

**ORIGINAL**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**RECEIVED**11-114  
DEC 12 2011**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****This Section must be completed for all projects.**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: Lake County Dialysis		
Street Address: 565 Lakeview Parkway		
City and Zip Code: Vernon Hills, IL 60061		
County: Lake	Health Service Area 008	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 <sup>nd</sup> 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  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

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Street Address: 565 Lakeview Parkway		
City and Zip Code: Vernon Hills, IL 60061		
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**Applicant /Co-Applicant Identification**

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Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

**Post Permit Contact**

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

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2659 N. Milwaukee Ave., 2 <sup>nd</sup> 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: Globe Corporation
Address of Site Owner: 520 Lake Cook Road, Suite 100, Deerfield, Illinois 60015
Street Address or Legal Description of Site: 565 Lakeview Parkway, Vernon Hills, IL 60061
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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)]

Part 1110 Classification:  <input checked="" type="checkbox"/> Substantive  <input type="checkbox"/> Non-substantive	Part 1120 Applicability or Classification: [Check one only.]  <input type="checkbox"/> Part 1120 Not Applicable <input type="checkbox"/> Category A Project <input checked="" type="checkbox"/> Category B Project <input type="checkbox"/> DHS or DVA Project
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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.

Based on operational limitations at the current site, DaVita Inc. and Total Renal Care, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to discontinue their existing 16-station dialysis facility located at 918 South Milwaukee Avenue, Libertyville, Illinois 60048 and to establish a 20-station dialysis facility at 565 Lakeview Parkway, Vernon Hills, IL 60061 (the "Replacement Facility"). The proposed dialysis facility will include approximately 7,946 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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,186,000		\$1,186,000
Contingencies	\$118,600		\$118,600
Architectural/Engineering Fees	\$71,514		\$71,514
Consulting and Other Fees	\$75,000		\$75,000
Movable or Other Equipment (not in construction contracts)	\$337,247		\$337,247
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$737,725		\$737,725
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$2,526,086</b>		<b>\$2,526,086</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$1,788,361		\$1,788,361
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$737,725		\$737,725
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$2,526,086</b>		<b>\$2,526,086</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> 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 \$0_____.		

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> 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):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input checked="" type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input type="checkbox"/> Project obligation will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals**

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry <b>NOT APPLICABLE</b>
<input type="checkbox"/> APORS <b>NOT APPLICABLE</b>
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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**.

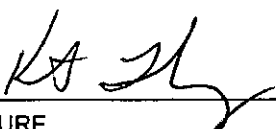
<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive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

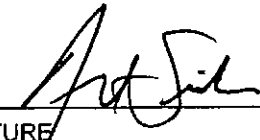
**CERTIFICATION**

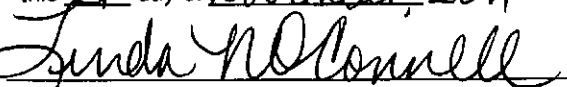
The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- 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.

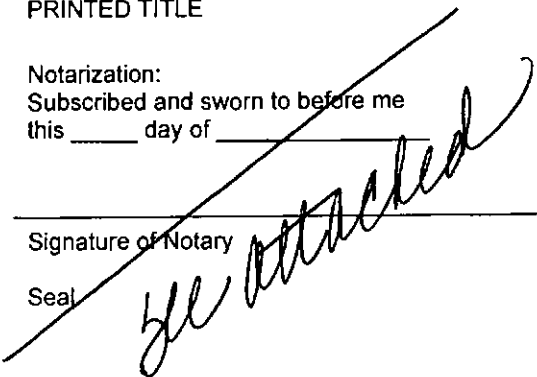
  
\_\_\_\_\_  
SIGNATURE  
Kent Thiry  
\_\_\_\_\_  
PRINTED NAME  
Chief Executive Officer  
\_\_\_\_\_  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE  
Arturo Sida  
\_\_\_\_\_  
PRINTED NAME  
Assistant Secretary  
\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 21 day of November, 2011  


Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_  
\_\_\_\_\_  
Signature of Notary

Signature of Notary  
Seal 

Signature of Notary  
Seal 

\*Insert EXACT legal name of the applicant

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

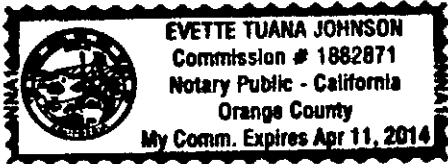
- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

Signature of Document Signer No. 1 \_\_\_\_\_ Signature of Document Signer No. 2 (if any) \_\_\_\_\_

State of California  
 County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me  
 on this \_\_\_\_\_ day of NOVEMBER 2011  
 by \_\_\_\_\_  
 (1) Arturo Sida  
 Name of Signer



proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me (.) (X)  
 (and  
 (2) \_\_\_\_\_  
 Name of Signer

Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me.)  
 Signature Evette Tuana Johnson  
 Signature of Notary Public

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Further Description of Any Attached Document**

Type or Type of Document: APPLICATION FOR  
PERMIT 21 NOV. 11 Number of Pages: 1

Signer(s) Other Than Named Above: KENT THIRY

**RIGHT THUMBPRINT OF SIGNER #1**  
 Top of thumb here

**RIGHT THUMBPRINT OF SIGNER #2**  
 Top of thumb here

**CERTIFICATION**

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

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- o in the case of a 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.

Kent Thiry  
SIGNATURE

Kent Thiry  
PRINTED NAME

Chief Executive Officer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 21 day of November, 2011

Linda N O'Connell  
Signature of Notary

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

Arturo Sida  
SIGNATURE

Arturo Sida  
PRINTED NAME

Assistant Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

See attached  
Signature of Notary

Seal

\*Insert EXACT legal name of the applicant

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

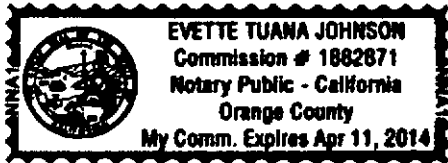
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- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

Signature of Document Signer No. 1 \_\_\_\_\_ Signature of Document Signer No. 2 (if any) \_\_\_\_\_

State of California  
 County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me  
 on this \_\_\_\_\_ day of NOVEMBER 2011  
 by \_\_\_\_\_  
 (1) ARTHUR SIM  
 Name of Signer



proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me (.) (X)  
 (and  
 (2) \_\_\_\_\_  
 Name of Signer

Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me.)  
 Signature Evette Tuana Johnson  
 Signature of Notary Public

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

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Title or Type of Document: Application for Permit  
 Document Date: 21 Nov. 11 Number of Pages: 1

Signer(s) Other Than Named Above: KENT THIRY

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here

**SECTION II. DISCONTINUATION**

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

**Criterion 1110.130 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

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

**REASONS FOR DISCONTINUATION**

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

**IMPACT ON ACCESS**

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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



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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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

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

**ASSURANCES:**

Submit the following:

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

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

**G. Criterion 1110.1430 - In-Center Hemodialysis**

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	16	20

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

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

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

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

**VIII. - 1120.120 - Availability of Funds**

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

\$1,788,361		a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
_____		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;
\$737,725 (FMV of Lease)		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: <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____		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.
<b>\$2,526,086</b>		<b>TOTAL FUNDS AVAILABLE</b>

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

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

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

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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

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

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

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

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



**Section I, Identification, General Information, and Certification**  
**Applicants**

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

# Delaware

PAGE 1

## The First State

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

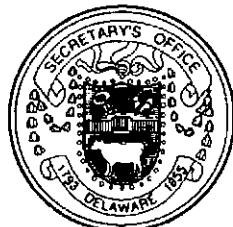
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

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

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

2391269 8300

101133217



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
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

SECRETARY OF STATE

Authentication #: 1029100457  
Verify at www.cyberdriveillinois.com

Attachment - 2

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

The letter of intent between Globe Corporation and Total Renal Care, Inc. to lease the facility located at 565 Lakeview Parkway, Vernon Hills, IL 60061 is attached at Attachment – 2A.



# USI REAL ESTATE BROKERAGE SERVICES INC.

A USI COMPANY

2215 YORK RD, SUITE 110  
OAKBROOK, IL 60523

TELEPHONE: 630-990-3648  
FACSIMILE: 630-990-2300

VIA EMAIL

December 6, 2011

Mr. Jason Wurtz  
NAI Hiffman  
One Oakbrook Terrace, Suite 600  
22<sup>nd</sup> Street and Butterfield Road  
Oakbrook Terrace, IL 60181

**RE:** *Letter of Intent - Continental Executive Park  
565 Lakeview Parkway  
Vernon Hills, IL 60061*

Dear Jason:

USI Real Estate Brokerage Services Inc. has been exclusively authorized by Total Renal Care, Inc. – a subsidiary of DaVita Inc. (“Tenant”) to provide the following non-binding agreed to terms letter for the above property. Please provide your response by December 8, 2011.

<b>PREMISES:</b>	565 Lakeview Parkway  Suites 170, 174, 176, 178 and 180.												
<b>TENANT:</b>	Total Renal Care, Inc. or related entity to be named												
<b>LANDLORD:</b>	Globe Corporation (Managed by Globe Property Management)												
<b>SPACE REQUIREMENTS:</b>	7,946 sf of contiguous rentable square feet in suites 170, 174, 176, 178 and 180. There shall be no common area factor added to the SF.  Tenant shall have the right to measure space based on most recent BOMA standards.												
<b>PRIMARY TERM:</b>	Twelve (12) years, nine (9) months												
<b>BASE RENT:</b>	\$10.50/SF NNN with 2.5% per year increases												
<b>ADDITIONAL EXPENSES:</b>	In addition to base rent, Tenant shall be responsible for their pro rata share of Real Estate Taxes (“Tax”) and Common Area Maintenance (“CAM”). Please find history and 2011 estimates below:  <table border="1"> <thead> <tr> <th>Year</th> <th>Taxes</th> <th>CAM</th> </tr> </thead> <tbody> <tr> <td>2011*</td> <td>\$1.86</td> <td>\$4.13</td> </tr> <tr> <td>2010*</td> <td>\$1.97</td> <td>\$4.53</td> </tr> <tr> <td>2009*</td> <td>\$2.07</td> <td>\$4.82</td> </tr> </tbody> </table> (*estimates / estimates also includes \$0.96 est. for contract cleaning & supplies)	Year	Taxes	CAM	2011*	\$1.86	\$4.13	2010*	\$1.97	\$4.53	2009*	\$2.07	\$4.82
Year	Taxes	CAM											
2011*	\$1.86	\$4.13											
2010*	\$1.97	\$4.53											
2009*	\$2.07	\$4.82											

(controllable)



	Landlord agrees to limit the cumulative operating expense costs to no greater than five (5) percent increase annually to be further defined in the lease.
<b>LANDLORD'S MAINTENANCE:</b>	Landlord, at its sole cost and expense, shall be responsible for all structural repair and replacements.
<b>POSSESSION AND RENT COMMENCEMENT:</b>	Landlord shall deliver Possession of the Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of seven (7) 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 or county; and  c. Tenant has obtained all necessary licenses and permits to operate its business.
<b>LEASE FORM:</b>	Tenant's standard lease form to be modified to a mutually agreed upon finished document.
<b>USE:</b>	The Use shall be intended for a dialysis clinic, medical offices or other lawfully permitted use. Tenant will determine that its dialysis use is permitted within the building's zoning. Use language to be modified to take into account the existing leases. Tenant requests LL to provide language that works for both Tenant and Existing Tenants.
<b>PARKING:</b>	Tenant shall have fourteen (14) dedicated stalls and two (2) dedicated handicap stalls. Location of stalls shall be subject to design of Tenant's Premises. Landlord recommends Tenant main drop-off and pick-up to be located on the north parking area, providing the most flexibility in parking allocation.
<b>BASE BUILDING:</b>	Landlord shall deliver the Premises demised per mutually agreed upon plan with; water, sewer, gas and electric ("Utilities") separately metered per specification to be further defined in the lease but otherwise "raw" for Tenant's improvements (see Exhibit B).
<b>T1 ALLOWANCE:</b>	None.
<b>OPTION TO RENEW:</b>	Provided that Tenant is not in default, Tenant shall have the Right to Renew for three (3) consecutive five (5) year terms for 100% of space then under lease at the then prevailing Fair Market Rate to be further defined in the lease but based on renewal leases for comparable size Medical Office Buildings ("MOB") in the Central North Chicago Suburban Market, with special emphasis on Lake County. Tenant shall provide not less than six (6) months prior written notice to exercise its renewal option(s); time being of the essence.

<b><u>FAILURE TO DELIVER PREMISES:</u></b>	If Landlord has not delivered the premises to Tenant with all base building items substantially completed by ninety (90) days from lease execution, 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 ninety (90) day delivery period.
<b><u>HOLDING OVER:</u></b>	Tenant shall be obligated to pay 125% of the then current base lease rent. Final language to be agreed upon in the lease.
<b><u>TENANT SIGNAGE:</u></b>	Tenant shall have rights to utilize its proportionate share of the existing monument signage and interior and exterior directional signage with prior approval of Landlord and in accordance with the rules and regulations of the Building, Continental Executive Parke and the Village of Vernon Hills. All costs associated shall be split 50/50 between Tenant & Landlord with prior approval by Landlord, such approval shall not be unreasonably delayed or denied.
<b><u>BUILDING HOURS:</u></b>	Tenant shall have building/premises access and control 24 hours a day, 7 days a week, 365 days per year.
<b><u>SUBLEASE/ASSIGNMENT:</u></b>	Tenant shall have the right to Assign or Sublet without release all or part of its Premises without Landlord's prior consent but with timely notice as set forth in the lease to any affiliate (to be defined in the Lease) or subsidiary of the Tenant for the approved use. Tenant shall also have the right to Sublease its Premises to a 3 <sup>rd</sup> party with prior consent of Landlord which shall not be unreasonably withheld, conditioned or delayed subject to conditions to be set forth in the Lease. Landlord and Tenant shall share equally any sublease profits after deducting on a straight-line basis the actual cost of sublease improvements, marketing and a market commissions actually paid by Tenant for such sublease.
<b><u>ROOF RIGHTS:</u></b>	Tenant shall have the right to install a satellite dish subject to prior to Landlord reasonable approval and so long as such dish is in compliance with local municipal codes. Tenant shall be required to repair roof if Tenant discontinues satellite service or upon vacating its Premises or if any damage to the roof occurs on account of such installation.
<b><u>NON COMPETE:</u></b>	There is currently not another dialysis provider at the Building and Landlord agrees to not lease space to another dialysis provider to be further defined in the lease.
<b><u>HVAC:</u></b>	Tenant shall have exclusive roof top units ("RTU's") dedicated to serve its Premises as part of its build-out process.
<b><u>DELIVERIES:</u></b>	Tenant shall be able to make appropriate deliveries to its Premises in its discretion so long as it does not infringe on additional parking or other Building tenants.
<b><u>OTHER CONCESSIONS:</u></b>	Landlord shall abate the initial nine (9) months of gross rent during the initial term. Gross rent includes Base Rent, Real Estate Taxes and CAM.

<b><u>GOVERNMENTAL COMPLIANCE:</u></b>	Landlord is not aware of any code violations at the Premises, including ADA. Tenant shall inspect the Premises and to extent Tenant improves the Premises, ADA compliance and the costs thereof will be a function of Tenant's planned improvements and shall be included in the cost of any allowance work.
<b><u>CONTINGENCIES:</u></b>	<p>Tenant will need to apply for a Certificate of Need ("CON") for the final location. If Tenant does not get the CON by April 30, 2012, the Lease will be null and void. If they do get the CON, then they will go forward with the lease based on satisfying the other contingencies that are in their standard Lease Document.</p> <p>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 Certificate of Need 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 April 30, 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 April 30, 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.</p>
<b><u>BROKERAGE FEE:</u></b>	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 a separate commission agreement. Commission to be paid: 50% due within thirty (30) days of the full execution of the lease and receipt of the CON whichever is later and 50% within thirty (30) days of the lease commencement provided Tenant has delivered to Landlord all monies due at Commencement, pursuant to the lease together with all other materials including evidence of insurance.
<b><u>PLANS:</u></b>	Landlord shall provide Tenant with Auto CAD files of record. It shall be Tenant's designated architect's responsibility to verify conditions and measurements for planning purposes.
<b><u>AMENITIES:</u></b>	The Physician Center is an existing multi-tenant medical complex within the heart of the Vernon Hills Lake County market. With prompt access to retail shopping, hotels and restaurants, the Physician Center offers additional amenities based on complimented medical services provided



onsite such as Imaging and Diagnostic services, lab and physical medicine. An unmatched amenity is The Physician Center's centralized advantage to service the Lake County, Illinois market with fantastic access to local arteries such as IL Rt. 60 and IL Rt. 21 as well as minutes to I-94 via Townline (Rt. 60) and Half Day (Rt. 22) Road's interchanges.

**UTILITIES:**

Tenant shall be separately metered and billed directly by the utility provider for electricity and natural gas consumption. Building electric for exterior lighting and other CAM related costs are re-billed as a part of CAM on a pro-rated basis. Tenant will also be separately metered for sewer and water; any cost to sub-meter shall be paid by the Landlord for all utilities.

**SECURITY DEPOSIT  
& LEASE GUARANTEE:**

Subject to Landlord's review of financials for the actual entity on the Lease.

**JANITORIAL:**

Janitorial services are included within the CAM charges. At Tenant's election, Tenant may choose to be responsible for its janitorial services which shall be performed by a qualified third party provider and Tenant's CAM expense may be reduced in accordance with its proportionate share of such service.

**PATIENT UNLOADING &  
DISCHARGE:**

As part of Tenant's proposed improvements, Tenant shall have the right to install covered patient Unloading and Discharge Area to provide access for patients to travel between host Building and means of transportation without direct exposure to precipitation per AIA Guidelines subject to rules and regulations of Continental Executive Parke, The Village of Vernon Hills and prior approval by Landlord.

Agreed to and accepted this 7<sup>th</sup> Day of December 2011

Agreed to and accepted this 8<sup>th</sup> Day of December 2011

By: Bert A. Yeh

By: Henry Davis

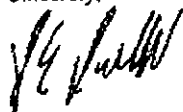
("Landlord") Co-CEO  
Globe Corporation

("Tenant")

It should be understood that this Letter of Intent is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this email by anyone else is unauthorized.

Thank you for your time and consideration to partner with DaVita.

Sincerely,



Emmett Purcell  
Senior Vice President  
USI Real Estate Brokerage Services Inc.

Co: Edgar Levin  
Jim Burke

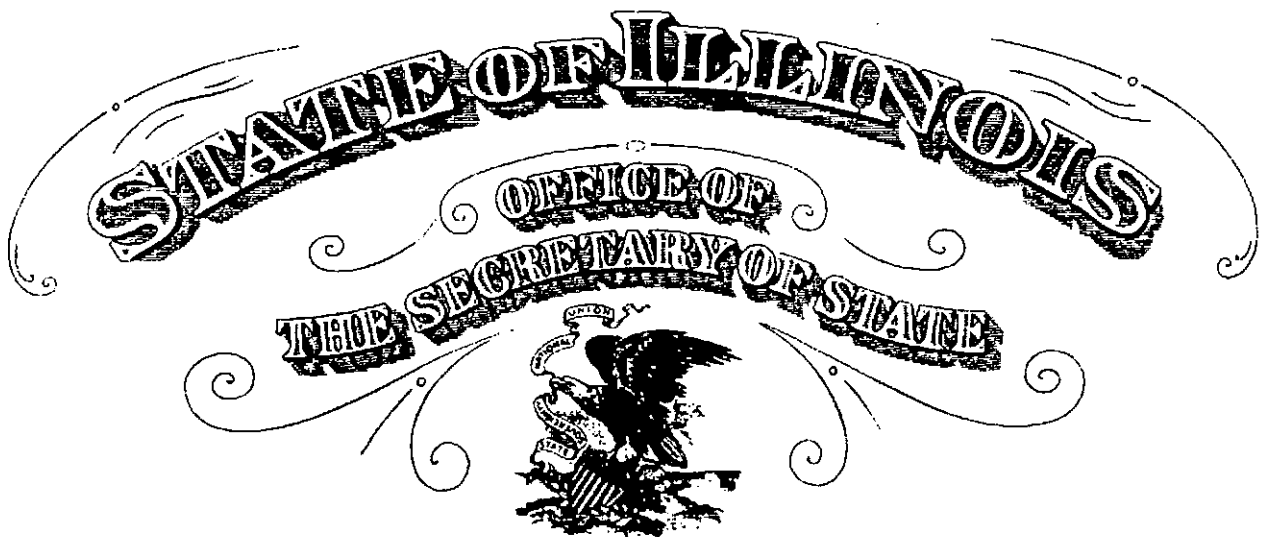
EXHIBIT A

NON-BINDING NOTICE

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

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

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



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

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

**In Testimony Whereof,** I hereto set  
*my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 18TH  
day of OCTOBER A.D. 2010*

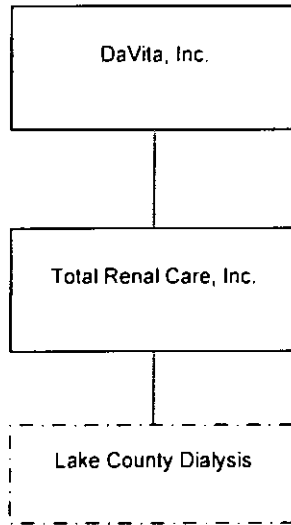


*Jesse White*

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

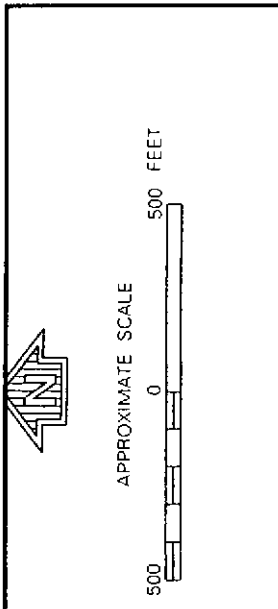
The organizational chart for Davita Inc. and Total Renal Care, Inc. is attached at Attachment – 4.

Lake County Dialysis  
Organizational Chart



**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 565 Lakeview Parkway, Vernon Hills, IL 60061. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



**NATIONAL FLOOD INSURANCE PROGRAM**

**FIRM**  
**FLOOD INSURANCE RATE MAP**  
 LAKE COUNTY,  
 ILLINOIS  
 AND INCORPORATED AREAS

**PANEL 252 OF 295**  
 (SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS	
COMMUNITY	NUMBER
LAKE COUNTY	0852
UNIONVILLE VILLAGE OF	0853
WETNAM VILLAGE OF	0854
VERNON HILLS VILLAGE OF	0855

MAP NUMBER  
17097C0252 6

MAP REVISED:  
SEPTEMBER 7, 2000

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)





**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.



Joseph T. Van Leer  
(312) 873-3665  
jvanleer@polsinelli.com

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

November 21, 2011

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 20-station dialysis facility in an existing building at 565 Lakeview Parkway, Vernon Hills, Illinois 60061 ("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 20-station dialysis facility in an existing building located at 565 Lakeview Parkway, Vernon Hills, Illinois 60061. 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**

Photographs of the existing building are attached at Attachment 2.

November 21, 2011

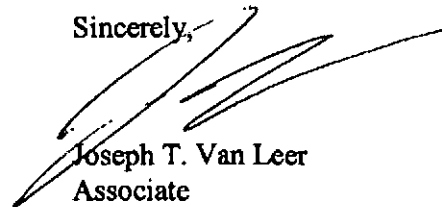
Page 2

**4. Address for Building/Structure**

The Proposed Project will be located at 565 Lakeview Parkway, Vernon Hills, Illinois 60061.

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 312-873-3665 or [jvanleer@polsinelli.com](mailto:jvanleer@polsinelli.com).

Sincerely,



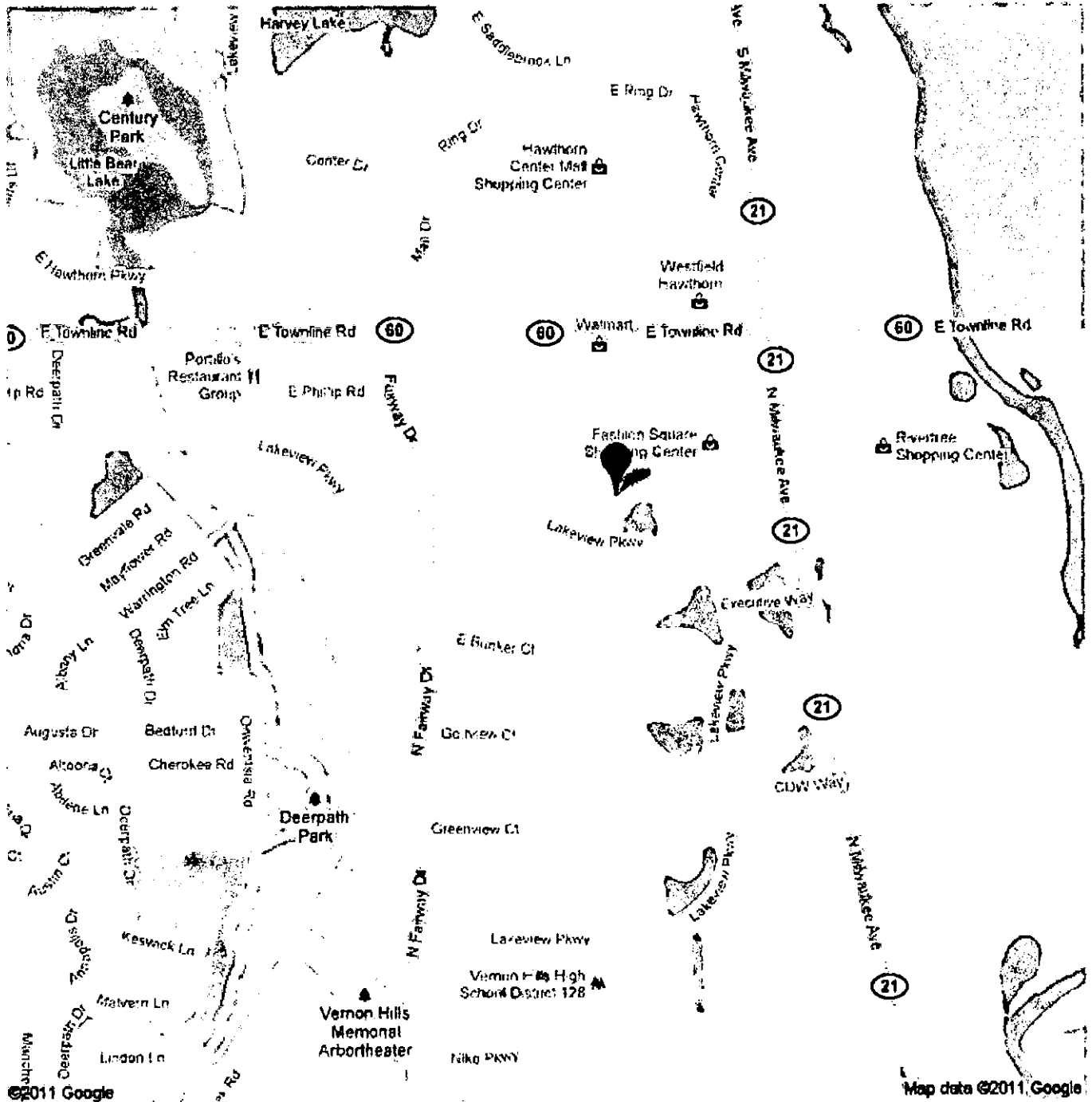
Joseph T. Van Leer  
Associate

Enclosure

JTV:

565 Lakeview Parkway, Vernon Hills, IL 60061

Google





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

<b>Table 1120.110</b>			
<b>Project Cost</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
Modernization Contracts	\$1,186,000		\$1,186,000
Contingencies	\$118,600		\$118,600
Architectural/Engineering Fees	\$71,514		\$71,514
Consulting and Other Fees	\$75,000		\$75,000
Moveable and Other Equipment			
Communications	\$90,925		\$90,925
Water Treatment	\$120,580		\$120,580
Bio-Medical Equipment	\$10,335		\$10,335
Clinical Equipment	\$20,179		\$20,179
Clinical Furniture/Fixtures	\$19,455		\$19,455
Lounge Furniture/Fixtures	\$2,815		\$2,815
Storage Furniture/Fixtures	\$6,533		\$6,533
Business Office Fixtures	\$24,925		\$24,925
General Furniture/Fixtures	\$29,000		\$29,000
Signage	\$12,500		\$12,500
Total Moveable and Other Equipment	\$337,247		\$337,247
Fair Market Value of Leased Space	\$737,725		\$737,725
<b>Total Project Costs</b>	<b>\$2,526,086</b>		<b>\$2,526,086</b>

**Section I, Identification, General Information, and Certification**  
**Project Status and Completion Schedules**

Although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the Replacement Facility, with the intent of project obligation being contingent upon permit issuance.

**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
<b>CLINICAL</b>							
ESRD	\$2,526,086	7,946			7,946		
<b>Total Clinical</b>	<b>\$2,526,086</b>	7,946			7,946		
<b>NON CLINICAL</b>							
<b>Total Non-clinical</b>							
<b>TOTAL</b>	<b>\$2,526,086</b>	7,946			7,946		



**Section II, Discontinuation**  
**Criterion 1110.130(a), General**

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "Board") to discontinue Lake County Dialysis' 16-station facility located at 918 South Milwaukee Avenue, Libertyville, Illinois 60048 (the "Existing Facility").
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: September 30, 2013
4. The Applicants lease space for the Existing Facility from Liberty Mill Plaza, LLC. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

**Section II, Discontinuation**  
**Criterion 1110.130(a), General**

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "Board") to discontinue Lake County Dialysis' 16-station facility located at 918 South Milwaukee Avenue, Libertyville, Illinois 60048 (the "Existing Facility").
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: September 30, 2013
4. The Applicants lease space for the Existing Facility from Liberty Mill Plaza, LLC. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

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

1. The discontinuation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to residents of Lake County. The Applicants propose to discontinue the existing 16-station dialysis facility and establish a 20-station dialysis facility. The Replacement Facility will be located at 565 Lakeview Parkway, Vernon Hills, IL 60061 approximately 2.9 miles, or 6 minutes, from the Existing Facility.
2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time of the Existing Facility is attached at Attachment – 10A. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10B. See Appendices – 1 and 2 for documentation that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time.
3. To date, the Applicants have not receive any impact statements regarding the discontinuation.

Lake County Dialysis  
918 South Milwaukee Avenue  
Libertyville, Illinois

November 21, 2011

**CERTIFIED MAIL/RETURN RECEIPT**

Fresenius Medical Care South Deering  
10059 South Torrance Avenue  
Chicago, Illinois 60617-5337

To Whom It May Concern:

I am writing on behalf of DaVita, Inc. and Total Renal Care, Inc. to inform you of the proposed relocation of Lake County Dialysis, a 16-station dialysis facility located at 918 South Milwaukee Avenue, Libertyville, Illinois (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is no later than September 30, 2012.

Over the past two years, the facility has served between 65 and 73 end-stage renal disease patients at any given time and the census at the end of October 2011 was 70. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

While we do not anticipate the project will impact access to care for residents of the area or area health care facilities because we will accommodate the Lake County Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Kara M. Friedman, Polsinelli Shughart, PC, 161 North Clark Street, Suite 4200, Chicago, Illinois 60601. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact Kara M. Friedman at [kfriedman@polsinelli.com](mailto:kfriedman@polsinelli.com) or 312-873-3639.

Sincerely,



On behalf of

DaVita, Inc.

Total Renal Care, Inc.

Attachment - 10A

**Table 1110.130(c), Facilities within 45 Minutes Driving Distance of Existing Facility**

Facility	Address	City	State	Zip	Mileage	Time	Adjusted Time
Fresenius Medical Care South Deering	10059 South Torrance Avenue	Chicago	Illinois	60617-5337	49.96	1	1.15
Grand Crossing Dialysis	7319 S. Cottage Grove Avenue	Chicago	Illinois	60619-1909	45.65	1	1.15
Fresenius Medical Care Mundelein	1400 Townline Road	Mundelein	Illinois	60060-4433	4.09	7	8.05
Fresenius Medical Care of Lake Bluff	101 Waukegan Road	Lake Bluff	Illinois	60044-1687	4.63	9	10.35
Neomedica - Gurnee	101 So. Greenleaf Avenue Ste. B	Gurnee	Illinois	60031-3369	8.33	15	17.25
Fresenius Medical Care of Deerfield	405 Lake Cook Road	Deerfield	Illinois	60015-4993	12.55	19	21.85
Highland Park Hospital	718 Glenview Avenue	Highland Park	Illinois	60035-2432	11.73	19	21.85
RCG-Buffalo Grove	1291 W. Dundee Road	Buffalo Grove	Illinois	60089-4009	12.09	20	23
Neomedica Dialysis Ctrs - Round Lake	401 West Nippersink Road	Round Lake	Illinois	60073-3280	10.34	20	23
Dialysis Center of America - NCDC	1616 Grand Avenue, Suite C	Waukegan	Illinois	60085-3576	11.48	22	25.3
Fresenius Medical Care Palatine	691 East Dundee Road	Palatine	Illinois	60074-2817	13.71	23	26.45
Fresenius Medical Care Waukegan Harbor	110 North West Street	Waukegan	Illinois	60085-4330	11.81	23	26.45
Glenview Dialysis Center	4248 Commercial Way	Glenview	Illinois	60025-3573	15.34	28	32.2
Neomedica Dialysis Ctrs - Rolling Meadows	4180 Winnetka Avenue	Rolling Meadows	Illinois	60008-1375	18.77	29	33.35
RCG Skokie	9801 Woods Drive	Skokie	Illinois	60077-1074	20.67	29	33.35
Lake Villa Dialysis	37809 N. Illinois Rte 59	Lake Villa	Illinois	60048-7332	16.06	29	33.35
Lutheran General - Neomedica	9371 Milwaukee Avenue	Niles	Illinois	60714-1303	20.38	31	35.65
RCG - Mid America Evanston	2953 Central Street	Evanston	Illinois	60201-1245	21.91	33	37.95
Big Oaks Dialysis	5623 West Touhy Avenue	Niles	Illinois	60714-4019	24.96	34	39.1
Fresenius Medical Care of McHenry	4312 W. Elm Street	McHenry	Illinois	60050-4003	19.68	34	39.1
Fresenius Medical Care of Antioch	311 West Depot Street	Antioch	Illinois	60002-1500	21.7	34	39.1
RCG - Arlington Heights Northwest Kidney Center	17 West Golf Road	Arlington Heights	Illinois	60005-3905	18.59	35	40.25
Center for Renal Replacement	7301 N. Lincoln Ave., Ste 205	Lincolnwood	Illinois	60712-1735	25.29	35	40.25
Elk Grove Dialysis Center	901 Biesterfeld Road	Elk Grove Village	Illinois	60007-3392	24.73	36	41.4
Fresenius Medical Care Northwest	4701 N Cumberland, Ste 15/18A	Norridge	Illinois	60706-4277	25.67	36	41.4
Resurrection Medical Center	7435 West Talcott Avenue	Chicago	Illinois	60631-3707	26.73	36	41.4
Neomedica Dialysis Ctrs - Evanston	1715 Central Street	Evanston	Illinois	60201-1507	22.6	36	41.4
Crystal Spring Dialysis	4900 South Illinois Rte 31	Crystal Lake	Illinois	60012-3784	20.63	36	41.4
Neomedica Dialysis Ctrs - North	4800 North Kilpatrick	Chicago	Illinois	60630-1725	27.49	38	43.7
Evanston Hospital	2650 Ridge Avenue	Evanston	Illinois	60201-1718	23.33	38	43.7
Neomedica Dialysis Ctrs - Hoffman Estates	3150 West Higgins Road	Hoffman Estates	Illinois	60169-7237	24.15	39	44.85

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

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2010 Community Care report, some 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 discontinuation of Lake County Dialysis' existing 16-station dialysis facility and the establishment of a 20-station Replacement Facility located at 565 Lakeview Parkway, Vernon Hills, IL 60061.

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 2004<sup>1</sup>
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD<sup>2</sup>

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.<sup>3</sup> 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.

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<sup>1</sup> 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.

<sup>2</sup> Int'l Diabetes Found., *One Adult in Ten will have Diabetes by 2030* (Nov. 14, 2011), available at <http://www.idf.org/media-events/press-releases/2011/diabetes-atlas-5th-edition>.

<sup>3</sup> *Id.*

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, 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 Phillipines, 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

Attachment - 11

facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

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

A list of health care facilities owned or operated by 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.





Office of the Chief  
 Medical Officers (OCMO)  
 Alan K. Kessler, MD  
 Chief Medical Officer  
 Patricia Manning, MD  
 Robert Froehner, MD  
 John Robertson, MD  
 David B. Van Wael, MD

April 30, 2009

Dear Physicians:

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



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



**CathAway:** Higher catheter use is associated with increased infection, morbidity, mortality and hospitalizations <sup>(1) (2)</sup>. 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:**

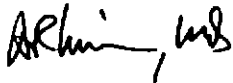
- o **Assess incident patients regularly in their first 90 days:** Discuss patients individually and regularly. Use the IMPACT scorecard to prompt these discussions.
- o **Adopt "Facility Specific Orders":** Create new facility specific orders using the form that will be provided to you.
- o **Minimize 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.
- o **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.

**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.



*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](mailto:impact@davita.com). Together we can give our incident patients the quality and length of life they deserve.

Sincerely,

Dennis Kogod  
Chief Operating Officer

Allen R. Nissenson, MD, FACP  
Chief Medical Officer

*DaVita.*

© 2009 DaVita. All rights reserved. IMPACT is a registered trademark of DaVita. For more information, visit [www.davita.com/physicians](http://www.davita.com/physicians).



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 shows that fistulas - the surgical connection of an artery to a vein - last longer and are associated with lower rates of infection, hospitalization and death compared to all other access choices.

Allen R. 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.

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

## Incident Management of Hemodialysis Patients: Managing the First 90 Days

John Robertson<sup>1</sup>, Pooja Goel<sup>1</sup>, Grace Chen<sup>1</sup>, Ronald Levine<sup>1</sup>, Debbie Benner<sup>1</sup>, and Amy Burdan<sup>1</sup>  
<sup>1</sup>DaVita Inc., El Segundo, CA, USA

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

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

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

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

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

# IMPACT Tools

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

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

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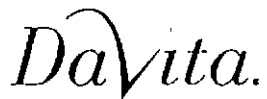
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**Headquarters**  
1627 Cole Blvd, Bldg 18  
Lakewood CO 80401  
1-888-200-1041

## IMPACT

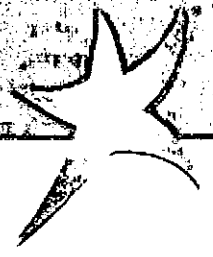
For more information, contact  
1-800-400-8331

**DaVita.com**

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

**Core Values**  
Service Excellence  
Integrity  
Team  
Continuous Improvement  
Accountability  
Fulfillment  
Fun





# Knowledge is power.

EMPOWER<sup>®</sup> is an educational program by DaVita<sup>®</sup>. The program includes a series of free community based classes for patients with chronic kidney disease (CKD). These classes encourage you to take control of your kidney disease and prepare for dialysis by making healthy choices about your kidney care

## Taking Control Of Kidney Disease

Learn how to slow the progression of kidney disease.

- Kidney disease and related conditions
- Behavior modification
- Dietary guidelines
- Common medications
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

## Making Healthy Choices

Learn how to prepare for dialysis.

- Kidney disease and related conditions
- Behavior modification
- Dietary guidelines
- Common medications
- Treatments that allow you to stay active and continue to work
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

## Treatment Choices

An in-depth look at all of your treatment choices.

- Kidney disease and related conditions
- Treatments that allow you to stay active and continue to work
- Insurance choices
- Ways to cope with CKD
- Questions to ask your health care team

To register for a class, call 1-888-MyKidney (695-4363).

EMPOWER<sup>®</sup>  
1-888-MyKidney (695-4363) | [DaVita.com/EMPOWER](http://DaVita.com/EMPOWER)



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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		FREERT	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	1515 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
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	SAINT 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
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita, Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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 MATTES 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



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

November 21, 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.

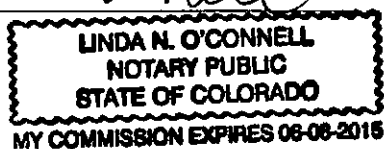
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. 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,

Kent Thiry  
Chief Executive Officer  
DaVita Inc.  
Total Renal Care, Inc.

Subscribed and sworn to me  
This 21 day of November, 2011

Notary Public



Attachment – 11C

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

Purpose of the Project

1. The Applicants propose to discontinue the Existing Facility located at 918 South Milwaukee Avenue, Libertyville, Illinois 60048 and establish a replacement facility with 20 stations at 565 Lakeview Parkway, Vernon Hills, IL 60061 (the "Replacement Facility") and to meet the growing need for dialysis services in Lake County.

The Existing Facility is insufficient to meet demand. It has been at the current location since 1990. The building is old, poorly configured, and in need of repair. There are constant telephone and electric issues. The Existing Facility is located in the midst of a car dealership, which presents numerous challenges, as there is no parking for patients, visitors, or staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This poses an inconvenience for patients, many of whom rely on assistive devices, such as canes and walkers, and creates additional safety hazards when arriving and departing during inclement weather. Relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment primarily during the day. The proposed location is just 2.9 miles, or 6 minutes, from the Existing Facility, so the facility will continue to serve its current patients and meet rising demand in its geographic service area ("GSA").

The Replacement Facility is needed to serve the growing demand for dialysis services in Lake County. Despite the challenges caused by the Existing Facility's location, it is currently operating at 76%, as reported by The Renal Network (the "Renal Network Utilization Data") for the quarter ending September 30, 2011. Currently, the Existing Facility serves 69 ESRD patients. Dr. Steinmuller, the primary referring physician for Lake County Dialysis, anticipates all 69 current patients will transfer to the Replacement Facility. Dr. Steinmuller is currently treating 183 pre-ESRD patients that reside in and around Lake County. While he will continue to refer patients to existing facilities in that area, Dr. Steinmuller has identified 89 pre-ESRD patients as potential referrals to the Replacement Facility. See Attachment – 12A. Based upon a 35% attrition rate due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 93% utilization rate, which exceeds the State's 80% standard.

Furthermore, utilization of existing facilities to accommodate growing need for dialysis is not feasible. As shown in Table 1110.230(b)(1) below, there are currently 11 existing or approved dialysis facilities within 30 minutes normal travel time of the Replacement Facility and the Renal Network Utilization Data shows that utilization of existing facilities is 71%. Importantly, FMC Palatine has only been in operation for six months. FMC projects the Palatine facility will exceed the State's 80% utilization standard within 24 months, while the Replacement Facility is under construction. Additionally, the Palatine facility was built to serve a distinct patient population from the one currently served by Lake County Dialysis.

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

Facility	City	Distance	Time	Adjusted Time	Stations	Patients (9/30/11)	Utilization
Fresenius Medical Care Mundelein <sup>4</sup>	Mundelein	1.83	3	3.45	12	0	0.00%
Fresenius Medical Care of Lake Bluff	Lake Bluff	7.17	11	12.65	16	84	87.50%
Highland Park Hospital	Highland Park	10.15	16	18.4	20	103	85.83%

<sup>4</sup> Permit approved September 21, 2010.

RCG-Buffalo Grove	Buffalo Grove	9.83	17	19.55	16	66	68.75%
Fresenius Medical Care of Deerfield	Deerfield	10.97	17	19.55	12	29	40.28%
Fresenius Medical Care Palatine <sup>5</sup>	Palatine	11.45	19	21.85	12	11	15.28%
Neomedica - Gurnee	Gurnee	12.62	19	21.85	14	86	102.38%
Neomedica Dialysis Ctrs - Round Lake	Round Lake	14.22	24	27.6	16	73	76.04%
Glenview Dialysis Center	Glenview	13	25	28.75	20	94	78.33%
Dialysis Center of America - NCDC	Waukegan	15.67	25	28.75	22	91	68.94%
Neomedica Dialysis Ctrs - Rolling Meadows	Rolling Meadows	16.51	26	29.9	24	93	64.58%

Lake County has a large Hispanic community. In fact, based on the 2010 U.S. Census data, approximately 20% of the population is Hispanic. This is important, as the Hispanic population has a 1.5 times greater ESRD incident rate than the general population. Many patients rely on quasi-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. It is essential the Applicants obtain approval for a new location in order to continue providing necessary dialysis services to Lake County Dialysis' patients. Although there are other facilities in the area, they will not be able to easily accommodate Lake Park patients due to high utilization.

2. A map of the market area for the proposed facility is attached at Attachment – 12B. The market area encompasses a 16.5 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Lindenhurst
- Northeast approximately 30 minutes normal travel time to Waukegan
- East approximately 8 minutes normal travel time to Fort Sheridan
- Southeast approximately 30 minutes normal travel time to Wilmette
- South approximately 30 minutes normal travel time to Des Plaines
- Southwest approximately 30 minutes normal travel time to Palatine
- West approximately 30 minutes normal travel time to Tower Lake
- Northwest approximately 30 minutes normal travel time to Round Lake

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. See Attachment 12C. Hispanics are at an increased risk of ESRD compared to the general population due to the higher prevalence of diabetes and hypertension in the Hispanic community. In fact, the incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Notably, a large percentage of Lake County is Hispanic (approximately 20%). This, coupled with the aging population, is expected to increase utilization.

The current patient utilization along with the pre-ESRD patients identified by Dr. Steinmuller confirms this. 69 patients will continue treatment at the Replacement Facility, and Dr. Steinmuller is currently treating 183 CKD patients. While he will continue to refer patients to existing facilities in that area, Dr. Steinmuller has identified 89 pre-ESRD patients as potential referrals to the Replacement Facility. See Attachment – 12A. Based upon a 35% attrition rate due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 93% utilization rate, which exceeds the State's 80% standard. This will contribute to meeting the need identified in the HFSRB Inventory.

<sup>5</sup> Only operational for the second and third quarters of 2011.

4. Source Information

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

U.S. Census Bureau, American FactFinder, Fact Sheet, available at [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en) (last visited Nov. 18, 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/2010/view/default.asp> (last visited Nov. 18, 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/atlas07.aspx> (last visited Nov. 18, 2011).

5. As stated, the Existing Facility is currently operating at approximately 76% utilization. It has been at the current location since 1990. The building is old, poorly configured, and in need of repair. There are constant telephone and electric issues. The Existing Facility is located in the midst of a car dealership, which presents numerous challenges, as there is no parking for patients, visitors, or staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. Although physicians typically press the facility to accommodate their sickest and most frail patients during the first and second shifts, it is often difficult for a patient to schedule dialysis during these shifts when facilities are operating near 80% utilization. The proposed project, which includes the addition of 4 stations, will increase needed area dialysis capacity and allow patients to obtain treatment at more optimal times. Additionally, the increase in capacity will enable DaVita to more effectively meet projected increases in demand set forth above.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to other DaVita facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring 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 was \$509M in hospitalization savings to the health care system and the American taxpayer in 2010.



**Donald Robert Steinmuller, M.D.**  
6 Phillip Road  
Vernon Hills, Illinois 60061

December 5, 2011

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

Dear Chairman Galassic:

I am the medical director for Lake County Dialysis. I am writing in support of DaVita's proposed relocation and expansion of Lake County Dialysis. Specifically, DaVita proposes to close its existing facility located at 918 South Milwaukee Avenue, Libertyville, Illinois and relocate it to 565 Lakeview Parkway, Vernon Hills, Illinois.

The existing facility cannot adequately serve the needs of current and future patients. It is old, poorly configured, and located on a car dealership lot. This poses an inconvenience, as there is no dedicated parking for patients, visitors, and staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This creates additional safety hazards for patients when arriving and departing during inclement weather because many patients rely on assistive devices, such as canes and walkers. Despite these challenges, the existing facility consistently operates at approximately 76% utilization. Additionally, although the existing facility offers nocturnal dialysis, its poor configuration is insufficient to adequately serve nocturnal patients. The replacement facility will enable Lake County to better serve its day-time patient base as well as its nocturnal patients. Thus, the replacement facility is needed to serve a growing need in Lake County.

Lake County Dialysis is currently treating 69 ESRD patients. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 183 chronic kidney disease patients that reside in and around Lake County. While I will continue to refer patients to existing facilities in the area, we have identified 89 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home hemodialysis treatment, I anticipate that I will refer 42 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

Attachment - 12A

Furthermore, Lake County exhibits a large Hispanic population. Notably, the incidence of ESRD in the Hispanic community is 1.5 times greater than in the general population. A new 20-station dialysis facility will improve access and ensure that patients in Lake County receive access to modern, high quality dialysis treatment.

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 relocation of Lake County Dialysis.

Sincerely,

*Donald R. Steinmuller*  
Donald Robert Steinmuller, M.D.  
Nephrologist  
6 Phillip Road  
Vernon Hills, Illinois 60061

Subscribed and sworn to me  
This 5th day of December, 2011

*Tara L. Motley*  
Notary Public



**ATTACHMENT 1  
CURRENT PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
53104	1
60004	1
60014	1
60030	6
60031	8
60042	1
60045	1
60047	1
60048	8
60051	1
60060	13
60061	13
60065	2
60073	1
60083	1
60084	2
60085	5
60099	1
60618	1
60624	1
<b>Total</b>	<b>69</b>

**ATTACHMENT 2  
HISTORICAL PATIENT REFERRALS**

2009		
Facility	Patient	Zip
Gurnee Dialysis Unit	AP	60083
	BS	60099
	LR	60085
	UA	60085
Lake Bluff Dialysis Unit	BC	60085
	EJ	60088
Lake County Dialysis Unit	BF	17403
	CC	60085
	CM	60085
	CT	60048
	DH	60060
	DW	60085
	HD	60084
	HJ	60061
	JA	60069
	JH	60048
	JK	48188
	JM	60073
	JS	60061
	KB	60045
	KH	60030
	LM	60031
	LS	33060
	LS	60031
	MK	60048
	PF	60618
PF	60618	
RA	60639	
RJ	60073	
RK	60060	
RP	60031	
WB	60085	
WR	60471	
Round Lake Dialysis	AM	60073
	HD	60084
	RF	60073

2010		
Facility	Patient	Zip
Gurnee Dialysis Unit	DM	60085
Lake County Dialysis Unit	AM	60030
	AM	60030
	BF	17403

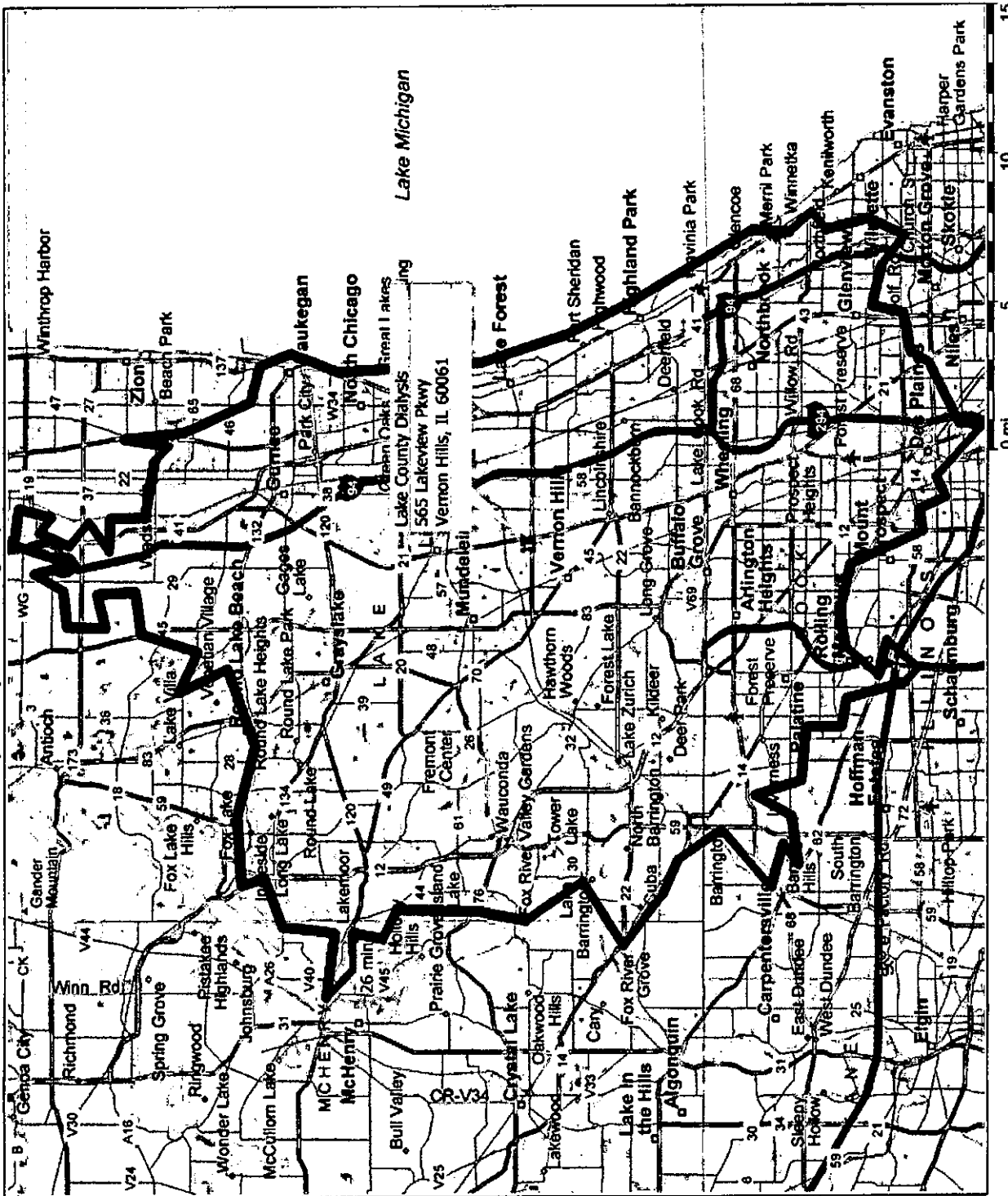
2010		
	CC	60073
	CC	60073
	CL	60061
	CP	60085
	EG	60641
	GB	60031
	JA	60096
	JG	60046
	JP	60031
	LD	60031
	LN	60060
	MC	60030
	MR	60061
	PR	60044
	PR	60061
	RK	60060
	SJ	60061
	WR	60471
Lake Villa Dialysis Unit	NL	60030
Round Lake Dialysis	AM	60073

2011 (1/1/11 - 10/31/11)		
Facility	Patient	Zip
Lake Bluff Dialysis Unit	AC	60099
	HR	60060
	JG	60046
	JG	60046
Lake County Dialysis Unit	AB	91010
	CP	60085
	FC	60085
	FJ	60034
	FJ	60034
	JD	60083
	JG	60046
	JG	75092
	PE	60061
	RB	60438
	RC	60048
	RP	60031
	RR	60030
SG	60061	
Round Lake Dialysis	MM	60073

**ATTACHMENT 3  
PRE-ESRD PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
60031	4
60035	1
60040	1
60041	1
60045	3
60047	4
60048	11
60060	4
60061	18
60064	3
60069	2
60073	14
60083	7
60084	3
60085	9
60089	3
60090	1
<b>Total</b>	<b>89</b>

# Lake County Dialysis Geographic Service Area



Editorial Review

## The obesity epidemics in ESRD: from wasting to waist?

Carmine Zoccali

Nephrology, Dialysis and Transplantation Unit and CNR-IBIM Clinical Epidemiology and Pathophysiology of Renal Diseases and Hypertension, Reggio Calabria, Italy

**Keywords:** CKD; ESRD; malnutrition; metabolic syndrome; obesity

During the last six decades, from the World War II years on, the phenotype of human beings has changed profoundly. The dominant slim, pale and light phenotype of the 1920s has gradually been overthrown by the heavy, large and ponderous phenotype of obese people. Obesity is rampant in the USA (<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/>, accessed on 20th July 2008) and, even though to a lesser degree, most European countries share the same epochal evolution [1]. Type 2 diabetes and cardiovascular diseases are the two most important non-communicable disease outcomes of obesity. Abdominal obesity is strongly associated, and at least in part in a causal manner, with hypertension, dyslipidaemia and impaired insulin resistance [2]. Well beyond these complications, neoplasia [3], greater exposure to drugs of various sort, sterility [4], asthma [5], non-alcoholic liver disease [6] and osteoarthritis [7] are all much concerning sequelae of this epidemics. The risk of disease and disability attributable to overweight and obesity starts early, just when the upper limit of the ideal body mass index (BMI) (21–23 kg/m<sup>2</sup>) is trespassed and rises linearly at progressively higher BMI levels [8,9]. The burden of disease attributable to excess BMI among adults in the USA is enormous. Obesity at age 40 years reduced life expectancy by ~7 years in women and by ~6 years in men in the Framingham cohort [10]. In Europe, more than 1 million deaths and ~12 million life-years of ill health (disability adjusted life-years—DALYs) were counted in 2000 [9].

### Obesity epidemics in the dialysis population

Until now the major focus of nutrition research in dialysis patients has been on low BMI and protein energy wasting

Correspondence and offprint requests to: Carmine Zoccali, CNR-IBIM, presso Euroline, Via Vallone Petrarà 57, 89124 Reggio Calabria, Italy. Tel: +0039-0965-397010; Fax: +0039-0965-397000; E-mail: carmine.zoccali@tin.it

[11]. The identification and elucidation of this pervasive condition in the dialysis population has certainly been a major achievement of modern nephrology. However, a thorough refocusing of the problem is needed. In Western countries, overweight and obesity have now gained the ominous role of leading risk factors for chronic kidney disease (CKD) [12]. The pathophysiological underpinnings of obesity-related CKD are still unclear, but solid working hypothesis have been formulated and the issue is being intensively investigated in experimental models and in human studies [13]. From an epidemiologic point of view, the association between BMI and the incidence of ESRD has been convincingly established in population-based studies in Japanese men [14] and in American people [15]. Obesity is one of the most frequent risk factors for progressive CKD in the general population. For this reason, this condition has become highly prevalent in dialysis units (Figure 1). The problem was nicely described by Kramer *et al.*, in synchronic analyses based on the USRDS and on the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention [16]. During a relatively brief period (just 8 years, from 1994 to 2002), the mean BMI increased from 25.7 kg/m<sup>2</sup> among incident patients in 1995 to 27.5 kg/m<sup>2</sup> in 2002 and from 25.7 to 26.7 kg/m<sup>2</sup> in the total US population (Figure 2). Overall in 2002, almost one-third of incident dialysis patients were obese and, worryingly so, the prevalence of patients with stage 2 obesity (BMI > 35 kg/m<sup>2</sup>) increased by 63%. As expected, the prevalence of obesity was higher in diabetics than in non-diabetics with a forecasted 2007 prevalence of total obesity in these patients as high as 44.6%. The predicted population average of BMI for 2007 (~28 kg/m<sup>2</sup>) clearly indicates that just a small fraction of dialysis patients in the USA have a normal or a low body weight. In a cohort of incident dialysis patients (1997–2004) in Europe (the Netherlands) [17], the average BMI was 25.3 kg/m<sup>2</sup> showing that in the other side of the Atlantic more than half of ESRD patients are overweight or obese. In brief, there is unmistakable evidence that the obese phenotype is at least as frequent in the dialysis population as it is in the general population. Thus, nutritional disorders in ESRD should be interpreted in a context that takes into appropriate account that fat excess rather than fat deficiency is the most common trait in dialysis patients.



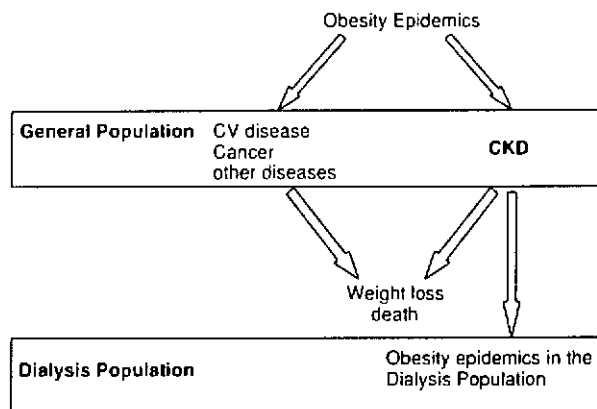


Fig. 1. Simple model whereby the obesity epidemics in the general population generate a parallel obesity epidemics in the dialysis population. Death and weight loss generated by CKD and other obesity-driven diseases represent competing risks that limit the rise in the prevalence of obesity in the dialysis population.

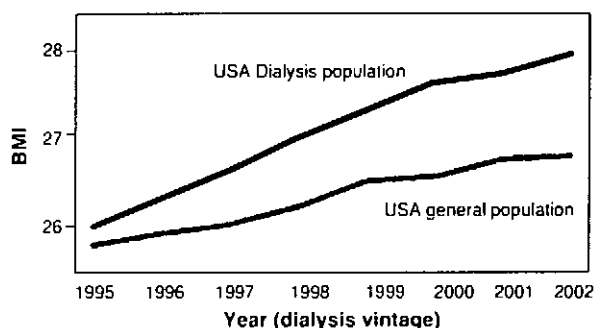


Fig. 2. Temporal trends in BMI (kg/m<sup>2</sup>) among incident ESRD patients population by year of dialysis initiation and in the coeval general US population (Behavioral Risk Factor Surveillance System). Redrawn from Kramer HJ *et al.* [16].

### Obesity and the reverse epidemiology conundrum in ESRD

The term 'reverse epidemiology' has been widely adopted to describe the apparently paradoxical inverse association between mortality and BMI and other risk factors in ESRD. Studies in renal registries [18], in clinical databases [19] and in large, international studies [20] have coherently shown that BMI is indeed inversely associated with death risk. This phenomenon is not typical of ESRD being common also to other chronic conditions, including cardiovascular disease [21,22]. The term 'reverse epidemiology' has fierce opponents [23]. It was emphasized that rules of epidemiology have not been reversed in dialysis patients, and recent data in a European dialysis cohort documented that the relationship between the BMI and mortality does not deviate from that of the coeval background population [17]. In addition, most studies did not adequately control for potential confounders such as cancer and CHF, and smoking. The main reason of concern with the term 'reverse' is that such a definition may distract from the complexity of the ESRD population and

may facilitate confusion between association and causation thus diverting clinical attention and scientific research from truly important issues related to risk factors modification in this population [23]. There is no question that obesity was a trait providing survival advantage to our ancestors at a time when famine and infectious diseases decimated the population and when the average duration of human life was 40 years or less [24]. The same survival advantage may apply to high-risk conditions such as cardiac disease, cancer and ESRD that are all characterized by a short life expectancy and by specific (non-Framingham) risk factors. Any case studying risk factors for survival in the dialysis population in no way imposes deviations from classic epidemiology principles. In this respect, there is absolutely no dissent on the fact that a high BMI *per se* should not be seen as a necessarily protective factor in ESRD. In fact, current guidelines in ESRD recommend a multidimensional assessment of nutritional status [25,26] both for prognosis and treatment while the very champions of the 'reverse epidemiology' concept accurately dissected the BMI-protein balance link when assessing the risk of malnutrition in this population [27].

### How to measure the obesity burden in epidemiological studies

Defining obesity and how to measure it is of fundamental importance if we are to develop disease-specific studies in ESRD. However, in broad terms, the very essence of obesity and how it should be measured in population studies is an unsettled problem. This is so in epidemiological research in general and in research specific to ESRD as well. Most of the progress on the understanding of the detrimental effect of fat excess on human health was made in studies based on the BMI. In recent years, this time-honoured metric has been under intense scrutiny and, on the basis of a thorough meta-analysis, eminent epidemiologists came to the conclusion that the BMI is an inadequate metric for the cardiovascular risk of obesity [28]. Authoritative claims have been made that BMI should be abandoned straightaway [29]. Which is the best metric of this condition remains highly controversial. Proper positioning of the indicators of obesity may be obtained by studying the inter-correlation between the various metrics, their relationship with clinical outcomes and by cogent biological knowledge. Detailed analyses of the relationship between BMI, overall fat mass, waist circumference and abdominal visceral fat (as measured by computed tomography) in Caucasian and African American population samples have been made [30]. Collectively, the mean correlation between BMI and fat mass in these populations was very high ( $r = 0.94$ ). Of note, waist circumference correlated very well both with BMI ( $r = 0.93$ ) and overall fat mass ( $r = 0.92$ ). Finally, BMI ( $r = 0.72$ ) as well as the other metrics (fat mass  $r = 0.73$ ; waist circumference  $r = 0.77$ ) correlated equally well with abdominal visceral adiposity by CT. Since the major factor implicated in the health risks of obesity seems to be the excess adipose tissue and/or some aspects of cell biology, the data on the relationship between BMI and overall fat mass

would be against the contention that BMI is not a valid surrogate for fat mass, at least in apparently healthy adults in the community. The same reasoning applies to waist circumference. Since most of the variance in obesity-related anthropometrics is captured by BMI, some obesity experts see no reason to replace BMI by waist circumference or other metrics as a measure of obesity [30]. However, it has been argued that this position does not consider that analyses in apparently healthy subjects may not apply to patients with chronic conditions. Furthermore, simple analyses on inter-correlations between indicators of obesity in no way can surrogate the study of the relationship of these measurements with clinical outcomes, which is the ultimate, adjudicative criterion. In this respect, it is well demonstrated that waist circumference and the related metric waist hip ratio (WHR) add prognostic information at any level of BMI. In a large survey based on the III National Health and Examination survey within the three BMI categories of normal weight, overweight and class I obesity, a larger waist circumference coherently identified individuals at an increased health risk [31]. Likewise, the WHR was the strongest body size measure associated with myocardial infarction in the INTERHEART study, a world-wide extended case-control study [32]. Importantly, in this study, BMI lost substantial prognostic value in an analysis adjusting for WHR and other risk factors while the predictive power of WHR became stronger after these statistical adjustments, which is in line with biological evidence indicating that visceral fat is a relevant source of endogenous compounds impinging upon cardiovascular health. Whether metrics of waist circumference hold prognostic value for death and cardiovascular complications in patients with chronic diseases other than myocardial infarction is still unknown [33].

### Obesity and protein energy wasting in ESRD: a two-dimensional problem

BMI is the most used anthropometric measure of overall body size in ESRD. The limitations of this metric are well known to nephrologists [11]. BMI does not distinguish between fat mass and lean mass. At similar BMI, percentage of body fat may differ considerably in people who exercise heavily and in sedentary people. Furthermore, in the elderly and non-Caucasian populations, the relationship between BMI and fat depots is different from that in the young and Caucasian populations [34]. Importantly, BMI does not give information on segmental fat distribution (abdominal versus peripheral fat), a phenomenon with metabolic and clinical bearings. Abdominal obesity is largely caused by the accumulation of visceral (or intra-abdominal) fat while peripheral obesity is mainly characterized by subcutaneous fat accumulation. Due to metabolic differences of the two fat depots, the two may differ in their role of predicting metabolic disturbances and clinical events. Although still not adequately emphasized, the notion that nutritional disorders in ESRD cannot be merely classified on the basis of BMI is well recognized. In 2003, Beddhu *et al.* [35] looked at the problem of which body component (increased

muscle mass or body fat) confers survival advantage in a large cohort of incident haemodialysis patients with high BMI. Twenty-four-hour urinary creatinine excretion prior entering regular dialysis treatment was used as a measure of muscle mass. Patients with high BMI had lower death risk than those with a normal or low BMI. However, high BMI patients with relatively low muscle mass (urinary creatinine  $\leq 0.55$  g/day) had higher risk of all-cause (HR, 1.14;  $P < 0.001$ ) and cardiovascular (HR, 1.19;  $P < 0.001$ ) deaths than patients with the same BMI but low muscle mass. Similarly, in a recent study by Honda in a relatively small cohort of ESRD patients in Sweden [36], protein-energy wasting (as measured by the subjective global assessment of nutrition) was equally prevalent in patients with low, normal and high BMI. In this cohort, BMI *per se* did not predict mortality. However, for each BMI group, protein-energy malnutrition was associated with increased death risk. Overall, these studies show that 'obese sarcopenia', i.e. a high body mass in the face of a low urinary creatinine or protein energy malnutrition, underlies a high death risk in ESRD patients thus indicating that the prognostic value of nutritional status in dialysis patients should be based on the BMI and on metrics of muscle mass and/or protein-energy balance.

Anthropometric measures of visceral fat accumulation such as waist circumference and the WHR are directly associated with all-cause and CV mortalities in the general population. Notwithstanding, ESRD is a chronic condition where nutrition disorders are exceedingly common, and no specific studies of these metrics are available in dialysis patients. Also in light of the rising tide of overweight and obesity in the ESRD population and of the adverse clinical outcomes observed in obese sarcopenia [35,36], the issue of simultaneously testing the prognostic value of metrics of overall body size (like the BMI) and segmental fat accumulation (waist circumference and WHR) in ESRD patients appears to be of major relevance. Very recently, relevant information on the validity of waist circumference as a measure of visceral fat accumulation has been gathered in patients with CKD [37]. In a series of 122 Brazilian patients with stage 3–5 CKD, this metric was strongly associated with visceral fat as measured by abdominal computed tomography and the association of this measurement with cardiovascular risk factors was of the same magnitude of that observed for visceral fat. These findings suggest that waist circumference is a simple and cheap instrument that may be applied for investigating the role of visceral fat on health outcomes in epidemiological studies in patients with renal diseases. In a combined cohort composed by patients enrolled in the Atherosclerosis Risk in Communities (ARIC) and the Cardiovascular Health Study (CHS), a larger waist hip ratio was associated with a 22% risk excess for incident CKD and a 12% risk excess for a combined outcome composed by incident CKD and death [38]. In the same study, BMI appeared protective for the composite outcome but did not predict the risk for CKD. Likewise, in another study in the same cohort [39], a large waist hip ratio was associated with an increased risk of cardiac events while obesity, defined on the basis of BMI  $> 30$  kg/m<sup>2</sup>, did not predict these events. Overall these analyses indicate that, like in the general population, measures of abdominal fat accumulation maintain a direct association with the

risk for CKD, cardiovascular events and death. Thus testing the value of these metrics in ESRD appears to be of foremost importance. This may be problematic in patients treated with peritoneal dialysis where other options for risk stratification can be envisaged [40]. Overall, combining estimates of overall body size such as the BMI and of abdominal fat accumulation such as waist circumference may indeed refine the prognostic power of these measurements and produce interesting hypotheses for future clinical trials in ESRD patients. For example, does weight loss confer a health benefit in patients with a high BMI and a high waist circumference? Conversely, does a relatively large waist circumference in the face of a normal or low BMI identify patients at the highest risk of adverse clinical outcomes? Does the relationship between waist circumference and the waist hip ratio with biomarkers of inflammation observed in the general population and in patients with cardiovascular diseases hold true in ESRD and is this relationship modified by the BMI in these patients? In light of the pervasiveness of the obesity epidemics (as defined on the basis of the BMI) in ESRD, studying anthropometric measurements of visceral obesity as related to health outcomes in this population appears to be an absolute research priority.

*Conflict of interest statement.* None declared.

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# National Kidney & Urologic Diseases Information Clearinghouse (NKUDIC)

## Kidney Disease of Diabetes

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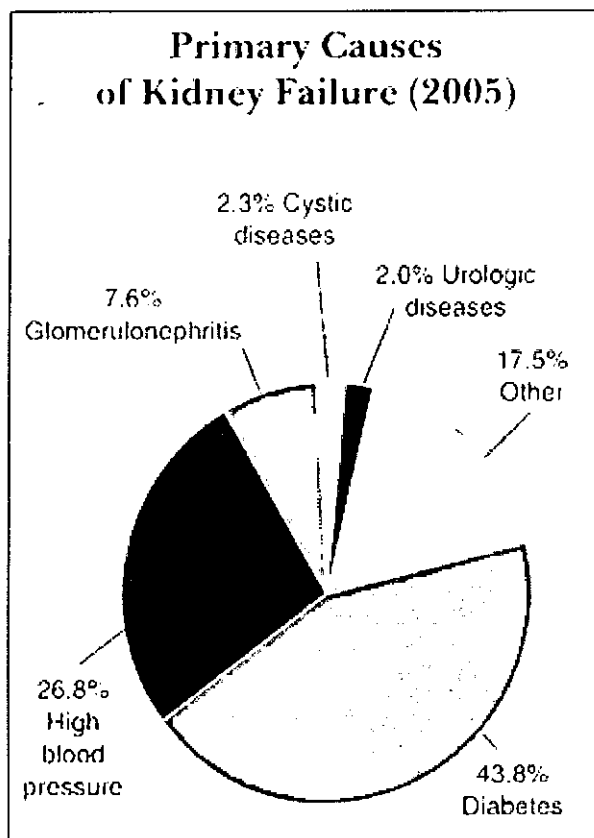
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### The Burden of Kidney Failure

Each year in the United States, more than 100,000 people are diagnosed with kidney failure, a serious condition in which the kidneys fail to rid the body of wastes.<sup>1</sup> Kidney failure is the final stage of chronic kidney disease (CKD).

Diabetes is the most common cause of kidney failure, accounting for nearly 44 percent of new cases.<sup>1</sup> Even when diabetes is controlled, the disease can lead to CKD and kidney failure. Most people with diabetes do not develop CKD that is severe enough to progress to kidney failure. Nearly 24 million people in the United States have diabetes,<sup>2</sup> and nearly 180,000 people are living with kidney failure as a result of diabetes.<sup>1</sup>

People with kidney failure undergo either dialysis, an artificial blood-cleaning process, or transplantation to receive a healthy kidney from a donor. Most U.S. citizens who develop kidney failure are eligible for federally funded care. In 2005, care for patients with kidney failure cost the United States nearly \$32 billion.<sup>1</sup>



Source: United States Renal Data System. *USRDS 2007 Annual Data Report*.

African Americans, American Indians, and Hispanics/Latinos develop diabetes, CKD, and kidney failure at rates higher than Caucasians. Scientists have not been able to explain these higher rates. Nor can they explain fully the interplay of factors leading to kidney disease of diabetes—factors including heredity, diet, and other medical conditions, such as high blood pressure. They have found that high blood pressure and high levels of blood glucose increase the risk that a person with diabetes will progress to kidney failure.

<sup>1</sup>United States Renal Data System. *USRDS 2007 Annual Data Report*. Bethesda, MD: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, U.S. Department of Health and Human Services; 2007.

<sup>2</sup>National Institute of Diabetes and Digestive and Kidney Diseases. *National Diabetes Statistics, 2007*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services, 2008.

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## The Course of Kidney Disease

Diabetic kidney disease takes many years to develop. In some people, the filtering function of the kidneys is actually higher than normal in the first few years of their diabetes.

Over several years, people who are developing kidney disease will have small amounts of the blood protein albumin begin to leak into their urine. This first stage of CKD is called microalbuminuria. The kidney's filtration function usually remains normal during this period.

As the disease progresses, more albumin leaks into the urine. This stage may be called macroalbuminuria or

proteinuria. As the amount of albumin in the urine increases, the kidneys' filtering function usually begins to drop. The body retains various wastes as filtration falls. As kidney damage develops, blood pressure often rises as well.

Overall, kidney damage rarely occurs in the first 10 years of diabetes, and usually 15 to 25 years will pass before kidney failure occurs. For people who live with diabetes for more than 25 years without any signs of kidney failure, the risk of ever developing it decreases.

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## Diagnosis of CKD

People with diabetes should be screened regularly for kidney disease. The two key markers for kidney disease are eGFR and urine albumin.

- **eGFR.** eGFR stands for estimated glomerular filtration rate. Each kidney contains about 1 million tiny filters made up of blood vessels. These filters are called glomeruli. Kidney function can be checked by estimating how much blood the glomeruli filter in a minute. The calculation of eGFR is based on the amount of creatinine, a waste product, found in a blood sample. As the level of creatinine goes up, the eGFR goes down.

**Kidney disease is present when eGFR is less than 60 milliliters per minute.**

**The American Diabetes Association (ADA) and the National Institutes of Health (NIH) recommend that eGFR be calculated from serum creatinine at least once a year in all people with diabetes.**

- **Urine albumin.** Urine albumin is measured by comparing the amount of albumin to the amount of creatinine in a single urine sample. When the kidneys are healthy, the urine will contain large amounts of creatinine but almost no albumin. Even a small increase in the ratio of albumin to creatinine is a sign of kidney damage.

**Kidney disease is present when urine contains more than 30 milligrams of albumin per gram of creatinine, with or without decreased eGFR.**

**The ADA and the NIH recommend annual assessment of urine albumin excretion to assess kidney damage in all people with type 2 diabetes and people who have had type 1 diabetes for 5 years or more.**

If kidney disease is detected, it should be addressed as part of a comprehensive approach to the treatment of diabetes.

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## Effects of High Blood Pressure

High blood pressure, or hypertension, is a major factor in the development of kidney problems in people with

diabetes. Both a family history of hypertension and the presence of hypertension appear to increase chances of developing kidney disease. Hypertension also accelerates the progress of kidney disease when it already exists.

Blood pressure is recorded using two numbers. The first number is called the systolic pressure, and it represents the pressure in the arteries as the heart beats. The second number is called the diastolic pressure, and it represents the pressure between heartbeats. In the past, hypertension was defined as blood pressure higher than 140/90, said as "140 over 90."

The ADA and the National Heart, Lung, and Blood Institute recommend that people with diabetes keep their blood pressure below 130/80.

Hypertension can be seen not only as a cause of kidney disease but also as a result of damage created by the disease. As kidney disease progresses, physical changes in the kidneys lead to increased blood pressure. Therefore, a dangerous spiral, involving rising blood pressure and factors that raise blood pressure, occurs. Early detection and treatment of even mild hypertension are essential for people with diabetes.

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## **Preventing and Slowing Kidney Disease**

### **Blood Pressure Medicines**

Scientists have made great progress in developing methods that slow the onset and progression of kidney disease in people with diabetes. Drugs used to lower blood pressure can slow the progression of kidney disease significantly. Two types of drugs, angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs), have proven effective in slowing the progression of kidney disease. Many people require two or more drugs to control their blood pressure. In addition to an ACE inhibitor or an ARB, a diuretic can also be useful. Beta blockers, calcium channel blockers, and other blood pressure drugs may also be needed.

An example of an effective ACE inhibitor is lisinopril (Prinivil, Zestril), which doctors commonly prescribe for treating kidney disease of diabetes. The benefits of lisinopril extend beyond its ability to lower blood pressure: it may directly protect the kidneys' glomeruli. ACE inhibitors have lowered proteinuria and slowed deterioration even in people with diabetes who did not have high blood pressure.

An example of an effective ARB is losartan (Cozaar), which has also been shown to protect kidney function and lower the risk of cardiovascular events.

Any medicine that helps patients achieve a blood pressure target of 130/80 or lower provides benefits. Patients with even mild hypertension or persistent microalbuminuria should consult a health care provider about the use of antihypertensive medicines.

### **Moderate-protein Diets**

In people with diabetes, excessive consumption of protein may be harmful. Experts recommend that people with kidney disease of diabetes consume the recommended dietary allowance for protein, but avoid high-protein diets. For people with greatly reduced kidney function, a diet containing reduced amounts of protein may help delay the onset of kidney failure. Anyone following a reduced-protein diet should work with a dietitian to ensure



adequate nutrition.

## **Intensive Management of Blood Glucose**

Antihypertensive drugs and low-protein diets can slow CKD. A third treatment, known as intensive management of blood glucose or glycemic control, has shown great promise for people with diabetes, especially for those in the early stages of CKD.

The human body normally converts food to glucose, the simple sugar that is the main source of energy for the body's cells. To enter cells, glucose needs the help of insulin, a hormone produced by the pancreas. When a person does not make enough insulin, or the body does not respond to the insulin that is present, the body cannot process glucose, and it builds up in the bloodstream. High levels of glucose in the blood lead to a diagnosis of diabetes.

Intensive management of blood glucose is a treatment regimen that aims to keep blood glucose levels close to normal. The regimen includes testing blood glucose frequently, administering insulin throughout the day on the basis of food intake and physical activity, following a diet and activity plan, and consulting a health care team regularly. Some people use an insulin pump to supply insulin throughout the day.

A number of studies have pointed to the beneficial effects of intensive management of blood glucose. In the Diabetes Control and Complications Trial supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), researchers found a 50 percent decrease in both development and progression of early diabetic kidney disease in participants who followed an intensive regimen for controlling blood glucose levels. The intensively managed patients had average blood glucose levels of 150 milligrams per deciliter-about 80 milligrams per deciliter lower than the levels observed in the conventionally managed patients. The United Kingdom Prospective Diabetes Study, conducted from 1976 to 1997, showed conclusively that, in people with improved blood glucose control, the risk of early kidney disease was reduced by a third. Additional studies conducted over the past decades have clearly established that any program resulting in sustained lowering of blood glucose levels will be beneficial to patients in the early stages of CKD.

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## **Dialysis and Transplantation**

When people with diabetes experience kidney failure, they must undergo either dialysis or a kidney transplant. As recently as the 1970s, medical experts commonly excluded people with diabetes from dialysis and transplantation, in part because the experts felt damage caused by diabetes would offset benefits of the treatments. Today, because of better control of diabetes and improved rates of survival following treatment, doctors do not hesitate to offer dialysis and kidney transplantation to people with diabetes.

Currently, the survival of kidneys transplanted into people with diabetes is about the same as the survival of transplants in people without diabetes. Dialysis for people with diabetes also works well in the short run. Even so, people with diabetes who receive transplants or dialysis experience higher morbidity and mortality because of coexisting complications of diabetes-such as damage to the heart, eyes, and nerves.

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## Good Care Makes a Difference

People with diabetes should

- have their health care provider measure their A1C level at least twice a year. The test provides a weighted average of their blood glucose level for the previous 3 months. They should aim to keep it at less than 7 percent.
- work with their health care provider regarding insulin injections, medicines, meal planning, physical activity, and blood glucose monitoring.
- have their blood pressure checked several times a year. If blood pressure is high, they should follow their health care provider's plan for keeping it near normal levels. They should aim to keep it at less than 130/80.
- ask their health care provider whether they might benefit from taking an ACE inhibitor or ARB.
- ask their health care provider to measure their eGFR at least once a year to learn how well their kidneys are working.
- ask their health care provider to measure the amount of protein in their urine at least once a year to check for kidney damage.
- ask their health care provider whether they should reduce the amount of protein in their diet and ask for a referral to see a registered dietitian to help with meal planning.

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## Points to Remember

- Diabetes is the leading cause of chronic kidney disease (CKD) and kidney failure in the United States.
- People with diabetes should be screened regularly for kidney disease. The two key markers for kidney disease are estimated glomerular filtration rate (eGFR) and urine albumin.
- Drugs used to lower blood pressure can slow the progression of kidney disease significantly. Two types of drugs, angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs), have proven effective in slowing the progression of kidney disease.
- In people with diabetes, excessive consumption of protein may be harmful.
- Intensive management of blood glucose has shown great promise for people with diabetes, especially for those in the early stages of CKD.

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## Hope through Research

The number of people with diabetes is growing. As a result, the number of people with kidney failure caused by diabetes is also growing. Some experts predict that diabetes soon might account for half the cases of kidney failure. In light of the increasing illness and death related to diabetes and kidney failure, patients, researchers, and health care professionals will continue to benefit by addressing the relationship between the two diseases. The NIDDK is a leader in supporting research in this area.

Several areas of research supported by the NIDDK hold great potential. Discovery of ways to predict who will develop kidney disease may lead to greater prevention, as people with diabetes who learn they are at risk

institute strategies such as intensive management of blood glucose and blood pressure control.

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov).

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Fax: 703-738-4929  
Email: [ndic@info.niddk.nih.gov](mailto:ndic@info.niddk.nih.gov)  
Internet: [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov)

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Phone: 1-866-4-KIDNEY (454-3639)  
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Internet: [www.nkdep.nih.gov](http://www.nkdep.nih.gov)

### American Diabetes Association

1701 North Beauregard Street  
Alexandria, VA 22311

Phone: 1-800-342-2383

Email: [AskADA@diabetes.org](mailto:AskADA@diabetes.org)

Internet: [www.diabetes.org](http://www.diabetes.org) ↗

### **National Kidney Foundation**

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New York, NY 10016

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3 Information Way

Bethesda, MD 20892-3580

Phone: 1-800-891-5390

TTY: 1-866-569-1162

Fax: 703-738-4929

Email: [nkudic@info.niddk.nih.gov](mailto:nkudic@info.niddk.nih.gov)

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3 Information Way

Bethesda, MD 20892-3580

Phone: 1-800-891-5390

TTY: 1-866-569-1162

Fax: 703-738-4929

Email: [nkudic@info.niddk.nih.gov](mailto:nkudic@info.niddk.nih.gov)

Internet: [www.kidney.niddk.nih.gov](http://www.kidney.niddk.nih.gov)



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# CHRONIC KIDNEY DISEASE IN UNITED STATES HISPANICS: A GROWING PUBLIC HEALTH PROBLEM

Hispanics are the fastest growing minority group in the United States. The incidence of end-stage renal disease (ESRD) in Hispanics is higher than non-Hispanic Whites and Hispanics with chronic kidney disease (CKD) are at increased risk for kidney failure. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanics. Access to health care, quality of care, and barriers due to language, health literacy and acculturation may also play a role. Despite the importance of this public health problem, only limited data exist about Hispanics with CKD. We review the epidemiology of CKD in US Hispanics, identify the factors that may be responsible for this growing health problem, and suggest gaps in our understanding which are suitable for future investigation. (*Ethn Dis.* 2009;19:466-472)

**Key Words:** Chronic Kidney Disease, Hispanics, Health Care Disparities

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From University of Illinois at Chicago, Department of Medicine, Section of Nephrology (CML, AP, ACR, JPL); Division of Research, Kaiser Permanente of Northern California and University of California, San Francisco (ASC); Department of Preventive Medicine, Northwestern University Feinberg School of Medicine (MLD); National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health (JWK).

Address correspondence and reprint requests to Claudia M. Lora, MD; Section of Nephrology; Department of Medicine; University of Illinois at Chicago; 820 South Wood Street (M/C 793); Chicago, Illinois 60612-7315; 312-996-6736; 312-996-7378 (fax); Clora1@uic.edu

Claudia M. Lora, MD; Martha L. Daviglus, MD, PhD; John W. Kusek, PhD; Anna Porter, MD; Ana C. Ricardo, MD, MPH; Alan S. Go, MD; James P. Lash, MD

## INTRODUCTION

Between 2004 and 2005, the number of Hispanic in the United States grew by 3.6 percent to reach a total of 42.7 million (representing nearly 15% of the total US population), making this the fastest growing segment of the population in the country.<sup>1</sup> A large increase has also occurred in the Hispanic end stage renal disease (ESRD) population. According to United States Renal Data System (USRDS), in 2005, there were 12,000 new cases of ESRD treated with dialysis or transplant in Hispanics, representing an increase of 63% since 1996. Hispanics have an incidence rate of ESRD which is 1.5 times greater than for non-Hispanics Whites.<sup>2</sup> This increase in ESRD cases not only translates into an increased burden to our health care system, but also emphasizes the importance of better understanding risk factors for chronic kidney disease (CKD) in Hispanics. In this review, we examine the epidemiology of CKD in US Hispanics, explore potential reasons for this growing public health problem, and highlight potential areas for future research.

## METHODS

We performed a qualitative review of the literature utilizing a PubMed search for the following keywords: chronic kidney disease, Hispanics, Latinos, end stage renal disease, diabetes, dialysis, transplantation, and health care disparities. In addition, we reviewed data from the USRDS<sup>2,3</sup> and the Organ Procurement and Transplantation Network.<sup>4</sup> For the purpose of this review, the term Hispanic ethnicity refers to all

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*Hispanics have an incidence rate of ESRD which is 1.5 times greater than for non-Hispanics Whites.*<sup>2</sup>

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persons of Latin American origin living in the United States, unless indicated otherwise. Hispanics are culturally, socioeconomically, and genetically heterogeneous and represent a wide variety of national origins and social classes.<sup>5</sup> In terms of ancestry, US Hispanics originate from three populations: European settlers, Native Americans, and West Africans. The breakdown for the US Hispanic population is as follows: 64% Mexican, 9% Puerto Rican, 3.5% Salvadoran and 2.7% Dominican.<sup>1</sup> The remainder is of Central American, South American or other Hispanic or Latino origin.

## EPIDEMIOLOGY OF CKD IN HISPANICS

Glomerular filtration rate (GFR) estimating equations have been used to determine the prevalence of CKD in the United States. The abbreviated Modification of Diet in Renal Disease (MDRD) equation has been considered to be the most accurate available estimating equation for GFR and has been used widely in the literature and by a growing number of clinical laboratories.<sup>6</sup> Though the equation has been demonstrated to have validity across a spectrum of different subgroups,<sup>7</sup> there are no data regarding its validity in

Hispanics. This is a relevant concern because the serum creatinine concentration, which is used in the MDRD equation to calculate estimated GFR (eGFR), has been demonstrated to differ by racial/ethnic groups. In an analysis of serum creatinine levels in the National Health and Nutrition Examination Survey (NHANES) III, Mexican Americans had lower mean serum creatinine levels than non-Hispanic Whites or non-Hispanic Blacks.<sup>8</sup> The reasons for these differences are unknown. Similarly, a recent NHANES analysis of serum cystatin C, a potentially more sensitive marker of early kidney dysfunction than serum creatinine, reported lower levels of cystatin C in Mexican Americans compared with other racial/ethnic groups studied.<sup>9</sup> These differences in the distribution of serum creatinine and cystatin C levels in Hispanics reinforce the importance of rigorously evaluating the accuracy of GFR estimating equations in Hispanics.<sup>10</sup>

## INCIDENCE AND PREVALENCE OF CKD IN HISPANICS

### Mild to Moderate CKD

Information regarding earlier stages of CKD in Hispanics is limited. Several investigators have reported a higher prevalence of microalbuminuria in Hispanics compared with non-Hispanic Whites.<sup>11-13</sup> In contrast to these findings, a recent analysis of NHANES III data suggests that the prevalence of CKD may be lower in Mexican Americans than in non-Hispanic Whites or non-Hispanic Blacks. In an analysis of NHANES III, moderately decreased kidney function (eGFR 30-59 mL/minute/1.73 m<sup>2</sup>) was most prevalent among non-Hispanic Whites (4.8%) and non-Hispanic Blacks (3.1%) and least prevalent in Mexican Americans (1.0%).<sup>14</sup> Between NHANES 1988 to 1994 and 1994 to 2004, the prevalence of CKD rose among Mexican Americans but

continued to be lower than that observed in non-Hispanic Whites and Blacks.<sup>15</sup>

These data are not consistent with the higher prevalence rates of ESRD in Hispanics. One potential explanation is that Hispanics have a higher risk of ESRD because of more rapid progression of CKD after its onset, rather than simply a larger pool of individuals with CKD. The findings could also be related to methodological issues related to the sample size or sampling bias. Furthermore, as discussed earlier, the validity of the MDRD equation has not been established in Hispanics and utilizing the equation in Hispanics could be an important potential source of error. Lastly, NHANES includes only Mexican Americans and these findings may not be generalizable to other Hispanic subgroups.

### End Stage Renal Disease (ESRD)

It is well established that Hispanics have a higher prevalence of ESRD than non-Hispanic Whites. The increased prevalence of treated ESRD in Hispanics was first recognized in the 1980s. Using data from the state of Texas, Mexican Americans were found to have an excess of ESRD compared with non-Hispanic Whites with an incidence ratio of 3.<sup>16</sup> For diabetic ESRD, Mexican Americans had an incidence ratio of 6 compared with non-Hispanic Whites. The first study at a national level analyzed male Hispanics identified in Medicare ESRD program data files. Using common Spanish surnames to identify cases, it was found that Hispanics developed ESRD at a younger age than non-Hispanic Whites; and between 1980 and 1990, ESRD incidence rates increased more for Hispanics.<sup>17</sup> In 1995, the USRDS began to acquire data regarding Hispanic ethnicity. In 2006, the adjusted incidence rate for ESRD in Hispanics was 1.5 times higher than for non-Hispanic Whites.<sup>2</sup> Furthermore, between 1996 and 2005, the incidence rate for Hispanics in-

**Table 1. Leading causes of ESRD requiring dialysis in Hispanics and non-Hispanic Whites in 2000<sup>3</sup>**

Primary disease	Hispanics	Non-Hispanic Whites
Diabetes	58.8%	38.8%
Hypertension/large vessel disease	16.2%	23.7%
Glomerulonephritis	9.1%	9.9%
Etiology uncertain	3.5%	4.0%
Other	12.4%	23.6%

creased by 63%.<sup>2</sup> In contrast, Burrows et al examined trends in age-adjusted ESRD rates and reported that the age-adjusted ESRD rate in Hispanics decreased by approximately 15%, from 2000 to 2005 (530.2 vs 448.9).<sup>18</sup> However, there was an overall increase in the age-adjusted incidence rates in Hispanics in 2005 as compared with 1995 (448.9 vs 395.0). It is apparent that a longer period of follow-up time is needed to better characterize trends. The leading causes of ESRD requiring dialysis in Hispanics and non-Hispanic Whites are described in Table 1. Diabetes accounts for 59% of prevalent cases of ESRD in Hispanic compared with 39% of cases in non-Hispanic Whites.<sup>3</sup> Unfortunately, data regarding causes of ESRD by Hispanic subgroup are not available.

The incidence and severity of diabetes are important factors in the excessive incidence of diabetic ESRD observed in Hispanics. The prevalence of diabetes in Hispanics has been estimated to be approximately 1.5 to 3 times that seen in the non-Hispanic White population and its incidence is rising.<sup>19</sup> Moreover, Hispanics have been found to have lower rates of glucose self-monitoring and poorer glycemic control compared with non-Hispanic Whites.<sup>20</sup> Hispanics with diabetes may be at increased risk to develop diabetic nephropathy. Mexican American diabetics in San Antonio, Texas had a higher prevalence of proteinuria than non-Hispanic White diabetics from Wisconsin.<sup>21</sup> However,

no such difference was observed in the San Luis Valley.<sup>22</sup> The importance of non-diabetic CKD in Hispanics is not completely understood. Though hypertension is less prevalent in Hispanics, Mexican Americans had the highest rate of uncontrolled hypertension in NHANES III.<sup>23</sup> Data from Texas and the USRDS demonstrate a higher incidence of ESRD due to hypertension in Hispanics than in non-Hispanic Whites.<sup>16,24</sup>

### Progression of CKD in Hispanics

Only limited information is available regarding progression rates and risk factors for CKD in Hispanics. In a multivariable retrospective analysis of a cohort of 263 type 2 diabetic ESRD patients, Mexican ethnicity and female sex were found to hasten the decline of renal function.<sup>25</sup> A post hoc analysis of the Reduction of Endpoints in NIDDM with the Angiotensin II Antagonist Losartan Study (RENAAL) found that Hispanics had the highest risk for ESRD compared with Blacks and Whites.<sup>26</sup> However, the majority of Hispanics in this study were from Latin American countries and therefore, the findings may not be applicable to US Hispanics. A recent analysis of patients enrolled in Kaiser Permanente of Northern California, a large integrated healthcare delivery system, has clarified the risk of ESRD in US Hispanics with CKD.<sup>27</sup> In 39,550 patients with stage 3 to 4 CKD, Hispanic ethnicity was associated with almost a two-fold increased risk for ESRD when compared with non-Hispanic Whites. This increased risk was attenuated to 33% after adjustment for diabetes, medication use, and other characteristics. Thus, the risk for progression to ESRD in Hispanics is only partially explained by diabetes.

Even less is known about progression rates and risk factors for non-diabetic CKD in Hispanics. Some reports suggest that certain glomerular diseases may be more severe and

progress more often in Hispanics than in non-Hispanic Whites.<sup>28-30</sup> In a recent examination of rates of progression in 128 patients with proliferative lupus nephritis, Barr et al. found that Hispanic ethnicity was independently associated with progression of CKD.<sup>30</sup> Another study examining patients with lupus found that Texan-Hispanic ethnicity was more likely to be associated with nephritis than Puerto Rican ethnicity.<sup>31</sup> This suggests that outcomes can vary by Hispanic subgroup.

US Hispanics have been poorly represented in large prospective CKD studies. The ongoing NIDDK-sponsored Hispanic Chronic Renal Insufficiency Cohort Study (HCRIC) is investigating risk factors for CKD and cardiovascular disease (CVD) progression in a cohort of 326 Hispanics with CKD. This study is based at the University of Illinois at Chicago and is an ancillary study to the NIDDK-sponsored CRIC Study.<sup>32</sup>

### Metabolic Syndrome and CKD

Recent analyses of NHANES III data found that metabolic syndrome affects over 47 million Americans and that the problem is more pronounced in Hispanics.<sup>33,34</sup> Mexican Americans have the highest age-adjusted prevalence of metabolic syndrome (31.9%) compared with non-Hispanic Whites (23.8%) and Blacks (21.6%).<sup>33</sup> There is now emerging evidence supporting a relationship between metabolic syndrome and CKD.<sup>35-38</sup> In a prospective cohort study of Native Americans without diabetes, metabolic syndrome was associated with an increased risk for developing CKD.<sup>39</sup> In non-diabetic subjects with normal kidney function enrolled in the Atherosclerosis Risk in Communities Study (ARIC), investigators found an adjusted odds ratio of developing CKD in participants with metabolic syndrome of 1.43 compared with participants who did not have the syndrome.<sup>38</sup> These data suggest that metabolic syndrome could be an important factor in the Hispanic CKD population.

### DISPARITIES IN HEALTH CARE AND PREVALENCE AND PROGRESSION OF CKD

The importance of healthcare disparities in CKD has received increased recognition,<sup>40</sup> but little is known regarding the impact of healthcare disparities on health outcomes in Hispanics with CKD. It is well substantiated that there are considerable disparities in health care for Hispanics.<sup>20</sup> According to a report by the Commonwealth Fund, nearly two-thirds (65%) of working-age Hispanics with low incomes were uninsured for all or part of the year in 2000.<sup>41</sup> Using NHANES III data, Harris evaluated healthcare access and utilization, and health status and outcomes for patients with type 2 diabetes.<sup>20</sup> Mexican Americans below age 65 years had lower rates of health insurance coverage than non-Hispanic Whites and Blacks (66% vs 91% and 89%, respectively). Furthermore, Mexican Americans with private insurance or a high school education or more were more likely to have normoalbuminuria.<sup>20</sup> The quality of care received by Hispanics may also play a role in the progression of kidney disease. Hispanics with diabetes are less likely to report having had a foot exam or glycosylated hemoglobin testing.<sup>42</sup> As noted earlier, Mexican American in NHANES III had the highest rate of uncontrolled hypertension.<sup>23</sup> Lastly, Ifudu et al reported that non-Whites, including Hispanics, are more likely to receive a late referral to a nephrologist for CKD management.<sup>43</sup> This study was limited by the low number of Hispanics in the analysis. These findings suggest that quality of care may play a role in the high prevalence of ESRD in this population.

Patient-centered factors may play a particularly important role for Hispanics include language, health care literacy, acculturation, social support, and trust in healthcare providers. Hispanics who are recent immigrants face a number of potential barriers to health care, includ-



ing lack of familiarity with the health-care system and language barriers. Spanish-speaking Hispanics are less likely to be insured, have access to care and use preventive health services.<sup>41,44</sup> Trust in the healthcare system is another important factor because it has been found to be significantly related to adherence.<sup>45</sup> Doescher et al found that Hispanics reported significantly less trust in their physician than non-Hispanic Whites.<sup>46</sup> Finally, social support, defined as resources provided by a network of individuals or social groups, has been found to have direct effects on health status and health service utilization.<sup>47</sup> There have been no published studies to date focusing on patient-centered factors in Hispanics with CKD. However, it seems reasonable to speculate that these factors amplify CKD and associated CVD risk.

### CARDIOVASCULAR DISEASE IN HISPANICS WITH ESRD AND EARLIER STAGES OF CKD

Several studies have found that Hispanics may have lower all-cause and CV mortality rates than non-Hispanic Whites.<sup>48-50</sup> The term, Hispanic paradox, has been used to describe the lower than expected mortality rates despite the increased incidence of diabetes and obesity, lower socioeconomic status, and barriers to health care.<sup>51</sup> A number of explanations have been proposed, including socio-cultural factors, ethnic misclassification, incomplete ascertainment of deaths, and the healthy migrant effect.<sup>36,52</sup> In the ESRD population, Hispanics, Blacks, and Asians have a lower risk of death than non-Hispanic Whites, regardless of diabetes status.<sup>24,53-55</sup> In a recent analysis of a national, random sample of hemodialysis patients, Hispanics had an adjusted 12-month mortality risk that was 25% lower than non-Hispanic Whites.<sup>53</sup> The reasons for the lower

ESRD mortality rates are not completely understood, but differences in survival have been noted among Hispanic subgroups with Mexican-Americans, Cuban Americans and Hispanic-other having an increased survival advantage compared with Puerto Rican Americans.<sup>56</sup> These findings suggest that sociocultural or genetic differences may play a role in these lower ESRD mortality rates and demonstrating the importance of examining health outcomes in subgroups of Hispanics.

Less is known regarding CVD risk and disease in Hispanics with earlier stages of CKD. An analysis of mortality rates of adults with CKD in NHANES found no difference in CVD or all-cause mortality in Mexican Americans compared with non-Hispanic whites.<sup>57</sup> In contrast, Hispanic veterans with diabetic CKD experienced a lower 18-month mortality rate than non-Hispanic Whites.<sup>58</sup> Though Hispanics in Kaiser Permanente of Northern California had an increased rate of ESRD, Hispanic ethnicity was associated with 29% lower adjusted mortality rate and 19% lower adjusted rate of CVD events as compared with non-Hispanic Whites, even after accounting for major cardiovascular risk factors, comorbidities and use of preventative therapies.<sup>27</sup> Again, the reasons for these differences are not known.

### END-STATE RENAL DISEASE CARE IN US HISPANICS

#### Dialysis

Analysis of USRDS data reveals that Hispanics are 1.47 times more likely than non-Hispanic Whites to have late initiation of dialysis.<sup>59</sup> At the start of dialysis, Hispanics tend to have slightly lower hematocrit levels and are 13% less likely to be on erythropoiesis stimulating agents compared with non-Hispanic Whites.<sup>60</sup> An analysis of a random sample of Medicare eligible adults on hemodialysis in 1997 revealed that, compared with non-Hispanic Whites,

Hispanics on hemodialysis are more likely to be female, younger, and have diabetes.<sup>61</sup> Hispanics tend to have higher albumin levels and similar hematocrit levels compared to non-Hispanic Whites.<sup>53,61,62</sup>

Little is known about ESRD care in the United States for unauthorized immigrants. Of the 11.8 million unauthorized immigrants in the United States, more than 8.46 million are Hispanic.<sup>63</sup> The incidence rate for ESRD for this population is unknown. Many of these undocumented aliens do not receive systematic care before initiation of dialysis. The quality and availability of pre-ESRD care for unauthorized immigrants has not been systematically studied. A small study of undocumented ESRD patients initiating dialysis in New York City found that these patients had higher serum creatinine concentration and lower eGFR, higher systolic blood pressure, and greater costs for the hospitalization associated with the initiation of dialysis.<sup>64</sup> However, a limitation of this study was that it only included 33 Hispanics. An important issue regarding the dialysis of unauthorized immigrants is the compensation for dialysis, which varies by individual state and may limit the availability of long-term dialysis for undocumented aliens who are then forced to receive dialysis on an emergent basis only.<sup>65</sup> The cost of care for undocumented ESRD patients receiving dialysis on an emergent basis is 3.7 times higher than for those unauthorized immigrants receiving long-term maintenance dialysis.<sup>66</sup> End-stage renal disease in unauthorized immigrants is of great public health and economic concern and warrants future research and re-evaluation of current policies.

#### Transplantation

Limited data exist that suggest that Hispanics are equally likely to be referred for renal transplantation but are less likely to progress beyond the early stages of the transplant evaluation

with some of the reasons including financial concerns, fear of the surgery, and preference for dialysis.<sup>67</sup> Perhaps for this reason, Hispanics are underrepresented on kidney waiting lists relative to the prevalence of CKD in this population.<sup>68</sup> Once placed on the transplant wait list, Hispanics have a longer unadjusted median time to transplant than non-Hispanic Whites.<sup>4</sup> Factors that potentially contribute to the longer time on the wait list include lower rates of organ donations in Hispanics relative to Whites,<sup>69,70</sup> less knowledge and more fear-related barriers to living organ donation,<sup>71</sup> and ethnic differences in the frequency of HLA alleles coupled with current allocation policies.<sup>72</sup> Data regarding graft survival in Hispanics have not been uniform, with some studies suggesting that Hispanics and non-Hispanic Whites have similar rates of graft survival,<sup>73,74</sup> while other studies have demonstrated poorer rates of graft survival in Hispanics.<sup>75</sup> More recently, Gordon et al found better patient and graft survival in Hispanics compared with non-Hispanics.<sup>76</sup> Further studies are needed to clarify whether Hispanic ethnicity influences post-transplant outcomes. In addition, policies are needed to address specific barriers within the transplant evaluation process for Hispanics to ensure appropriate access to this important therapy.

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*Compared with non-Hispanics Whites, Hispanics have an increased incidence of ESRD that appears independent of known clinical risk factors.*

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## CONCLUSION

Chronic kidney disease is a growing and under-recognized health problem for US Hispanics. Compared with non-Hispanics Whites, Hispanics have an increased incidence of ESRD that appears independent of known clinical risk factors. Furthermore, among patients starting at the same level of CKD, Hispanics are at increased risk for progression to ESRD. Interestingly, data from NHANES suggest that the prevalence of CKD with decreased eGFR, at least in Mexican Americans, is lower than in non-Hispanic Whites. The reason for this discrepancy is unclear but could be related to more rapid progression of CKD. Many questions remain unanswered including: factors influencing CKD progression and CVD outcomes; the validity of current GFR estimating equations; insights into differences in outcomes among Hispanic subgroups; and the impact of health care disparities on CKD. For these reasons, future research is needed to better understand the epidemiology and complications of CKD in US Hispanics. Furthermore, it is essential that adequate numbers of US Hispanics are included in future interventional trials to provide the necessary evidence base to guide prevention and therapeutic strategies for CKD and ESRD.

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**AUTHOR CONTRIBUTIONS**

*Design concept of study:* Lora, Lash  
*Acquisition of data:* Lora, Daviglus, Kusek, Porter, Ricardo, Go, Lash  
*Data analysis and interpretation:* Lora, Daviglus, Kusek, Porter, Ricardo, Go, Lash  
*Manuscript draft:* Lora, Lash  
*Administrative, technical, or material assistance:* Lora, Daviglus, Kusek, Porter, Ricardo, Go, Lash  
*Supervision:* Lora, Lash

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

Alternatives

The Applicants explored several options prior to determining to relocate and expand Lake County Dialysis. After exploring the options below in detail, the Applicants determined to relocate and expand its capacity in order to meet rising demand. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

This is not a viable option. As stated in Attachment – 12, the Existing Facility is insufficient to meet demand. It has been at the current location since 1990. The building is old, poorly configured, and in need of repair. There are constant telephone and electric issues. Furthermore, the Existing Facility is located in the midst of a car dealership, which presents numerous challenges, as there is no parking for patients, visitors, or staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This poses an inconvenience for patients, many of whom rely on assistive devices, such as canes and walkers, as it creates additional safety hazards when arriving and departing via during inclement weather. Furthermore, although physicians typically press the facility to accommodate their sickest and most frail patients during the first and second shifts, it is often difficult for a patient to schedule dialysis during these shifts when facilities are operating near 80% utilization. Relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment primarily during the day. The proposed location is just 2.9 miles, or 6 minutes, from the Existing Facility, so the facility will continue to serve its current patients and meet rising demand in its GSA.

There is no capital cost with this alternative.

Utilize Existing Facilities

Currently, the Existing Facility is operating at 76% utilization and serves 69 ESRD patients. Dr. Steinmuller, the Medical Director for Lake County Dialysis, anticipates all 69 current patients will transfer to the Replacement Facility. Dr. Steinmuller is currently treating 183 pre-ESRD patients that reside in and around Lake County. While he will continue to refer patients to existing facilities in that area, Dr. Steinmuller has identified 89 CKD patients that would likely be referred to the Replacement Facility. See Attachment – 13A. Based upon a 35% attrition rate due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents a 93% utilization rate, which exceeds the State's 80% standard. There is insufficient capacity in the GSA to accommodate projected demand. Utilization of existing facilities is 71%. Additionally, when excluding facilities in operation for two quarters or less, average utilization in the service area is 76%. Thus, the relocation of Lake County Dialysis is necessary to meet the dialysis needs of these patients, will allow for more convenient treatment times for patients.

There is no capital cost with this alternative.

Relocate and Expand Lake County Dialysis

DaVita determined that the most effective and efficient way to serve its patients and address the need for more stations in HSA 6 is to relocate and expand the existing facility. The proposed site for the Replacement Facility is located just 2.9 miles from the current site, and will adequately serve Lake County Dialysis' current and projected patient-base. Thus, the Applicants selected this option.

The cost associated with this option is \$2,526,086.

<b>Table 1110.230(c) Alternatives to Proposed Project Cost Benefit Analysis</b>				
<b>Alternative</b>	<b>Community Need</b>	<b>Access</b>	<b>Capital Cost</b>	<b>Status</b>
Do Nothing	Not Met	Decreased	\$0	Reject
Utilize Existing Facilities	Not Met	Decreased	\$0	Reject
Establish New Facility	Met	Increased	\$2,526,086	Accept

**Donald Robert Steinmuller, M.D.**  
6 Phillip Road  
Vernon Hills, Illinois 60061

December 5, 2011

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

Dear Chairman Galassic:

I am the medical director for Lake County Dialysis. I am writing in support of DaVita's proposed relocation and expansion of Lake County Dialysis. Specifically, DaVita proposes to close its existing facility located at 918 South Milwaukee Avenue, Libertyville, Illinois and relocate it to 565 Lakeview Parkway, Vernon Hills, Illinois.

The existing facility cannot adequately serve the needs of current and future patients. It is old, poorly configured, and located on a car dealership lot. This poses an inconvenience, as there is no dedicated parking for patients, visitors, and staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This creates additional safety hazards for patients when arriving and departing during inclement weather because many patients rely on assistive devices, such as canes and walkers. Despite these challenges, the existing facility consistently operates at approximately 76% utilization. Additionally, although the existing facility offers nocturnal dialysis, its poor configuration is insufficient to adequately serve nocturnal patients. The replacement facility will enable Lake County to better serve its day-time patient base as well as its nocturnal patients. Thus, the replacement facility is needed to serve a growing need in Lake County.

Lake County Dialysis is currently treating 69 ESRD patients. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 183 chronic kidney disease patients that reside in and around Lake County. While I will continue to refer patients to existing facilities in the area, we have identified 89 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home hemodialysis treatment, I anticipate that I will refer 42 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

Attachment - 13A

Furthermore, Lake County exhibits a large Hispanic population. Notably, the incidence of ESRD in the Hispanic community is 1.5 times greater than in the general population. A new 20-station dialysis facility will improve access and ensure that patients in Lake County receive access to modern, high quality dialysis treatment.

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.

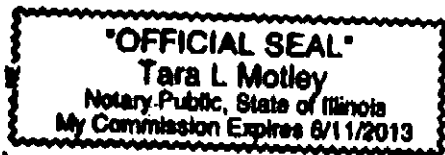
I support the proposed relocation of Lake County Dialysis.

Sincerely,

*Donald R. Steinmuller*  
Donald Robert Steinmuller, M.D.  
Nephrologist  
6 Phillip Road  
Vernon Hills, Illinois 60061

Subscribed and sworn to me  
This 5th day of December, 2011

*Tara L. Motley*  
Notary Public





**ATTACHMENT 1  
CURRENT PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
53104	1
60004	1
60014	1
60030	6
60031	8
60042	1
60045	1
60047	1
60048	8
60051	1
60060	13
60061	13
60065	2
60073	1
60083	1
60084	2
60085	5
60099	1
60618	1
60624	1
<b>Total</b>	<b>69</b>

**ATTACHMENT 2  
HISTORICAL PATIENT REFERRALS**

2009		
Facility	Patient	Zip
Gurnee Dialysis Unit	AP	60083
	BS	60099
	LR	60085
	UA	60085
Lake Bluff Dialysis Unit	BC	60085
	EJ	60088
Lake County Dialysis Unit	BF	17403
	CC	60085
	CM	60085
	CT	60048
	DH	60060
	DW	60085
	HD	60084
	HJ	60061
	JA	60069
	JH	60048
	JK	48188
	JM	60073
	JS	60061
	KB	60045
	KH	60030
	LM	60031
	LS	33060
	LS	60031
	MK	60048
	PF	60618
PF	60618	
RA	60639	
RJ	60073	
RK	60060	
RP	60031	
WB	60085	
WR	60471	
Round Lake Dialysis	AM	60073
	HD	60084
	RF	60073

2010		
Facility	Patient	Zip
Gurnee Dialysis Unit	DM	60085
Lake County Dialysis Unit	AM	60030
	AM	60030
	BF	17403

2010		
	CC	60073
	CC	60073
	CL	60061
	CP	60085
	EG	60641
	GB	60031
	JA	60096
	JG	60046
	JP	60031
	LD	60031
	LN	60060
	MC	60030
	MR	60061
	PR	60044
	PR	60061
	RK	60060
	SJ	60061
	WR	60471
Lake Villa Dialysis Unit	NL	60030
Round Lake Dialysis	AM	60073

2011 (1/1/11 - 10/31/11)		
Facility	Patient	Zip
Lake Bluff Dialysis Unit	AC	60099
	HR	60060
	JG	60046
	JG	60046
Lake County Dialysis Unit	AB	91010
	CP	60085
	FC	60085
	FJ	60034
	FJ	60034
	JD	60083
	JG	60046
	JG	75082
	PE	60061
	RB	60438
	RC	60048
	RP	60031
	RR	60030
SG	60061	
Round Lake Dialysis	MM	60073

**ATTACHMENT 3  
PRE-ESRD PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
60031	4
60035	1
60040	1
60041	1
60045	3
60047	4
60048	11
60060	4
60061	18
60064	3
60069	2
60073	14
60083	7
60084	3
60085	9
60089	3
60090	1
<b>Total</b>	<b>89</b>

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

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 7,200 to 10,400 gross square feet for 20 dialysis stations. The total gross square footage of the proposed dialysis facility is 7,946 gross square feet. Accordingly, the proposed facility meets the State standard.

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ESRD	7,946	7,200 - 10,400	0	Yes

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

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

Dr. Steinmuller projects that 69 patients currently receiving treatment at the Existing Facility and will continue treatment at the Replacement Facility. Dr. Steinmuller is currently treating 183 pre-ESRD patients that reside in and around Lake County. While he will continue to refer patients to existing facilities in that area, Dr. Steinmuller has identified 89 pre-ESRD patients as potential referrals to the Replacement Facility. See Attachment – 15. Based upon a 35% attrition rate due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. Thus, approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 93% utilization rate, which exceeds the State's 80% standard.

<b>Table 1110.234(b)</b>					
<b>Utilization</b>					
	<b>Dept./ Service</b>	<b>Historical Utilization (Treatments)</b>	<b>Projected Utilization</b>	<b>State Standard</b>	<b>Met Standard?</b>
<b>2009</b>	ESRD	10,486	N/A	11,980	Not Met
<b>2010</b>	ESRD	10,517	N/A	11,980	Not Met
<b>2011 (Annualized)</b>	ESRD	10,827	N/A	11,980	Not Met
<b>2012</b>	ESRD	N/A	17,316	14,976	Yes
<b>2013</b>	ESRD	N/A	17,316	14,976	Yes

**Donald Robert Steinmuller, M.D.**  
6 Phillip Road  
Vernon Hills, Illinois 60061

December 5, 2011

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

Dear Chairman Galassic:

I am the medical director for Lake County Dialysis. I am writing in support of DaVita's proposed relocation and expansion of Lake County Dialysis. Specifically, DaVita proposes to close its existing facility located at 918 South Milwaukee Avenue, Libertyville, Illinois and relocate it to 565 Lakeview Parkway, Vernon Hills, Illinois.

The existing facility cannot adequately serve the needs of current and future patients. It is old, poorly configured, and located on a car dealership lot. This poses an inconvenience, as there is no dedicated parking for patients, visitors, and staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This creates additional safety hazards for patients when arriving and departing during inclement weather because many patients rely on assistive devices, such as canes and walkers. Despite these challenges, the existing facility consistently operates at approximately 76% utilization. Additionally, although the existing facility offers nocturnal dialysis, its poor configuration is insufficient to adequately serve nocturnal patients. The replacement facility will enable Lake County to better serve its day-time patient base as well as its nocturnal patients. Thus, the replacement facility is needed to serve a growing need in Lake County.

Lake County Dialysis is currently treating 69 ESRD patients. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 183 chronic kidney disease patients that reside in and around Lake County. While I will continue to refer patients to existing facilities in the area, we have identified 89 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home hemodialysis treatment, I anticipate that I will refer 42 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

Attachment – 15

Furthermore, Lake County exhibits a large Hispanic population. Notably, the incidence of ESRD in the Hispanic community is 1.5 times greater than in the general population. A new 20-station dialysis facility will improve access and ensure that patients in Lake County receive access to modern, high quality dialysis treatment.

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 relocation of Lake County Dialysis.

Sincerely,

*Donald R. Steinmuller*  
Donald Robert Steinmuller, M.D.  
Nephrologist  
6 Phillip Road  
Vernon Hills, Illinois 60061

Subscribed and sworn to me  
This 5<sup>th</sup> day of December, 2011

*Tara L. Motley*  
Notary Public





**ATTACHMENT 1  
CURRENT PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
53104	1
60004	1
60014	1
60030	6
60031	8
60042	1
60045	1
60047	1
60048	8
60051	1
60060	13
60061	13
60065	2
60073	1
60083	1
60084	2
60085	5
60099	1
60618	1
60624	1
<b>Total</b>	<b>69</b>

**ATTACHMENT 2  
HISTORICAL PATIENT REFERRALS**

2009		
Facility	Patient	Zip
Gurnee Dialysis Unit	AP	60083
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	LR	60085
	UA	60085
Lake Bluff Dialysis Unit	BC	60085
	EJ	60088
Lake County Dialysis Unit	BF	17403
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	DW	60085
	HD	60084
	HJ	60061
	JA	60069
	JH	60048
	JK	48188
	JM	60073
	JS	60061
	KB	60045
	KH	60030
	LM	60031
	LS	33060
	LS	60031
	MK	60048
	PF	60618
	PF	60618
	RA	60639
RJ	60073	
RK	60060	
RP	60031	
WB	60085	
WR	60471	
Round Lake Dialysis	AM	60073
	HD	60084
	RF	60073

2010		
Facility	Patient	Zip
Gurnee Dialysis Unit	DM	60085
Lake County Dialysis Unit	AM	60030
	AM	60030
	BF	17403

2010		
	CC	60073
	CC	60073
	CL	60061
	CP	60085
	EG	60641
	GB	60031
	JA	60096
	JG	60046
	JP	60031
	LD	60031
	LN	60060
	MC	60030
	MR	60061
	PR	60044
	PR	60061
	RK	60060
	SJ	60061
	WR	60471
Lake Villa Dialysis Unit	NL	60030
Round Lake Dialysis	AM	60073

2011 (1/1/11 - 10/31/11)		
Facility	Patient	Zip
Lake Bluff Dialysis Unit	AC	60099
	HR	60060
	JG	60046
	JG	60046
Lake County Dialysis Unit	AB	91010
	CP	60085
	FC	60085
	FJ	60034
	FJ	60034
	JD	60083
	JG	60046
	JG	75092
	PE	60061
	RB	60438
	RC	60048
	RP	60031
	RR	60030
SG	60061	
Round Lake Dialysis	MM	60073

**ATTACHMENT 3  
PRE-ESRD PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
60031	4
60035	1
60040	1
60041	1
60045	3
60047	4
60048	11
60060	4
60061	18
60064	3
60069	2
60073	14
60083	7
60084	3
60085	9
60089	3
60090	1
<b>Total</b>	<b>89</b>

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

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

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

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

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

**1. Planning Area Need**

The Applicants propose to discontinue its existing 16-station dialysis facility located at 918 South Milwaukee Avenue, Libertyville, Illinois 60048 and establish a new 20-station dialysis facility at 565 Lakeview Parkway, Vernon Hills, IL 60061. The Existing Facility has been at the current location since 1990. The building is old, poorly configured, and in need of repair. There are constant telephone and electric issues. Furthermore, the Existing Facility is located in the midst of a car dealership, which presents numerous challenges, as there is no parking for patients, visitors, or staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This poses an inconvenience for patients, many of whom rely on assistive devices, such as canes and walkers, as it creates additional safety hazards when arriving and departing during inclement weather. Furthermore, although physicians typically press the facility to accommodate their sickest and most frail patients during the first and second shifts, it is often difficult for a patient to schedule dialysis during these shifts when facilities are operating near 80% utilization. Relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment at optimal times.

Currently, the Existing Facility serves 69 ESRD patients. Dr. Steinmuller is currently treating 183 pre-ESRD patients that reside in and around Lake County. While he will continue to refer patients to existing facilities in that area, Dr. Steinmuller has identified 89 pre-ESRD patients as potential referrals to the Replacement Facility. Based upon a 35% attrition rate due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. See Attachment – 26A. Thus, approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 93% utilization rate, which exceeds the State's 80% standard.

The relocation of Lake County Dialysis is necessary to meet the dialysis needs of these patients, and will allow for safer and more optimal treatment times for patients. See Attachment – 26A.

**2. Service to Planning Area Residents**

The primary purpose is to ensure the residents of Lake County have access to life sustaining dialysis. As evidenced in the physician referral letter attached at Attachment – 26A, 63 of 69 current patients live in the service area.

<b>Table 1110.1430(b)(3)(B) Pre-ESRD Patients by Zip Code</b>	
<b>Zip</b>	<b>Patients</b>
60031	4
60035	1
60040	1
60041	1
60045	3
60047	4
60048	11
60060	4
60061	18
60064	3

60069	2
60073	14
60083	7
60084	3
60085	9
60089	3
60090	1
<b>Total</b>	<b>89</b>

<b>Table 1110.1430(b)(3)(B) Current Patients by Zip Code</b>	
<b>Zip Code</b>	<b>Patients</b>
53104	1
60004	1
60014	1
60030	6
60031	8
60042	1
60045	1
60047	1
60048	8
60051	1
60060	13
60061	13
60065	2
60073	1
60083	1
60084	2
60085	5
60099	1
60618	1
60624	1
<b>Total</b>	<b>69</b>

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

Currently, the Existing Facility serves 69 ESRD patients. Dr. Steinmuller, the primary referring anticipates all 69 current patients will transfer to the Replacement Facility. Dr. Steinmuller is currently treating 183 pre-ESRD patients that reside in and around Lake County. While he will continue to refer patients to existing facilities in that area, Dr. Steinmuller has identified 89 pre-ESRD patients as potential referrals to the Replacement Facility. Based upon a 35% attrition rate due to patient death, transplant, or return of function, it is projected that 42 of the patients will require dialysis within the next 12 to 18 months. See Attachment – 26A. Thus, approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents an 93% utilization rate, which exceeds the State's 80% standard.



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

Lake County Dialysis' current utilization is 76%. Relocation to a modern, more accessible facility will allow Lake County to adequately provide care to more patients. As shown in the referral letter at Attachment – 26A, Dr. Steinmuller projects that he will refer a total of 111 patients to the facility. 69 are current Lake County Dialysis patients and another 42 pre-ESRD patients would need dialysis within the next 12 to 18 months. This results in a 93% utilization rate by the end of the second year of operation.

5. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to maintain access to life-sustaining dialysis for residents of Chicago. The relocation is necessary to provide essential care to Lake County patients, as the Existing Facility is in need of repair and cannot adequately serve the patient needs. Lake County Dialysis is operating at 76% utilization and the average utilization of existing facilities in the GSA is 71%. Utilization within the GSA is 76% when excluding facilities that have been in operation for less than two quarters. As such, the expanded Replacement Facility will better accommodate current and future demand for dialysis services and ensure dialysis services are accessible to residents of Lake County.

**Donald Robert Steinmuller, M.D.**  
6 Phillip Road  
Vernon Hills, Illinois 60061

December 5, 2011

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

Dear Chairman Galassic:

I am the medical director for Lake County Dialysis. I am writing in support of DaVita's proposed relocation and expansion of Lake County Dialysis. Specifically, DaVita proposes to close its existing facility located at 918 South Milwaukee Avenue, Libertyville, Illinois and relocate it to 565 Lakeview Parkway, Vernon Hills, Illinois.

The existing facility cannot adequately serve the needs of current and future patients. It is old, poorly configured, and located on a car dealership lot. This poses an inconvenience, as there is no dedicated parking for patients, visitors, and staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This creates additional safety hazards for patients when arriving and departing during inclement weather because many patients rely on assistive devices, such as canes and walkers. Despite these challenges, the existing facility consistently operates at approximately 76% utilization. Additionally, although the existing facility offers nocturnal dialysis, its poor configuration is insufficient to adequately serve nocturnal patients. The replacement facility will enable Lake County to better serve its day-time patient base as well as its nocturnal patients. Thus, the replacement facility is needed to serve a growing need in Lake County.

Lake County Dialysis is currently treating 69 ESRD patients. A list of current patients by initials and zip code is attached at Attachment 1. The total number of in-center hemodialysis patients I have referred by facility and zip code of residence for the most recent three years as reported to The Renal Network is attached hereto at Attachment 2. Additionally, I am currently treating 183 chronic kidney disease patients that reside in and around Lake County. While I will continue to refer patients to existing facilities in the area, we have identified 89 pre-ESRD patients as potential referrals to the new dialysis facility. Based upon a conservative attrition rate due to patient death, transplant, or return of function, as well as an increasing focus on home hemodialysis treatment, I anticipate that I will refer 42 patients for in-center hemodialysis within the next 12 to 18 months. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 3.

Attachment - 26A

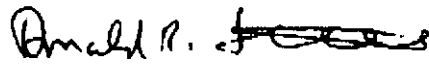
Furthermore, Lake County exhibits a large Hispanic population. Notably, the incidence of ESRD in the Hispanic community is 1.5 times greater than in the general population. A new 20-station dialysis facility will improve access and ensure that patients in Lake County receive access to modern, high quality dialysis treatment.

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.

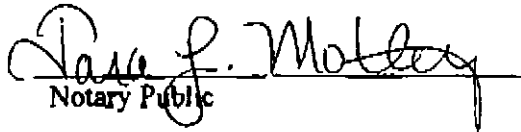
I support the proposed relocation of Lake County Dialysis.

Sincerely,



Donald Robert Steinmuller, M.D.  
Nephrologist  
6 Phillip Road  
Vernon Hills, Illinois 60061

Subscribed and sworn to me  
This 5th day of December, 2011

  
Notary Public

**ATTACHMENT 1  
CURRENT PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
53104	1
60004	1
60014	1
60030	6
60031	8
60042	1
60045	1
60047	1
60048	8
60051	1
60060	13
60061	13
60065	2
60073	1
60083	1
60084	2
60085	5
60099	1
60618	1
60624	1
<b>Total</b>	<b>69</b>

**ATTACHMENT 2  
HISTORICAL PATIENT REFERRALS**

2009		
Facility	Patient	Zip
Gurnee Dialysis Unit	AP	60083
	BS	60099
	LR	60085
	UA	60085
Lake Bluff Dialysis Unit	BC	60085
	EJ	60088
Lake County Dialysis Unit	BF	17403
	CC	60085
	CM	60085
	CT	60048
	DH	60060
	DW	60085
	HD	60084
	HJ	60061
	JA	60069
	JH	60048
	JK	48188
	JM	60073
	JS	60061
	KB	60045
	KH	60030
	LM	60031
	LS	33060
	LS	60031
	MK	60048
	PF	60618
	PF	60618
	RA	60639
	RJ	60073
RK	60060	
RP	60031	
WB	60085	
WR	60471	
Round Lake Dialysis	AM	60073
	HD	60084
	RF	60073

2010		
Facility	Patient	Zip
Gurnee Dialysis Unit	DM	60085
Lake County Dialysis Unit	AM	60030
	AM	60030
	BF	17403

2010		
	CC	60073
	CC	60073
	CL	60061
	CP	60085
	EG	60641
	GB	60031
	JA	60096
	JG	60046
	JP	60031
	LD	60031
	LN	60060
	MC	60030
	MR	60061
	PR	60044
	PR	60061
	RK	60060
	SJ	60061
	WR	60471
Lake Villa Dialysis Unit	NL	60030
Round Lake Dialysis	AM	60073

2011 (1/1/11 - 10/31/11)		
Facility	Patient	Zip
Lake Bluff Dialysis Unit	AC	60099
	HR	60060
	JG	60046
	JG	60046
Lake County Dialysis Unit	AB	91010
	CP	60085
	FC	60085
	FJ	60034
	FJ	60034
	JD	60083
	JG	60046
	JG	75092
	PE	60061
	RB	60438
	RC	60048
	RP	60031
	RR	60030
SG	60061	
Round Lake Dialysis	MM	60073

**ATTACHMENT 3  
PRE-ESRD PATIENTS**

<b>Zip Code</b>	<b>Patients</b>
60031	4
60035	1
60040	1
60041	1
60045	3
60047	4
60048	11
60060	4
60061	18
60064	3
60069	2
60073	14
60083	7
60084	3
60085	9
60089	3
60090	1
<b>Total</b>	<b>89</b>

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

1. Unnecessary Duplication

- a. The proposed dialysis facility will be located at 565 Lakeview Parkway, Vernon Hills, IL 60061. A map of the Lake County Dialysis market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A) below.

<b>Table 1110.1430(c)(1)(A)</b>		
<b>Population of Zip Codes within 30 Minutes of Proposed Facility</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60067	PALATINE	38585
60008	ROLLING MEADOWS	22717
60074	PALATINE	38985
60056	MOUNT PROSPECT	55219
60070	PROSPECT HEIGHTS	16001
60016	DES PLAINES	59690
60004	ARLINGTON HEIGHTS	50582
60089	BUFFALO GROVE	41533
60090	WHEELING	37633
60026	GLENVIEW	13335
60025	GLENVIEW	39105
60015	DEERFIELD	26800
60062	NORTHBROOK	39936
60035	HIGHLAND PARK	29763
60093	WINNETKA	19570
60022	GLENCOE	8153
60084	WAUCONDA	16771
60073	ROUND LAKE	60002
60041	INGLESIDE	9250
60047	LAKE ZURICH	41669
60060	MUNDELEIN	37189
60030	GRAYSLAKE	36056
60061	VERNON HILLS	25748
60069	LINCOLNSHIRE	8384
60048	LIBERTYVILLE	29095
60031	GURNEE	37947
60083	WADSWORTH	9838
60045	LAKE FOREST	20925
60040	HIGHWOOD	5431
60044	LAKE BLUFF	9792
60064	NORTH CHICAGO	15407
60088	GREAT LAKES	15761



60085	WAUKEGAN	71714
<b>Total</b>		<b>988,586</b>

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en) (last visited Oct. 12, 2011).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 69% of the State average, the average utilization of dialysis facilities within the GSA is 71%, 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 69% of the State Average.

	<b>Population</b>	<b>Dialysis Stations</b>	<b>Stations to Population</b>	<b>Standard Met?</b>
Geographic Service Area	988,586	200	1:4,943	Yes
State	12,830,632	3,731	1:3,429	Yes

- b. Historic Utilization of Existing Facilities

For the last year, the Existing Facility has operated near 76% utilization. Additionally, the average utilization in the service area is 71%. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services. Additional stations are necessary to adequately meet rising demand identified by projected referrals from Dr. Steinmuller.

- c. Sufficient Population to Achieve Target Utilization

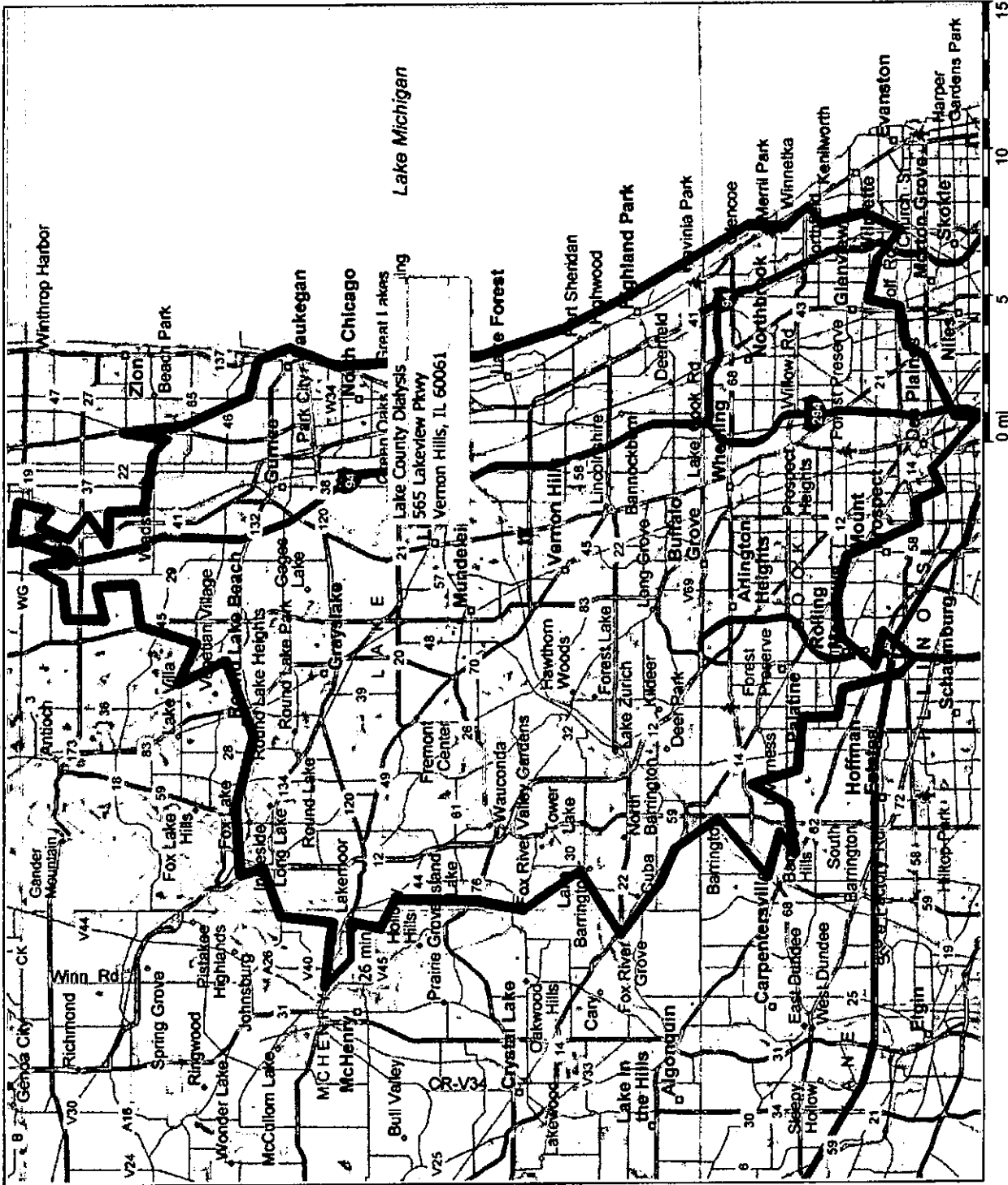
The Applicants propose to discontinue their existing 16-station facility and establish a 20-station facility. The Existing Facility currently treats 69 patients. To achieve the State Board's 80% utilization standard within the first two years after project completion, the Applicants would need 28 patient referrals. As stated in Attachment – 26A, Dr. Steinmuller anticipates referring 42 patients within 12 to 18 months of project completion.

Accordingly, there is sufficient population to achieve target occupancy.

3. Impact to Other Providers

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

# Lake County Dialysis Geographic Service Area



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

Facility	City	Distance	Time	Adjusted Time	Stations	Patients (9/30/11)	Utilization
Fresenius Medical Care Mundlein	Mundelein	1.83	3	3.45	12	0	0.00%
Fresenius Medical Care of Lake Bluff	Lake Bluff	7.17	11	12.65	16	84	87.50%
Highland Park Hospital	Highland Park	10.15	16	18.4	20	103	85.83%
RCG-Buffalo Grove	Buffalo Grove	9.83	17	19.55	16	66	68.75%
Fresenius Medical Care of Deerfield	Deerfield	10.97	17	19.55	12	29	40.28%
Fresenius Medical Care Palatine	Palatine	11.45	19	21.85	12	11	15.28%
Neomedica - Gurnee	Gurnee	12.62	19	21.85	14	86	102.38%
Neomedica Dialysis Ctrs - Round Lake	Round Lake	14.22	24	27.6	16	73	76.04%
Glenview Dialysis Center	Glenview	13	25	28.75	20	94	78.33%
Dialysis Center of America - NCDC	Waukegan	15.67	25	28.75	22	91	68.94%
Neomedica Dialysis Ctrs - Rolling Meadows	Rolling Meadows	16.51	26	29.9	24	93	64.58%

**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: Donald R. Steinmuller, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Steinmuller's curriculum vitae is attached at Attachment – 26D.
  - b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 16-station dialysis facility and establish a 20-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26E.
3. As set forth in the letter from Kent Thiry, Chief Executive Officer of DaVita and Total Renal Care, Inc., attached at Attachment – 26F, the Replacement Facility will maintain an open medical staff.

## **CURRICULUM VITAE**

**Donald Robert Steinmuller, M.D.**

### **PERSONAL**

**Date of Birth:** February 7, 1946  
**Social Security:** 032-34-0264  
**Marital Status:** Married - July 5, 1969  
**Children - (2):** Nicole, Born April 2, 1978  
Kelly, Born September 2, 1980

**Home Address:** 27 Dukes Lane  
Lincolnshire, Illinois 60069  
Phone: (847) 267-0540

**Business Address:** 6 Phillip Road  
Vernon Hills, Illinois 60061  
Phone: 847- 968-2300  
Fax: 847 - 968-2380

### **EDUCATION, TRAINING AND PROFESSIONAL EXPERIENCE**

**1963 - 1967** Williams College B.A.

**1967 - 1971** Cornell University Medical College M.D.

**1971 - 1973** Medical Intern  
1st Year Medical Resident  
Harlem Hospital  
New York, New York

**1973 - 1974** 2nd Year Medical Resident  
University of Minnesota Hospital  
Minneapolis, Minnesota

**1974 - 1975** Private Practice  
Dr. Patrick Maloney  
Merced, California

**Donald R. Steinmuller, M.D.**

**Page Two**

- 1975 - 1977            Renal Fellowship**  
**Dr. Norman Levinsky**  
**University Hospital**  
**Boston University Medical School**  
**Boston, Massachusetts**
- 1977 - 5/79            Private Practice**  
**New Hampshire Kidney Center**  
**Staff Nephrologist**  
**Concord, New Hampshire**
- 6/79 - 1/91            Staff Nephrologist**  
**Cleveland Clinic Foundation**
- 7/85 - 1/91            Head, Section of Medical Transplantation**  
**Department of Hypertension and Nephrology**  
**Cleveland Clinic Foundation**
- 1/91 - 3/93            Director, Clinical Studies, Immunology**  
**Fujisawa Pharmaceutical Company**
- 4/93 - present        Private practice in Nephrology**

**PROFESSIONAL MEMBERSHIP**

**American Society of Nephrology**  
**International Society of Nephrology**  
**National Kidney Foundation**  
**American Society of Transplant Physicians**  
**Chairman, Membership Committee, 1987-1989**  
**International Society of Transplantation**  
**American Society of Artificial Internal Organs**  
**Kidney Foundation of Ohio, Inc.**  
**Chairman, Professional Education Committee,**  
**1986-1991**  
**Kidney Foundation of Illinois**

**BOARD CERTIFICATION Internal Medicine, 1974**  
**Nephrology, 1978**

**ASH Specialist in Clinical Hypertension    10/1/99**

**PUBLICATIONS (selected from total of over 100 publications)**

1. Steinmuller DR, Stilmant MM, Idelson BA, Monaco AP, Sahyoun AI, Lewis EJ, Davis RC, Couser WF: De novo development of membranous nephropathy in cadaver renal allografts. *Clinical Nephrology* 9(5):210, 1978.
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#### GUEST EDITOR

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## PROGRAM DESCRIPTION

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### 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

November 21, 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 Lake County Dialysis will maintain an open medical staff.

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

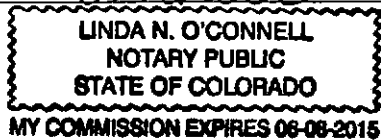
- DaVita participates in a dialysis data system;
- Lake County Dialysis will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients will have access to training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training, which will be provided either at Lake County Dialysis or through a signed, written agreement for these services with another facility.

Sincerely,

Kent Thiry  
Chief Executive Officer  
DaVita Inc.  
Total Renal Care, Inc.

Subscribed and sworn to me  
This 21 day of November, 2011

Notary Public



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 Kent Thiry, Chief Executive Officer of DaVita 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.



**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 20-station dialysis facility. Accordingly, this criterion is met.

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

Included at Attachment – 26G is a letter agreement from Advocate Condell Medical Center agreeing to accept the Applicants' ESRD patients for inpatient care and other hospital services when needed.



---

# Condell Medical Center

---

March 4, 2004

Keith Uyeda  
Facility Administrator  
Lake County Dialysis  
918 S. Milwaukee Avenue  
Libertyville, IL 60048

**RE: Condell Medical Center  
801 S. Milwaukee Ave.  
Libertyville, IL 60048  
(847) 362-2900; fax (847) 382-1721**

Dear Mr. Uyeda:

This letter is a confirmation that Condell Medical Center will provide emergency services and emergency dialysis treatments to the patients of DaVita Lake County Dialysis on an emergent basis as needed.

Sincerely,

Van A. Hanover  
Executive Vice President

VH/kb

Attachment – 28G

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

As set forth throughout this application, the Existing Facility is insufficient to meet demand. The Existing Facility has been at the current location since 1990. The building is old, poorly configured, and in need of repair. There are constant telephone and electric issues. The Existing Facility is located in the midst of a car dealership, which presents numerous challenges, as there is no parking for patients, visitors, or staff, and patients must be dropped off and picked up in the alley at the rear of the building. Unlike most health care facilities that accommodate patients with dedicated parking, patients must park on the street. This poses an inconvenience for patients, many of whom rely on assistive devices, such as canes and walkers, as it creates additional safety hazards for patients arriving and departing via an uncovered entrance during inclement weather. Despite these challenges the Existing Facility's location has consistently operated at approximately 76% utilization. Relocation of the Existing Facility will ensure that patients receive access to modern, high quality dialysis treatment.

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

Attached at Attachment – 26H is a letter from Kent Thiry, Chief Executive Officer of DaVita and Total Renal Care, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation



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

November 21, 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:

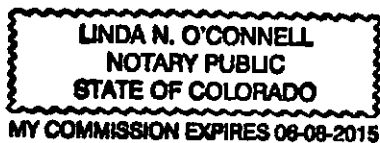
- By the second year after project completion, Lake County Dialysis will achieve and maintain 80% target utilization as specified in 77 Ill. Admin. Code; and
- Hemodialysis outcome measures will be achieved and maintained as follows:
  - $\geq 85\%$  of hemodialysis patient population achieves urea reduction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

Sincerely,

Kent Thiry  
Chief Executive Officer  
DaVita Inc.  
Total Renal Care, Inc.

Subscribed and sworn to me  
This 21 day of November, 2011

Notary Public



Attachment – 26H

150

**Section VIII, Financial Feasibility**  
**Criterion 1120.120 Availability of Funds**

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

**Section IX, Financial Feasibility**  
**Criterion 1120.130 – Financial Viability Waiver**

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



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

Attached at Attachment – 42A is a letter from Kent Thiry, Chief Executive Officer of DaVita and Total Renal Care, Inc. attesting that the total estimated project costs will be funded entirely with cash.



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

November 21, 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,

Kent Thiry  
Chief Executive Officer  
DaVita Inc.  
Total Renal Care, Inc.

Subscribed and sworn to me  
This 21 day of November, 2011

\_\_\_\_\_  
Notary Public

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

Attachment – 42A

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

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

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

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

<b>Table 1120.310(c)</b>									
<b>COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE</b>									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod. Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	\$149.26				7,946			\$1,186,000	\$1,186,000
Contingency	\$14.93				7,946			\$118,600	\$118,600
<b>TOTALS</b>	<b>\$164.18</b>				<b>7,946</b>			<b>\$1,304,600</b>	<b>\$1,304,600</b>

\* Include the percentage (%) of space for circulation

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

<b>Table 1120.310(c)</b>			
	<b>Proposed Project</b>	<b>State Standard</b>	<b>Above/Below State Standard</b>
Modernization Costs	\$1,186,000	\$145 per gross square foot x 7,946 gross square feet = \$1,152,170	Below State Standard
Contingencies	\$118,600	10 - 15% of New Construction Costs = 10 - 15% x \$1,186,000 = \$118,600 - \$186,000	Meets State Standard
Architectural/Engineering Fees	\$71,514	6.64 - 9.98% x (Construction Costs + Contingencies) = 6.64 - 9.98% x (\$1,186,000 + \$118,600) = 6.64 - 9.98% x \$1,304,600 = \$86,625 - \$130,199	Below State Standard
Consulting and Other Fees	\$75,000	No State Standard	No State Standard
Moveable Equipment	\$337,247	\$39,945 per station \$39,945 x 20 = \$798,900	Below State Standard

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

Operating Expenses: \$3,106,930

Treatments: 17,316

Operating Expense per Treatment: \$179.43

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

Capital Costs

Depreciation:	\$203,209
Amortization:	\$8,322
Total Capital Costs:	\$211,531

Treatments: 17,316

Capital Costs per Treatment: \$12.22

**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 has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the EMPOWER, IMPACT, CathAway, and transplant assistance programs. Furthermore, 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. Its commitment to improving clinical outcomes 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 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.

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Inpatient			
Outpatient	52	66	96
<b>Total</b>	<b>52</b>	<b>66</b>	<b>96</b>
<b>Charity (cost in dollars)</b>			
Inpatient			
Outpatient	\$321,510	\$597,263	\$957,867
<b>Total</b>	<b>\$321,510</b>	<b>\$597,263</b>	<b>\$957,867</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Inpatient			
Outpatient	443	445	563
<b>Total</b>	<b>443</b>	<b>445</b>	<b>563</b>
<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient	\$8,695,341	\$8,820,052	\$10,447,021
<b>Total</b>	<b>\$8,695,341</b>	<b>\$8,820,052</b>	<b>\$10,447,021</b>

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 Replacement Facility is currently 71%. When excluding facilities operating for less than two quarters, average utilization in the GSA is 76%. Notably, FMC Mundelein projects that it will achieve 80% utilization within 24 months after beginning operation. Dr. Steinmuller identifies 42 unrelated CKD patients that would likely be referred to the Replacement Facility. He also anticipates all 69 current patients will transfer to the Replacement Facility. See Attachment – 26A. Thus, the approximately 111 patients will be referred to the Replacement Facility within 12 to 18 months. This represents a 93% utilization rate, which exceeds the State's 80% standard. As such, 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. 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 relocation of Lake County Dialysis and the addition of 4 stations at its new location located 2.9 miles from its current location. Patients currently treated at Lake County will receive treatment at the new facility. As such, the discontinuation of service at the current location will not negatively impact the safety net.

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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.

<b>CHARITY CARE</b>			
	<b>2008</b>	<b>2009</b>	<b>2010</b>
<b>Net Patient Revenue</b>	<b>\$138,964,396</b>	<b>\$149,370,292</b>	<b>\$161,884,078</b>
Amount of Charity Care (charges)	\$297,508	\$575,803	\$957,867
Cost of Charity Care	\$297,508	\$575,803	\$957,867

**Appendix 1 – Time & Distance Determination: Discontinuation**

Attached as Appendix I is the list of all existing facilities within 45 minutes normal travel time from the Existing Facility as determined by MapQuest.



Notes

1616 N Grand Avenue, Waukegan, IL

Trip to:  
 1616 Grand Ave  
 Waukegan, IL 60085-3600  
 11.48 miles  
 22 minutes

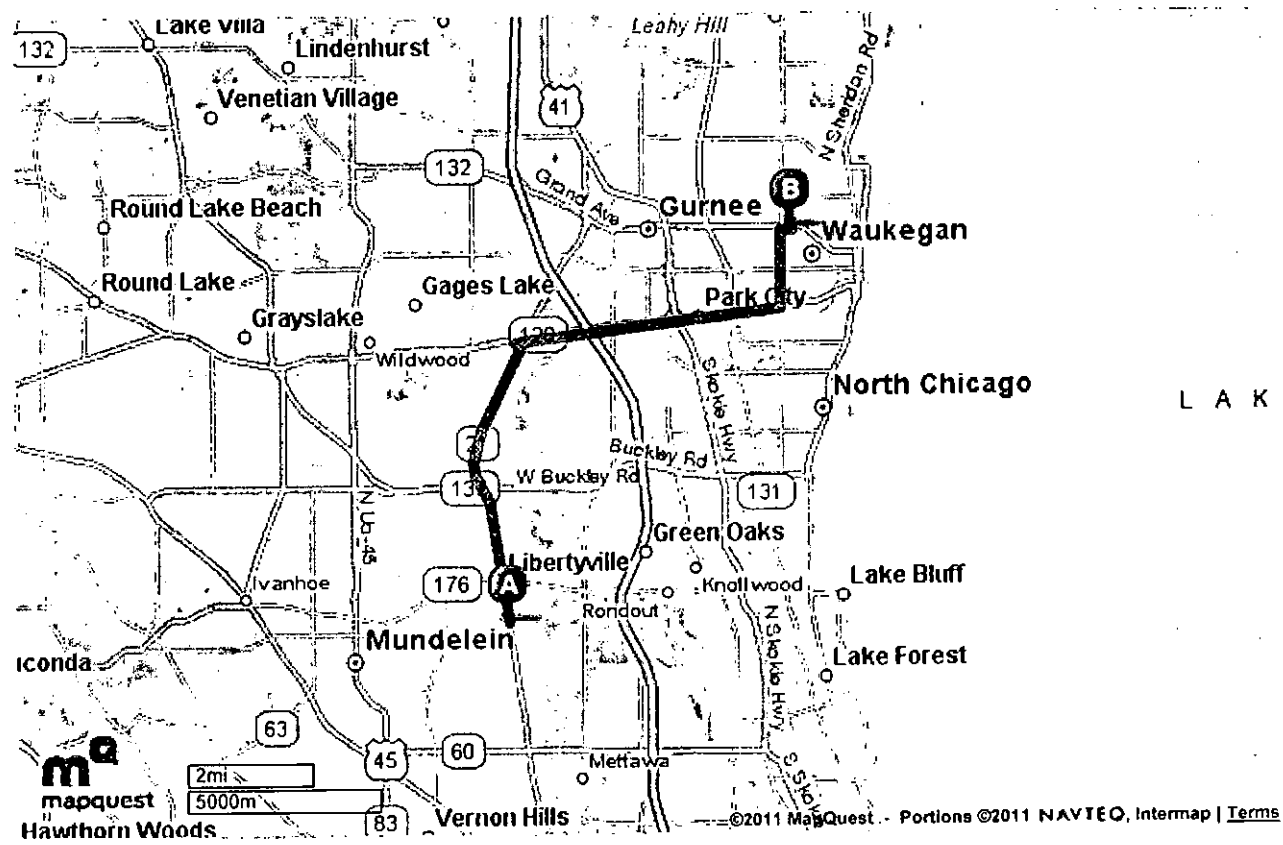
*Suite C*



	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going north on IL-21 / S Milwaukee Ave toward Valley Park Dr.	Go 5.0 Mi	5.0 mi
	2. Merge onto IL-120 E via the ramp on the left. <i>If you reach Heather Ridge Dr you've gone about 0.4 miles too far</i>	Go 4.9 Mi	9.9 mi
	3. Turn left onto S Lewis Ave. <i>S Lewis Ave is 0.4 miles past Keller Ave If you reach S Elmwood Ave you've gone a little too far</i>	Go 1.3 Mi	11.3 mi
	4. Turn right onto Grand Ave. <i>Grand Ave is 0.1 miles past Lydia St El Hornito Inc is on the corner If you reach Lewis Pl you've gone a little too far</i>	Go 0.2 Mi	11.5 mi
	5. 1616 GRAND AVE is on the left. <i>Your destination is just past Lorraine Ave If you reach Judge Ave you've gone a little too far</i>		11.5 mi
	<b>1616 Grand Ave</b> Waukegan, IL 60085-3600	11.5 mi	11.5 mi

163

Total Travel Estimate: 11.48 miles - about 22 minutes



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You Gave Us the Building Address

1616 GRAND AVE  
WAUKEGAN IL 60085-3600

[Mailing Industry Information](#)

[Lookup Another ZIP Code™](#)

We returned more than one result based on the information you provided. This could be because you didn't enter a street number, the street number you entered has more than one unit associated with it (e.g., apartment building) etc.

	entries 1-5 of 7	<a href="#">Show All</a>	< <a href="#">Previous Page</a>   <a href="#">Next Page</a> >
<b>Units or Apartments in Building</b>	<b>ZIP + 4 Code</b>		
PHYSICIANS AND SURGEONS 1616 GRAND AVE WAUKEGAN IL	60085-3600		<a href="#">Mailing Industry Information</a>
1616 GRAND AVE STE 16 WAUKEGAN IL	60085-3600		<a href="#">Mailing Industry Information</a>
1616 GRAND AVE STE LAB WAUKEGAN IL	60085-3667		<a href="#">Mailing Industry Information</a>
1616 GRAND AVE STE (Range 102 - 416) WAUKEGAN IL	60085-3676		<a href="#">Mailing Industry Information</a>
1616 GRAND AVE STE (Range A - C) WAUKEGAN IL	60085-3676		<a href="#">Mailing Industry Information</a>
	entries 1-5 of 7	<a href="#">Show All</a>	< <a href="#">Previous Page</a>   <a href="#">Next Page</a> >

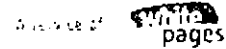
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No FEAR Act EEO Data

FOIA



1165



Trip to:  
 110 N West St  
 Waukegan, IL 60085-4330  
 11.81 miles  
 23 minutes

Notes

Fresenius Medical Care Waukegan Harbor



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section**

**Miles Driven**



1. Start out going northeast on IL-21 / S Milwaukee Ave toward Valley Park Dr.

Go 6.8 Mi

6.8 mi



2. Turn right onto Washington St / W Washington St. Continue to follow Washington St.

Go 4.9 Mi

11.7 mi

*If you are on N Riverside Dr and reach Great America you've gone about 0.2 miles too far*



3. Turn left onto N West St.

Go 0.1 Mi

11.8 mi

*N West St is 0.1 miles past Glen Rock Ave  
 If you reach N Martin Luther King Jr Ave you've gone a little too far*



4. **110 N WEST ST** is on the left.

11.8 mi

*Your destination is just past W Madison St  
 If you reach W Clayton St you've gone a little too far*



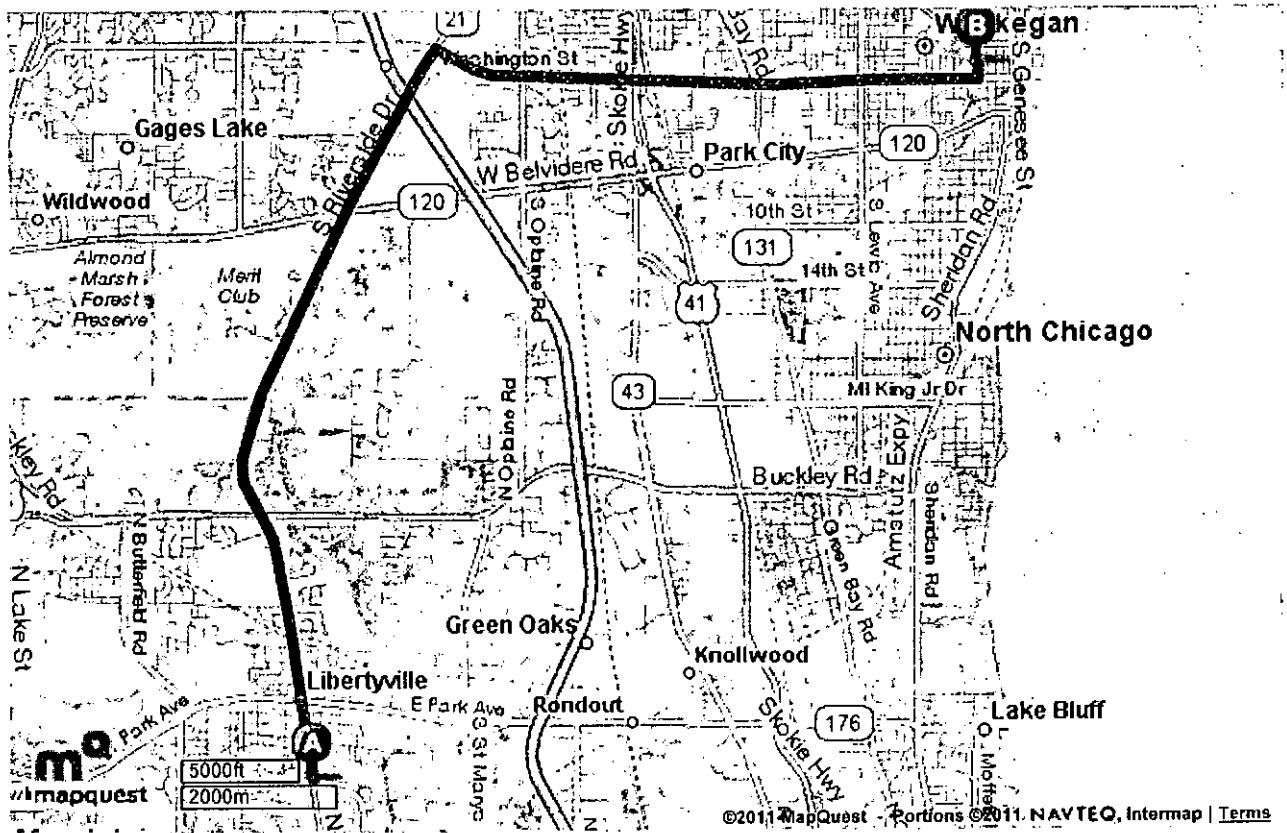
**110 N West St**  
 Waukegan, IL 60085-4330

11.8 mi

11.8 mi

166

Total Travel Estimate: 11.81 miles - about 23 minutes



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Trip to:  
 101 Waukegan Road  
 Lake Bluff, IL 60044  
 4.63 miles  
 9 minutes

*Stz. 700*  
*1687*  
*eu added*

Notes

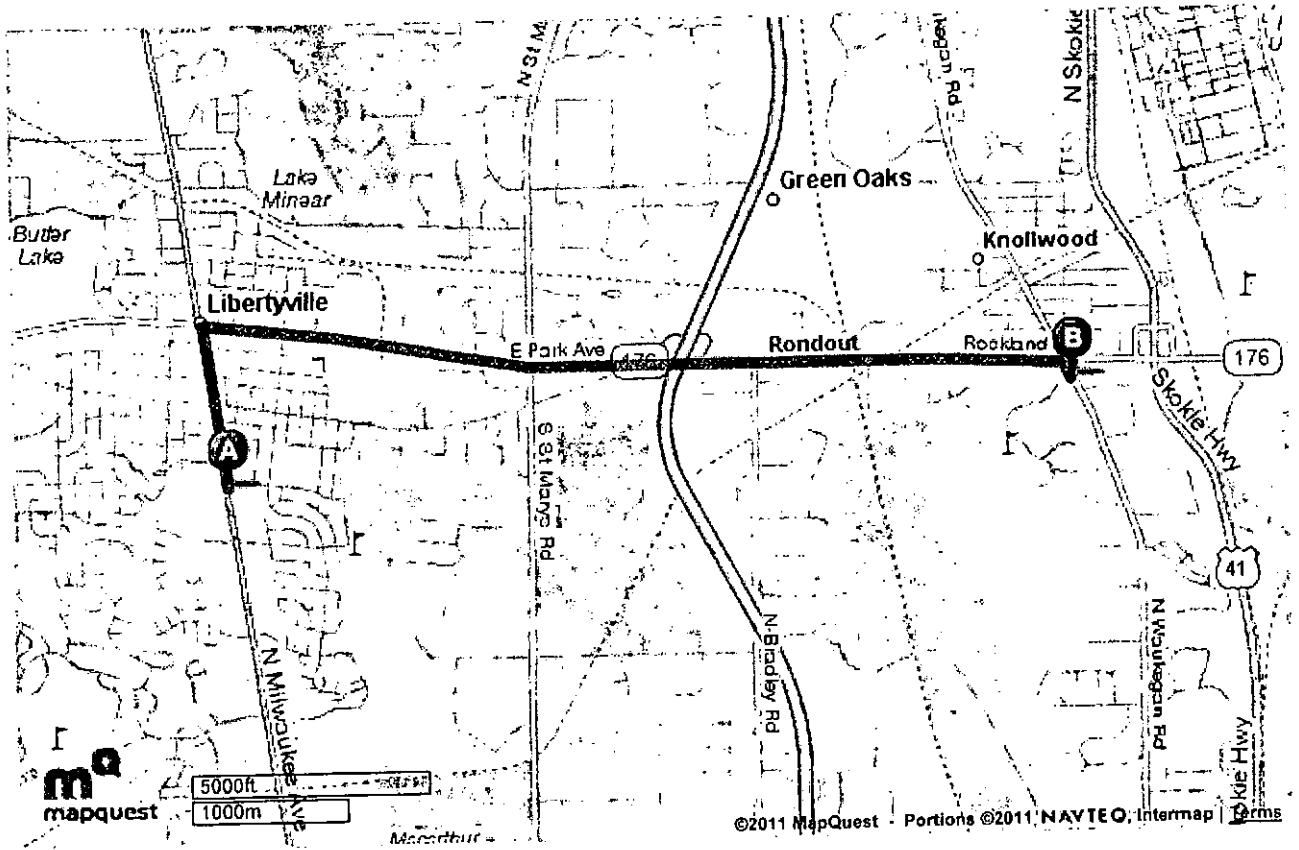
Fresenius Medical Care of Lake Bluff

A	918 S Milwaukee Ave Libertyville, IL 60048-3229	Miles Per Section	Miles Driven
●	1. Start out going north on IL-21 / S Milwaukee Ave toward Valley Park Dr.	Go 0.7 Mi	0.7 mi
➤	 <b>2. Turn right onto E Park Ave / IL-176 E.</b> Continue to follow IL-176 E. <i>IL-176 E is just past Sunnyside Pl</i> <i>Libertyville Shell is on the left</i> <i>If you reach Hurlburt Ct you've gone a little too far</i>	Go 3.8 Mi	4.6 mi
➤	 <b>3. Turn right onto N Waukegan Rd / IL-43 / Waukegan Rd.</b> <i>N Waukegan Rd is 0.1 miles past Adelpia Ave</i> <i>Smart Center Lake Bluff is on the corner</i> <i>If you reach Thointree Rd you've gone about 0.1 miles too far</i>	Go 0.08 Mi	4.6 mi
■	<b>4. 101 WAUKEGAN ROAD.</b> <i>If you reach Carriage Park Ave you've gone a little too far</i>		4.6 mi
B	<b>101 Waukegan Road</b> Lake Bluff, IL 60044	4.6 mi	4.6 mi

168



Total Travel Estimate: 4.63 miles - about 9 minutes



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101 WAUKEGAN ROAD  
700  
LAKE BLUFF IL

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Full Address in Standard Format

101 WAUKEGAN RD STE 700  
LAKE BLUFF IL 60044-1687

[Mailing Industry Information](#)

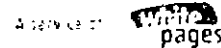
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Notes

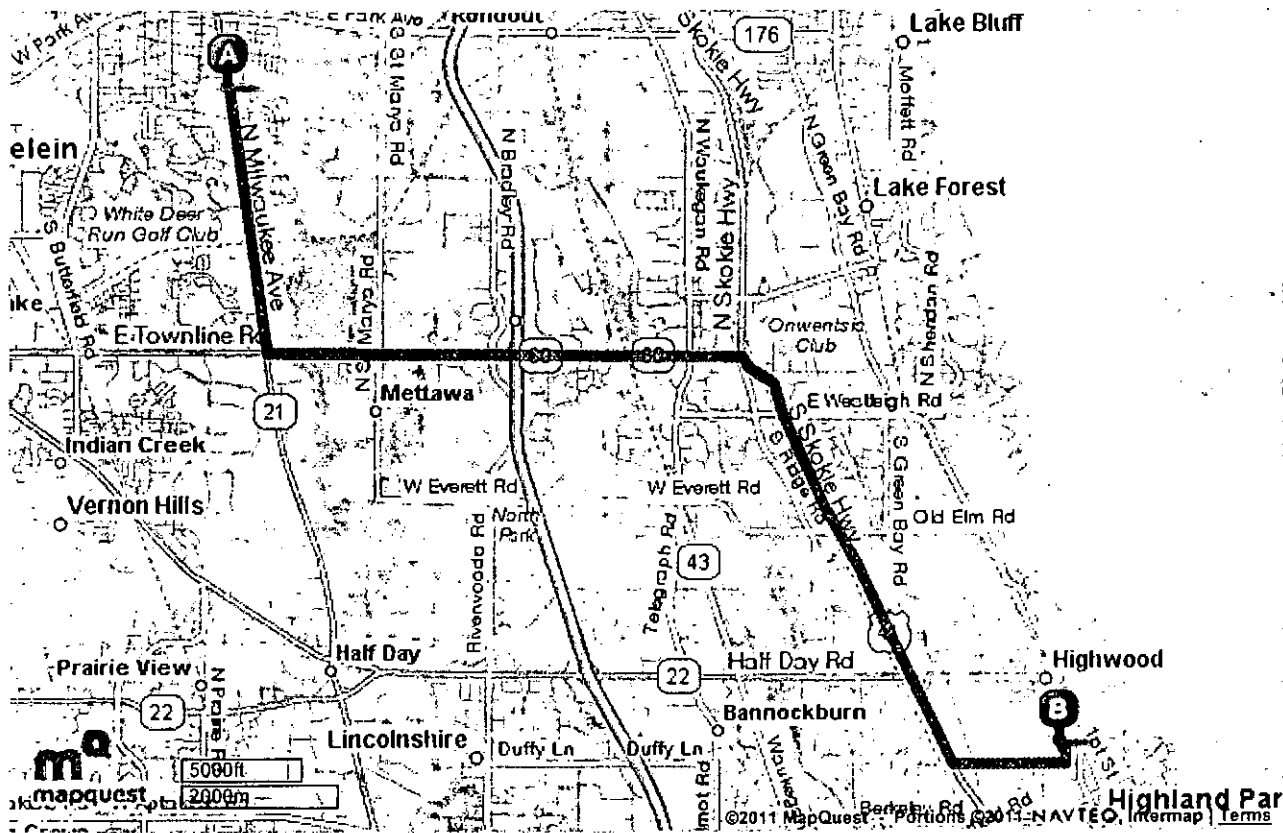
Highland Park Hospital

Trip to:  
 718 Glenview Ave  
 Highland Park, IL 60035-2432  
 11.73 miles  
 19 minutes



	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	 2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
	 3. Turn right onto US-41 S / S Skokie Hwy. <i>US-41 S is just past S Ridge Rd</i> <i>If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far</i>	Go 4.1 Mi	10.5 mi
	4. Turn left onto Park Ave W. <i>Park Ave W is 0.8 miles past IL-22</i>	Go 1.0 Mi	11.5 mi
	5. Turn left onto Midlothian Ave. <i>Midlothian Ave is 0.1 miles past Homewood Ave</i> <i>If you reach Green Bay Rd you've gone about 0.1 miles too far</i>	Go 0.2 Mi	11.7 mi
	6. Take the 1st left onto Glenview Ave. <i>Glenview Ave is just past Homewood Ave</i> <i>If you reach Vine Ave you've gone a little too far</i>	Go 0.03 Mi	11.7 mi
■	7. 718 GLENVIEW AVE is on the left. <i>If you are on Homewood Ave and reach Park Ave W you've gone about 0.3 miles too far</i>		11.7 mi
	<b>718 Glenview Ave</b> Highland Park, IL 60035-2432	11.7 mi	11.7 mi

Total Travel Estimate: 11.73 miles - about 19 minutes



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Notes

Neomedica - Gurnee

Trip to:  
 101 S Greenleaf St Ste B  
 Gurnee, IL 60031-3369  
 8.33 miles  
 15 minutes



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section Miles Driven**



1. Start out going northeast on IL-21 / S Milwaukee Ave toward Valley Park Dr.

Go 6.8 Mi 6.8 mi



2. Turn right onto Washington St / W Washington St.  
*If you are on N Riverside Dr and reach Great America you've gone about 0.2 miles too far*

Go 1.5 Mi 8.3 mi



3. Turn right onto S Greenleaf Ave.  
*S Greenleaf Ave is 0.4 miles past Buckingham Dr  
 If you reach Tower Ct you've gone about 0.1 miles too far*

Go 0.05 Mi 8.3 mi



4. **101 S GREENLEAF ST STE B.**  
*If you reach Oglesby Ave you've gone a little too far*

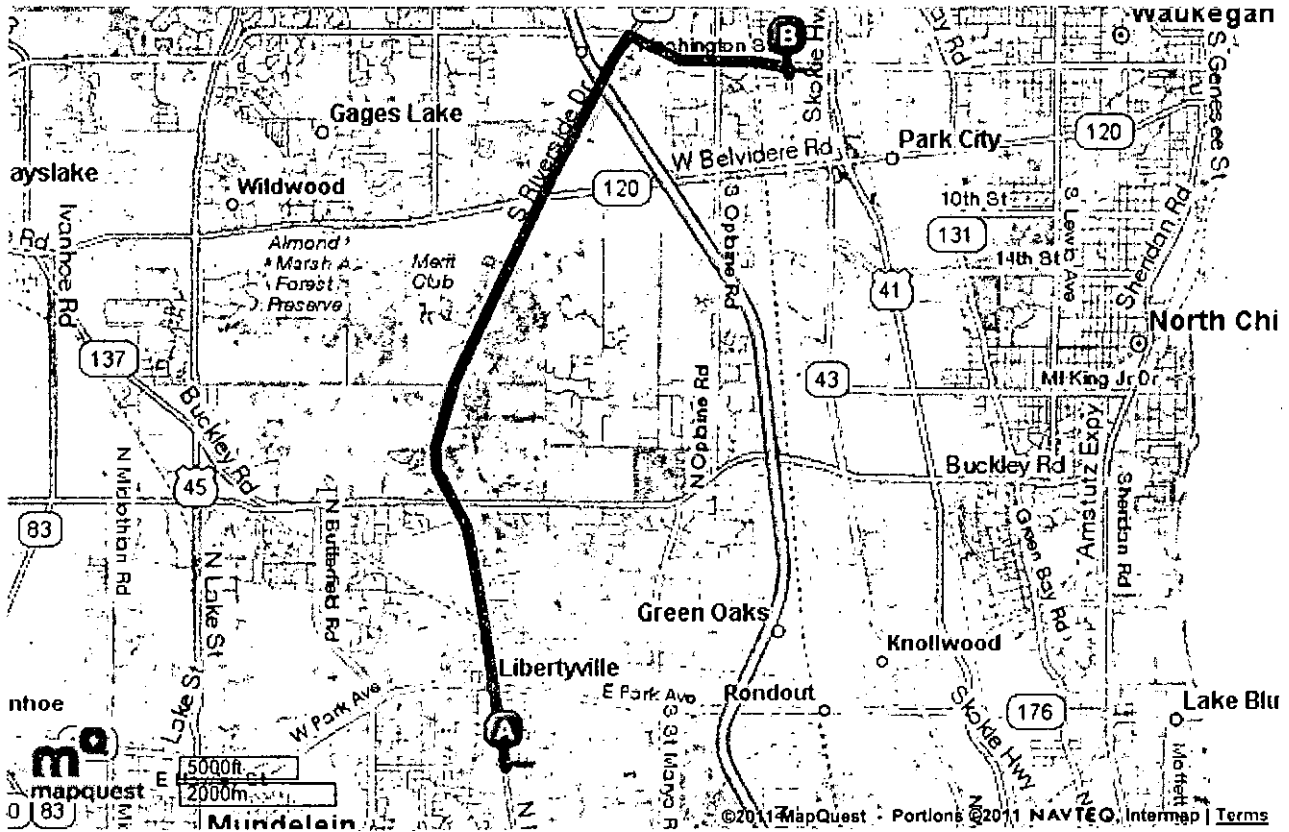
8.3 mi



**101 S Greenleaf St Ste B**  
 Gurnee, IL 60031-3369

8.3 mi 8.3 mi

Total Travel Estimate: 8.33 miles - about 15 minutes



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Trip to:  
 1400 Townline Rd  
 Mundelein, IL 60060-4433  
 4.09 miles  
 7 minutes

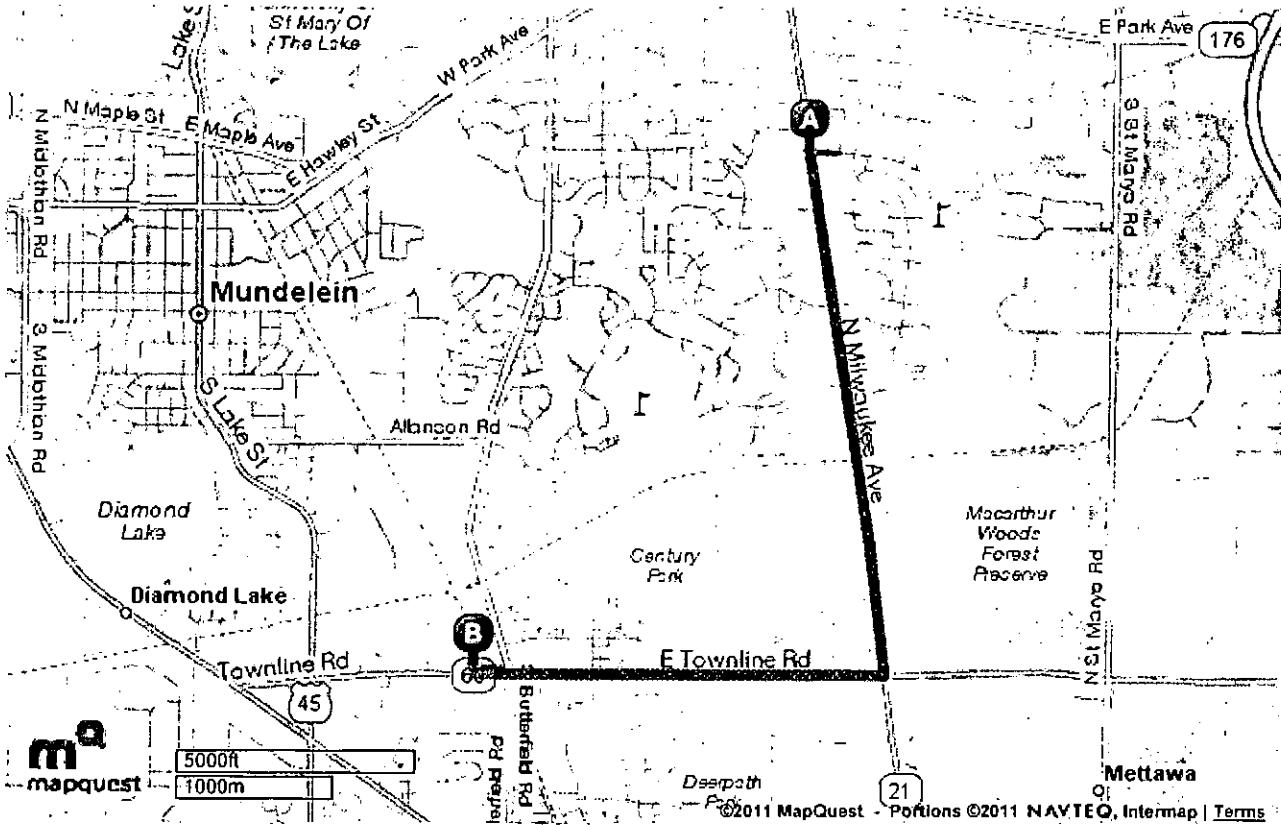
Notes

Fresenius Medical Care Mundelein



	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	 2. Turn right onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 1.8 Mi	4.1 mi
	3. 1400 TOWNLINE RD is on the right. <i>Your destination is 0.1 miles past S Butterfield Rd</i> <i>If you reach McCormick Ave you've gone about 0.1 miles too far</i>		4.1 mi
	<b>1400 Townline Rd</b> Mundelein, IL 60060-4433	4.1 mi	4.1 mi

Total Travel Estimate: 4.09 miles - about 7 minutes



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Trip to:  
 311 W Depot St  
 Antioch, IL 60002-1500  
 21.70 miles  
 34 minutes

Notes

Fresenius Medical Care of Antioch



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section Miles Driven**



1. Start out going **northeast** on **IL-21 / S Milwaukee Ave** toward **Valley Park Dr.**

Go 6.4 Mi 6.4 mi



2. Merge onto **I-94 W** via the ramp on the **left** toward **Milwaukee** (Portions toll).

Go 7.4 Mi 13.8 mi

*If you reach Washington St you've gone about 0.3 miles too far*



3. Take the **IL-173 / Rosecrans Rd** exit.

Go 0.4 Mi 14.1 mi



4. Turn **left** onto **IL-173 / Rosecrans Rd**. Continue to follow **IL-173**.

Go 6.8 Mi 20.9 mi



5. Turn **right** onto **IL-83 / Main St**.

Go 0.6 Mi 21.5 mi

*IL-83 is 0.3 miles past McMillen Rd*

*Mc Donald's is on the corner*

*If you are on IL-173 and reach Harden St you've gone about 0.4 miles too far*



6. Turn **right** onto **Orchard St**.

Go 0.2 Mi 21.7 mi

*Orchard St is 0.1 miles past Lake St*

*David's Bistro is on the right*

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



7. **Orchard St** becomes **W Depot St**.

Go 0.01 Mi 21.7 mi



8. **311 W DEPOT ST** is on the **left**.

21.7 mi

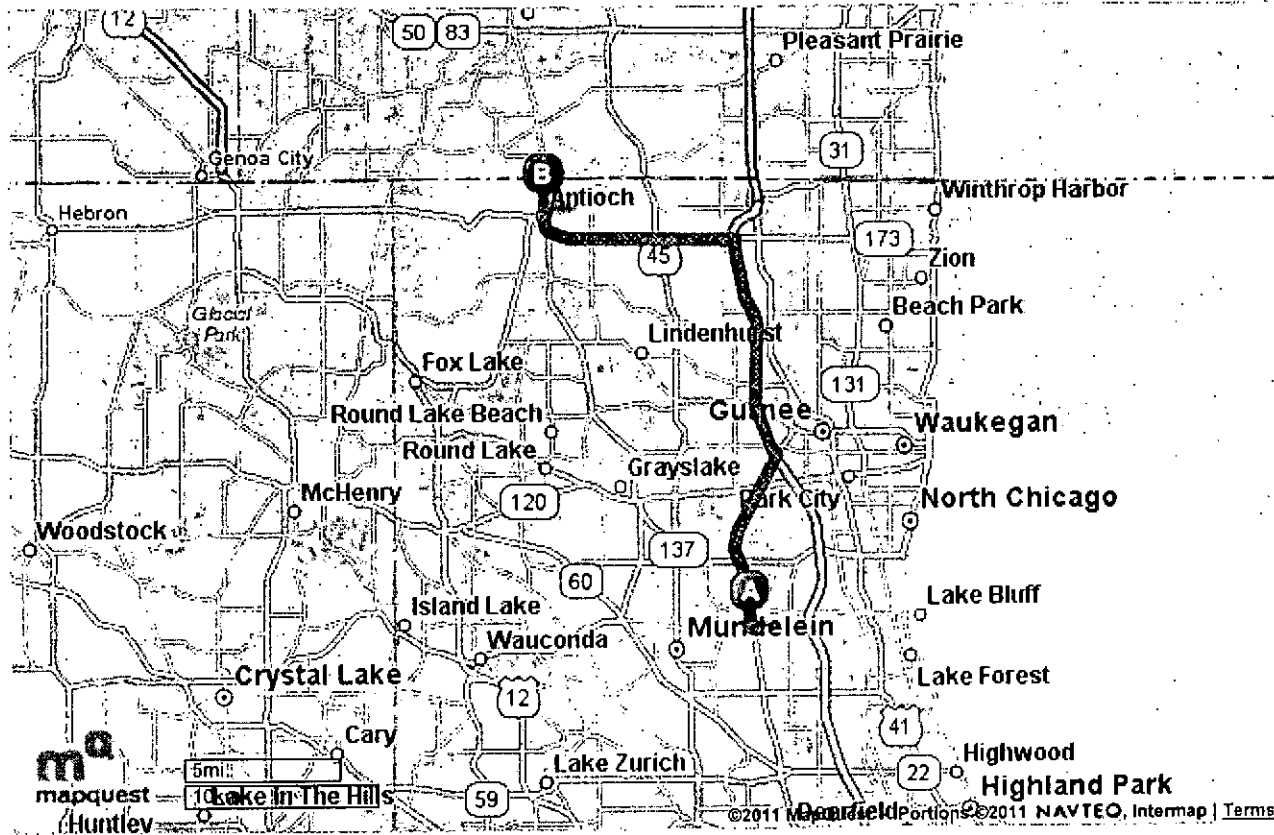
*If you reach Anita Ave you've gone about 0.1 miles too far*



**311 W Depot St**  
 Antioch, IL 60002-1500

21.7 mi 21.7 mi

Total Travel Estimate: 21.70 miles - about 34 minutes



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**Trip to:**  
 37809 N Il Route 59  
 Lake Villa, IL 60046-7332  
 16.06 miles  
 29 minutes

Notes

Lake Villa Dialysis



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section Miles Driven**



1. Start out going north on IL-21 / S Milwaukee Ave toward Valley Park Dr.

Go 2.3 Mi 2.3 mi



2. Turn left onto Peterson Rd / W Peterson Rd / IL-137. Continue to follow IL-137 W.

Go 4.4 Mi 6.7 mi

*IL-137 W is 0.1 miles past Adler Dr  
 A-Adams School of Driving is on the corner  
 If you reach Cater Ln you've gone about 0.1 miles too far*



3. IL-137 W becomes IL-83.

Go 5.1 Mi 11.8 mi



4. Turn left onto W Monaville Rd.

Go 3.4 Mi 15.2 mi

*W Monaville Rd is just past W Nielson Dr  
 If you reach W Sarah Dr you've gone a little too far*



5. Turn right onto IL-59 / Grand Ave.

Go 0.8 Mi 16.1 mi

*Jimmy V's Sports Bar & Grill is on the corner*



6. 37809 N IL ROUTE 59.

16.1 mi

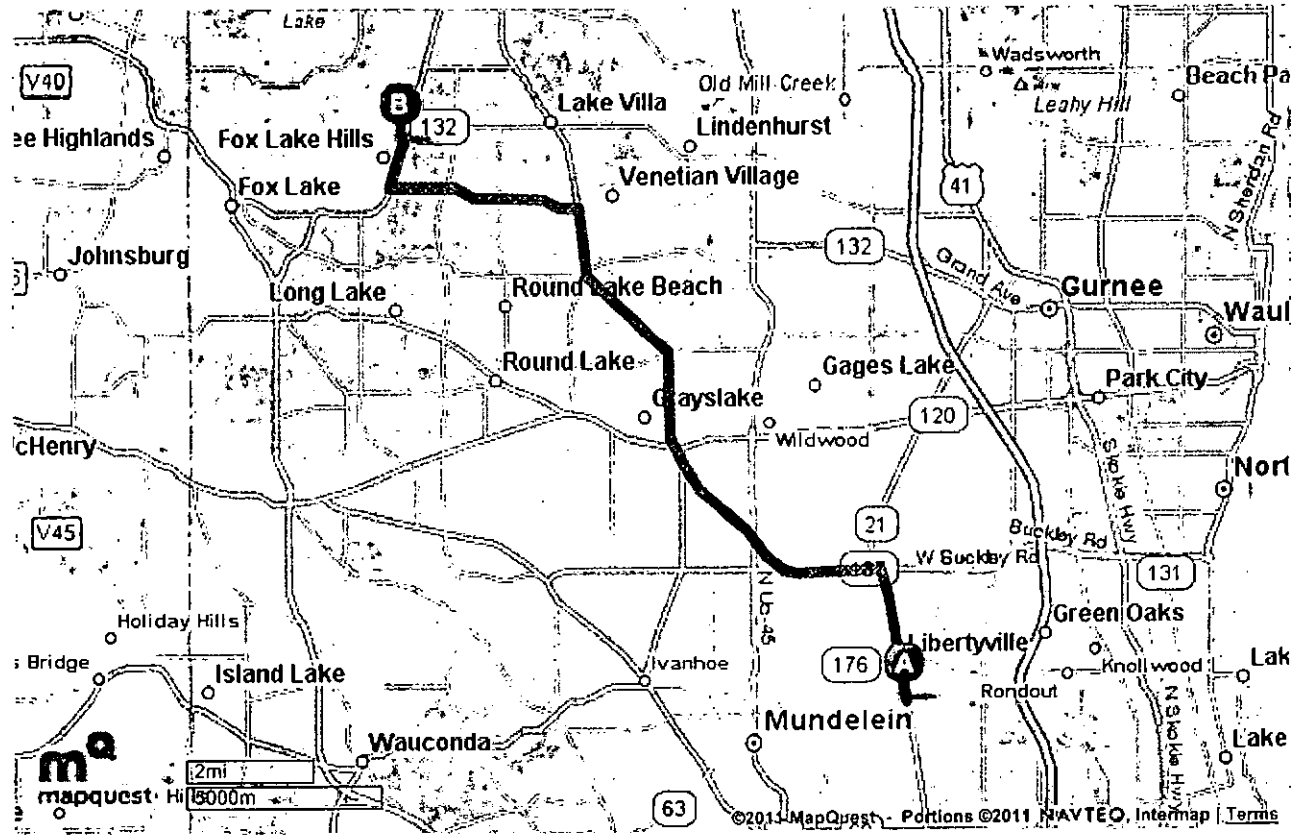
*Your destination is just past N Amber Way  
 If you reach W Lehmann Blvd you've gone about 0.1 miles too far*



**37809 N Il Route 59**  
 Lake Villa, IL 60046-7332

16.1 mi 16.1 mi

Total Travel Estimate: 16.06 miles - about 29 minutes



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Notes

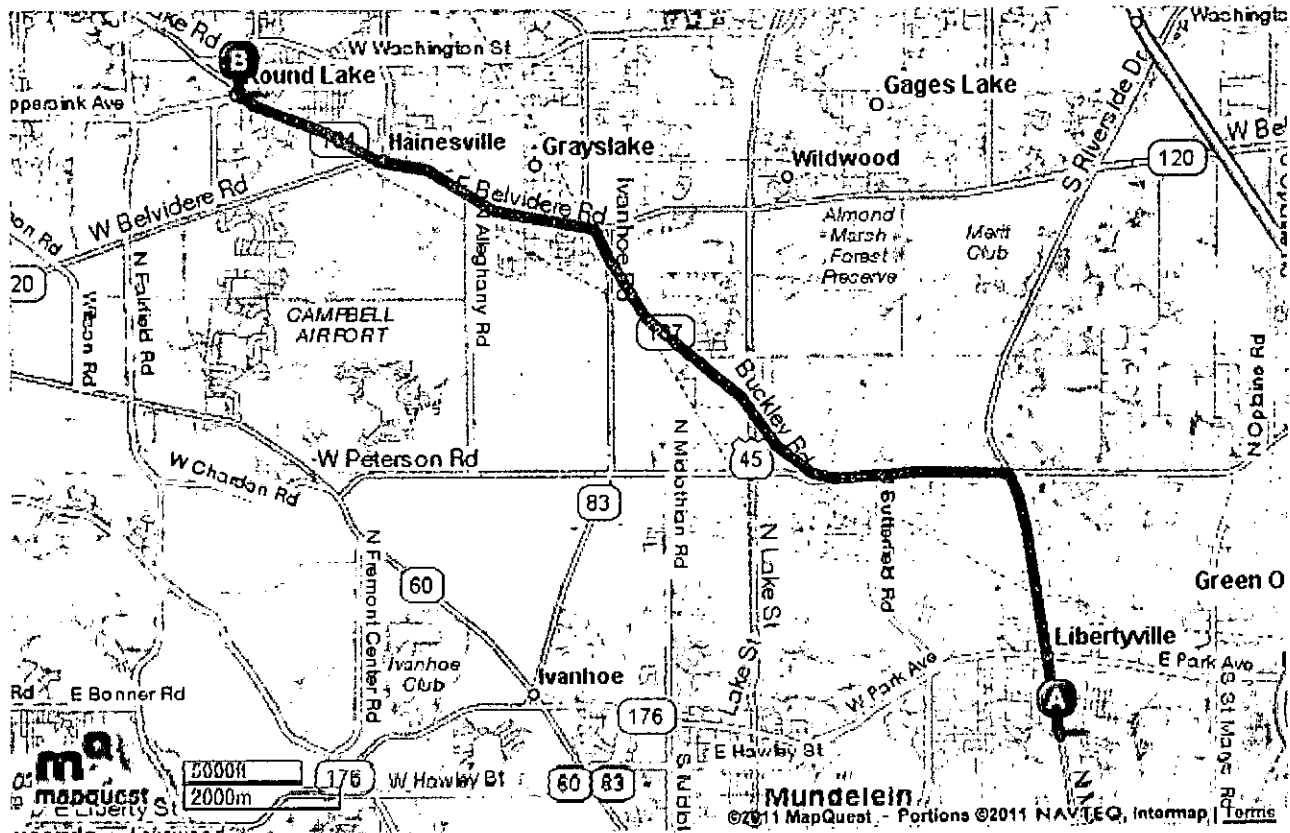
Neomedica Dialysis Ctrs - Round Lake

Trip to:  
 401 W Nippersink Rd  
 Round Lake, IL 60073-3280  
 10.34 miles  
 20 minutes

	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
●	1. Start out going north on IL-21 / S Milwaukee Ave toward Valley Park Dr.	Go 2.3 Mi	2.3 mi
	 2. Turn left onto Peterson Rd / W Peterson Rd / IL-137. Continue to follow IL-137 W. <i>IL-137 W is 0.1 miles past Adler Dr A-Adams School of Driving is on the corner If you reach Cater Ln you've gone about 0.1 miles too far</i>	Go 4.4 Mi	6.7 mi
	 3. IL-137 W becomes IL-83 / Barron Blvd.	Go 0.3 Mi	7.0 mi
	 4. Turn left onto IL-120 / E Belvidere Rd. <i>If you reach Maneval Dr you've gone about 0.3 miles too far</i>	Go 2.0 Mi	9.0 mi
	5. Stay straight to go onto Main St.	Go 1.2 Mi	10.2 mi
	 6. Main St becomes Nippersink Ave / IL-134.	Go 0.07 Mi	10.3 mi
	7. Turn left onto Nippersink Ave. <i>Round Lake AMOCO is on the corner If you are on Railroad Ave and reach N Cedar Lake Rd you've gone about 0.1 miles too far</i>	Go 0.04 Mi	10.3 mi
■	8. 401 W NIPPERSINK RD. <i>Your destination is just past Lincoln Ave If you reach N Cedar Lake Rd you've gone a little too far</i>		10.3 mi
	<b>401 W Nippersink Rd</b> Round Lake, IL 60073-3280	10.3 mi	10.3 mi

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Total Travel Estimate: 10.34 miles - about 20 minutes



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Trip to:  
 4312 W Elm St  
 McHenry, IL 60050-4003  
 19.68 miles  
 34 minutes

Notes

Fresenius Medical Care of McHenry



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section**

**Miles Driven**



1. Start out going north on **IL-21 / S Milwaukee Ave** toward **Valley Park Dr.**

Go 2.3 Mi

2.3 mi



2. Turn **left** onto **Peterson Rd / W Peterson Rd / IL-137**. Continue to follow **Peterson Rd**.

Go 6.0 Mi

8.4 mi

*Peterson Rd is 0.1 miles past Adler Dr  
 A-Adams School of Driving is on the corner  
 If you reach Cater Ln you've gone about 0.1 miles too far*



3. Turn **right** onto **IL-60**.

Go 4.3 Mi

12.7 mi



4. Turn **left** onto **IL-120 / Belvidere Rd**. Continue to follow **IL-120**.

Go 7.0 Mi

19.7 mi



5. **4312 W ELM ST** is on the **right**.

19.7 mi

*Your destination is just past Oak Dr  
 If you reach N Ramble Rd you've gone about 0.2 miles too far*

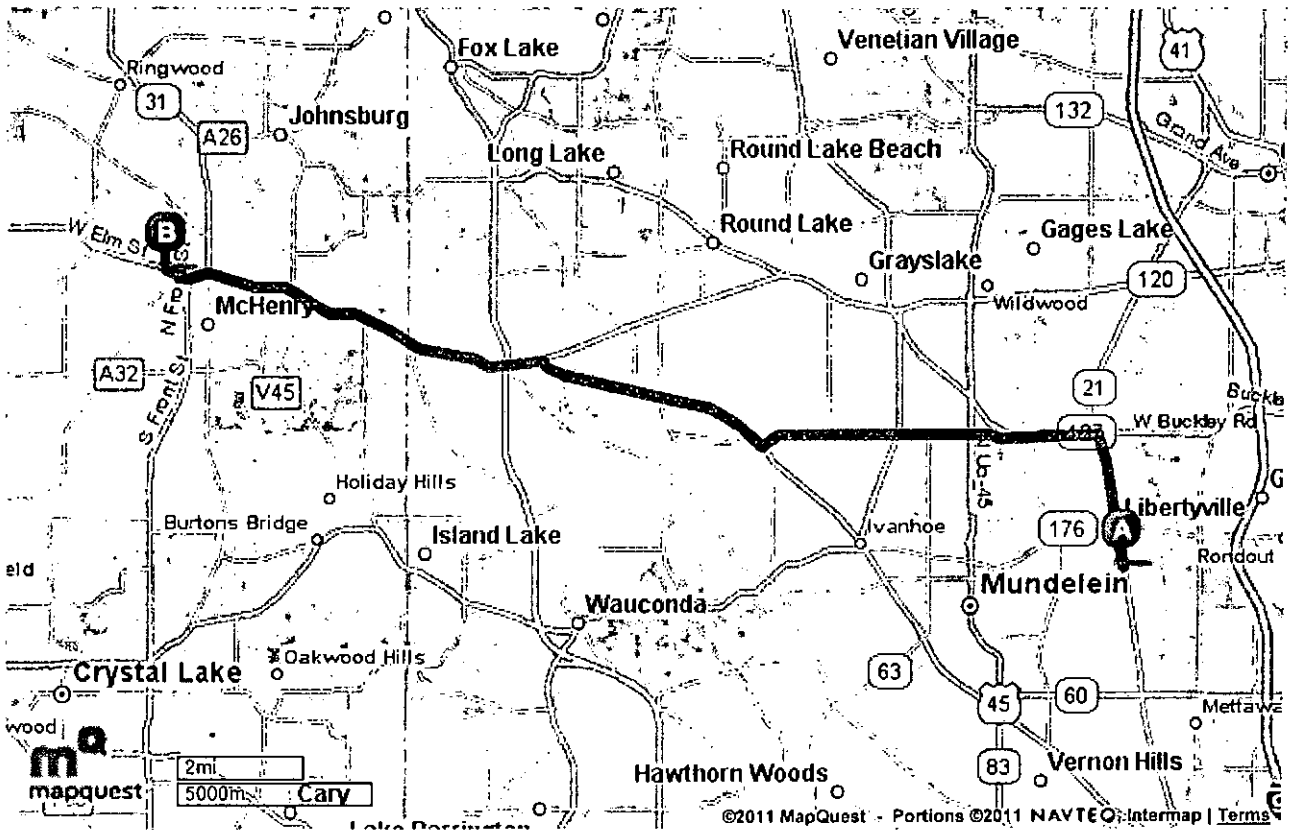


**4312 W Elm St**  
 McHenry, IL 60050-4003

19.7 mi

19.7 mi

Total Travel Estimate: 19.68 miles - about 34 minutes



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Notes

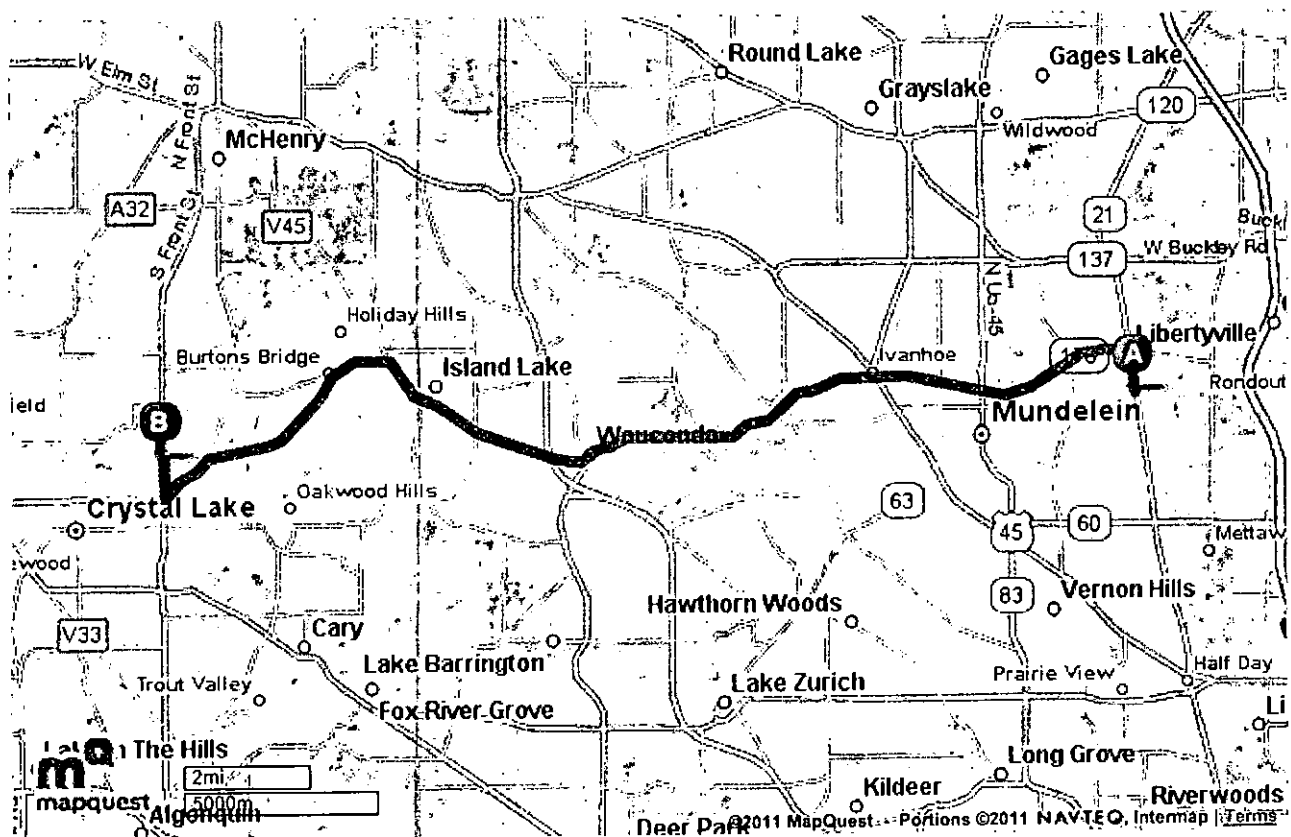
Crystal Spring Dialysis

Trip to:  
 4900 S Il Route 31  
 Crystal Lake, IL 60012-3784  
 20.63 miles  
 36 minutes



	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going north on IL-21 / S Milwaukee Ave toward Valley Park Dr.	Go 0.7 Mi	0.7 mi
	 2. Turn <b>left</b> onto <b>W Park Ave / IL-176</b> . Continue to follow IL-176. <i>IL-176 is just past Sunnyside Pl</i> <i>Libertyville Shell is on the left</i> <i>If you reach Hurburt Ct you've gone a little too far</i>	Go 19.3 Mi	20.0 mi
	 3. Turn <b>right</b> onto <b>IL-31</b> . <i>IL-31 is 0.6 miles past Smith Rd</i> <i>Crystal Lake Citgo is on the corner</i> <i>If you reach Mistwood Ln you've gone about 0.2 miles too far</i>	Go 0.6 Mi	20.6 mi
	4. <b>4900 S IL ROUTE 31</b> . <i>Your destination is just past River Birch Blvd</i> <i>If you reach Drake Dr you've gone about 0.1 miles too far</i>		20.6 mi
	<b>4900 S Il Route 31</b> Crystal Lake, IL 60012-3784	20.6 mi	20.6 mi

Total Travel Estimate: 20.63 miles - about 36 minutes



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Notes

Evanston Hospital

Trip to:  
 2650 Ridge Ave  
 Evanston, IL 60201-1718  
 23.33 miles  
 38 minutes

	918 S Milwaukee Ave Libertyville, IL 60048-3229	Miles Per Section	Miles Driven
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
	3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S. <i>US-41 S is just past S Ridge Rd If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far</i>	Go 11.9 Mi	18.3 mi
	4. Take the US-41 S / Skokie Rd exit, EXIT 34A.	Go 0.4 Mi	18.8 mi
	5. Turn slight right onto US-41 / Skokie Rd.	Go 0.3 Mi	19.0 mi
	6. Take the 1st left onto Lake Ave. <i>Mongolian House is on the corner If you are on US-41 and reach Hibbard Rd you've gone about 0.2 miles too far</i>	Go 2.2 Mi	21.3 mi
	7. Turn right onto Green Bay Rd. <i>Green Bay Rd is 0.1 miles past Park Ave B P AMOCO is on the corner If you reach 13th St you've gone a little too far</i>	Go 1.2 Mi	22.4 mi
	8. Turn left onto Central St. <i>Central St is 0.1 miles past Livingston St If you reach Harrison St you've gone a little too far</i>	Go 0.8 Mi	23.2 mi
	9. Turn left onto Ridge Ave. <i>Ridge Ave is 0.1 miles past Girard Ave If you reach Sherman Ave you've gone about 0.1 miles too far</i>	Go 0.10 Mi	23.3 mi
	10. 2650 RIDGE AVE is on the left. <i>If you reach Monticello Pl you've gone a little too far</i>		23.3 mi



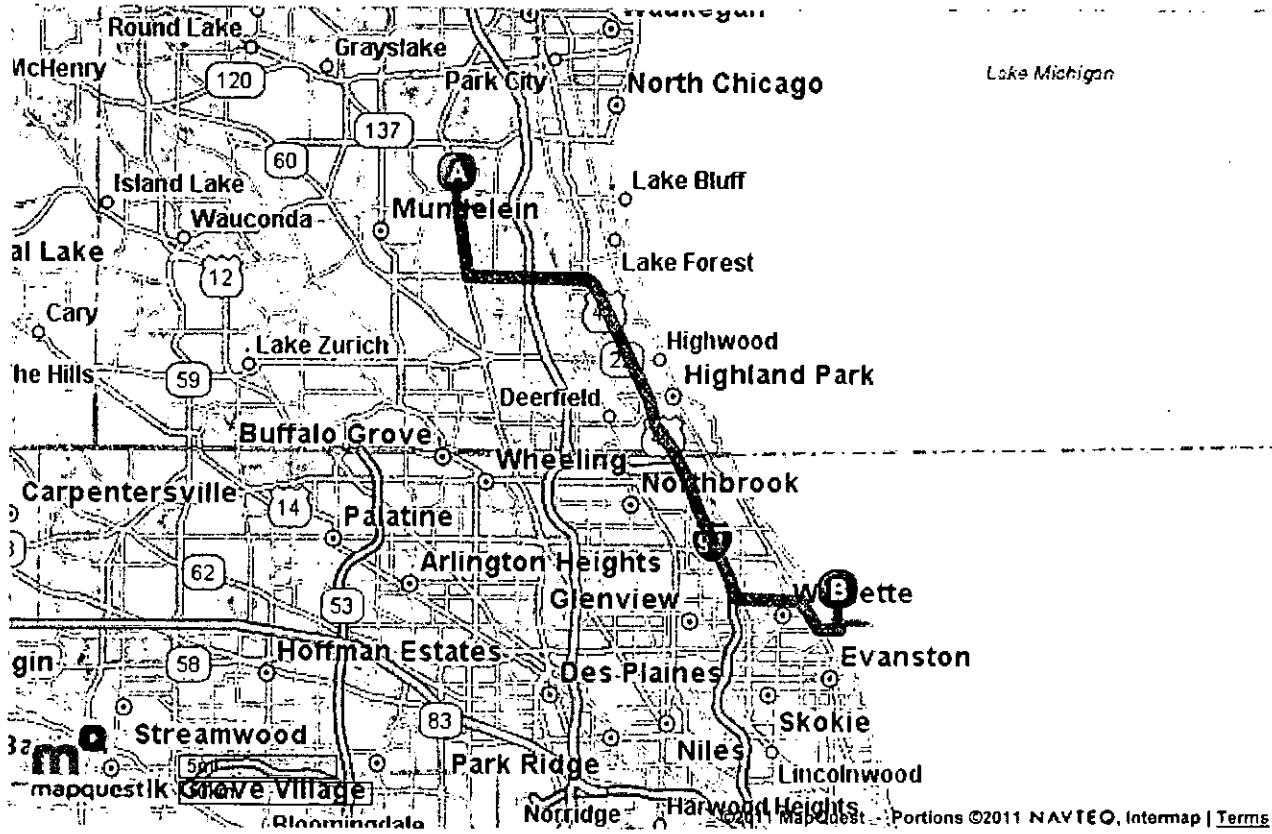
2650 Ridge Ave  
Evanston, IL 60201-1718

23.3 mi

23.3 mi

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Total Travel Estimate: 23.33 miles - about 38 minutes



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Trip to:  
 1715 Central St  
 Evanston, IL 60201-1507  
 22.60 miles  
 36 minutes

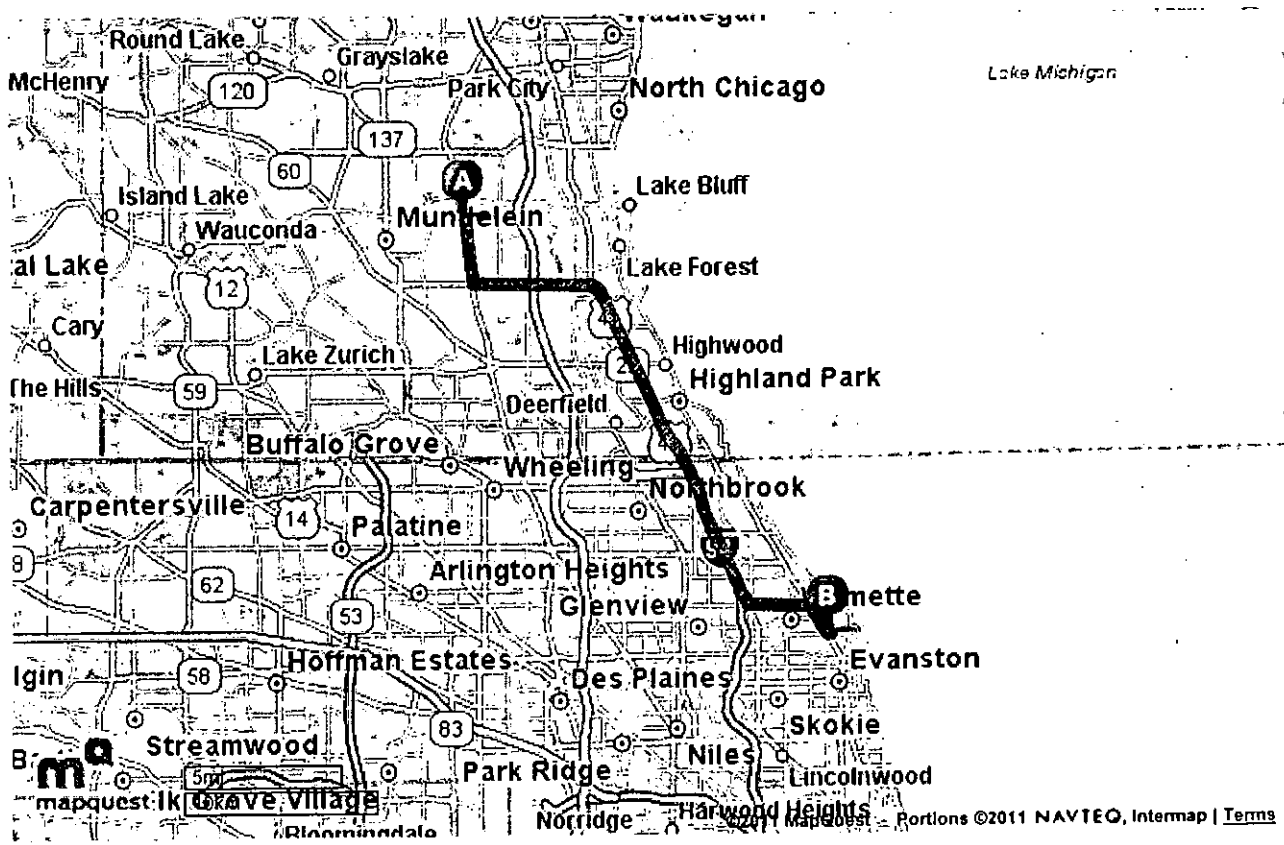
Notes

Neomedica Dialysis Ctrs - Evanston

	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	 2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
	 3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S. <i>US-41 S is just past S Ridge Rd</i> <i>If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far</i>	Go 11.9 Mi	18.3 mi
	4. Take the US-41 S / Skokie Rd exit, EXIT 34A.	Go 0.4 Mi	18.8 mi
	 5. Turn slight right onto US-41 / Skokie Rd.	Go 0.3 Mi	19.0 mi
	6. Take the 1st left onto Lake Ave. <i>Mongolian House is on the corner</i> <i>If you are on US-41 and reach Hibbard Rd you've gone about 0.2 miles too far</i>	Go 2.2 Mi	21.3 mi
	7. Turn right onto Green Bay Rd. <i>Green Bay Rd is 0.1 miles past Park Ave</i> <i>B P AMOCO is on the corner</i> <i>If you reach 13th St you've gone a little too far</i>	Go 1.2 Mi	22.4 mi
	8. Turn left onto Central St. <i>Central St is 0.1 miles past Livingston St</i> <i>If you reach Harrison St you've gone a little too far</i>	Go 0.2 Mi	22.6 mi
	9. 1715 CENTRAL ST is on the left. <i>Your destination is 0.1 miles past Broadway Ave</i> <i>If you reach Eastwood Ave you've gone a little too far</i>	Go 0.2 Mi	22.6 mi
	<b>1715 Central St</b> Evanston, IL 60201-1507	22.6 mi	22.6 mi

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Total Travel Estimate: 22.60 miles - about 36 minutes



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Notes

RCG - Mid America Evanston

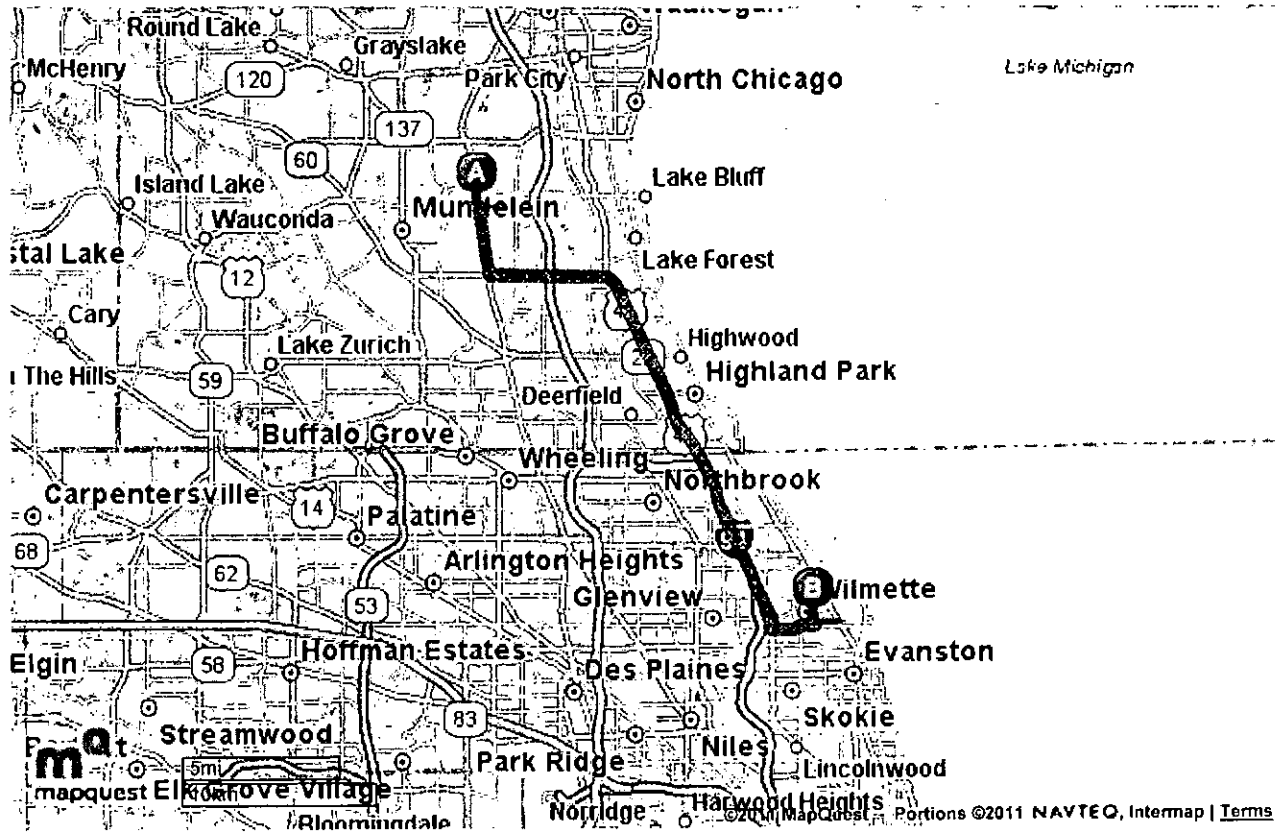
Trip to:  
 2953 Central St  
 Evanston, IL 60201-1245  
 21.91 miles  
 33 minutes

	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	 2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
	 3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S. <i>US-41 S is just past S Ridge Rd</i> <i>If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far</i>	Go 11.9 Mi	18.3 mi
	4. Take the US-41 S / Skokie Rd exit, EXIT 34A.	Go 0.4 Mi	18.8 mi
	 5. Turn slight right onto US-41 / Skokie Rd. Continue to follow US-41.	Go 1.5 Mi	20.3 mi
	6. Turn left onto Old Orchard Rd. <i>Old Orchard Rd is 0.2 miles past Old Glenview Rd.</i> <i>Ethan Allen is on the left</i> <i>If you are on US-41 and reach Old Orchard Ctr you've gone about 0.2 miles too far</i>	Go 0.8 Mi	21.1 mi
	7. Turn slight left onto Gross Point Rd. <i>Gross Point Rd is just past Princeton Ave</i> <i>If you reach Karlov Ave you've gone a little too far</i>	Go 0.2 Mi	21.3 mi
	8. Turn slight right onto Central St. <i>Central St is just past Wellington Ct</i> <i>If you are on Gross Point Rd and reach Crawford Ave you've gone a little too far</i>	Go 0.6 Mi	21.9 mi
	9. 2953 CENTRAL ST is on the left. <i>Your destination is just past Central Park Ave</i> <i>If you reach Hurd Ave you've gone a little too far</i>	21.9 mi	21.9 mi
	<b>2953 Central St</b> Evanston, IL 60201-1245	21.9 mi	21.9 mi

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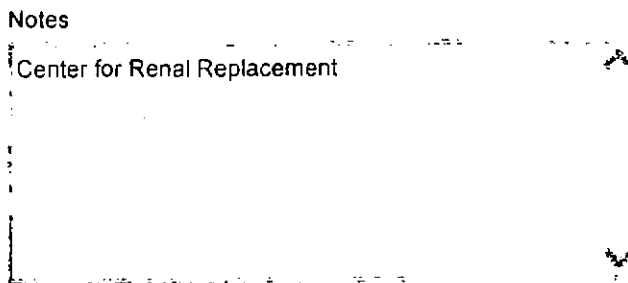
Total Travel Estimate: 21.91 miles - about 33 minutes



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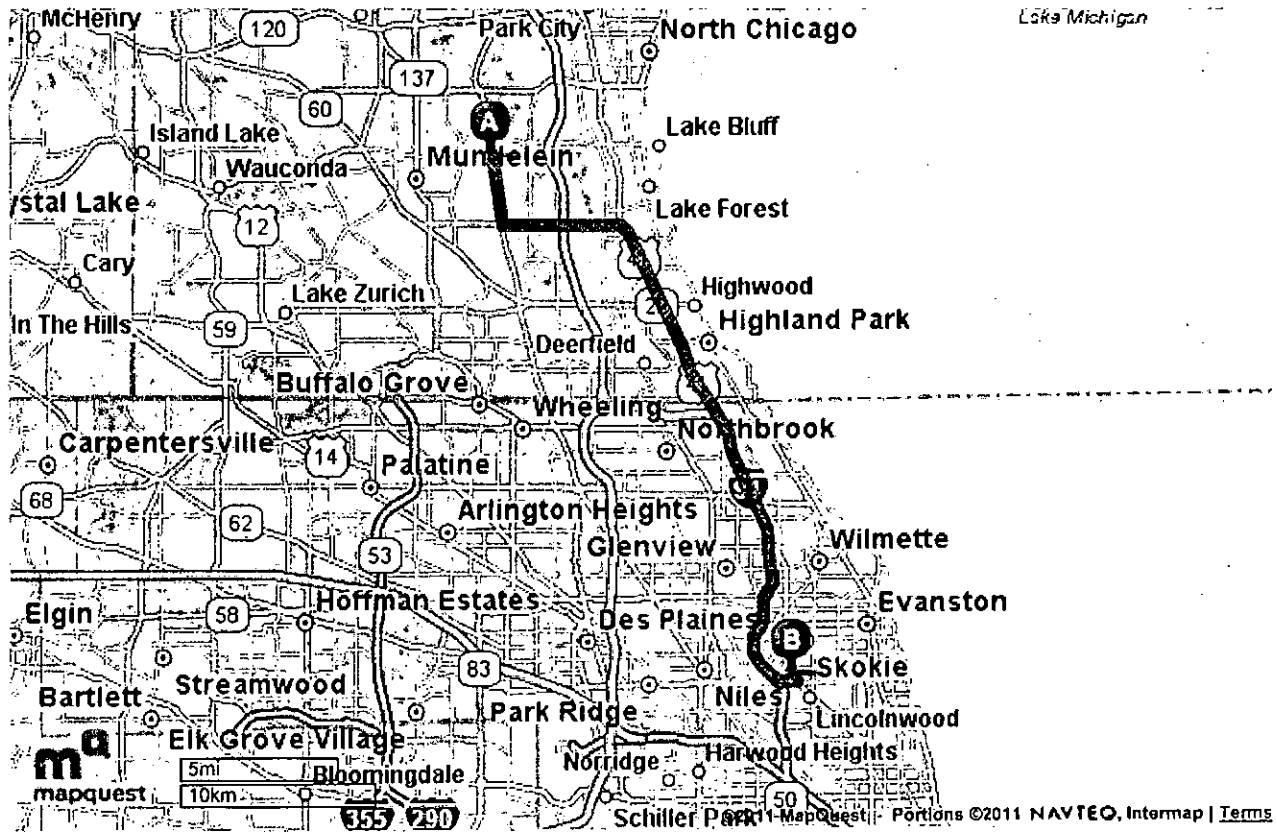
Trip to:  
 7301 N Lincoln Ave Ste 205  
 Lincolnwood, IL 60712-1735  
 25.29 miles  
 35 minutes



		Miles Per Section	Miles Driven
	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229		
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
	3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S. <i>US-41 S is just past S Ridge Rd</i> <i>If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far</i>	Go 11.9 Mi	18.3 mi
	4. Stay straight to go onto I-94 E / Edens Expy E.	Go 5.9 Mi	24.3 mi
	5. Take the East Touhy Ave exit, EXIT 39B.	Go 0.2 Mi	24.5 mi
	6. Turn slight right onto Touhy Ave.	Go 0.6 Mi	25.1 mi
	7. Turn sharp left onto N Lincoln Ave / US-41. <i>N Lincoln Ave is just past N Kilbourn Ave</i> <i>If you reach N Kostner Ave you've gone a little too far</i>	Go 0.2 Mi	25.3 mi
	8. 7301 N LINCOLN AVE STE 205 is on the right. <i>Your destination is just past W Chase Ave</i> <i>If you reach W Jarvis Ave you've gone about 0.1 miles too far</i>		25.3 mi
	<b>7301 N Lincoln Ave Ste 205</b> Lincolnwood, IL 60712-1735	25.3 mi	25.3 mi

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Total Travel Estimate: 25.29 miles - about 35 minutes



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**Trip to:**  
 9801 Woods Dr  
 Skokie, IL 60077-1074  
 20.67 miles  
 29 minutes

Notes

RCG Skokie



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section**      **Miles Driven**



1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.

Go 2.3 Mi      2.3 mi



2. Turn left onto E Townline Rd / IL-60 E.  
*If you reach Executive Way Dr you've gone about 0.3 miles too far*

Go 4.2 Mi      6.5 mi



3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S.  
*US-41 S is just past S Ridge Rd*  
*If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far*

Go 11.9 Mi      18.3 mi



4. Stay straight to go onto I-94 E / Edens Expy E.

Go 1.5 Mi      19.9 mi



5. Take the Old Orchard Rd exit, EXIT 35.

Go 0.3 Mi      20.2 mi



6. Turn right onto Old Orchard Rd.  
*Ruby Tuesday is on the corner*  
*If you are on Old Orchard Rd and reach Lawler Ave you've gone about 0.2 miles too far*

Go 0.2 Mi      20.4 mi



7. Turn left onto Woods Dr.  
*Woods Dr is 0.1 miles past Lockwood Ave*  
*Life Time Fitness is on the right*  
*If you reach Raoul Wallenberg Dr you've gone about 0.1 miles too far*

Go 0.3 Mi      20.7 mi



8. 9801 WOODS DR is on the left.  
*If you reach Golf Rd you've gone about 0.2 miles too far*

20.7 mi

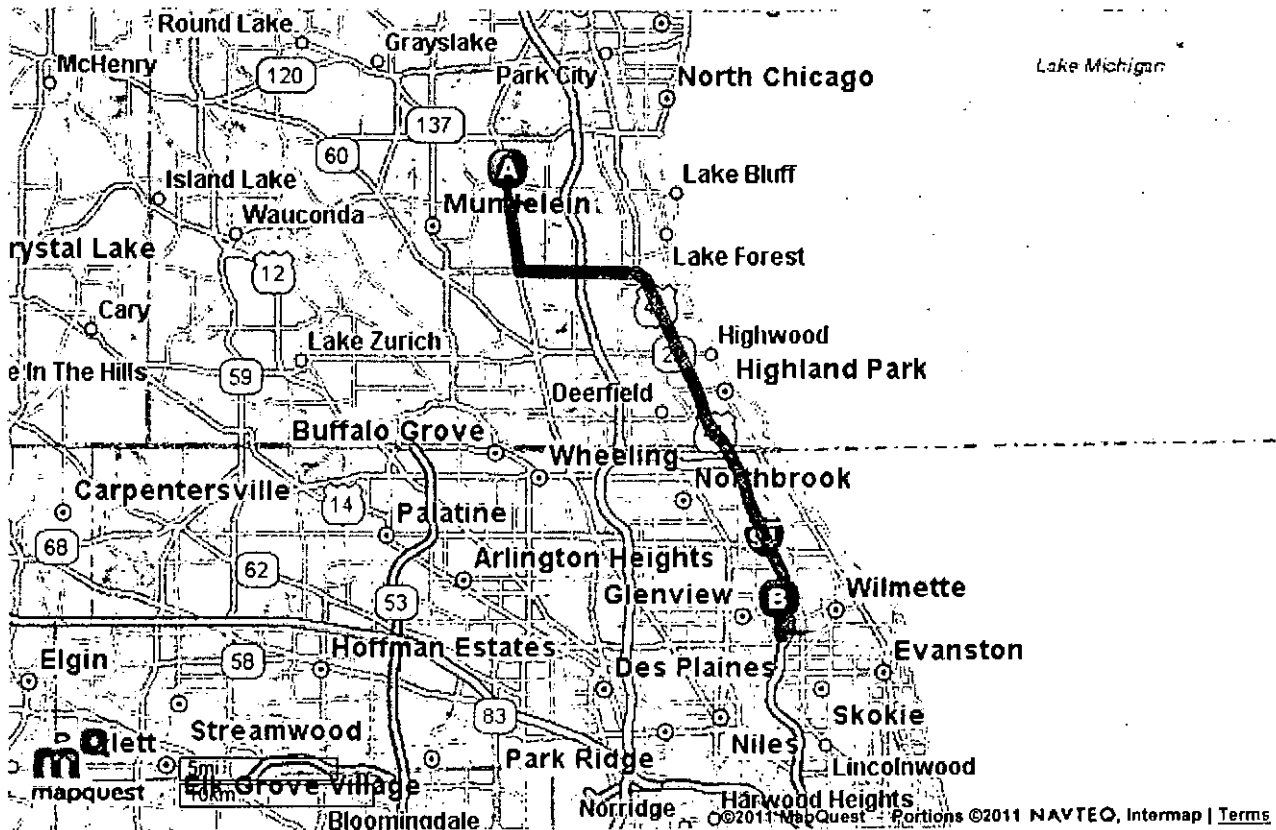


**9801 Woods Dr**  
 Skokie, IL 60077-1074

20.7 mi      20.7 mi

196

Total Travel Estimate: 20.67 miles - about 29 minutes



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Trip to:  
 5623 W Touhy Ave  
 Niles, IL 60714-4019  
 24.96 miles  
 34 minutes

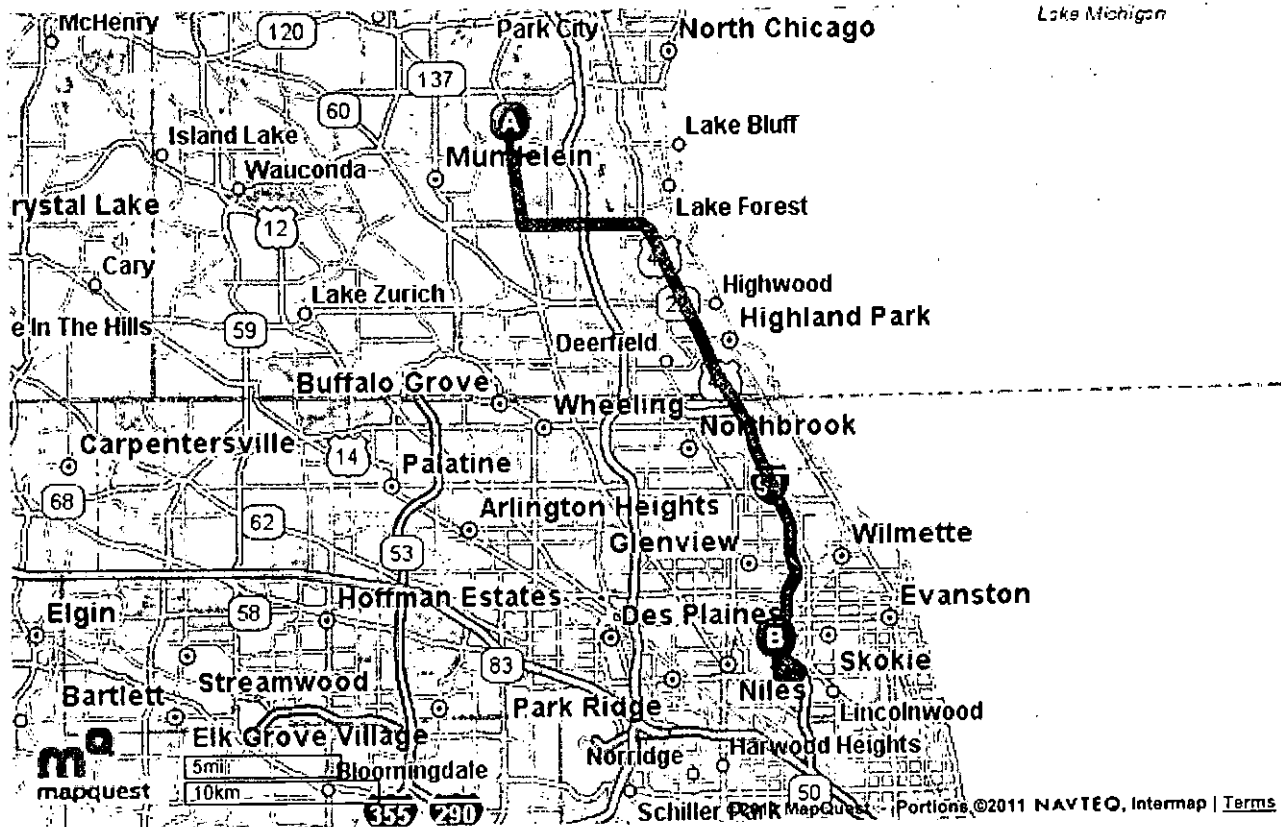
Notes

Big Oaks Dialysis



A	918 S Milwaukee Ave Libertyville, IL 60048-3229	Miles Per Section	Miles Driven
●	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
↶	2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
↷	3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S. <i>US-41 S is just past S Ridge Rd If you are on US-41 N and reach Gago Ln you've gone about 1.6 miles too far</i>	Go 11.9 Mi	18.3 mi
↑	4. Stay straight to go onto I-94 E / Edens Expy E.	Go 5.7 Mi	24.1 mi
EXIT 39A	5. Take the West Touhy Ave exit, EXIT 39A.	Go 0.2 Mi	24.2 mi
↷	6. Turn slight right onto Touhy Ave. <i>T &amp; M AMOCO is on the corner</i>	Go 0.7 Mi	25.0 mi
■	7. 5623 W TOUHY AVE is on the left. <i>Your destination is just past N Central Ave If you reach N Austin Ave you've gone about 0.1 miles too far</i>		25.0 mi
B	5623 W Touhy Ave Niles, IL 60714-4019	25.0 mi	25.0 mi

Total Travel Estimate: 24.96 miles - about 34 minutes



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Trip to:  
 405 Lake Cook Rd  
 Deerfield, IL 60015-4993  
 12.55 miles  
 19 minutes

Notes

Fresenius Medical Care of Deerfield



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section**      **Miles Driven**



1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.

Go 2.3 Mi      2.3 mi



2. Turn left onto E Townline Rd / IL-60.  
*If you reach Executive Way Dr you've gone about 0.3 miles too far*

Go 2.1 Mi      4.4 mi



3. Merge onto I-94 E toward Indiana (Portions toll).  
*If you reach IL-60 W you've gone about 0.1 miles too far*

Go 5.8 Mi      10.2 mi



4. Take the Lake-Cook Road exit.

Go 0.4 Mi      10.7 mi



5. Keep left to take the ramp toward Deerfield.

Go 0.05 Mi      10.7 mi



6. Turn left onto Lake Cook Rd.

Go 1.8 Mi      12.6 mi



7. **405 LAKE COOK RD** is on the right.  
*Your destination is 0.3 miles past Deerlake Rd*  
*If you reach S Waukegan Rd you've gone about 0.1 miles too far*

12.6 mi



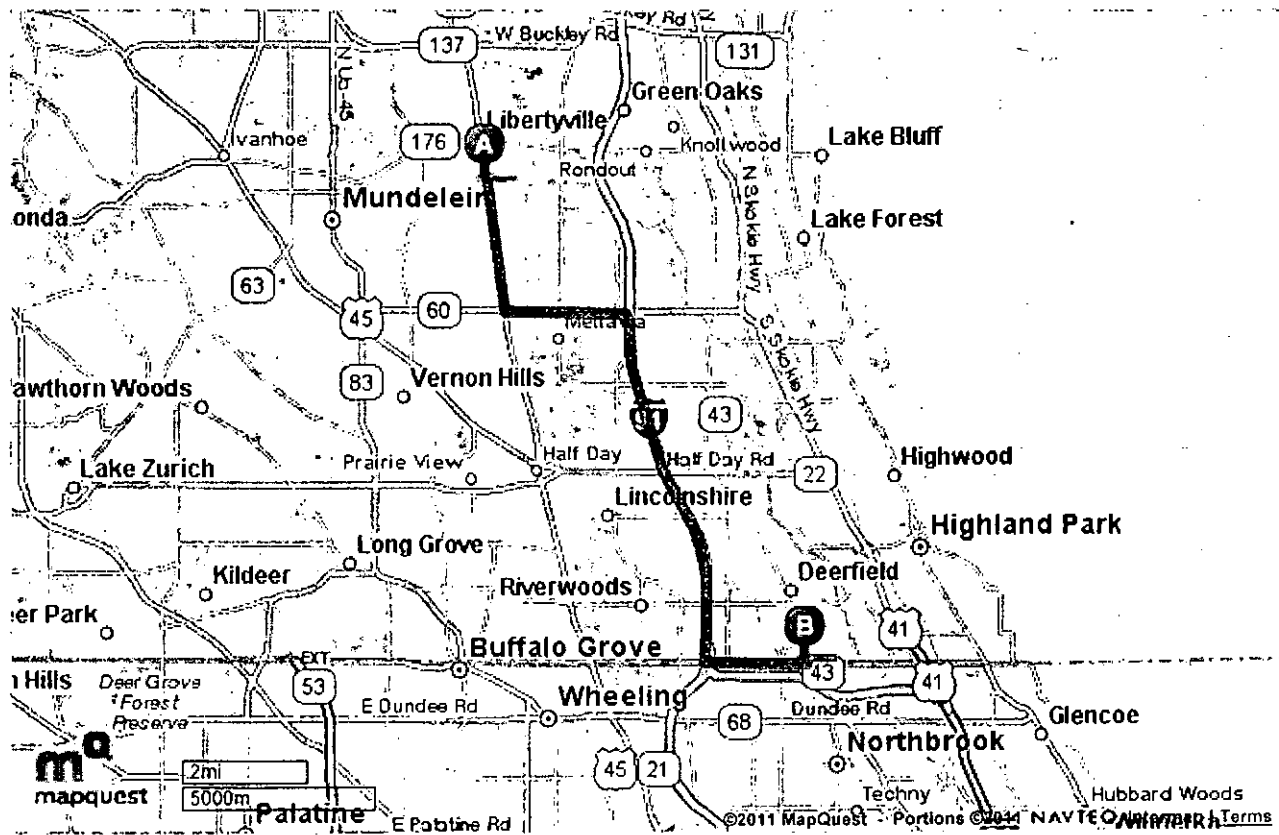
**405 Lake Cook Rd**  
 Deerfield, IL 60015-4993

12.6 mi      12.6 mi

200



Total Travel Estimate: 12.55 miles - about 19 minutes



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Notes

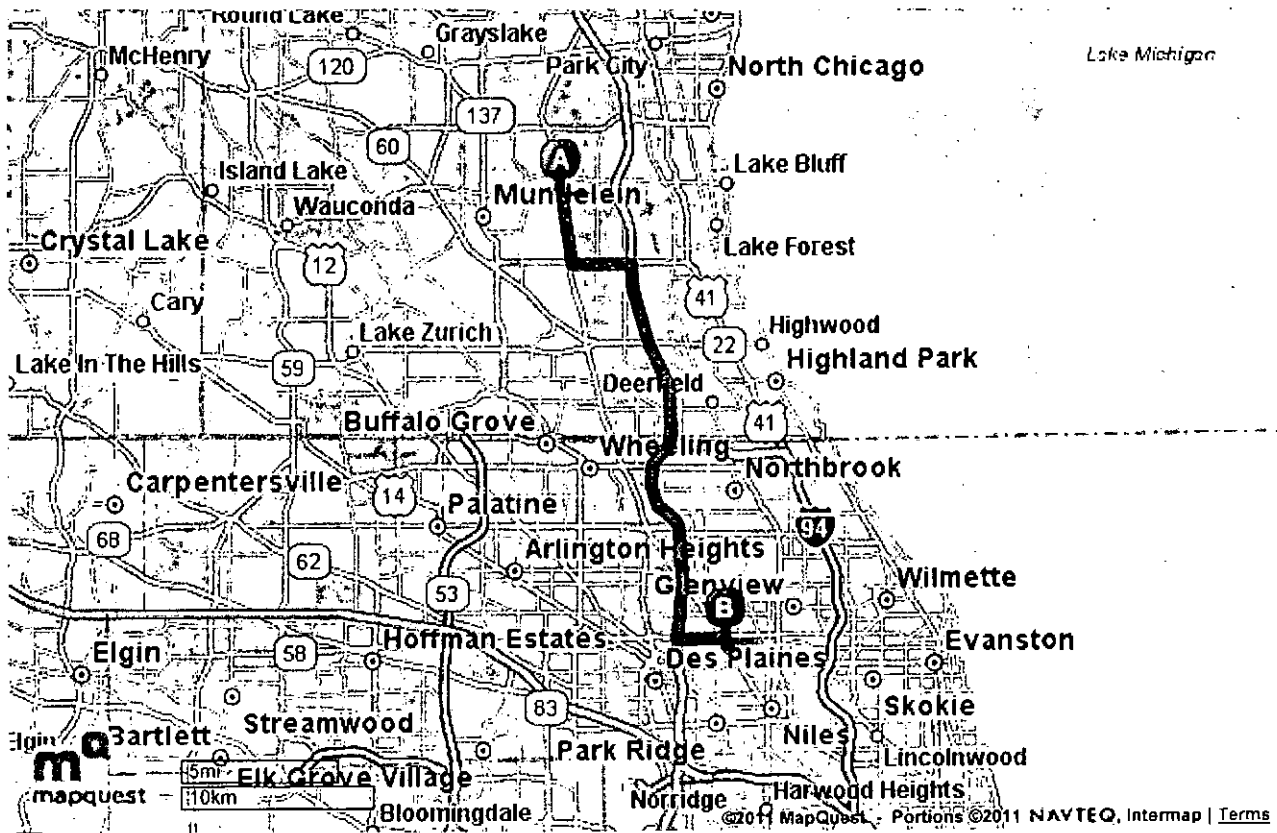
Lutheran General - Neomedica

Trip to:  
 9371 N Milwaukee Ave  
 Niles, IL 60714-1303  
 20.38 miles  
 31 minutes

A	918 S Milwaukee Ave Libertyville, IL 60048-3229	Miles Per Section	Miles Driven
●	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
↩	2. Turn left onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.1 Mi	4.4 mi
↑	3. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	10.5 mi
↗	4. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 7.2 Mi	17.7 mi
EXIT	5. Take the exit toward IL-58 / Golf Rd.	Go 0.5 Mi	18.1 mi
↩	6. Turn left onto E River Rd.	Go 0.1 Mi	18.2 mi
↩	7. Take the 1st left onto IL-58 / E Golf Rd. <i>If you are on Bender Rd and reach W Ballard Rd you've gone about 0.6 miles too far</i>	Go 1.6 Mi	19.9 mi
↘	8. Turn right onto N Milwaukee Ave / IL-21. <i>N Milwaukee Ave is 0.1 miles past N Greenwood Ave Nikki's Pub is on the corner If you are on IL-58 and reach Michael Mnr you've gone about 0.4 miles too far</i>	Go 0.4 Mi	20.3 mi
↺	9. Make a U-turn onto N Milwaukee Ave / IL-21. <i>If you reach N Maryland St you've gone a little too far</i>	Go 0.07 Mi	20.4 mi
■	10. 9371 N MILWAUKEE AVE is on the right. <i>If you reach W Golf Rd you've gone about 0.3 miles too far</i>		20.4 mi
B	9371 N Milwaukee Ave Niles, IL 60714-1303	20.4 mi	20.4 mi

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Total Travel Estimate: 20.38 miles - about 31 minutes



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Notes

Glenview Dialysis Center

Trip to:  
 4248 Commercial Way  
 Glenview, IL 60025-3573  
 15.34 miles  
 28 minutes



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per  
 Section**

**Miles  
 Driven**



1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.  
 Continue to follow IL-21 S.

Go 14.9 Mi

14.9 mi



2. Turn right onto Dearlove Rd.

Go 0.3 Mi

15.2 mi

*Dearlove Rd is 0.2 miles past Zenith Dr  
 If you are on Milwaukee Ave and reach Michael Todd Ter you've gone about 0.1 miles  
 too far*



3. Turn right onto Commercial Way.

Go 0.1 Mi

15.3 mi

*If you reach Di Paolo Ctr you've gone about 0.1 miles too far*



4. 4248 COMMERCIAL WAY is on the left.

15.3 mi

*Your destination is 0.1 miles past Commercial Way  
 If you reach Dearlove Rd you've gone about 0.1 miles too far*



**4248 Commercial Way**  
 Glenview, IL 60025-3573

15.3 mi

15.3 mi

204

Total Travel Estimate: 15.34 miles - about 28 minutes



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Notes

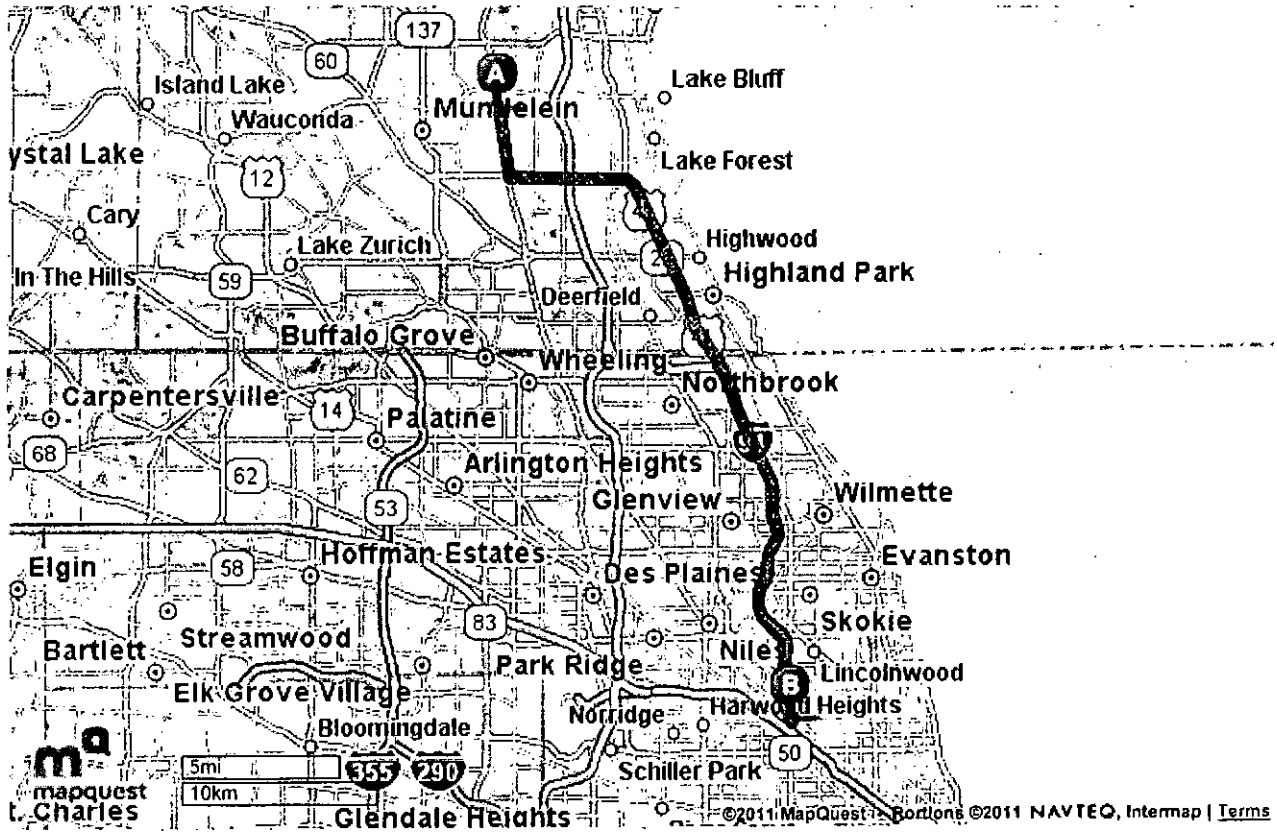
Neomedica Dialysis Ctrs - North

Trip to:  
 4800 N Kilpatrick Ave  
 Chicago, IL 60630-1725  
 27.49 miles  
 38 minutes

		Miles Per Section	Miles Driven
	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229		
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn left onto E Townline Rd / IL-60 E. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 4.2 Mi	6.5 mi
	3. Turn right onto US-41 S / S Skokie Hwy. Continue to follow US-41 S. <i>US-41 S is just past S Ridge Rd</i> <i>If you are on US-41 N and reach Gage Ln you've gone about 1.6 miles too far</i>	Go 11.9 Mi	18.3 mi
	4. Stay straight to go onto I-94 E / Edens Expy E.	Go 7.9 Mi	26.3 mi
	5. Take the IL-50 S / Cicero Ave exit, EXIT 41C.	Go 0.2 Mi	26.4 mi
	6. Turn slight right onto N Cicero Ave / IL-50.	Go 0.6 Mi	27.0 mi
	7. Turn left onto N Elston Ave. <i>N Elston Ave is 0.1 miles past W Foster Ave</i> <i>Subway is on the corner</i> <i>If you reach W Winnemac Ave you've gone a little too far</i>	Go 0.3 Mi	27.3 mi
	8. Turn right onto N Kilpatrick Ave. <i>N Kilpatrick Ave is just past N Kolmar Ave</i> <i>If you reach N Kentucky Ave you've gone a little too far</i>	Go 0.2 Mi	27.5 mi
	9. <b>4800 N KILPATRICK AVE</b> is on the left. <i>If you reach W Lawrence Ave you've gone a little too far</i>		27.5 mi
	<b>4800 N Kilpatrick Ave</b> Chicago, IL 60630-1725	27.5 mi	27.5 mi

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Total Travel Estimate: 27.49 miles - about 38 minutes



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Notes

Resurrection Medical Center

Trip to:  
 7435 W Talcott Ave  
 Chicago, IL 60631-3707  
 26.73 miles  
 36 minutes

		Miles Per Section	Miles Driven
	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229		
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn left onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.1 Mi	4.4 mi
	3. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	10.5 mi
	4. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 11.8 Mi	22.4 mi
	5. Merge onto I-90 E toward Kennedy Expy / Chicago (Portions toll).	Go 3.3 Mi	25.6 mi
	6. Take EXIT 81A toward IL-43 / Harlem Ave.	Go 0.2 Mi	25.9 mi
	7. Stay straight to go onto W Higgins Ave / IL-72 E.	Go 0.2 Mi	26.0 mi
	8. Turn left onto N Harlem Ave / IL-43. <i>Dunkin' Donuts is on the left</i> <i>If you reach N Neva Ave you've gone a little too far</i>	Go 0.3 Mi	26.3 mi
	9. Turn left onto W Talcott Ave. <i>W Talcott Ave is 0.1 miles past W Seminole St</i> <i>Immaculate Conception Church is on the left</i> <i>If you reach W Thorndale Ave you've gone about 0.1 miles too far</i>	Go 0.4 Mi	26.7 mi
	10. <b>7435 W TALCOTT AVE</b> is on the left. <i>Your destination is just past N Oketo Ave</i> <i>If you reach N Oriole Ave you've gone about 0.2 miles too far</i>		26.7 mi
	<b>7435 W Talcott Ave</b>	<b>26.7 mi</b>	<b>26.7 mi</b>

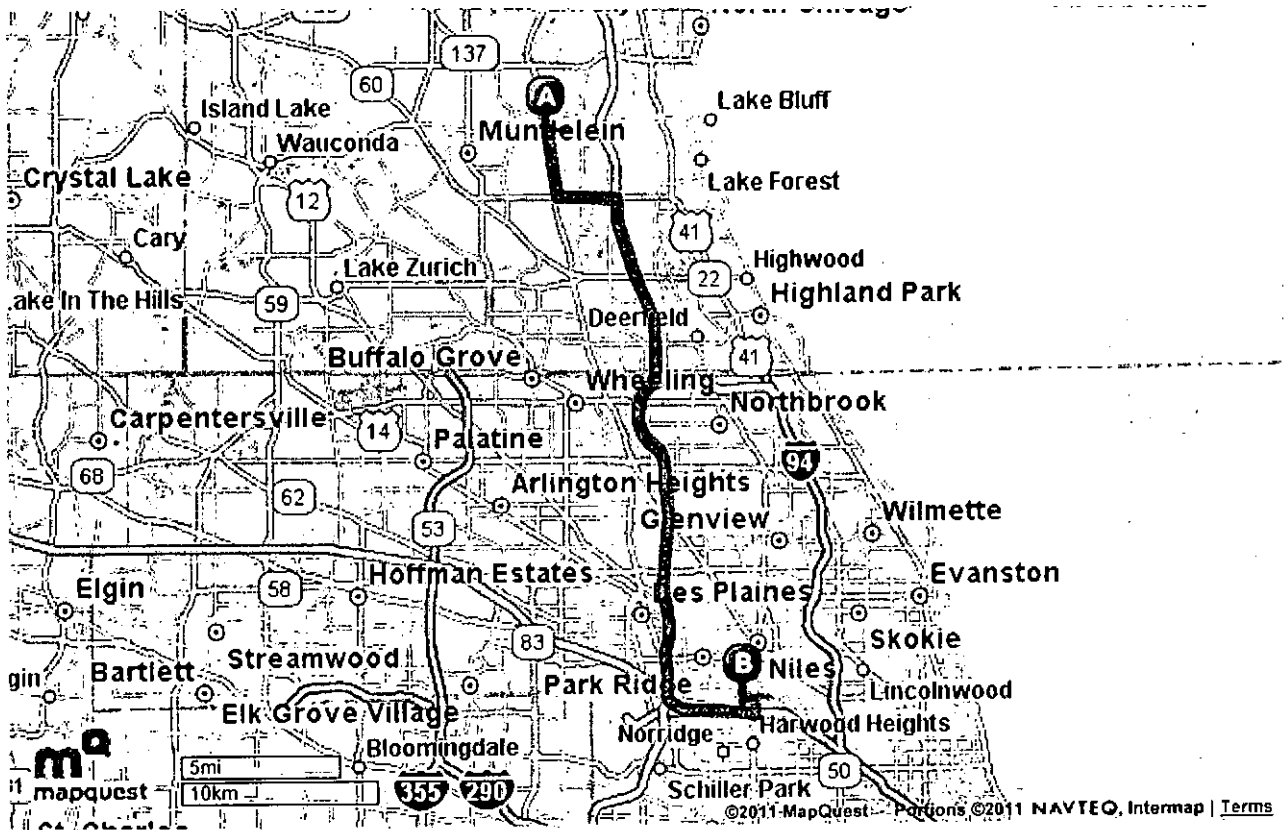




Chicago, IL 60631-3707

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Total Travel Estimate: 26.73 miles - about 36 minutes



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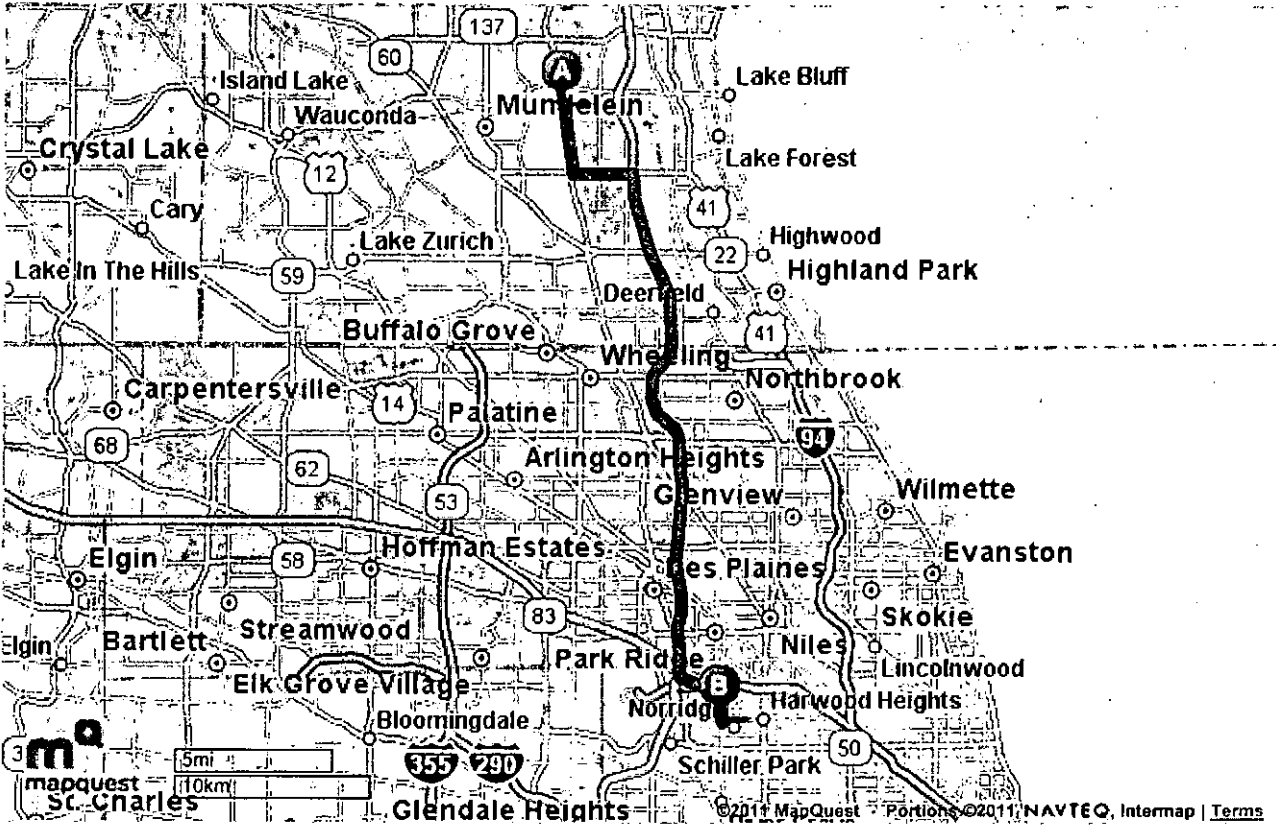
Notes

Fresenius Medical Care Northwest

Trip to:  
 4701 N Cumberland Ave Ste 15  
 Norridge, IL 60706-4277  
 25.67 miles  
 36 minutes

	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn left onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.1 Mi	4.4 mi
	3. Merge onto I-94 E toward Indiana (Portions toll). <i>If you reach IL-60 W you've gone about 0.1 miles too far</i>	Go 6.1 Mi	10.5 mi
	4. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll).	Go 11.8 Mi	22.4 mi
	5. Merge onto I-90 E toward Kennedy Expy / Chicago (Portions toll).	Go 1.8 Mi	24.2 mi
	6. Merge onto N Cumberland Ave / IL-171 S via EXIT 79A.	Go 1.5 Mi	25.7 mi
	7. Make a U-turn at W Leland Ave onto N Cumberland Ave / IL-171 N. <i>If you reach W Coral Dr you've gone about 0.1 miles too far</i>	Go 0.01 Mi	25.7 mi
	8. 4701 N CUMBERLAND AVE STE 15 is on the right. <i>If you reach W Lawrence Ave you've gone about 0.1 miles too far</i>		25.7 mi
	<b>4701 N Cumberland Ave Ste 15</b> Norridge, IL 60706-4277	25.7 mi	25.7 mi

Total Travel Estimate: 25.67 miles - about 36 minutes



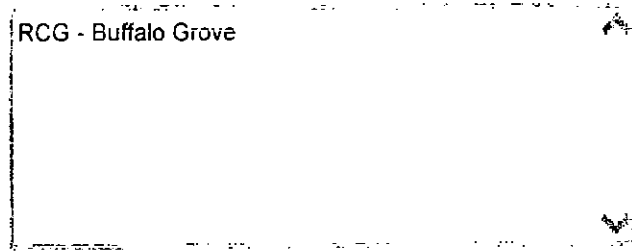
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Trip to:  
 1291 W Dundee Rd  
 Buffalo Grove, IL 60089-4009  
 12.09 miles  
 20 minutes

Notes



**918 S Milwaukee Ave**  
 Libertyville, IL 60048-3229

**Miles Per Section**      **Miles Driven**



1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.

Go 2.3 Mi      2.3 mi



2. Turn right onto E Townline Rd / IL-60.  
*If you reach Executive Way Dr you've gone about 0.3 miles too far*

Go 2.5 Mi      4.8 mi



3. Turn left onto S Lake St / US-45.  
*Mc Donald's is on the corner*  
*If you reach IL-83 you've gone about 0.3 miles too far*

Go 0.3 Mi      5.1 mi



4. Stay straight to go onto IL-83 S.

Go 4.5 Mi      9.6 mi



5. Turn slight right onto N Arlington Heights Rd.  
*N Arlington Heights Rd is 0.2 miles past IL-53*

Go 2.4 Mi      12.0 mi



6. Turn right onto W Dundee Rd / IL-68.  
*W Dundee Rd is 0.1 miles past Strathmore Ct*  
*Aldi in Strathmore Square is on the right*  
*If you are on N Arlington Heights Rd and reach W Boeger Dr you've gone a little too far*

Go 0.09 Mi      12.1 mi



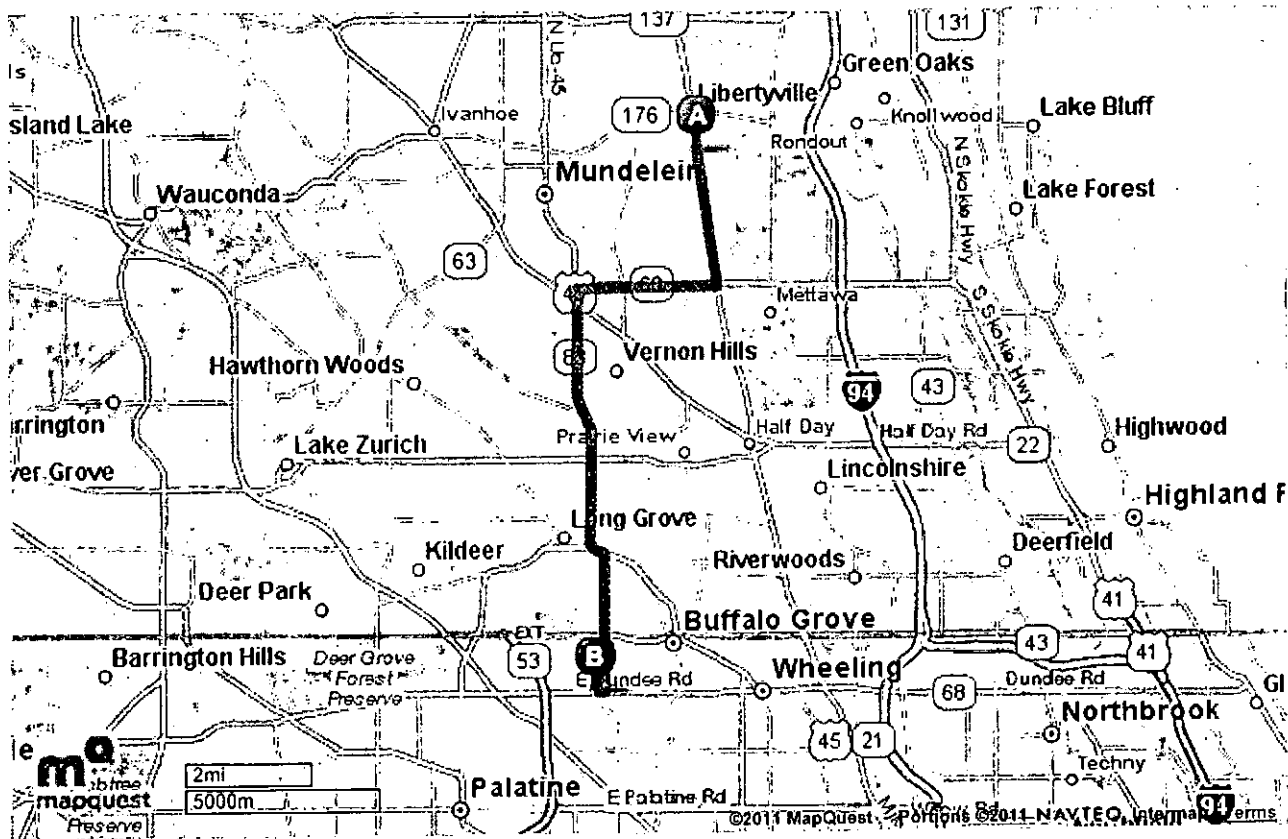
7. 1291 W DUNDEE RD is on the left.  
*If you reach Grove Dr you've gone a little too far*

12.1 mi

**1291 W Dundee Rd**  
 Buffalo Grove, IL 60089-4009

12.1 mi      12.1 mi

Total Travel Estimate: 12.09 miles - about 20 minutes

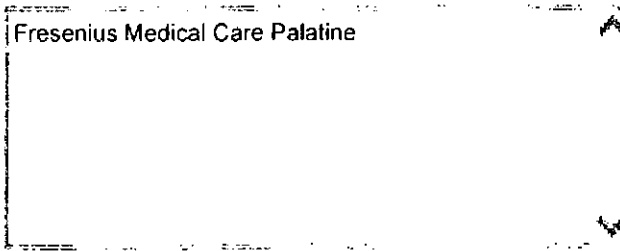


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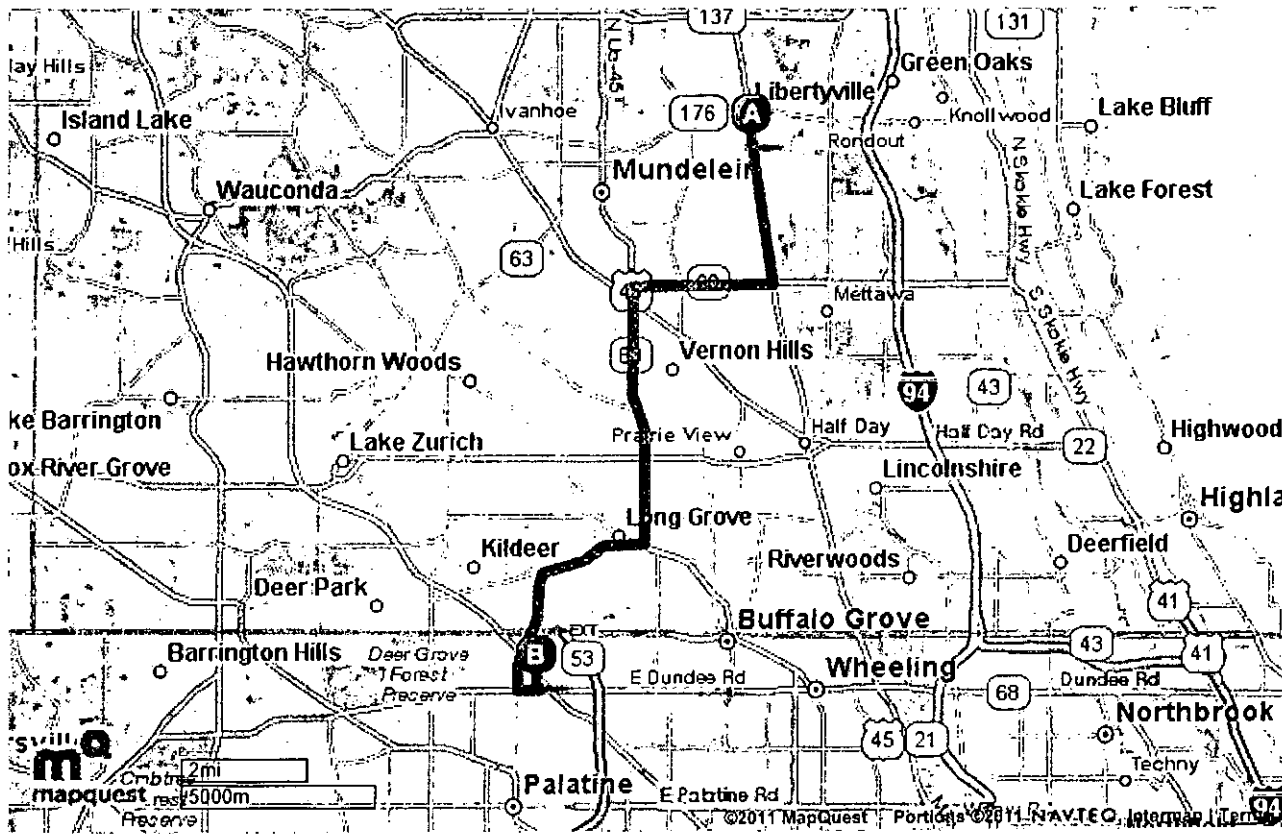
Trip to:  
 691 E Dundee Rd  
 Palatine, IL 60074-2817  
 13.81 miles  
 23 minutes

Notes



	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229	<b>Miles Per Section</b>	<b>Miles Driven</b>
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn right onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.5 Mi	4.8 mi
	3. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	5.1 mi
	4. Stay straight to go onto IL-83 S.	Go 4.2 Mi	9.3 mi
	5. Turn slight right onto IL-53. <i>IL-53 is 0.1 miles past Fairfield Dr</i>	Go 3.5 Mi	12.8 mi
	6. Stay straight to go onto N Hicks Rd.	Go 0.7 Mi	13.4 mi
	7. Turn left onto E Dundee Rd / IL-68. <i>E Dundee Rd is 0.3 miles past E Forest Knoll Dr</i> <i>Emro Marketing Co is on the left</i> <i>If you reach E Garden Ave you've gone about 0.1 miles too far</i>	Go 0.4 Mi	13.8 mi
	8. 691 E DUNDEE RD is on the right. <i>Your destination is 0.1 miles past N Denise Dr</i> <i>If you reach N Lynda Dr you've gone a little too far</i>		13.8 mi
	<b>691 E Dundee Rd</b> Palatine, IL 60074-2817	13.8 mi	13.8 mi

Total Travel Estimate: 13.81 miles - about 23 minutes



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Trip to:  
 17 W Golf Rd  
 Arlington Heights, IL 60005-3905  
 18.59 miles  
 35 minutes

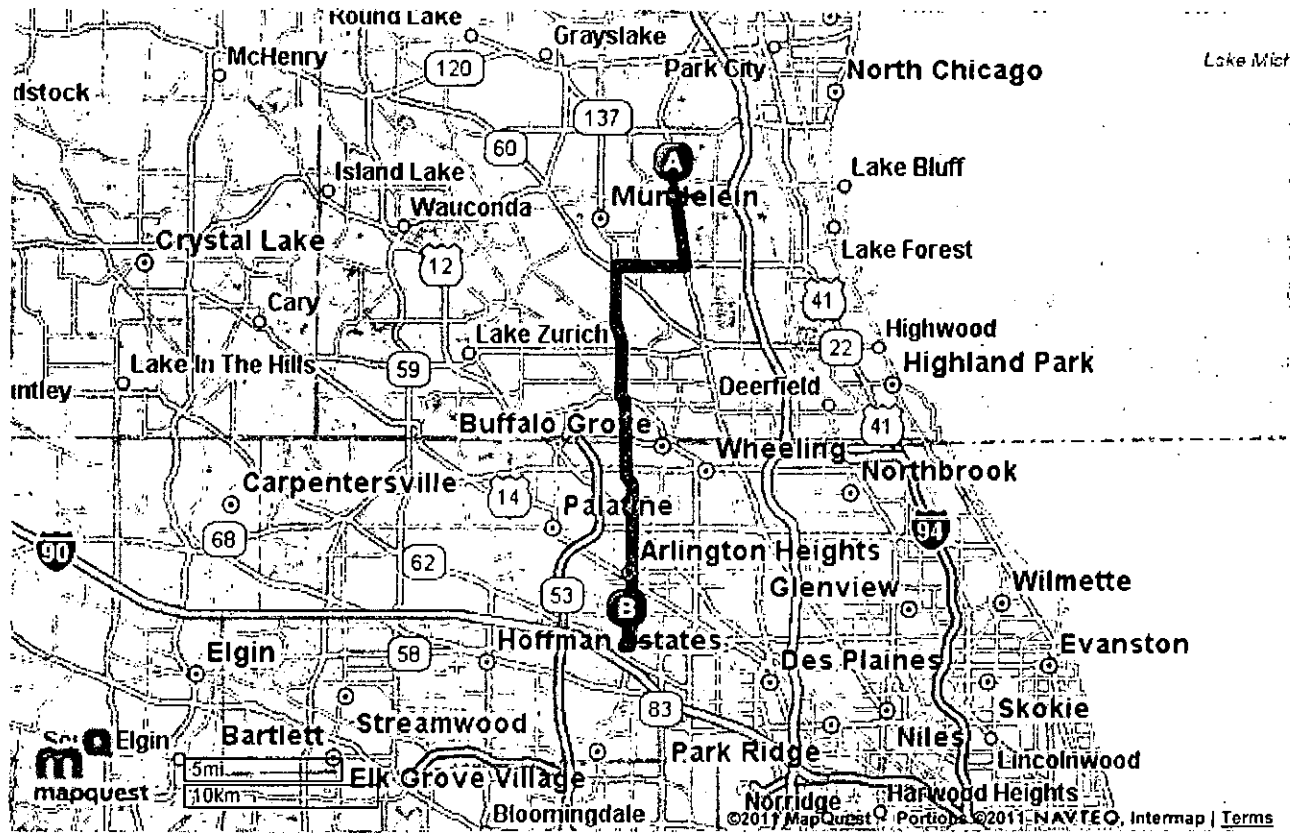
Notes

RCG - Arlington Heights Northwest Kidney Center

		Miles Per Section	Miles Driven
	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229		
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn <b>right</b> onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.5 Mi	4.8 mi
	3. Turn <b>left</b> onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	5.1 mi
	4. Stay <b>straight</b> to go onto IL-83 S.	Go 4.5 Mi	9.6 mi
	5. Turn <b>slight right</b> onto N Arlington Heights Rd. <i>N Arlington Heights Rd is 0.2 miles past IL-53</i>	Go 8.6 Mi	18.2 mi
	6. Turn <b>right</b> onto W Golf Rd / IL-58. <i>W Golf Rd is just past E Golf Ter</i> <i>Pnc Bank is on the corner</i> <i>If you reach E Seegers Rd you've gone about 0.1 miles too far</i>	Go 0.2 Mi	18.4 mi
	7. Make a <b>U-turn</b> onto W Golf Rd / IL-58. <i>If you reach S Highland Ave you've gone about 0.1 miles too far</i>	Go 0.2 Mi	18.6 mi
	8. <b>17 W GOLF RD</b> is on the right. <i>If you reach S Arlington Heights Rd you've gone a little too far</i>		18.6 mi
	<b>17 W Golf Rd</b> Arlington Heights, IL 60005-3905	18.6 mi	18.6 mi

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Total Travel Estimate: 18.59 miles - about 35 minutes



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Notes

Neomedica Dialysis Ctrs - Rolling Meadows

Trip to:  
 4180 Winnetka Ave  
 Rolling Meadows, IL 60008-1375  
 18.77 miles  
 29 minutes

	918 S Milwaukee Ave Libertyville, IL 60048-3229	Miles Per Section	Miles Driven
●	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
➔	2. Turn right onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.5 Mi	4.8 mi
➤	3. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	5.1 mi
↑	4. Stay straight to go onto IL-83 S.	Go 4.2 Mi	9.3 mi
➔	5. Turn slight right onto IL-53. <i>IL-53 is 0.1 miles past Fairfield Dr</i>	Go 3.1 Mi	12.4 mi
➤	6. Turn left onto Lake Cook Rd. <i>Convenient Food Mart is on the corner If you are on N Hicks Rd and reach E Pennsylvania Dr you've gone a little too far</i>	Go 0.4 Mi	12.8 mi
RAMP	7. Take the IL-53 S ramp toward West Suburbs.	Go 0.4 Mi	13.2 mi
↑	8. Merge onto IL-53-EXT S.	Go 1.2 Mi	14.4 mi
↑	9. IL-53-EXT S becomes IL-53 S.	Go 3.6 Mi	18.0 mi
↑	10. Merge onto W Euclid Ave.	Go 0.4 Mi	18.4 mi
➔	11. Turn right onto Hicks Rd. <i>If you reach Vermont St you've gone about 0.1 miles too far</i>	Go 0.3 Mi	18.7 mi

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**12. Turn right onto Winnetka Ave.**

*Winnetka Ave is 0.1 miles past Lincoln Ave  
Exotic Motors is on the right  
If you reach Wilmette Ave you've gone a little too far*

**Go 0.02 Mi 18.8 mi**

**13. 4180 WINNETKA AVE is on the left.**

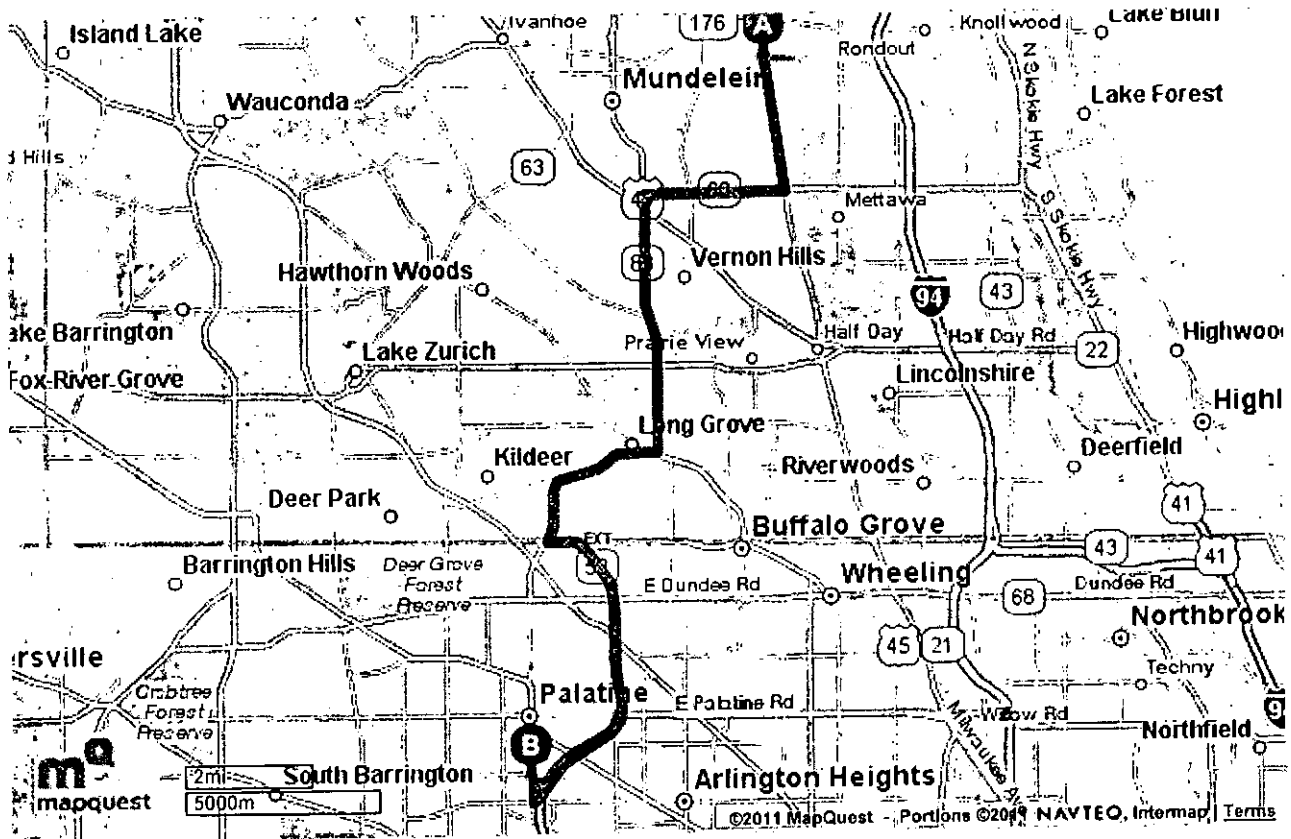
*If you reach Winnetka Cir you've gone about 0.1 miles too far*

**18.8 mi**

**4180 Winnetka Ave**  
Rolling Meadows, IL 60008-1375

**18.8 mi 18.8 mi**

Total Travel Estimate: 18.77 miles - about 29 minutes


















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Notes

Neomedica Dialysis Ctrs - Hoffman Estates

Trip to:  
 3150 W Higgins Rd  
 Hoffman Estates, IL 60169-7237  
 24.15 miles  
 39 minutes

	918 S Milwaukee Ave Libertyville, IL 60048-3229	Miles Per Section	Miles Driven
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	 2. Turn right onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.5 Mi	4.8 mi
	 3. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	5.1 mi
	 4. Stay straight to go onto IL-83 S.	Go 4.2 Mi	9.3 mi
	 5. Turn slight right onto IL-53. <i>IL-53 is 0.1 miles past Fairfield Dr</i>	Go 3.5 Mi	12.8 mi
	6. Stay straight to go onto N Hicks Rd.	Go 0.7 Mi	13.4 mi
	 7. Turn right onto E Dundee Rd / IL-68. <i>E Dundee Rd is 0.3 miles past E Forest Knoll Dr Kosta's Gyros is on the corner If you reach E Garden Ave you've gone about 0.1 miles too far</i>	Go 5.4 Mi	18.8 mi
	8. Turn left onto S Barrington Rd. <i>S Barrington Rd is 0.1 miles past W Stone Canyon Cir If you are on IL-68 and reach Columbia Ln you've gone about 0.1 miles too far</i>	Go 4.7 Mi	23.6 mi
	 9. Turn slight right onto W Higgins Rd / IL-72 W. <i>W Higgins Rd is 0.1 miles past Hassell Rd Starbucks is on the corner If you reach Old Higgins Rd you've gone about 0.2 miles too far</i>	Go 0.5 Mi	24.0 mi
	10. Take the 2nd right onto Greenspoint Pky. <i>If you are on W Higgins Rd and reach W Mundhank Rd you've gone about 0.9 miles too far</i>	Go 0.07 Mi	24.1 mi

222



11. Take the 1st left onto **W Higgins Rd.**

Go 0.05 Mi 24.2 mi

*Career Education Corp is on the corner*

*If you reach Hassell Rd you've gone about 0.4 miles too far*



12. **3150 W HIGGINS RD** is on the right.

24.2 mi

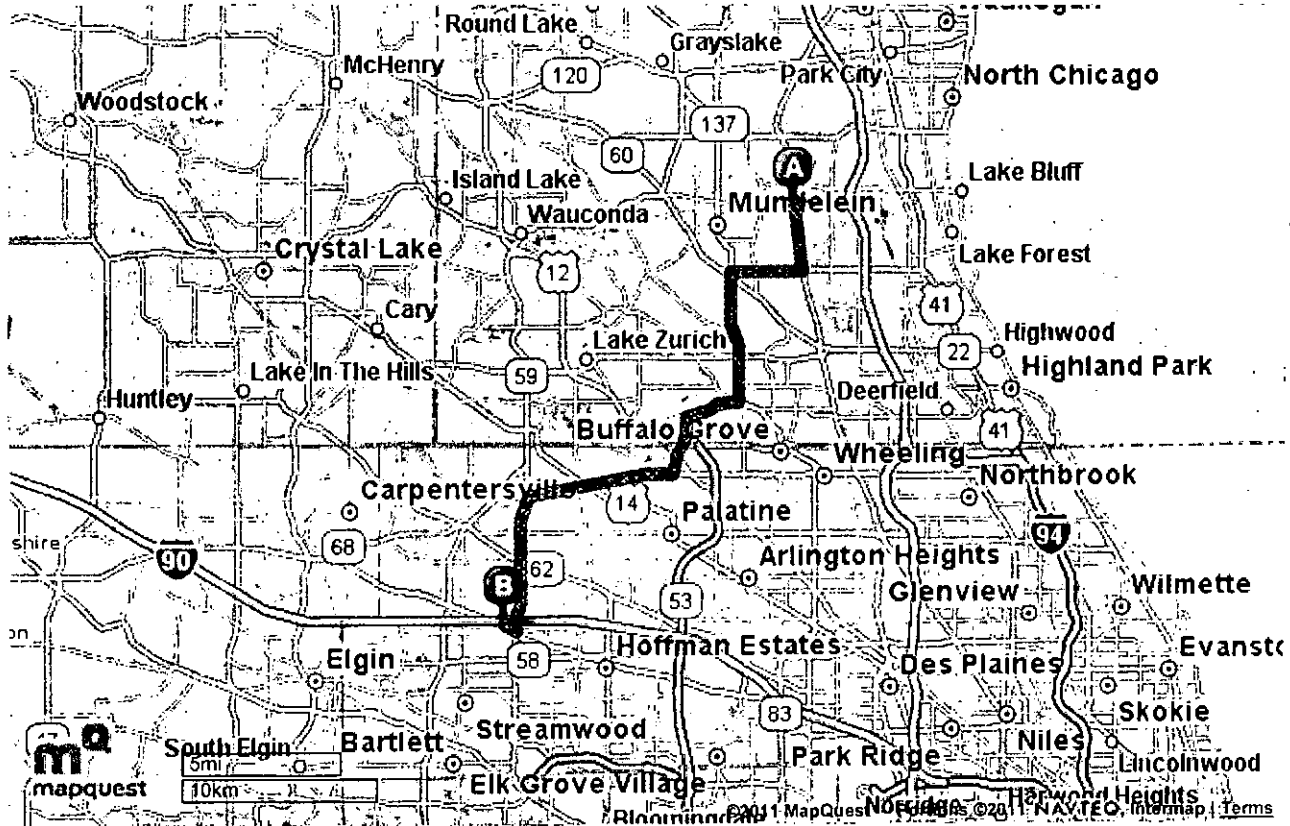
*If you reach the end of W Higgins Rd you've gone a little too far*



**3150 W Higgins Rd**  
Hoffman Estates, IL 60169-7237

24.2 mi 24.2 mi

Total Travel Estimate: 24.15 miles - about 39 minutes



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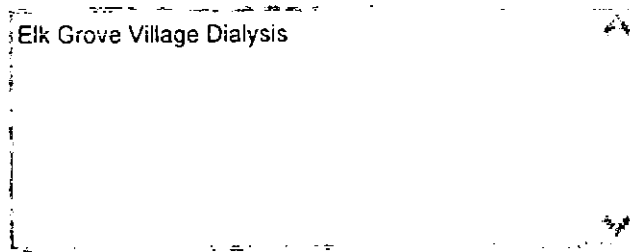
224





Trip to:  
 901 Biesterfield Rd  
 Elk Grove Village, IL 60007-3392  
 24.73 miles  
 36 minutes

Notes



		Miles Per Section	Miles Driven
	<b>918 S Milwaukee Ave</b> Libertyville, IL 60048-3229		
	1. Start out going south on IL-21 / S Milwaukee Ave toward W Golf Rd.	Go 2.3 Mi	2.3 mi
	2. Turn right onto E Townline Rd / IL-60. <i>If you reach Executive Way Dr you've gone about 0.3 miles too far</i>	Go 2.5 Mi	4.8 mi
	3. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi	5.1 mi
	4. Stay straight to go onto IL-83 S.	Go 4.2 Mi	9.3 mi
	5. Turn slight right onto IL-53. <i>IL-53 is 0.1 miles past Fairfield Dr</i>	Go 3.1 Mi	12.4 mi
	6. Turn left onto Lake Cook Rd. <i>Convenient Food Mart is on the corner</i> <i>If you are on N Hicks Rd and reach E Pennsylvania Dr you've gone a little too far</i>	Go 0.4 Mi	12.8 mi
	7. Take the IL-53 S ramp toward West Suburbs.	Go 0.4 Mi	13.2 mi
	8. Merge onto IL-53-EXT S.	Go 1.2 Mi	14.4 mi
	9. IL-53-EXT S becomes IL-53 S.	Go 9.6 Mi	24.0 mi
	10. Take the IL-53 S / Biesterfield Rd exit, EXIT 4.	Go 0.2 Mi	24.2 mi



11. Turn **left** onto **Biesterfield Rd.**  
*If you reach I-290 E you've gone about 0.3 miles too far*

**Go 0.5 Mi**      24.7 mi



12. **901 BIESTERFIELD RD** is on the right.  
*Your destination is 0.1 miles past Martha St*  
*If you reach Beisner Rd you've gone a little too far*

24.7 mi



**901 Biesterfield Rd**  
Elk Grove Village, IL 60007-3392

**24.7 mi**      24.7 mi

Total Travel Estimate: 24.73 miles - about 36 minutes



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**Appendix 2 – Discontinuation Impact Letters**

Attached as Appendix II are the Letters of Impact of Discontinuation and Relocation to all existing dialysis within 45 minutes normal driving distance, as determined by MapQuest.

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 6328 6539

Fresenius Medical Care South Deering  
10059 South Torrance Avenue  
Chicago, Illinois 60617-5337

Label #1

Fresenius Medical Care South Deering  
10059 South Torrance Avenue  
Chicago, Illinois 60617-5337

Label #2

Label #3

**TO:** Fresenius Medical Care South Deering  
10059 South Torrance Avenue  
Chicago, Illinois 60617-5337

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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To: 064628-434162

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THE  
WALZ  
CERTIFIED  
MAILER™

FROM **WALZ** 1M

U.S. PAT. NO. 5,501,393

7160 3901 9848 6328 6522

Grand Crossing Dialysis  
7319 S. Cottage Grove Avenue  
Chicago, Illinois 60619-1909

Label #1

Grand Crossing Dialysis  
7319 S. Cottage Grove Avenue  
Chicago, Illinois 60619-1909

Label #2

Label #3

**TO:** Grand Crossing Dialysis  
7319 S. Cottage Grove Avenue  
Chicago, Illinois 60619-1909

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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THE  
WALZ  
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MAILER™

FROM

**WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 6328 6515

Fresenius Medical Care Mundlein  
1400 Townline Road  
Mundelein, Illinois 60060-4433

Label #1

Fresenius Medical Care Mundlein  
1400 Townline Road  
Mundelein, Illinois 60060-4433

Label #2

Label #3

**TO:** Fresenius Medical Care Mundlein  
1400 Townline Road  
Mundelein, Illinois 60060-4433

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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Label #5

Certified Article Number

7160 3901 9848 6328 6515

SENDER'S RECORD

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Amount:

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FOLD AND TEAR THIS WAY

Label #6



THE  
WALZ  
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MAILER™

FROM

**WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 6328 6508

Fresenius Medical Care of Lake Bluff  
101 Waukegan Road  
Lake Bluff, Illinois 60044-1687

Label #1

Fresenius Medical Care of Lake Bluff  
101 Waukegan Road  
Lake Bluff, Illinois 60044-1687

Label #2

Label #3

**TO:** Fresenius Medical Care of Lake Bluff  
101 Waukegan Road  
Lake Bluff, Illinois 60044-1687

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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U.S. PAT. NO. 5,501,393

7160 3901 9848 6328 6492

Neomedica - Gurnee  
101 So. Greenleaf Avenue Ste. B  
Gurnee, Illinois 60031-3369

Label #1

Neomedica - Gurnee  
101 So. Greenleaf Avenue Ste. B  
Gurnee, Illinois 60031-3369

Label #2

Label #3

**TO:** Neomedica - Gurnee  
101 So. Greenleaf Avenue Ste. B  
Gurnee, Illinois 60031-3369

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 6328 6485

Fresenius Medical Care of Deerfield  
405 Lake Cook Road  
Deerfield, Illinois 60015-4993

Label #1

Fresenius Medical Care of Deerfield  
405 Lake Cook Road  
Deerfield, Illinois 60015-4993

Label #2

Label #3

**TO:** Fresenius Medical Care of Deerfield  
405 Lake Cook Road  
Deerfield, Illinois 60015-4993

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 6328 6478

Highland Park Hospital  
718 Glenview Avenue  
Highland Park, Illinois 60035-2432

Label #1

Highland Park Hospital  
718 Glenview Avenue  
Highland Park, Illinois 60035-2432

Label #2

Label #3

**TO:** Highland Park Hospital  
718 Glenview Avenue  
Highland Park, Illinois 60035-2432

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 8757 0836

RCG-Buffalo Grove  
1291 W. Dundee Road  
Buffalo Grove, Illinois 60089-4009

Label #1

RCG-Buffalo Grove  
1291 W. Dundee Road  
Buffalo Grove, Illinois 60089-4009

Label #2

Label #3

**TO:** RCG-Buffalo Grove  
1291 W. Dundee Road  
Buffalo Grove, Illinois 60089-4009

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 8757 0829

Neomedica Dialysis Ctrs - Round Lake  
401 West Nippersink Road  
Round Lake, Illinois 60073-3280

Label #1

Neomedica Dialysis Ctrs - Round Lake  
401 West Nippersink Road  
Round Lake, Illinois 60073-3280

Label #2

Label #3

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Label #5

Certified Article Number

7160 3901 9848 8757 0829

SENDER'S RECORD

Charge  
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← TEAR ALONG THIS LINE

**TO:** Neomedica Dialysis Ctrs - Round Lake  
401 West Nippersink Road  
Round Lake, Illinois 60073-3280

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 8757 0812

Dialysis Center of America - NCDC  
1616 Grand Avenue, Suite C  
Waukegan, Illinois 60085-3676

Label #1

Dialysis Center of America - NCDC  
1616 Grand Avenue, Suite C  
Waukegan, Illinois 60085-3676

Label #2

Label #3

← TEAR ALONG THIS LINE

**TO:** Dialysis Center of America - NCDC  
1616 Grand Avenue, Suite C  
Waukegan, Illinois 60085-3676

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 8757 0805

Fresenius Medical Care Palatine  
691 East Dundee Road  
Palatine, Illinois 60074-2817

Label #1

Fresenius Medical Care Palatine  
691 East Dundee Road  
Palatine, Illinois 60074-2817

Label #2

Label #3

**TO:** Fresenius Medical Care Palatine  
691 East Dundee Road  
Palatine, Illinois 60074-2817

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 8757 0799

Fresenius Medical Care Waukegan Harbor  
110 North West Street  
Waukegan, Illinois 60085-4330

Label #1

Fresenius Medical Care Waukegan Harbor  
110 North West Street  
Waukegan, Illinois 60085-4330

Label #2

Label #3

**TO:** Fresenius Medical Care Waukegan  
Harbor  
110 North West Street  
Waukegan, Illinois 60085-4330

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0782

Glenview Dialysis Center  
4248 Commercial Way  
Glenview, Illinois 60025-3573

Label #1

Glenview Dialysis Center  
4248 Commercial Way  
Glenview, Illinois 60025-3573

Label #2

Label #3

**TO:** Glenview Dialysis Center  
4248 Commercial Way  
Glenview, Illinois 60025-3573

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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7160 3901 9848 8757 0775

Neomedica Dialysis Ctrs - Rolling Meadows  
4180 Winnetka Avenue  
Rolling Meadows, Illinois 60008-1375

Label #1

Neomedica Dialysis Ctrs - Rolling Meadows  
4180 Winnetka Avenue  
Rolling Meadows, Illinois 60008-1375

Label #2

Label #3

**TO:** Neomedica Dialysis Ctrs - Rolling Meadows  
4180 Winnetka Avenue  
Rolling Meadows, Illinois 60008-1375

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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Label #6



THE  
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MAILER™

FROM

**WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0768

RCG Skokie  
9801 Woods Drive  
Skokie, Illinois 60077-1074

Label #1

RCG Skokie  
9801 Woods Drive  
Skokie, Illinois 60077-1074

Label #2

Label #3

**TO:** RCG Skokie  
9801 Woods Drive  
Skokie, Illinois 60077-1074

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

TEAR ALONG THIS LINE

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Charge  
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MAILER™

FROM

**WALZ™**

FORM 38000 VERSION 02/10  
U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0751

Lake Villa Dialysis  
37809 N. Illinois Rte 59  
Lake Villa, Illinois 60048-7332

Label #1

**TO:** Lake Villa Dialysis  
37809 N. Illinois Rte 59  
Lake Villa, Illinois 60048-7332

Lake Villa Dialysis  
37809 N. Illinois Rte 59  
Lake Villa, Illinois 60048-7332

Label #2

**SENDER:** JTVAN  
**REFERENCE:** c/m #064628-434162

TEAR ALONG THIS LINE

DO NOT BEND VERTICAL PERF

PEEL BACK TO EDGE

Label #3

US Postal Service

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Certified Mail**

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Label #5

Label #6

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7160 3901 9848 8757 0751

SENDER'S RECORD

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THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0744

Lutheran General - Neomedica  
9371 Milwaukee Avenue  
Niles, Illinois 60714-1303

Label #1

Lutheran General - Neomedica  
9371 Milwaukee Avenue  
Niles, Illinois 60714-1303

Label #2

Label #3

**TO:** Lutheran General - Neomedica  
9371 Milwaukee Avenue  
Niles, Illinois 60714-1303

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

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← TEAR ALONG THIS LINE

Label #5

Lutheran General - Neomedica  
9371 Milwaukee Avenue  
Niles, Illinois 60714-1303

Charge  
Amount:

Charge To: 064628-434162

FOLD AND TEAR THIS WAY →

Label #6

Certified Article Number

7160 3901 9848 8757 0744

SENDER'S RECORD

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

FORM #38003 VERSION 02/00  
U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0737

RCG - Mid America Evanston  
2953 Central Street  
Evanston, Illinois 60201-1245

Label #1

RCG - Mid America Evanston  
2953 Central Street  
Evanston, Illinois 60201-1245

Label #2

Label #3

**TO:** RCG - Mid America Evanston  
2953 Central Street  
Evanston, Illinois 60201-1245

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
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US Postal Service

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**Receipt for  
Certified Mail**

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Label #5

Certified Article Number

7160 3901 9848 8757 0737

SENDER'S RECORD

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WALZ  
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FROM **WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0720

Big Oaks Dialysis  
5623 West Touhy Avenue  
Niles, Illinois 60714-4019

Label #1

Big Oaks Dialysis  
5623 West Touhy Avenue  
Niles, Illinois 60714-4019

Label #2

Label #3

**TO:** Big Oaks Dialysis  
5623 West Touhy Avenue  
Niles, Illinois 60714-4019

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

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Label #5

Charge  
Amount:

Charge To: 064628-434162

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Label #6

Certified Article Number

7160 3901 9848 8757 0720

SENDER'S RECORD

THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0713

Fresenius Medical Care of McHenry  
4312 W. Elm Street  
McHenry, Illinois 60050-4003

Label #1

Fresenius Medical Care of McHenry  
4312 W. Elm Street  
McHenry, Illinois 60050-4003

Label #2

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

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**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
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**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

Label #5

Certified Article Number

7160 3901 9848 8757 0713

SENDER'S RECORD

Charge  
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Label #6





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WALZ  
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MAILER™

FROM **WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0706

Fresenius Medical Care of Antioch  
311 West Depot Street  
Antioch, Illinois 60002-1500

Label #1

Fresenius Medical Care of Antioch  
311 West Depot Street  
Antioch, Illinois 60002-1500

Label #2

Label #3

**TO:** Fresenius Medical Care of Antioch  
311 West Depot Street  
Antioch, Illinois 60002-1500

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

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**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
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Label #5

Certified Article Number

7160 3901 9848 8757 0706

SENDERS RECORD

Charge  
Amount:

Charge  
To: 064628-434162

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Label #6



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WALZ  
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U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0690

RCG - Arlington Heights Northwest Kidney  
Center  
17 West Golf Road  
Arlington Heights, Illinois 60005-3905

Label #1

RCG - Arlington Heights Northwest Kidney  
Center  
17 West Golf Road  
Arlington Heights, Illinois 60005-3905

Label #2

Label #3

**TO:** RCG - Arlington Heights Northwest  
Kidney Center  
17 West Golf Road  
Arlington Heights, Illinois 60005-3905

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

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POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

FOLD AND TEAR THIS WAY → OPTIONAL

TEAR ALONG THIS LINE

Label #5

Certified Article Number

7160 3901 9848 8757 0690

SENDER'S RECORD

Charge  
Amount:

Charge  
To: 064628-434162

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THE  
WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0683

Center for Renal Replacement  
7301 N. Lincoln Ave., Ste 205  
Lincolnwood, Illinois 60712-1735

Label #1

Center for Renal Replacement  
7301 N. Lincoln Ave., Ste 205  
Lincolnwood, Illinois 60712-1735

Label #2

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

**TO:** Center for Renal Replacement  
7301 N. Lincoln Ave., Ste 205  
Lincolnwood, Illinois 60712-1735

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

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**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
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Label #5

Certified Article Number

7160 3901 9848 8757 0683

SENDER'S RECORD

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FROM

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U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0676

Elk Grove Dialysis Center  
901 Biesterfield Road  
Elk Grove Village, Illinois 60007-3392

Label #1

Elk Grove Dialysis Center  
901 Biesterfield Road  
Elk Grove Village, Illinois 60007-3392

Label #2

Label #3

**TO:** Elk Grove Dialysis Center  
901 Biesterfield Road  
Elk Grove Village, Illinois 60007-3392

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

POSTMARK OR DATE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

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Label #5

Certified Article Number

7160 3901 9848 8757 0676

SENDER RECORD

Charge  
Amount:

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**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0667

Fresnius Medical Care Northwest  
4701 N Cumberland, Ste 15/18A  
Norridge, Illinois 60706-4277

Label #1

Fresnius Medical Care Northwest  
4701 N Cumberland, Ste 15/18A  
Norridge, Illinois 60706-4277

Label #2

Label #3

**TO:** Fresnius Medical Care Northwest  
4701 N Cumberland, Ste 15/18A  
Norridge, Illinois 60706-4277

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service <b>Receipt for Certified Mail</b>  No Insurance Coverage Provided Do Not Use for International Mail	POSTMARK OR DATE
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Label #5

Certified Article Number

7160 3901 9848 8757 0667

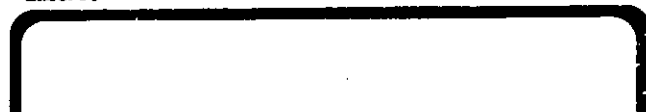
SENDER'S RECORD

Charge  
Amount:

Charge To: 064628-434162

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WALZ  
CERTIFIED  
MAILER™

FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0652

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, Illinois 60631-3707

Label #1

Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, Illinois 60631-3707

Label #2

Label #3

**TO:** Resurrection Medical Center  
7435 West Talcott Avenue  
Chicago, Illinois 60631-3707

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
Certified Mail**

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No Insurance Coverage Provided  
Do Not Use for International Mail

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Label #5

Certified Article Number

7160 3901 9848 8757 0652

SENDER'S RECORD

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FROM

**WALZ™**

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0645

Neomedica Dialysis Ctrs - Evanston  
1715 Central Street  
Evanston, Illinois 60201-1507

Label #1

Neomedica Dialysis Ctrs - Evanston  
1715 Central Street  
Evanston, Illinois 60201-1507

Label #2

Label #3

**TO:** Neomedica Dialysis Ctrs - Evanston  
1715 Central Street  
Evanston, Illinois 60201-1507

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
Certified Mail**

POSTMARK OR DATE

No Insurance Coverage Provided  
Do Not Use for International Mail

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Label #5

Certified Article Number

7160 3901 9848 8757 0645

SENDER'S RECORD

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WALZ  
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MAILER™

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**WALZ**™

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0638

Crystal Spring Dialysis  
4900 South Illinois Rte 31  
Crystal Lake, Illinois 60012-3784

Label #1

Crystal Spring Dialysis  
4900 South Illinois Rte 31  
Crystal Lake, Illinois 60012-3784

Label #2

Label #3

**TO:** Crystal Spring Dialysis  
4900 South Illinois Rte 31  
Crystal Lake, Illinois 60012-3784

← TEAR ALONG THIS LINE

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
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	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
Certified Mail**

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No Insurance Coverage Provided  
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Label #5

Certified Article Number

7160 3901 9848 8757 0638

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Label #6



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WALZ  
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U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0621

Neomedica Dialysis Ctrs - North  
4800 North Kilpatrick  
Chicago, Illinois 60630-1725

Label #1

Neomedica Dialysis Ctrs - North  
4800 North Kilpatrick  
Chicago, Illinois 60630-1725

Label #2

Label #3

FOLD AND TEAR THIS WAY → OPTIONAL

← TEAR ALONG THIS LINE

**TO:** Neomedica Dialysis Ctrs - North  
4800 North Kilpatrick  
Chicago, Illinois 60630-1725

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
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	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

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Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

Label #5

Certified Article Number

7160 3901 9848 8757 0621

SENDER'S RECORD

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Label #6



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U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0591

Evanston Hospital  
2650 Ridge Avenue  
Evanston, Illinois 60201-1718

Label #1

Evanston Hospital  
2650 Ridge Avenue  
Evanston, Illinois 60201-1718

Label #2

Label #3

**TO:** Evanston Hospital  
2650 Ridge Avenue  
Evanston, Illinois 60201-1718

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

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**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

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Label #5

Certified Article Number

7160 3901 9848 8757 0591

SENDER'S RECORD

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Charge To: 064628-434162

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Label #6



THE  
WALZ  
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MAILER™

FROM **WALZ**

U.S. PAT. NO. 5,501,393

7160 3901 9848 8757 0584

Neomedica Dialysis Ctrs - Hoffman Estates  
3150 West Higgins Road  
Hoffman Estates, Illinois 60169-7237

**TO:** Neomedica Dialysis Ctrs - Hoffman  
Estates  
3150 West Higgins Road  
Hoffman Estates, Illinois 60169-7237

Label #1

Neomedica Dialysis Ctrs - Hoffman Estates  
3150 West Higgins Road  
Hoffman Estates, Illinois 60169-7237

**SENDER:** JTVAN

**REFERENCE:** c/m #064628-434162

Label #2

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

Label #3

US Postal Service

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Certified Mail**

No Insurance Coverage Provided  
Do Not Use for International Mail

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Label #5

Certified Article Number

7160 3901 9848 8757 0584

SENDER'S RECORD

Charge  
Amount:

Charge To: 064628-434162

FOLD AND TEAR THIS WAY →

Label #6



7160 3901 9848 8757 0591

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

Evanston Hospital  
2650 Ridge Avenue  
Evanston, Illinois 60201-1718

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 6328 6478

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

Highland Park Hospital  
718 Glenview Avenue  
Highland Park, Illinois 60035-2432

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

A. Received by (Please Print Clearly)  
Bismarck Nygma

B. Date of Delivery  
11-28-11

C. Signature  
X [Signature]

Agent  
 Addressee

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

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

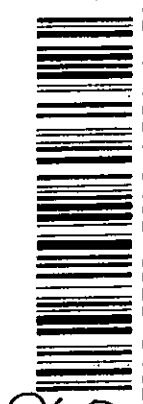
Evanston Hospital  
2650 Ridge Avenue  
Evanston, Illinois 60201-1718

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 6328 6478

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

Highland Park Hospital  
718 Glenview Avenue  
Highland Park, Illinois 60035-2432

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
B. Date of Delivery  
DEC 01 2011

C. Signature  
X [Signature]

Agent  
 Addressee

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

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

Highland Park Hospital  
718 Glenview Avenue  
Highland Park, Illinois 60035-2432

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt



7160 3901 9848 8757 0805

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

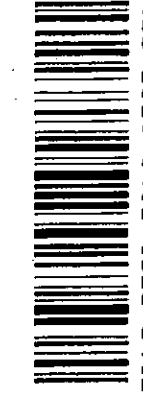
Fresenius Medical Care Palatine  
691 East Dundee Road  
Palatine, Illinois 60074-2817

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0768

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

RCG Skokie  
9801 Woods Drive  
Skokie, Illinois 60077-1074

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
Bolewa Pado

B. Date of Delivery

C. Signature  
X [Signature]

Agent  
 Addressee

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

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

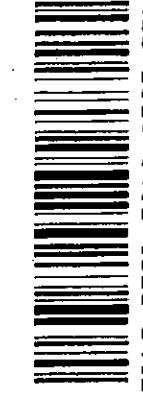
Fresenius Medical Care Palatine  
691 East Dundee Road  
Palatine, Illinois 60074-2817

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0768

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

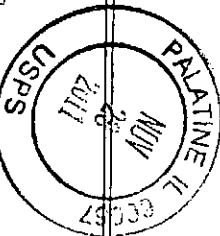
1. Article Addressed to:

RCG Skokie  
9801 Woods Drive  
Skokie, Illinois 60077-1074

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt





7160 3901 9848 8757 0812

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

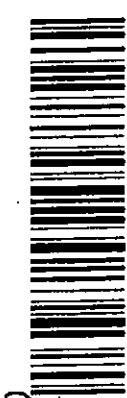
Dialysis Center of America - NCDC  
1616 Grand Avenue, Suite C  
Waukegan, Illinois 60085-3676

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0720

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

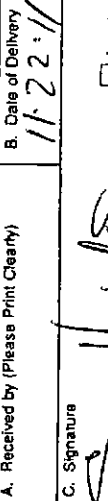
1. Article Addressed to:

Big Oaks Dialysis  
5623 West Touhy Avenue  
Niles, Illinois 60714-4019

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt



7160 3901 9848 8757 0812

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

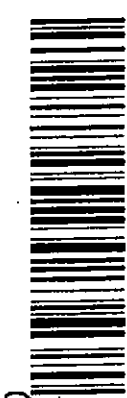
Dialysis Center of America - NCDC  
1616 Grand Avenue, Suite C  
Waukegan, Illinois 60085-3676

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0720

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Big Oaks Dialysis  
5623 West Touhy Avenue  
Niles, Illinois 60714-4019

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt



7160 3901 9848 8757 0799

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Fresenius Medical Care Waukegan  
Harbor  
110 North West Street  
Waukegan, Illinois 60085-4330

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0713

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Fresenius Medical Care of McHenry  
12 W. Elm Street  
McHenry, Illinois 60050-4003

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

B. Date of Delivery

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

*[Signature]*  
11-22-11

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Big Oaks Dialysis  
5623 West Touhy Avenue  
Niles, Illinois 60714-4019

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

C. Signature

B. Date of Delivery

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

*[Signature]*  
11/22/11

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

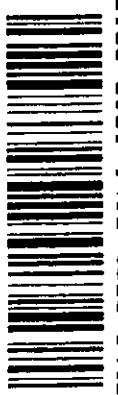
Fresenius Medical Care of McHenry  
12 W. Elm Street  
McHenry, Illinois 60050-4003

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7150 3901 9848 8757 0762

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

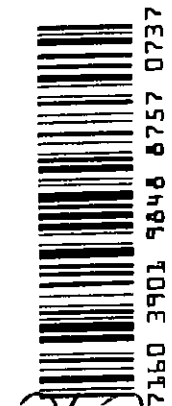
Glenview Dialysis Center  
4248 Commercial Way  
Glenview, Illinois 60025-3573

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7150 3901 9848 8757 0737

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

RCG - Mid America Evanston  
2953 Central Street  
Evanston, Illinois 60201-1245

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

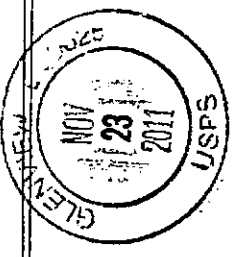
Received by (Please Print Clearly)  
*Karen Schenker*

B. Date of Delivery  
11-23-11

C. Signature  
*Karen Schenker*

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

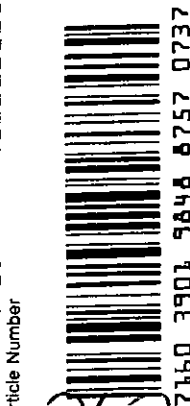


c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7150 3901 9848 8757 0737

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

RCG - Mid America Evanston  
2953 Central Street  
Evanston, Illinois 60201-1245

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt



7150 3901 9848 8757 0706

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

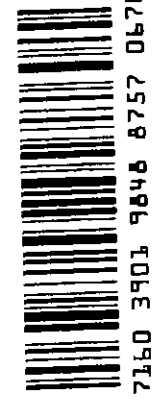
Presenius Medical Care of Antioch  
311 West Depot Street  
Antioch, Illinois 60002-1500

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7150 3901 9848 8757 0676

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:

Eik Grove Dialysis Center  
901 Biesterfield Road  
Eik Grove Village, Illinois 60007-3392

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
*L. Brueger*

B. Date of Delivery  
11-22-11

C. Signature  
*L. Brueger*

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
*G. Spear*

B. Date of Delivery  
11-23-11

C. Signature  
*G. Spear*

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:



7160 3901 9848 8756 7867

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

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

064628-426508 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0690

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

RCG - Arlington Heights Northwest  
Kidney Center  
17 West Golf Road  
Arlington Heights, Illinois 60005-3905

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt



7160 3901 9848 8757 0645

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Neomedica Dialysis Ctrs - Evanston  
1715 Central Street  
Evanston, Illinois 60201-1507

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7160 3901 9848 8757 0775

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Neomedica Dialysis Ctrs - Rolling  
Meadows  
4180 Winnetka Avenue  
Rolling Meadows, Illinois 60008-1375

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature *[Signature]*  Agent Addressed  Yes  No

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *ELOISA PAREDES* B. Date of Delivery *1/20*

C. Signature *[Signature]*  Agent Addressed  Yes  No

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Lynn Mills* B. Date of Delivery *1/23/11*

C. Signature *[Signature]*  Agent Addressed  Yes  No

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

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *ELOISA PAREDES* B. Date of Delivery *1/20*

C. Signature *[Signature]*  Agent Addressed  Yes  No

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



7360 3901 9848 6328 6492

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Neomedica - Gurnee  
101 So. Greenleaf Avenue Ste. B  
Gurnee, Illinois 60031-3369

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7360 3901 9848 6756 7881

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

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

064628-430108 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature *Anne A. Haaker* Agent   
Address

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature *Jim Mills* Agent   
Address

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



7360 3901 9848 6328 6508

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

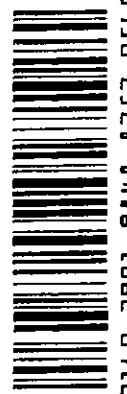
Fresenius Medical Care of Lake Bluff  
101 Waukegan Road  
Lake Bluff, Illinois 60044-1687

c/m #061865-407039 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

2. Article Number



7360 3901 9848 6757 0560

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

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

064628-434162 JTVAN

PS Form 3811, January 2005

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature *S. Nordlund* Agent   
Address

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature *Jim Mills* Agent   
Address

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No





7160 3901 9848 8757 0751

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Lake Villa Dialysis  
37809 N. Illinois Rte 59  
Lake Villa, Illinois 60048-7332

A. Received by (Please Print Clearly)

ADRIANE SSOZ

C. Signature

X *Adriane Ssoz*

Agent  
 Addressee

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

Yes  
 No

c/m #061865-407039 JTVAN

PS Form 3811, January 2005 Domestic Return Receipt

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**Appendix 3 – Time & Distance Determination: Replacement Facility**

Attached as Appendix I are the distance and normal travel time from the proposed facility to all existing dialysis facilities in HSA 1 as determined by MapQuest.

# mapquest

**Trip to:**  
 1400 Townline Rd  
 Mundelein, IL 60060-4433  
**1.83 miles**  
**3 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



**565 Lakeview Pky**  
 Vernon Hills, IL 60061-1857

**Miles Per Section**      **Miles Driven**



1. Start out going west on **Lakeview Pky** toward **N Fairway Dr.**

**Go 0.3 Mi**      0.3 mi



2. Take the 1st **right** onto **N Fairway Dr.**  
*If you reach Mayor Roger Byrne Blvd you've gone about 0.2 miles too far*

**Go 0.3 Mi**      0.5 mi



3. Take the 1st **left** onto **E Townline Rd / IL-60.**  
*Wendy's is on the corner*  
*If you are on Hawthorn Ctr and reach Hawthorn Village Commons you've gone a little too far*

**Go 1.3 Mi**      1.8 mi



4. **1400 TOWNLINE RD** is on the **right.**  
*Your destination is 0.1 miles past S Butterfield Rd*  
*If you reach McComick Ave you've gone about 0.1 miles too far*

1.8 mi

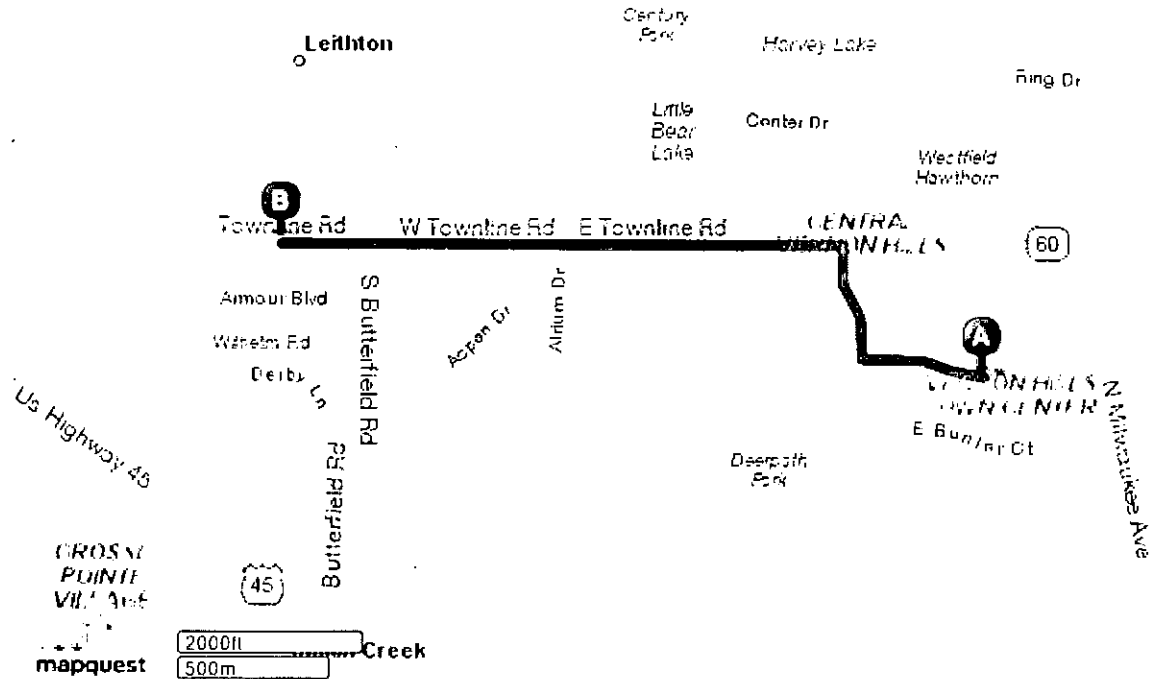


**1400 Townline Rd**  
 Mundelein, IL 60060-4433

**1.8 mi**      **1.8 mi**

267

Total Travel Estimate: 1.83 miles - about 3 minutes



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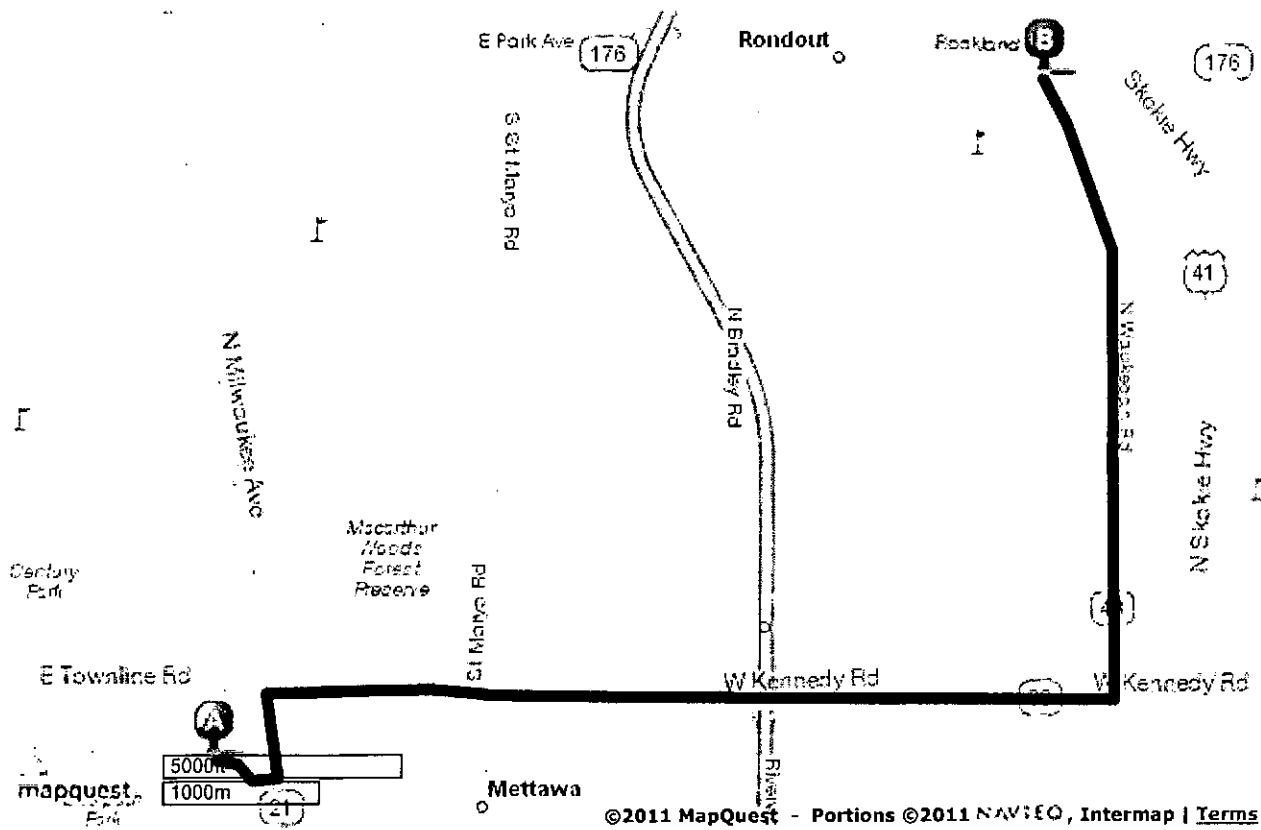
65% Off 8 Personal Training Sessions at One-on-One Per... on Lake Forest-Lake Bluff Patch

268

Trip to:  
 101 Waukegan Road  
 Lake Bluff, IL 60044  
 7.17 miles  
 11 minutes





	565 Lakeview Pky Vernon Hills, IL 60061-1857	Miles Per Section
	1. Start out going east on Lakeview Pky toward Executive Way Dr.	Go 0.2 Mi
	2. Take the 1st left onto Executive Way Dr. <i>If you reach E Bunker Ct you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	 3. Take the 1st left onto IL-21 / N Milwaukee Ave.	Go 0.4 Mi
	 4. Turn right onto E Townline Rd / IL-60 E. <i>If you reach Ring Dr you've gone about 0.1 miles too far</i>	Go 3.7 Mi
	 5. Turn left onto N Waukegan Rd / IL-43. <i>N Waukegan Rd is 0.7 miles past Academy Rd If you reach S Suffolk Ln you've gone about 0.2 miles too far</i>	Go 2.7 Mi
	6. 101 WAUKEGAN ROAD. <i>Your destination is just past Carriage Park Ave If you reach Rockland Rd you've gone a little too far</i>	
	101 Waukegan Road Lake Bluff, IL 60044	7.2 mi

Total Travel Estimate: 7.17 miles - about 11 minutes

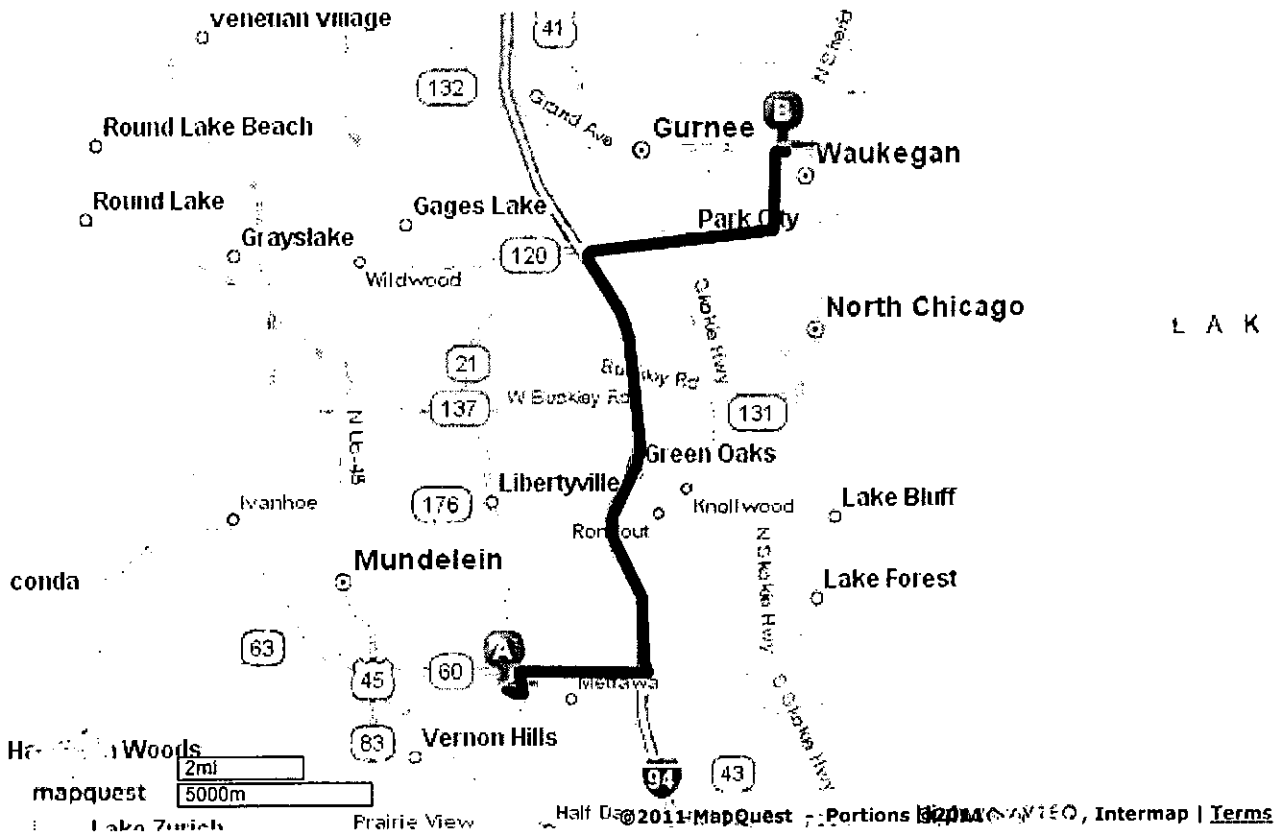


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Trip to:  
 1616 Grand Ave  
 Waukegan, IL 60085-3600  
 15.67 miles  
 25 minutes

- |  | 565 Lakeview Pky<br>Vernon Hills, IL 60061-1857  | Miles Per<br>Section |
|--|--|----------------------|
|  | 1. Start out going east on Lakeview Pky toward Executive Way Dr.   | Go 0.2 Mi            |
|  | 2. Take the 1st left onto Executive Way Dr.<br><i>If you reach E Bunker Ct you've gone about 0.1 miles too far</i>   | Go 0.1 Mi            |
|  | 3. Take the 1st left onto IL-21 / N Milwaukee Ave.<br>  | Go 0.4 Mi            |
|  | 4. Turn right onto E Townline Rd / IL-60.<br><i>If you reach Ring Dr you've gone about 0.1 miles too far</i><br>  | Go 2.3 Mi            |
|  | 5. Merge onto I-94 W via the ramp on the left toward Wisconsin (Portions toll).<br><i>If you are on IL-60 E and reach Saunders Rd you've gone about 0.1 miles too far</i><br> | Go 7.6 Mi            |
|  | 6. Merge onto IL-120 E.<br>   | Go 3.5 Mi            |
|  | 7. Turn left onto S Lewis Ave.<br><i>S Lewis Ave is 0.4 miles past Keller Ave<br/>If you reach S Elmwood Ave you've gone a little too far</i>  | Go 1.3 Mi            |
|  | 8. Turn right onto Grand Ave.<br><i>Grand Ave is 0.1 miles past Lydia St<br/>El Hornito Inc is on the corner<br/>If you reach Lewis Pl you've gone a little too far</i>  | Go 0.2 Mi            |
|  | 9. 1616 GRAND AVE is on the left.<br><i>Your destination is just past Lorraine Ave<br/>If you reach Judge Ave you've gone a little too far</i>   |                      |
|  | 1616 Grand Ave<br>Waukegan, IL 60085-3600  | 15.7 mi              |















Total Travel Estimate: 15.67 miles - about 25 minutes



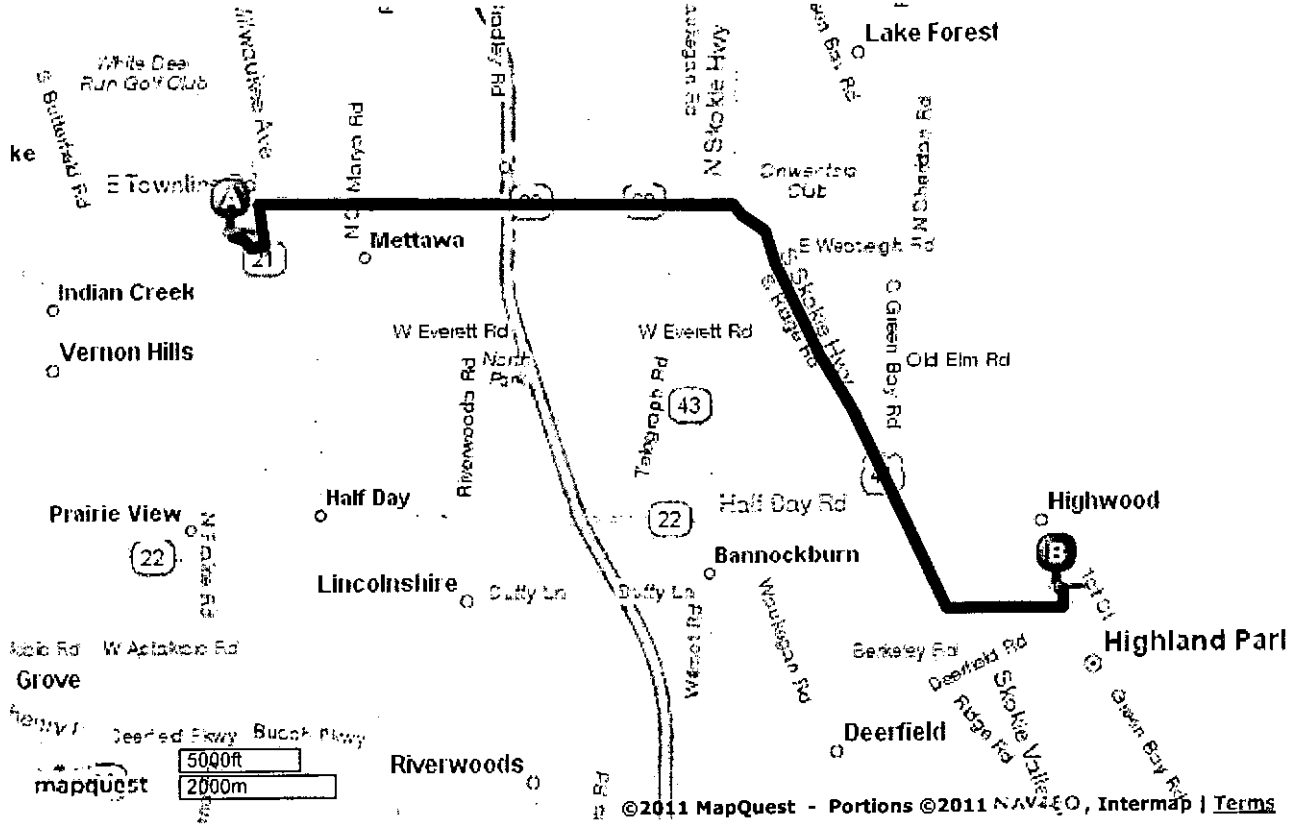
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Trip to:  
 718 Glenview Ave  
 Highland Park, IL 60035-2432  
 10.15 miles  
 16 minutes





	565 Lakeview Pky Vernon Hills, IL 60061-1857	Miles Per Section
	1. Start out going east on Lakeview Pky toward Executive Way Dr.	Go 0.2 Mi
	2. Take the 1st left onto Executive Way Dr. <i>If you reach E Bunker Ct you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	 21	Go 0.4 Mi
	 60	Go 4.2 Mi
	 41	Go 4.1 Mi
	6. Turn left onto Park Ave W. <i>Park Ave W is 0.8 miles past IL-22</i>	Go 1.0 Mi
	7. Turn left onto Midlothian Ave. <i>Midlothian Ave is 0.1 miles past Homewood Ave If you reach Green Bay Rd you've gone about 0.1 miles too far</i>	Go 0.2 Mi
	8. Take the 1st left onto Glenview Ave. <i>Glenview Ave is just past Homewood Ave If you reach Vine Ave you've gone a little too far</i>	Go 0.03 Mi
	9. 718 GLENVIEW AVE is on the left. <i>If you are on Homewood Ave and reach Park Ave W you've gone about 0.3 miles too far</i>	
	718 Glenview Ave Highland Park, IL 60035-2432	10.1 mi

Total Travel Estimate: 10.15 miles - about 16 minutes

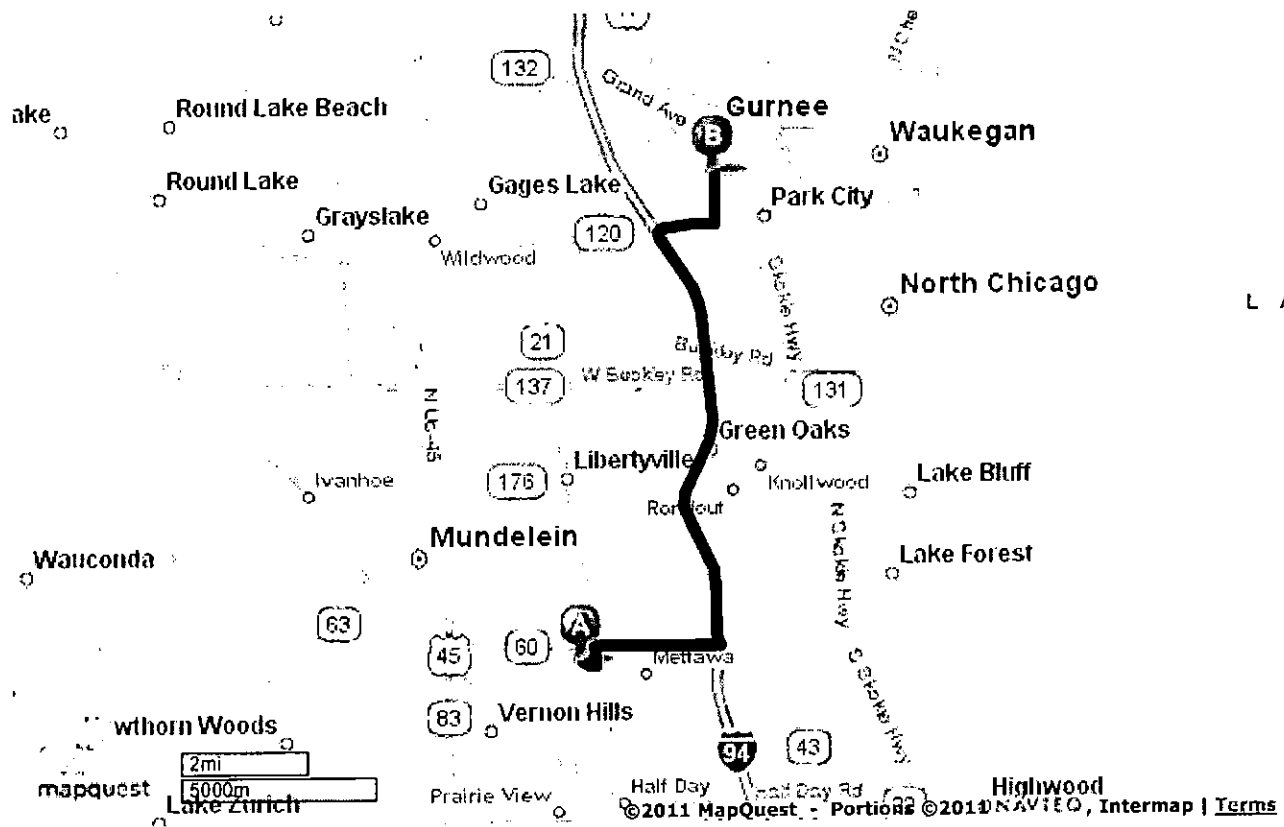


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Trip to:  
 101 S Greenleaf St  
 Gurnee, IL 60031-3369  
 12.62 miles  
 19 minutes

	565 Lakeview Pky Vernon Hills, IL 60061-1857	Miles Per Section
	1. Start out going east on Lakeview Pky toward Executive Way Dr.	Go 0.2 Mi
	2. Take the 1st left onto Executive Way Dr. <i>If you reach E Bunker Ct you've gone about 0.1 miles too far</i>	Go 0.1 Mi
	3. Take the 1st left onto IL-21 / N Milwaukee Ave. 	Go 0.4 Mi
	4. Turn right onto E Townline Rd / IL-60. <i>If you reach Ring Dr you've gone about 0.1 miles too far</i> 	Go 2.3 Mi
	5. Merge onto I-94 W via the ramp on the left toward Wisconsin (Portions toll). <i>If you are on IL-60 E and reach Saunders Rd you've gone about 0.1 miles too far</i> 	Go 7.6 Mi
	6. Merge onto IL-120 E / W Belvidere Rd. 	Go 0.7 Mi
	7. Take the ramp toward IL-43 S / Fountain Sq PI / Greenleaf St.	Go 0.5 Mi
	8. Turn left onto Greenleaf Ave. <i>If you reach IL-120 W you've gone about 0.4 miles too far</i>	Go 0.9 Mi
	9. 101 S GREENLEAF ST. <i>Your destination is just past Oglesby Ave If you reach Washington St you've gone a little too far</i>	
	101 S Greenleaf St Gurnee, IL 60031-3369	12.6 mi

Total Travel Estimate: 12.62 miles - about 19 minutes



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Trip to:  
918 S Milwaukee Ave  
Libertyville, IL 60048-3229  
2.95 miles  
5 minutes



**565 Lakeview Pky**  
Vernon Hills, IL 60061-1857

**Miles Per  
Section**



1. Start out going east on Lakeview Pky toward Executive Way Dr. Go 0.2 Mi



2. Take the 1st left onto Executive Way Dr. Go 0.1 Mi  
*If you reach E Bunker Ct you've gone about 0.1 miles too far*



3. Take the 1st left onto IL-21 / N Milwaukee Ave. Go 2.6 Mi



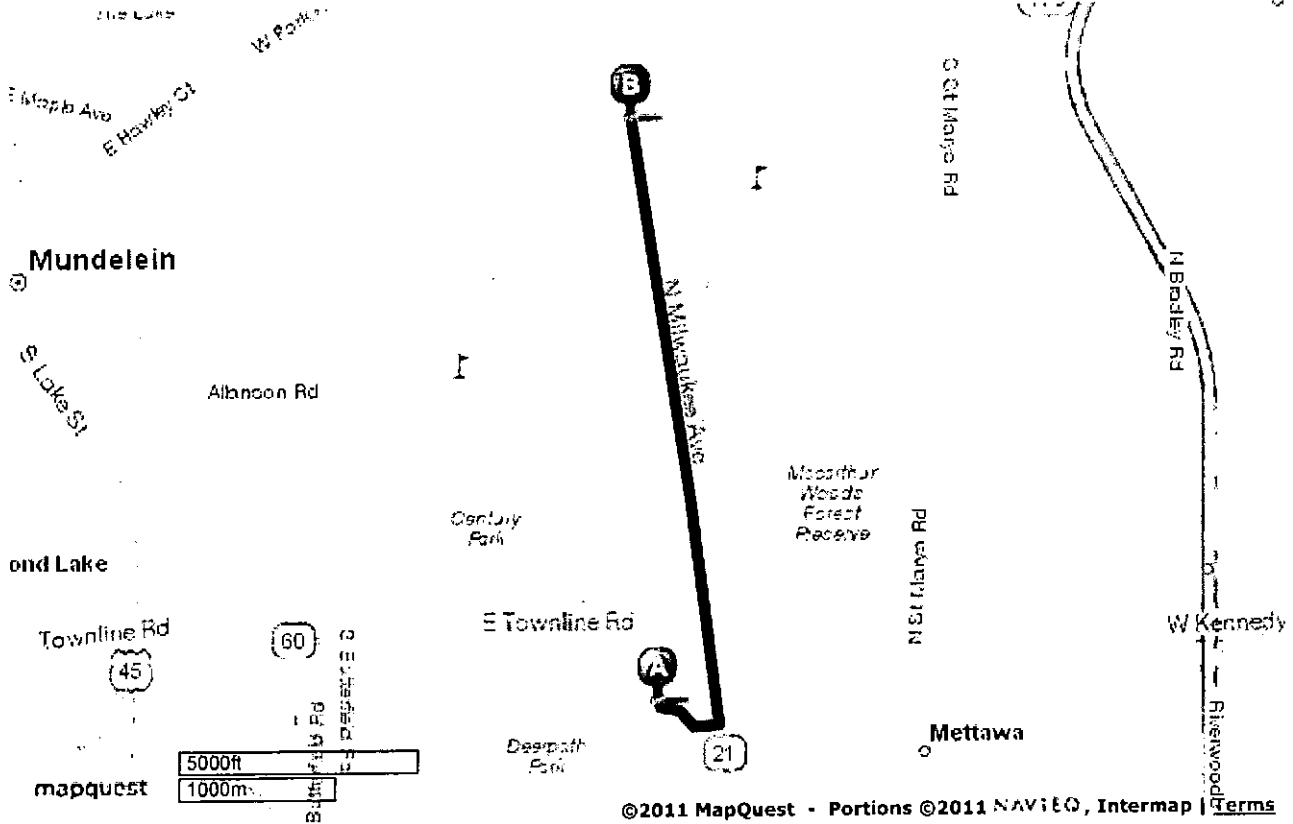
4. **918 S MILWAUKEE AVE** is on the right.  
*Your destination is 0.2 miles past E Golf Rd  
If you reach Valley Park Dr you've gone a little too far*



**918 S Milwaukee Ave**  
Libertyville, IL 60048-3229

3.0 mi

Total Travel Estimate: 2.95 miles - about 5 minutes



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Trip to:  
 Neomedica  
 4180 Winnetka Ave  
 Rolling Meadows, IL 60008  
 (847) 394-6250  
 16.51 miles  
 26 minutes

- |  | 565 Lakeview Pky<br>Vernon Hills, IL 60061-1857  | Miles Per<br>Section |
|--|--|----------------------|
|  | 1. Start out going west on Lakeview Pky toward N Fairway Dr.   | Go 0.3 Mi            |
|  | 2. Take the 1st right onto N Fairway Dr.<br><i>If you reach Mayor Roger Byrne Blvd you've gone about 0.2 miles too far</i>   | Go 0.3 Mi            |
|  | 3. Take the 1st left onto E Townline Rd / IL-60.<br><i>Wendy's is on the corner<br/>If you are on Hawthorn Ctr and reach Hawthorn Village Commons you've gone a little too far</i> | Go 2.0 Mi            |
|  | 4. Turn left onto S Lake St / US-45.<br><i>Mc Donald's is on the corner<br/>If you reach IL-83 you've gone about 0.3 miles too far</i>   | Go 0.3 Mi            |
|  | 5. Stay straight to go onto IL-83 S.   | Go 4.2 Mi            |
|  | 6. Turn slight right onto IL-53.<br><i>IL-53 is 0.1 miles past Fairfield Dr</i>  | Go 3.1 Mi            |
|  | 7. Turn left onto Lake Cook Rd.<br><i>Convenient Food Mart is on the corner<br/>If you are on N Hicks Rd and reach E Pennsylvania Dr you've gone a little too far</i>              | Go 0.4 Mi            |
|  | 8. Take the IL-53 S ramp toward West Suburbs.  | Go 0.4 Mi            |
|  | 9. Merge onto IL-53-EXT S.   | Go 1.2 Mi            |
|  | 10. IL-53-EXT S becomes IL-53 S.   | Go 3.6 Mi            |
|  | 11. Merge onto W Euclid Ave.   | Go 0.4 Mi            |



**12. Turn right onto Hicks Rd.**

Go 0.3 Mi

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



**13. Turn right onto Winnetka Ave.**

Go 0.02 Mi

*Winnetka Ave is 0.1 miles past Lincoln Ave*

*Exotic Motors is on the right*

*If you reach Wilmette Ave you've gone a little too far*



**14. 4180 WINNETKA AVE is on the left.**

*If you reach Winnetka Cir you've gone about 0.1 miles too far*



**Neomedica**

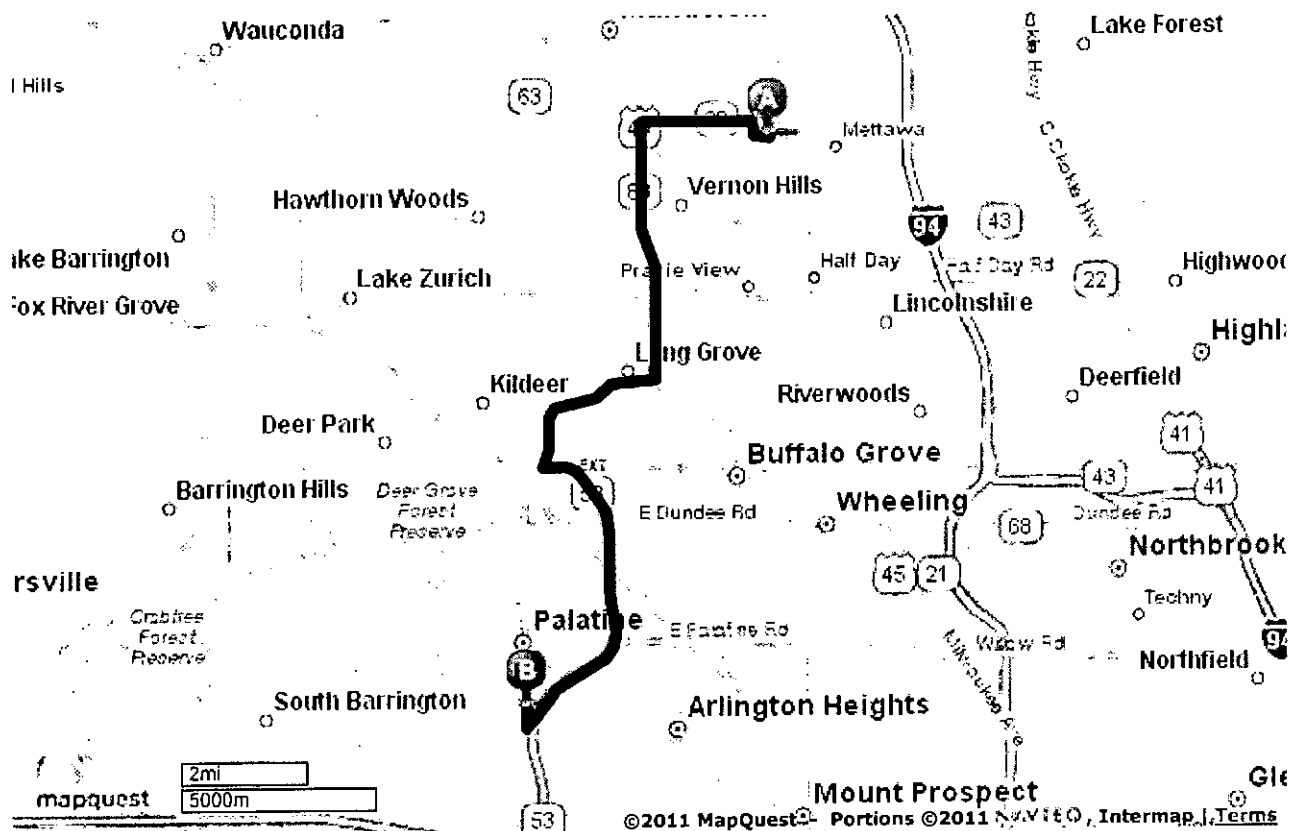
16.5 mi

**4180 Winnetka Ave, Rolling Meadows, IL 60008**

**(847) 394-6250**














Total Travel Estimate: 16.51 miles - about 26 minutes

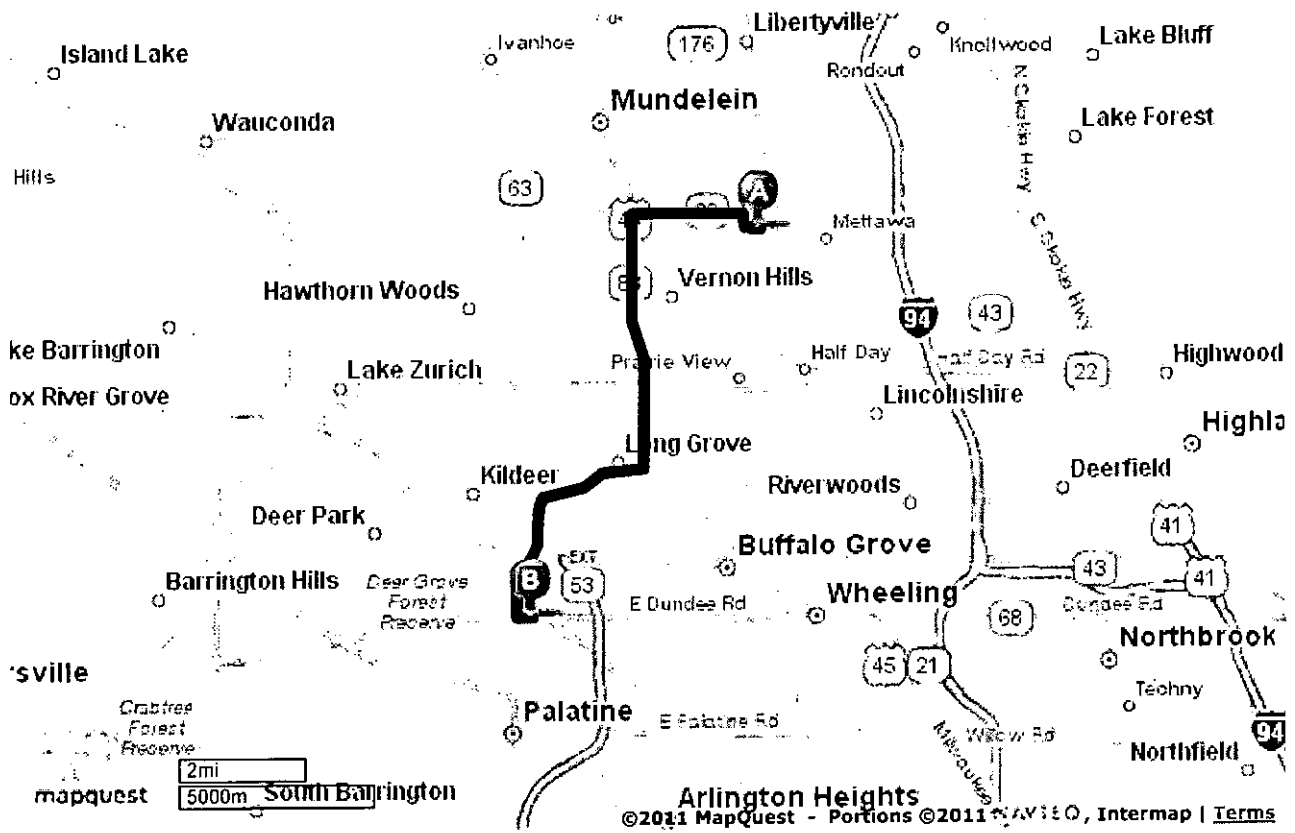


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Trip to:  
 605-691 E Dundee Rd  
 Palatine, IL 60074-2817  
 11.45 miles  
 19 minutes












	<b>565 Lakeview Pky</b> Vernon Hills, IL 60061-1857	<b>Miles Per Section</b>
	1. Start out going west on Lakeview Pky toward N Fairway Dr.	Go 0.3 Mi
	2. Take the 1st right onto N Fairway Dr. <i>If you reach Mayor Roger Byrne Blvd you've gone about 0.2 miles too far</i>	Go 0.3 Mi
	3. Take the 1st left onto E Townline Rd / IL-60. <i>Wendy's is on the corner</i> <i>If you are on Hawthorn Ctr and reach Hawthorn Village Commons you've gone a little too far</i>	Go 2.0 Mi
	4. Turn left onto S Lake St / US-45. <i>Mc Donald's is on the corner</i> <i>If you reach IL-83 you've gone about 0.3 miles too far</i>	Go 0.3 Mi
	5. Stay straight to go onto IL-83 S.	Go 4.2 Mi
	6. Turn slight right onto IL-53. <i>IL-53 is 0.1 miles past Fairfield Dr</i>	Go 3.5 Mi
	7. Stay straight to go onto N Hicks Rd.	Go 0.7 Mi
	8. Turn left onto E Dundee Rd / IL-68. <i>E Dundee Rd is 0.3 miles past E Forest Knoll Dr</i> <i>Emro Marketing Co is on the left</i> <i>If you reach E Garden Ave you've gone about 0.1 miles too far</i>	Go 0.3 Mi
	9. <b>605-691 E DUNDEE RD.</b> <i>Your destination is just past N Denise Dr</i> <i>If you reach N Lynda Dr you've gone about 0.1 miles too far</i>	11.5 mi
	<b>605-691 E Dundee Rd</b> Palatine, IL 60074-2817	11.5 mi

Total Travel Estimate: 11.45 miles - about 19 minutes

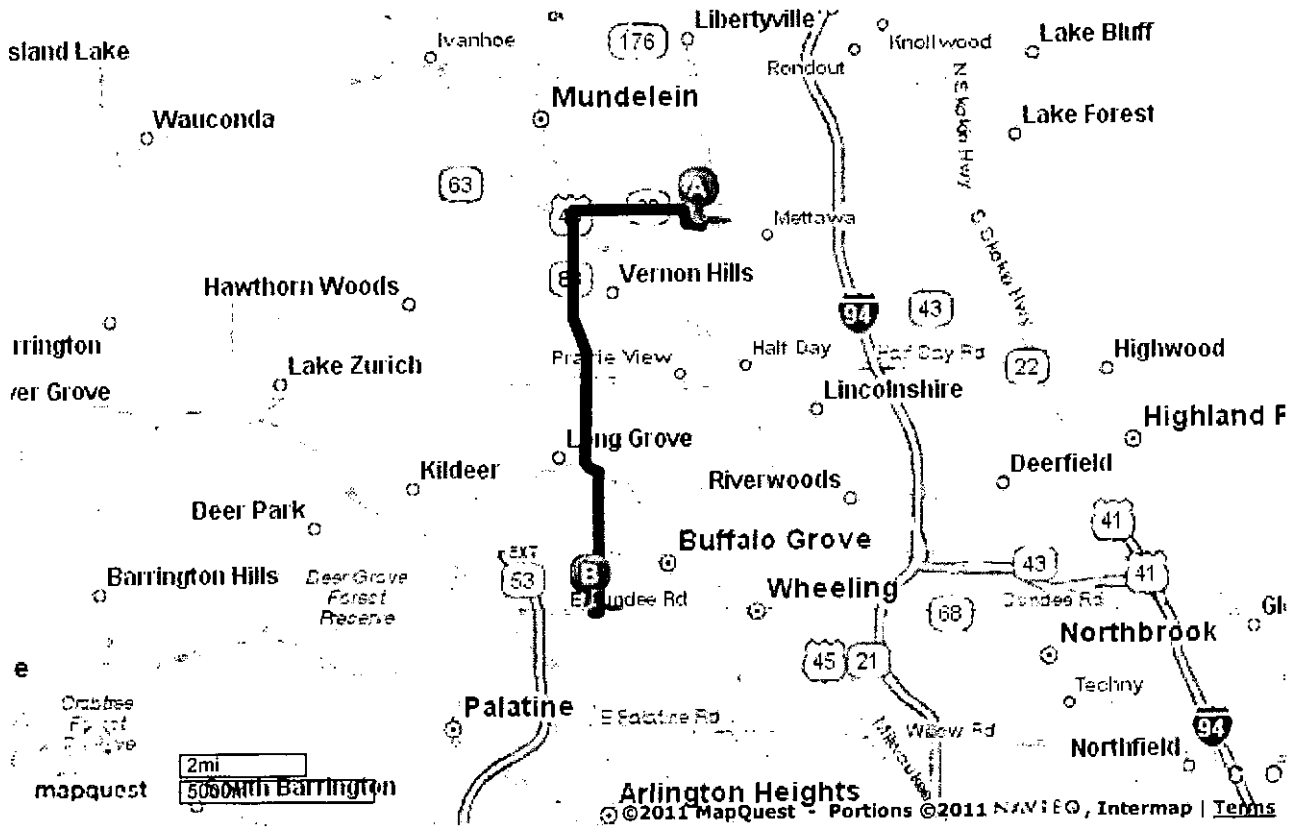


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Trip to:  
 1291 W Dundee Rd  
 Buffalo Grove, IL 60089-4009  
 9.83 miles  
 17 minutes


- |    | <b>565 Lakeview Pky</b><br>Vernon Hills, IL 60061-1857  | <b>Miles Per Section</b> |
|---|---|--------------------------|
|    | 1. Start out going west on Lakeview Pky toward N Fairway Dr.  | Go 0.3 Mi                |
|   | 2. Take the 1st right onto N Fairway Dr.<br><i>If you reach Mayo: Roger Byrne Blvd you've gone about 0.2 miles too far</i>  | Go 0.3 Mi                |
|  | 3. Take the 1st left onto E Townline Rd / IL-60.<br><i>Wendy's is on the corner</i><br><i>If you are on Hawthorn Ctr and reach Hawthorn Village Commons you've gone a little too far</i>  | Go 2.0 Mi                |
|  | 4. Turn left onto S Lake St / US-45.<br><i>Mc Donald's is on the corner</i><br><i>If you reach IL-83 you've gone about 0.3 miles too far</i>  | Go 0.3 Mi                |
|  | 5. Stay straight to go onto IL-83 S.<br>   | Go 4.5 Mi                |
|  | 6. Turn slight right onto N Arlington Heights Rd.<br><i>N Arlington Heights Rd is 0.2 miles past IL-53</i>  | Go 2.4 Mi                |
|  | 7. Turn right onto W Dundee Rd / IL-68.<br><i>W Dundee Rd is 0.1 miles past Strathmore Ct</i><br><i>Aldi in Strathmore Square is on the right</i><br><i>If you are on N Arlington Heights Rd and reach W Boeger Dr you've gone a little too far</i> | Go 0.09 Mi               |
|  | 8. 1291 W DUNDEE RD is on the left.<br><i>If you reach Grove Dr you've gone a little too far</i>  |                          |
|  | <b>1291 W Dundee Rd</b><br>Buffalo Grove, IL 60089-4009   | 9.8 mi                   |

Total Travel Estimate: 9.83 miles - about 17 minutes

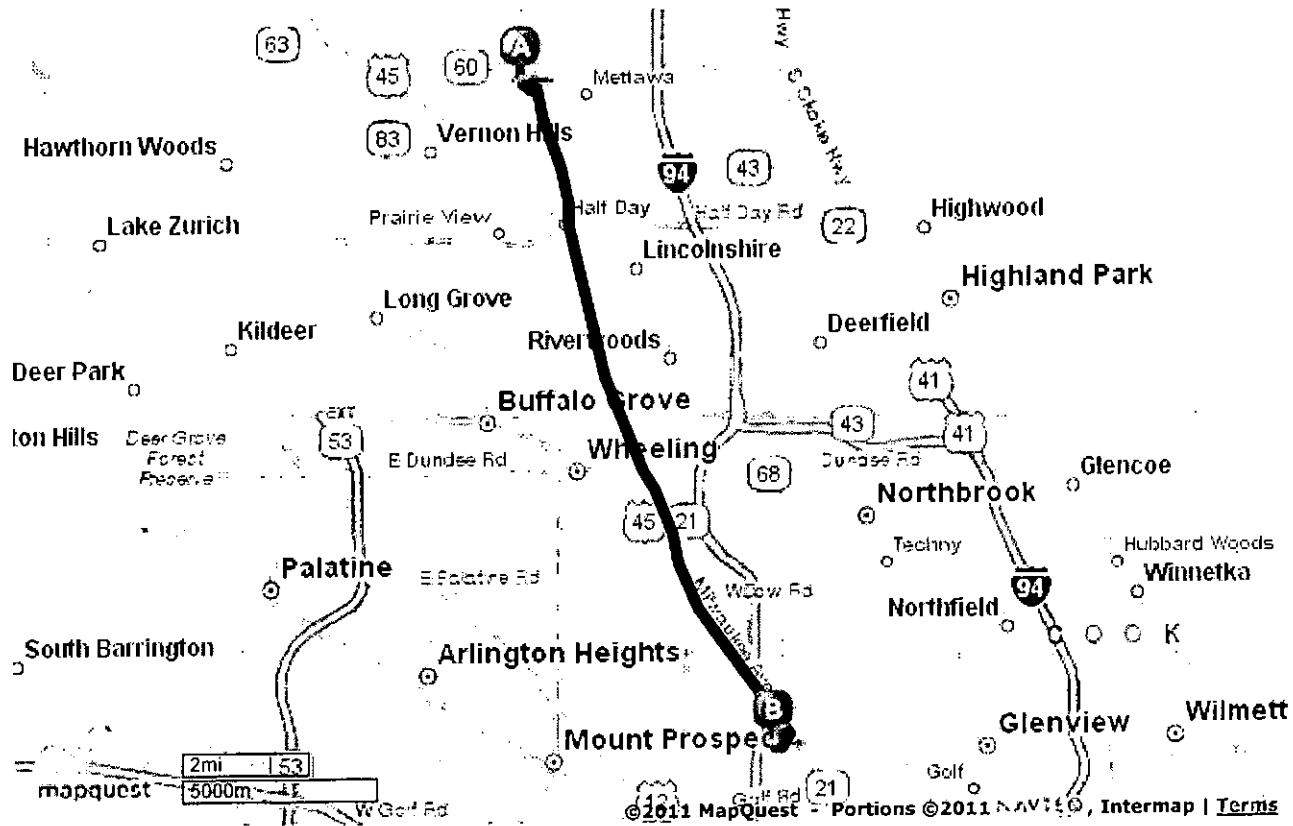


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Trip to:  
4248 Commercial Way  
Glenview, IL 60025-3573  
13.00 miles  
25 minutes

- |  | <b>565 Lakeview Pky</b><br>Vernon Hills, IL 60061-1857   | <b>Miles Per Section</b> |
|--|--|--------------------------|
|  | 1. Start out going east on Lakeview Pky toward Executive Way Dr.   | Go 0.2 Mi                |
|  | 2. Take the 1st left onto Executive Way Dr.<br><i>If you reach E Bunker Ct you've gone about 0.1 miles too far</i>   | Go 0.1 Mi                |
|  |  3. Take the 1st right onto N Milwaukee Ave / IL-21. Continue to follow IL-21 S.                    | Go 12.3 Mi               |
|  | 4. Turn right onto Dearlove Rd.<br><i>Dearlove Rd is 0.2 miles past Zenith Dr</i><br><i>If you are on Milwaukee Ave and reach Michael Todd Ter you've gone about 0.1 miles too far</i> | Go 0.3 Mi                |
|  | 5. Turn right onto Commercial Way.<br><i>If you reach Di Paolo Ctr you've gone about 0.1 miles too far</i>   | Go 0.1 Mi                |
|  | 6. <b>4248 COMMERCIAL WAY</b> is on the left.<br><i>Your destination is 0.1 miles past Commercial Way</i><br><i>If you reach Dearlove Rd you've gone about 0.1 miles too far</i>       |                          |
|  | <b>4248 Commercial Way</b><br>Glenview, IL 60025-3573  | 13.0 mi                  |

Total Travel Estimate: 13.00 miles - about 25 minutes



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Trip to:  
405 Lake Cook Rd  
Deerfield, IL 60015-4993  
10.97 miles  
17 minutes



565 Lakeview Pky  
Vernon Hills, IL 60061-1857

Miles Per  
Section



1. Start out going east on Lakeview Pky toward Executive Way Dr. Go 0.2 Mi



2. Take the 1st left onto Executive Way Dr. Go 0.1 Mi  
*If you reach E Bunker Ct you've gone about 0.1 miles too far*



3. Take the 1st left onto IL-21 / N Milwaukee Ave. Go 0.4 Mi



4. Turn right onto E Townline Rd / IL-60. Go 2.1 Mi  
*If you reach Ring Dr you've gone about 0.1 miles too far*



5. Merge onto I-94 E toward Indiana (Portions toll). Go 5.8 Mi  
*If you reach IL-60 W you've gone about 0.1 miles too far*



6. Take the Lake-Cook Road exit. Go 0.4 Mi



7. Keep left to take the ramp toward Deerfield. Go 0.05 Mi



8. Turn left onto Lake Cook Rd. Go 1.8 Mi



9. 405 LAKE COOK RD is on the right.  
*Your destination is 0.3 miles past Deerlake Rd  
If you reach S Waukegan Rd you've gone about 0.1 miles too far*

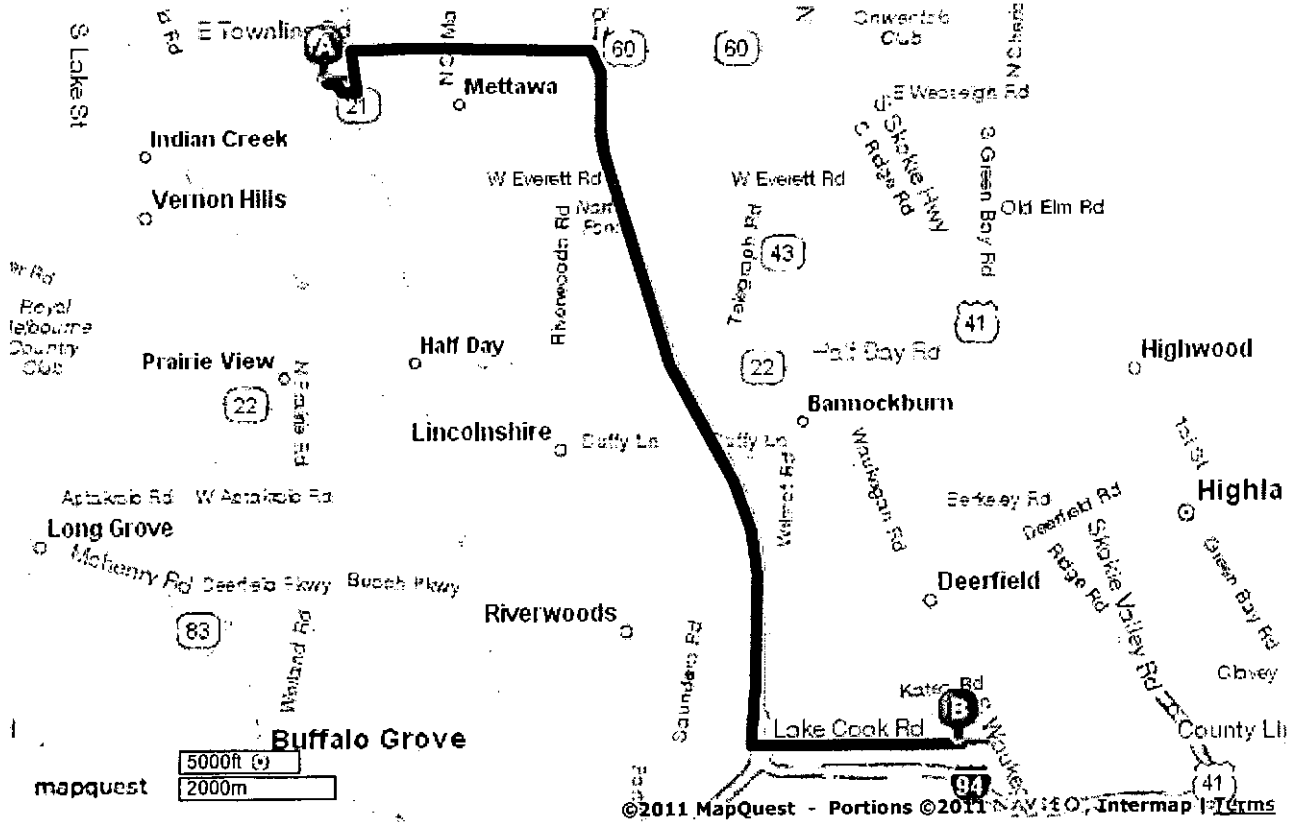


405 Lake Cook Rd  
Deerfield, IL 60015-4993

11.0 mi



Total Travel Estimate: 10.97 miles - about 17 minutes

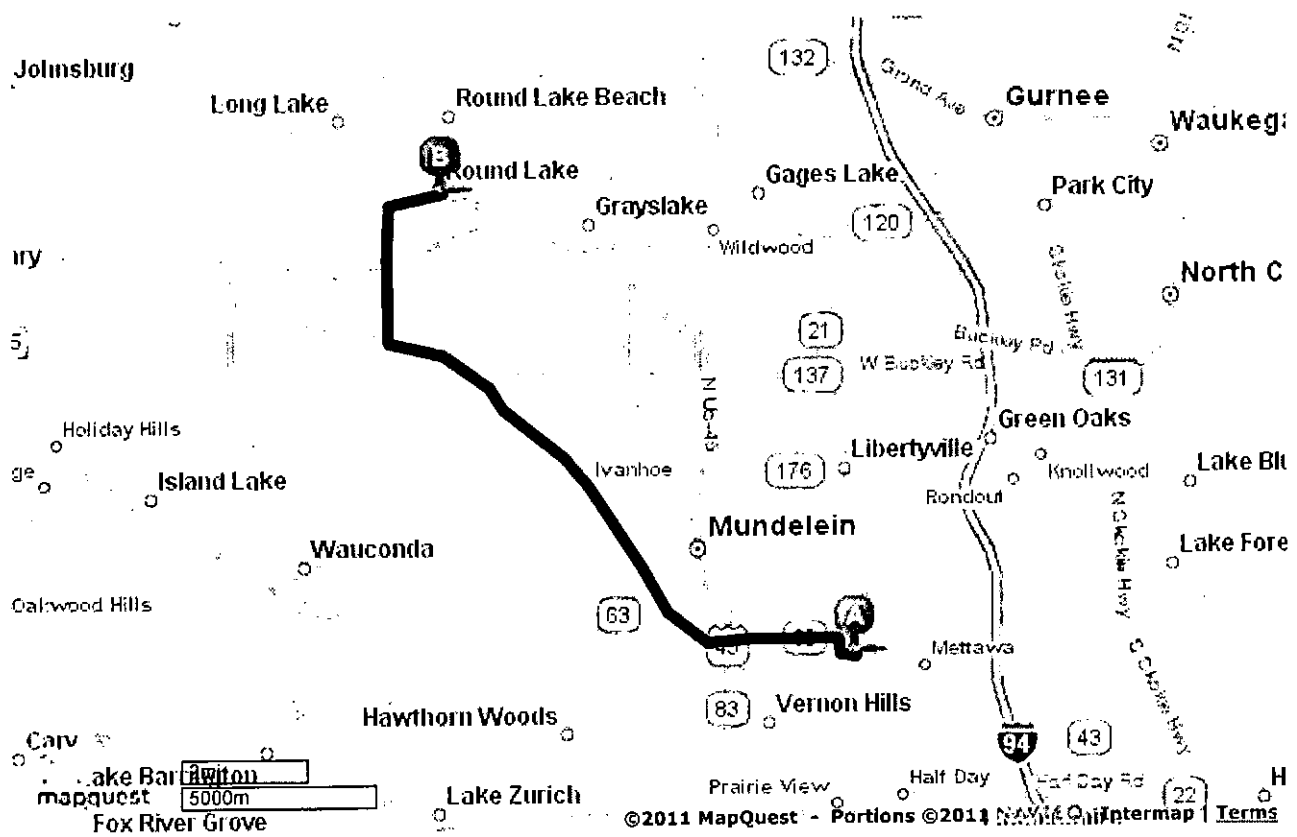


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Trip to:  
 401 W Nippersink Rd  
 Round Lake, IL 60073-3280  
 14.22 miles  
 24 minutes

	<b>565 Lakeview Pky</b> Vernon Hills, IL 60061-1857	<b>Miles Per Section</b>
	1. Start out going west on Lakeview Pky toward N Fairway Dr.	Go 0.3 Mi
	2. Take the 1st right onto N Fairway Dr. <i>If you reach Mayor Roger Byrne Blvd you've gone about 0.2 miles too far</i>	Go 0.3 Mi
	3. Take the 1st left onto E Townline Rd / IL-60. <i>Wendy's is on the corner</i> <i>If you are on Hawthorn Ctr and reach Hawthorn Village Commons you've gone a little too far</i>	Go 2.3 Mi
	4. Turn right onto IL-83 / IL-60. Continue to follow IL-60. <i>IL-60 is 0.3 miles past S Lake St</i> <i>If you are on N Willow Springs Rd and reach Osage Ln you've gone about 0.1 miles too far</i>	Go 8.0 Mi
	5. Turn right onto N Fairfield Rd. <i>N Fairfield Rd is 0.2 miles past N Blackhawk Trl</i> <i>If you reach Wilson Rd you've gone about 0.4 miles too far</i>	Go 2.4 Mi
	6. Turn right onto W Nippersink Ave. <i>W Nippersink Ave is 0.9 miles past N West Ln</i> <i>Ralph's Florist &amp; Greenhouses is on the left</i> <i>If you reach Old Farm Rd you've gone about 0.3 miles too far</i>	Go 1.0 Mi
	7. <b>401 W NIPPERSINK RD.</b> <i>If you reach Lincoln Ave you've gone a little too far</i>	
	<b>401 W Nippersink Rd</b> Round Lake, IL 60073-3280	14.2 mi

Total Travel Estimate: 14.22 miles - about 24 minutes



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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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