 mi	11.8 mi	

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Total Travel Estimate: **11.83 miles - about 20 minutes**



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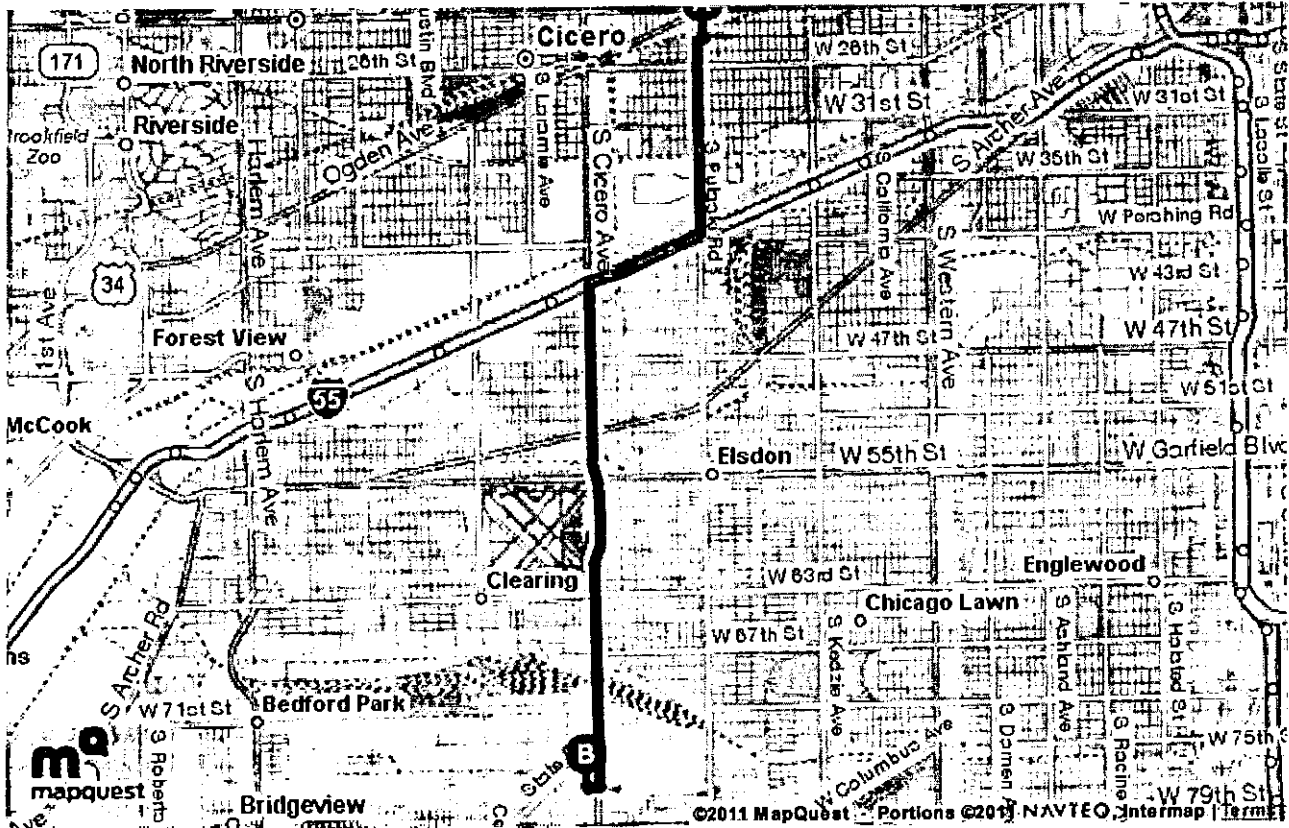
Notes

Trip to:
 4811 W 77th St
 Burbank, IL 60459-1586
7.36 miles
17 minutes

		Miles Per Section	Miles Driven
A	3934 W 24th St Chicago, IL 60623-3371		
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
↩	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.7 mi
↑	3. Merge onto I-55 S / Stevenson Expy S.	Go 0.8 Mi	2.5 mi
EXIT	4. Take the IL-50 / Cicero Ave exit, EXIT 286 , toward Chicago Midway Airport.	Go 0.3 Mi	2.8 mi
↩	5. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. <i>If you reach I-55 S you've gone about 0.3 miles too far</i>	Go 4.4 Mi	7.2 mi
↪	6. Turn right onto W 76th St / W 77th St. <i>W 76th St is 0.3 miles past S State Rd</i> <i>Olive Garden in Burbank Town Ctr is on the corner</i> <i>If you reach W 78th St you've gone about 0.2 miles too far</i>	Go 0.1 Mi	7.3 mi
↩	7. Turn left. <i>Popeye's Chicken & Biscuits in Burbank Town Ctr is on the left</i>	Go 0.02 Mi	7.4 mi
↪	8. Take the 1st right onto W 77th St. <i>Popeye's Chicken & Biscuits in Burbank Town Ctr is on the corner</i>		7.4 mi
■	9. 4811 W 77TH ST is on the left. <i>If you reach the end of W 77th St you've gone a little too far</i>		7.4 mi
B	4811 W 77th St Burbank, IL 60459-1586	7.4 mi	7.4 mi

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Total Travel Estimate: **7.36 miles - about 17 minutes**



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Notes

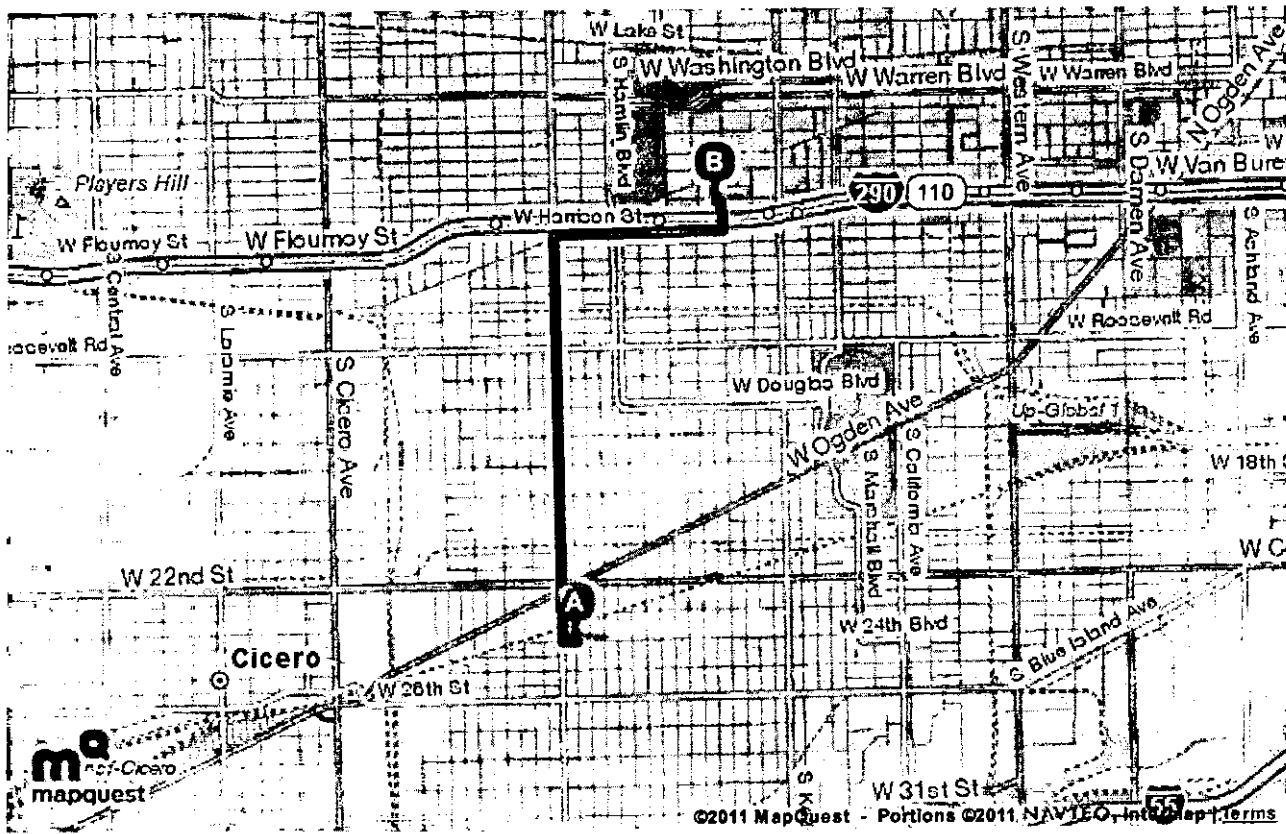
Trip to:
3410 W Van Buren St
Chicago, IL 60624-3358
2.73 miles
8 minutes

Notes

A	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
↘	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi	1.8 mi
↘	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.8 Mi	2.6 mi
↙	4. Turn left onto S Homan Ave. <i>S Homan Ave is 0.1 miles past S St Louis Ave</i> <i>Munry's Fish & Chicken is on the corner</i> <i>If you reach I-290 E you've gone about 0.2 miles too far</i>	Go 0.1 Mi	2.7 mi
↙	5. Take the 2nd left onto W Van Buren St. <i>W Van Buren St is just past W Congress Pky</i> <i>If you reach W Gladys Ave you've gone a little too far</i>	Go 0.02 Mi	2.7 mi
■	6. 3410 W VAN BUREN ST is on the right. <i>If you reach S Trumbull Ave you've gone a little too far</i>		2.7 mi
B	3410 W Van Buren St Chicago, IL 60624-3358	2.7 mi	2.7 mi

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Total Travel Estimate: **2.73 miles - about 8 minutes**



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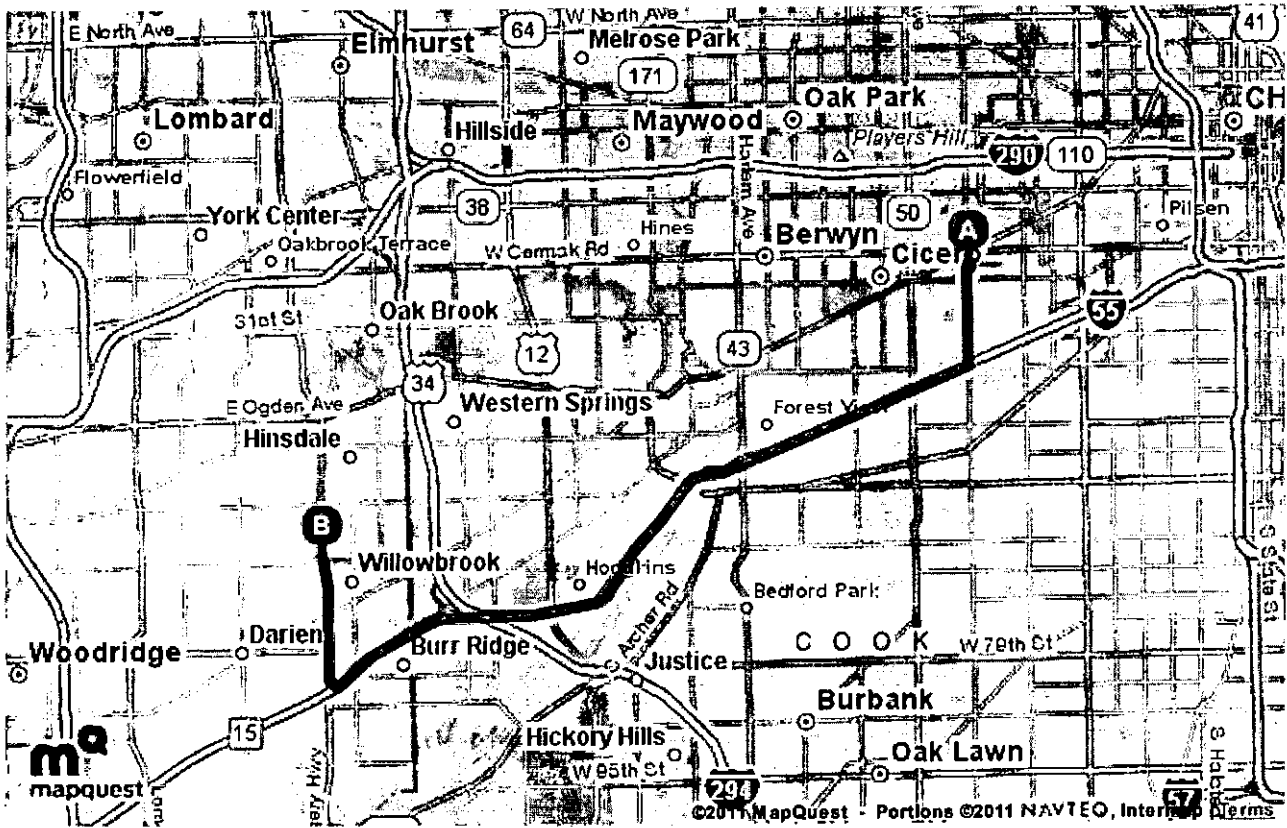
Notes

Trip to:
 6300 Kingery Hwy
 Willowbrook, IL 60527-2248
17.08 miles
24 minutes

		Miles Per Section	Miles Driven
	3934 W 24th St Chicago, IL 60623-3371		
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.7 mi
	3. Merge onto I-55 S. 	Go 12.9 Mi	14.6 mi
	4. Merge onto IL-83 N via EXIT 274. 	Go 2.4 Mi	17.1 mi
	5. Turn left onto 63rd St. <i>63rd St is 0.2 miles past Ridgemoor Dr W</i> <i>Quiznos is on the corner</i>	Go 0.01 Mi	17.1 mi
	6. 6300 KINGERY HWY. <i>If you reach Americana Dr you've gone about 0.1 miles too far</i>		17.1 mi
	6300 Kingery Hwy Willowbrook, IL 60527-2248	17.1 mi	17.1 mi

Uele

Total Travel Estimate: 17.08 miles - about 24 minutes



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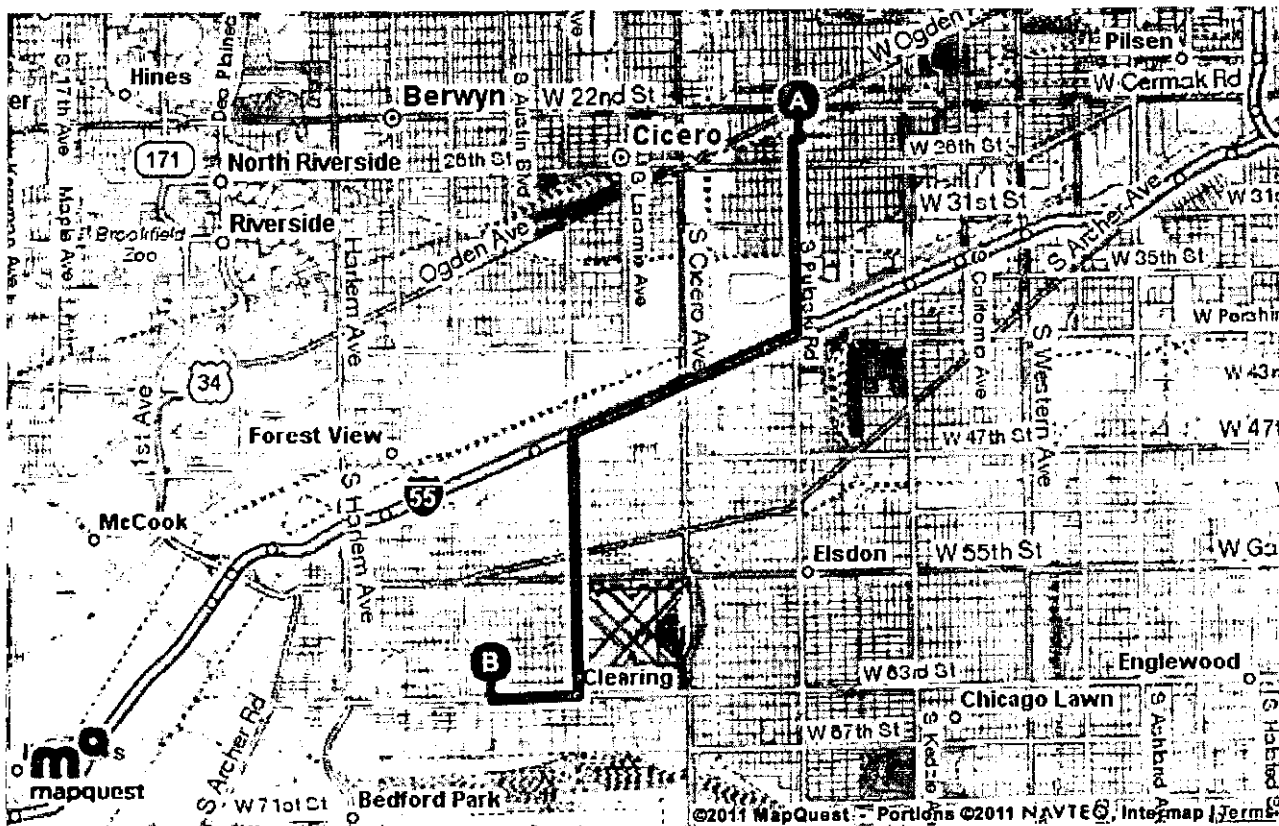
Notes

Trip to:
 6201 W 63rd St
 Chicago, IL 60638-5009
6.98 miles
15 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven	
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi	
↩	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.7 mi	
↑		3. Merge onto I-55 S / Stevenson Expy S.	Go 1.9 Mi	3.6 mi
	4. Take the Central Ave exit, EXIT 285.	Go 0.3 Mi	3.9 mi	
↩	5. Turn left onto S Central Ave. <i>If you reach I-55 S you've gone about 0.4 miles too far</i>	Go 2.3 Mi	6.2 mi	
→	6. Turn right onto W 63rd St. <i>W 63rd St is 0.1 miles past W 62nd St</i> <i>US Post Office is on the right</i> <i>If you reach W 63rd Pl you've gone a little too far</i>	Go 0.8 Mi	7.0 mi	
■	7. 6201 W 63RD ST is on the left. <i>Your destination is just past S Melvina Ave</i> <i>If you reach S Merrimac Ave you've gone a little too far</i>		7.0 mi	
	6201 W 63rd St Chicago, IL 60638-5009	7.0 mi	7.0 mi	

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Total Travel Estimate: **6.98 miles - about 15 minutes**



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Notes

Trip to:
 8315-8331 S Holland Rd
 Chicago, IL 60620-1328
14.32 miles
22 minutes

		Miles Per Section	Miles Driven
	3934 W 24th St Chicago, IL 60623-3371		
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.8 mi
	3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left .	Go 4.2 Mi	6.0 mi
	4. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana .	Go 0.8 Mi	6.7 mi
	5. Keep left to take I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 5.5 Mi	12.2 mi
	6. I-94 Express Ln E / Dan Ryan Express Ln E becomes I-94 E / Dan Ryan Expy E .	Go 1.4 Mi	13.6 mi
	7. Take EXIT 61A toward 83rd St.	Go 0.2 Mi	13.7 mi
	8. Keep right at the fork in the ramp.	Go 0.2 Mi	13.9 mi
	9. Turn slight left onto S Lafayette Ave.	Go 0.08 Mi	14.0 mi
	10. Take the 1st right onto W 83rd St. <i>If you reach W 84th St you've gone about 0.1 miles too far</i>	Go 0.3 Mi	14.3 mi
	11. Turn left onto S Holland Rd. <i>S Holland Rd is just past S Princeton Ave</i> <i>If you reach S Stewart Ave you've gone about 0.1 miles too far</i>	Go 0.01 Mi	14.3 mi

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12. **8315-8331 S HOLLAND RD.**

If you reach W 85th St you've gone about 0.2 miles too far

14.3 mi



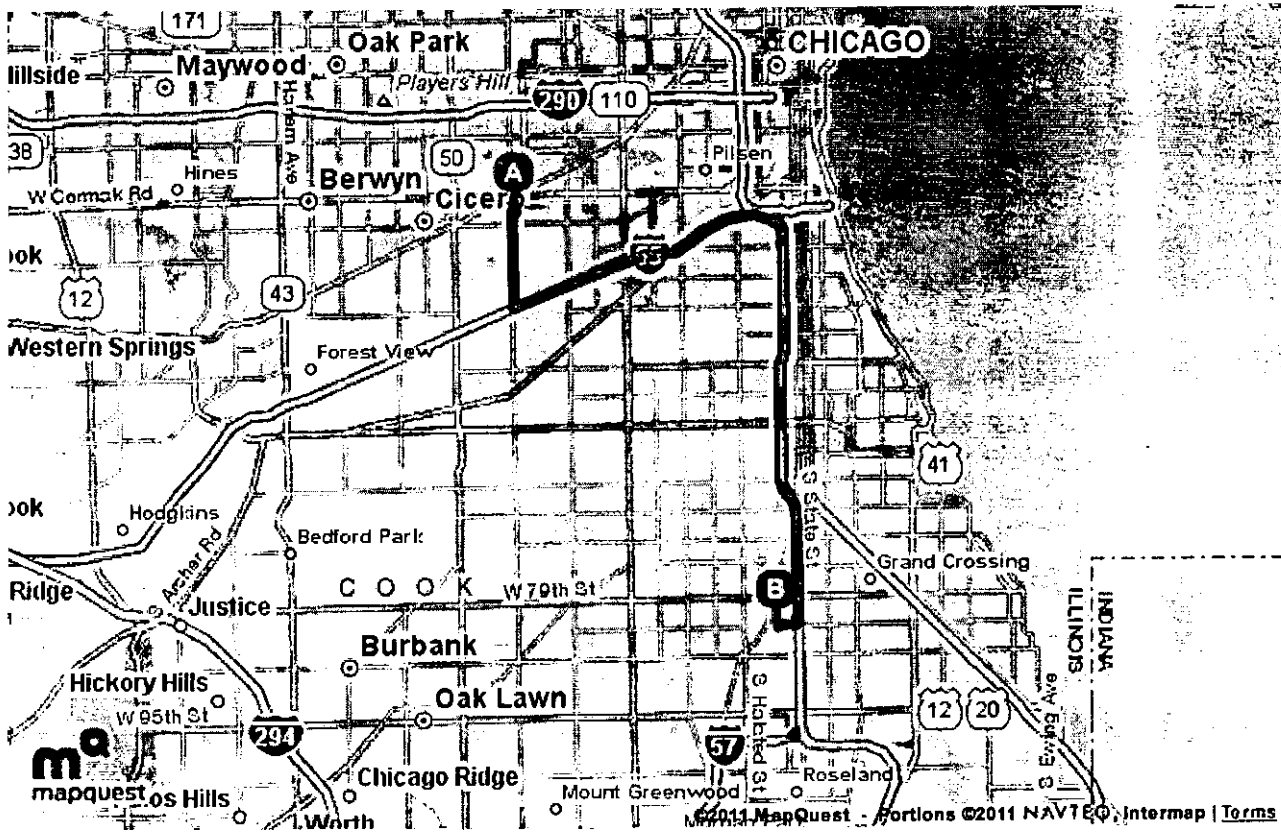
8315-8331 S Holland Rd
Chicago, IL 60620-1328

14.3 mi

14.3 mi

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Total Travel Estimate: **14.32 miles - about 22 minutes**



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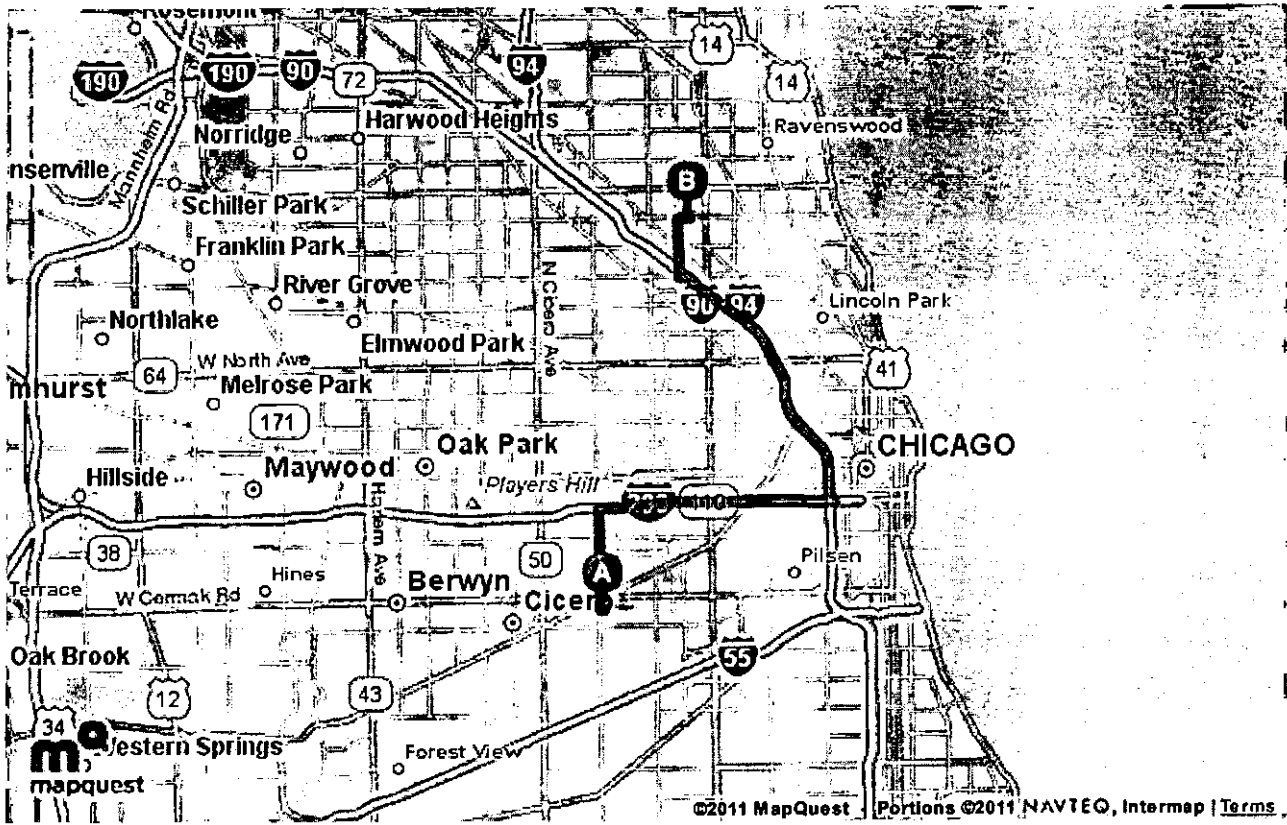
Notes

Trip to:
 2620 W Addison St
 Chicago, IL 60618-5905
12.42 miles
23 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi	1.8 mi
	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi	2.2 mi
	4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left.	Go 3.6 Mi	5.8 mi
	5. Merge onto I-90 W / I-94 W / Kennedy Expy W toward Wisconsin.	Go 5.0 Mi	10.8 mi
	6. Take the Diversey Ave exit, EXIT 46B.	Go 0.3 Mi	11.0 mi
	7. Turn slight left onto W Diversey Ave.	Go 0.2 Mi	11.2 mi
	8. Turn right onto N California Ave. <i>Popeye's Chicken & Biscuits is on the corner</i> <i>If you reach N Mozart St you've gone a little too far</i>	Go 1.0 Mi	12.2 mi
	9. Turn right onto W Addison St. <i>W Addison St is 0.2 miles past W Roscoe St</i> <i>If you reach W Waveland Ave you've gone about 0.1 miles too far</i>	Go 0.2 Mi	12.4 mi
	10. 2620 W ADDISON ST is on the left. <i>Your destination is just past N Talman Ave</i> <i>If you reach N Campbell Ave you've gone about 0.1 miles too far</i>		12.4 mi
	2620 W Addison St Chicago, IL 60618-5905	12.4 mi	12.4 mi

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Total Travel Estimate: **12.42 miles - about 23 minutes**



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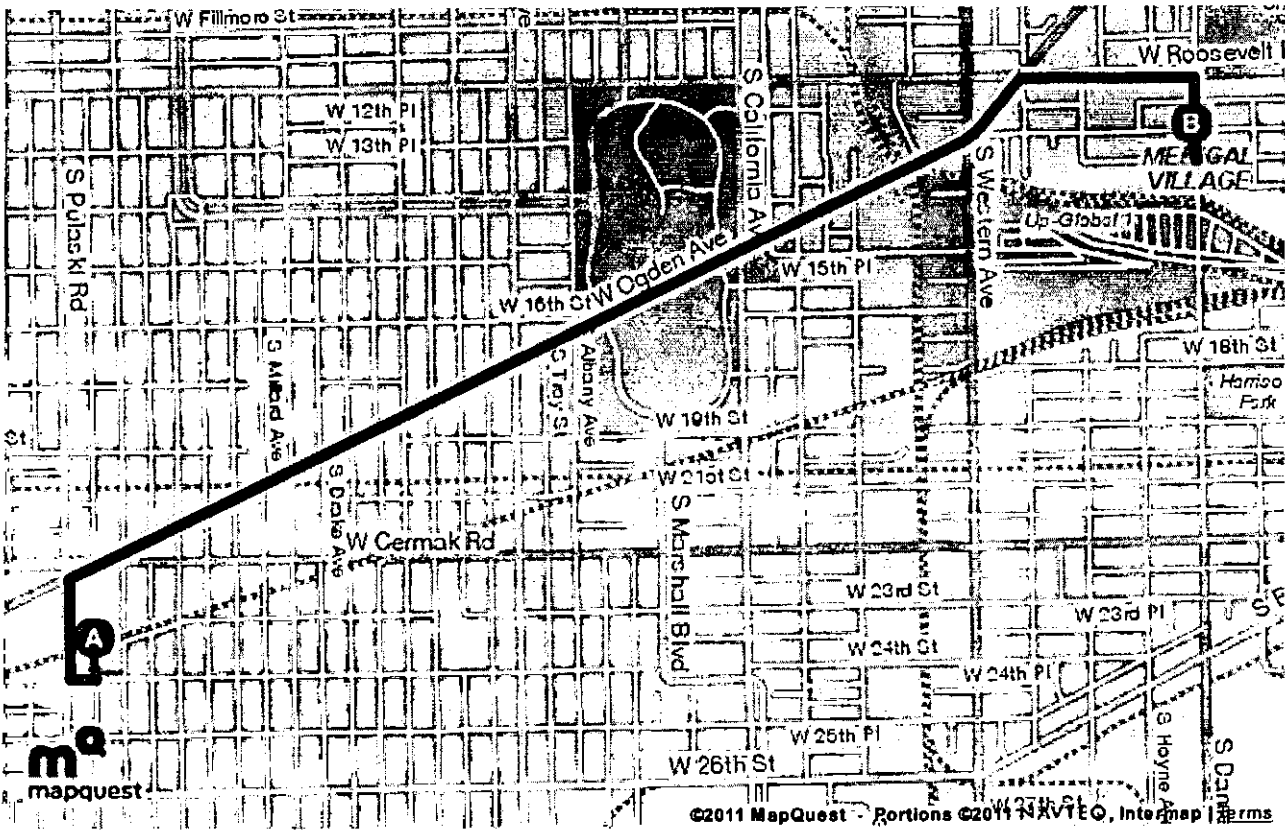
Notes

Trip to:
 1340 S Damen Ave
 Chicago, IL 60608-1169
3.24 miles
9 minutes

A	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
↶	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.2 Mi	0.3 mi
↶	3. Take the 1st right onto W Ogden Ave. <i>If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far</i>	Go 2.4 Mi	2.7 mi
↶	4. Turn right onto W Roosevelt Rd. <i>If you reach W Taylor St you've gone about 0.2 miles too far</i>	Go 0.4 Mi	3.1 mi
↶	5. Take the 2nd right onto S Damen Ave. <i>S Damen Ave is 0.2 miles past S Hamilton Ave</i> <i>If you reach S Wood St you've gone about 0.2 miles too far</i>	Go 0.2 Mi	3.2 mi
■	6. 1340 S DAMEN AVE is on the right. <i>Your destination is just past W 13th St</i> <i>If you reach W 14th St you've gone a little too far</i>		3.2 mi
B	1340 S Damen Ave Chicago, IL 60608-1169	3.2 mi	3.2 mi

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Total Travel Estimate: **3.24 miles - about 9 minutes**



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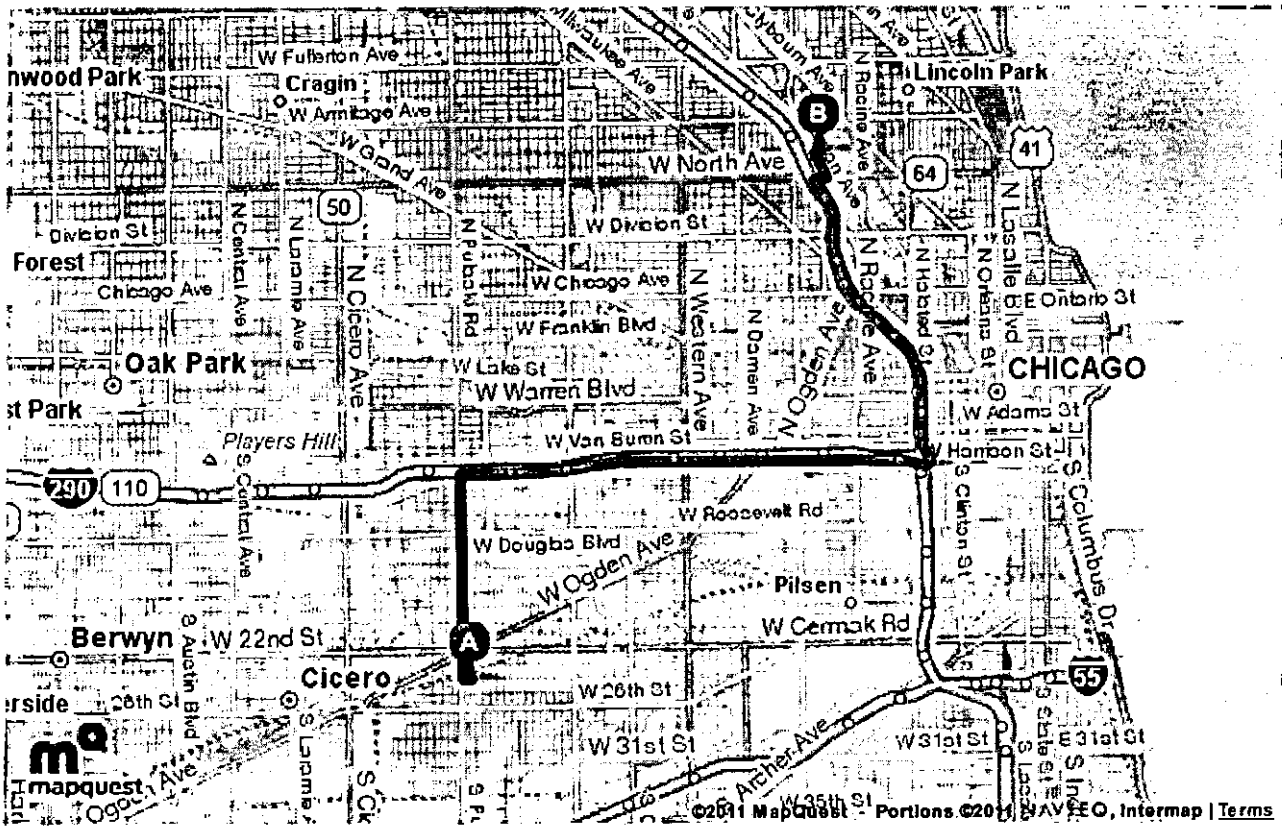
Notes

Trip to:
 1444-1454 W Willow St
 Chicago, IL 60642-1524
9.30 miles
17 minutes

A	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven	
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi	
↗	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Manias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi	1.8 mi	
↗	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi	2.2 mi	
↗		4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left .	Go 3.6 Mi	5.8 mi
↗		5. Merge onto I-90 W / I-94 W / Kennedy Expy W toward Wisconsin .	Go 2.9 Mi	8.7 mi
	6. Take the IL-64 / North Ave exit, EXIT 48B .	Go 0.2 Mi	8.9 mi	
↗		7. Turn right onto IL-64 / W North Ave. <i>If you reach I-90 W you've gone about 0.1 miles too far</i>	Go 0.1 Mi	9.0 mi
↖	8. Take the 2nd left onto N Elston Ave. <i>N Elston Ave is just past N Noble St</i> <i>North & Elston AMOCO is on the left</i> <i>If you reach N Ada St you've gone a little too far</i>	Go 0.2 Mi	9.2 mi	
↗	9. Take the 3rd right onto W Willow St. <i>W Willow St is just past W Wabansia Ave</i> <i>If you reach W Cortland St you've gone about 0.2 miles too far</i>	Go 0.06 Mi	9.3 mi	
■	10. 1444-1454 W WILLOW ST. <i>If you reach W Wabansia Ave you've gone about 0.1 miles too far</i>	Go 0.06 Mi	9.3 mi	
B	1444-1454 W Willow St Chicago, IL 60642-1524	9.3 mi	9.3 mi	

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Total Travel Estimate: 9.30 miles - about 17 minutes



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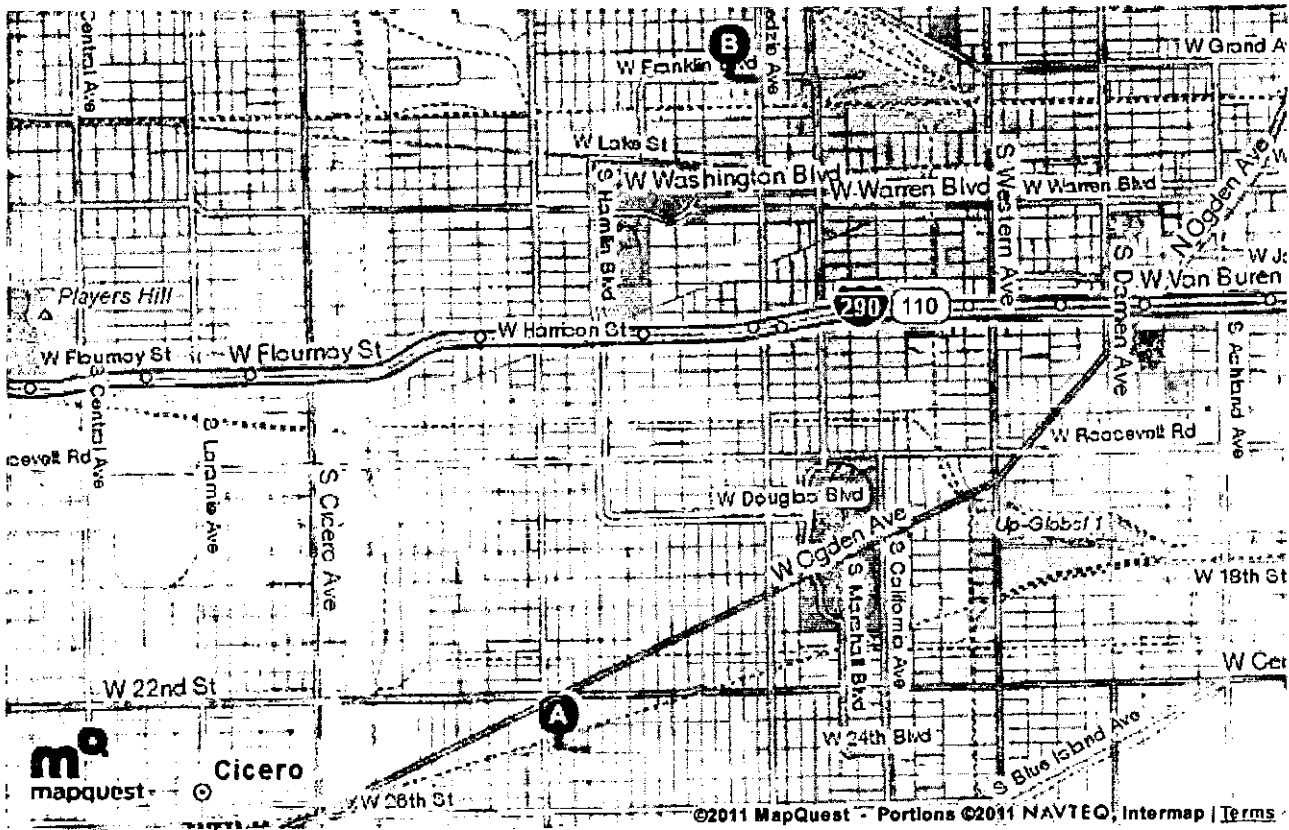
Notes

Trip to:
W Franklin Blvd & N Spaulding Ave
 Chicago, IL 60624
3.73 miles
11 minutes

A	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
↘	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.2 Mi	0.3 mi
↘	3. Take the 1st right onto W Ogden Ave. <i>If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far</i>	Go 1.1 Mi	1.4 mi
↙	4. Turn left onto S Kedzie Ave. <i>S Kedzie Ave is just past S Sawyer Ave</i> <i>Church of the Lord Jesus is on the corner</i> <i>If you reach S Albany Ave you've gone about 0.1 miles too far</i>	Go 2.2 Mi	3.6 mi
↙	5. Turn left onto W Franklin Blvd. <i>Gen Hoe Two Restaurant is on the corner</i> <i>If you reach W Ohio St you've gone about 0.1 miles too far</i>	Go 0.1 Mi	3.7 mi
↘	6. Take the 1st right onto N Spaulding Ave. <i>If you reach N Homan Ave you've gone about 0.1 miles too far</i>	Go 0.01 Mi	3.7 mi
■	7. W FRANKLIN BLVD & N SPAULDING AVE. <i>If you reach W Ohio St you've gone about 0.1 miles too far</i>		3.7 mi
B	W Franklin Blvd & N Spaulding Ave Chicago, IL 60624	3.7 mi	3.7 mi

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Total Travel Estimate: **3.73 miles - about 11 minutes**



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Notes

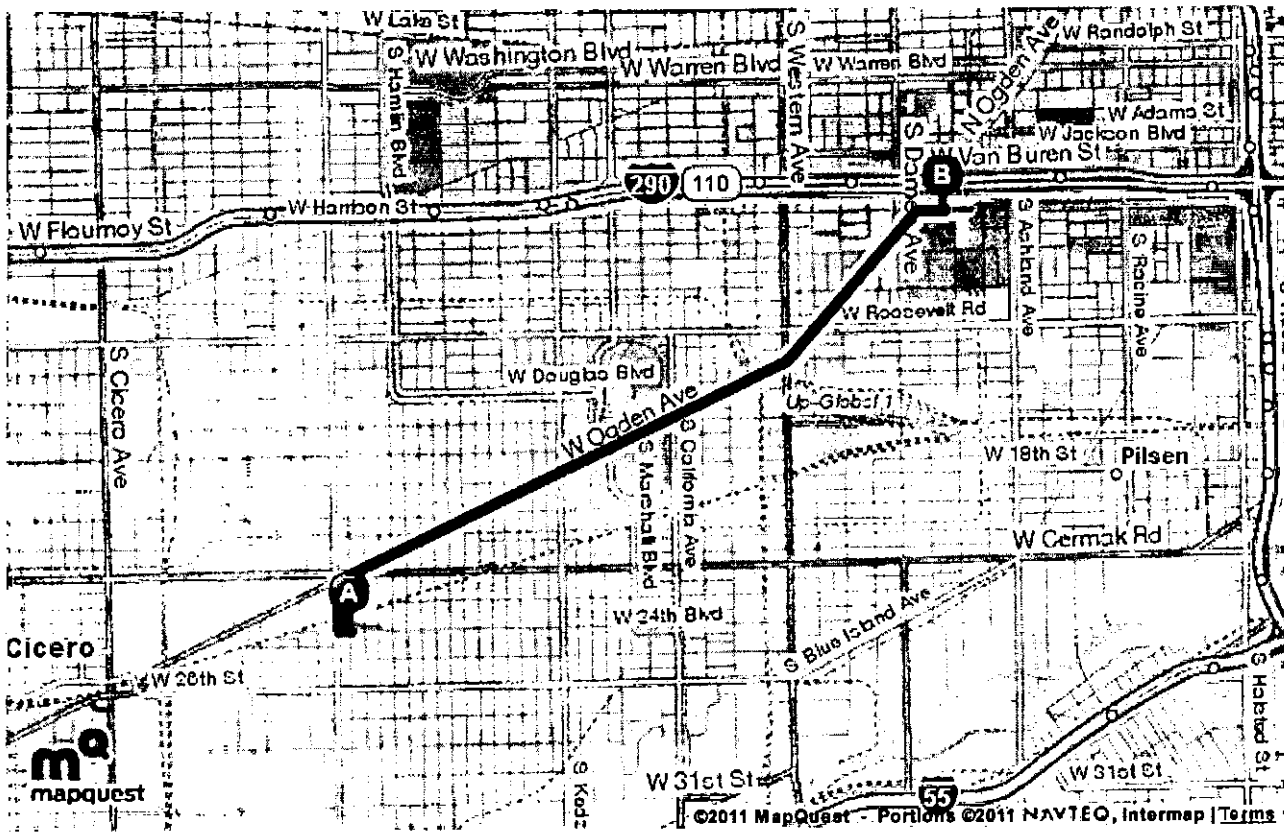
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Trip to:
 1835 W Harrison St
 Chicago, IL 60612-3771
3.48 miles
9 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.2 Mi	0.3 mi
	3. Take the 1st right onto W Ogden Ave. <i>If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far</i>	Go 3.1 Mi	3.4 mi
	4. Turn slight right onto W Harrison St. <i>W Harrison St is just past S Winchester Ave</i> <i>If you are on W Ogden Ave and reach S Wolcott Ave you've gone a little too far</i>	Go 0.1 Mi	3.5 mi
	5. 1835 W HARRISON ST is on the right. <i>Your destination is just past S Wolcott Ave</i> <i>If you reach S Wood St you've gone a little too far</i>		3.5 mi
	1835 W Harrison St Chicago, IL 60612-3771	3.5 mi	3.5 mi

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Total Travel Estimate: **3.48 miles - about 9 minutes**





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Notes

Trip to:
 2400 Wolf Rd Ste 101
 Westchester, IL 60154-5625
13.06 miles
24 minutes

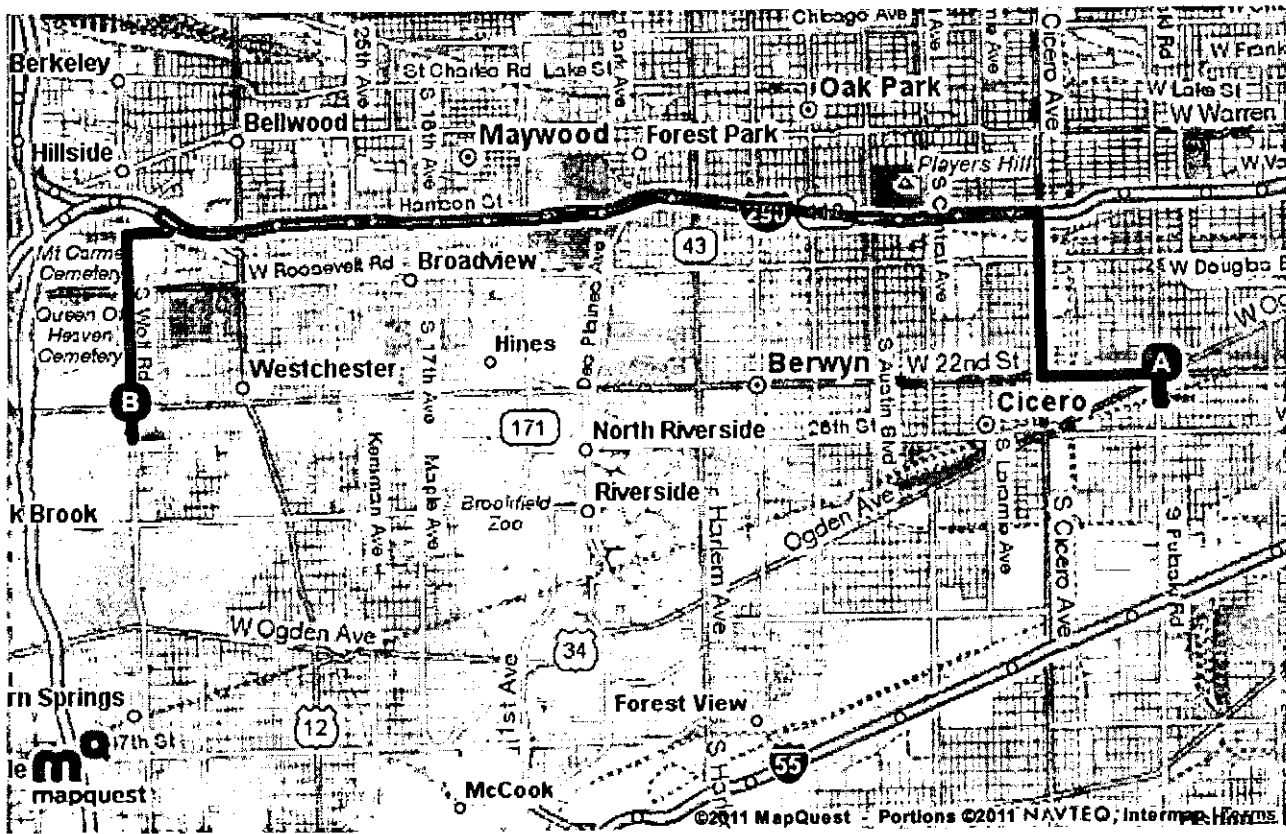
	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.3 Mi	0.3 mi
	3. Take the 2nd left onto W Cermak Rd / W 22nd St. <i>W Cermak Rd is just past W Ogden Ave</i> <i>If you reach W 21st Pl you've gone a little too far</i>	Go 1.0 Mi	1.3 mi
	4. Turn right onto S Cicero Ave / IL-50.  <i>S Cicero Ave is just past S 47th Ct</i> <i>Walgreens is on the corner</i> <i>If you reach S 49th Ave you've gone about 0.1 miles too far</i>	Go 1.4 Mi	2.8 mi
	5. Turn left onto W Floumoy St. <i>W Floumoy St is just past W Lexington St</i> <i>If you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i>	Go 0.04 Mi	2.8 mi
	6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left . 	Go 7.6 Mi	10.4 mi
	7. Take EXIT 16 toward Wolf Rd.	Go 0.2 Mi	10.6 mi
	8. Stay straight to go onto Frontage Rd.	Go 0.08 Mi	10.7 mi
	9. Take the 1st left to stay on Frontage Rd. <i>If you reach N Jackson Blvd you've gone about 0.2 miles too far</i>	Go 0.06 Mi	10.7 mi
	10. Turn left onto S Frontage Rd.	Go 0.2 Mi	10.9 mi
	11. Turn right onto Harrison St. <i>300 Grill is on the corner</i>	Go 0.4 Mi	11.3 mi

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	12. Take the 1st left onto S Wolf Rd. <i>Hillside School is on the corner</i> <i>If you reach N Elm St you've gone about 0.1 miles too far</i>	Go 1.8 Mi	13.1 mi
	13. 2400 WOLF RD STE 101 is on the right. <i>Your destination is 0.1 miles past Westbrook Corporate Ctr</i> <i>If you reach Summerdale St you've gone a little too far</i>		13.1 mi
	2400 Wolf Rd Ste 101 Westchester, IL 60154-5625	13.1 mi	13.1 mi

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Total Travel Estimate: **13.06 miles - about 24 minutes**



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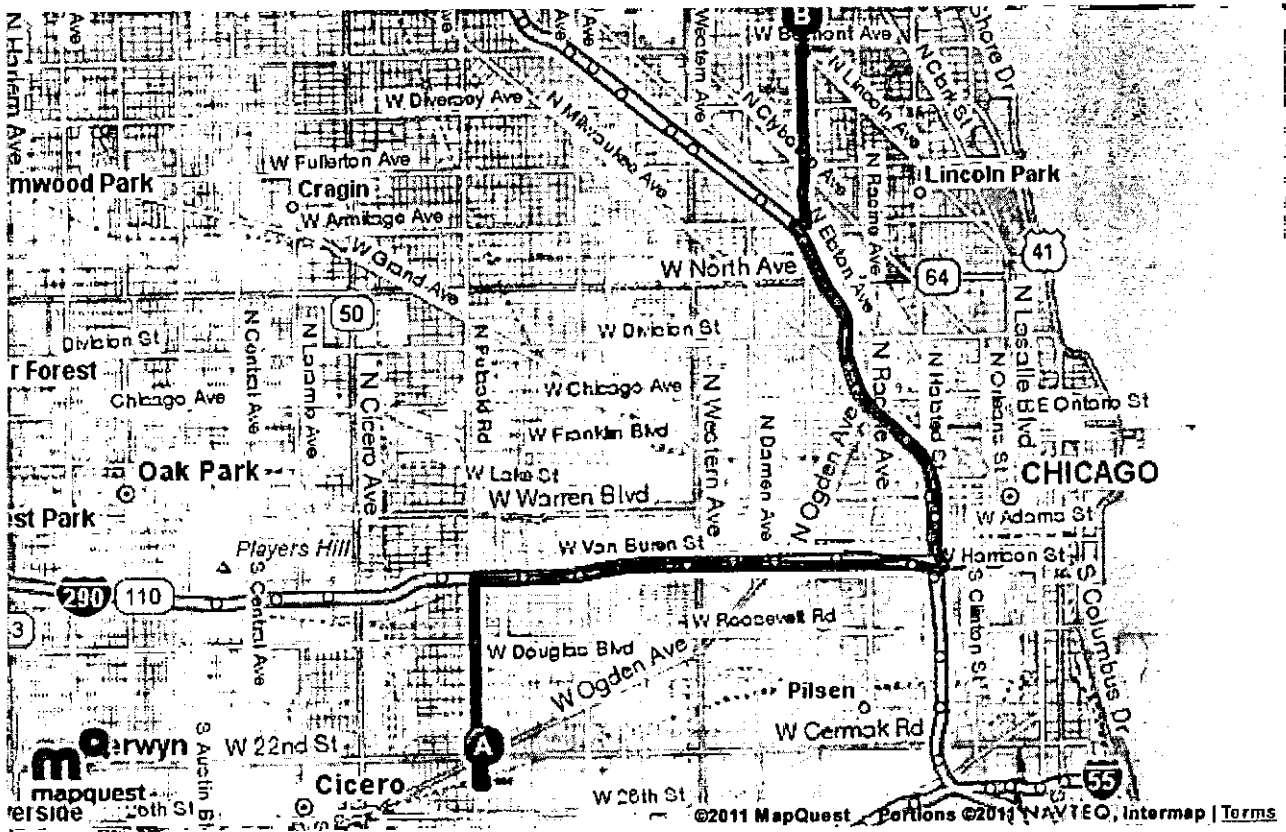
Notes

Trip to:
 3155 N Lincoln Ave # 57
 Chicago, IL 60657-3111
11.08 miles
21 minutes

A	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section	Miles Driven	
●	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi	
➤	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi	1.8 mi	
➤	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi	2.2 mi	
➤		4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left.	Go 3.6 Mi	5.8 mi
➤		5. Merge onto I-90 W / I-94 W / Kennedy Expy W toward Wisconsin.	Go 3.5 Mi	9.3 mi
	6. Take the Armitage Ave exit, EXIT 48A.	Go 0.2 Mi	9.4 mi	
➤	7. Turn sharp right onto W Armitage Ave. <i>If you reach I-90 W you've gone about 0.1 miles too far</i>	Go 0.09 Mi	9.5 mi	
➤	8. Take the 2nd left onto N Ashland Ave. <i>N Ashland Ave is just past N Holly Ave</i> <i>If you are on W Armitage Ave and reach N Elston Ave you've gone a little too far</i>	Go 1.5 Mi	11.0 mi	
➤	9. Turn sharp right onto N Lincoln Ave. <i>N Lincoln Ave is 0.1 miles past W Barry Ave</i> <i>Beckett's Public House is on the corner</i> <i>If you reach W Melrose St you've gone a little too far</i>	Go 0.04 Mi	11.1 mi	
■	10. 3155 N LINCOLN AVE # 57 is on the left. <i>If you reach N Greenvew Ave you've gone about 0.1 miles too far</i>		11.1 mi	
B	3155 N Lincoln Ave # 57 Chicago, IL 60657-3111	11.1 mi	11.1 mi	

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Total Travel Estimate: 11.08 miles - about 21 minutes



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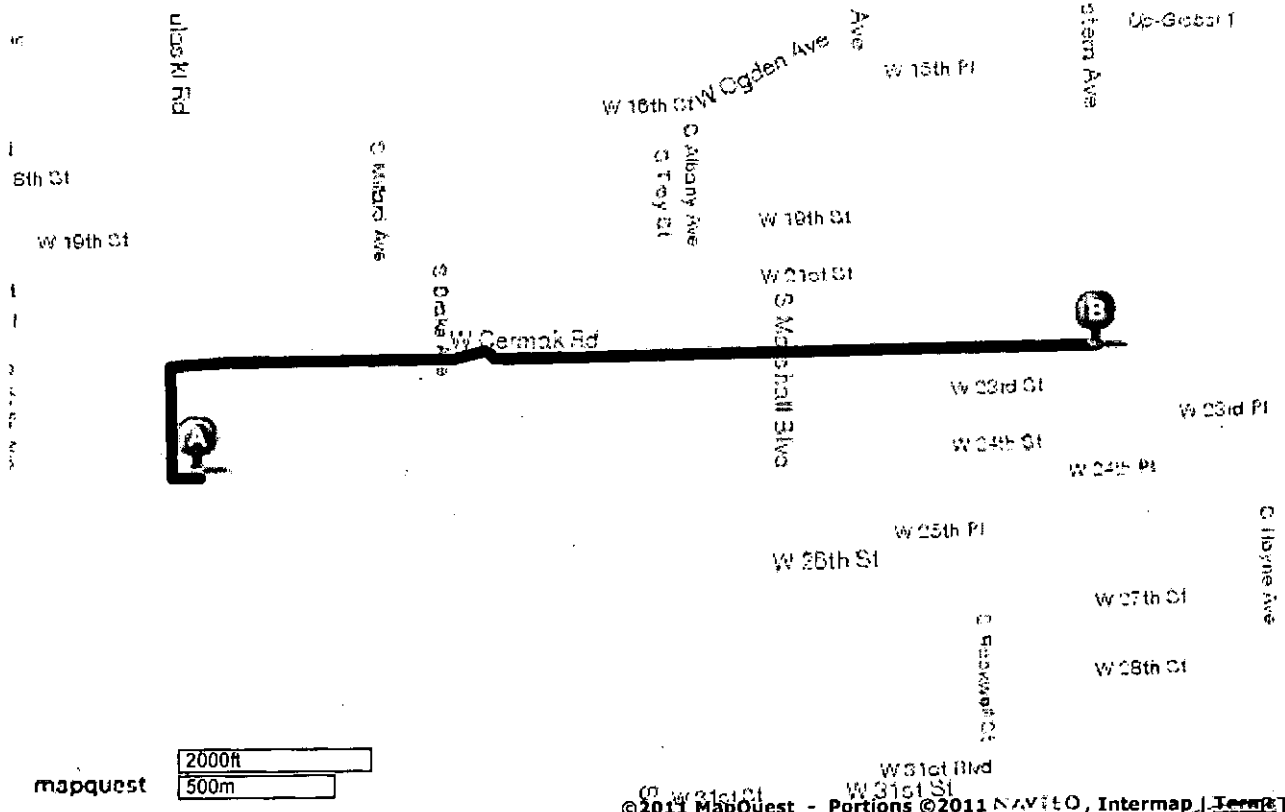
187

Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
2.38 miles
7 minutes

- |  | 3934 W 24th St
Chicago, IL 60623-3371 | Miles Per
Section |
|---|--|----------------------|
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st right onto S Pulaski Rd.
<i>Las Islas Manas is on the corner
if you reach S Karlov Ave you've gone a little too far</i> | Go 0.2 Mi |
|  | 3. Take the 2nd right onto W Cermak Rd / W 22nd St.
<i>W Cermak Rd is just past W Ogden Ave
if you reach W 21st St you've gone a little too far</i> | Go 0.7 Mi |
|  | 4. Stay straight to go onto S Trumbull Ave. | Go 0.02 Mi |
|  | 5. Turn slight left onto W Cermak Rd / W 22nd St. Continue to follow W Cermak Rd. | Go 1.3 Mi |
|  | 6. 2335 W CERMAK RD is on the right.
<i>Your destination is just past S Western Ave
if you reach S Oakley Ave you've gone a little too far</i> | |
|  | 2335 W Cermak Rd
Chicago, IL 60608-3811 | 2.4 mi |

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Total Travel Estimate: 2.38 miles - about 7 minutes



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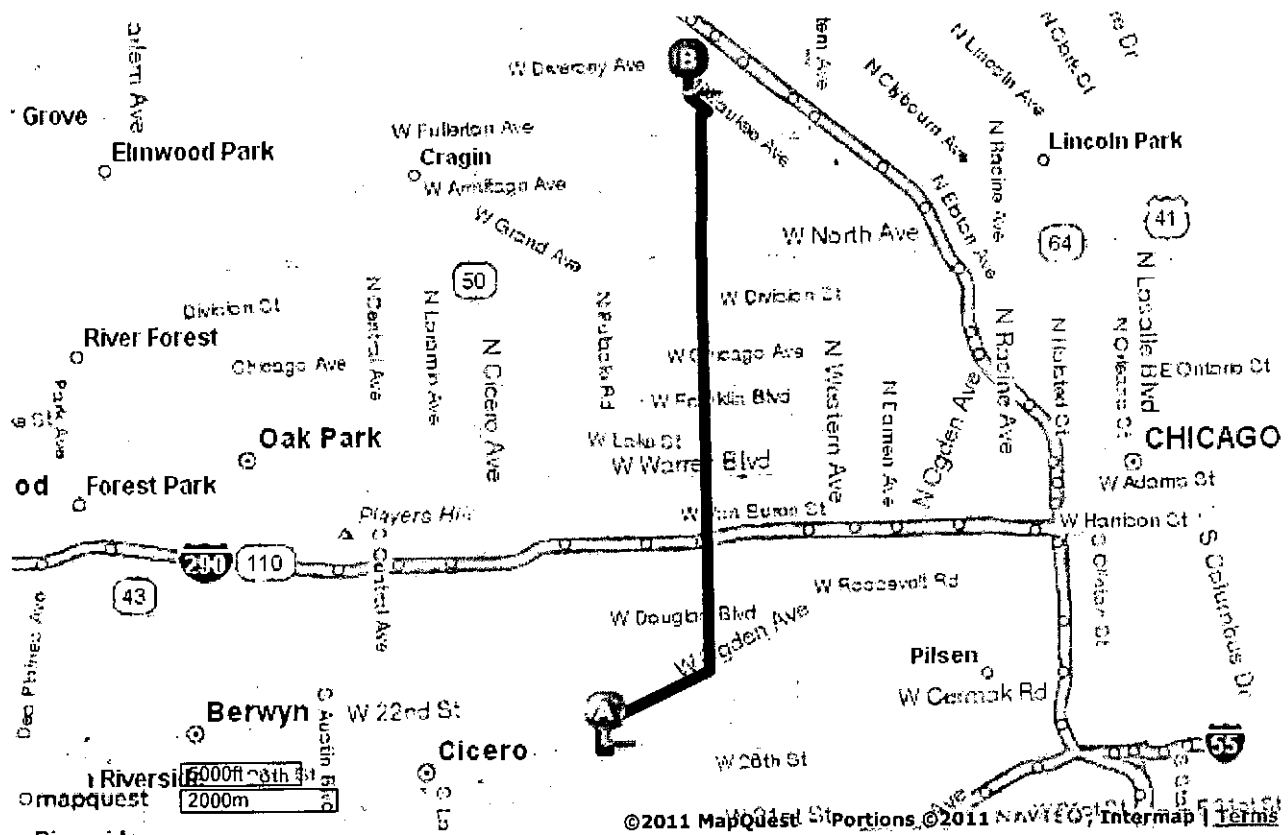
189

Trip to:
2659 N Milwaukee Ave
Chicago, IL 60647-1643
6.50 miles
19 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.2 Mi
	3. Take the 1st right onto W Ogden Ave. <i>If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far</i>	Go 1.1 Mi
	4. Turn left onto S Kedzie Ave. <i>S Kedzie Ave is just past S Sawyer Ave</i> <i>Church of the Lord Jesus is on the corner</i> <i>If you reach S Albany Ave you've gone about 0.1 miles too far</i>	Go 4.9 Mi
	5. Turn slight right onto W Logan Blvd. <i>W Logan Blvd is just past N Linden Pl</i>	Go 0.06 Mi
	6. Turn left onto N Milwaukee Ave. <i>Dunlays on the Squire is on the right</i> <i>If you reach N Albany Ave you've gone a little too far</i>	Go 0.2 Mi
	7. 2659 N MILWAUKEE AVE is on the right. <i>Your destination is just past N Kedzie Ave</i> <i>If you reach N Sawyer Ave you've gone a little too far</i>	
	2659 N Milwaukee Ave Chicago, IL 60647-1643	6.5 mi

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Total Travel Estimate: 6.50 miles - about 19 minutes



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191

Trip to:
1201 W Roosevelt Rd
Maywood, IL 60153-4046
8.57 miles
17 minutes

- | | | Miles Per Section |
|---|---|-------------------|
|  | 3934 W 24th St
Chicago, IL 60623-3371 | |
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st right onto S Pulaski Rd.
<i>Las Islas Martas is on the corner</i>
<i>If you reach S Karlov Ave you've gone a little too far</i> | Go 0.3 Mi |
|  | 3. Take the 2nd left onto W Cermak Rd / W 22nd St.
<i>W Cermak Rd is just past W Ogden Ave</i>
<i>If you reach W 21st Pl you've gone a little too far</i> | Go 1.0 Mi |
|  |  4. Turn right onto S Cicero Ave / IL-50.
<i>S Cicero Ave is just past S 47th Ct</i>
<i>Walgreens is on the corner</i>
<i>If you reach S 49th Ave you've gone about 0.1 miles too far</i> | Go 1.4 Mi |
|  | 5. Turn left onto W Floumoy St.
<i>W Floumoy St is just past W Lexington St</i>
<i>If you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i> | Go 0.04 Mi |
|  |  6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left. | Go 4.4 Mi |
|  | 7. Take the IL-171 / 1st Ave exit, EXIT 20. | Go 0.1 Mi |
|  | 8. Stay straight to go onto Harrison St. | Go 0.07 Mi |
|  |  9. Take the 1st left onto IL-171 / S 1st Ave.
<i>KFC is on the corner</i>
<i>If you reach S 2nd Ave you've gone a little too far</i> | Go 0.5 Mi |
|  | 10. Turn right onto W Roosevelt Rd.
<i>W Roosevelt Rd is 0.1 miles past Fillmore St</i>
<i>Burger King is on the right</i>
<i>If you are on S 1st Ave and reach 13th St you've gone about 0.1 miles too far</i> | Go 0.7 Mi |
| | 11. 1201 W ROOSEVELT RD is on the right. | |

192



*Your destination is just past S 11th Ave
if you reach S 13th Ave you've gone a little too far*

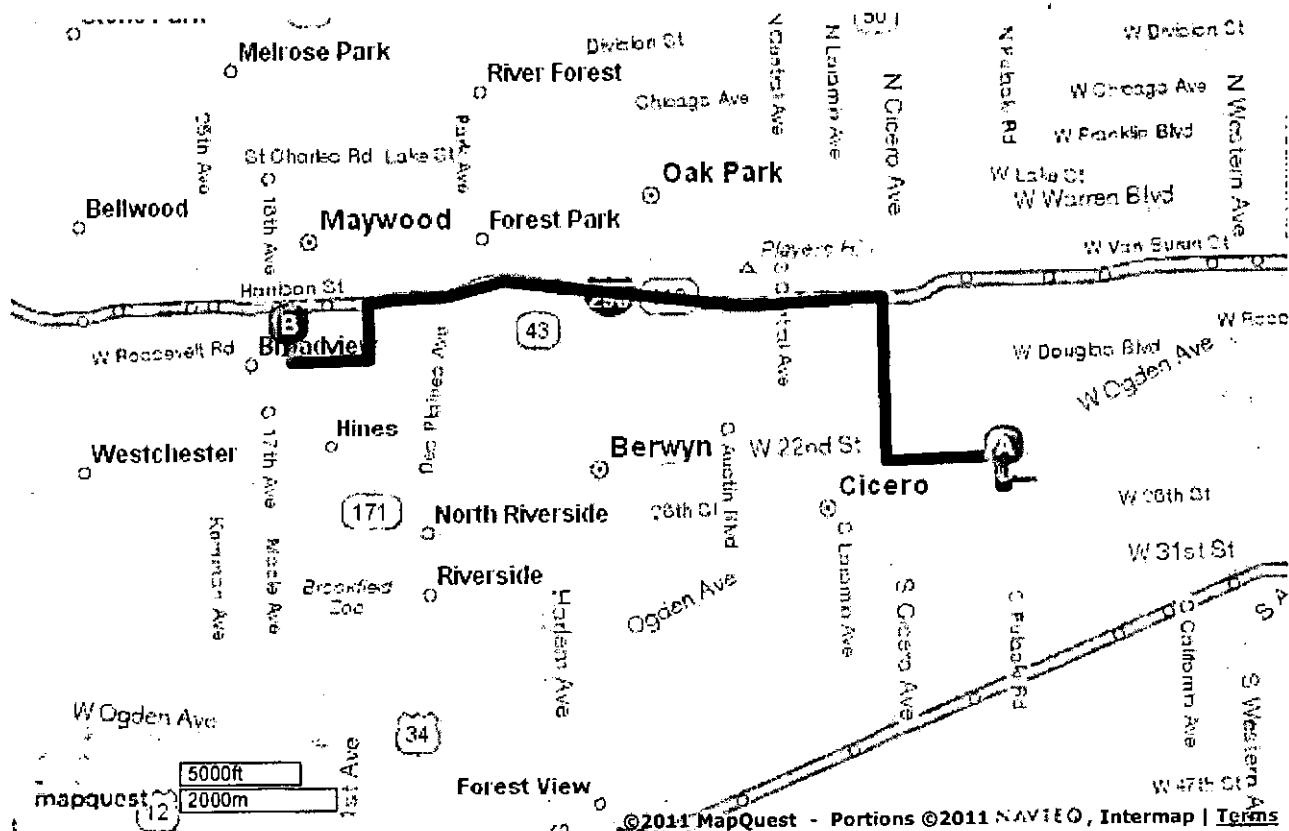


**1201 W Roosevelt Rd
Maywood, IL 60153-4046**

8.6 mi

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Total Travel Estimate: 8.57 miles - about 17 minutes



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194

Trip to:
610 S Maple Ave
Oak Park, IL 60304-1091
6.22 miles
13 minutes

		Miles Per Section
	3934 W 24th St Chicago, IL 60623-3371	
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marianas is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.3 Mi
	3. Take the 2nd left onto W Cermak Rd / W 22nd St. <i>W Cermak Rd is just past W Ogden Ave</i> <i>if you reach W 21st Pl you've gone a little too far</i>	Go 1.0 Mi
	 4. Turn right onto S Cicero Ave / IL-50. <i>S Cicero Ave is just past S 47th Ct</i> <i>Walgreens is on the corner</i> <i>If you reach S 49th Ave you've gone about 0.1 miles too far</i>	Go 1.4 Mi
	5. Turn left onto W Floumoy St. <i>W Floumoy St is just past W Lexington St</i> <i>If you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i>	Go 0.04 Mi
	 6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.	Go 2.8 Mi
	7. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left.	Go 0.3 Mi
	 8. Turn right onto IL-43 / Harlem Ave / S Harlem Ave.	Go 0.3 Mi
	9. Take the 2nd right onto Monroe St. <i>Monroe St is just past Adams St</i> <i>If you reach Madison St you've gone about 0.1 miles too far</i>	Go 0.05 Mi
	10. Turn right onto S Maple Ave.	Go 0.01 Mi
	11. 610 S MAPLE AVE is on the left. <i>If you reach Adams St you've gone a little too far</i>	

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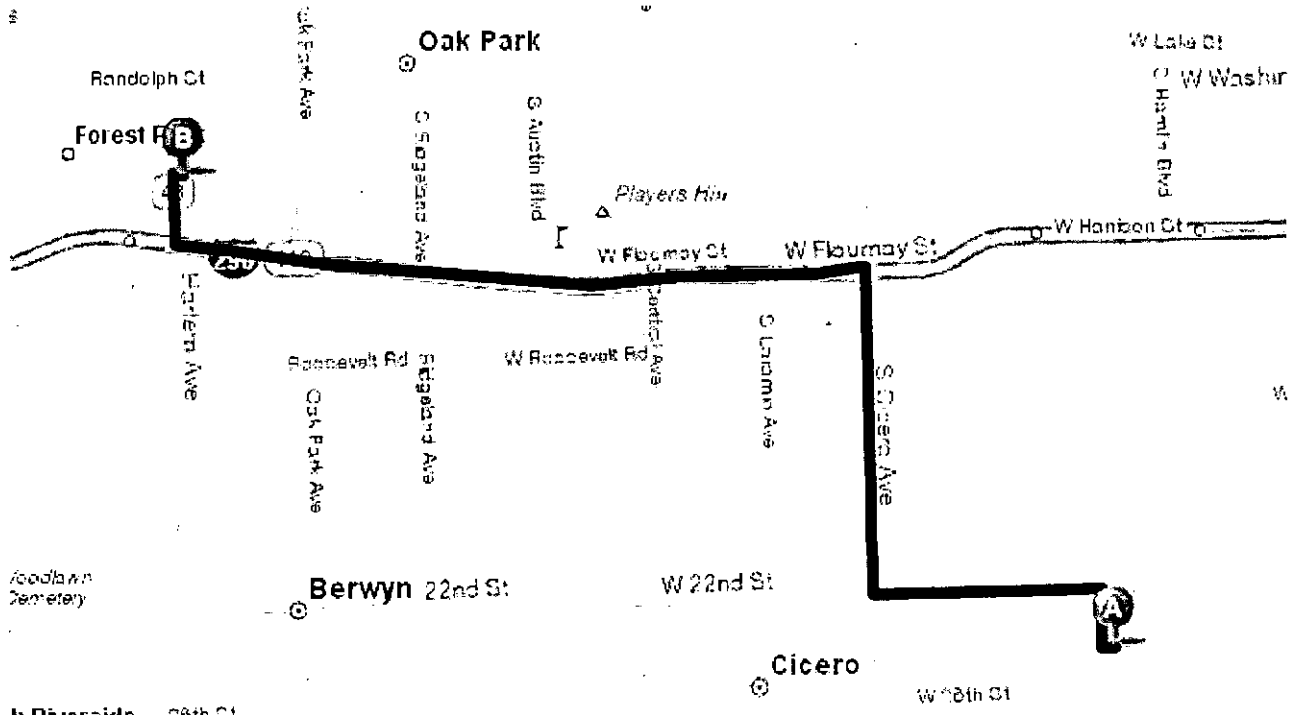


610 S Maple Ave
Oak Park, IL 60304-1091

6.2 mi

194e

Total Travel Estimate: 6.22 miles - about 13 minutes


















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197

Trip to:
6333 S Green St
Chicago, IL 60621-1943
12.18 miles
20 minutes

- | | | Miles Per Section |
|--|--|-------------------|
|  | 3934 W 24th St
Chicago, IL 60623-3371 | |
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st left onto S Pulaski Rd.
<i>Las Islas Manas is on the corner</i>
<i>if you reach S Karlov Ave you've gone a little too far</i> | Go 1.7 Mi |
| 
 | 3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. | Go 4.2 Mi |
| 
 | 4. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana. | Go 0.8 Mi |
|  | 5. Keep left to take I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd. | Go 3.9 Mi |
| 
 | 6. Merge onto I-90 E / I-94 E / Dan Ryan Expy E toward Skyway / Indiana Toll Rd. | Go 0.5 Mi |
|  | 7. Take EXIT 58B toward 63rd St. | Go 0.2 Mi |
|  | 8. Turn slight left onto S Yale Ave. | Go 0.05 Mi |
|  | 9. Take the 2nd right onto W 63rd St.
<i>W 63rd St is just past W 62nd St</i>
<i>if you reach S Wells St you've gone a little too far</i> | Go 0.7 Mi |
|  | 10. Turn left onto S Green St.
<i>S Green St is just past S Halsted St</i>
<i>US Bank is on the left</i>
<i>if you reach S Peoria Dr you've gone a little too far</i> | Go 0.06 Mi |
|  | 11. 6333 S GREEN ST is on the left.
<i>if you are on S Peoria Dr and reach S Halsted St you've gone about 0.4 miles too far</i> | |

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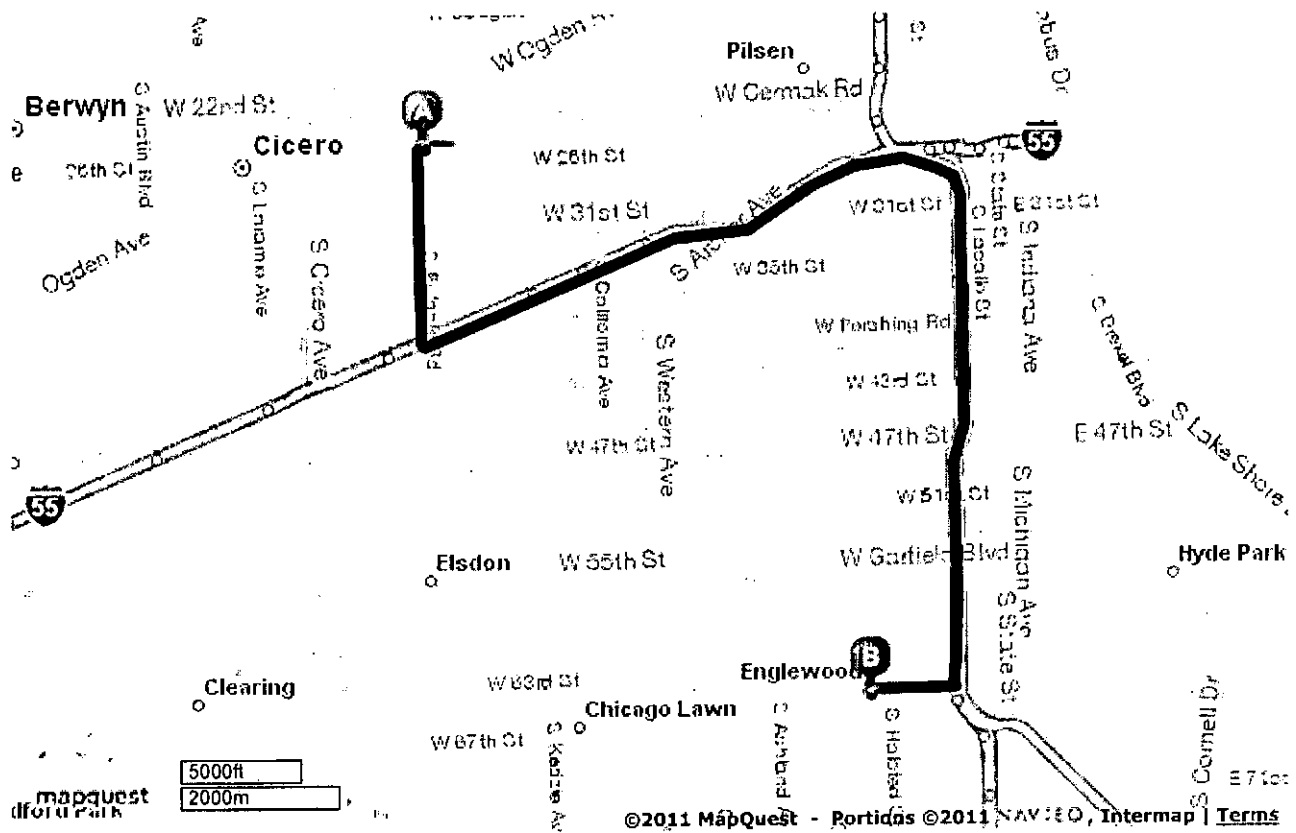


6333 S Green St
Chicago, IL 60621-1943

12.2 mi

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Total Travel Estimate: 12.18 miles - about 20 minutes



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200

Trip to:
Mt Sinai Medical Center
15th & California St # L614
Chicago, IL 60608
(773) 257-6745
2.02 miles
5 minutes

- |  | 3934 W 24th St
Chicago, IL 60623-3371 | Miles Per Section |
|---|---|--------------------------|
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st right onto S Pulaski Rd.
<i>Las Islas Maras is on the corner</i>
<i>If you reach S Karlov Ave you've gone a little too far</i> | Go 0.2 Mi |
|  | 3. Take the 1st right onto W Ogden Ave.
<i>If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far</i> | Go 1.7 Mi |
|  | 4. Turn right onto S California Ave.
<i>S California Ave is 0.3 miles past S Sacramento Dr</i>
<i>If you reach S Fairfield Ave you've gone a little too far</i> | Go 0.08 Mi |
|  | 5. 15TH & CALIFORNIA ST # L614.
<i>Your destination is just past W Ogden Ave</i>
<i>If you reach W 15th Pl you've gone a little too far</i> | |
|  | Mt Sinai Medical Center
15th & California St # L614, Chicago, IL 60608
(773) 257-6745 | 2.0 mi |

201

Trip to:
825 W 35th St
Chicago, IL 60609-1511
6.37 miles
14 minutes

- | | | Miles Per Section |
|---|---|-------------------|
|  | 3934 W 24th St
Chicago, IL 60623-3371 | |
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st left onto S Pulaski Rd.
<i>Las Islas Maras is on the corner</i>
<i>If you reach S Karlov Ave you've gone a little too far</i> | Go 1.7 Mi |
|   | 3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left. | Go 2.2 Mi |
|  | 4. Take the Damen Ave exit, EXIT 290, toward Ashland Ave. | Go 0.2 Mi |
|  | 5. Keep left to take the Damen Ave ramp. | Go 0.2 Mi |
|  | 6. Keep right at the fork to go on S Damen Ave. | Go 0.5 Mi |
|  | 7. Turn left onto W 35th St.
<i>W 35th St is just past W 34th Pl</i>
<i>Papa Freddy's Pizza is on the corner</i>
<i>If you reach W 36th St you've gone about 0.1 miles too far</i> | Go 1.5 Mi |
|  | 8. 825 W 35TH ST is on the right.
<i>If you reach S Halsted St you've gone a little too far</i> | |
|  | 825 W 35th St
Chicago, IL 60609-1511 | 6.4 mi |

203

Trip to:
2534 W 69th St
Chicago, IL 60629
7.43 miles
20 minutes



3934 W 24th St
Chicago, IL 60623-3371

Miles Per Section



1. Start out going west on **W 24th St** toward **S Pulaski Rd.** Go 0.06 Mi



2. Take the 1st left onto **S Pulaski Rd.** Go 5.3 Mi

*Las Islas Martinis is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. Turn left onto **W Marquette Rd / W 67th St.** Go 1.6 Mi

*W Marquette Rd is just past W 66th Pl
On the Go AMOCO is on the corner
If you reach W 67th Pl you've gone a little too far*



4. Turn right onto **S Washtenaw Ave.** Go 0.3 Mi

*S Washtenaw Ave is just past S Fairhold Ave
If you reach S Talman Ave you've gone a little too far*



5. Take the 2nd left onto **W 69th St / W Lithuanian Plaza Ct.** Go 0.2 Mi

*W 69th St is 0.1 miles past W 68th St
Godley's Home Day Care is on the corner
If you reach W 70th St you've gone about 0.1 miles too far*



6. **2534 W 69TH ST** is on the left.

*Your destination is just past S Rockwell St
If you reach S Maplewood Ave you've gone a little too far*

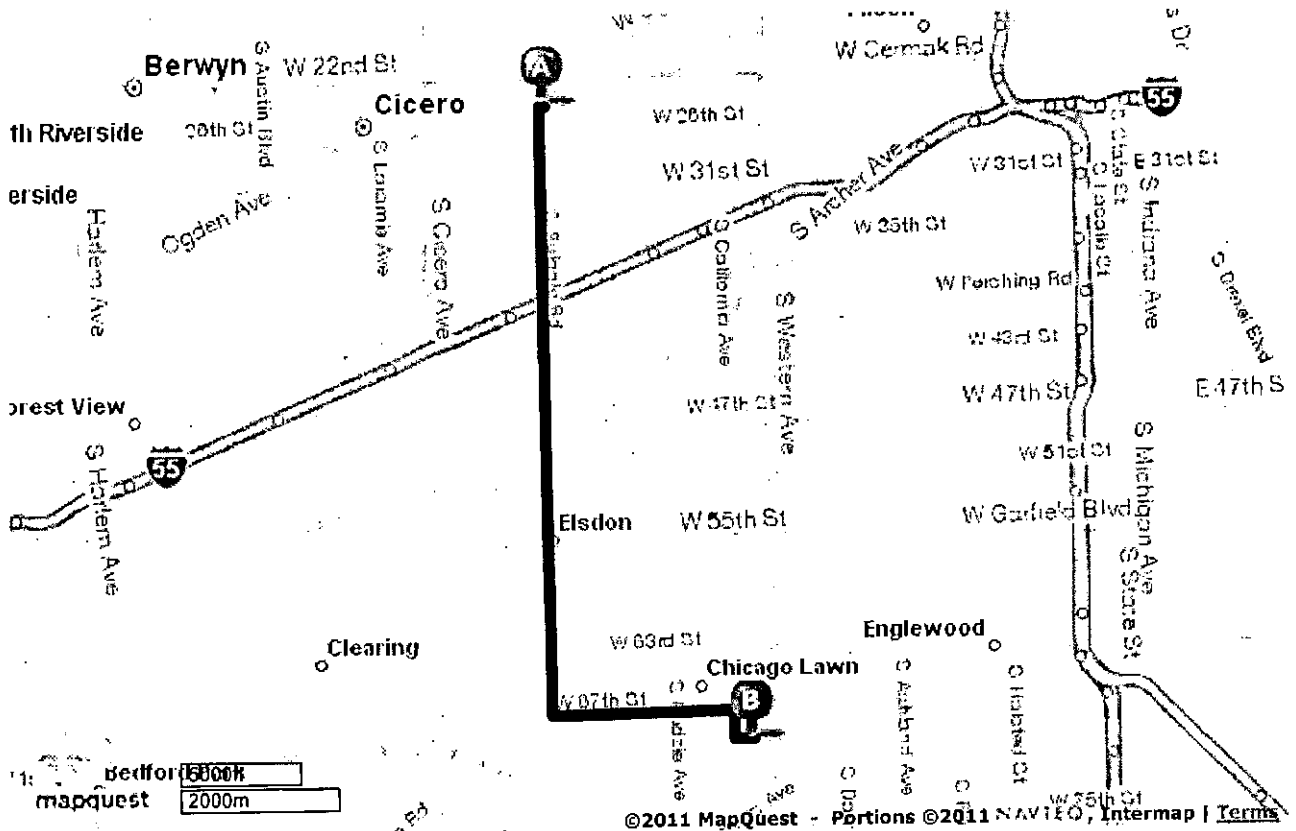


2534 W 69th St
Chicago, IL 60629

7.4 mi

205

Total Travel Estimate: 7.43 miles - about 20 minutes



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201e

Trip to:
1111 Superior St
Melrose Park, IL 60160-4138
9.31 miles
19 minutes



3934 W 24th St
Chicago, IL 60623-3371

Miles Per
Section



1. Start out going west on W 24th St toward S Pulaski Rd.

Go 0.06 Mi



2. Take the 1st right onto S Pulaski Rd.

Go 0.3 Mi

*Las Islas Marras is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. Take the 2nd left onto W Cermak Rd / W 22nd St.

Go 1.0 Mi

*W Cermak Rd is just past W Ogden Ave
If you reach W 21st Pl you've gone a little too far*



4. Turn right onto S Cicero Ave / IL-50.

Go 1.4 Mi

*S Cicero Ave is just past S 47th Ct
Walgreens is on the corner
If you reach S 49th Ave you've gone about 0.1 miles too far*



5. Turn left onto W Flournoy St.

Go 0.04 Mi

*W Flournoy St is just past W Lexington St
If you are on S Cicero Ave and reach W Harrison St you've gone a little too far*



6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.

Go 4.4 Mi



7. Take the IL-171 / 1st Ave exit, EXIT 20.

Go 0.1 Mi



8. Stay straight to go onto Harrison St.

Go 0.07 Mi



9. Take the 1st right onto S 1st Ave / IL-171.

Go 1.2 Mi

*KFC is on the corner
If you reach S 2nd Ave you've gone a little too far*



10. Turn left onto Lake St.

Go 0.7 Mi

*Lake St is just past Main St
Walgreens is on the left
If you reach Ohio St you've gone a little too far*

11. Turn right onto N 11th Ave.

207



*N 11th Ave is just past N 10th Ave
If you reach N 12th Ave you've gone a little too far*

Go 0.08 Mi



12. Take the 1st left onto Superior St.

*Medical Arts Pharmacy in Westlake Hospital Pro Bldg is on the left
If you reach Chicago Ave you've gone a little too far*

Go 0.01 Mi



13. 1111 SUPERIOR ST is on the left.

If you reach N 12th Ave you've gone a little too far

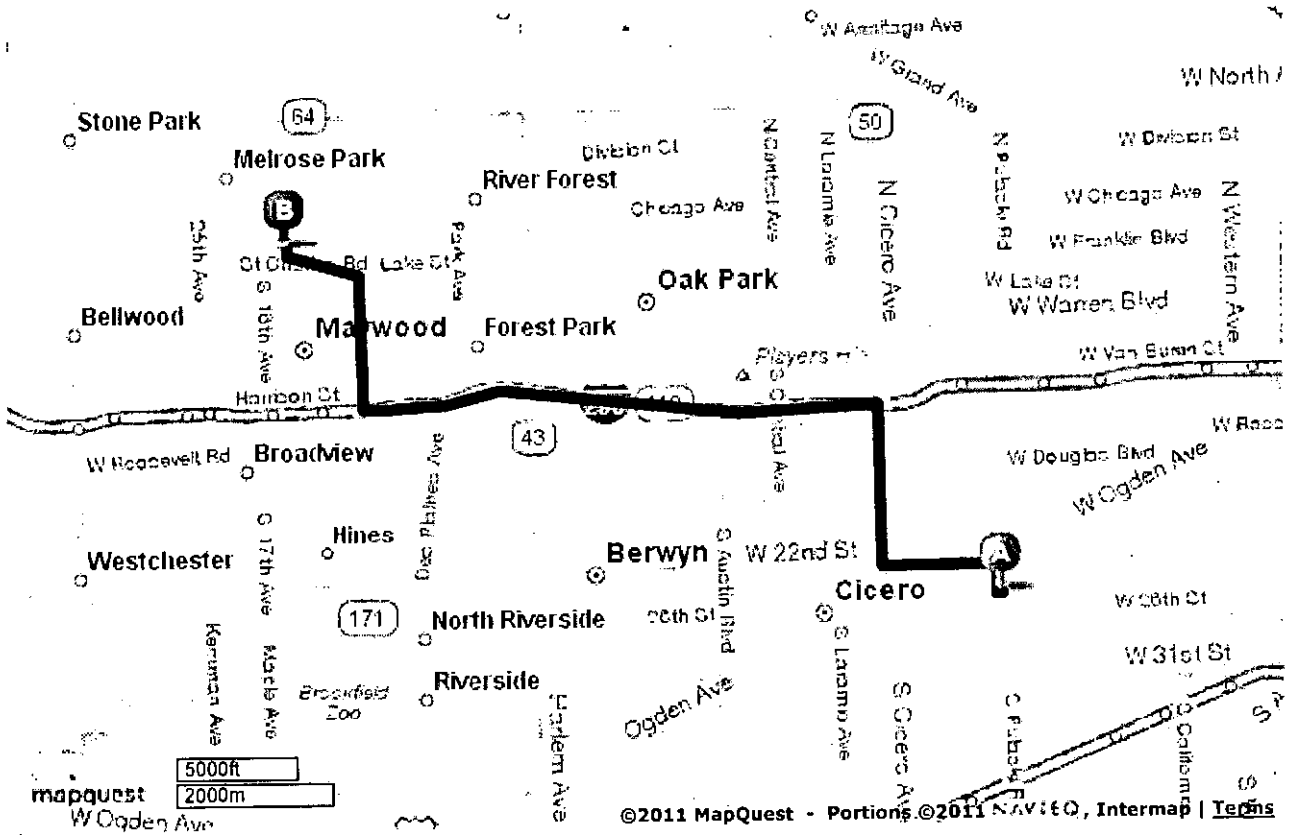


1111 Superior St
Melrose Park, IL 60160-4138

9.3 mi

208













Total Travel Estimate: 9.31 miles - about 19 minutes



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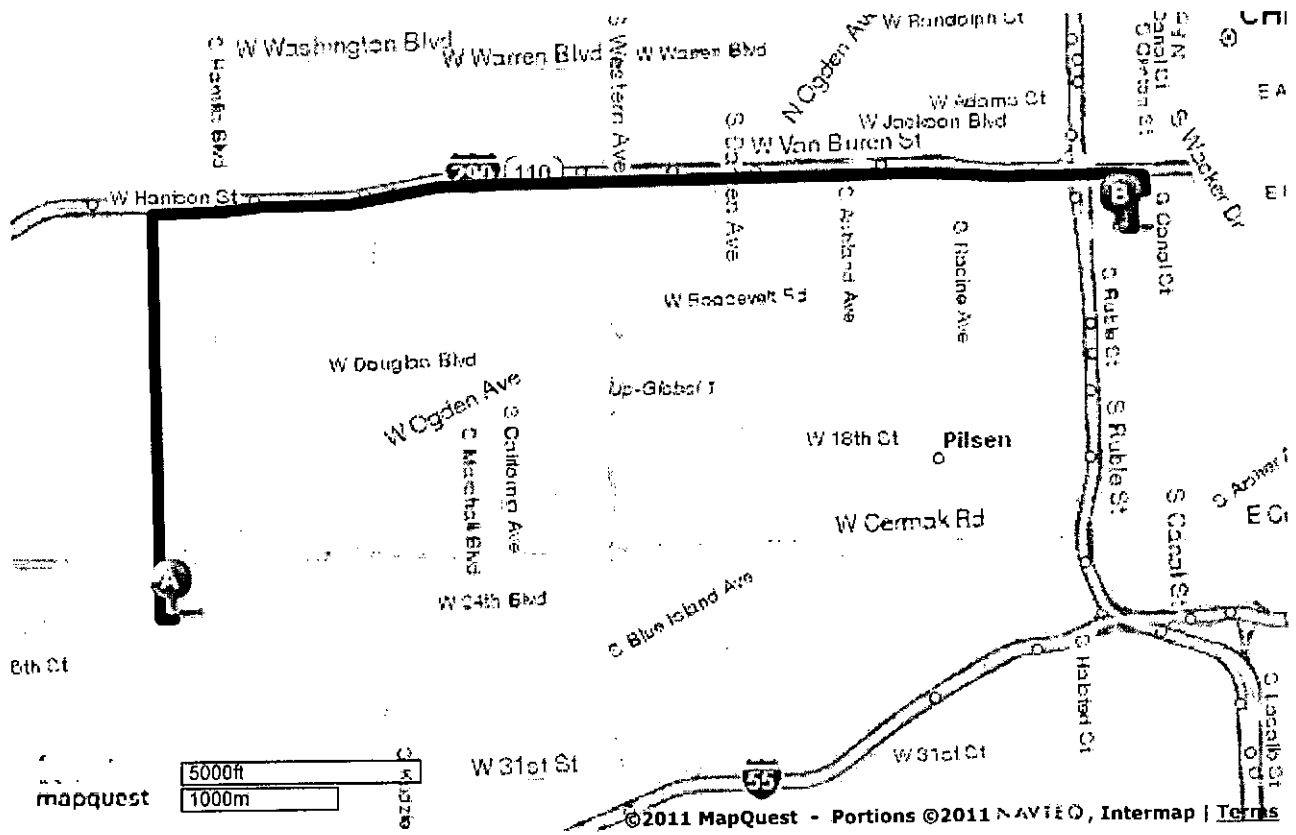
209

Trip to:
557 W Polk St
Chicago, IL 60607-4388
6.58 miles
13 minutes

		Miles Per Section
	3934 W 24th St Chicago, IL 60623-3371	
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Maras is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi
	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 6th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi
	 4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left.	Go 4.0 Mi
	5. Take the exit toward Canal St.	Go 0.2 Mi
	6. Turn right onto W Harrison St. <i>Holiday Inn Hotel & Suites Chicago-Downtown is on the right</i>	Go 0.06 Mi
	7. Take the 1st left onto S Clinton St. <i>Harrison Grill is on the right</i> <i>If you reach S Jefferson St you've gone a little too far</i>	Go 0.2 Mi
	8. Take the 3rd right onto W Polk St. <i>W Polk St is just past W Lexington St</i> <i>Polk Street Pub is on the right</i> <i>If you reach W Cabini St you've gone a little too far</i>	Go 0.04 Mi
	9. 557 W POLK ST is on the left. <i>If you reach S Jefferson St you've gone a little too far</i>	
	557 W Polk St Chicago, IL 60607-4388	6.6 mi

210

Total Travel Estimate: 6.58 miles - about 13 minutes



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211

Trip to:
4848 W Belmont Ave
Chicago, IL 60641-4329
7.23 miles
21 minutes



3934 W 24th St
Chicago, IL 60623-3371

Miles Per Section



1. Start out going west on W 24th St toward S Pulaski Rd. Go 0.06 Mi



2. Take the 1st right onto S Pulaski Rd. Go 4.3 Mi

*Las Islas Marianas is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. Turn left onto W North Ave / IL-64. Go 0.5 Mi

*W North Ave is 0.1 miles past W Le Moyne St
Banco Popular is on the corner
If you reach W Wabansia Ave you've gone about 0.1 miles too far*



4. Turn slight right onto W Grand Ave. Go 0.6 Mi

*W Grand Ave is just past N Lowell Ave
Mc Donald's is on the corner*



5. Turn right onto N Cicero Ave / IL-50. Go 1.7 Mi

*N Cicero Ave is just past N Keating Ave
Las Islas Marianas is on the right
If you reach N La Crosse Ave you've gone about 0.1 miles too far*



6. Turn left onto W Belmont Ave. Go 0.07 Mi

*W Belmont Ave is just past W Fletcher St
Delta Restaurant is on the corner
If you reach W Melrose St you've gone a little too far*



7. **4848 W BELMONT AVE** is on the right.
If you reach N Lamon Ave you've gone a little too far



















4848 W Belmont Ave
Chicago, IL 60641-4329

7.2 mi

212

Trip to:
719 W North Ave
Melrose Park, IL 60160-1612
10.31 miles
21 minutes

- | | | Miles Per Section |
|---|---|-------------------|
|  | 3934 W 24th St
Chicago, IL 60623-3371 | |
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st right onto S Pulaski Rd.
<i>Las Islas Marias is on the corner</i>
<i>If you reach S Karlov Ave you've gone a little too far</i> | Go 0.3 Mi |
|  | 3. Take the 2nd left onto W Cermak Rd / W 22nd St.
<i>W Cermak Rd is just past W Ogden Ave</i>
<i>If you reach W 21st St you've gone a little too far</i> | Go 1.0 Mi |
|  | 4. Turn right onto S Cicero Ave / IL-50.

<i>S Cicero Ave is just past S 47th Ct</i>
<i>Walgreens is on the corner</i>
<i>If you reach S 49th Ave you've gone about 0.1 miles too far</i> | Go 1.4 Mi |
|  | 5. Turn left onto W Flourney St.
<i>W Flourney St is just past W Lexington St</i>
<i>If you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i> | Go 0.04 Mi |
|  | 6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.
 | Go 4.4 Mi |
|  | 7. Take the IL-171 / 1st Ave exit, EXIT 20. | Go 0.1 Mi |
|  | 8. Stay straight to go onto Harrison St. | Go 0.07 Mi |
|  | 9. Take the 1st right onto S 1st Ave / IL-171.

<i>KFC is on the corner</i>
<i>If you reach S 2nd Ave you've gone a little too far</i> | Go 2.5 Mi |
|  | 10. Turn left onto W North Ave / IL-64 W.

<i>W North Ave is 0.4 miles past Braddock Dr</i>
<i>If you are on N 1st Ave and reach N Des Plaines River Rd you've gone about 0.5 miles too far</i> | Go 0.4 Mi |
|  | 11. 719 W NORTH AVE is on the left.
<i>Your destination is 0.1 miles past N 5th Ave</i> | |

214

if you reach N 9th Ave you've gone about 0.1 miles too far
















719 W North Ave
Melrose Park, IL 60160-1612

10.3 mi

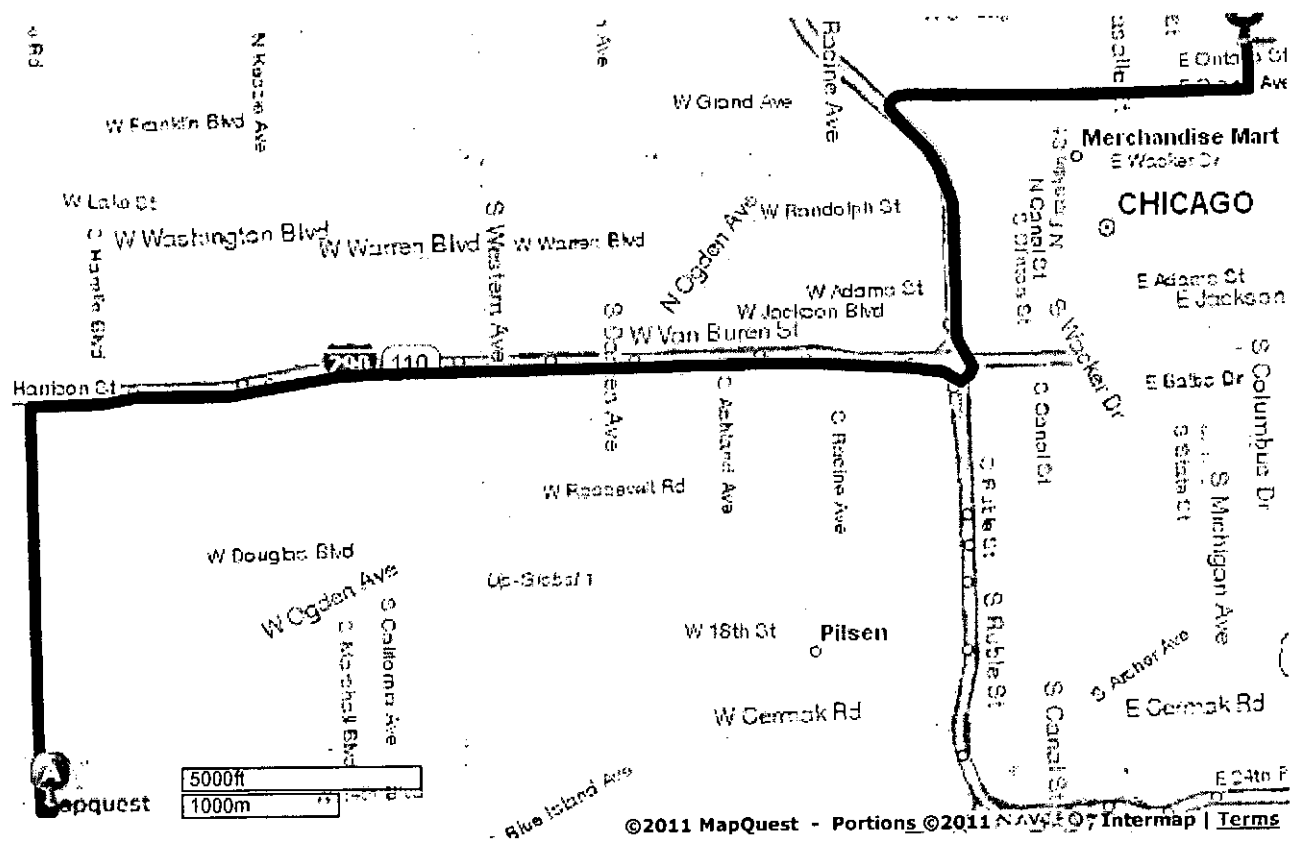
215

Trip to:
710 N Fairbanks Ct
Chicago, IL 60611-3013
9.13 miles
18 minutes

		Miles Per Section
	3934 W 24th St Chicago, IL 60623-3371	
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Isias Marras is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.8 Mi
	3. Turn right onto W Harrison St. <i>W Harrison St is just past W 5th Ave</i> <i>Mary's Restaurant is on the left</i> <i>If you reach W Congress Pky you've gone a little too far</i>	Go 0.3 Mi
	 4. Merge onto I-290 E / IL-110 E / Chicago-Kansas City Expy / Eisenhower Expy E via the ramp on the left.	Go 3.6 Mi
	 5. Merge onto I-90 W / I-94 W / Kennedy Expy W toward Wisconsin.	Go 1.5 Mi
	6. Take EXIT 50B toward East Ohio St.	Go 0.8 Mi
	7. Stay straight to go onto W Ohio St.	Go 0.9 Mi
	8. Turn left onto N Fairbanks Ct. <i>N Fairbanks Ct is 0.1 miles past N St Clair St</i> <i>Doubletree Hotel is on the corner</i> <i>If you reach N McClurg Ct you've gone about 0.1 miles too far</i>	Go 0.2 Mi
	9. 710 N FAIRBANKS CT is on the left. <i>Your destination is just past E Huron St</i> <i>If you reach E Superior St you've gone a little too far</i>	
	710 N Fairbanks Ct Chicago, IL 60611-3013	9.1 mi

217















Total Travel Estimate: 9.13 miles - about 18 minutes



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218

Trip to:
 733 Madison St
 Oak Park, IL 60302-4419
 7.09 miles
 15 minutes

- | | | Miles Per Section |
|---|---|-------------------|
|  | 3934 W 24th St
Chicago, IL 60623-3371 | |
|  | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
|  | 2. Take the 1st right onto S Pulaski Rd.
<i>Las Islas Marinas is on the corner</i>
<i>if you reach S Karlov Ave you've gone a little too far</i> | Go 0.3 Mi |
|  | 3. Take the 2nd left onto W Cermak Rd / W 22nd St.
<i>W Cermak Rd is just past W Ogden Ave</i>
<i>if you reach W 21st Pl you've gone a little too far</i> | Go 1.0 Mi |
|  | 4. Turn right onto S Cicero Ave / IL-50.
 <i>S Cicero Ave is just past S 47th Ct</i>
<i>Walgreens is on the corner</i>
<i>if you reach S 49th Ave you've gone about 0.1 miles too far</i> | Go 1.4 Mi |
|  | 5. Turn left onto W Floumoy St.
<i>W Floumoy St is just past W Lexington St</i>
<i>if you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i> | Go 0.04 Mi |
|  | 6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.
 | Go 2.8 Mi |
|  | 7. Take the IL-43 / Harlem Ave exit, EXIT 21B, on the left. | Go 0.3 Mi |
|  | 8. Turn right onto IL-43 / Harlem Ave / S Harlem Ave.
 | Go 0.5 Mi |
|  | 9. Turn right onto Washington Blvd.
<i>Washington Blvd is 0.1 miles past Madison St</i>
<i>Fuji Grill is on the left</i>
<i>if you reach Randolph St you've gone about 0.1 miles too far</i> | Go 0.5 Mi |
|  | 10. Turn right onto S Oak Park Ave.
<i>S Oak Park Ave is just past S Grove Ave</i>
<i>if you reach S Euclid Ave you've gone a little too far</i> | Go 0.1 Mi |
| | 11. Take the 1st left onto Madison St. | |

219



If you reach Adams St you've gone about 0.1 miles too far

Go 0.05 Mi



12. 733 MADISON ST is on the right.

If you reach S Euclid Ave you've gone a little too far

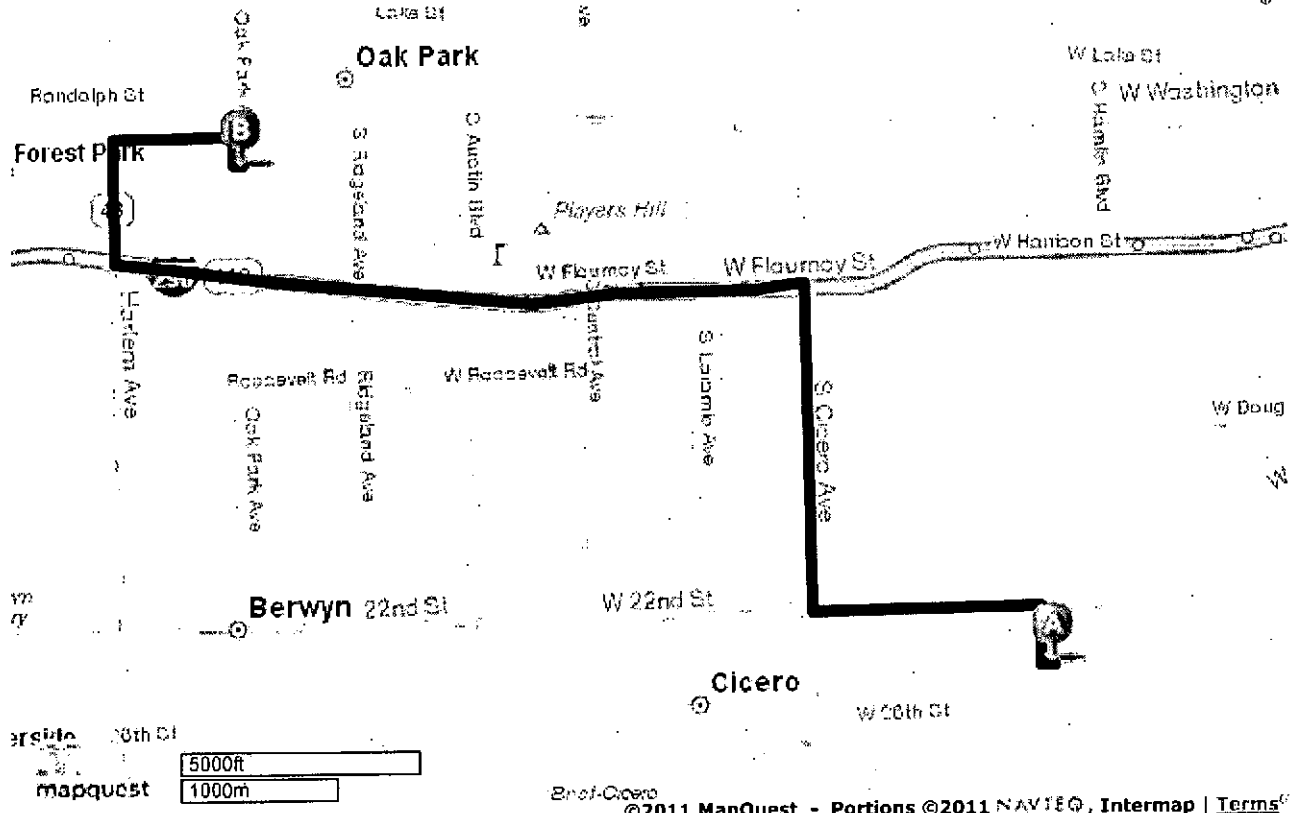


733 Madison St
Oak Park, IL 60302-4419

7.1 mi

220
















Total Travel Estimate: 7.09 miles - about 15 minutes



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221

Trip to:
5401 S Wentworth Ave
Chicago, IL 60609-6300
10.60 miles
17 minutes

		Miles Per Section
	3934 W 24th St Chicago, IL 60623-3371	
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marras is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi
 	3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left.	Go 4.2 Mi
 	4. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana.	Go 0.8 Mi
	5. Keep left to take I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 2.2 Mi
	6. Take the I-90-LOCAL / I-94-LOCAL exit.	Go 0.3 Mi
 	7. Merge onto I-90 E / I-94 E / Dan Ryan Expy E.	Go 0.8 Mi
	8. Take EXIT 57 toward Garfield Blvd.	Go 0.2 Mi
	9. Stay straight to go onto S Wells St.	Go 0.09 Mi
	10. Take the 1st left onto W Garfield Blvd / W 55th St. <i>Savik Mobil is on the corner</i> <i>If you reach W 57th St you've gone about 0.2 miles too far</i>	Go 0.07 Mi
	11. Take the 1st left onto S Wentworth Ave. <i>Chicago City Church AG is on the corner</i> <i>If you reach S LaSalle St you've gone a little too far</i>	Go 0.1 Mi

222



12. 5401 S WENTWORTH AVE is on the right.
If you reach W 53rd St you've gone about 0.1 miles too far

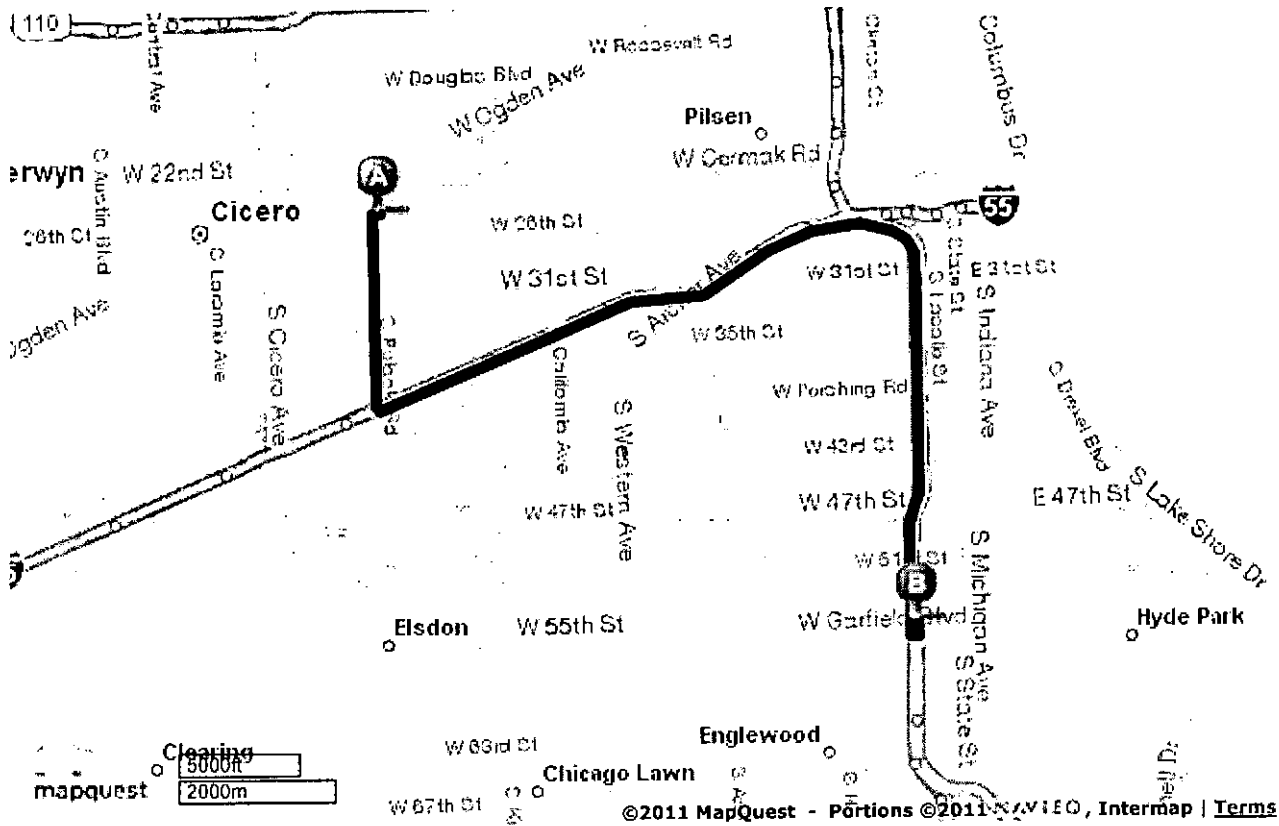


5401 S Wentworth Ave
Chicago, IL 60609-6300

10.6 mi

223

Total Travel Estimate: 10.60 miles - about 17 minutes



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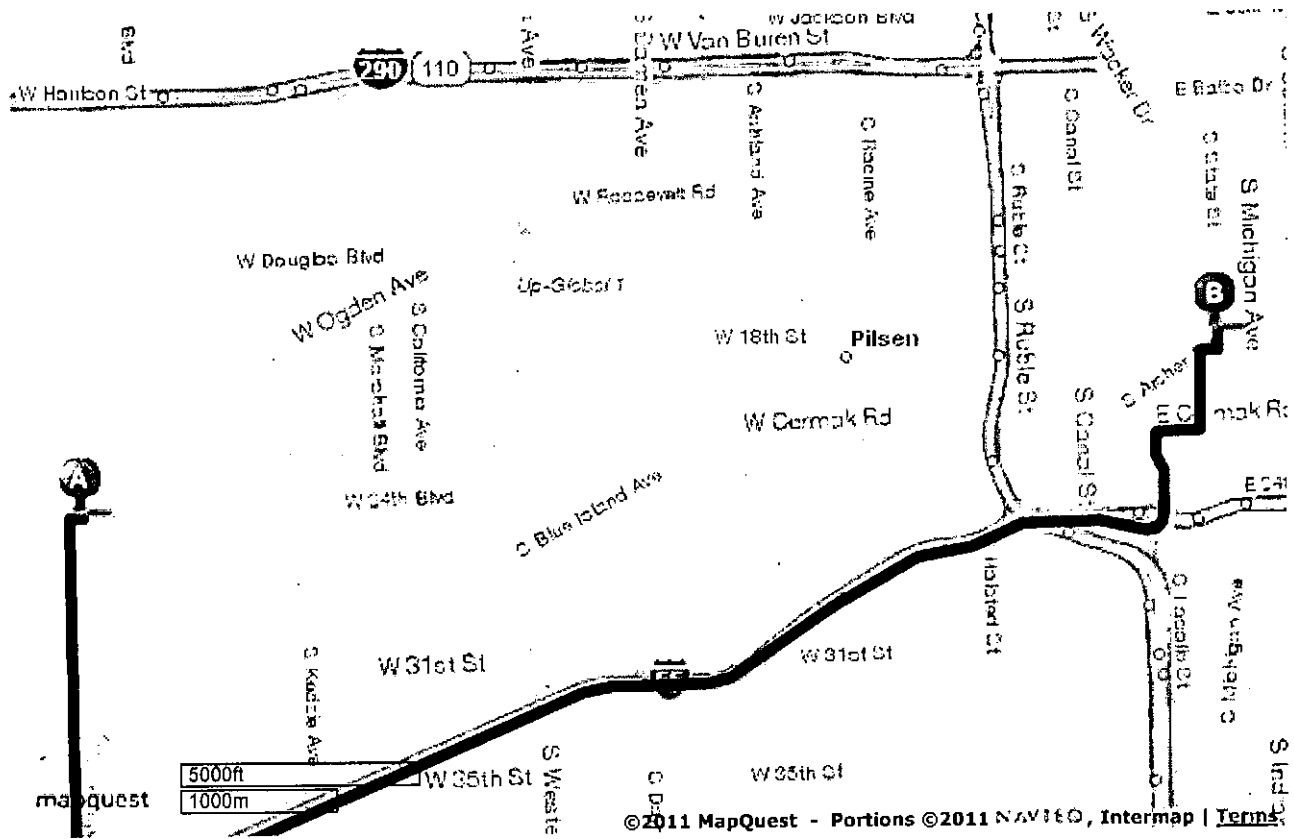
224

Trip to:
[1600-1799] S Wabash Ave
Chicago, IL 60616
8.10 miles
15 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Manas is on the corner If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi
		Go 4.9 Mi
	4. Take the Cermak Rd exit, EXIT 293A, toward Chinatown.	Go 0.7 Mi
	5. Turn right onto W Cermak Rd / W 22nd St. <i>If you are on W Cermak Rd and reach S Wentworth Ave you've gone a little too far</i>	Go 0.2 Mi
	6. Turn left onto S State St. <i>S State St is 0.1 miles past S Federal St Jerusalem Finest Inc is on the corner If you are on E Cermak Rd and reach S Wabash Ave you've gone a little too far</i>	Go 0.3 Mi
	7. Take the 3rd right onto E 18th St. <i>E 18th St is just past S Archer Ave If you reach W 17th St you've gone a little too far</i>	Go 0.08 Mi
	8. Take the 1st left onto S Wabash Ave. <i>If you reach S Michigan Ave you've gone a little too far</i>	Go 0.08 Mi
	9. [1600-1799] S WABASH AVE. <i>If you reach E 16th St you've gone a little too far</i>	
	[1600-1799] S Wabash Ave Chicago, IL 60616	8.1 mi

225



Total Travel Estimate: 8.10 miles - about 15 minutes



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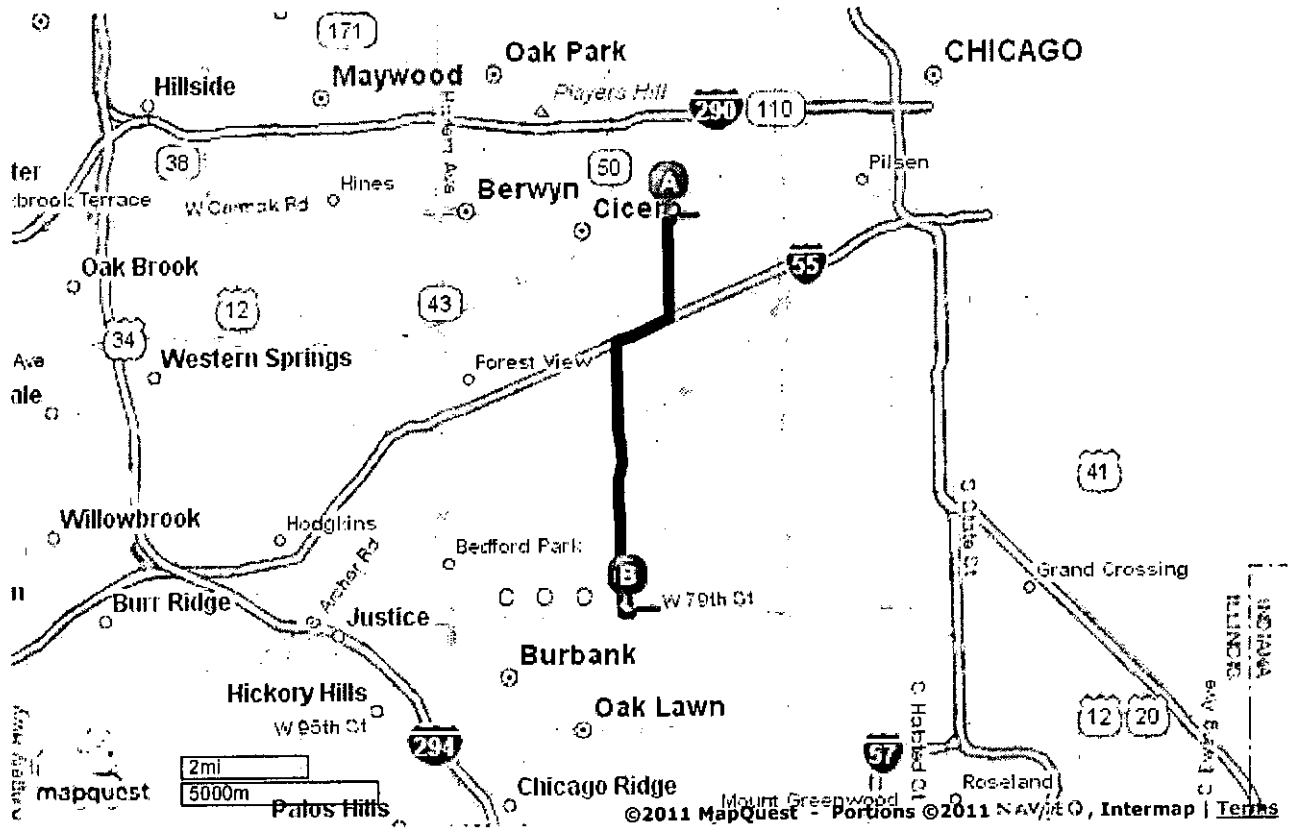
224

Trip to:
4651 W 79th St
Chicago, IL 60652-1186
7.76 miles
18 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marianas is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi
	 3. Merge onto I-55 S / Stevenson Expy S.	Go 0.8 Mi
	4. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport.	Go 0.3 Mi
	 5. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. <i>If you reach I-55 S you've gone about 0.3 miles too far</i>	Go 4.8 Mi
	6. Turn left onto W 79th St. <i>W 79th St is 0.1 miles past W 76th St</i> <i>Villas Bakery is on the corner</i> <i>If you reach W 81st St you've gone about 0.2 miles too far</i>	Go 0.2 Mi
	7. 4651 W 79TH ST is on the left. <i>Your destination is just past S Kipatrick Ave</i> <i>if you reach S Knox Ave you've gone a little too far</i>	
	4651 W 79th St Chicago, IL 60652-1186	7.8 mi

227

Total Travel Estimate: 7.76 miles - about 18 minutes



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228

Trip to:
1653 W Congress Pkwy
Chicago, IL 60612-3833
3.74 miles
10 minutes



3934 W 24th St
Chicago, IL 60623-3371

Miles Per
Section



1. Start out going west on W 24th St toward S Pulaski Rd.

Go 0.06 Mi



2. Take the 1st right onto S Pulaski Rd.

Go 0.2 Mi

*Las Islas Marías is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. Take the 1st right onto W Ogden Ave.

Go 3.2 Mi

If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far



4. Turn slight right onto W Congress Pky.

Go 0.3 Mi

*W Congress Pky is just past S Wolcott Ave
If you reach W Van Buren St you've gone about 0.1 miles too far*



5. 1653 W CONGRESS PKWY.

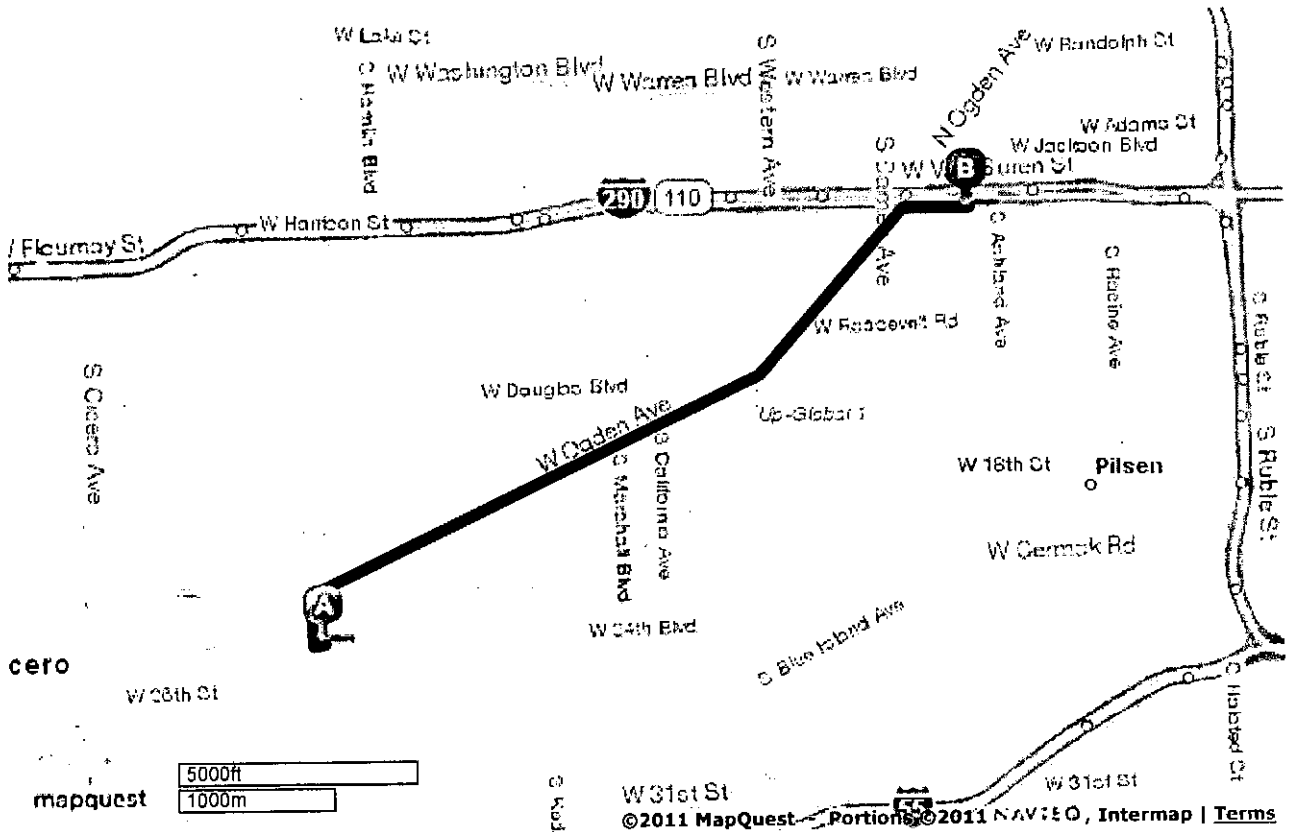
*Your destination is just past S Paulina St
If you reach S Ashland Ave you've gone a little too far*



1653 W Congress Pkwy
Chicago, IL 60612-3833

3.7 mi

Total Travel Estimate: 3.74 miles - about 10 minutes



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230

Trip to:
7721 S Western Ave
Chicago, IL 60620-5821
9.10 miles
22 minutes



3934 W 24th St
Chicago, IL 60623-3371

Miles Per Section



1. Start out going west on W 24th St toward S Pulaski Rd. Go 0.06 Mi



2. Take the 1st left onto S Pulaski Rd. Go 6.8 Mi

*Las Islas Marianas is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. Turn left onto W 79th St. Go 2.0 Mi

*W 79th St is 0.1 miles past W 78th St
White Castle is on the corner
If you reach W 80th St you've gone about 0.2 miles too far*



4. Turn left onto S Western Ave. Go 0.2 Mi

*S Western Ave is just past S Artesian Ave
Subway is on the corner
If you reach S Claremont Ave you've gone a little too far*



5. **7721 S WESTERN AVE** is on the right.

*Your destination is just past W 78th St
If you reach W 77th St you've gone a little too far*

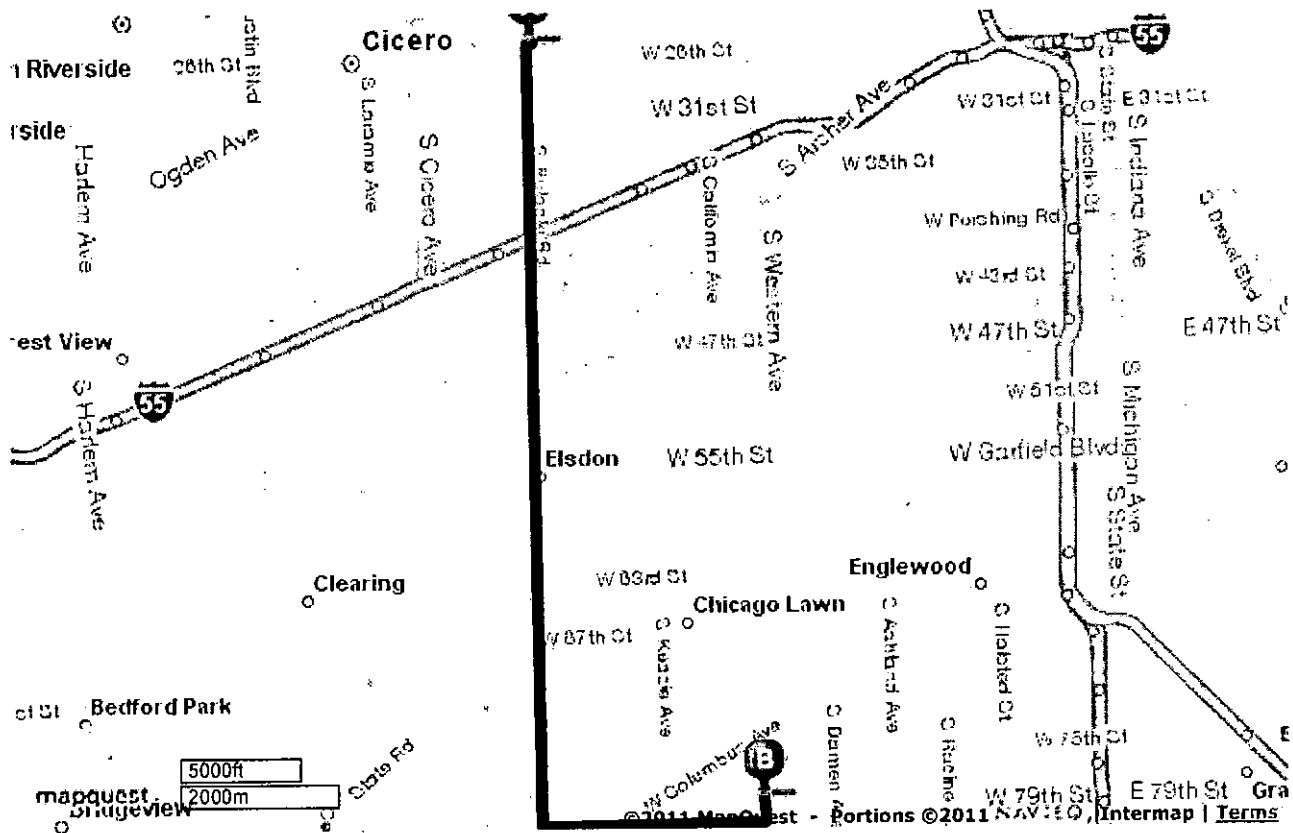


7721 S Western Ave
Chicago, IL 60620-5821

9.1 mi

23.1









Total Travel Estimate: 9.10 miles - about 22 minutes



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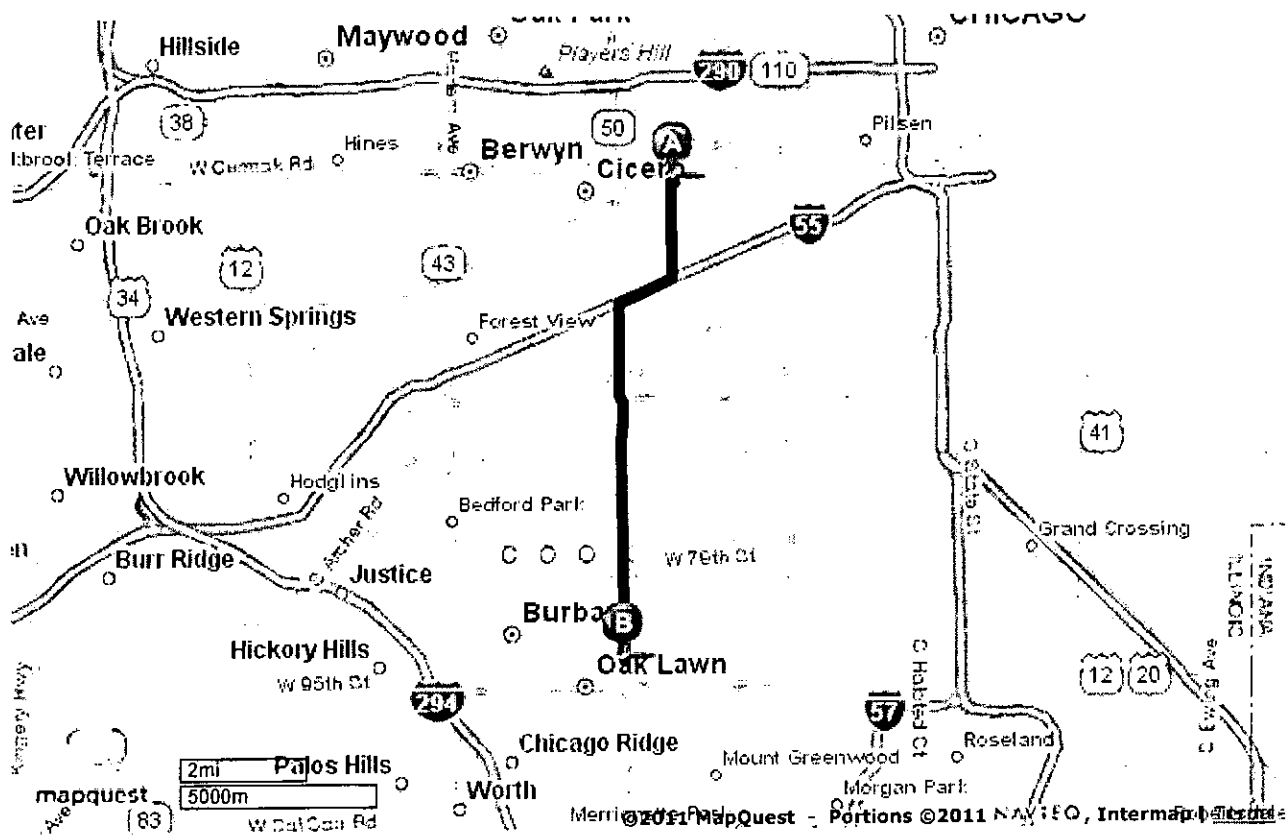
232

Trip to:
9115 S Cicero Ave
Oak Lawn, IL 60453-1895
9.14 miles
21 minutes

		Miles Per Section
	3934 W 24th St Chicago, IL 60623-3371	
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi
	3. Merge onto I-55 S / Stevenson Expy S.	Go 0.8 Mi
	4. Take the IL-50 / Cicero Ave exit, EXIT 286, toward Chicago Midway Airport.	Go 0.3 Mi
	5. Turn left onto IL-50 S / S Cicero Ave. Continue to follow IL-50 S. <i>If you reach I-55 S you've gone about 0.3 miles too far</i>	Go 6.3 Mi
	6. 9115 S CICERO AVE is on the left. <i>Your destination is just past W 91st St</i> <i>If you reach W 91st Pl you've gone a little too far</i>	
	9115 S Cicero Ave Oak Lawn, IL 60453-1895	9.1 mi

233








Total Travel Estimate: 9.14 miles - about 21 minutes



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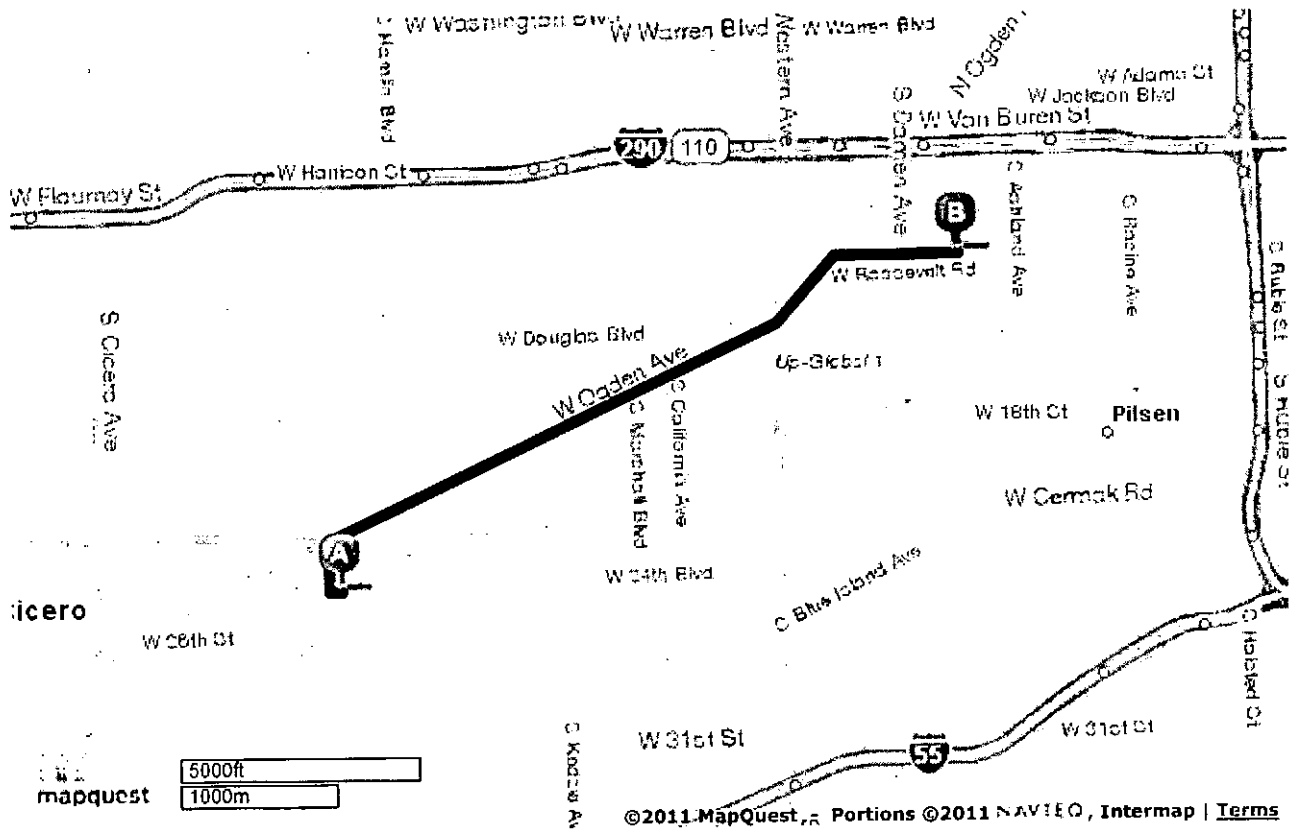
234

Trip to:
1740 W Taylor St
Chicago, IL 60612-7232
3.43 miles
9 minutes

	3934 W 24th St Chicago, IL 60623-3371	Miles Per Section
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi
	2. Take the 1st right onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 0.2 Mi
	3. Take the 1st right onto W Ogden Ave. <i>If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far</i>	Go 2.6 Mi
	4. Turn slight right onto W Taylor St. <i>W Taylor St is 0.2 miles past W Roosevelt Rd</i> <i>Lulu's Hot Dogs is on the corner</i> <i>If you reach W Polk St you've gone about 0.2 miles too far</i>	Go 0.5 Mi
	5. 1740 W TAYLOR ST is on the left. <i>Your destination is just past S Wood St</i> <i>If you reach S Hermitage Ave you've gone a little too far</i>	
	1740 W Taylor St Chicago, IL 60612-7232	3.4 mi

235

Total Travel Estimate: 3.43 miles - about 9 minutes



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Trip to:
7000 S Pulaski Rd
Chicago, IL 60629-5842
5.79 miles
15 minutes



3934 W 24th St
Chicago, IL 60623-3371

**Miles Per
Section**



1. Start out going west on W 24th St toward S Pulaski Rd. Go 0.06 Mi



2. Take the 1st left onto S Pulaski Rd. Go 5.7 Mi

*Las Islas Marias is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. 7000 S PULASKI RD is on the right.

*Your destination is just past W 70th St
If you reach W 70th Pl you've gone a little too far*

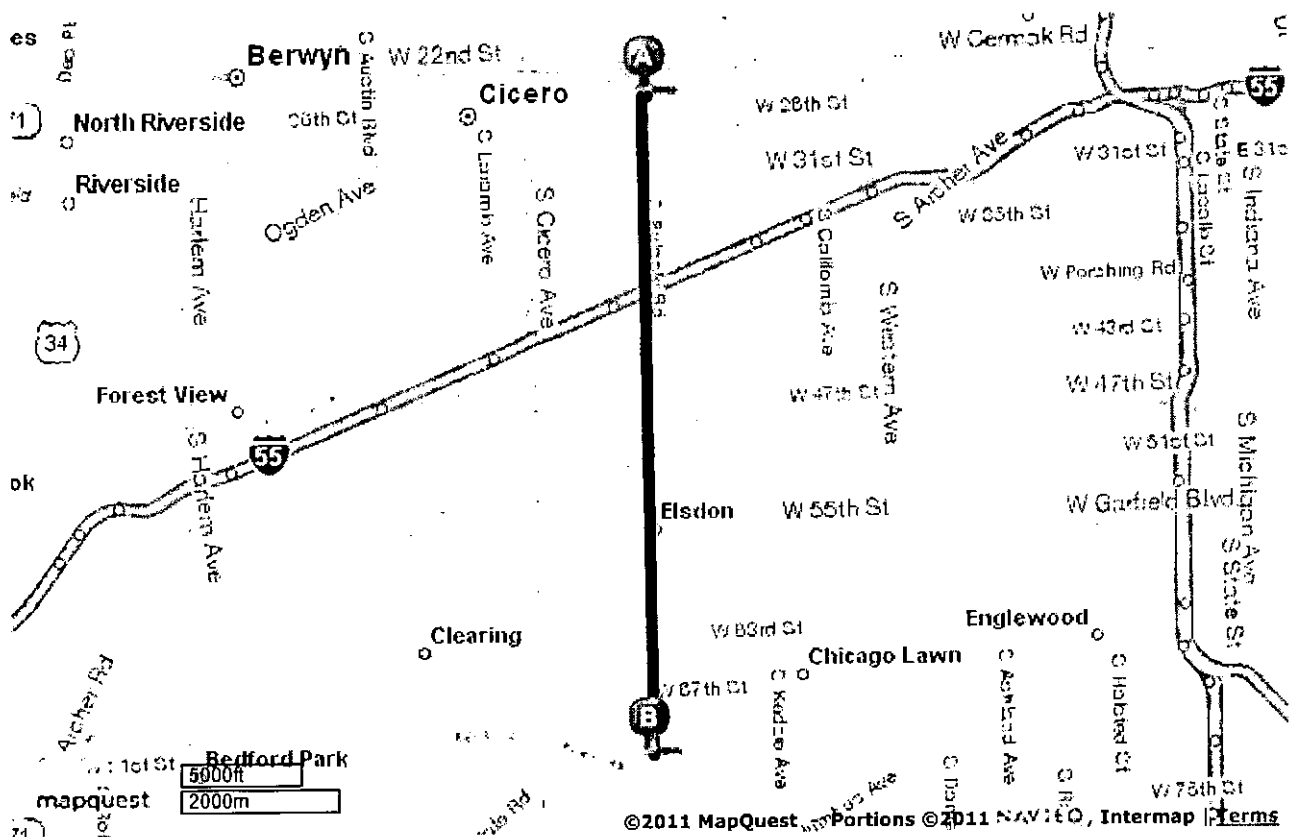


7000 S Pulaski Rd
Chicago, IL 60629-5842

5.8 mi

237

Total Travel Estimate: 5.79 miles - about 15 minutes



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238

Trip to:
[1040-1099] N Mozart St
Chicago, IL 60622
4.80 miles
14 minutes



3934 W 24th St
Chicago, IL 60623-3371

Miles Per
Section



1. Start out going west on **W 24th St** toward **S Pulaski Rd.**

Go 0.06 Mi



2. Take the 1st right onto **S Pulaski Rd.**

Go 0.2 Mi

*Las Islas Marias is on the corner
If you reach S Karlov Ave you've gone a little too far*



3. Take the 1st right onto **W Ogden Ave.**

Go 1.3 Mi

If you are on S Pulaski Rd and reach W Cermak Rd you've gone a little too far



4. Turn left onto **S Sacramento Dr.**

Go 0.5 Mi

*S Sacramento Dr is just past S Albany Ave
If you reach S California Ave you've gone about 0.3 miles too far*



5. Turn left to stay on **S Sacramento Dr.**

Go 0.04 Mi

*S Sacramento Dr is 0.5 miles past W Ogden Ave
If you are on S Farrar Dr and reach S Thompson Dr you've gone a little too far*



6. **S Sacramento Dr** becomes **S Sacramento Blvd.**

Go 2.3 Mi



7. Turn right onto **W Augusta Blvd.**

Go 0.1 Mi

*W Augusta Blvd is 0.1 miles past W Grand Ave
If you are on N Humboldt Blvd and reach Luis Munoz Marin Dr you've gone a little too far*



8. Take the 2nd left onto **N Richmond St.**

Go 0.1 Mi

*N Richmond St is just past N Sacramento Ave
If you reach N Francisco Ave you've gone a little too far*



9. Turn right onto **W Thomas St.**

Go 0.1 Mi

*W Thomas St is just past W Cortez St
If you reach W Division St you've gone about 0.1 miles too far*



10. Take the 1st right onto **N Mozart St.**

Go 0.02 Mi

*N Mozart St is just past N Francisco Ave
If you reach N California Ave you've gone a little too far*



11. **[1040-1099] N MOZART ST.**

If you reach W Cortez St you've gone a little too far

239

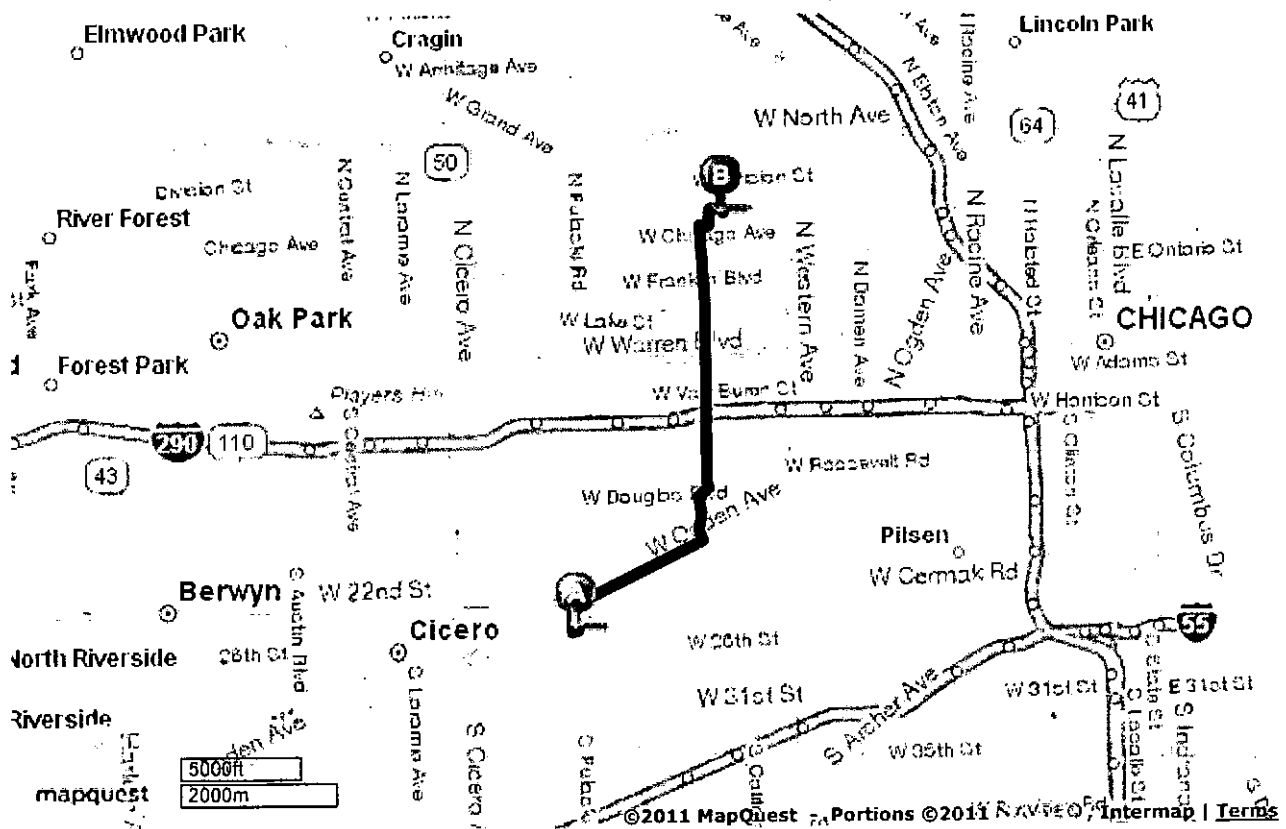


[1040-1099] N Mozart St
Chicago, IL 60622

4.8 mi

240



Total Travel Estimate: 4.80 miles - about 14 minutes



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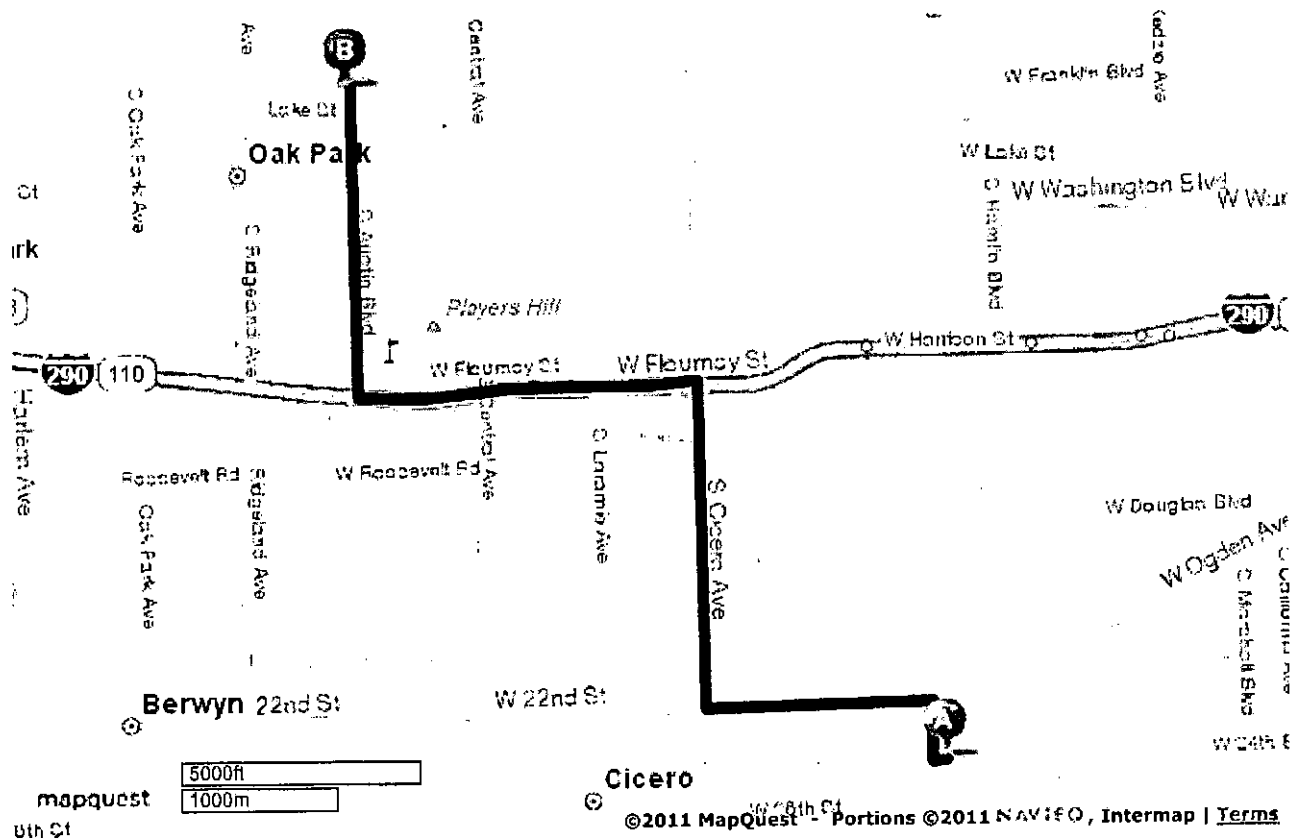
241

Trip to:
 FMC West Suburban Dialysis Center
 518 N Austin Blvd
 Oak Park, IL 60644
 (708) 386-5550
 5.62 miles
 14 minutes

- | | 3934 W 24th St
Chicago, IL 60623-3371 | Miles Per
Section |
|--|--|----------------------|
| | 1. Start out going west on W 24th St toward S Pulaski Rd. | Go 0.06 Mi |
| | 2. Take the 1st right onto S Pulaski Rd.
<i>Las Islas Marias is on the corner
If you reach S Karlov Ave you've gone a little too far</i> | Go 0.3 Mi |
| | 3. Take the 2nd left onto W Cermak Rd / W 22nd St.
<i>W Cermak Rd is just past W Ogden Ave
If you reach W 21st Pl you've gone a little too far</i> | Go 1.0 Mi |
| | 4. Turn right onto S Cicero Ave / IL-50.

<i>S Cicero Ave is just past S 47th Ct
Walgreens is on the corner
If you reach S 49th Ave you've gone about 0.1 miles too far</i> | Go 1.4 Mi |
| | 5. Turn left onto W Floumoy St.
<i>W Floumoy St is just past W Lexington St
If you are on S Cicero Ave and reach W Harrison St you've gone a little too far</i> | Go 0.04 Mi |
| | 6. Merge onto I-290 W / IL-110 W / Chicago-Kansas City Expy / Eisenhower Expy W via the ramp on the left.
 | Go 1.2 Mi |
| | 7. Take the Austin Blvd exit, EXIT 23A, on the left. | Go 0.3 Mi |
| | 8. Turn right onto S Austin Blvd. | Go 1.3 Mi |
| | 9. 518 N AUSTIN BLVD is on the left.
<i>Your destination is just past W Race Ave
If you reach W Ohio St you've gone a little too far</i> | |
| | FMC West Suburban Dialysis Center
518 N Austin Blvd, Oak Park, IL 60644
(708) 386-5550 | 5.6 mi |

242

Total Travel Estimate: 5.62 miles - about 14 minutes



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243

mapquest

Trip to:
 7319-7325 S Cottage Grove Ave
 Chicago, IL 60619-1909
 13.84 miles
 23 minutes

Notes

To investors who want to retire comfortably.

If you have a \$500,000 portfolio, download the guide written by *Forbes* columnist and money manager Ken Fisher's firm. It's called "**The 15-Minute Retirement Plan.**" Even if you have something else in place right now, it *still* makes sense to request your guide!

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS

		Miles Per Section	Miles Driven
	3934 W 24th St Chicago, IL 60623-3371		
	1. Start out going west on W 24th St toward S Pulaski Rd.	Go 0.06 Mi	0.06 mi
	2. Take the 1st left onto S Pulaski Rd. <i>Las Islas Marias is on the corner</i> <i>If you reach S Karlov Ave you've gone a little too far</i>	Go 1.7 Mi	1.8 mi
	3. Merge onto I-55 N / Stevenson Expy N via the ramp on the left .	Go 4.2 Mi	6.0 mi
	4. Merge onto I-90 E / I-94 E / Dan Ryan Expy E via EXIT 292B toward Indiana .	Go 0.8 Mi	6.7 mi
	5. Keep left to take I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E toward Garfield Blvd.	Go 3.9 Mi	10.6 mi
	6. Take the I-90 E exit toward Skyway / Indiana Toll Rd.	Go 0.3 Mi	11.0 mi
	7. Merge onto I-94 E / Dan Ryan Expy E .	Go 0.9 Mi	11.9 mi
	8. Take EXIT 59C toward 71st St.	Go 0.3 Mi	12.2 mi
	9. Keep right at the fork in the ramp.	Go 0.2 Mi	12.4 mi
	10. Turn slight left onto S Lafayette Ave.	Go 0.08 Mi	12.5 mi
	11. Take the 1st left onto W 71st St. <i>Holy Child Head Start is on the corner</i> <i>If you reach W 72nd St you've gone about 0.1 miles too far</i>	Go 1.1 Mi	13.6 mi
	12. Turn right onto S Cottage Grove Ave.	Go 0.3 Mi	13.8 mi

244



*S Cottage Grove Ave is 0.1 miles past S Langley Ave
If you reach S Drexel Ave you've gone about 0.1 miles too far*



13. 7319-7325 S COTTAGE GROVE AVE.

13.8 mi

*Your destination is just past E 73rd St
If you reach E 74th St you've gone about 0.1 miles too far*



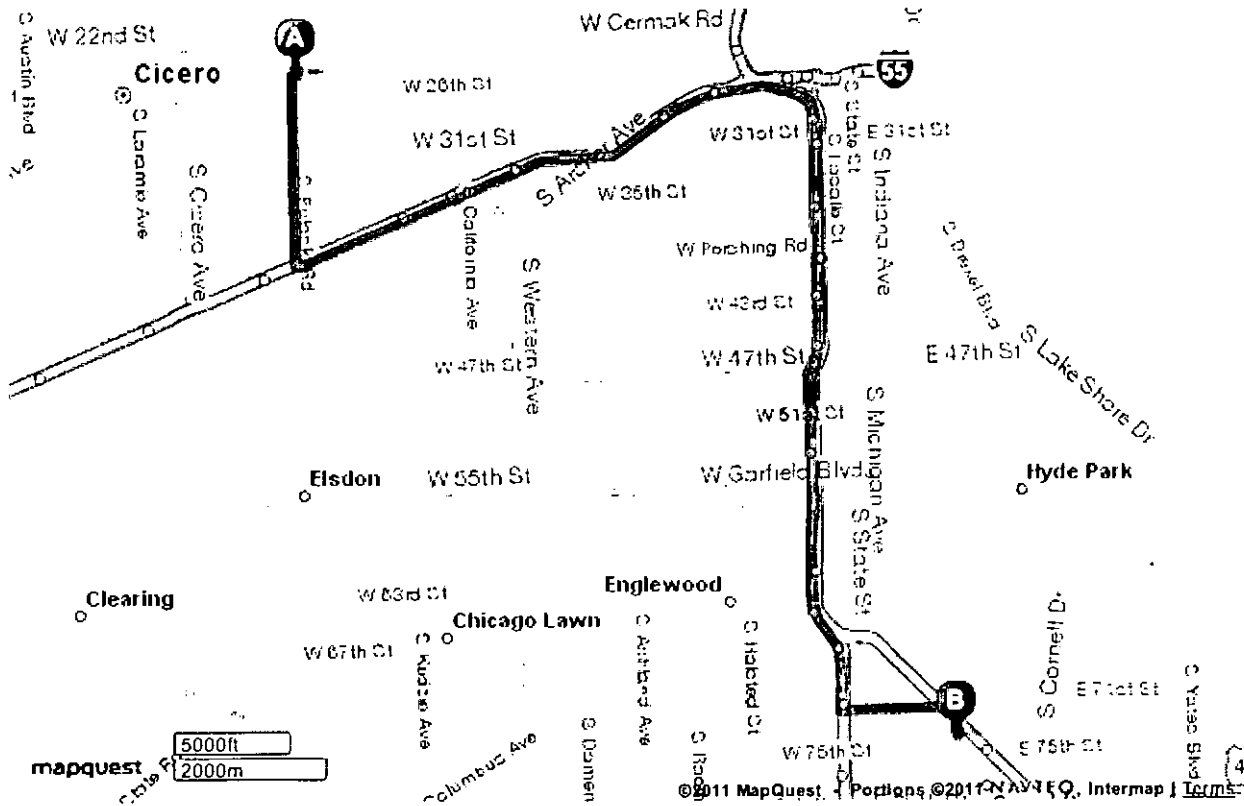
7319-7325 S Cottage Grove Ave
Chicago, IL 60619-1909

13.8 mi

13.8 mi

245

Total Travel Estimate: 13.84 miles - about 23 minutes



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\$10 for \$20 Worth of Food at Jullianni's Pizzeria & Pub on Evergreen Park Patch

246

mapquest

Trip to:
 4800 W Chicago Ave
 Chicago, IL 60651-3223
4.38 miles
12 minutes

Notes

To investors who want to retire comfortably.

If you have a \$500,000 portfolio, download the guide written by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan." Even if you have something else in place right now, it *still* makes sense to request your guide!

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS



3934 W 24th St
 Chicago, IL 60623-3371

Miles Per Section

Miles Driven



1. Start out going **west** on **W 24th St** toward **S Pulaski Rd.**

Go 0.06 Mi

0.06 mi



2. Take the **1st right** onto **S Pulaski Rd.**

Go 3.3 Mi

3.3 mi

Las Islas Marias is on the corner

If you reach S Karlov Ave you've gone a little too far



3. Turn **left** onto **W Chicago Ave.**

Go 1.0 Mi

4.4 mi

W Chicago Ave is 0.1 miles past W Huron St

Phillips 66 is on the corner

If you reach W Iowa St you've gone about 0.1 miles too far



4. **4800 W CHICAGO AVE** is on the right.

4.4 mi

Your destination is just past N Cicero Ave

If you reach N Lamont Ave you've gone about 0.1 miles too far



4800 W Chicago Ave
 Chicago, IL 60651-3223

4.4 mi

4.4 mi

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

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