

Original

12-052

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUN 06 2012

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Tazewell County Dialysis		
Street Address: 1021 Court Street		
City and Zip Code: Pekin, Illinois 61554		
County: Tazewell	Health Service Area: 002	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: Pekin Dialysis, LLC
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

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	

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

Primary Contact

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

Name: 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: Cindy Emley
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2930 Montvale Drive, Suite A, Springfield, Illinois 62704
Telephone Number: 217-547-1229
E-mail Address: cindy.emley@davita.com
Fax Number: 866-620-0543

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Tazewell County Dialysis		
Street Address: 1021 Court Street		
City and Zip Code: DeKalb, IL 61554		
County: Tazewell	Health Service Area: 002	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: DaVita 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

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ 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: Cindy Emley
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 2930 Montvale Drive, Suite A, Springfield, Illinois 62704
Telephone Number: 217-547-1229
E-mail Address: cindy.emley@davita.com
Fax Number: 866-620-0543

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: Cindy Emley
Title: Regional Operations Director
Company Name: DaVita Inc
Address: 2930 Montvale Drive, Suite A, Springfield, Illinois 62704
Telephone Number: 217-547-1229
E-mail Address: cindy.emley@davita.com
Fax Number: 866-620-0543

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ashan Usman, M.D.
Address of Site Owner: 19 Olt Avenue, Pekin, Illinois 61554
Street Address or Legal Description of Site: 1021 Court Street, Pekin, Illinois 61554
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Pekin Dialysis, LLC	
Address: 1551 Wewatta Street, Denver, CO 80202	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ 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. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- ☐ Part 1120 Not Applicable
☐ Category A Project
☒ Category B Project
☐ DHS or DVA Project

2. Narrative Description

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

DaVita Inc. and Pekin Dialysis, LLC (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to establish an 8-station dialysis facility located at 1021 Court Street, Pekin, Illinois 61554. The proposed dialysis facility will include a total of 4,100 gross square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$719,845		\$719,845
Contingencies	\$104,377		\$104,377
Architectural/Engineering Fees	\$84,000		\$84,000
Consulting and Other Fees	\$80,000		\$80,000
Movable or Other Equipment (not in construction contracts)	\$318,900		\$318,900
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$377,997		\$377,997
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$1,685,119		\$1,685,119
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,307,122		\$1,307,122
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$377,997		\$377,997
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$1,685,119		\$1,685,119
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: \$ _____
Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service

☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ 159,826

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☒ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2015

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

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

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

- ☐ Cancer Registry **NOT APPLICABLE**
☐ APORS **NOT APPLICABLE**
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

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

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

SIGNATURE

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of May, 2012

Signature of Notary

Seal



SIGNATURE

Martha Ha

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17th day of May, 2012

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Pekin Dialysis, LLC *
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

James K. Hilger

PRINTED NAME

Chief Accounting Officer

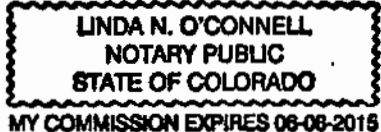
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of May, 2012

Signature of Notary

Seal



SIGNATURE

Martha Ha

PRINTED NAME

Assistant Secretary

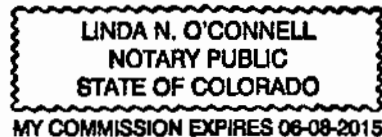
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17th day of May, 2012

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

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

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	8

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

- 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:**

\$1,307,122	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$377,097 (Lease FMV)	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.,
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$1,685,119	TOTAL FUNDS AVAILABLE

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

IX. **1120.130 - Financial Viability**

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. **Variance**

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

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

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

Section 1, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc., and Pekin Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Pekin Dialysis, LLC will be the operator of Tazewell County Dialysis. Tazewell County Dialysis is a trade name of Pekin Dialysis, LLC 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 ELEVENTH DAY OF APRIL, A.D. 2012.

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

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

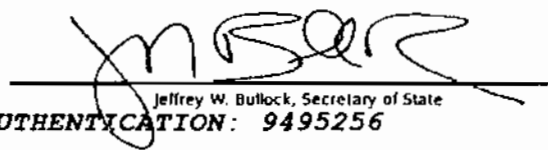
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

2391269 8300

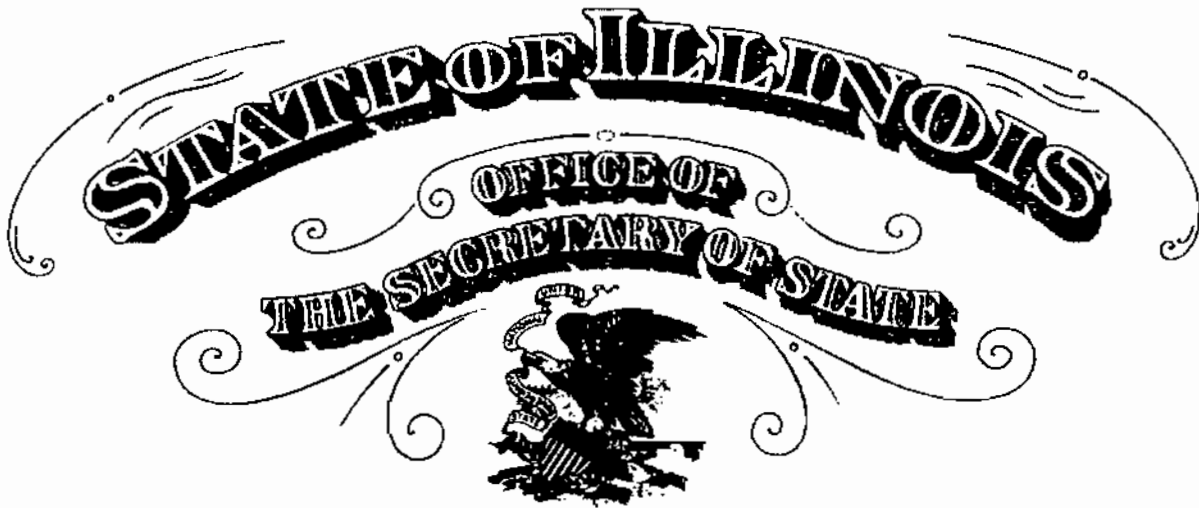
120417324

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9495256

DATE: 04-11-12



To all to whom these Presents Shall Come, Greeting:

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

PEKIN DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 04, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1215601962

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of JUNE A.D. 2012 .

Jesse White

SECRETARY OF STATE

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

The letter of intent between Ahsan Usman, M.D. and Pekin Dialysis, LLC to lease the facility located at 1021 Court Street, Pekin, IL 61554 is attached at Attachment – 2.



USI REAL ESTATE BROKERAGE SERVICES INC.

2215 YORK ROAD
SUITE 110
OAK BROOK, IL 60523

TELEPHONE: 630-990-3658
FACSIMILE: 630-990-2300
EMAIL: JOHN.STIFFENS@JCI.COM

May 31, 2012

Dr. Ahsan Usman or Nominee
19 Old Ave.
Pekin, IL 61554

RE: Letter of Intent 1021 Court Street Pekin, IL.

Dear Dr. Usman:

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

We are requesting that you provide your acceptance to this Letter of Intent no later than May 31, 2012.

<u>PREMISES:</u>	1021 Court Street Pekin, IL (former Walgreens)
<u>TENANT:</u>	"Total Renal Care, Inc. or related entity to be named"
<u>LANDLORD:</u>	Dr. Ahsan Usman or Nominee
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 4,100 contiguous rentable square feet.. Tenant shall have the right to measure space based on most recent BOMA standards.
<u>PRIMARY TERM:</u>	Fifteen (15) years
<u>BASE RENT:</u>	\$10.00 per rentable sq ft NNN subject to final construction and land costs. Base rent shall increase by 10% every 5 years.
<u>ADDITIONAL EXPENSES:</u>	Tenant will be responsible for paying it's prorated share of Taxes, Insurance and CAM. Tenant's prorated share shall be approximately 57%. Landlord to limit the cumulative operating expense costs to no greater than a three percent (3%) increase annually.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.
<u>POSSESSION AND</u>	

RENT COMMENCEMENT:

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.

LEASE FORM:

Tenant's standard lease form.

USE:

The Use is for a Dialysis Clinic, medical offices or other lawfully permitted use.

Landlord will verify that the Tenant's dialysis use is permitted within the building's zoning.

Landlord to provide a copy of any CCR's or other documents that may impact tenancy.

PARKING:

Tenant requests one (1) dedicated stall per 1,000 rsf, and two (2) dedicated handicapped stalls.

BASE BUILDING:

Landlord shall deliver to the premises, the Base Building improvements included in the attached Exhibit B.

OPTION TO RENEW:

Tenant desires three (3), five (5) year options to renew the lease. Option rent shall be 95% of fair market value.

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

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

**FAILURE TO DELIVER
PREMISES:**

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.

HOLDING OVER:

Tenant shall be obligated to pay 110% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week.

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee.

NON COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five (5) mile radius of Premise.

GOVERNMENTAL COMPLIANCE:

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CONTINGENCIES:

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 (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to September 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 approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON 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 HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by September 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.

BROKERAGE FEE:

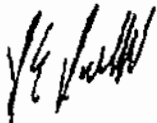
Landlord recognizes USI Real Estate Brokerage Services Inc. as the client's sole representatives and will pay USI a brokerage fee equal to 2% of lease rent for

first 10 years of term.. Commission to be paid half upon lease signing half upon occupancy. Landlord and USI will sign a separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the Real Estate Commission.

It should be understood that this non-binding 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 DeVita.

Sincerely,



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

Cc: Camille Amidei

Agreed to and accepted this 31st Day of May 2012

By: Cathy Emley
Total Rental Care, Inc.

Agreed to and accepted this 31st Day of May 2012

By: Ahsan Usman
Dr. Ahsan Usman

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

The Illinois Certificate of Good Standing for Pekin Dialysis, LLC 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

PEKIN DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 04, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1215601962

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of JUNE A.D. 2012 .

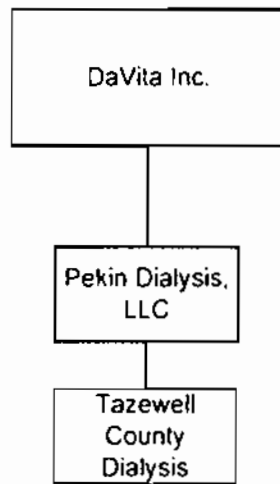
Jesse White

SECRETARY OF STATE

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

The organizational chart for DaVita Inc. and Pekin Dialysis, LLC is attached at Attachment ~ 4.

Pekin Dialysis Organizational Structure



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 1021 Court Street, Pekin, IL 61554. 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.

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

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

May 24, 2012

FEDERAL EXPRESS

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 – Tazewell Dialysis

Dear Ms. Haaker:

This office represents DaVita Inc. ("Requestor"). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestor seeks a formal determination from the Illinois Historic Preservation Agency as to whether Requestor's proposed project to establish a dialysis facility to be located at 1021 Court Street, Pekin, Illinois 61554 ("Proposed Project") affects historic resources.

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a dialysis facility to be located at 1021 Court Street, Pekin, Illinois 61554. This project will involve the internal modernization of an existing building. No demolition or physical alteration of the exterior of any existing 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 site of the proposed facility are attached at Attachment 2.

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

May 24, 2012

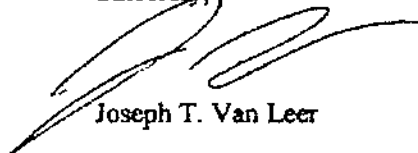
Page 2

4. Addresses for Buildings/Structures

The Proposed Project will be located at 1021 Court Street, Pekin, Illinois 61554.

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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Van Leer", with a long horizontal flourish extending to the right.

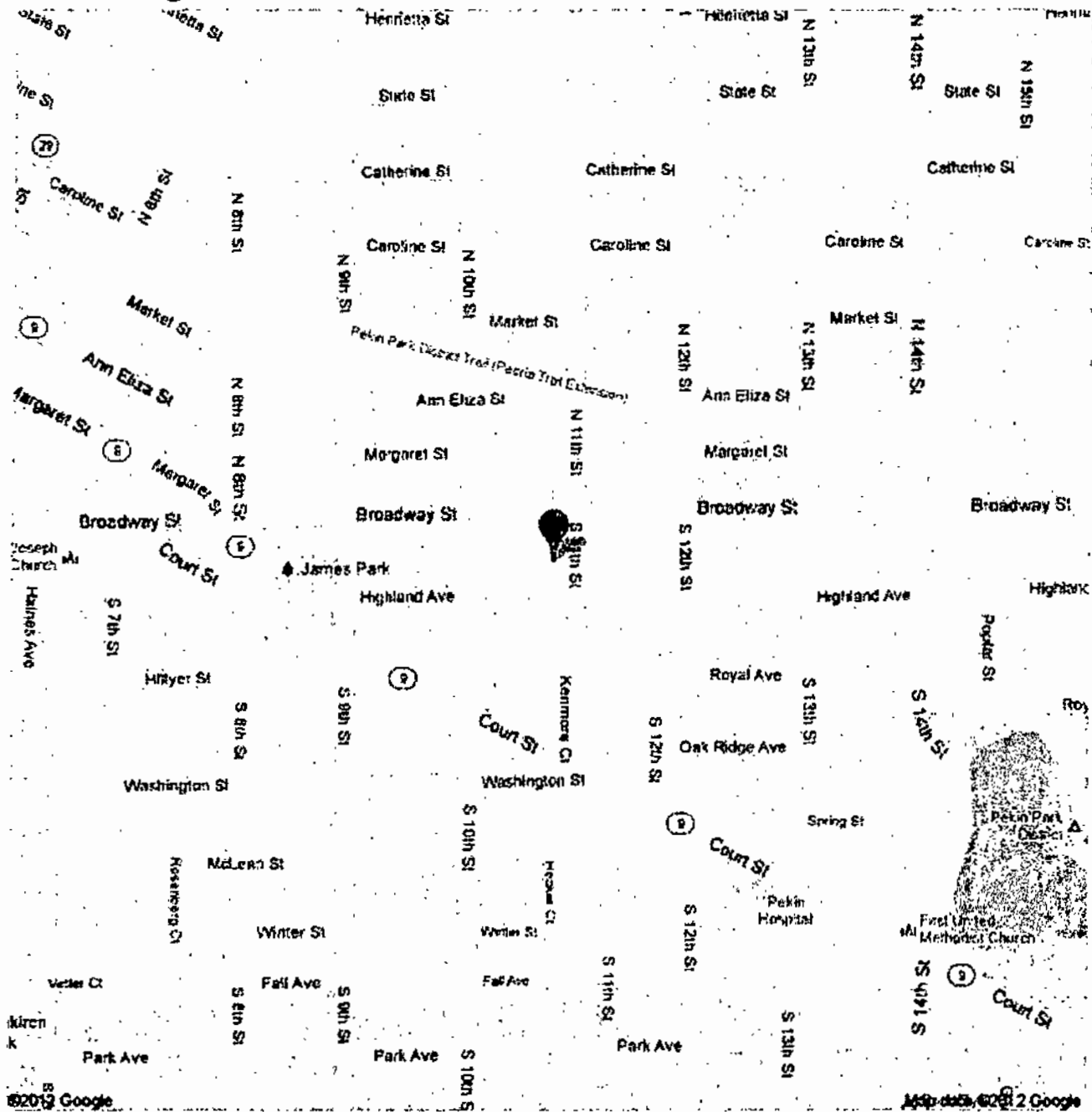
Joseph T. Van Leer

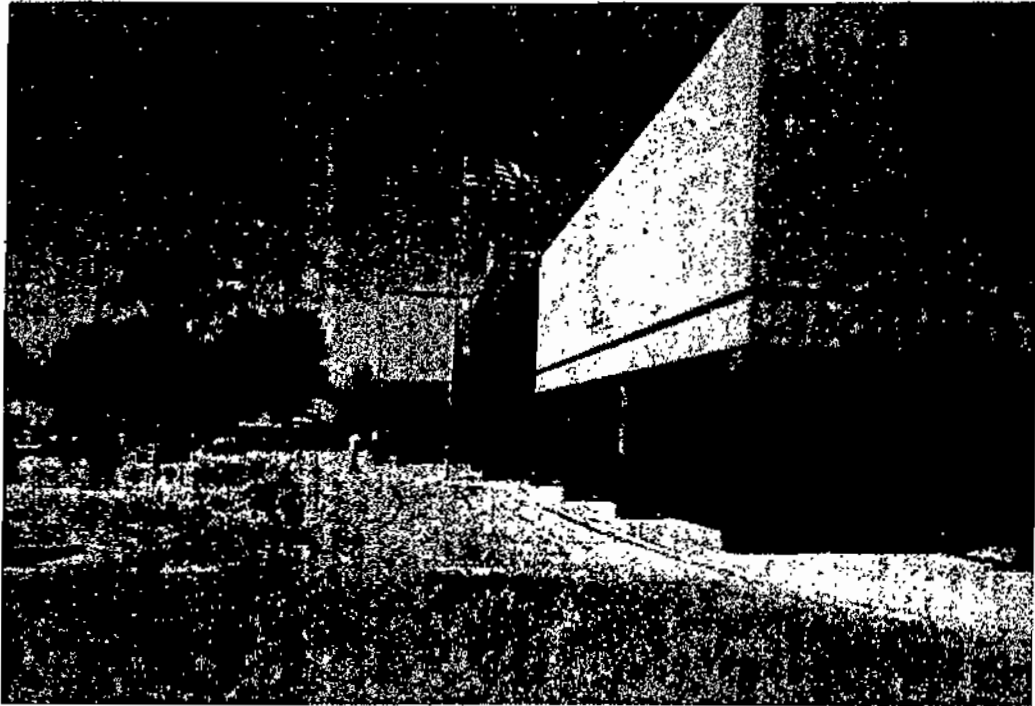
JTV:

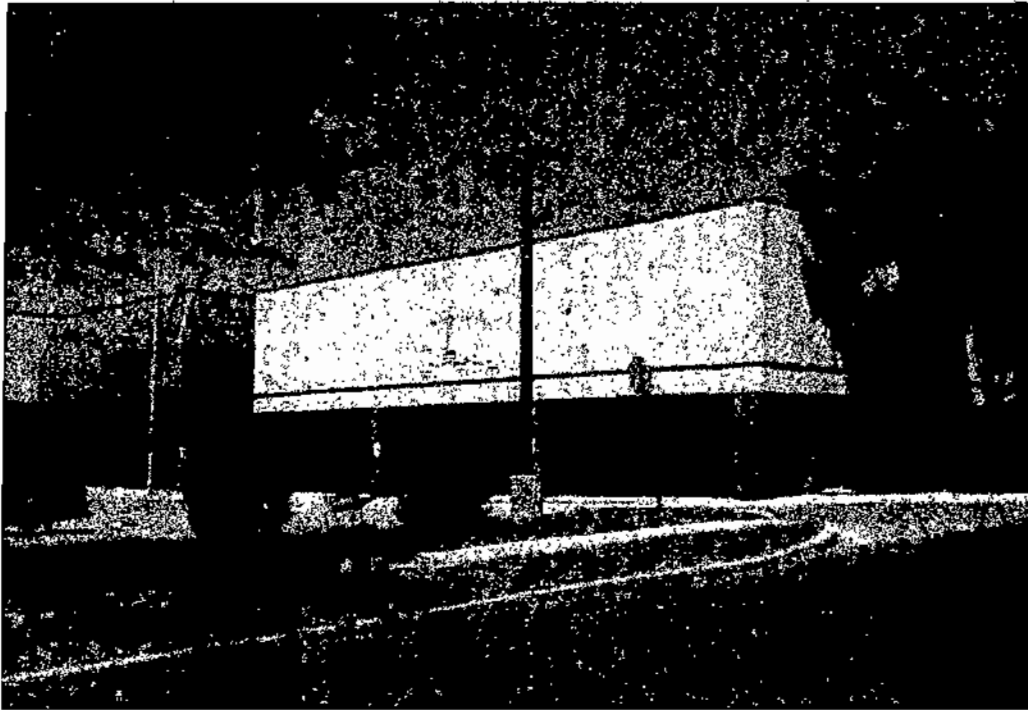
Enclosure

1021 Court Street, Pekin, Illinois 61554

Google







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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Modernization Contracts	\$719,845		\$719,845
Contingencies	\$104,377		\$104,377
Architectural/Engineering Fees	\$84,000		\$84,000
Consulting and Other Fees	\$80,000		\$80,000
Moveable and Other Equipment			
Communications	\$64,242		\$64,242
Water Treatment	\$81,685		\$81,685
Bio-Medical Equipment	\$7,022		\$7,022
Clinical Equipment	\$113,616		\$113,616
Clinical Furniture/Fixtures	\$8,958		\$8,958
Lounge Furniture/Fixtures	\$2,152		\$2,152
Storage Furniture/Fixtures	\$3,431		\$3,431
Business Office Fixtures	\$9,889		\$9,889
General Furniture/Fixtures	\$19,495		\$19,495
Signage	\$8,410		\$8,410
Total Moveable and Other Equipment	\$318,900		\$318,900
Fair Market Value of Leased Space	\$377,997		\$377,997
Total Project Costs	\$1,685,119		\$1,685,119

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$1,685,119	4,100			4,100		
Total Clinical	\$1,685,119	4,100			4,100		
NON REVIEWABLE							
Total Non-Reviewable							
TOTAL	\$1,685,119	4,100			4,100		

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

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2010 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on January 25, 2012 as part of Applicants' application for Proj. No. 12-008. The proposed project involves the establishment of a 8-station dialysis facility located at 1021 Court Street, Pekin, Illinois 61554.

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 15.1% between 1988 and 2008¹
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD²
 - 35.7% of U.S. adults are obese and this number is expected to grow to 42% by 2030.
 - 8.3%, or 25.8 million, people in the U.S. suffer from diabetes and another 79 million are pre-diabetic.
 - One third of U.S. adults have high blood pressure and another 30% have pre-hypertension.³

Additionally, DaVita's EMPOWER program helps to improve intervention and education for pre-ESRD patients. Approximately 65-75% of CKD Medicare patients have never been evaluated by a nephrologist. 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

¹ US Renal Data System, USRDS 2011 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; 2011.

² 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>.

³ National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention.

⁴ US Renal Data System, USRDS 2011 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; 2011.

- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

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

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. In fact, since piloting in October 2007, 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.

In an effort to reduce the length of hospital inpatient stays and readmissions, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement through its Patient Pathways program. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 280 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. The program has resulted in a 0.5 day reduction in average length of stay for both new admissions and readmissions and an 11% reduction in average acute dialysis treatments per patient. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

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.

DaVita's commitment to improving the quality of life in the communities it serves goes beyond providing high quality dialysis care to patients diagnoses with ESRD, but to improve access to high quality, affordable health care to patients and employers. Through its subsidiary, Paladina Health, DaVita offers employers a convenient, quality-driven, and cost-effective care model to maintain a healthy workforce.

Paladina Health relies on an innovative membership-based payment model that compensates physicians for patient outcomes and satisfaction rather than volumes. Hospital and specialists' utilization rates typically decrease by an average of 10%, under the Paladina Health model, and many experience a first-year cost savings of up to 30%. Paladina recently bolstered its primary care footprint through the acquisition of ModernMed, bringing Paladina's primary care model to 26 physician practices and clinics.

In April 2012, DaVita launched the Kidney Smart website, which provides educational information for individuals affected by CKD at no cost. It is recommended for potential patients, caregivers, or anyone looking to learn more about CKD and its risk factors. The Kidney Smart website is designed to complement DaVita's in-person classes that are offered in community venues across the country at no charge.

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

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

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

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

Neither the Centers for Medicare and Medicaid Services or the Illinois Department of Public Health has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

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 Officer (OCMO)
1000 North 17th Street
Suite 1000
Phoenix, AZ 85003
Tel: 602.406.1000
Fax: 602.406.1001
www.davita.com

April 30, 2009

Dear Physicians:

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



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



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

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

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

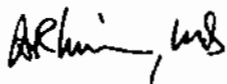
DaVita

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.

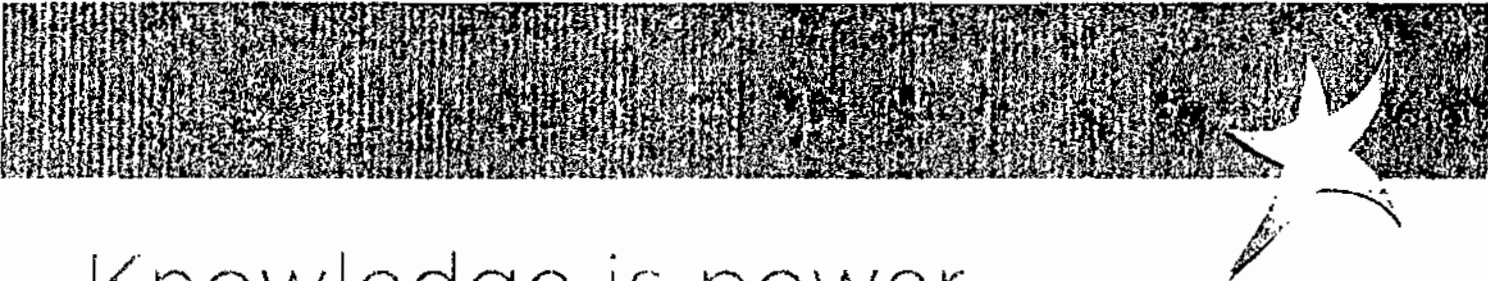
Your support of these efforts is crucial. As always, I welcome your feedback, questions and ideas. Together with you, our physician partners, we will drive catheter use to all-time lows and help give our incident patients the quality and length of life they deserve.

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.



Knowledge is power.

EMPOWER[®] is an educational program by DaVita[®]. 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[®]
1-888-MyKidney (695-4363) | DaVita.com/EMPOWER

DaVita.



Dear Physician Partners:

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

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

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

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

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

How was IMPACT developed? What are the initial results?

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

Your support of this effort is crucial.

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

Sincerely,

Dennis Kogod
Chief Operating Officer

Allen R. Nissenson, MD, FACP
Chief Medical Officer

Corporate Office | 501 E. Wacker Drive, Suite 1300, Chicago, IL 60601-4000 | 800.441.8721 | www.davita.com



FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

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

The pilot program was implemented with 606 patients completing the IMPACT program over a 12 month period in 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 Robertson¹, Pooja Goel¹, Grace Chen¹, Ronald Levine¹, Debbie Benner¹, and Amy Burdan¹
¹DaVita Inc., El Segundo, CA, USA

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

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

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

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

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

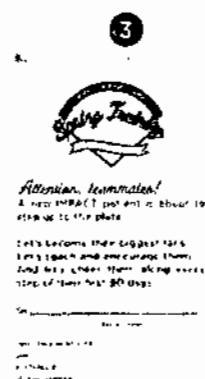
IMPACT Tools

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

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

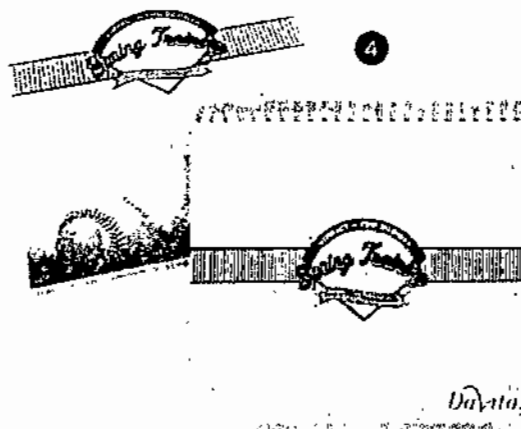
A two-page form with various fields for patient information, including name, date of birth, gender, and medical history. It includes a section for 'Patient Information' and a section for 'Medical History'.

A checklist form titled 'Intake Checklist' with sections for 'Patient Information' and 'Medical History'. It includes fields for 'Patient Name', 'Date of Birth', 'Gender', 'Race', 'Ethnicity', 'Religion', 'Marital Status', 'Occupation', 'Education', 'Insurance', 'Referral Source', 'Referring Physician', 'Referral Date', 'Referral Reason', 'Referral Date', 'Referral Reason', 'Referral Date', 'Referral Reason'.



A scorecard form titled 'IMPACT SCORECARD' with a '90' badge. It includes a table for 'Patient Information' and a table for 'Clinical Indicators'.

A tracking checklist form titled 'IMPACT Tracking Checklist' with a '90' badge. It includes a table for 'Patient Information' and a table for 'Clinical Indicators'.





DaVita.

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

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
Barrington Creek	28160 W. Northwest Highway		Lake Barrington	Lake	IL	60010	
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	14-2599
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

DaVita, Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Jacksonville Dialysis	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

DaVita, Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 South 6th Street		Springfield	SANGAMON	IL	62703	
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



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

May 16, 2012

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., and Pekin Dialysis, LLC 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,

James K. Hilger
Chief Accounting Officer
DaVita Inc.
Pekin Dialysis, LLC

Subscribed and sworn to me
This 16th day of May, 2012

Notary Public

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Pekin. The establishment of a modestly sized 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Pekin community who suffer from chronic kidney disease.

As shown in Table 1110.230(b)(1) below, there are 4 existing or approved dialysis facilities within 30 minutes travel time of the proposed dialysis facility (the "Geographic Service Area" or "GSA"). FMC owns all of the facilities. The only facility located in Pekin is operating at 94% utilization, as reported to The Renal Network (the "Renal Network Utilization Data") for the quarter ending March 31, 2012.

Fresenius Medical Care (FMC) recently filed a CON Application to establish a new facility in North Pekin. See Proj. No. 12-004. Although their existing small facility in Pekin is operating at 94% utilization, it is inefficient for the same provider to establish another small facility just 5 miles from their existing facility. A more efficient plan for FMC would be to relocate and expand their existing facility. If the Board approves a new facility in the area, it should consider the benefits of improved patient access to a new provider in the community. DaVita is well suited to provide these services.

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

Facility	Owner	City	Distance	Time	Stations	3-31-12 Patients	3-31-12 Utilization
Renal Care Group - Pekin	Fresenius	Pekin	0.55	1	9	51	94.44%
Renal Care Group – Peoria Downtown	Fresenius	Peoria	10.6	21	32	127	66.15%
Renal Care Group - East Peoria	Fresenius	East Peoria	12.25	22	24	76	52.78%
Renal Care Group – Peoria North	Fresenius	Peoria	22.28	29	17	67	65.69%

Along with overcrowded existing facility in the Pekin community, Dr. Ahsan Usman's current growing patient population demonstrates the need for a new provider in this market. Dr. Usman, who will be the Medical Director of Tazewell Dialysis, is currently treating 70 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 18 months. See Attachment – 12A. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 39 of these patients will initiate dialysis within 12 to 18 months. Although two of the FMC facilities within the GSA have capacity, these facilities are located in Peoria. The majority of Dr. Usman's patients reside in Pekin. Requiring these patients to travel 25 minutes to Peoria for their dialysis, particularly at night and during the winter months would be an extreme hardship for Dr. Usman's patients and their families.

Further, even if approved, the proposed FMC North Pekin facility is not an option for Dr. Usman's patients. Renal Care Associates, the only other nephrology practice in the community and the referring nephrology group for the proposed FMC North Pekin facility has identified 61 pre-ESRD patients that will require dialysis within the next two years. Assuming a 30% attrition rate, FMC projects 43 patients will initiate dialysis and the proposed FMC North Pekin facility will achieve 80% utilization by the second year of operation.

Lastly, Dr. Usman projects 39 of his current pre-ESRD patients will require dialysis within the next 18 months. Accordingly, the proposed FMC North Pekin facility cannot accommodate Dr. Usman's patients. Thus, the establishment of an 8-station dialysis facility is necessary to effectively serve the community.

2. The minimum size of GSA is 30 minutes according to the Board's rules; however, most of the patients reside within 15 minutes normal travel time of the proposed facility. A map of the market area for the proposed facility is attached at Attachment – 12B. The market area encompasses approximately a 15.5 mile radius around the proposed facility. The boundaries of the market area of are as follows:

- North approximately 30 minutes normal travel time to Edwards
- Northeast approximately 30 minutes normal travel time to Harvard Hills
- East approximately 30 minutes normal travel time to Mackinaw
- Southeast approximately 30 minutes normal travel time to Hopedale
- South approximately 30 minutes normal travel time to Allen
- Southwest approximately 30 minutes normal travel time to Manito
- West approximately 30 minutes normal travel time to Banner
- Northwest approximately 30 minutes normal travel time to Hanna City

The purpose of this project is to improve access to life sustaining dialysis to residents of Pekin and the immediately surrounding areas. As discussed more fully above, there is not sufficient capacity in Pekin to accommodate all of Dr. Usman projected referrals. Thus, DaVita's establishment of a new 8-station dialysis facility is necessary to provide adequate medical services to the community.

3. DaVita's broad commitment to provide superior health education programs and quality innovations to communities it serves will improve patients' lives. These programs include the EMPOWER, Kidney Smart, and IMPACT. Through the EMPOWER program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. Additionally, in April 2012 DaVita launched the Kidney Smart website, which provides educational information for individuals affected by CKD at no cost. The Kidney Smart website is designed to complement DaVita's in-person classes that are offered in community venues across the country at no charge. 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. The Pekin community will directly benefit from access to these and other DaVita programs.

Thus, DaVita's proposal to establish an 8-station facility in Pekin will provide much needed competition and improved patient choice, as well as superior health education and quality innovation, to the Pekin community.

4. Source Information

The Renal Network, Utilization Data for the Quarter Ending March 31, 2012.

U.S. Census Bureau, American FactFinder, Fact Sheet, available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited May 23, 2012).

U.S. Renal Data System, USRDS 2011 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, 2011 available at <http://www.usrds.org/adr.aspx> (last visited May 23, 2012).

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 May 23, 2011).

5. The proposed facility will improve access to dialysis services to the residents of Pekin and the surrounding area by establishing an 8-station dialysis facility in Pekin. Although two of the FMC facilities within the GSA have capacity, their facilities are located in Peoria which is relatively distant. The majority of Dr. Usman's patients reside in Pekin. Requiring these patients to travel 25 minutes to Peoria for their dialysis, particularly at night and during the winter months would be an extreme hardship for Dr. Usman's patients and their families. If Peoria were viable, FMC would be sending patients there rather than filling their Pekin unit and proposing to establish a second facility in the community. Thus, DaVita's establishment of an 8-station dialysis facility is necessary to effectively treat patients in this community.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and 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.

PEKIN HOSPITAL
PRIORITY CARE. FRIENDLY CARE.

May 31st, 2012

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

Dear Chairman Galassie:

I am a nephrologist practicing in Pekin, Illinois. I am writing in support of DaVita's proposed establishment of Tazewell County Dialysis an 8-station dialysis facility to be located at 1021 Court Street, Pekin, Illinois 61554

I am currently treating 70 pre-ESRD patients. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, I anticipate that 39 of these patients will be referred to the proposed facility. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 1. I have been practicing nephrology in the Pekin market for nearly a year, so while my pre-ESRD patient-base has increased during this time, I have not had historical referrals. No patients will be transferred from other area providers to the proposed facility. My growing patient population deserves to be under my medical direction.

There is only one other nephrology practice in our community - Renal Care Associates. While I have privileges at the Fresenius Medical Care facilities under this group's medical direction, it is difficult to obtain optimal shifts and truly direct my patients because the facility is under the medical direction of a group that would rather be the only nephrology provider in town. We believe it is important for another nephrology group to play a more pivotal role in this market.

DaVita's proposed facility will improve access to necessary dialysis in our community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis services for residents of communities like ours and has invested in many quality initiatives to improve its patients' health and outcomes.

It is committed to improving the quality of life for those diagnosed with chronic kidney disease. DaVita's IMPACT and Cathway programs play an important role in its quality performance. And in late December, the Centers for Medicare & Medicaid Services released its 2012 End-Stage Renal Disease Quality Incentive Program (QIP) Performance Measures results.

60 SOUTH MAIN STREET
PEKIN, ILLINOIS 61554-4969
815-347-1151 FAX
www.pekinhospital.org

The ratings are based on anemia management and dialysis adequacy, and the results showed that DaVita significantly outperformed the rest of the industry in QIP performance measures with 76 percent of the company's clinics ranking in the top clinical performance tier.

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.

DaVita is one of the leading providers of these services in the U.S and I support the proposed establishment of Tazewell County Dialysis.

Sincerely,

Ahsan Usman

Ahsan Usman, M.D. MACP, MASN, M3BS, FCPS-1
Nephrologist/ Internal Medicine
19 Olt Ave. Pekin, IL 61554
Cell: 309-267-2034
Cell: 314-560-9648
Office: 309-642-6705

Subscribed and sworn to me
This 31 day of May, 2012



Cheryl Landry
Notary Public

**ATTACHMENT 1
PRE-ESRD PATIENTS**

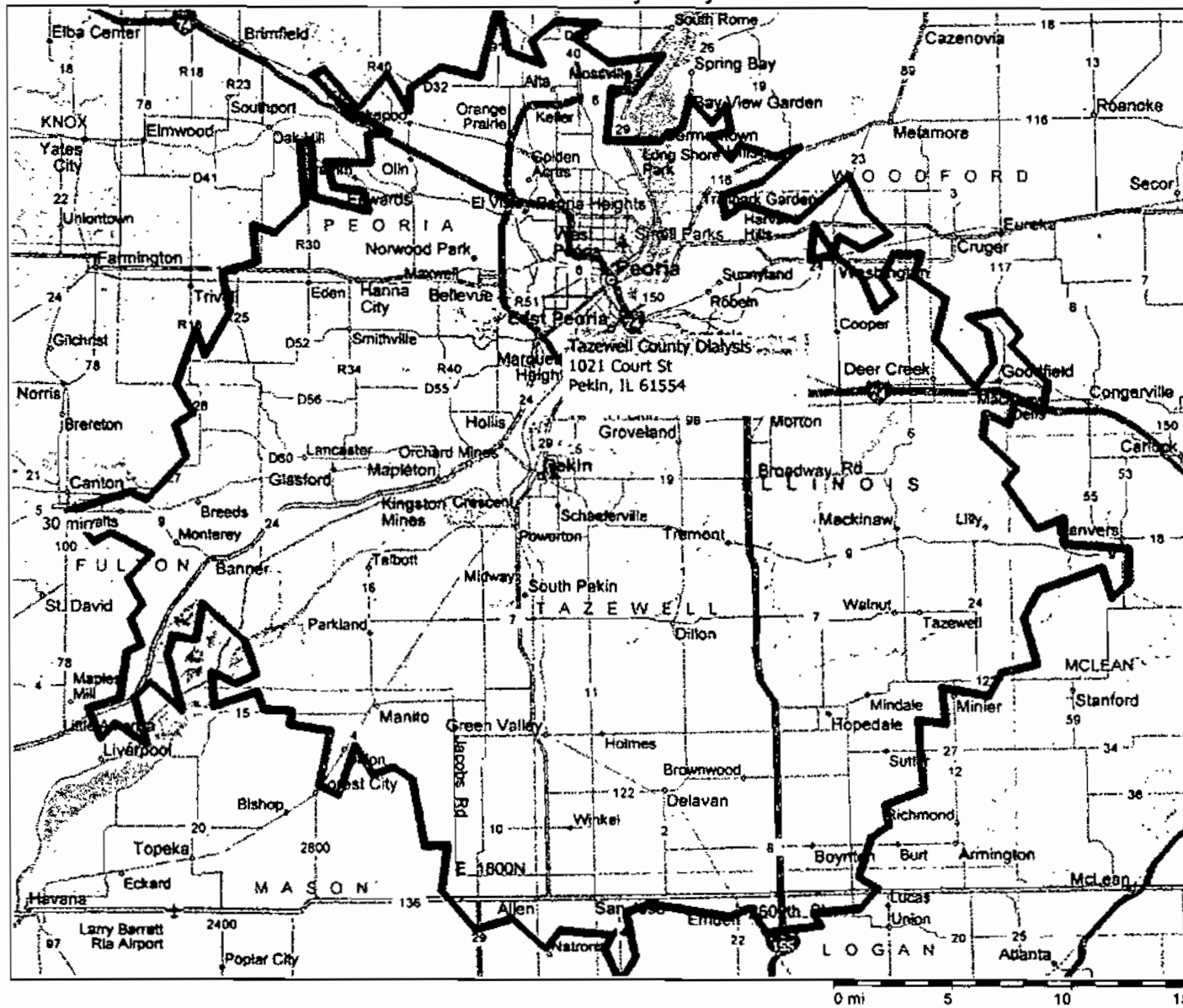
Initials	Zip Code
RA	61523
KB	61554
PB	61554
PB	61554
MB	61554
BB	61554
JC	61554
DC	61554
RC	61734
LD	61554
CF	61554
PG	61554
RG	61554
NG	61554
JG	61537
JH	61554
WM	61554
SM	61533
BM	61520
AM	61567
SM	61554
CM	61546
CO	61554
WR	61554
JR	61554
JS	61554
BS	61554
VS	61554
KS	61544
JS	61554
MS	61546
ET	61554
FT	61532
PV	61554
IA	61554
ED	61554
WH	61554
CR	61554

MG	61546
MH	61554
FK	61554
SL	61523
JM	61554
RM	62682
GS	61734
GT	61546
DW	61734
MC	61554
RF	61554
LF	61534
JG	61554
HG	61554
LH	61554
DH	61554
RH	61554
DH	61554
CH	61554
PL	61554
TS	61455
MW	61564
MW	61554
JZ	61554
MP	61734
JW	61747
RC	61554
MC	61554
JM	61611
RT	61554
ML	61546
MW	61564

**ATTACHMENT 2
HISTORICAL REFERRALS**

Renal Care Group – Pekin	
Zip Code	Patients
61554	2
61755	1

Tazewell County Dialysis



Copyright © and (P) 1985-2010 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint/>
 Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

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

Alternatives

The Applicants considered two options prior to determining to establish a 8-station dialysis facility. The options considered are as follows:

1. Utilize Existing Facilities; and
2. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish an 8-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Utilize Existing Facilities

The proposed project will improve access to dialysis services by adding a much needed dialysis facility to the Pekin community. DaVita's broad commitment to provide superior health education programs and quality innovations to communities it serves will improve patients' lives. These programs include the EMPOWER, Kidney Smart, and IMPACT. Through the EMPOWER program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. Additionally, in April 2012 DaVita launched the Kidney Smart website, which provides educational information for individuals affected by CKD at no cost. The Kidney Smart website is designed to complement DaVita's in-person classes that are offered in community venues across the country at no charge. 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. The Pekin community will directly benefit from access to these and other DaVita programs.

As shown at Attachment – 12, there are 4 existing or approved dialysis facilities within the GSA of the proposed dialysis facility. Based upon the Renal Network Utilization Data for the quarter ending March 31, 2012, the only facility located in Pekin is operating at 94% utilization. Although two of the FMC facilities within the GSA have capacity, their facilities are located in Peoria, which is relatively distant. The majority of Dr. Usman's patients reside in Pekin. Requiring these patients to travel 25 minutes to Peoria for their dialysis, particularly at night and during the winter months would be an extreme hardship for Dr. Usman's patients and their families. If Peoria facilities were a viable option, FMC would be sending patients there rather than filling their Pekin unit and proposing to establish a second facility in the community.

Additionally, the proposed FMC North Pekin facility is not an option for Dr. Usman's patients. Renal Care Associates, the referring nephrology group for the proposed FMC North Pekin facility has identified 61 pre-ESRD patients that will require dialysis within the next two years. Assuming a 30% attrition rate, FMC projects 43 patients will initiate dialysis and the proposed FMC North Pekin facility will achieve 80% utilization by the second year of operation. Dr. Usman projects 39 of his current pre-ESRD patients will require dialysis within the next 18 months. Accordingly, the proposed FMC North Pekin facility cannot accommodate Dr. Usman's patients.

Furthermore, the proposed FMC North Pekin facility will not improve patient choice. Although their existing facility in Pekin is operating at 94% utilization, it is inefficient for the same provider to establish another facility just 5 miles from their existing facility. A more effective plan for FMC would be to relocate and expand their existing facility in the community. If the Board approves a new facility

in the area, it should consider the benefits of improved patient access to a new provider in the community. DaVita is well suited to provide these services.

DaVita's entry into this market will not only ensure that consumers have access to these life-saving services, but it will permit patients to willingly choose their provider and utilize superior health education programs. Thus, the establishment of an 8-station dialysis facility is necessary to effectively serve the community.

There is no capital cost with this alternative.

Establish a New Facility

Based upon current utilization of the existing facilities and the projected number of CKD patients that will require in-center hemodialysis within the next 12 to 18 months, the only feasible option is to establish an 8-station in-center hemodialysis facility. This alternative will ensure residents of Pekin and its surrounding communities have continued access to life sustaining dialysis treatment.

The cost of this alternative is \$1,685,119.

Table 1110.230(c) Alternatives to Proposed Project Cost Benefit Analysis				
Alternative	Community Need	Access	Capital Cost	Status
Maintain the status quo	Not Met	Decreased	\$0	Reject
Utilize Existing Facilities	Not Met	Decreased	\$0	Reject
Establish New Facility	Met	Increased	\$1,685,119	Accept

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

The Applicants propose to establish an 8-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 2,880 to 4,160 gross square feet for 8 dialysis stations. The total gross square footage of the proposed dialysis facility is 4,100 gross square feet. Accordingly, proposed Facility meets the State standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	4,100	2,880 – 4,160	0	State Standard Not Met

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Usman is currently treating 70 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 18 months. See Attachment – 15A. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 39 of these patients will initiate dialysis within 12 to 18 months.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 1	ESRD	N/A	6,396	5,990	Yes
Year 2	ESRD	N/A	6,396	5,990	Yes

PEKIN HOSPITAL
PATIENTS FIRST. PROVIDERS CARE.

May 31st, 2012

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

Dear Chairman Galassie:

I am a nephrologist practicing in Pekin, Illinois. I am writing in support of DaVita's proposed establishment of Tazewell County Dialysis an 8-station dialysis facility to be located at 1021 Court Street, Pekin, Illinois 61554.

I am currently treating 70 pre-ESRD patients. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, I anticipate that 39 of these patients will be referred to the proposed facility. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 1. I have been practicing nephrology in the Pekin market for nearly a year, so while my pre-ESRD patient-base has increased during this time, I have not had historical referrals. No patients will be transferred from other area providers to the proposed facility. My growing patient population deserves to be under my medical direction.

There is only one other nephrology practice in our community - Renal Care Associates. While I have privileges at the Fresenius Medical Care facilities under this group's medical direction, it is difficult to obtain optimal shifts and truly direct my patients because the facility is under the medical direction of a group that would rather be the only nephrology provider in town. We believe it is important for another nephrology group to play a more pivotal role in this market.

DaVita's proposed facility will improve access to necessary dialysis in our community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis services for residents of communities like ours and has invested in many quality initiatives to improve its patients' health and outcomes.

It is committed to improving the quality of life for those diagnosed with chronic kidney disease. DaVita's IMPACT and Cathway programs play an important role in its quality performance. And in late December, the Centers for Medicare & Medicaid Services released its 2012 End-Stage Renal Disease Quality Incentive Program (QIP) Performance Measures results.

400 SOUTH MAIN STREET
PEKIN, ILLINOIS 61554-1000
309-342-1151 EXT.
www.pekinhospital.org

The ratings are based on anemia management and dialysis adequacy, and the results showed that DaVita significantly outperformed the rest of the industry in QIP performance measures with 76 percent of the company's clinics ranking in the top clinical performance tier.

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.

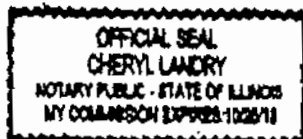
DaVita is one of the leading providers of these services in the U.S and I support the proposed establishment of Tazewell County Dialysis.

Sincerely,

Ahsan Usmani

Ahsan Usmani, M.D. MACP, MASN, M3BS, FCPS-1
Nephrologist/Internal Medicine
19 Oli Ave. Pekin, IL 61554
Cell: 309-267-2034
Cell: 314-560-9648
Office: 309-642-6705

Subscribed and sworn to me
This 31 day of May, 2012



Cheryl Landry
Notary Public

**ATTACHMENT J
PRE-ESRD PATIENTS**

Initials	Zip Code
RA	61523
KB	61554
PB	61554
PB	61554
MB	61554
BB	61554
JC	61554
DC	61554
RC	61734
LD	61554
CF	61554
PG	61554
RG	61554
NG	61554
JG	61537
JH	61554
WM	61554
SM	61533
BM	61520
AM	61567
SM	61554
CM	61546
CO	61554
WR	61554
JR	61554
JS	61554
BS	61554
VS	61554
KS	61544
JS	61554
MS	61546
ET	61554
FT	61532
PV	61554
IA	61554
ED	61554
WH	61554
CR	61554

MG	61546
MH	61554
FK	61554
SL	61523
JM	61554
RM	62682
GS	61734
GT	61546
DW	61734
MC	61554
RF	61554
LF	61534
JG	61554
HG	61554
LH	61554
DH	61554
RH	61554
OH	61554
CH	61554
PL	61554
TS	61455
MW	61564
MW	61554
JZ	61554
MP	61734
JW	61747
RC	61554
MC	61554
JM	61611
RT	61554
ML	61546
MW	61564

**ATTACHMENT 2
HISTORICAL REFERRALS**

Renal Care Group – Pekin	
Zip Code	Patients
61554	2
61755	1

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, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The establishment of an 8-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Pekin community who suffer from chronic kidney disease.

As shown at Attachment – 12, there are 4 existing or approved dialysis facilities within the GSA of the proposed dialysis facility. Based upon the Renal Network Utilization Data for the quarter ending March 31, 2012, the only facility located in Pekin is operating at 94% utilization. Although two of the FMC facilities within the GSA have capacity, their facilities are located in Peoria, which is relatively distant. The majority of Dr. Usman's patients reside in Pekin. Requiring these patients to travel 25 minutes to Peoria for their dialysis, particularly at night and during the winter months would be an extreme hardship for Dr. Usman's patients and their families. If Peoria facilities were a viable option, FMC would be sending patients there rather than filling their Pekin unit and proposing to establish a second facility in the community.

Furthermore, DaVita's broad commitment to provide superior health education programs and quality innovations to communities it serves will improve patients' lives. These programs include the EMPOWER, Kidney Smart, and IMPACT. Through the EMPOWER program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. Additionally, in April 2012 DaVita launched the Kidney Smart website, which provides educational information for individuals affected by CKD at no cost. The Kidney Smart website is designed to complement DaVita's in-person classes that are offered in community venues across the country at no charge. 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. The Pekin community will directly benefit from access to these and other DaVita programs.

Even if approved, the proposed FMC North Pekin facility is not an option for Dr. Usman's patients. Renal Care Associates, the only other nephrology practice in the community and the referring nephrology group for the proposed FMC North Pekin facility has identified 61 pre-ESRD patients that will require dialysis within the next two years. Assuming a 30% attrition rate, FMC projects 43 patients will initiate dialysis and the proposed FMC North Pekin facility will achieve 80% utilization by the second year of operation. Dr. Usman projects 39 of his current pre-ESRD patients will require dialysis within the next 18 months. Accordingly, the proposed FMC North Pekin facility cannot accommodate Dr. Usman's patients.

DaVita's entry into this market will not only ensure that consumers have access to these life-saving services, but it will permit patients to willingly choose their provider. Thus, the establishment of an 8-station dialysis facility is necessary to effectively serve the community.

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

Facility	Owner	City	Distance	Time	Stations	3-31-12 Patients	3-31-12 Utilization
Renal Care Group - Pekin	Fresenius	Pekin	0.55	1	9	51	94.44%
Renal Care Group – Peoria Downtown	Fresenius	Peoria	10.6	21	32	127	66.15%

Renal Care Group - East Peoria	Fresenius	East Peoria	12.25	22	24	76	52.78%
Renal Care Group - Peoria North	Fresenius	Peoria	22.28	29	17	67	65.69%

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of Pekin. As evidenced in the physician referral letter attached at Attachment – 26A, 61 of 70 pre-ESRD patients live in the service area.

3. Service Demand

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

Table 1110.1430(b)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	Patients
61455	1
61520	1
61523	2
61532	1
61533	1
61534	1
61537	1
61544	1
61546	5
61554	46
61564	2
61567	1
61611	1
61734	4
61747	1
62682	1
Total	70

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of Pekin. Along with overcrowded existing facilities, coupled with Dr. Usman's current patient population, demonstrate the need for a new provider in this market.

Further, DaVita's broad commitment to provide superior health education programs and quality innovations to communities it serves will improve patients' lives. These programs include the EMPOWER, Kidney Smart, and IMPACT. Through the EMPOWER program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. Additionally, in April 2012 DaVita launched the Kidney Smart website, which provides educational information for individuals affected by CKD at no cost. The Kidney Smart website is designed to complement DaVita's in-person classes that are offered in community venues across the country at no charge. 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 proposal to establish an 8-station facility in Pekin will provide much needed dialysis services and improved patient choice. Moreover, HFSRB currently identifies a need for 3 stations in HSA 2. Accordingly, a new dialysis facility is needed to improve access to dialysis services to residents of Pekin.

May 31st, 2012

Dale Galassie
Chair

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

Dear Chairman Galassie:

I am a nephrologist practicing in Pekin, Illinois. I am writing in support of DaVita's proposed establishment of Tazewell County Dialysis an 8-station dialysis facility to be located at 1021 Court Street, Pekin, Illinois 61554

I am currently treating 70 pre-ESRD patients. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, I anticipate that 39 of these patients will be referred to the proposed facility. A list of these pre-ESRD patients by initials and zip code is attached hereto as Attachment 1. I have been practicing nephrology in the Pekin market for nearly a year, so while my pre-ESRD patient-base has increased during this time, I have not had historical referrals. No patients will be transferred from other area providers to the proposed facility. My growing patient population deserves to be under my medical direction.

There is only one other nephrology practice in our community - Renal Care Associates. While I have privileges at the Fresenius Medical Care facilities under this group's medical direction, it is difficult to obtain optimal shifts and truly direct my patients because the facility is under the medical direction of a group that would rather be the only nephrology provider in town. We believe it is important for another nephrology group to play a more pivotal role in this market.

DaVita's proposed facility will improve access to necessary dialysis in our community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis services for residents of communities like ours and has invested in many quality initiatives to improve its patients' health and outcomes.

It is committed to improving the quality of life for those diagnosed with chronic kidney disease. DaVita's IMPACT and Cath away programs play an important role in its quality performance. And in late December, the Centers for Medicare & Medicaid Services released its 2012 End-Stage Renal Disease Quality Incentive Program (QIP) Performance Measures results.

600 NORTH INDUSTRIAL
PEKIN, ILLINOIS 61554-4909
309-342-1151 TEL
www.pekinhospital.org

The ratings are based on anemia management and dialysis adequacy, and the results showed that DaVita significantly outperformed the rest of the industry in QIP performance measures with 76 percent of the company's clinics ranking in the top clinical performance tier.

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.

DaVita is one of the leading providers of these services in the U.S and I support the proposed establishment of Tazewell County Dialysis.

Sincerely,

Ahsan Usman

Ahsan Usman, M.D. MACP, MASN, M3BS, FCPS-I
Nephrologist/ Internal Medicine
19 Oli Ave. Pekin, IL 61554
Cell: 309-267-2034
Cell: 314-560-9648
Office: 309-642-6705

Subscribed and sworn to me
This 31 day of May, 2012



Cheryl Landry
Notary Public

**ATTACHMENT 1
PRE-ESRD PATIENTS**

Initials	Zip Code
RA	61523
KB	61554
PB	61554
PB	61554
MB	61554
BB	61554
JC	61554
DC	61554
RC	61734
LD	61554
CF	61554
PG	61554
RG	61554
NG	61554
JG	61537
JH	61554
WM	61554
SM	61533
BM	61520
AM	61567
SM	61554
CM	61546
CO	61554
WR	61554
JR	61554
JS	61554
BS	61554
VS	61554
KS	61544
JS	61554
MS	61546
ET	61554
FT	61532
PV	61554
IA	61554
ED	61554
WH	61554
CR	61554

MG	61546
MH	61554
FK	61554
SL	61523
JM	61554
RM	62682
GS	61734
GT	61546
DW	61734
MC	61554
RF	61554
LF	61534
JG	61554
HG	61554
LH	61554
DH	61554
RH	61554
DH	61554
CH	61554
PL	61554
TS	61455
MW	61564
MW	61554
JZ	61554
MP	61734
JW	61747
RC	61554
MC	61554
JM	61611
RT	61554
ML	61546
MW	61564

**ATTACHMENT 2
HISTORICAL REFERRALS**

Renal Care Group – Pekin	
Zip Code	Patients
61554	2
61755	1

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution****1. Unnecessary Duplication of Services**

- a. The proposed dialysis facility will be located at 1021 Court Street, Pekin, IL 61554. A map of the proposed facility's 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).

Table 1110.1430(c)(1)(A)		
Population of Zip Codes within 30 Minutes of Proposed Facility		
Zip Code	City	Population
61528	EDWARDS	2,668
61533	GLASFORD	2,427
61534	GREEN VALLEY	1,737
61535	GROVELAND	1,629
61536	HANNA CITY	2,919
61539	KINGSTON MINES	205
61546	MANITO	4,276
61547	MAPLETON	3,779
61550	MORTON	17,721
61554	PEKIN	43,810
61564	SOUTH PEKIN	1,077
61568	TREMONT	4,459
61602	PEORIA	1,055
61603	PEORIA	17,600
61604	PEORIA	31,647
61605	PEORIA	16,303
61606	PEORIA	8,051
61607	PEORIA	10,941
61610	CREVE COEUR	5,476
61611	EAST PEORIA	25,268
61615	PEORIA	22,432
61625	PEORIA	385
61734	DELAVAN	2,867
61747	HOPEDALE	1,560
61755	MACKINAW	4,669
Total		234,961

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/>

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Table 1110.1430(1) above.

2 Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the GSA is 93% of the State average, the average utilization of existing facilities is 65%, 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 93% of the State Average.

Table 1110.1430(c)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	234,961	65	1:3,615
State	12,830,632	3,834	1:3,347

b. Historic Utilization of Existing Facilities

Additionally, the average utilization of existing facilities in the service area is 65%. Accordingly, there is sufficient patient population to justify the need for the proposed facility. There will be no maldistribution of services. Additional stations are necessary to adequately meet rising demand and a need of 3 additional dialysis stations, as identified by the HFSRB Inventory.

c. Sufficient Population to Achieve Target Utilization

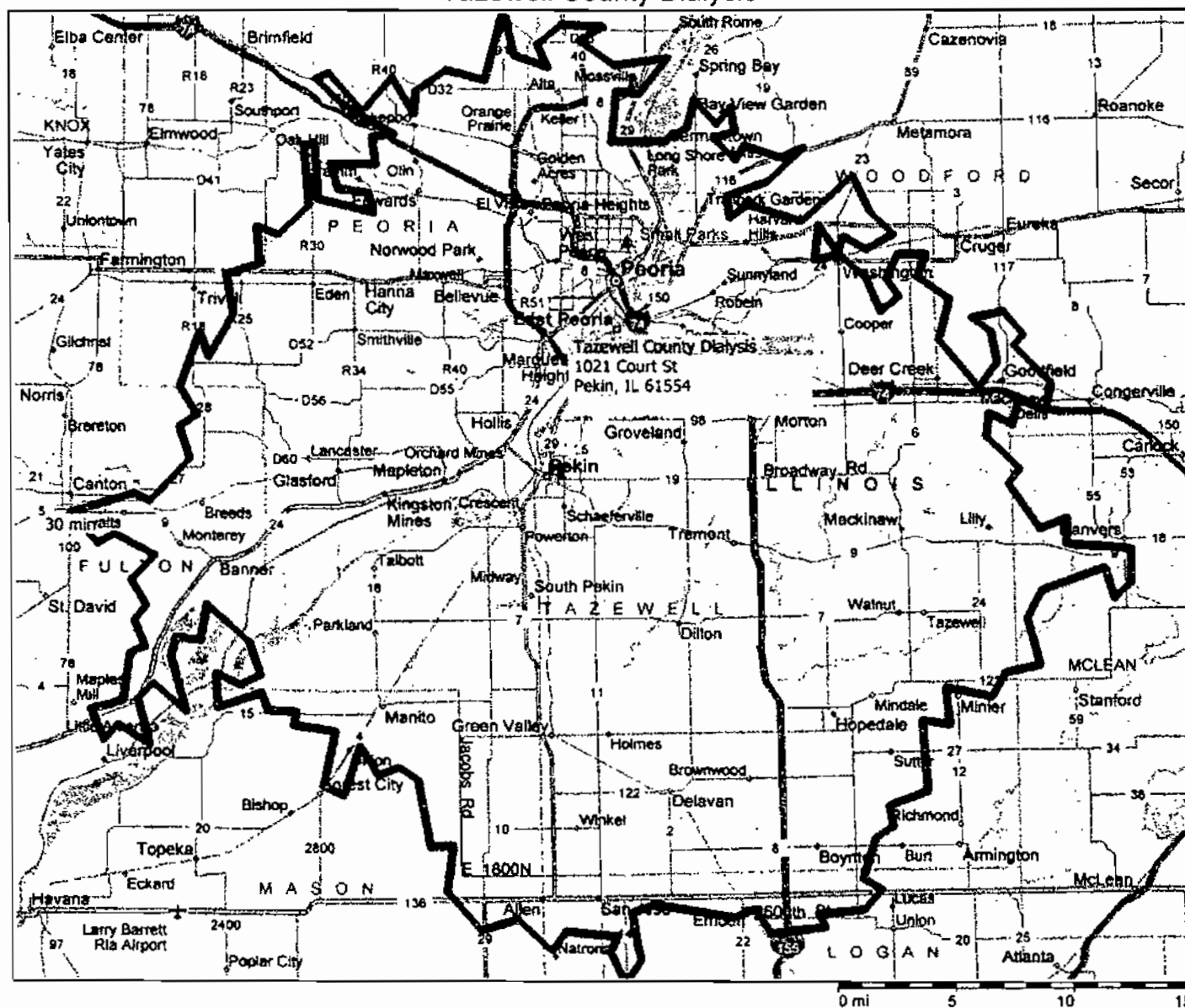
The Applicants propose to establish an 8-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 38 patient referrals. As set forth above in Table 1110.230(b)(2), Dr. Usman is currently treating 70 CKD patients. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 39 of these patients will initiate dialysis within 12 to 18 months.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the HFSRB Inventory identifies a need of 3 additional stations, and the establishment of a new provider in the service area will improve access to care and enable a broader array of patient choice for life-saving dialysis services.

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

Tazewell County Dialysis



Copyright © and (P) 1986-2010 Microsoft Corporation and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint/>
 Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Ahsan Usman, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Usman's curriculum vitae is attached at Attachment – 26C.
 - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator
Registered Nurse (3 FTE)
Patient Care Technician (2.5 FTE)
Biomedical Technician (0.2 FTE)
Social Worker (licensed MSW) (0.5 FTE)
Registered Dietitian (0.5 FTE)
Administrative Assistant (1 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.
 - c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
 - d. As set forth in the letter from James Hilger, Chief Accounting Officer of DaVita Inc. and Pekin Dialysis, LLC is attached at Attachment – 26E, Tazewell County Dialysis will maintain an open medical staff.

CURRICULUM VITAE

AHSAN USMAN, M.D., MACP, MASN, MBBS, FCPS-1
5811 W. IVYBRIDGE PLACE
PEORIA, IL 61615
HOME: 309-839-2285
CELL: 314-560-9648
ahsanusman@hotmail.com

Personal Data:

Date of birth: September 13, 1973
Visa status: Permanent US Resident
Marital Status: Married

Qualifications:

Board Eligible Nephrologist (Fellowship training 7/09 -06/11)
American Board of Internal Medicine Certified 2007
ECFMG Certificate – January 2003
Fellow of College of Physicians and Surgeons
FCPS – 1st July 2000
Bachelor of Medicine, Bachelor of Surgery (M.B.B.S)
University of Punjab – June 1998
F.Sc. (Pre-medical) – June 1992

Licensure:

Illinois Medical Board (2008)	ACTIVE
Missouri State 2009	ACTIVE
State Medical Board of Ohio (2006)	ACTIVE
California Medical Board (2006)	Inactive
New Mexico Medical Board (2005)	Inactive

Current Positions:

Independent Nephrologist in Pekin/Peoria area
Pekin Hospital, Pekin, IL
CEO/President, Kidney HealthCare, P.C.

CEO/President of Intensive Health Care, INC
Medical Director Hospitalist Program
Pekin Hospital, Pekin, IL

Previous Appointments:

Attending Hospitalist Physician Department of Internal Medicine Marietta Memorial Hospital	Sept, 2006 --- July, 2009
--	---------------------------

Attending Hospitalist Physician Department of Internal Medicine Pekin Hospital, Pekin, IL	May, 2008 --- June, 2009
---	--------------------------

Emergency Department Physician Jan, 2007—June, 2009
Selby General Hospital
Marietta, OH

Administrative Position:

Director, Medical Decision Unit Sept, 2007—Feb, 2008
Marietta Memorial Hospital
Marietta, OH

Certifications:

ATLS Active
ACLS Active
PALS Inactive

Fellowship Training:

Nephrology Fellowship Training July 2009- June 2011
Washington University in St. Louis
Barnes – Jewish Hospital

Residency Training:

Internal Medicine Resident Physician July 2005 — June 2006
Department of Medicine
University of Southern California
Keck School of Medicine, Los Angeles, CA

Internal Medicine Resident Physician July 2003—June 2005
Department of Medicine
Cleveland Clinic Health System
Cleveland, OH

House physician Internal Medicine West medical Ward Mayo Hospital, Lahore, Pakistan.	Sept,1999---Feb, 2000
House Physician Psychiatry Dept. Mayo Hospital, Lahore, Pakistan.	Feb,1999---Feb,1999
House Surgeon Neurosurgery Dept. Mayo Hospital, Lahore, Pakistan.	Aug,1998---Feb,1999

Cardiology Research Fellowship:

Research Fellow Uri Elkayam, MD FACC Director, Heart Failure Program Department of Medicine, Division of Cardiology University of Southern California/ LAC + USC Medical Center	January 2002—June 2003
---	------------------------

Academic Honors/Awards:

1. Awarded as "The Best Intern of the Year 2003-2004" at Cleveland Clinic Health System.
2. Awarded as "Honorable Mention Award 2005" in resident essay competition at Cleveland Clinic Health System. I wrote an essay on successful radiofrequency catheter ablation of the symptomatic ventricular tachycardia in structurally normal heart.
3. 1st Prize winner in resident essay competition 2005 at Cleveland Clinic Health System. "Pheochromocytoma and Medullary Carcinoma of Thyroid presenting as MEN 2 Syndromes."

Publications:

1. The American Journal of Cardiology, "Comparison of Effects on Left Ventricular Filling Pressure of Intravenous Nesiritide and High-Dose Nitroglycerine in Patients With Decompensated Heart Failure". Uri Elkayam, M.D, Mohammed W. Akhter, M.D, Harpreet Singh, M.D, Salman Khan, M.D. and Ahsan Usman, MD , January 15, 2004, volume: 93, pages: 237-240
2. Journal of Cardiac Failure, 6th annual scientific meeting, heart failure society of America, "Use of Organic Nitrates in the Treatment of Chronic Heart Failure" Fahed Bitar, MD, Homan Siman, MD, Salman Khan MD, Harpreet Singh MD, Taj Khan MD, Ahsan Usman MD, Uri Elkayam, MD, 09/2002, volume: 8 No.4, pages: S60
3. Journal of the American College of Cardiology, "Pregnancy Associated Cardiomyopathy: Early Versus Late Presentation", Mohammed W. Akhter, MD, Avraham Shotan, MD, Afshan Hameed, MD, Harpreet Singh, MD, Salman Khan, MD, Ahsan Usman, MD, Muhammad T. Khan, MD, and Uri Elkayam, MD.
J Am Coll Cardiol 41:6 (Suppl. A) 151 A, 2003, 1039-60
4. Journal of the American College of Cardiology, "Pregnancy Associated Cardiomyopathy: Clinical Profile in 137 Patients Diagnosed in United states, Mohammed W. Akhter, MD, Avraham Shotan, MD, Afshan Hameed, MD, Harpreet Singh, MD, Salman Khan, MD, Ahsan Usman, MD, Muhammad T. Khan, MD, and Uri Elkayam, MD.
J Am Coll Cardiol 41:6 (Suppl. A) 184 A, 2003, 1136-76

CHAPTERS:

1. Electrolyte Abnormalities

Accepted for publication in "The Washington Manual of Critical Care" second edition 2011 chapter 23

Ahsan Usman, MD, Seth Goldberg, MD.

2. Renal Artery Stenosis and Renovascular Hypertension

Accepted for publication in "The Washington Manual- Nephrology Subspecialty Consult" Third edition Chapter 20

Ahsan Usman, MD.

Abstract And Poster Presentations:

- Southern California ACP Chapter Region I, II, III, "A Broken Heart After A Broken Hip" (Takotsubo Cardiomyopathy). Presented on 10/21/2006.
Ahsan Usman, MD (1st Author), Mazda Motallebi, MD, Enrique Ostrzega, MD
- 6th Annual Scientific Meeting, Heart Failure Society of America, Boca Raton, Florida, September 2002.
- "The Use of Nitrates in The Treatment of Chronic Heart Failure"
- American College of Cardiology - 52nd Annual Scientific Sessions, Chicago, Illinois, March- April, 2003.
- Abstract 1 : " Pregnancy Associated Cardiomyopathy : Clinical Profile in 137 Patients Diagnosed in the United States. "
- Abstract 2 : " Pregnancy Associated Cardiomyopathy : Early versus Late Presentation. "

- Ohio Family Physician Symposium April, 2005 Columbus, OH
- Abstract 1 : “Successful radiofrequency catheter ablation of the symptomatic ventricular tachycardia in structurally normal heart.
- Abstract 2 : “Pheochromocytoma and Medullary Carcinoma of Thyroid presenting as MEN 2 Syndromes.”

Clinical Research Experience: Jan,2002 - June, 2003

I worked on numerous clinical cardiology trials at University of Southern California.

1. REVIVE Study – clinical study protocol no.3001069.

A Randomized, Multicenter Evaluation of Intravenous LeVosimendan Efficacy versus placebo in the short term treatment of decompensated chronic heart failure (revive study) supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine, USC, Medical Center, LA, CA.

2 . A-HeFT (African – American Heart Failure Trial).

A placebo controlled trial of BiDil (combination of hydralazine and isosorbide dinitrate) Added to standard therapy in African American Patients with heart failure. supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine, USC, Medical Center, LA, CA

3. AQUAVIT Clinical Trial Protocol no.DF14510 .

A Multicenter, Randomized placebo-controlled, double blind trial to evaluate the effects of vasopressin V2 receptor antagonist(SR121463b) on clinical improvement in patients with severe chronic heart failure (AQUAVIT) supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine, USC, Medical Center, LA, CA.

Current status of the trial- Enrollment for the study closed on September23,2002.

4. GENOMICS collaborative—clinical study protocol. O99302.

Multi-center, multinational, open clinical study to explore relationships between genotypic (from DNA) and serologic(from serum) findings and phenotypic manifestations in a large cohort of participants supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

5. ESCAPE .

The evaluation of the value of hemodynamic monitoring in early treatment of patients hospitalized with decompensated heart failure. Evaluation Study Of Congestive Heart Failure And Pulmonary Artery Catheterizaion Effectiveness (ESCAPE) supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

This is a phase III trial that is designed to compare the efficacy of Pulmonary Artery Catheterization (PAC) directed treatment strategy to a non-invasive treatment strategy on morbidity and mortality in patients with severe class IV NYHA congestive Heart Failure.

6. TAKEDA research study- protocol no. 01-00-TL-OPI-504.

A Randomized, Double-Blind, comparator-controlled study of Pioglitazone HCL vs Glyburide in the treatment of subjects with type 2 (Non-insulin dependent) Diabetes mellitus and mild to moderate congestive heart failure supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

7. REVERT (Reversal of Ventricular Remodeling with Toprol-xl).

A Multicenter Double-Blind, Placebo-Controlled Randomized Trial to Evaluate the Effect of Extended Release Metoprolol Succinate (Toprol-xl) on cardiac remodeling in Asymptomatic Heart Failure Patients (NYHA Class I) with Left Ventricular Dysfunction.
supervised by Dr. Uri Elkayam, Division of Cardiovascular Medicine,USC, Medical Center, LA, CA.

8. ACOMET/ ASTAR : efficacy and safety of azimilide for the treatment of patients with atrial fibrillation.

A multicenter, six month, double blind placebo controlled, parallel group design clinical

study to assess the efficacy and safety of a daily oral dose of 125mg of Azimilide

Dihydrochloride for prophylactic treatment of atrial fibrillation & an open label follow up clinical phase to assess long term efficacy/safety of a daily oral dose of 125mg of Azimilide Dihydrochloride. Current status of the trial- Enrollment stopped in April,2003.

9. VERITAS : a multicenter, double blind, randomized placebo controlled, parallel group study to assess the efficacy, safety and tolerability of tezosentan in patients with acute heart failure. Phase III trial on Tezosentan (Endothelin Receptor Blocker) studying its effects in patients with acute heart failure.

10. COMPASS-HF

Chronicle offers management to patients with advanced signs and symptoms of heart failure. Medtronic, Inc. is sponsoring a prospective, multicenter, randomized, single blind parallel controlled clinical study of the Chronicle Implantable Hemodynamic Monitoring (IHM) System. This study will assess the safety and efficacy of the Chronicle IHM system in subjects diagnosed with moderate to severe heart Failure.

Current status of the trial- Ongoing.

11. TOLVAPTAN (OPC-41061) Selective Antagonist of the Vasopressin V2 receptor.

Multi-center, Randomized, Double blind, Placebo-Controlled study to evaluate the long term efficacy and safety of oral Tolvaptan tablets in subjects hospitalized with worsening congestive heart failure.

12. Effects of KW-3902 on diuresis and renal function in congestive heart failure patients.

A randomized, double blind, placebo controlled dose-ranging study of the effects of kw-3902, both as monotherapy and in combination with furosemide, on diuresis and renal function in patients with congestive heart failure and renal impairment treated with oral loop diuretics who require hospitalization for fluid overload.

Current status of the trial- Ongoing

13. Carperitide for Decompensated Congestive Heart Failure.

Alpha Human Atrial Natriuretic peptide preparation.

Current status of the trial- Ongoing

Extracurricular Activity:

Heart Failure 2002 an update on therapy.

I Participated in this educational activity on Jan. 26, 2002. Held by The Keck School of Medicine of University of Southern California.

Fighting Heart Disease and Stroke (held by American heart association)

Attended the 70th fall symposium cardiology 2002 final program held on Oct.12, 2002

In Los Angeles, CA

Heart Failure 2003, 2004, 2005, 2006 an update on therapy.

I Participated in this educational activity held by The Keck School of Medicine of University Of Southern California

Professional Society Memberships:

- Member of American Society of Nephrologists - ASN
- Member of American College of Physicians- ACP
- Member of American Medical Association-AMA
- Member of Heart Failure Society of America - HFSA
- Member of Northern Ohio Medical Association- NOMA
- Member of The Academy of Medicine Cleveland
- Member of King Edward Medical College Alumni Association of North America- KEMCAANA

General Interests:

Computer skills

Windows-based applications (MS Word, MS Power Point, MS Excel)

Hobbies

Squash, Jogging, Chess, Reading and Teaching

Good communication skills

Languages

English

Medical related spoken Spanish

Urdu

Punjabi

Hindi

Referees:

Ather Mehboob, MD
atherdoc@yahoo.com
Assistant Professor of Medicine
Loma Linda University
Cell: 909-653-9211

Naruchon Engkatanakorn , MD
naruchonmd@yahoo.com
3504 Porter Ave, Muskogee, OK, 74403
Cell: 469-879-7949

A . I. Raja, MD
Assistant Professor of Neurosurgery
University of Arkansas
Cell: 501-590-9390

PROGRAM DESCRIPTION

Introduction to Program

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

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

DaVita hires both non-experienced and experienced teammates.

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

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

An **experienced teammate** is defined as:

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

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

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

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

Program Description

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Process of Program Evaluation

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



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

May 16, 2012

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

Re: Certification of Support Services

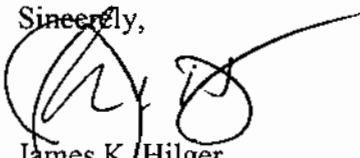
Dear Chairman Galassie:

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 Tazewell County Dialysis will maintain an open medical staff.

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

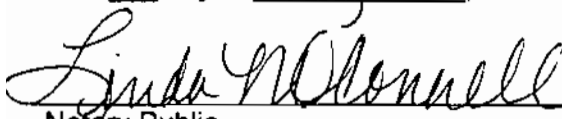
- DaVita participates in a dialysis data system;
- Tazewell County Dialysis will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients will have access to training for self-care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

Sincerely,

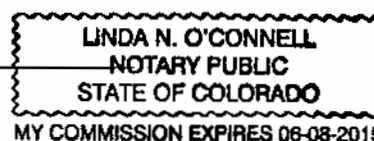


James K. Hilger
Chief Accounting Officer
DaVita Inc.
Pekin Dialysis, LLC

Subscribed and sworn to me
This 16th day of May, 2012



Linda N. O'Connell
Notary Public



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

Attached at Attachment – 26E is a letter from James Hilger, Chief Accounting Officer, DaVita Inc. and Pekin Dialysis, LLC 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 Peoria metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish an 8-station dialysis facility. Accordingly, this criterion is met.

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

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

TRANSFER AGREEMENT
between
PEKIN HOSPITAL
and
PEKIN DIALYSIS, LLC

THIS TRANSFER AGREEMENT ("Agreement") is made and executed on the last date written below, by and between PEKIN Hospital, an Illinois not-for-profit corporation (hereinafter referred to as "Hospital") and PEKIN DIALYSIS, LLC, a subsidiary of DaVita, Inc., a limited liability company (hereinafter referred to as "Company"). Hospital and Company may from time to time be referred to individually as "Party" and collectively as the "Parties."

RECITALS:

A. The Parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinic owned and operated by Company (the "Center"):

Tazewell County Dialysis
1021 Court Street
Pekin, IL 61554

B. The Parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the Hospital and the Center.

C. The Parties wish to facilitate the continuity of care and the timely transfer of patients and records between the Hospital and the Center.

D. The Parties acknowledge that only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, and in reliance upon the recitals, set forth above and incorporated by reference herein, the parties hereto agree as follows:

I. DUTIES AND RESPONSIBILITIES.

- 1.1 Joint Responsibilities. In accordance with the policies and procedures of the Company and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, such patient shall be transferred from the Company to the Hospital as long as the Hospital has bed availability, staff availability, is able to provide the services requested by the Company, including, in the case of transfer to Hospital, on-call specialty physician availability, and pursuant to any other necessary criteria established by the Hospital. In such cases, the Hospital and the Company agree to exercise best efforts to provide for prompt

80467419v1 0178291

admission of the patient. If applicable, the parties shall comply with all EMTALA requirements with respect to such transfers. Hospital and Company shall meet periodically to review the transfer process, of policies and procedures in order to improve the process, including efficiency, clinical care and patient safety.

1.2 Hospital. The Hospital shall accept patients in need of transfer from the Company pursuant to the criteria set forth in Section 1.1. Further, Hospital shall designate a person to coordinate with Company in order to establish acceptable and efficient transfer guidelines.

1.3 Company. Company shall request transfers of patients to Hospital pursuant to the criteria set forth in Section 1.1. Further, Company shall:

- a. Have responsibility for obtaining the patient's informed consent for the potential transfer to Hospital, if the patient is competent. If the patient is not competent, the consent of the legal guardian, agent with power of attorney for health care, or surrogate decision maker of the patient shall be obtained.
- b. Notify Hospital as far in advance as possible of the impending transfer.
- c. Transfer to Hospital the personal effects, including money and valuables, and information related thereto. Personal effects will be listed and sent with appropriate documentation at the time of the patient transfer.
- d. Affect the transfer to Hospital through qualified personnel and appropriate transfer equipment and transportation, including the use of necessary and medically appropriate life support measures. Hospital's responsibility for the patient's care shall begin when the patient arrives at the Hospital.
- e. Transfer and supplement as necessary all relevant medical records, or in the case of an emergency, as promptly as possible, transfer an abstract of the pertinent medical and other records necessary in order to continue the patient's treatment without interruption and to provide identifying and other information, including contact information for referring physician, name of physician(s) at Hospital contacted with regard to the patient (and to whom the patient is to be transferred), medical, social, nursing and other care plans. Such information shall also include, without limitation and if available, current medical and lab findings, history of the illness

or injury, diagnoses, advanced medical directives, rehabilitation potential, brief summary of the course of treatment at the Company, medications administered, known allergies, nursing, dietary information, ambulation status and pertinent administrative, third party billing and social information.

- 1.4 Non-Discrimination. The Parties hereto acknowledge that nothing in this Agreement shall be construed to permit discrimination by either Party in the transfer process set forth herein based on race, color, national origin, handicap, religion, age, sex or any other characteristic protected by Illinois state laws, Title VI of the Civil Rights Act of 1964, as amended or any other applicable state or federal laws. Further, Section 504 of the Rehabilitation Act of 1973 and the American Disabilities Act require that no otherwise qualified individual with an handicap shall, solely by reason of the handicap, be excluded from participation in, or denied the benefits of, or be subjected to discrimination in a facility certified under the Medicare or Medicaid programs.
- 1.5 Name Use. Neither Party shall use the name of the other Party in any promotional or advertising material unless the other Party has reviewed and approved in writing in advance such promotional or advertising material.
- 1.6 Standards. Hospital shall ensure that its staff provide care to patients in a manner that will ensure that all duties are performed and services provided in accordance with any standard, ruling or regulation of The Joint Commission, the Department of Health and Human Services or any other federal, state or local government agency, corporate entity or individual exercising authority with respect to or affecting Hospital, as applicable to the Hospital. Hospital shall ensure that its professionals shall perform their duties hereunder in conformance with all requirements of the federal and state constitutions and all applicable federal and state statutes and regulations.
- 1.7 Exclusion/Debarment. Both Parties certify that they have not been debarred, suspended, or excluded from participation in any state or federal healthcare program, including, but not limited to, Medicaid, Medicare and Tricare. In addition, each Party agrees that it will notify the other Party immediately if it subsequently becomes debarred, suspended or excluded or proposed for debarment, suspension or exclusion from participation in any state or federal healthcare program.

- 1.8 Confidentiality. Each Party acknowledges that certain material, which will come into its possession or knowledge in connection with this Agreement, may include confidential information, disclosure of which to third parties may be damaging to the other Party. Each Party agrees to hold all such material in confidence, to use it only in connection with performance under this Agreement and to release it only to those persons requiring access thereto for such performance or as may otherwise be required by law and to comply with the Health Insurance Portability and Accountability Act.
- 1.9 Access to Books and Records. Both Parties will maintain records relating to their responsibilities under this Agreement for a period of one (1) year from the date of services. During normal working hours and upon prior written and reasonable notice, each Party will allow the other Party reasonable access to such records for audit purposes and also the right to make photocopies of such records (at requesting Party's expense), subject to all applicable state and federal laws and regulations governing the confidentiality of such records.
- 1.10 Non-Exclusivity. This Agreement does not establish an exclusive arrangement between the parties, and both the Company and the Hospital may enter into similar agreements with other healthcare facilities. In addition, Company's patients are not restricted in any way in their choice of emergency care providers.
- 1.11 Regulatory Compliance. The Parties hereto agree that nothing contained in this Agreement shall require either Party to refer patients to the other Party for emergency care services or to purchase goods and services. Neither Party will knowingly and intentionally conduct its behavior in such a manner as to violate the prohibition against fraud and abuse in connection with Medicare and Medicaid programs.
- II. FINANCIAL ARRANGEMENTS.
- 2.1 Billing and Collection. The patient is primarily responsible for payment for care provided by Company or Hospital and for the transfer transportation. Each Party shall bill and collect for services rendered by each Party pursuant to all state and federal guidelines and those set by third party payors. Neither the Company nor the Hospital shall have any liability to the other for billing, collection or other financial matters relating to the transfer or transferred patient. Since this Agreement is not intended to induce referrals, there should be no compensation or anything of value, directly or indirectly, paid between the Parties.

- 2.2 Insurance. Each Party shall, at its expense, maintain through insurance policies, self-insurance or any combination thereof, such policies of comprehensive general liability and professional liability insurance with coverage limits of at least One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) annual aggregate to insure such Party and its Board, officers, employees and agents acting within the scope of their duties and employment against any claim for damages arising by reason of injuries to property or personal injuries or death occasioned directly or indirectly in connection with services provided by such Party and activities performed by such Party in connection with this Agreement. Either Party shall notify the other Party thirty (30) days prior to the termination or modification of such policies.

III. TERM AND TERMINATION

- 3.1 Term. The promises and obligations contained herein shall commence as of _____, 2012 ("Effective Date"), for a term of one (1) year therefrom and shall expire automatically renew for successive one (1) year periods, unless either Party gives the other Party written notice of intent not to renew this Agreement at least sixty (60) days prior to the expiration of any contract year, subject however, to termination under Section 3.2 herein.
- 3.2 Termination. This Agreement may be sooner terminated on the first to occur of the following:
- a. Written agreement by both Parties to terminate this Agreement.
 - b. In the event of breach of any of the terms or conditions of this Agreement by either Party and the failure of the breaching Party to correct such breach within ten (10) business days after written notice of such breach by either Party, such other Party may terminate this Agreement immediately with written notice of such termination to the breaching Party.
 - c. In the event either Party to this Agreement shall, with or without cause, at any time give to the other at least thirty (30) days advanced written notice, this Agreement shall terminate on the future date specified in such notice. If this Agreement is terminated for any reason within the first contract year, the Parties hereto shall not enter into a similar contract with each other for such services before the first anniversary of the Effective Date.
 - d. Debarment, suspension or exclusion, as set forth in Section 1.7.

- 3.3 Effects of Termination. Upon termination of this Agreement, as hereinabove provided, no Party shall have any further obligations hereunder, except for obligations accruing prior to the date of termination.

IV. MISCELLANEOUS.

- 4.1 This Agreement constitutes the entire agreement between the Parties and contains all of the terms and conditions between the Parties with respect to the subject matter hereunder. Hospital and Company shall be entitled to no benefits or services other than those specified herein. This Agreement supersedes any and all other agreements, either written or oral, between the Parties with respect to the subject matter hereof.
- 4.2 This Agreement shall be construed and interpreted in accordance with the laws of Illinois. Peoria, Illinois and Tazewell County, Illinois shall be the sole and exclusive venues for any federal or State proceeding, respectively, as between the Parties in connection with this Agreement. It may only be amended, modified or terminated by an instrument signed by the Parties. This Agreement shall inure to the benefit of and be binding upon the Parties, their successors, legal representatives and assigns, and neither this Agreement nor any right or interest of Hospital or Company arising herein shall be voluntarily or involuntarily sold, transferred or assigned without written consent of the other Party, and any attempt at assignment is void.
- 4.3 The Parties are independent contractors under this Agreement. Nothing in this Agreement is intended nor shall be construed to create an employer/employee relationship or a joint venture relationship between the Parties, or to allow any Party to exercise control or direction over the manner or method by which any of the Parties perform services herein. The waiver by either Party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions hereof. Notices required herein shall be considered effective when delivered in person, or when sent by United States certified mail, postage prepaid, return receipt requested and addressed to:

Hospital:

CEO
Pekin Hospital
600 S. 13th Street
Pekin, Illinois 61554

Company:

Facility Administrator
DaVita, Inc.
c/o Tazewell County Dialysis
1021 Court Street
Pekin, Illinois 61554

with a copy to:

Fusion Group General Counsel
Tazewell County Dialysis
c/o DaVita, Inc.
1551 Wewatta Street
Denver, Colorado 80202

or to other such address, and to the attention of such other person(s) or officer(s) as a Party may designate by written notice.

- 4.4 It is understood and agreed that neither Party to this Agreement shall be legally liable for any negligent nor wrongful act, either by commission or omission, chargeable to the other, unless such liability is imposed by law and that this Agreement shall not be construed as seeking to either enlarge or diminish any obligations or duty owed by one Party against the other or against a third party. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted. The section titles and other headings contained in this Agreement are for reference only and shall not affect in any way the meaning or interpretation of this Agreement.
- 4.5 This Agreement is a result of negotiations between the Parties, none of whom have acted under any duress or compulsion, whether legal, economic or otherwise. Accordingly, the Parties hereby waive the application of any rule of law that otherwise would be applicable in connection with the construction of this Agreement that ambiguous or conflicting terms or provisions should be construed against the Party who (or whose attorney) prepared the executed Agreement or any earlier draft of the same.

IN WITNESS WHEREOF, the parties have hereto executed this Agreement in multiple originals as of the last date written below:

HOSPITAL:

PEKIN HOSPITAL, an Illinois not-for-profit corporation

By: Kevin R. Andrews
Title: CEO

Dated: May 31, 2012

COMPANY:

PEKIN DIALYSIS, LLC, a subsidiary of
DaVita Inc.

By: David Emley
Title: Regional Operations Director

Dated: May 31, 2012

Approved as to Form Only:

By: _____
Name: Marcie Marcus Damisch
Its: Group General Counsel

W 5/31/12

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

The Applicants propose the establishment of an 8-station dialysis facility. Thus, this criterion does is not applicable.

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

Attached at Attachment – 26G is a letter from James Hilger, Chief Accounting Officer, DaVita Inc. and Pekin Dialysis, LLC certifying that the proposed facility will achieve target utilization by the second year of operation



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

May 16, 2012

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

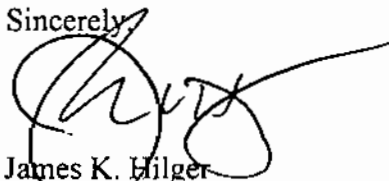
Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

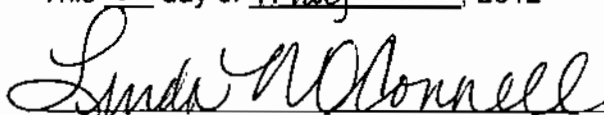
Pursuant to 77 Ill. Admin. Code § 1110.1430(j), I hereby certify the following:

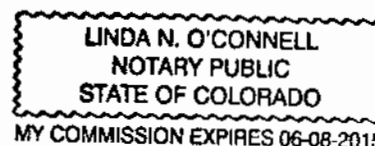
- By the second year after project completion, Tazewell County Dialysis will achieve and maintain 80% target utilization as specified in 77 Ill. Admin. Code; and
- Hemodialysis outcome measures will be achieved and maintained as follows:
 - $\geq 85\%$ of hemodialysis patient population achieves urea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

Sincerely,


James K. Hilger
Chief Accounting Officer
DaVita Inc.
Pekin Dialysis, LLC

Subscribed and sworn to me
This 16th day of May, 2012


Notary Public



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 Ahsan Usman, M.D.. A copy of DaVita's 2011 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the applications for Project No. 12-034.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2011 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the applications for Project No. 12-034.

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

Attached at Attachment – 42A is a letter from James Hilger, Chief Accounting Officer of DaVita and Pekin Dialysis, LLC 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

May 16, 2012

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

Re: Reasonableness of Financing Arrangements

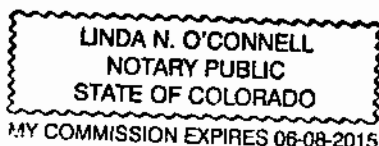
Dear Chairman Galassie:

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,

James K. Hilger
Chief Accounting Officer
DaVita Inc.
Pekin Dialysis, LLC

Subscribed and sworn to me
This 16th day of May, 2012

Notary Public

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 1120.140(c), Reasonableness of Project and Related Costs

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ *	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	\$175.57				4,100			\$719,845	\$719,845
Contingency	\$25.46				4,100			\$104,377	\$104,377
TOTALS	\$201.03				4,100			\$824,222	\$824,222

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Contracts	\$719,845	\$176.19 per gsf x 4,100 gsf = \$176.19 x 4,100 = \$722,379	Below State Standard
Contingencies	\$104,377	10 - 15% of Modernization Contracts = 10 - 15% x \$719,845 = \$96,550 - \$144,825	Meets State Standard
Architectural/Engineering Fees	\$84,000	7.08% - 10.62% x (Modernization Costs + Contingencies) = 7.08% - 10.62% x (\$719,845 + \$104,377) = 7.08% - 10.62% x \$824,222 = \$58,355 - \$87,532	Below State Standard
Consulting and Other Fees	\$80,000	No State Standard	No State Standard
Moveable Equipment	\$318,900	\$39,945 per station x 8 stations \$39,945 x 8 = \$319,560	Below State Standard

■

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

Operating Expenses: \$2,335,103

Treatments: 6,396

Operating Expense per Treatment: \$365.09

Section X, Economic Feasibility Review Criteria

Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation: \$122,489

Amortization: \$6,456

Total Capital Costs: \$128,945

Treatments: 6,396

Capital Costs per Treatment: \$20.16

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 January 25, 2012 as part of Applicants' application for Proj. No. 12-008. 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 Fund. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care. DaVita submits the following information regarding the amount of charity and Medicaid care provided over the most recent three years.

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

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. Based upon the Renal Network Utilization Data for the quarter ending March 31, 2012, the only facility located in Pekin is operating at 94% utilization. Along with overcrowded existing facilities, coupled with Dr. Usman's current patient population, demonstrate the need for a new provider in this market. Although two of the FMC facilities within the GSA have

capacity, there facilities are located in Peoria. The majority of Dr. Usman's patients reside in Pekin. Requiring these patients to travel 25 minutes to Peoria for their dialysis, particularly at night and during the winter months would be an extreme hardship for Dr. Usman's patients and their families.

Additionally, the proposed FMC North Pekin facility is not an option for Dr. Usman's patients. Renal Care Associates, the referring nephrology group for the proposed FMC North Pekin facility has identified 61 pre-ESRD patients that will require dialysis within the next two years. Assuming a 30% attrition rate, FMC projects 43 patients will initiate dialysis and the proposed FMC North Pekin facility will achieve 80% utilization by the second year of operation. Dr. Usman projects 39 of his current pre-ESRD patients will require dialysis within the next 18 months. See Attachment – 26A. Accordingly, the proposed FMC North Pekin facility cannot accommodate Dr. Usman's patients.

DaVita's proposal to establish an 8-station facility in Pekin will provide much needed access to care and improved patient choice. Thus, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

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

Section XII, Charity Care Information

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

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

Appendix I – Time & Distance Determination

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

[Click to learn more...](#)**mapquest**

Trip to:

600 S 13th St

Pekin, IL 61554-4936

0.55 miles / 1 minute

Notes

Renal Care Group Pekin

**1021 Court St, Pekin, IL 61554-4817**1. Start out going **southeast** on **Court St / IL-9** toward **Washington St.** [Map](#)**0.4 Mi***0.4 Mi Total*2. Turn **right** onto **S 14th St.** [Map](#)**0.06 Mi***S 14th St is 0.1 miles past S 13th St**0.4 Mi Total**If you reach Park Ave you've gone about 0.1 miles too far*3. Take the 1st **right** onto **Park Ave.** [Map](#)**0.09 Mi***If you reach Center St you've gone a little too far**0.5 Mi Total*4. Take the 1st **right** onto **S 13th St.** [Map](#)**0.03 Mi***If you reach S 12th St you've gone a little too far**0.5 Mi Total*5. **600 S 13TH ST** is on the **right.** [Map](#)*Your destination is at the end of S 13th St***600 S 13th St, Pekin, IL 61554-4936**

[Click to learn more...](#)**mapquest**

Trip to:

410 W Romeo B Garrett Ave

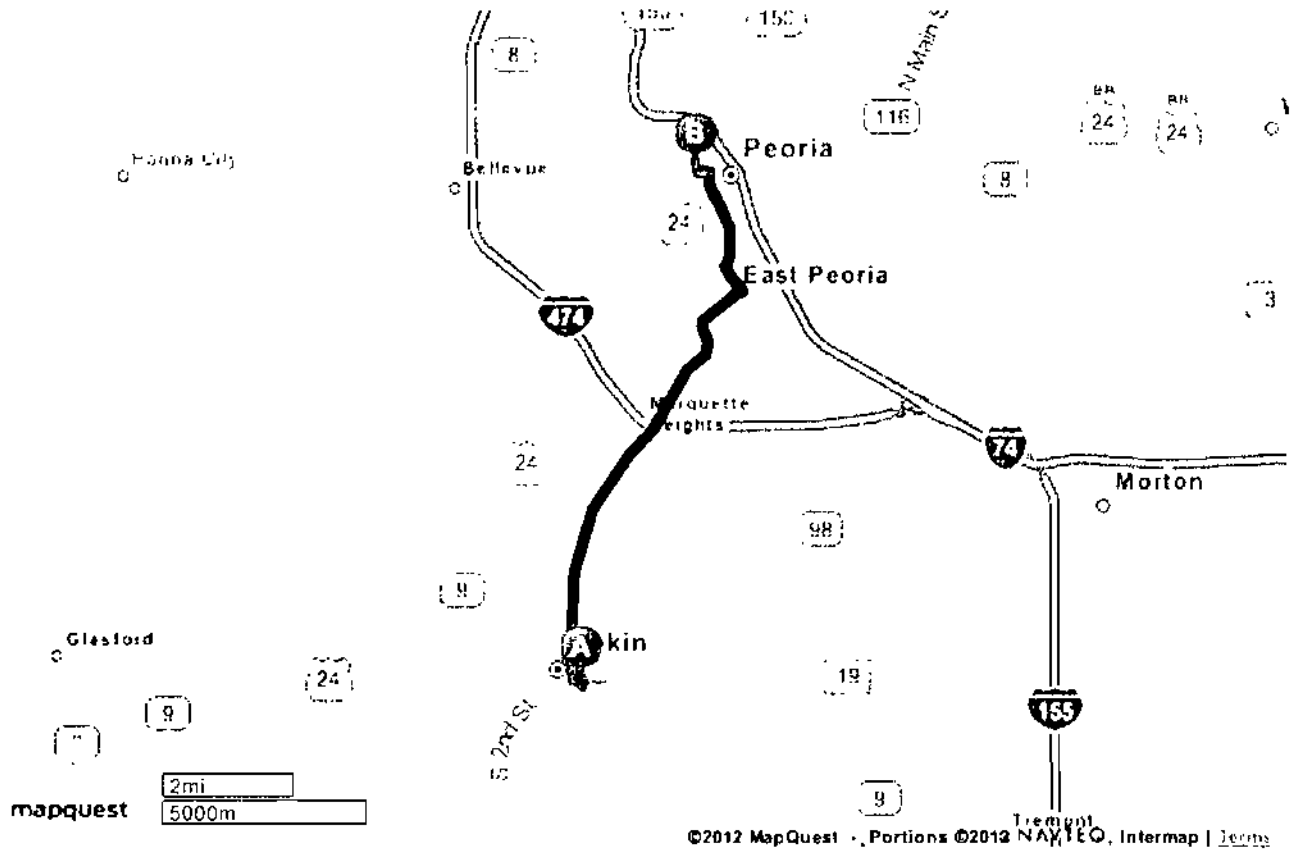
Peoria, IL 61605-2401

10.60 miles / 21 minutes

Notes

**1021 Court St, Pekin, IL 61554-4817**1. Start out going **northwest** on **Court St / IL-9** toward **S 10th St.** [Map](#)**0.2 Mi****0.2 Mi Total**2. Take the 3rd **right** onto **S 8th St / IL-9 W.** Continue to follow **S 8th St.** [Map](#)
S 8th St is just past S 9th St
*Steger's Furniture is on the left***0.6 Mi****0.8 Mi Total**3. Turn **right** onto **IL-29 N / N 8th St.** Continue to follow **IL-29 N.** [Map](#)
IL-29 N is just past Willow St
*If you are on Willow St and reach N 4th St you've gone about 0.1 miles too far***7.2 Mi****8.0 Mi Total**4. Merge onto **IL-29 N / IL-116 W** toward **IL-8 W / Peoria.** [Map](#)
*If you are on IL-116 and reach Pekin Ave you've gone about 0.1 miles too far***0.5 Mi****8.5 Mi Total**5. Take the **Edmund St. ramp.** [Map](#)**0.2 Mi****8.7 Mi Total**6. Turn **right** onto **IL-8 S / Edmund St.** [Map](#)
*If you reach Edmund St you've gone a little too far***0.1 Mi****8.8 Mi Total**7. Stay **straight** to go onto **W Washington St.** [Map](#)**0.9 Mi****9.7 Mi Total**8. **W Washington St** becomes **IL-40 N.** [Map](#)**0.7 Mi****10.4 Mi Total**9. Turn **left** onto **W Romeo B Garrett Ave.** [Map](#)
W Romeo B Garrett Ave is just past W 4th St
*If you reach IL-40 N you've gone a little too far***0.2 Mi****10.6 Mi Total****410 W Romeo B Garrett Ave, Peoria, IL 61605-2401**

Total Travel Estimate: 10.60 miles - about 21 minutes



©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [Full disclaimer of use](#)

Get Directions even quicker! features.mapquest.com/toolbar/

Click to learn more...

mapquest

Trip to:

3300 N Main St

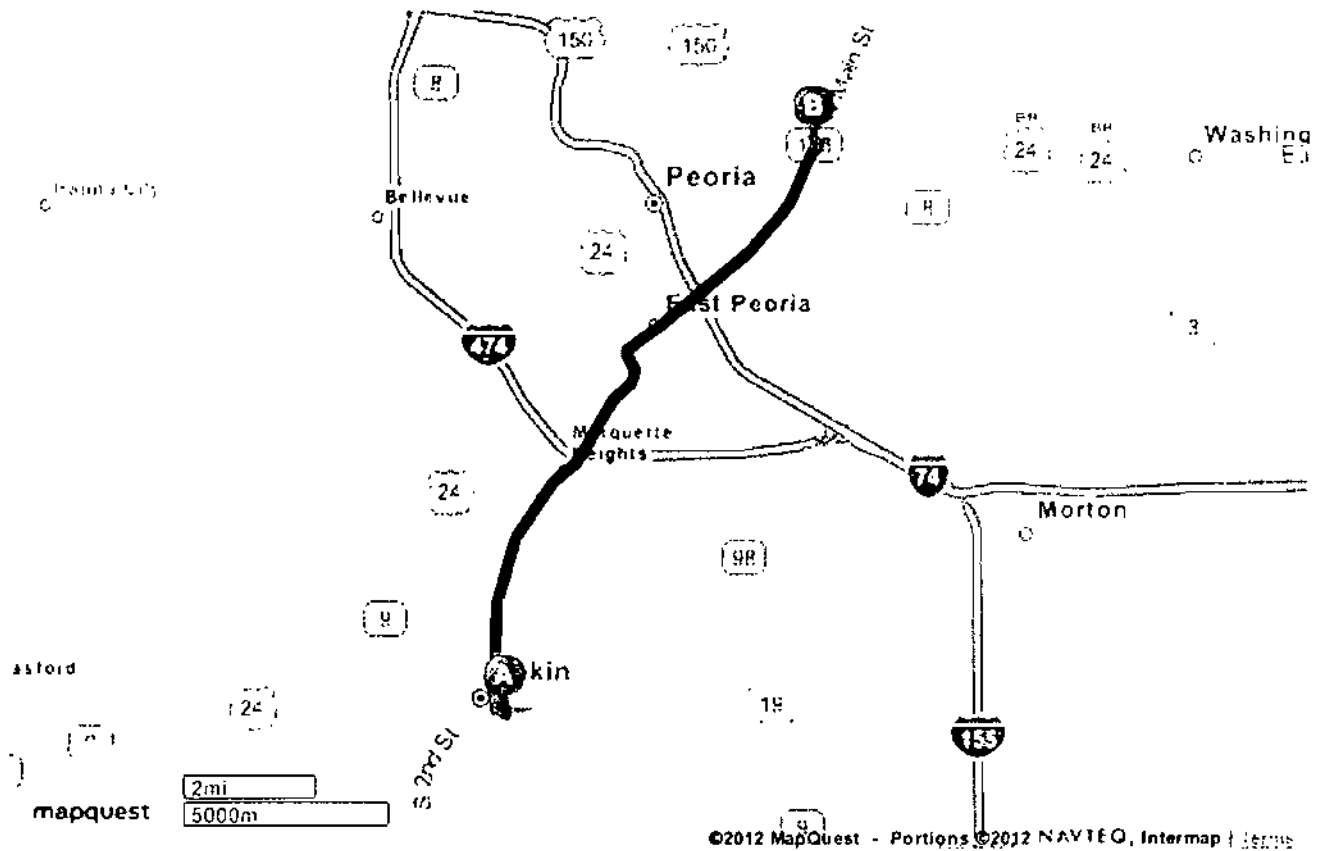
East Peoria, IL 61611-1562

12.25 miles / 22 minutes

Notes

**1021 Court St, Pekin, IL 61554-4817**1. Start out going northwest on **Court St / IL-9** toward **S 10th St**. [Map](#)**0.2 Mi***0.2 Mi Total*2. Take the 3rd right onto **S 8th St / IL-9 W**. Continue to follow **S 8th St**. [Map](#)**0.6 Mi***S 8th St is just past S 9th St**0.8 Mi Total**Steger's Furniture is on the left*3. Turn right onto **IL-29 N / N 8th St**. Continue to follow **IL-29 N**. [Map](#)**7.2 Mi***IL-29 N is just past Willow St**8.0 Mi Total**If you are on Willow St and reach N 4th St you've gone about 0.1 miles too far*4. Stay straight to go onto **S Main St**. [Map](#)**4.1 Mi***12.1 Mi Total*5. Turn right onto **Centennial Dr**. [Map](#)**0.05 Mi***Centennial Dr is 0.8 miles past Access Road 6**12.2 Mi Total**If you reach Marina Ln you've gone about 0.1 miles too far*6. Take the 1st left onto **N Main St / Access Road 7 / IL-116**. [Map](#)**0.09 Mi***If you reach College Dr you've gone about 0.7 miles too far**12.3 Mi Total*7. **3300 N MAIN ST** is on the right. [Map](#)*If you reach the end of N Main St you've gone about 0.3 miles too far***3300 N Main St, East Peoria, IL 61611-1562**

Total Travel Estimate: 12.25 miles - about 22 minutes



©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

Get Directions even quicker! features.mapquest.com/toolbar/

[Click to learn more...](#)

mapquest

Trip to:

10405 N Juliet Ct

Peoria, IL 61615-1152

22.28 miles / 29 minutes

Notes



Renal Care Group - Peoria North

**1021 Court St, Pekin, IL 61554-4817**1. Start out going northwest on Court St / IL-9 toward S 10th St. [Map](#)

0.2 Mi

0.2 Mi Total

2. Take the 3rd right onto S 8th St / IL-9 W. Continue to follow S 8th St. [Map](#)

0.6 Mi

S 8th St is just past S 9th St

0.8 Mi Total

Steger's Furniture is on the left

3. Turn right onto IL-29 N / N 8th St. Continue to follow IL-29 N. [Map](#)

4.3 Mi

IL-29 N is just past Willow St

5.0 Mi Total

If you are on Willow St and reach N 4th St you've gone about 0.1 miles too far

4. Merge onto I-474 W toward Galesburg / US-24 / Bartonville. [Map](#)

9.7 Mi

14.7 Mi Total

5. I-474 W becomes IL-6 N. [Map](#)

6.1 Mi

20.8 Mi Total

6. Merge onto IL-40 N / N Knoxville Ave via EXIT 6 toward Bradford / Mossville Rd.. [Map](#)

1.1 Mi

21.9 Mi Total

7. Turn left onto W Alta Rd. [Map](#)

0.3 Mi

W Alta Rd is 0.2 miles past W Richmar Rd

22.2 Mi Total

If you reach W Mossville Rd you've gone about 0.4 miles too far

8. Take the 1st right onto N Juliet Ct. [Map](#)

0.10 Mi

N Juliet Ct is 0.1 miles past N Eva Ln

22.3 Mi Total

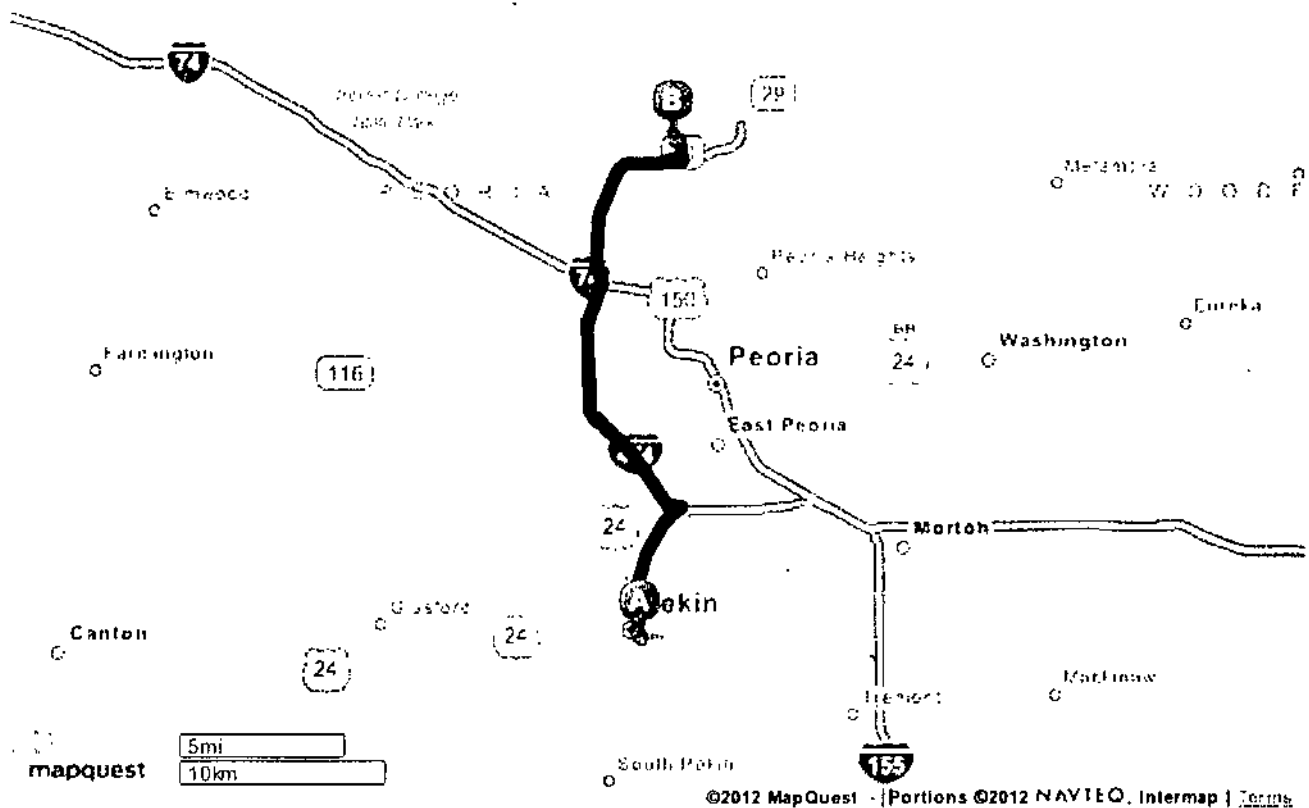
If you reach N Mulberry Ln you've gone a little too far

9. 10405 N JULIET CT is on the left. [Map](#)

Your destination is at the end of N Juliet Ct

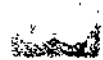
**10405 N Juliet Ct, Peoria, IL 61615-1152**

Total Travel Estimate: **22.28 miles - about 29 minutes**



©2011 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [Click here for more info.](#)

Get the **FREE MapQuest toolbar.** features.mapquest.com/toolbar/



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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	22 – 24
2	Site Ownership	25 – 29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30 – 31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32 – 33
5	Flood Plain Requirements	34 – 35
6	Historic Preservation Act Requirements	36 – 41
7	Project and Sources of Funds Itemization	42
8	Obligation Document if required	-
9	Cost Space Requirements	43
10	Discontinuation	-
11	Background of the Applicant	44 – 60
12	Purpose of the Project	61 – 69
13	Alternatives to the Project	70 – 71
14	Size of the Project	72
15	Project Service Utilization	73 – 78
16	Unfinished or Shell Space	79
17	Assurances for Unfinished/Shell Space	80
18	Master Design Project	-
19	Mergers, Consolidations and Acquisitions	-
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	-
21	Comprehensive Physical Rehabilitation	-
22	Acute Mental Illness	-
23	Neonatal Intensive Care	-
24	Open Heart Surgery	-
25	Cardiac Catheterization	-
26	In-Center Hemodialysis	81 - 123
27	Non-Hospital Based Ambulatory Surgery	-
28	General Long Term Care	-
29	Specialized Long Term Care	-
30	Selected Organ Transplantation	-
31	Kidney Transplantation	-
32	Subacute Care Hospital Model	-
33	Post Surgical Recovery Care Center	-
34	Children's Community-Based Health Care Center	-
35	Community-Based Residential Rehabilitation Center	-
36	Long Term Acute Care Hospital	-
37	Clinical Service Areas Other than Categories of Service	-
38	Freestanding Emergency Center Medical Services	-
	Financial and Economic Feasibility:	
39	Availability of Funds	124
40	Financial Waiver	125
41	Financial Viability	
42	Economic Feasibility	126 – 131
43	Safety Net Impact Statement	132 – 133
44	Charity Care Information	134