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

DEC 24 2012

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

Facility Name: West Side Dialysis		
Street Address: 1600 West 13 th Street		
City and Zip Code: Chicago, Illinois 60608		
County: Cook	Health Service Area 006	Health Planning Area:

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

Exact Legal Name: DaVita HealthCare Partners Inc.	
Address: 2000 16th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16th 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: Tim Tincknell
Title: Administrator, CON Projects
Company Name: DaVita HealthCare Partners Inc.
Address: 2611 North Halsted Street, Chicago, Illinois 60614
Telephone Number: 773-549-9412
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

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

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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

Facility/Project Identification

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Applicant /Co-Applicant Identification

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

Exact Legal Name: Total Renal Care, Inc.	
Address: 2000 16th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16th Street, Denver, CO 80202	
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Fax Number: 866-366-1681

Post Permit Contact

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

Name: Tim Tincknell
Title: Administrator, CON Projects
Company Name: DaVita HealthCare Partners Inc.
Address: 2611 North Halsted Street, Chicago, Illinois 60614
Telephone Number: 773-549-9412
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Inland Western Chicago Ashland, LLC
Address of Site Owner: 2901 Butterfield Rd., Oak Brook, IL 60523
Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc.	
Address: 2000 16th Street, Denver, CO 80202	
☐ Non-profit Corporation ☒ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ 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. - Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

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
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2. Narrative Description

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

DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to establish a 12-station dialysis facility located at 1600 West 13th Street, Chicago, Illinois 60608. The proposed dialysis facility will include a total of 6,700 gross square feet and will be operated by Total Renal Care, Inc. under the trade name West Side Dialysis.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,125,350		\$1,125,350
Contingencies	\$165,266		\$165,266
Architectural/Engineering Fees	\$87,650		\$87,650
Consulting and Other Fees	\$87,500		\$87,500
Movable or Other Equipment (not in construction contracts)	\$458,833		\$458,833
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$809,365		\$809,365
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,733,964		\$2,733,964
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,924,599		\$1,924,599
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$809,365		\$809,365
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,733,964		\$2,733,964
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 \$1,213,218.

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): September 30, 2014

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 ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DaVita HealthCare Partners 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

Kim M. Rivera

PRINTED NAME

Chief Legal Officer

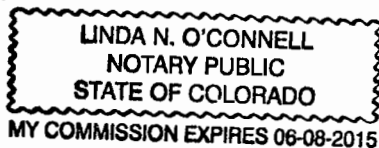
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 19th day of December, 2012

Signature of Notary

Seal



SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____, 2012

Signature of Notary

Seal

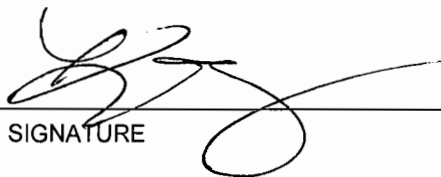
*Insert EXACT legal name of the applicant

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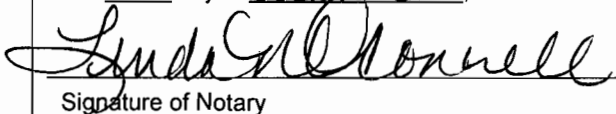
PRINTED NAME

Chief Legal Officer

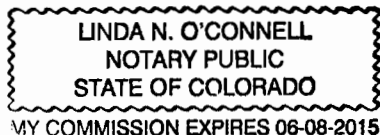
PRINTED TITLE

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this 19th day of December, 2012


Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

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this ____ day of _____, 2012

Signature of Notary

Seal

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SIGNATURE

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____, 2012

Signature of Notary

Seal

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
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Seal

*Insert EXACT legal name of the applicant

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

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

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

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

State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me

on this 13 day of DECEMBER, 20 12

by

(1) HUYO SIM
 Name of Signer

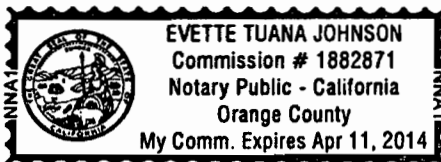
proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) ☒

(and

(2) _____
 Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature Evette Johnson
 Signature of Notary Public



Place Notary Seal Above

OPTIONAL

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

Further Description of Any Attached Document

Title or Type of Document: Application for Permit

Document Date: 0000

Number of Pages: 1

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER #2
Top of thumb here

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SIGNATURE

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____, 2012

Signature of Notary

Seal

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary

PRINTED TITLE

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 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of

LOS ANGELES

Subscribed and sworn to (or affirmed) before me

on this 13 day of DECEMBER 2012

by ARVID SIDA
 (1) _____
 Name of Signer

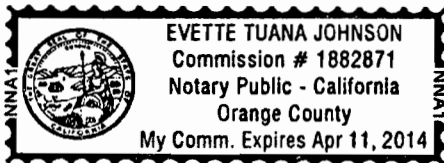
proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.) X

(and)

(2) _____
 Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)

Signature EVETTE TUANA JOHNSON
 Signature of Notary Public



Place Notary Seal Above

OPTIONAL

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

Further Description of Any Attached Document

Title or Type of Document:

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Number of Pages:

Signer(s) Other Than Named Above:

RIGHT THUMBPRINT
 OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT
 OF SIGNER #2
 Top of thumb here

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options must include:

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

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	12

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$1,924,599	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;
\$809,365 (FMV of Lease)	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	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.
\$2,733,964	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 I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc., and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care, Inc. will be the operator of West Side Dialysis. West Side Dialysis is a trade name of Total Renal Care, Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners 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 HEALTHCARE PARTNERS 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 TWELFTH DAY OF DECEMBER, A.D. 2012.

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

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

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

2391269 8300

121330793

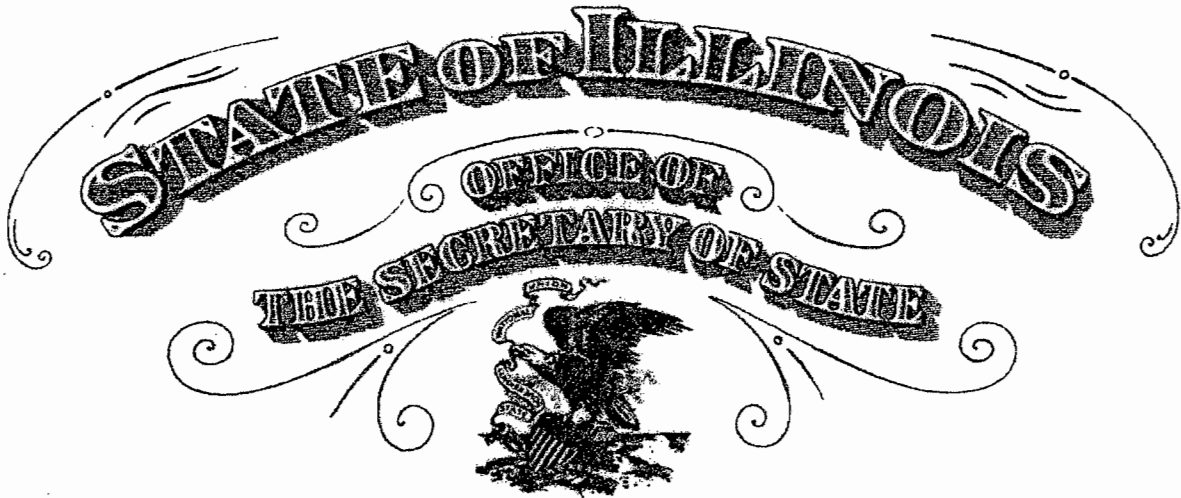
You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0060461

DATE: 12-12-12

Attachment - 1



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 1210102744

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of APRIL A.D. 2012 .

Jesse White

SECRETARY OF STATE

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

The letter of intent between Inland Western Chicago Ashland, L.L.C. and Total Renal Care, Inc. to lease the facility located at 1600 West 13th Street, Chicago, Illinois 60608 is attached at Attachment – 2.



USI REAL ESTATE BROKERAGE SERVICES INC.

2215 YORK ROAD,
SUITE 110
OAK BROOK, IL 60521

TELEPHONE: 630-990-3658
FACSIMILE: 630-990-2300
EMAIL: JOHN.STEFFENS@ICI.COM

May 17, 2012

Mr. Todd Cabanban
CR&M Commercial Realty
900 N. Franklin # 500
Chicago, IL 60610

RE: REQUEST FOR PROPOSAL:
Roosevelt & Ashland - Jewel Anchored Center
Chicago, IL 60608

Dear Todd:

USI Real Estate Brokerage Services Inc, has been exclusively authorized by Total Renal Care, Inc – a subsidiary of DaVita Inc. to assist in securing a lease requirement. DaVita Inc. is a Fortune 500 company with approximately 1,700 locations across the US and revenues of approximately \$7 billion.

We are currently surveying the Chicago Westside market to identify all of the alternatives available that best suits DaVita's business and operational needs. Of the properties reviewed, your site has been identified as one that potentially meets the necessary requirements. We are requesting that you provide a written response to lease the above referenced Property. We request that you deliver your response no later than May 18, 2012. *Please prepare the proposal to respond to the following terms:*

PREMISES: Roosevelt & Ashland Jewel Anchored Center Chicago, IL 60608.
1600 West 13th Street, Chicago, IL 60608

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

GUARANTOR: DaVita, Inc.

LANDLORD: Inland Western Chicago Ashland, L.L.C.

SPACE REQUIREMENTS: Requirement is for approximately 6,700 contiguous rentable and useable square feet. Tenant shall have the right to measure space based on most recent BOMA standards within 30 days of lease execution.

PRIMARY TERM: Ten (10) years

BASE RENT: \$18.00 psf w/3% annual escalations + NNNs.

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

Attachment – 2

ADDITIONAL EXPENSES:

Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM. CAM - \$15.01psf, Insurance - \$0.36 psf, and Taxes - \$2.24 psf.

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

Tenant's pro-rata share shall be a percentage equal to the rentable square footage of the Premises divided by the total square footage of all rentable floor space in the Shopping Center from time to time; provided, however, that the Landlord may exclude from such rentable floor space in the Shopping Center, at Landlord's option any portion of the Shopping Center; (i) not occupied and open for business during all or any portion of the subject year (provided, in no event shall the Shopping Center be deemed to be less than 90% occupied for the purposes hereof), (ii) lease to or used by other parties as major tenants (tenants occupying greater than ten percent (10%) of the Shopping Center), theaters, restaurants, storage areas, or premises in separate buildings, where such parties are not required to pay a full pro rata share of CAM or RET...(iii) with respect to Real Estate Taxes, areas of the Shopping Center for which separate real estate bills are received and which are the sole responsibility of separate parties pursuant to a lease or other agreement with Landlord

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent. Tenant is responsible for direct utility services of electric and gas. Landlord will direct bill Tenant for both water/sewer usage and trash removal.

Landlord to limit the controllable operating expense costs to no greater than five percent (5%) increase annually after the first full calendar year. For purposes hereof, "controllable" Common Area Expenses shall mean those Common Area Expenses except for cost of utilities, security, insurance, taxes, snow and ice removal and other cost beyond the reasonable control of Landlord.

LANDLORD'S MAINTENANCE:

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

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 150 days from possession.

- a. Intentionally deleted.
- b. Intentionally deleted.
- c. Intentionally deleted.

LEASE FORM:

Landlord's standard lease form.

USE:

The Use is for a Dialysis Clinic, or medical offices offering services to the general public.

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

PARKING:

The center has 457 total parking spaces that include 15 Handicap spaces.

BASE BUILDING:

Landlord shall deliver the premises in "as is" condition except for the following:

HVAC COVERED
UNDER TENANT
IMPROVEMENTS

- Landlord will make upgrades to Landlord's existing utilities that will allow for tenant to install 800 amps of service and ~~Landlord will replace the existing HVAC with new units.~~
- 2" or larger dedicated water meter and line
- A 4" sewer line to a municipal sewer system;
- Gas service, at a minimum, will be rated to have 6" of water column pressure and supply 800,000 BTUs;

TENANT IMPROVEMENTS:

Landlord shall contribute \$3.97 per square foot for replacement of the HVAC, not to exceed \$26,600, with such amount to be paid to Tenant within forty-five (45) day notice and satisfaction of the following: (i) Tenant providing a copy to Landlord of the Certificate of Occupancy; (ii) Landlord's receipt of copy of final as-built drawings; (iii) Tenant being open for business in the Premises and not in default; and (iv) Landlord receipt of copies of original invoices and original final notarized lien releases from Tenant's general contractor, sub-contractors and material suppliers for any labor or materials supplied in excess of \$2,500.00. Tenant shall use a commercially experienced general contractor that is licensed and bonded in the State in which the Premises are located. Landlord shall not be obligated to pay to Tenant any Tenant Allowance in excess of that expended by Tenant as evidenced by Tenant's paid receipts and invoices provided by Tenant hereunder.

OPTION TO RENEW:

Three (3), five (5) year options to renew the lease. Option rent shall be at 3% annual increases, with 180 day notice to Landlord.

**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. Tenant must execute Lease Amendment on expansion space within 60 days of Landlord presenting space availability to Tenant.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by one-hundred twenty (120) 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 one hundred twenty (120) day delivery period.

HOLDING OVER:

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

TENANT SIGNAGE:

Tenant, at Tenant's cost, shall have the right to install building signage at the Premises, subject to compliance with all applicable laws and regulations, Landlord's signage criteria, and Landlord review and approval, which approval shall not be unreasonably withheld.

BUILDING HOURS:

Tenant requires building hours of 24 hours a day, 7 days a week. Please provide hours that Tenant will be open to the public. This location is not an office building so Tenant would have access to the space 24/7, but if Tenant requires

parking lot lights to be on after the center's normal business hours, Tenant will be responsible for the cost.

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. with 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, with Landlord's prior approval, which approval shall not be unreasonably withheld.

NON COMPETE:

Landlord agrees not to lease space to another dialysis provider within the center.

HVAC:

Please provide general description of HVAC systems (i.e. ground units, tonnage, age) 3 units: 2 – 6 1/3 tons and 1 – 7 1/2 tons. All 3 units are over 10 years old.

Landlord will contribute \$3.97 psf for the replacement of the existing HVAC (see Tenant Improvements section)

DELIVERIES:

Intentionally deleted.

OTHER CONCESSIONS:

Intentionally deleted.

GOVERNMENTAL COMPLIANCE:

To be negotiated in lease.

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 11, 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 11, 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.

LENDER APPROVAL:

Tenant acknowledges and agrees that this Lease and any and all of the Landlord's obligations hereunder are subject to the review and approval of the Landlord's lender (the "Lender") under those certain loan documents (the "Loan") entered into between Landlord and Lender with respect to the Shopping Center. Upon full execution and delivery of this Lease, Landlord will deliver this

Lease to the Lender for its review and approval (the "Lender Approval"). Therefore, anything herein to the contrary notwithstanding, the parties' rights, duties, and obligations hereunder are expressly subject to and contingent upon Landlord obtaining Lender Approval (the "Landlord Contingency"). In the event Landlord has not obtained Lender's Approval on or before the date (the "Landlord" Contingency Date") sixty (60) days following full execution and delivery of this Lease, then Landlord may, at any time prior to the date Landlord receives Lender Approval, notify Tenant of Landlord's election to terminate and this Lease shall terminate as of the date of such notification.

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 \$1.00/RSF per year of lease term. Commission to be paid in full within 30 days of full lease execution. 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.

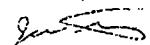
PLANS:

Intentionally deleted

It should be understood that this Request For Proposal 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 information by anyone but addressee is unauthorized.

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

Sincerely,



John Steffens
GWS Field Delivery Manager
USI Real Estate Brokerage Services Inc.

Cc: Edgar Levin
Christian Maese

AGREED TO AND ACCEPTED THIS _____ DAY OF MAY 2012

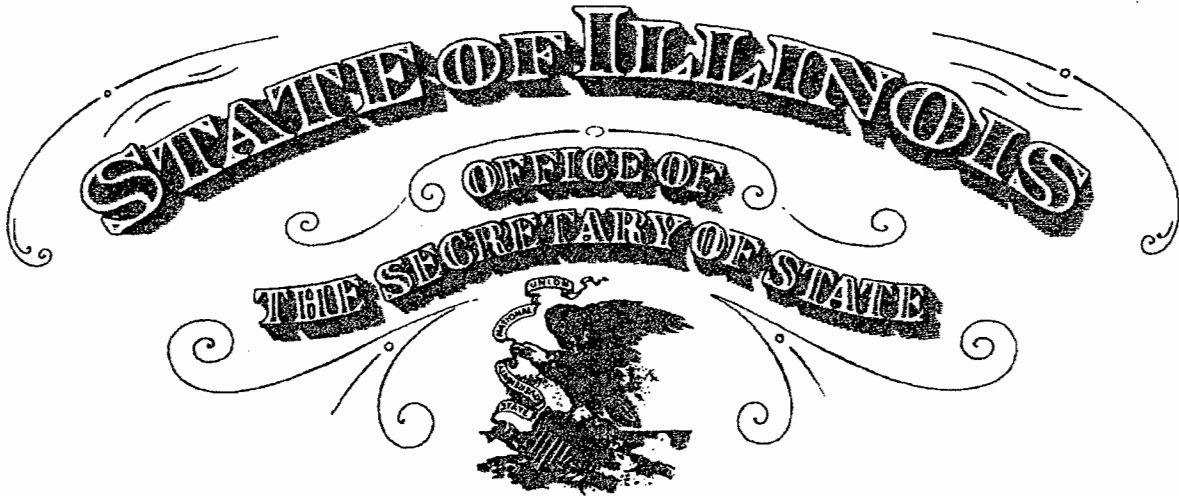
By: *Ann Smith VP Leasing Director-East*
("Landlord")

AGREED TO AND ACCEPTED THIS 17th DAY OF MAY 2012

By: *Edgar Levin*
On behalf of Total Renal Care, a wholly owned subsidiary of DaVita, Inc.
("Tenant")

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

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



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 1210102744

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 10TH day of APRIL A.D. 2012 .

Jesse White

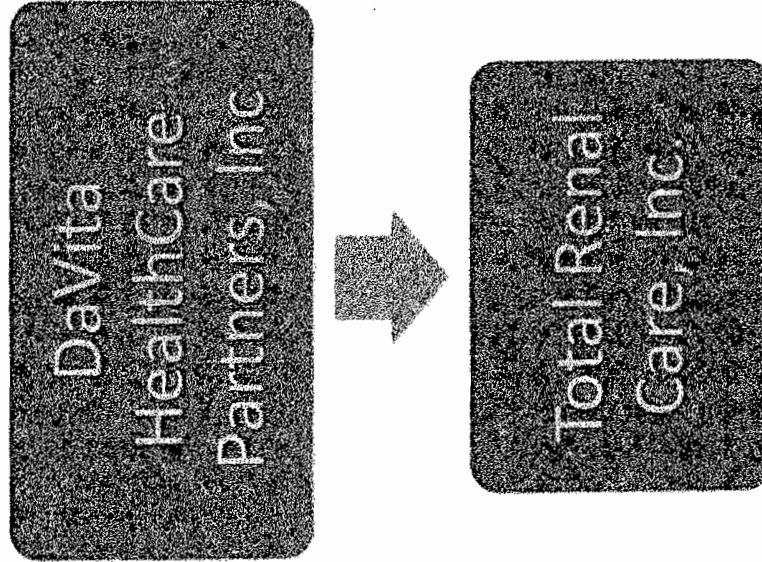
SECRETARY OF STATE

Attachment - 3

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

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

DaVita HealthCare Partners, Inc
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 1600 West 13th Street, Chicago, Illinois 60608. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



NATIONAL FLOOD INSURANCE PROGRAM

**FLOOD INSURANCE RATE MAP
COOK COUNTY,
ILLINOIS
AND INCORPORATED AREAS**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

COMMUNITY	NUMBER	PAGE	SUFFIX
CHICAGO, CITY OF	170074	0206	1



Federal Emergency Management Agency

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

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.



Timothy V Tincknell, FACHE
(773) 549-9412
timothy.tincknell@davita.com

2611 N Halsted St
Chicago, IL 60614
Fax: (866) 586-3214
www.davita.com

December 19, 2012

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

Re: Historic Preservation Act Determination

Dear Ms. Haaker:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita HealthCare Partners Inc. and Total Renal Care, Inc. ("Requestors") seek a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 12-station dialysis facility at 1600 West 13th Street, Chicago, Illinois 60608 ("Proposed Project") affects historic resources.

1. Project Description and Address

The Requestors are seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 12-station dialysis facility at 1600 West 13th Street, Chicago, Illinois 60608. No demolition or physical alteration of the existing building or construction of new buildings will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

Metropolitan maps showing the location of the Proposed Project are attached at Attachment 1.

~~**3. Historic Architectural Resources Geographic Information System**~~

Maps from the Historic Architectural Resources Geographic Information System are attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

Attachment – 6



December 19, 2012
Page 2

4. Address for Building/Structure

The proposed project will be located at 1600 West 13th Street, Chicago, Illinois 60608.

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 773-549-9412 or timothy.tincknell@davita.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy V Tincknell".

Timothy V Tincknell
Administrator, CON Projects

Enclosure

TVT:

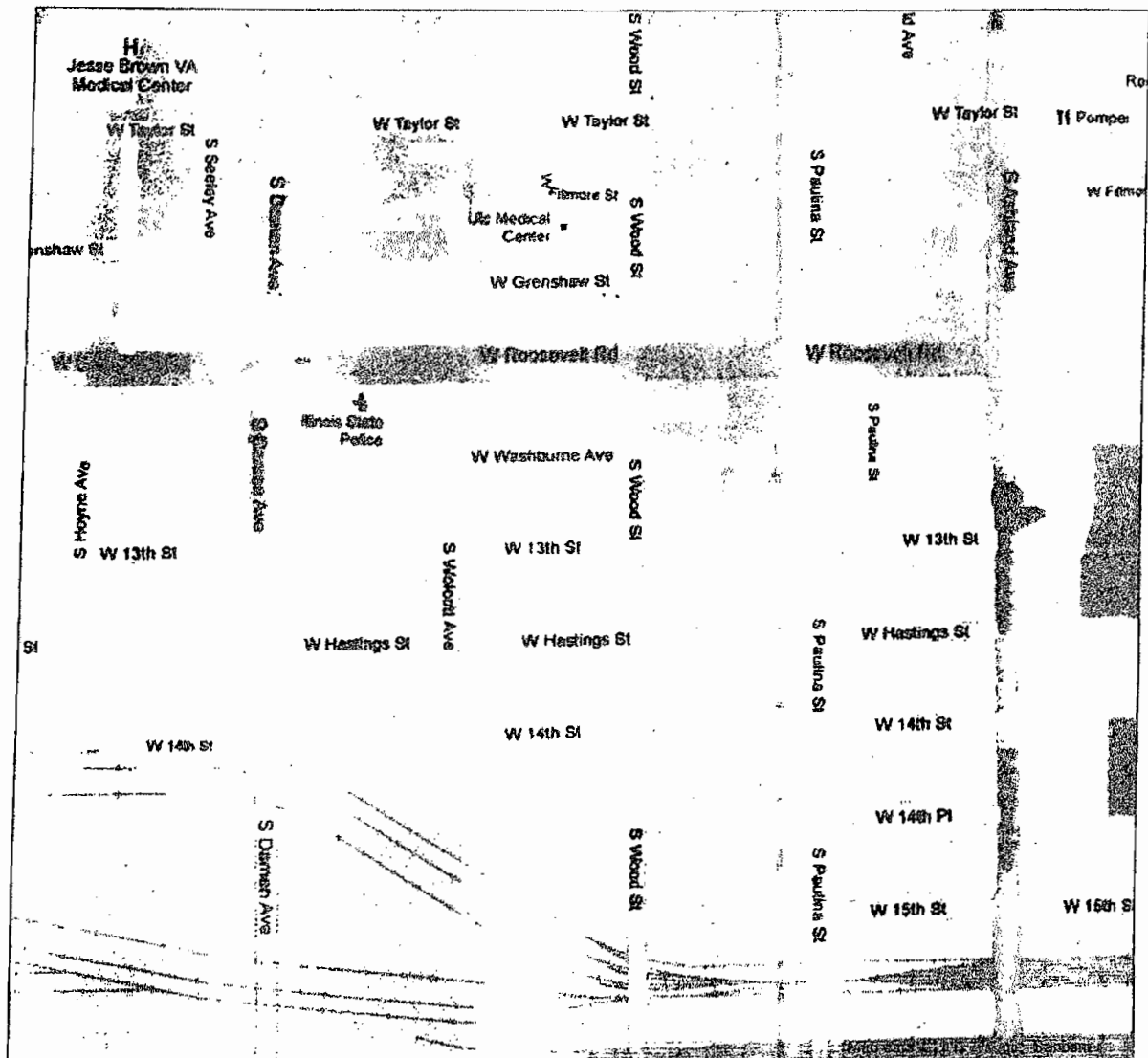
Google

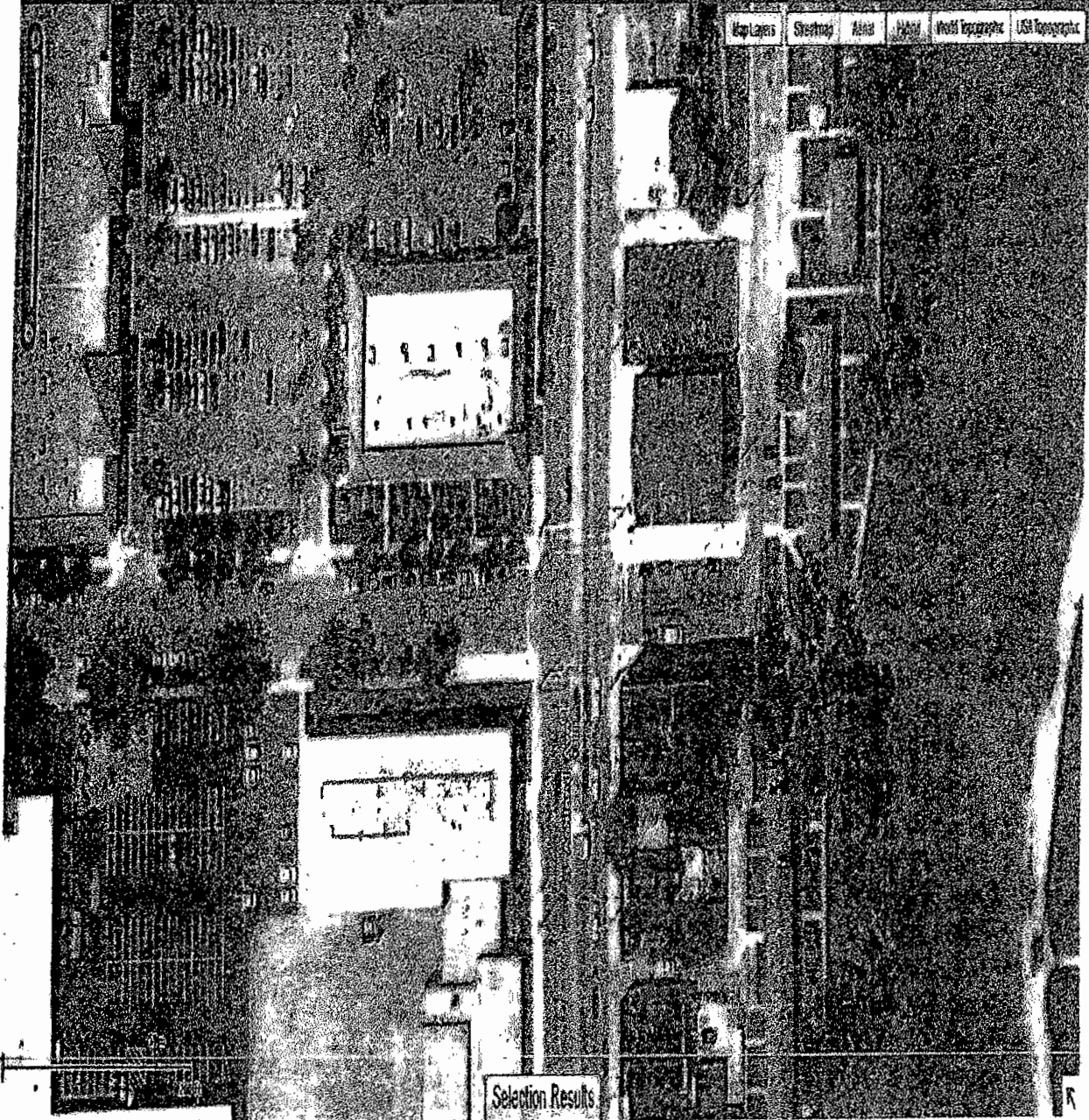
To see all the details that are visible on the screen, use the "Print" link next to the map.



Google

To see all the details that are visible on the screen, use the "Print" link next to the map.







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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Modernization Contracts	\$1,125,350		\$1,125,350
Contingencies	\$165,266		\$165,266
Architectural/Engineering Fees	\$87,650		\$87,650
Consulting and Other Fees	\$87,500		\$87,500
Moveable and Other Equipment			
Communications	\$57,725		\$57,725
Water Treatment	\$111,230		\$111,230
Bio-Medical Equipment	\$8,885		\$8,885
Clinical Equipment	\$198,435		\$198,435
Clinical Furniture/Fixtures	\$15,504		\$15,504
Lounge Furniture/Fixtures	\$2,815		\$2,815
Storage Furniture/Fixtures	\$5,359		\$5,359
Business Office Fixtures	\$24,925		\$24,925
General Furniture/Fixtures	\$21,455		\$21,455
Signage	\$12,500		\$12,500
Total Moveable and Other Equipment	\$458,833		\$458,833
Fair Market Value of Leased Space	\$809,365		\$809,365
Total Project Costs	\$2,733,964		\$2,733,964

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

The Applicants anticipate project completion within 18 months of project approval. Specifically, the timeline is as follows:

- 3 months for Schematics Design
- 3 months for Permit Approval
- 6 months for Construction
- 6 months for Completion of Medicare Enrollment

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants have begun negotiations on a definitive lease agreement for the facility, with the intent of having a lease signed which is contingent upon permit issuance. Thus, if lease negotiations are completed prior to the grant of a Certificate of Need permit, the project will be obligated at the time of permit issuance.

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$2,733,964		6,700		6,700		
Total Clinical	\$2,733,964		6,700		6,700		
NON REVIEWABLE							
Total Non-Reviewable							
TOTAL	\$2,733,964		6,700		6,700		

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 2011 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 October 2, 2012 as part of Applicants' application for Proj. No. 12-085. The proposed project involves the establishment of a 12-station in-center dialysis facility at 1600 West 13th Street, Chicago, Illinois 60608.

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 Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on the Kidney Smart, 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

Additionally, DaVita's Kidney Smart 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.³ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

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

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes

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 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.

of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

To extend DaVita's CKD education and awareness programs to the Spanish-speaking population, DaVita launched its Spanish-language website (DaVita.com/Espanol) in November 2011. Similar to DaVita's English-language website, DaVita.com/Espanol provides easy-to-access information for Spanish-speaking kidney care patients and their families, including educational information on kidney disease, treatment options, and recipes.

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 has improved its patients' fistula-adoption rate by 91% between 2002 and 2011. At the end of 2011, 61.9% of DaVita patients were using fistulas. In addition, only 15.4% of DaVita patients who had been on dialysis for more than 90 days were still using their typically hospital-given catheters as their form of vascular access – DaVita's best outcomes to date. DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates in its history in 2011.

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 300 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.

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

Attachment – 11

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 Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. As of 2011, DaVita Rx patients have an 83.3% adherence rate, compared to those who use chain pharmacies and have a 39.2% adherence rate, and those who use independent pharmacies and have a 48.9% adherence rate.

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 million pounds of medical waste annually 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 2011, DaVita donated more than \$2.5 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 and have raised more than \$4.1 million, thus far, through the annual Tour DaVita bicycle ride. The Kidney Rock 5K Run/Walk raised \$500,000 for Bridge of Life – DaVita Medical Missions in 2011.

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

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

Attachment – 11

verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11C.



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

601 Hawaii Street, El Segundo, CA 90245 | 1-800-313-4872 | www.davita.com/physicians

April 30, 2009

Dear Medical Directors:

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.

As Medical Directors, here is how you can support both initiatives in your facilities:

- **Assess incident patients regularly in their first 90 days:** At your monthly DaVita QIFMM meetings, 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. Each of your attending physicians will also need to be educated on the use of the form for their new patients.
- **Minimize the "catheter-removal" cycle time:** At your monthly DaVita QIFMM meetings, review each of your catheter patients with the team and identify obstacles causing delays in 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. Share early fistula and graft placement expectations with attending physicians in your dialysis facilities.

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.

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

Sincerely,



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

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





Davita.



Dear Physician Partners:

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

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

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

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

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

How was IMPACT developed? What are the initial results?

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

Your support of this effort is crucial.

If you have not seen the IMPACT order template and scorecard by the end of June, or if you have additional questions about the program, email impact@davita.com. 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 | 601 Hawaii Street, El Segundo, CA 90245 | 1-800-313-4872 DaVita.com/physicians



FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

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

The pilot program was implemented with 606 patients completing the IMPACT program over a 12 month period in 44 DaVita centers around the nation. IMPACT focuses on patient education and important clinical outcomes - such as the measurement of adequate dialysis, access placement, anemia, and albumin levels - monitoring the patient's overall health in the first 90 days on dialysis. Data reflects a reduction in annualized mortality rates by eight percent for IMPACT patients compared with non-IMPACT patients in the DaVita network. Given that DaVita has roughly 28,000 new patients starting dialysis every year, this reduction affects a significant number of lives.

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

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

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

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

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

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

Incident Management of Hemodialysis Patients: Managing the First 90 Days

John Robertson¹, Pooja Goell¹, 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 $\pm$ 15.1 years old (mean $\pm$ 3SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p < 0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p \leq 0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33 \leq \text{Hb} \leq 36$) 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 and checkboxes for patient registration and clinical data collection.

Two forms: an 'INTAKE CHECKLIST' with checkboxes for patient information and a 'Patient Announcement' card with a 'Day Two' logo and motivational text.

A scorecard with a header for 'Facility: XYZ - Sample Facility' and a table for tracking four clinical indicators: Access, Albumin, Adequacy, and Anemia. It includes a 'Total' row and a 'Score' column.

A checklist titled 'IMPACT Monitoring Checklist' with a table for tracking patient progress over 90 days. It includes a 'Patient Name' field and a table with columns for 'Access', 'Albumin', 'Adequacy', and 'Anemia'.

Two educational materials: a 'Patient Education Book' and a 'Flip Chart', both featuring a 'Day Two' logo and text about dialysis.



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 HealthCare Partners, 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	
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628	
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736	
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	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650	
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	
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701	
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580	
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529	
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728	
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	
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622	
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	

DaVita HealthCare Partners, Inc.								
Illinois Facilities								
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number	
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528	
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	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	
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505	
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	
Markham Renal Center	3053-3055 WEST 159th STREET		MARKHAM	COOK	IL	60428-4026	14-2575	
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634	
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585	
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527	
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541	
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674	
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548	
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708	
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278		
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	
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654	
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740	
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741	

DaVita HealthCare Partners, Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
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	14-2733
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
Tazewell Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	
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
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	1164 E 55TH ST		CHICAGO	COOK	IL	60615-5115	14-2310



2000 16th Street
Denver, CO 80202
(303) 405-2100
www.davita.com

December 19, 2012

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

Dear Chairman Galassie:

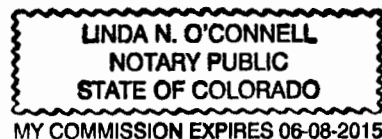
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or Total Renal Care, Inc. in the State of Illinois during the three year period 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,

Kim M. Rivera
Chief Legal Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 19th day of December, 2012

Notary Public

660

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 the City of Chicago. Based upon the latest inventory data, there is a need for 66 dialysis stations in HSA 6. Based upon the Renal Network Utilization Data for the quarter ending September 30, 2012, the average utilization for facilities in operation for more than a year in the GSA is 77.37%. See Attachment – 12A. The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in Chicago's West side community who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

The projected referrals from Donald Hollandsworth, M.D., the planned Medical Director of West Side Dialysis, confirm this. Based on their kidney function status and place of residence, Dr. Hollandsworth has identified 87 CKD patients as potential referrals to the proposed facility. See Attachment – 12B. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 58 of these patients will initiate dialysis within 12 to 24 months.

Many dialysis patients often rely on public transit, family members, and friends for transportation to and from treatment. Including transportation time and transition time, patients typically devote 15 to 20 hours for dialysis each week over three days. This inconvenience is exacerbated when patients require treatment during an evening or fourth shift. As stated above, the average utilization of existing facilities in the GSA is 77.37%. When facilities are operating at 80% utilization, it is often difficult for a patient to schedule dialysis during an optimal shift, which is generally the first or second shift. Dialysis patients are chronically ill and often elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Some of these hazards cannot be avoided in the winter, but patients feel much more secure when coming and going in the daylight. The establishment of a 12-station dialysis facility will not only allow for safer and more convenient treatment times for patients, but will also help meet the 66-station need in the service area.

2. A map of the market area for the proposed facility is attached at Attachment – 12C. The market area encompasses approximately a 15 mile radius around the proposed facility. The boundaries of the market area of are as follows:
 - North approximately 30 minutes normal travel time to Wilmette, IL
 - Northeast approximately 13 minutes normal travel time to North Avenue & Lake Shore Drive
 - East approximately 7 minutes normal travel time to Roosevelt Road & Lake Shore Drive
 - Southeast approximately 30 minutes normal travel time to Whiting, IN
 - South approximately 30 minutes normal travel time to Blue Island, IL
 - Southwest approximately 30 minutes normal travel time to Darien, IL
 - West approximately 30 minutes normal travel time to Lombard, IL
 - Northwest approximately 30 minutes normal travel time to Chicago O'Hare International Airport

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

3. The minimum size of a GSA is 30 minutes; however, most of the patients reside within the immediate vicinity of the proposed facility. The proposed facility is located near the City of

Chicago's Pilsen community. This community exhibits a high concentration of Hispanic residents. Diabetes and hypertension (high blood pressure) are the two leading causes of CKD and ESRD.⁴ Due to socioeconomic conditions in the City of Chicago's lower West side, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension. Hispanic Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the Hispanic community. In fact, the ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. This, coupled with the aging population, is expected to increase utilization. See Attachment – 12D.

As shown in Attachment – 12B, the projected referrals by Dr. Hollandsworth confirm this. Dr. Hollandsworth expects approximately 58 of the current CKD patients to require dialysis within the next 12 to 24 months.

4. Source Information

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

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

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

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

5. The proposed facility will improve access to dialysis services to the residents of City of Chicago and the surrounding area by establishing a 12-station dialysis facility in the City of Chicago. Given the expense and time of additional travel, patients may frequently miss treatments or forego dialysis altogether. This would significantly harm a patient's survival rate, exacerbate comorbidities, and increase cost to the U.S. health care system and taxpayers. By making dialysis services more accessible to the residents of the City of Chicago and the surrounding area, patients are more likely to adhere to their treatment protocols, which will result in better outcomes and survival rates.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and 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 approximately \$1 Billion in hospitalization savings to the health care system and the American taxpayer in 2011.

⁴ Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), available at [http://www.ajkd.org/article/S0272-6386\(08\)01575-8/fulltext](http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext) (last visited Oct. 5, 2011).

Facility	City	Mileage	Time	Adjusted Time	HSA	Stations	Patients 9-30-2012	Utilization 9-30-2012
Fresenius Medical Care of Chicago - West	Chicago	0.57	1	1.25	6	31	104	55.91%
University of Illinois Hospital	Chicago	0.49	2	2.5	6	26	143*	91.67%
Rush Univ. Med. Ctr.	Chicago	1.05	3	3.75	6	5	4*	13.33%
John H. Stroger Jr. Hospital of Cook County	Chicago	0.93	3	3.75	6	9	27	50.00%
Circle Medical Management	Chicago	1.35	4	5	6	27	114	70.37%
Chicago Dialysis Center	Chicago	1.85	5	6.25	6	21	79	62.70%
Fresenius Medical Care Delaware	Chicago	1.75	5	6.25	6	24	89	61.81%
Mt. Sinai Hospital Med Ctr	Chicago	1.76	5	6.25	6	16	85	88.54%
Little Village Dialysis	Chicago	1.85	5	6.25	6	16	96	100.00%
FMC Dialysis Services of Congress Parkway	Chicago	3.15	6	7.5	6	30	122	67.78%
Loop Renal Center	Chicago	3.47	8	10	6	28	94	55.95%
RCG MidAmerica - Prairie	Chicago	2.79	8	10	6	24	108	75.00%
Fresenius Medical Care Bridgeport	Chicago	3.35	9	11.25	6	27	152	93.83%
Fresenius Medical Care West Willow	Chicago	5.13	10	12.5	6	12	15	20.83%
West Suburban Hosp. Dialysis Unit	Oak Park	6.51	10	12.5	7	46	241	87.32%
Garfield Kidney Center	Chicago	3.9	10	12.5	6	16	97	101.04%
Lawndale Dialysis	Chicago	3.6	10	12.5	6	16	0	0.00%
Lake Park Dialysis	Chicago	5.4	11	13.75	6	32	103	53.65%
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	4.97	11	13.75	6	44	185	70.08%
RCG Garfield	Chicago	6.91	12	15	6	22	106	80.30%
West Metro Dialysis Center	Chicago	4.38	12	15	6	32	175	97.22%
Maple Avenue Kidney Center	Oak Park	8.31	13	16.25	7	18	68	62.96%
TRC Children's Dialysis	Chicago	5.78	14	17.5	6	6	18	50.00%
Austin Community Kidney Center	Chicago	6.32	14	17.5	6	16	62	64.58%
Lincoln Park Dialysis Center	Chicago	6.92	14	17.5	6	22	107	81.06%
Logan Square Dialysis	Chicago	7.81	14	17.5	6	28	111	66.07%
FMC - Logan Square	Chicago	7.92	15	18.75	6	12	0	0.00%
Fresenius Medical Care Northcenter	Chicago	8.26	15	18.75	6	16	78	81.25%
Emerald Dialysis	Chicago	8.19	15	18.75	6	24	127	88.19%
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	8.49	15	18.75	6	16	93	96.88%
Oak Park Dialysis Center	Oak Park	9.18	15	18.75	7	12	106	147.22%
Woodlawn Dialysis	Chicago	8.56	16	20	6	32	116	60.42%
Fresenius Medical Care Chatham	Chicago	10.63	17	21.25	6	16	4	4.17%
Loyola Dialysis Center	Maywood	10.67	17	21.25	7	30	139*	77.22%
Fresenius Medical Care North	Chicago	11.04	18	22.5	6	28	130	77.38%
Dialysis Center of America - Berwyn	Berwyn	10.23	18	22.5	7	26	162	103.85%
Grand Crossing Dialysis	Chicago	10.14	19	23.75	6	12	43	29.86%
Fresenius Medical Care Melrose Park	Melrose Park	11.4	19	23.75	7	18	64	59.26%
Fresenius Medical Care West Belmont	Chicago	9.82	19	23.75	6	17	72	92.31%
Fresenius Medical Care - Midway	Chicago	10.14	20	25	6	12	52	72.22%

Don L. Hollandsworth DO FACOI
710 West 43rd. Street
Chicago, Illinois 60609
Office (773)843-5668
Cell (708)207-7111
Pager (708) 319-8861

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

Dear Chairman Galassie:

I am pleased to support DaVita's establishment of the West Side Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 1600 West 13th Street, Chicago, Illinois 60608 will directly benefit my patients.

I have been a practicing nephrologist in the area since completing my renal fellowship at Michael Reese Hospital back in 1973, the year U.S. congress mandated Medicare to financially cover end stage renal disease (ESRD) costs. Since that time, the growth of ESRD patients has exploded in part due to financial coverage and the epidemic of obesity, diabetes, and hypertension. Although the incidence is still very high among Caucasians, the incidence rate among African Americans and Hispanics has climbed to epidemic proportion. The proposed clinic is ideally suited to my practice's patients and the patients of other nephrologists in the area. My associates, Edwin Cook, D.O., Edward Cohen M.D., and I run a busy pre-ESRD clinic at Provident Hospital, which is a Division of Cook County Health Services, on a weekly basis for years. My patients come from all demographic areas.

While the best and financially prudent solution is renal transplant before ever seeing an outpatient dialysis unit, this is an extremely rare occurrence, mostly when family or friends are compatible donors. The other treatment option boils down to hemodialysis or peritoneal dialysis. West Side Dialysis will cater to the in-center hemodialysis, but will also work to implement home modalities for appropriate patients. Many patients can benefit from home hemodialysis as long as they are committed to monitoring their care and have a sufficient support network. Despite DaVita's commitment to home modalities/self care as the largest home dialysis provider in the area, the need to expand the number of dialysis chairs in the area exists.

Although the 30 minute rule for time to get to a dialysis unit in rural/suburban areas makes some sense, in communities like Chicago with very high density population, traffic congestion

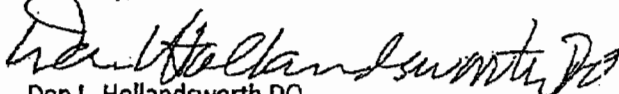
Attachment – 12B

forces many patients to utilize some form of public transportation rather than driving themselves. This is particularly troublesome for patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark and are concerned about getting home late in their neighborhoods. As such, a facility in their neighborhood is essential.

This is particularly true for my large patient-base. I have identified 86 patients suffering from Stage 3, 4, or 5 CKD. Conservatively, I predict at least 58 of these patients will progress to dialysis in the next 12 – 24 months. My large patient-base and the 66-station need identified in your own inventory demonstrate substantial demand for this facility. Further, this facility will directly benefit an already underserved Hispanic and African American population.

A list of pre-ESRD patients are provided at Attachment – 1. A list of my historical ESRD patients is provided at Attachment – 2. My patients need this facility, and, as such, I fully support the proposed establishment of West Side Dialysis. The information in this letter is true and correct to the best of my knowledge.

Sincerely,

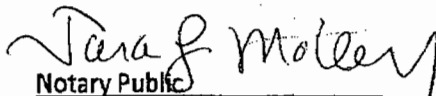


Don L. Hollandsworth DO

Nephrologist

Subscribed and sworn to me

This 21 day of Dec. 2012



Notary Public



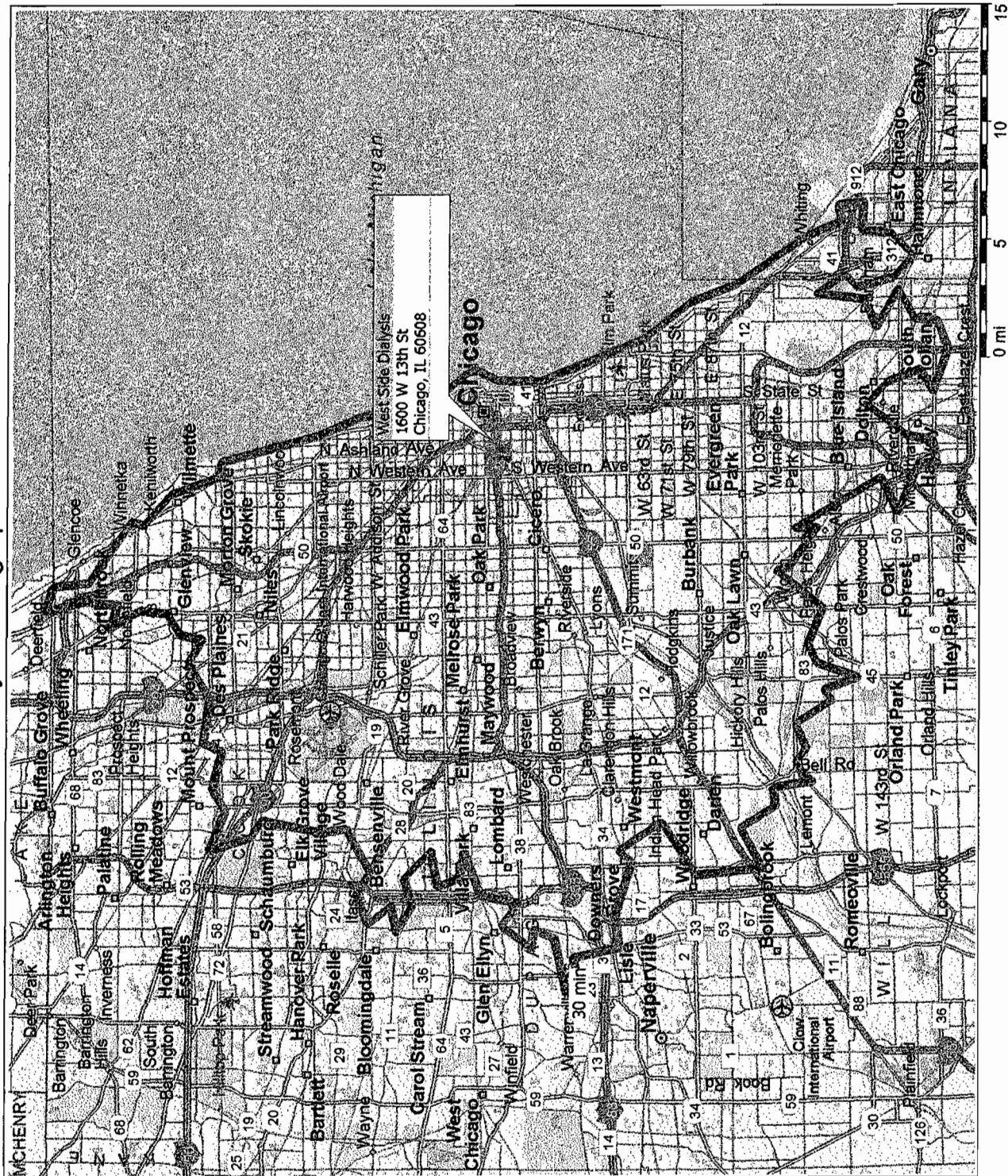
Attachment 1

Zip Code	Total
60195	1
60402	1
60419	1
60429	1
60478	1
60608	1
60609	4
60615	1
60616	2
60617	5
60619	14
60620	8
60621	6
60624	1
60628	9
60629	1
60632	1
60636	7
60637	7
60639	1
60643	4
60649	5
60653	4
60827	1
Total	87

Attachment 2

Olympia Fields Dialysis					
2009		2010		2011	
Initials	Zip code	Initials	Zip code	Initials	Zip code
WB	60477	E.B	60411	A.M.	89147
KC	60443	W.B.	60477	A.R.	60411
SC	60466	E.B.	32428	A.T.	60484
RC	60471	C.B.	60401	A.J.	60411
CC	60449	H.B.	60827	B.E.	32428
RC	60466	L.C.	60430	B.L.	60452
WC	60417	D.E.	60443	C.K.	60443
KD	60443	R.C.	60466	C.C.	60643
A.F.	60422	S.D.	60443	D.D.	36603
A.G.	60466	A.D.	60477	D.T.	60426
C.H.	60484	C.D.	60401	D.J.	60430
R.H.	60451	S.E.	60466	E.C.	60475
B.H.	60484	D.E.	30310	E.D.	30310
J.H.	60443	D.J.	60443	F.D.	60443
R.H.	60426	J.J.	71854	G.T.	60466
C.J.	60466	R.J.	60429	G.D.	60471
C.J.	60471	J.J.	60471	G.R.	60484
F.K.	68046	D.K.	60472	H.A.	60443
R.K.	62995	H.L.	60449	H.B.	60466
L.L.	60430	H.M.	60448	K.B.	60411
D.L.	60466	E.M.	60467	O.D.	60471
K.M.	60643	A.M.	60477	P.A.	60406
R.M.	60443	M.M.	60445	R.D.	60471
T.M.	60443	C.M.	60443	R.L.	60643
C.M.	61103	V.O.	60466	R.G.	60422
D.R.	60620	M.P.	60428	S.A.	60471
L.S.	60449	R.P.	60620	S.L.	60449
A.S.	60466	R.W.	60478	S.R.	60443
T.T.	75052	E.R.	60445	T.E.	60653
L.T.	60466	A.R.	60473	T.T.	75052
J.U.	60443	E.R.	60443	T.A.	60484
J.W.	60484	R.R.	60449	T.R.	60429
M.W.	60478	G.S.	60428	W.J.	60484
E.W.	60422	C.S.	60411	W.L.	60466
C.Y.	60443	L.S.	60449	W.S.	60466
		N.S.	60443	W.T.	60461
		C.S.	60461		
		T.T.	75052		
		J.T.	60403		
		E.W.	60411		
		J.W.	60484		
		I.W.	60466		
		E.W.	60422		
		S.W.	60443		

West Side Dialysis Geographic Service Area



Attachment – 12C

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

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

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

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INTRODUCTION

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

METHODS

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

Hispanics have an incidence rate of ESRD which is 1.5 times greater than for non-Hispanics Whites.²

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

EPIDEMIOLOGY OF CKD IN HISPANICS

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

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

INCIDENCE AND PREVALENCE OF CKD IN HISPANICS

Mild to Moderate CKD

Information regarding earlier stages of CKD in Hispanics is limited. Several investigators have reported a higher prevalence of microalbuminuria in Hispanics compared with non-Hispanic Whites.¹¹⁻¹³ In contrast to these findings, a recent analysis of NHANES III data suggests that the prevalence of CKD may be lower in Mexican Americans than in non-Hispanic Whites or non-Hispanic Blacks. In an analysis of NHANES III, moderately decreased kidney function (eGFR 30-59 mL/minute/1.73 m²) was most prevalent among non-Hispanic Whites (4.8%) and non-Hispanic Blacks (3.1%) and least prevalent in Mexican Americans (1.0%).¹⁴ Between NHANES 1988 to 1994 and 1994 to 2004, the prevalence of CKD rose among Mexican Americans but

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

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

End Stage Renal Disease (ESRD)

It is well established that Hispanics have a higher prevalence of ESRD than non-Hispanic Whites. The increased prevalence of treated ESRD in Hispanics was first recognized in the 1980s. Using data from the state of Texas, Mexican Americans were found to have an excess of ESRD compared with non-Hispanic Whites with an incidence ratio of 3.¹⁶ For diabetic ESRD, Mexican Americans had an incidence ratio of 6 compared with non-Hispanic Whites. The first study at a national level analyzed male Hispanics identified in Medicare ESRD program data files. Using common Spanish surnames to identify cases, it was found that Hispanics developed ESRD at a younger age than non-Hispanic Whites; and between 1980 and 1990, ESRD incidence rates increased more for Hispanics.¹⁷ In 1995, the USRDS began to acquire data regarding Hispanic ethnicity. In 2006, the adjusted incidence rate for ESRD in Hispanics was 1.5 times higher than for non-Hispanic Whites.² Furthermore, between 1996 and 2005, the incidence rate for Hispanics in-

Table 1. Leading causes of ESRD requiring dialysis in Hispanics and non-Hispanic Whites in 2000³

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

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

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

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

Progression of CKD in Hispanics

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

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

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

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

Metabolic Syndrome and CKD

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

DISPARITIES IN HEALTH CARE AND PREVALENCE AND PROGRESSION OF CKD

The importance of healthcare disparities in CKD has received increased recognition,⁴⁰ but little is known regarding the impact of healthcare disparities on health outcomes in Hispanics with CKD. It is well substantiated that there are considerable disparities in health care for Hispanics.²⁰ According to a report by the Commonwealth Fund, nearly two-thirds (65%) of working-age Hispanics with low incomes were uninsured for all or part of the year in 2000.⁴¹ Using NHANES III data, Harris evaluated healthcare access and utilization, and health status and outcomes for patients with type 2 diabetes.²⁰ Mexican Americans below age 65 years had lower rates of health insurance coverage than non-Hispanic Whites and Blacks (66% vs 91% and 89%, respectively). Furthermore, Mexican Americans with private insurance or a high school education or more were more likely to have normoalbuminuria.²⁰ The quality of care received by Hispanics may also play a role in the progression of kidney disease. Hispanics with diabetes are less likely to report having had a foot exam or glycosylated hemoglobin testing.⁴² As noted earlier, Mexican American in NHANES III had the highest rate of uncontrolled hypertension.²³ Lastly, Ifudu et al reported that non-Whites, including Hispanics, are more likely to receive a late referral to a nephrologist for CKD management.⁴³ This study was limited by the low number of Hispanics in the analysis. These findings suggest that quality of care may play a role in the high prevalence of ESRD in this population.

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

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

CARDIOVASCULAR DISEASE IN HISPANICS WITH ESRD AND EARLIER STAGES OF CKD

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

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

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

END-STATE RENAL DISEASE CARE IN US HISPANICS

Dialysis

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

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

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

Transplantation

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

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

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

CONCLUSION

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

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AUTHOR CONTRIBUTIONS

Design concept of study: Lora, Lash

Acquisition of data: Lora, Daviglus, Kusek, Porter, Ricardo, Go, Lash

Data analysis and interpretation: Lora, Daviglus, Kusek, Porter, Ricardo, Go, Lash

Manuscript draft: Lora, Lash

Administrative, technical, or material assistance: Lora, Daviglus, Kusek, Porter, Ricardo, Go, Lash

Supervision: Lora, Lash

Section III, 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 12-station dialysis facility. The options considered are as follows:

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

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 12-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Utilize Existing Facilities

Based upon the latest inventory data, there is a need for 66 dialysis stations in HSA 6. Based upon the Renal Network Utilization Data for the quarter ending September 30, 2012, the average utilization for facilities in operation for more than a year in the GSA is 77.37%. The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in Chicago's Pilsen community who suffer from chronic kidney disease. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

There are basically two options for patients once they reach ESRD: transplant or dialysis treatment. Transplantation is the ideal solution for patients with renal failure when patients are eligible and donor kidneys are available. Many patients, however, simply are not transplant-eligible. Generally, patients must be in satisfactory physical condition and not suffer from other medical conditions that severely limit life expectancy like vascular disease. Obese patients also will not be eligible for transplant. Historically, many of my patients had been too old to qualify for transplant. This is less the case now as the average age of those suffering from ESRD becomes lower.

Setting transplant eligibility aside, the major transplantation issue is that there are not enough kidneys for all the patients who need them. The median wait-time for a kidney is somewhere between 4 to 7 years. Wait times are longer for African Americans and Hispanics than they are for non-Hispanic, White patients. When kidneys are available to eligible patients, advances in immunosuppressive therapy in recent decades have led to excellent renal transplant survival rates at one year, but the advantages are lower in the long term as graft failure at some point following transplant is common and those patients who lose function of the transplanted kidney must return to dialysis. Given the barriers to transplant, patients must have access to in-center dialysis facilities.

Dr. Hollandsworth's patient-base is no different. He has identified 87 CKD patients as potential referrals to the proposed facility. See Attachment – 12A. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 58 of these patients will initiate dialysis within 12 to 24 months. A new facility is necessary to serve these patients, as the only existing facility in the service area cannot accommodate these patients.

Further, the proposed project will improve access to dialysis services for the community at large by adding a much needed dialysis facility to the Pilsen community. Importantly, a large percentage of the area is Hispanic. Hispanics are at an increased risk of ESRD compared to the general population due to the higher prevalence of diabetes and hypertension, the two leading causes of CKD and ESRD, in their communities. In fact, the ESRD incident rate among the Hispanic population it is 1.5 times greater than the non-Hispanic population. As such, demand in the community will continue to increase.

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

The Applicants propose to establish a 12-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 4,320 to 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the proposed dialysis facility is 6,700 gross square feet, which is just 7% more than the State standard. While the Applicants strive to design facilities in accordance with the Board's rules, limited site selection in the City of Chicago often forces it to select slightly larger facilities. This will also permit organic growth in that facility rather than require the development of a new facility as demand increases.

DEPARTMENT/SERVICE	SIZE OF PROJECT			MET STANDARD?
	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	
ESRD	6,700	4,320 – 6,240	460	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. Hollandsworth is currently treating 87 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 24 months. See Attachment – 15A. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 58 of these patients will initiate dialysis within 12 to 24 months.

Table 1110.234(b) Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 1	ESRD	N/A	9,048	8,986	Yes
Year 2	ESRD	N/A	9,048	8,986	Yes

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

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

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

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

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 1600 West 13th Street, Chicago, Illinois 60608. The proposed facility will be located in HSA 6. Based upon the latest inventory data, there is a need for 66 dialysis stations in HSA 6, the service area where the proposed facility will be located. The proposed facility will address the need in HSA 6. As shown at Attachment – 26A, average utilization of the facilities within 30 minutes normal travel time of the proposed facility for the quarter ending September 30, 2012 is 77.37%.

Additionally, Dr. Hollandsworth is currently treating 87 CKD patients whose condition is advancing to ESRD and who will likely require dialysis within the next 12 to 24 months. See Attachment – 26A. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 58 of these patients will initiate dialysis within 12 to 24 months. Accordingly, establishment of the proposed facility is necessary to maintain access to life-sustaining dialysis to residents of the City of Chicago.

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 The City of Chicago. As evidenced in the physician referral letter attached at Attachment – 26B, 84 of 87 pre-ESRD patients live in the service area.

3. Service Demand

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

Table 1110.1430(b)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	Total
60195	1
60402	1
60419	1
60429	1
60478	1
60608	1
60609	4
60615	1
60616	2
60617	5
60619	14
60620	8
60621	6
60624	1

60628	9
60629	1
60632	1
60636	7
60637	7
60639	1
60643	4
60649	5
60653	4
60827	1
Total	87

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of The City of Chicago. The average utilization of the existing dialysis facility within the GSA is 77.37%. Moreover, HFSRB currently identifies a need for 66 stations in HSA 6. Accordingly, a new dialysis facility is needed to improve access to dialysis services to residents of The City of Chicago.

Facility	City	Mileage	Time	Adjusted Time	HSA Stations	Patients 9-30-2012	Utilization 9-30-2012
Fresenius Medical Care of Chicago - West	Chicago	0.57	1	1.25	6	31	55.91%
University of Illinois Hospital	Chicago	0.49	2	2.5	6	26	91.67%
Rush Univ. Med. Ctr.	Chicago	1.05	3	3.75	6	5	13.33%
John H. Stroger Jr. Hospital of Cook County	Chicago	0.93	3	3.75	6	9	50.00%
Circle Medical Management	Chicago	1.35	4	5	6	27	70.37%
Chicago Dialysis Center	Chicago	1.85	5	6.25	6	21	79
Fresenius Medical Care Delaware	Chicago	1.75	5	6.25	6	24	89
Mt. Sinai Hospital Med Ctr	Chicago	1.76	5	6.25	6	16	85
Little Village Dialysis	Chicago	1.85	5	6.25	6	16	96
FMC Dialysis Services of Congress Parkway	Chicago	3.15	6	7.5	6	30	122
Loop Renal Center	Chicago	3.47	8	10	6	28	94
RCG MidAmerica - Prairie	Chicago	2.79	8	10	6	24	108
Fresenius Medical Care Bridgeport	Chicago	3.35	9	11.25	6	27	152
Fresenius Medical Care West Willow	Chicago	5.13	10	12.5	6	12	15
West Suburban Hosp. Dialysis Unit	Oak Park	6.51	10	12.5	7	46	241
Garfield Kidney Center	Chicago	3.9	10	12.5	6	16	97
Lawndale Dialysis	Chicago	3.6	10	12.5	6	16	0
Lake Park Dialysis	Chicago	5.4	11	13.75	6	32	103
Northwestern Mem. Hosp. (Part of RCG Waukegan)	Chicago	4.97	11	13.75	6	44	185
RCG Garfield	Chicago	6.91	12	15	6	22	106
West Metro Dialysis Center	Chicago	4.38	12	15	6	32	175
Maple Avenue Kidney Center	Oak Park	8.31	13	16.25	7	18	68
TRC Children's Dialysis	Chicago	5.78	14	17.5	6	6	18
Austin Community Kidney Center	Chicago	6.32	14	17.5	6	16	62
Lincoln Park Dialysis Center	Chicago	6.92	14	17.5	6	22	107
Logan Square Dialysis	Chicago	7.81	14	17.5	6	28	111
FMC - Logan Square	Chicago	7.92	15	18.75	6	12	0
Fresenius Medical Care Northcenter	Chicago	8.26	15	18.75	6	16	78
Emerald Dialysis	Chicago	8.19	15	18.75	6	24	127
Midwest Renal Care - Chicago(Fresenius Ross-Englewood)	Chicago	8.49	15	18.75	6	16	93
Oak Park Dialysis Center	Oak Park	9.18	15	18.75	7	12	106
Woodlawn Dialysis	Chicago	8.56	16	20	6	32	116
Fresenius Medical Care Chatham	Chicago	10.63	17	21.25	6	16	4
Loyola Dialysis Center	Maywood	10.67	17	21.25	7	30	139*
Fresenius Medical Care North	Chicago	11.04	18	22.5	6	28	130
Dialysis Center of America - Berwyn	Berwyn	10.23	18	22.5	7	26	162
Grand Crossing Dialysis	Chicago	10.14	19	23.75	6	12	43
Fresenius Medical Care Melrose Park	Melrose Park	11.4	19	23.75	7	18	64
Fresenius Medical Care West Belmont	Chicago	9.82	19	23.75	6	17	72
Fresenius Medical Care - Midway	Chicago	10.14	20	25	6	12	52

North Avenue Dialysis Center	Melrose Park	12.4	20	25	7	24	124	86.11%
Fresenius Medical Care Marquette Park	Chicago	7.36	20	25	6	16	87	90.63%
West Lawn Dialysis	Chicago	8.94	21	26.25	6	12	31	43.06%
Fresenius Medical Care of Lakeview	Chicago	9.41	21	26.25	6	14	60	55.56%
Jackson Park Dialysis	Chicago	11.55	21	26.25	6	24	121	84.03%
RCG - Uptown	Chicago	10.36	21	26.25	6	12	60	83.33%
Fresenius Medical Care South	Chicago	13.27	21	26.25	6	36	203	93.98%
Nephron Dialysis Ctr Swedish Covenant	Chicago	10.67	21	26.25	6	12	72	100.00%
Greenwood Dialysis Center	Chicago	12.25	21	26.25	6	28	165	98.21%
Big Oaks Dialysis	Niles	14.97	22	27.5	7	12	21	29.17%
Resurrection Medical Center	Chicago	14.35	22	27.5	6	14	54	64.29%
Center for Renal Replacement	Lincolnwood	14.45	22	27.5	7	16	76	79.17%
FMC Dialysis Services - Burbank	Burbank	10.52	22	27.5	7	26	125	80.13%
South Side Dialysis Center	Chicago	8.22	22	27.5	6	39	207	88.46%
RCG-Scottsdale	Chicago	10.92	23	28.75	6	35	168	80.00%
Fresenius Medical Care South Shore	Chicago	11.86	23	28.75	6	16	81	84.38%
Stony Island Dialysis	Chicago	13.07	23	28.75	6	32	148	102.78%
LaGrange Dialysis Center	Westchester	15.15	24	30	7	20	88	73.33%
Beverly Dialysis	Chicago	8.7	24	30	6	12	79	109.72%
Fresenius Medical Care of Roseland	Chicago	14.1	24	30	6	12	72	100.00%

* Facilities did not report for 9-30-2012. Patient census identical to the number reported for 3-31-2012.

Don L Hollandsworth DO FACOI
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Office (773)843-5668
Cell (708)207-7111
Pager (708) 319-8861

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

Dear Chairman Galassie:

I am pleased to support DaVita's establishment of the West Side Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 1600 West 13th Street, Chicago, Illinois 60608 will directly benefit my patients.

I have been a practicing nephrologist in the area since completing my renal fellowship at Michael Reese Hospital back in 1973, the year U.S. congress mandated Medicare to financially cover end stage renal disease (ESRD) costs. Since that time, the growth of ESRD patients has exploded in part due to financial coverage and the epidemic of obesity, diabetes, and hypertension. Although the incidence is still very high among Caucasians, the incidence rate among African Americans and Hispanics has climbed to epidemic proportion. The proposed clinic is ideally suited to my practice's patients and the patients of other nephrologists in the area. My associates, Edwin Cook, D.O., Edward Cohen M.D., and I run a busy pre-ESRD clinic at Provident Hospital, which is a Division of Cook County Health Services, on a weekly basis for years. My patients come from all demographic areas.

While the best and financially prudent solution is renal transplant before ever seeing an outpatient dialysis unit, this is an extremely rare occurrence, mostly when family or friends are compatible donors. The other treatment option boils down to hemodialysis or peritoneal dialysis. West Side Dialysis will cater to the in-center hemodialysis, but will also work to implement home modalities for appropriate patients. Many patients can benefit from home hemodialysis as long as they are committed to monitoring their care and have a sufficient support network. Despite DaVita's commitment to home modalities/self care as the largest home dialysis provider in the area, the need to expand the number of dialysis chairs in the area exists.

Although the 30 minute rule for time to get to a dialysis unit in rural/suburban areas makes some sense, in communities like Chicago with very high density population, traffic congestion

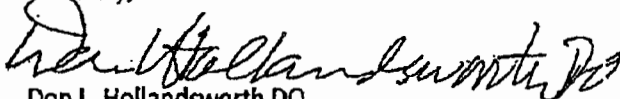
Attachment - 26B

forces many patients to utilize some form of public transportation rather than driving themselves. This is particularly troublesome for patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark and are concerned about getting home late in their neighborhoods. As such, a facility in their neighborhood is essential.

This is particularly true for my large patient-base. I have identified 86 patients suffering from Stage 3, 4, or 5 CKD. Conservatively, I predict at least 58 of these patients will progress to dialysis in the next 12 – 24 months. My large patient-base and the 66-station need identified in your own inventory demonstrate substantial demand for this facility. Further, this facility will directly benefit an already underserved Hispanic and African American population.

A list of pre-ESRD patients are provided at Attachment – 1. A list of my historical ESRD patients is provided at Attachment – 2. My patients need this facility, and, as such, I fully support the proposed establishment of West Side Dialysis. The information in this letter is true and correct to the best of my knowledge.

Sincerely,

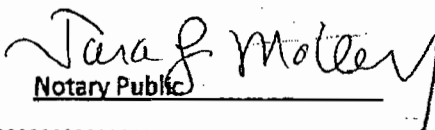


Don L. Hollandsworth DO

Nephrologist

Subscribed and sworn to me

This 21 day of Dec. 2012


Notary Public

Attachment 1

Zip Code	Total
60195	1
60402	1
60419	1
60429	1
60478	1
60608	1
60609	4
60615	1
60616	2
60617	5
60619	14
60620	8
60621	6
60624	1
60628	9
60629	1
60632	1
60636	7
60637	7
60639	1
60643	4
60649	5
60653	4
60827	1
Total	87

Mt. Greenwood Facility

2009		2010		2011	
Initials	Zip	Initials	Zip	Initials	Zip
JL	60653	JH	60628	JO	60620
EM	60617	CT	60628	JA	60653
JR	60453	MW	60617	TA	60653
DS	60465	MC	60615	JB	60615
AT	60637	EC	60653	CB	60637
DB	60653	RC	60621	WC	60619
HD	60609	HB	60615	DH	60629
AJ	60632	EB	60628	LH	60653
GS	60621	GB	60653	GH	60629
LB	60632	LB	60632	JM	60653
WE	60636	JA	60608	BM	60653
BK		WJ	60653	CM	60609
RT	60619	AJ	60637	WM	60637
LB	60615	JH	60617	MM	60653
TF	60620	CH	60615	LJ	60609
DL	60620	BG	60632	MJ	60653
LB	60621	JG	60609	EJ	60636
EF	60609	LC	60637	SW	60629
DM	60653	HC	60609	DW	60609
TB		AP	60637	BW	60636
VG	60629	JP	60620	TS	60632
BM	60619	SP	60649	RR	60621
RC	60653	JM	60609		
MG	60619	AM	60649		
KO	60637	DL	60636		
EC	60609	VK	60629		
TH	60621	RJ			
KP	60615	MV	60611		
CD	60649	FV	60621		
EH	60609	DT	60619		
ER	60637	MS	60620		
FD	60636	SS	60653		
RJ	60621	JS	60617		
JR	60653	DR	60609		
JD	60615	CP	60609		
MJ	60636	CW			
ES	60621	OW	60609		
		DW	60619		

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 1600 West 13th Street, Chicago, Illinois 60608. A map of the proposed facility's market area is attached at Attachment – 26C. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A).

Table 1110.1430(c)(1)(A)		
Population of Zip Codes within 30 Minutes of Proposed Facility		
Zip Code	City	Population
60515	DOWNERS GROVE	27503
60559	WESTMONT	24852
60561	DARIEN	23115
60527	WILLOWBROOK	27486
60514	CLARENDON HILLS	9708
60521	HINSDALE	17597
60558	WESTERN SPRINGS	12960
60148	LOMBARD	51468
60101	ADDISON	39119
60191	WOOD DALE	14310
60523	OAK BROOK	9890
60181	VILLA PARK	28836
60126	ELMHURST	46371
60162	HILLSDALE	8111
60163	BERKELEY	5209
60164	MELROSE PARK	22048
60106	BENSENVILLE	20309
60018	DES PLAINES	30099
60016	DES PLAINES	59690
60464	PALOS PARK	9620
60480	WILLOW SPRINGS	5246
60465	PALOS HILLS	17495
60457	HICKORY HILLS	14049
60455	BRIDGEVIEW	16446
60525	LA GRANGE	31168
60526	LA GRANGE PARK	13576
60458	JUSTICE	14428
60501	SUMMIT ARGO	11626
60513	BROOKFIELD	19047
60534	LYONS	10649
60482	WORTH	11063
60415	CHICAGO RIDGE	14139

60459	BURBANK	28929
60453	OAK LAWN	56855
60456	HOMETOWN	4349
60638	CHICAGO	55026
60402	BERWYN	63448
60469	POSEN	5930
60406	BLUE ISLAND	25460
60419	DOLTON	22788
60827	RIVERDALE	27946
60409	CALUMET CITY	37186
60655	CHICAGO	28550
60805	EVERGREEN PARK	19852
60652	CHICAGO	40959
60643	CHICAGO	49952
60620	CHICAGO	72216
60629	CHICAGO	113916
60632	CHICAGO	91326
60636	CHICAGO	40916
60621	CHICAGO	35912
60609	CHICAGO	64906
60628	CHICAGO	72202
60619	CHICAGO	63825
60633	CHICAGO	12927
60617	CHICAGO	84155
60637	CHICAGO	49503
60653	CHICAGO	29908
60615	CHICAGO	40603
60649	CHICAGO	46650
60154	WESTCHESTER	16773
60155	BROADVIEW	7927
60104	BELLWOOD	19038
60165	STONE PARK	4946
60160	MELROSE PARK	25432
60153	MAYWOOD	24106
60141	HINES	224
60546	RIVERSIDE	15668
60130	FOREST PARK	14167
60305	RIVER FOREST	11172
60707	ELMWOOD PARK	42920
60131	FRANKLIN PARK	18097
60176	SCHILLER PARK	11795
60171	RIVER GROVE	10246
60634	CHICAGO	74298
60706	HARWOOD HEIGHTS	23134
60656	CHICAGO	27613
60631	CHICAGO	28641
60304	OAK PARK	17231
60301	OAK PARK	2539

60302	OAK PARK	32108
60804	CICERO	84573
60623	CHICAGO	92108
60644	CHICAGO	48648
60639	CHICAGO	90407
60651	CHICAGO	64267
60624	CHICAGO	38105
60641	CHICAGO	71663
60630	CHICAGO	54093
60646	CHICAGO	27177
60712	LINCOLNWOOD	12590
60068	PARK RIDGE	37475
60714	NILES	29931
60053	MORTON GROVE	23260
60029	GOLF	482
60093	WINNETKA	19570
60077	SKOKIE	26825
60076	SKOKIE	33415
60203	EVANSTON	4523
60091	WILMETTE	27020
60608	CHICAGO	82739
60647	CHICAGO	87291
60612	CHICAGO	33472
60622	CHICAGO	52548
60607	CHICAGO	23897
60616	CHICAGO	48433
60642	CHICAGO	18480
60614	CHICAGO	66617
60661	CHICAGO	7792
60654	CHICAGO	14875
60606	CHICAGO	2308
60602	CHICAGO	1204
60610	CHICAGO	37726
60618	CHICAGO	92084
60625	CHICAGO	78651
60659	CHICAGO	38104
60645	CHICAGO	45274
60657	CHICAGO	65996
60613	CHICAGO	48281
60640	CHICAGO	65790
60660	CHICAGO	42752
60626	CHICAGO	50139
60605	CHICAGO	24668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11110
60611	CHICAGO	28718
60202	EVANSTON	31361

60201	EVANSTON	43125
Total		4,312,133

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited April 10, 2012).

- 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 96% of the State average, the average utilization of existing facilities is 77.37%, 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 96% of the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	4,312,133	1,279	1:3,371
State	12,830,632	3,946	1:3,251

b. Historic Utilization of Existing Facilities

Additionally, the average utilization in the service area is 77.37%. 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 66 additional dialysis stations, as identified by the HFSRB Inventory.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. As set forth above in Table 1110.230(b)(2), Dr. Hollandsworth is currently treating 87 CKD patients. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 58 of these patients will initiate dialysis within 12 to 24 months.

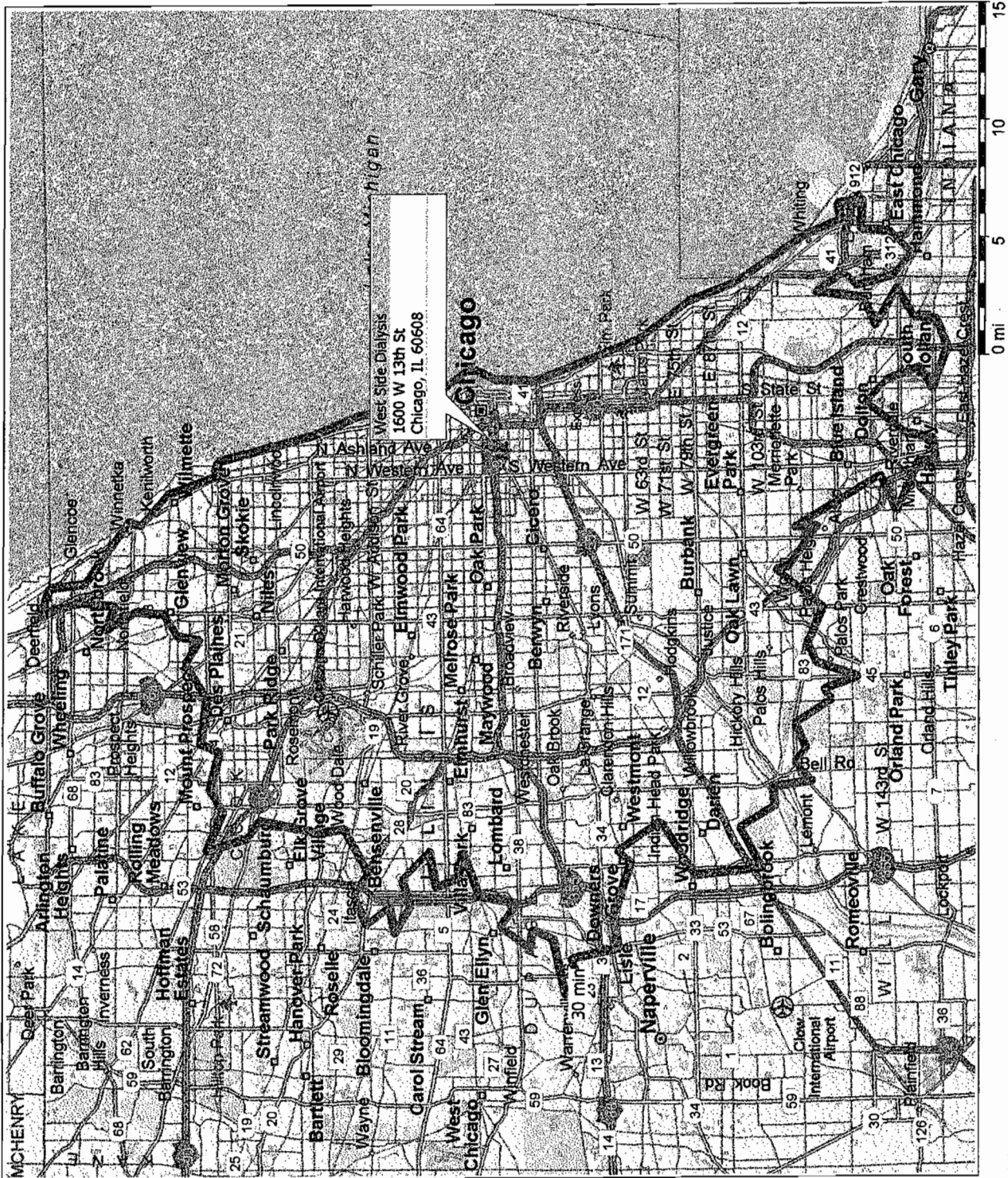
3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the average utilization at the existing facility within

the service area is 77.37% and the HFSRB Inventory identifies a need of 66 additional stations.

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

West Side Dialysis Geographic Service Area



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

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

Administrator
Registered Nurse (2.0 FTE)
Patient Care Technician (5.5 FTE)
Biomedical Technician (0.2 FTE)
Social Worker (licensed MSW) (0.5 FTE)
Registered Dietitian (0.3 FTE)
Administrative Assistant (0.8 FTE)

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

Curriculum Vitae

04/28/2009

Name Don L. Hollandsworth D.O. F.A.C.O.I.
Profession: Physician, Osteopathic
Board Certified:
Internal Medicine-Residency
Nephrology-- Fellowship
Geriatrics-Written examination

Academic title: Associate Professor of Medicine
Department of Internal Medicine
Section of Nephrology
Midwestern University

Home Address: 1624 Tina Lane
Flossmoor, IL 60422
(708)-799-5469
Fax (708)-799-5521

now
Office *ADVOCATE* Midwest Physicians Group
MEDICAL 4001 Vollmer Road
GROUP Olympia Fields, IL 60461
AS OF (708) 481-8883 ext 362
7/1/09 Wednesdays 12:30 - 6:00 pm

Facilities Covered: Olympia Fields Dialysis Center
4557 B Lincoln Hwy
Mattson, IL 60443
(708)-603-1112
FAX (708)-603-1116

Davita Emerald Dialysis
43 rd and Emerald Av
Chicago, IL
(773) 843-5668

Glenshire Nursing Center
Dialysis facility in Nursing Home
Cicero and Imperial Drive
Richton Park, IL
(708)-747-7960

Crestwood Care Conv. Center
Dialysis Facility in Nursing Home
145th & Cicero Ave.
Crestwood, IL 60445
(708)-371-0400

SOUTH SUBURBAN HOSPITAL
HAZEL CREST, IL
7/20/09 to present

Current Hospitals:**Saint James Olympia Fields**

20201 So. Crawford Ave.

Olympia Fields, IL 60461

(708)-747-4000 ext. 1909

Dept. of Internal Medicine

Section of Nephrology

Full Nephrology Privileges 07/14 - Present

St James Hospital Chicago Heights

1423 Chicago Road

Chicago Heights, Ill 60411

(708)756-1000

Dept. of Internal Medicine

Section of Nephrology

Full Nephrology Privileges

Provident Hospital

500 East 51st. street

Chicago, IL 60615

Dept. of Internal Medicine

Consultant in Nephrology,

Cook County Hospital System

312-572-2000

7/04 - PRESENT

Past Hospitals:**Michael Reese Hospital (CLOSED)**

2929 So. Ellis Av.

Chicago, IL 60606

(312)-791-2000

Dept. of Internal Medicine

Section of Nephrology

Full Nephrology privileges

Recently closed 2008 7/74 - 11/08

Chicago Osteopathic Hospital and**Medical Center Closed 1996**

5200 So. Ellis Ave.

Chicago, IL 60615

Currently Housing Condo's / Lofts.

South Suburban Hospital

Hazel Crest, IL

Left voluntarily 2005 with very little patient activity and
high staff fees. 5/01 - 4/04**Basic Info:****Date of birth:**

June 16, 1941

Place:

Lansing, Michigan

Religion: Catholic

Military: None

Health: Excellent

Marital status: Married 9/13/80

Children: Michael Patrick 6/3/81
Brendan Timothy 12/27/83
Ryan Kevin 1/19/84
Erin Colleen 3/15/88

Education:

Pre-professional: Everett High School 1956 - 1959
Lansing, Michigan

Lansing Community College
P. O. Box 40010
Lansing, MI 48901 1959 - 1962
AS degree
Fax (517) 483-1883
(517) 483-1587

Northeast Missouri State
currently known as: 1962 - 1963
Truman State Univ.
Kirksville, Mo. 63501
Fax (660) 786-7386.
(660) 785-400

Professional: Kirksville College of 1963 - 1967
Osteopathic Medicine
and Surgery. DO Degree
800 West Jefferson
Kirksville, Mo. 63501
(800) 877-6564

Internship: Saginaw Osteopathic 1967 - 1968
Hospital, Rotating
Saginaw, Michigan
Closed or sold

Residency: Chicago Osteopathic 1968 - 1971
Hospital
5200 Ellis Ave.
Chicago, IL 60616
Closed by Columbia HC
Dr. Ward Perrin, Program
Director (708) 747-4000

Fellowship:**Internal Medicine**

Michael Reese Hospital 1971-1973
 2829 So. Ellis Av.
 Chicago, IL 60616
 (312) 791-2000
 Fax (312) 791-8006

Nephrology trainers:

V Pollak MD (Retired)
 F. Coe MD (U of C)
 Dennis Levison MD
 Chair of Medicine

Certification

All Certificate numbers are identical
 Through the American Osteopathic Board
 Of Internal Medicine

Internal Medicine 7/14/76 #291 AOBIM

Nephrology 7/9/80 # 291 AOBIM
 Geriatrics by Written Examination
 11/3/91 AOBIM # 291

**Professional
Organizations**

American Osteopathic Association #027616 1967-current

American Osteopathic Board Internal Medicine 1976-current

Fellow American College of Osteopathic Internists 1978-current

Ill. Assoc. Of Osteopathic Phys. & Surgeons 1968-current

American Society of Nephrology 1974-current

International Society of Nephrology 1974-current

Other Positions held:

Medical director: 1990-current
 DeVita Dialysis,
 Olympia Fields, Ill

Assistant Professor of Medicine @ CCOM 1973-1977

Same as below with
Name change

Associate Professor of 1977-current
Medicine
Midwestern University
555 31st.
Downers Grove, IL 605115-1235
(630) 969-4400
Fax (630) 515-7134

License #

Illinois State Medical # Info upon request
UPEN# Info upon request

Medicare # Info upon request

Public Aid # Info upon request

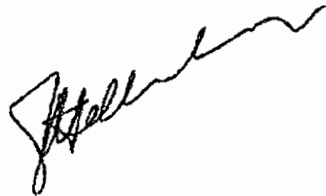
AOA# 027616

Controlled Substance Registration
Info upon request

Controlled Substance
Info upon request

Insurance

ISMIE # Info upon request

A handwritten signature in black ink, appearing to read "J. H. Allen", is written diagonally across the lower right portion of the page.

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, medications, 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 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), role of the Social Worker and conflict resolution. Additional topics are included as per specific state regulations.

A final comprehensive examination score of $\geq 80\%$ (unless state requires a higher score) 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, Systems/applications training on LMS, One For All orientation training in the facility or classroom, LMS Compliance training, LMS Diversity 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
- Critical thinking
- Hepatitis review
- Vascular access assessment
- Pharmacology for nurses
- Outcomes management
- CKD MBD
- Anemia
- Adequacy of dialysis

- Lab results
- Village initiatives
- Fluid management
- Developing plan of care
- Survey readiness
- Patient assessment

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 will be successfully completed prior to the new teammate receiving an independent assignment. 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 improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

Program Content

The programs content for the new patient care provider teammate without previous dialysis experience incorporates content related to the following areas.

- I. DaVita 101/DaVita Way**
 - A. Behavioral objectives**
 - 1. State our mission
 - 3. Describe our six core values
 - 4. Describe the DaVita Way
 - 5. List the team members in their local village
 - B. Content outline**
 - 1. DaVita Village and additional services
 - 2. Our mission
 - 3. Our core values
 - a. Service excellence
 - b. Integrity
 - c. Team
 - d. Continuous improvement
 - e. Accountability
 - f. Fulfillment
 - g. Fun
 - 4. DaVita Way of Communication
 - a. Our language
 - b. VillageWeb
 - c. DaVita Village Voice
 - d. Computer systems
 - 5. Teammate resources
 - 6. One For All
 - a. Process review

II. Treatment Modalities

- A. Behavioral objectives**
 - 1. Name four treatment options for patients with renal failure

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

Attached at Attachment – 26F is a letter from Kim Rivera, Chief Legal Officer of DaVita HealthCare Partners Inc. and Total Renal Care, Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.



2000 16th Street
Denver, CO 80202
(303) 405-2100
www.davita.com

December 19, 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 Westside Dialysis will maintain an open medical staff.

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

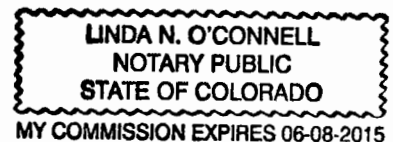
- DaVita utilizes an dialysis electronic data system;
- Westside Dialysis will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

Kim M. Rivera
Chief Legal Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 19th day of December, 2012

Notary Public



Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-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 HealthCare Partners Inc. has agreements with several of the hospitals in the area to provide inpatient care and other hospital services. Attached at Attachment – 26G is a copy of a Transfer Agreement with Northwestern Memorial Hospital.

TRANSFER AGREEMENT

This Transfer Agreement ("Agreement") is entered into as of November __, 2011 ("Effective Date") by and between Northwestern Memorial Hospital, an Illinois corporation ("Receiving Hospital") and Total Renal Care, Inc. Total Renal Care, Inc. is entering into this Agreement for the benefit of itself and its affiliates operating in the City of Chicago (hereinafter "Transferring Provider"). The Receiving Hospital and Transferring Provider may be referred to individually as a "Party" and collectively the "Parties".

RECITALS

WHEREAS, Transferring Provider owns and operates outpatient dialysis facilities for the care and treatment of patients suffering from end-stage renal disease;

WHEREAS, from time to time, Transferring Provider treats patients who may require hospitalization and other services provided by Receiving Hospital which such services are not available at Transferring Provider, but are available at Receiving Hospital; and

WHEREAS, the Parties desire to establish a transfer arrangement to promote continuity of care and treatment appropriate to the needs of patients with end-stage renal disease.

NOW, THEREFORE, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein:

SECTION 1 PATIENT TRANSFERS

- 1.1 **Acceptance of Patients.** Upon recommendation of any attending physician who treats patients at one or more of the Transferring Provider dialysis units identified on Exhibit A, and pursuant to the provisions of this Agreement, Receiving Hospital agrees to accept the transfer of Transferring Provider patients requiring hospitalization and other services provided by Receiving Hospital (which may include inpatient dialysis from Transferring Provider *provided that* customary admission requirements, applicable State and Federal laws and regulations are met, and Receiving Hospital has the capacity and ability to treat the patient, as determined in its sole discretion. A request for a patient transfer shall be made by Transferring Provider as soon as possible once the need for a transfer has been identified. After receiving a transfer request, Receiving Hospital shall exercise its reasonable best efforts to promptly communicate whether it has the capacity to accept the transfer. Receiving Hospital further agrees to exercise its reasonable best efforts to provide for the prompt admission of transferred patients.
- 1.2 **Appropriate Transfer.** It shall be Transferring Provider's responsibility, at no cost to Receiving Facility, to arrange for appropriate and safe transportation and care of the patient during such transport. To the extent that the Transferring Provider has responsibilities under the Emergency Medical Treatment and Active Labor Act ("EMTALA"), the Transferring Provider shall assure that the transfer is an "appropriate transfer" as defined in EMTALA and related regulations, and is carried out in accordance

with any other applicable laws and regulations. The Transferring Provider shall provide all available information regarding the patient when requesting a transfer, and shall comply with Section 2 below regarding the transmission of the patient's medical record to Receiving Hospital. Direct communication between the patient's attending physician from the Transferring Provider and an attending physician at the Receiving Hospital is required before Receiving Hospital will agree to accept the requested transfer.

- 1.3 **Standard of Performance.** Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as may be required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid.
- 1.4 **Billing and Collections.** Each Party shall be entitled to bill patients and any third parties responsible for paying a patient's bill, for services rendered to patients by such Party and its employees, agents and representatives, and neither Party will have any liability to the other Party for such charges. Each Party shall be solely responsible for all matters pertaining to its billing and collection of such charges, including all forms, documentation, and insurance verification. The Parties shall reasonably cooperate with each other in the preparation and completion of all forms and documentation necessary for billing.

SECTION 2 MEDICAL RECORDS

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of a transferred patient, or which may be relevant in determining whether such patient can be adequately cared for by the Receiving Hospital. All such information shall be provided by the Transferring Provider in advance, where possible, and in any event, no later than at the time of the transfer. The Transferring Provider shall send a copy of all patient medical records that are available at the time of transfer to the Receiving Hospital, including documentation pertaining to the transfer. Any other patient records shall be sent as soon as practicable after the transfer. Each Party shall and shall cause its employees and agents to protect the confidentiality of all patient health information, and comply with all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the privacy and security regulations related to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

SECTION 3 TERM AND TERMINATION

- 3.1 **Term.** This Agreement shall be effective as of the Effective Date and shall remain in effect until terminated as provided herein.
- 3.2 **Termination.** This Agreement may be terminated as follows:

- (a) **Termination by Mutual Consent.** The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.
- (b) **Termination without Cause.** Either Party may terminate this Agreement, without cause, upon thirty (30) days prior written notice to the other Party.
- (c) **Termination for Cause.** A party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:
 - (i) If such Party determines that the continuation of this Agreement would endanger patient care.
 - (ii) Violation by the other Party of any material provision of this Agreement, which violation continues for a period of fifteen (15) days after receipt of written notice by the other Party specifying the violation and failure by the other Party to cure.
 - (iii) Exclusion of the other Party from participation in the Medicare or Medicaid programs or conviction of the other Party of a felony related to the provision of health care services.
 - (iv) Except with respect to a change from one accrediting organization to another, the other Party's loss or suspension of any certification, license, accreditation (including Health Facilities Accreditation Program ("HFAP") or Joint Commission on Accreditation of Healthcare Organizations ("Joint Commission") or other applicable accreditation), or other approval necessary to render acute patient care services.

SECTION 4 NON-EXCLUSIVE RELATIONSHIP

This Agreement shall be non-exclusive. Either Party shall be free to enter into similar arrangements at any time with other hospitals, or health care entities on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks in any promotional or advertising material without first obtaining the written consent of the other Party.

SECTION 5 LICENSURE AND INSURANCE

- 5.1 **Licenses, Permits and Certification.** Each party represents to the other Party that it and all of its employees, agents and representatives possess and shall maintain all required licenses, permits and certifications enabling such Party to provide the services referenced in this Agreement.
- 5.2 **Notification of Claims.** Each Party shall notify the other Party in writing of any action or suit filed, and shall give prompt notice of any claim made, against the Party by any person or entity that may result in litigation related to the subject of this Agreement.

SECTION 6 COMPLIANCE

- 6.1 **Compliance.** At all times, both Parties shall comply with all federal, state and local laws, rules and regulations now in effect or later adopted relating to the services to be provided hereunder. Each Party shall promptly notify the other Party if it receives notice of any actual or alleged infraction or violation of the same, or notice of any suit or action filed or claim made against a Party related to this Agreement.
- 6.2 **Mutual Representations and Warranties.** As of the date hereof and throughout the term of this Agreement, each Party represents and warrants to the other Party that it: (a) is licensed to operate a general acute care hospital in Illinois; (b) is participating provider in all federally funded health care programs, including Medicare and Medicaid; and (c) is accredited by the HFAP or Joint Commission. A Party shall promptly notify the other Party if it is no longer able to support any of the above representations and warranties.

SECTION 7 MISCELLANEOUS

- 7.1 **Non-Referral of Patients.** Neither Party is under any obligation to refer or transfer patients to the other Party. Neither Party will receive any payment for any patients referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on the professional judgment of the treating physician(s) and the individual needs and wishes of the patient.
- 7.2 **Relationship of the Parties.** The Parties expressly acknowledge that, in performing their respective obligations under this Agreement, each is acting independently. The Parties are not, and shall not be considered to be, joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as an agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party.
- 7.3 **Notices.** Any notice required to be given under this Agreement shall be in writing and shall be deemed given when personally delivered or sent by prepaid United States certified mail, return receipt requested, or by traceable one or two-day courier to each Party as follows:

To Receiving Hospital: Northwestern Memorial Hospital
251 E. Huron
Chicago, IL 60611
Attention: Chief Executive Officer

With a copy to: Northwestern Memorial Hospital
211 E. Ontario Street, Suite 1800
Chicago, IL 60611
Attention: Office of General Counsel

To Transferring Provider: Total Renal Care, Inc, Skyline Region 1
2659 N. Milwaukee Avenue, 2nd Floor
Chicago, Illinois 60647
Attention: Division Vice-President

With a copy to: Total Renal Care, Inc.
c/o DaVita Inc.
1551 Wewatta St.
Denver, CO 80202
Attention: Fusion Group General Counsel

or to such other address of which the receiving Party has given notice pursuant to this Section. All notices shall be considered given and received on the date actually received if given by personal delivery, or traceable courier service.

- 7.4 **Assignment.** Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party, or a successor in interest to substantially all of the assets of such Party.
- 7.5 **Entire Agreement; Amendment.** This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement. Notwithstanding the foregoing, Transferring Provider may amend Exhibit A of this Agreement to add other dialysis facilities located within the City of Chicago by providing written notice to Receiving Hospital of any additions or deletions to Exhibit A it being understood that patients who require transfer who are being treated at dialysis units in near proximity to other hospitals with adequate capacity and capabilities may be the more appropriate options for certain patient transfers particularly when the need for hospitalization services are of an emergent nature.
- 7.6 **Governing Law.** This Agreement shall be governed by and construed according to the laws of the State of Illinois without regard to the conflict of laws provisions thereunder.
- 7.7 **Headings.** The headings of sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.
- 7.8 **Non-discrimination.** Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability while acting pursuant to this Agreement.
- 7.9 **Severability.** If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

7.10 Successors and Assigns. This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.

7.11 Waiver. No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.

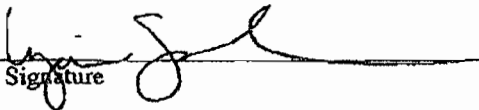
7.12 Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

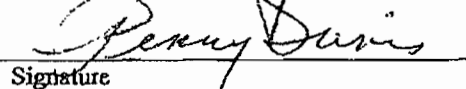
7.13 Approval by DaVita Inc. ("DaVita") as to form. The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita as to the form hereof.

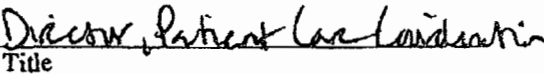
IN WITNESS WHEREOF, the Parties have executed this Agreement through their respective authorized officers, Effective Date.

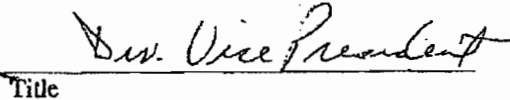
Northwestern Memorial Hospital

Total Renal Care, Inc.


Signature


Signature


Title


Title

APPROVED AS TO FORM ONLY:

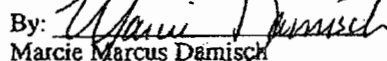
By: 
Marcie Marcus Damisch
Its: Group General Counsel

Exhibit A
Transferring Provider Dialysis Facilities

Beverly Dialysis
8109 South Western Ave.
Chicago, IL 60620

Mount Greenwood Dialysis
3401 W. 111th St.
Chicago, IL 60165

Children's Dialysis
2611 N. Halsted St.
Chicago, IL 60614

Stony Island Dialysis
8725 S. Stony Island Ave.
Chicago, IL 60617

Emerald Kidney Center
710 W. 43rd St.
Chicago, IL 60609

West Lawn Dialysis
7000 S. Pulaski Rd
Chicago, IL 60629

Grand Crossing Dialysis
7319-7325 South Cottage Grove
Chicago, IL 60619

Woodlawn Dialysis
1164 E. 55th St.
Chicago, IL 60637

Lake Park Dialysis
1531 E. Hyde Park Blvd.
Chicago, IL 60615

Lawndale Dialysis
3934 West 24th Street
Chicago, IL 60623

Lincoln Park Dialysis
3157 N. Lincoln Ave.
Chicago, IL 60657

Little Village Dialysis
2335 W. Cermak Rd.
Chicago, IL 60608

Logan Square Dialysis
2659 N. Milwaukee Ave., 1st Fl.
Chicago, IL 60647

Loop Renal Center
1101 South Canal Street
Chicago, IL 60607

Montclare Dialysis
7009 Belmont Ave.
Chicago, IL 60634

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

The Applicants propose the establishment of a 12-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 – 26H is a letter from Kim Rivera, Chief Legal Officer DaVita HealthCare Partners Inc. and Total Renal Care, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation



2000 16th Street
Denver, CO 80202
(303) 405-2100
www.davita.com

December 19, 2012

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

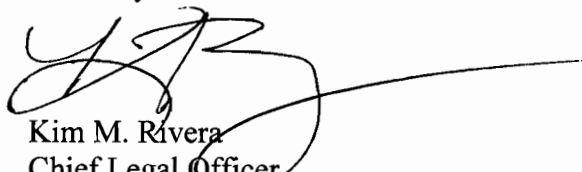
Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

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

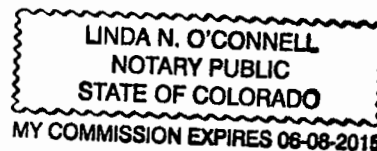
- By the second year after project completion, Westside Dialysis expects to achieve and maintain 80% target utilization; and
- Westside Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,


Kim M. Rivera
Chief Legal Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 19th day of December, 2012


Notary Public



125

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 Inland Western Chicago Ashland, LLC. A copy of DaVita's 2011 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 12-034 and is incorporated herein by reference.

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 and is incorporated herein by reference.

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

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



2000 16th Street
Denver, CO 80202
(303) 405-2100
www.davita.com

December 19, 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

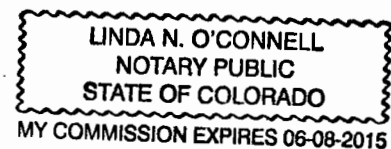
Dear Chairman Galassie:

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,

Kim M. Rivera
Chief Legal Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 19th day of December, 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		\$167.96			6,700			\$1,125,350	\$1,125,350
Contingency		\$24.67			6,700			\$165,266	\$165,266
TOTALS		\$192.63			6,700			\$1,290,616	\$1,290,616
* 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	\$1,125,350	\$176.19 per gsf x 6,700 gsf = \$176.19 x 6,700 = \$1,180,473	Below State Standard
Contingencies	\$165,266	10-15% of Modernization Contracts = 10-15% x \$1,125,350 = \$112,535 - \$168,802	Meets State Standard
Architectural/Engineering Fees	\$87,650	6.64% - 9.94% x (Modernization Costs + Contingencies) = 6.64% - 9.94% x (\$1,125,350 + \$165,266) = 6.64% - 9.94% x \$1,290,616 = \$85,697 - \$128,287	Meets State Standard
Consulting and Other Fees	\$87,500	No State Standard	No State Standard
Moveable Equipment	\$458,833	\$39,945 per station x 12 stations \$39,945 x 12 = \$479,340	Below State Standard

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

Operating Expenses: \$2,411,003

Treatments: 9,048

Operating Expense per Treatment: \$266.47

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

Capital Costs:

Depreciation:	\$108,077
Amortization:	\$ 7,055
Total Capital Costs:	\$115,132

Treatments: 9,048

Capital Costs per Treatment: \$12.72

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners 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 Kidney Smarting patients, and community outreach. A copy of DaVita's 2011 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on October 2, 2012 as part of Applicants' application for Proj. No. 12-085. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates among large dialysis providers in 2010. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which was \$1 Billion in savings to the health care system and the American taxpayer in 2011.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), average utilization among existing facilities within 30 minutes of the proposed facility is 77.37%. Thus, the proposed facility is necessary to allow the existing facility to operate at its optimum capacity while at the same time accommodating the growing demand for dialysis services. Based upon the latest inventory data, there is a need for 66 dialysis stations in HSA 6, the service area where the proposed facility will be located. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the establishment of West Side Dialysis. As such, this criterion is not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2009	2010	2011
Charity (# of patients)	124	66	96
Charity (cost in dollars)	\$597,263	\$957,867	\$830,580
MEDICAID			
	2009	2010	2011
Medicaid (# of patients)	445	563	729
Medicaid (revenue)	\$8,820,052	\$10,447,021	\$14,585,645

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			
	2009	2010	2011
Net Patient Revenue	\$149,370,292	\$161,884,078	\$219,396,657
Amount of Charity Care (charges)	\$597,263	\$957,867	\$830,580
Cost of Charity Care	\$597,263	\$957,867	\$830,580

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.



Trip to:

8315-8331 S Holland Rd

Chicago, IL 60620-1328

10.63 miles / 17 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**1.4 Mi***9.9 Mi Total*8. Take **EXIT 61A** toward **83rd St.** [Map](#)**0.2 Mi***10.0 Mi Total*9. Keep **right** at the fork in the ramp. [Map](#)**0.2 Mi***10.2 Mi Total*10. Turn **slight left** onto **S Lafayette Ave.** [Map](#)**0.08 Mi***10.3 Mi Total*11. Take the 1st **right** onto **W 83rd St.** [Map](#)**0.3 Mi***10.6 Mi Total*12. Turn **left** onto **S Holland Rd.** [Map](#)**0.01 Mi***10.6 Mi Total*13. **8315-8331 S HOLLAND RD.** [Map](#)**8315-8331 S Holland Rd, Chicago, IL 60620-1328****Total Travel Estimate: 10.63 miles - about 17 minutes**

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Appendix - 1



Trip to:

1444-1454 W Willow St

Chicago, IL 60642-1524

5.13 miles / 10 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**2.9 Mi***4.5 Mi Total*6. Take the **IL-64 / North Ave** exit, **EXIT 48B.** [Map](#)**0.2 Mi***4.7 Mi Total*7. Turn **right** onto **IL-64 / W North Ave.** [Map](#)**0.1 Mi***4.8 Mi Total*8. Take the 2nd **left** onto **N Elston Ave.** [Map](#)**0.2 Mi***5.1 Mi Total*9. Take the 3rd **right** onto **W Willow St.** [Map](#)**0.06 Mi***5.1 Mi Total*10. **1444-1454 W WILLOW ST.** [Map](#)**1444-1454 W Willow St, Chicago, IL 60642-1524****Total Travel Estimate: 5.13 miles - about 10 minutes**

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Notes

Trip to:

1653 W Congress Pkwy

Chicago, IL 60612-3833

1.05 miles / 3 minutes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.1 Mi***0.9 Mi Total*4. Take the 1st **left** onto **S Paulina St.** [Map](#)**0.08 Mi***1.0 Mi Total*5. Take the 1st **left** onto **W Congress Pky.** [Map](#)**0.06 Mi***1.1 Mi Total*6. **1653 W CONGRESS PKWY.** [Map](#)**1653 W Congress Pkwy, Chicago, IL 60612-3833****Total Travel Estimate: 1.05 miles - about 3 minutes**

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Trip to:

1940 Springer Dr

Lombard, IL 60148-6419

21.63 miles / 31 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi**

0.8 Mi Total

3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi**

0.9 Mi Total

4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**12.2 Mi**

13.2 Mi Total

5. Keep **left** to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). [Map](#)**1.9 Mi**

15.1 Mi Total

6. Keep **right** at the fork to continue on **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** (Portions toll). [Map](#)**4.3 Mi**

19.4 Mi Total

7. Take the **Highland Ave** exit. [Map](#)**0.2 Mi**

19.6 Mi Total

8. Keep **right** to take the ramp toward **Lombard / Chiropractic College.** [Map](#)**0.05 Mi**

19.7 Mi Total

9. Turn **right** onto **Highland Ave.** [Map](#)**0.03 Mi**

19.7 Mi Total

10. Merge onto **Butterfield Rd / IL-56 W** via the ramp on the **left.** [Map](#)**0.8 Mi**

20.5 Mi Total

11. Turn **right** onto **Finley Rd.** [Map](#)**0.9 Mi**

21.4 Mi Total

12. Turn **left** onto **Foxworth Blvd.** [Map](#)**0.1 Mi**

21.5 Mi Total

13. Turn **right** onto **Springer Dr.** [Map](#)**0.1 Mi**

21.6 Mi Total

**1940 Springer Dr, Lombard, IL 60148-6419****Total Travel Estimate: 21.63 miles - about 31 minutes**

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Notes

Trip to:

7000 S Pulaski Rd

Chicago, IL 60629-5842

8.94 miles / 21 minutes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **S Blue Island Ave.** [Map](#)**0.6 Mi***1.4 Mi Total*4. Turn **left** onto **S Damen Ave.** [Map](#)**0.7 Mi***2.2 Mi Total*5. Merge onto **I-55 S / Stevenson Expy S.** [Map](#)**2.4 Mi***4.6 Mi Total*6. Take the **Pulaski Rd** exit, **EXIT 287.** [Map](#)**0.2 Mi***4.9 Mi Total*7. Keep **left** at the fork in the ramp. [Map](#)**0.07 Mi***4.9 Mi Total*8. Turn **slight left** onto **S Pulaski Rd.** [Map](#)**4.0 Mi***8.9 Mi Total***7000 S Pulaski Rd, Chicago, IL 60629-5842****Total Travel Estimate: 8.94 miles - about 21 minutes**

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Trip to:

4800 N Broadway St

Chicago, IL 60640-3604

9.41 miles / 21 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**3.5 Mi***5.1 Mi Total*6. Take the **Armitage Ave** exit, **EXIT 48A.** [Map](#)**0.2 Mi***5.3 Mi Total*7. Turn **sharp right** onto **W Armitage Ave.** [Map](#)**0.09 Mi***5.4 Mi Total*8. Take the 2nd **left** onto **N Ashland Ave.** [Map](#)**3.5 Mi***8.9 Mi Total*9. Turn **right** onto **W Lawrence Ave.** [Map](#)**0.5 Mi***9.4 Mi Total*10. Turn **left** onto **N Broadway St.** [Map](#)**0.01 Mi***9.4 Mi Total*11. **4800 N BROADWAY ST** is on the **left.** [Map](#)**4800 N Broadway St, Chicago, IL 60640-3604****Total Travel Estimate: 9.41 miles - about 21 minutes**

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Trip to:

1340 S Damen Ave

Chicago, IL 60608-1169

0.57 miles / 1 minute

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **west** on **W 13th St** toward **S Paulina St**. [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **left** onto **S Damen Ave**. [Map](#)**0.06 Mi***0.6 Mi Total*3. **1340 S DAMEN AVE** is on the **right**. [Map](#)**1340 S Damen Ave, Chicago, IL 60608-1169****Total Travel Estimate: 0.57 miles - about 1 minute**

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Trip to:

1111 Superior St

Melrose Park, IL 60160-4138

11.40 miles / 19 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**8.3 Mi***9.3 Mi Total*5. Take the **IL-171 / 1st Ave** exit, **EXIT 20.** [Map](#)**0.1 Mi***9.4 Mi Total*6. Stay **straight** to go onto **Harrison St.** [Map](#)**0.07 Mi***9.5 Mi Total*7. Take the 1st **right** onto **S 1st Ave / IL-171.** [Map](#)**1.2 Mi***10.6 Mi Total*8. Turn **left** onto **Lake St.** [Map](#)**0.7 Mi***11.3 Mi Total*9. Turn **right** onto **N 11th Ave.** [Map](#)**0.08 Mi***11.4 Mi Total*10. Take the 1st **left** onto **Superior St.** [Map](#)**0.01 Mi***11.4 Mi Total***1111 Superior St, Melrose Park, IL 60160-4138****Total Travel Estimate: 11.40 miles - about 19 minutes**

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Trip to:

[1-17] E 43rd St

Chicago, IL 60653

5.40 miles / 11 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**3.7 Mi***4.9 Mi Total*6. Take **EXIT 56A** toward **43rd St.** [Map](#)**0.2 Mi***5.1 Mi Total*7. Turn **slight left** onto **S Wentworth Ave.** [Map](#)**0.03 Mi***5.1 Mi Total*8. Take the 1st **left** onto **W 43rd St.** [Map](#)**0.3 Mi***5.4 Mi Total***[1-17] E 43rd St, Chicago, IL 60653****Total Travel Estimate: 5.40 miles - about 11 minutes**

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Trip to:

2611 N Halsted St

Chicago, IL 60614-2301

5.78 miles / 14 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**0.9 Mi***2.5 Mi Total*6. Take the **Lake St** exit, **EXIT 51A.** [Map](#)**0.1 Mi***2.7 Mi Total*7. Turn **left** onto **W Lake St.** [Map](#)**0.1 Mi***2.8 Mi Total*8. Turn **right** onto **N Halsted St.** [Map](#)**1.8 Mi***4.6 Mi Total*9. **N Halsted St** becomes **N Halsted Sts.** [Map](#)**0.05 Mi***4.6 Mi Total*10. **N Halsted Sts** becomes **N Halsted St.** [Map](#)**1.2 Mi***5.8 Mi Total*11. **2611 N HALSTED ST** is on the **right.** [Map](#)**2611 N Halsted St, Chicago, IL 60614-2301****Total Travel Estimate: 5.78 miles - about 14 minutes**

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Trip to:

6201 W 63rd St

Chicago, IL 60638-5009

10.14 miles / 20 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **S Blue Island Ave.** [Map](#)**0.6 Mi***1.4 Mi Total*4. Turn **left** onto **S Damen Ave.** [Map](#)**0.7 Mi***2.2 Mi Total*5. Merge onto **I-55 S / Stevenson Expy S.** [Map](#)**4.6 Mi***6.8 Mi Total*6. Take the **Central Ave** exit, **EXIT 285.** [Map](#)**0.3 Mi***7.1 Mi Total*7. Turn **left** onto **S Central Ave.** [Map](#)**2.3 Mi***9.4 Mi Total*8. Turn **right** onto **W 63rd St.** [Map](#)**0.8 Mi***10.1 Mi Total*9. **6201 W 63RD ST** is on the **left.** [Map](#)**6201 W 63rd St, Chicago, IL 60638-5009****Total Travel Estimate: 10.14 miles - about 20 minutes**

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Trip to:

55 E Washington St

Chicago, IL 60602-2103

3.47 miles / 8 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**0.7 Mi***2.3 Mi Total*6. Take **EXIT 51C** toward **East Washington Blvd.** [Map](#)**0.1 Mi***2.5 Mi Total*7. Turn **right** onto **W Washington Blvd.** [Map](#)**0.3 Mi***2.8 Mi Total*8. **W Washington Blvd** becomes **W Washington St.** [Map](#)**0.7 Mi***3.5 Mi Total*9. **55 E WASHINGTON ST** is on the **right.** [Map](#)**55 E Washington St, Chicago, IL 60602-2103****Total Travel Estimate: 3.47 miles - about 8 minutes**

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Trip to:

610 S Maple Ave

Oak Park, IL 60304-1091

8.31 miles / 13 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**6.8 Mi***7.7 Mi Total*5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** [Map](#)**0.3 Mi***7.9 Mi Total*6. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** [Map](#)**0.3 Mi***8.3 Mi Total*7. Turn **right** onto **Monroe St.** [Map](#)**0.04 Mi***8.3 Mi Total*8. Turn **right** onto **S Maple Ave.** [Map](#)**0.01 Mi***8.3 Mi Total*9. **610 S MAPLE AVE** is on the **left.** [Map](#)**610 S Maple Ave, Oak Park, IL 60304-1091****Total Travel Estimate: 8.31 miles - about 13 minutes**

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Trip to:

820 W Jackson Blvd

Chicago, IL 60607-3026

1.85 miles / 5 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going east on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st left onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn right onto **W Jackson Blvd.** [Map](#)**1.0 Mi***1.8 Mi Total***820 W Jackson Blvd, Chicago, IL 60607-3026****Total Travel Estimate: 1.85 miles - about 5 minutes**

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Trip to:

1164 E 55th St

Chicago, IL 60615-5115

8.56 miles / 16 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**0.6 Mi***1.9 Mi Total*6. Merge onto **I-55 N / Stevenson Expy N** via **EXIT 53** toward **Lake Shore Dr.** [Map](#)**2.2 Mi***4.1 Mi Total*7. Merge onto **S Lake Shore Dr / US-41 S.** [Map](#)**2.9 Mi***6.9 Mi Total*8. Take the **47th St** ramp. [Map](#)**0.2 Mi***7.1 Mi Total*9. Turn **right** onto **E 47th St.** [Map](#)**0.4 Mi***7.5 Mi Total*10. Turn **left** onto **S Woodlawn Ave.** [Map](#)**1.0 Mi***8.5 Mi Total*11. Turn **right** onto **E 55th St.** [Map](#)**0.06 Mi***8.6 Mi Total*12. **1164 E 55TH ST** is on the **right.** [Map](#)**1164 E 55th St, Chicago, IL 60615-5115****Total Travel Estimate: 8.56 miles - about 16 minutes**

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Trip to:

7435 W Talcott Ave

Chicago, IL 60631-3707

14.35 miles / 22 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**8.5 Mi***10.1 Mi Total*6. Keep **left** to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford.** [Map](#)**3.2 Mi***13.3 Mi Total*7. Take **EXIT 81B** toward **Sayre Ave.** [Map](#)**0.2 Mi***13.6 Mi Total*8. Stay **straight** to go onto **W Talcott Ave.** [Map](#)**0.8 Mi***14.3 Mi Total***7435 W Talcott Ave, Chicago, IL 60631-3707****Total Travel Estimate: 14.35 miles - about 22 minutes**

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Trip to:

4800 W Chicago Ave

Chicago, IL 60651-3223

6.32 miles / 14 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**2.4 Mi***3.3 Mi Total*5. Take **EXIT 26A** toward **Independence Blvd.** [Map](#)**0.1 Mi***3.5 Mi Total*6. Turn **slight left** onto **W Congress Pky.** [Map](#)**0.3 Mi***3.8 Mi Total*7. Turn **right** onto **S Pulaski Rd.** [Map](#)**1.5 Mi***5.3 Mi Total*8. Turn **left** onto **W Chicago Ave.** [Map](#)**1.0 Mi***6.3 Mi Total***4800 W Chicago Ave, Chicago, IL 60651-3223****Total Travel Estimate: 6.32 miles - about 14 minutes**

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Trip to:

3410 W Van Buren St

Chicago, IL 60624-3358

3.15 miles / 6 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**1.9 Mi***2.9 Mi Total*5. Take **EXIT 26B** toward **Homan Ave.** [Map](#)**0.2 Mi***3.0 Mi Total*6. Stay **straight** to go onto **W Congress Pky.** [Map](#)**0.03 Mi***3.1 Mi Total*7. Take the 1st **right** onto **S Homan Ave.** [Map](#)**0.06 Mi***3.1 Mi Total*8. Take the 1st **left** onto **W Van Buren St.** [Map](#)**0.02 Mi***3.1 Mi Total*9. **3410 W VAN BUREN ST** is on the **right.** [Map](#)**3410 W Van Buren St, Chicago, IL 60624-3358****Total Travel Estimate: 3.15 miles - about 6 minutes**

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Trip to:

557 W Polk St

Chicago, IL 60607-4388

1.75 miles / 5 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.3 Mi Total*4. Turn **left** to take the **I-90 W / I-94 W** ramp toward **Kennedy Expy / Wisconsin.** [Map](#)**0.2 Mi***1.4 Mi Total*5. Turn **right** onto **W Taylor St.** [Map](#)**0.1 Mi***1.6 Mi Total*6. Turn **left** onto **S Jefferson St.** [Map](#)**0.2 Mi***1.7 Mi Total*7. Take the 3rd **right** onto **W Polk St.** [Map](#)**0.04 Mi***1.7 Mi Total*8. **557 W POLK ST** is on the **right.** [Map](#)**557 W Polk St, Chicago, IL 60607-4388****Total Travel Estimate: 1.75 miles - about 5 minutes**

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Trip to:

9801 Woods Dr

Skokie, IL 60077-1074

18.51 miles / 27 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-94 W** toward **Wisconsin.** [Map](#)**16.2 Mi***17.7 Mi Total*6. Take the **Old Orchard Rd** exit, **EXIT 35.** [Map](#)**0.2 Mi***17.9 Mi Total*7. Turn **left** onto **Old Orchard Rd.** [Map](#)**0.3 Mi***18.2 Mi Total*8. Turn **left** onto **Woods Dr.** [Map](#)**0.3 Mi***18.5 Mi Total***9801 Woods Dr, Skokie, IL 60077-1074****Total Travel Estimate: 18.51 miles - about 27 minutes**

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Trip to:

2400 Wolf Rd

Westchester, IL 60154-5625

15.15 miles / 24 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st left onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn left onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**11.5 Mi***12.4 Mi Total*5. Take **EXIT 16** toward **Wolf Rd.** [Map](#)**0.2 Mi***12.7 Mi Total*6. Stay **straight** to go onto **Frontage Rd.** [Map](#)**0.08 Mi***12.8 Mi Total*7. Take the 1st left to stay on **Frontage Rd.** [Map](#)**0.06 Mi***12.8 Mi Total*8. Turn left onto **S Frontage Rd.** [Map](#)**0.2 Mi***13.0 Mi Total*9. Turn **right** onto **Harrison St.** [Map](#)**0.4 Mi***13.4 Mi Total*10. Turn left onto **S Wolf Rd.** [Map](#)**1.8 Mi***15.2 Mi Total***2400 Wolf Rd, Westchester, IL 60154-5625****Total Travel Estimate: 15.15 miles - about 24 minutes**

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Trip to:

710 N Fairbanks Ct

Chicago, IL 60611-3013

4.97 miles / 11 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***Montefiore Special Elementary Sch is on the corner**0.7 Mi Total**If you reach the end of W 13th St you've gone a little too far*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***W Congress Pky is just past W Harrison St**0.7 Mi Total**If you reach W Van Buren St you've gone a little too far*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**1.5 Mi***3.1 Mi Total*6. Take **EXIT 50B** toward **East Ohio St.** [Map](#)**0.8 Mi***3.9 Mi Total*7. Stay **straight** to go onto **W Ohio St.** [Map](#)**0.9 Mi***4.8 Mi Total*8. Turn **left** onto **N Fairbanks Ct.** [Map](#)**0.2 Mi***N Fairbanks Ct is 0.1 miles past N St Clair St**5.0 Mi Total**Pritzker Military Library is on the left**If you reach N McClurg Ct you've gone about 0.1 miles too far*9. **710 N FAIRBANKS CT** is on the **left.** [Map](#)*Your destination is just past E Huron St**If you reach E Superior St you've gone a little too far***710 N Fairbanks Ct, Chicago, IL 60611-3013****Total Travel Estimate: 4.97 miles - about 11 minutes**

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Trip to:

1426 W Washington Blvd

Chicago, IL 60607-1821

1.35 miles / 4 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**1.1 Mi****1.1 Mi Total**3. Turn **slight right** onto **W Ogden Ave.** [Map](#)**0.2 Mi****1.3 Mi Total**4. Turn **right** onto **W Washington Blvd / W Washington St.** [Map](#)**0.08 Mi****1.4 Mi Total**5. **1426 W WASHINGTON BLVD** is on the **left.** [Map](#)**1426 W Washington Blvd, Chicago, IL 60607-1821****Total Travel Estimate: 1.35 miles - about 4 minutes**

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Trip to:

4701 N Cumberland Ave

Chicago, IL 60656-4239

17.07 miles / 25 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**8.5 Mi***10.1 Mi Total*6. Keep **left** to take **I-90 W / Kennedy Expy W** via **EXIT 43B** toward **O'Hare-Rockford.** [Map](#)**5.3 Mi***15.5 Mi Total*7. Take the **IL-171 S / Cumberland Ave** exit, **EXIT 79A.** [Map](#)**0.2 Mi***15.7 Mi Total*8. Turn **slight right** onto **IL-171 S / N Cumberland Ave.** [Map](#)**1.4 Mi***17.1 Mi Total*9. **4701 N CUMBERLAND AVE.** [Map](#)**4701 N Cumberland Ave, Chicago, IL 60656-4239****Total Travel Estimate: 17.07 miles - about 25 minutes**

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Trip to:

4651 W 79th St

Chicago, IL 60652-1186

10.92 miles / 23 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **S Blue Island Ave.** [Map](#)**0.6 Mi***1.4 Mi Total*4. Turn **left** onto **S Damen Ave.** [Map](#)**0.7 Mi***2.2 Mi Total*5. Merge onto **I-55 S / Stevenson Expy S.** [Map](#)**3.5 Mi***5.7 Mi Total*6. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** [Map](#)**0.3 Mi***6.0 Mi Total*7. Turn **left** onto **IL-50 S / S Cicero Ave.** Continue to follow **IL-50 S.** [Map](#)**4.8 Mi***10.8 Mi Total*8. Turn **left** onto **W 79th St.** [Map](#)**0.2 Mi***10.9 Mi Total***4651 W 79th St, Chicago, IL 60652-1186****Total Travel Estimate: 10.92 miles - about 23 minutes**

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Trip to:

[1600-1799] S Wabash Ave

Chicago, IL 60616

2.79 miles / 8 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**2.0 Mi***2.1 Mi Total*4. Turn **right** onto **S State St.** [Map](#)**0.5 Mi***2.6 Mi Total*5. Turn **left** onto **E 16th St.** [Map](#)**0.09 Mi***2.7 Mi Total*6. Take the 1st **right** onto **S Wabash Ave.** [Map](#)**0.08 Mi***2.8 Mi Total*7. **[1600-1799] S WABASH AVE.** [Map](#)**[1600-1799] S Wabash Ave, Chicago, IL 60616****Total Travel Estimate: 2.79 miles - about 8 minutes**

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Trip to:

7301 N Lincoln Ave

Lincolnwood, IL 60712-1709

14.45 miles / 22 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-94 W** toward **Wisconsin.** [Map](#)**11.8 Mi***13.4 Mi Total*6. Take **EXIT 39B** toward **East Touhy Ave.** [Map](#)**0.2 Mi***13.7 Mi Total*7. Keep **left** at the fork to go on **N Cicero Ave / IL-50.** [Map](#)**0.1 Mi***13.8 Mi Total*8. Turn **right** onto **W Touhy Ave.** [Map](#)**0.4 Mi***14.3 Mi Total*9. Turn **sharp left** onto **N Lincoln Ave / US-41.** [Map](#)**0.2 Mi***14.4 Mi Total*10. **7301 N LINCOLN AVE** is on the **right.** [Map](#)**7301 N Lincoln Ave, Lincolnwood, IL 60712-1709****Total Travel Estimate: 14.45 miles - about 22 minutes**

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Trip to:

2620 W Addison St

Chicago, IL 60618-5905

8.26 miles / 15 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**5.0 Mi***6.6 Mi Total*6. Take the **Diversey Ave** exit, **EXIT 46B.** [Map](#)**0.3 Mi***6.9 Mi Total*7. Turn **slight left** onto **W Diversey Ave.** [Map](#)**0.2 Mi***7.0 Mi Total*8. Turn **right** onto **N California Ave.** [Map](#)**1.0 Mi***8.1 Mi Total*9. Turn **right** onto **W Addison St.** [Map](#)**0.2 Mi***8.3 Mi Total***2620 W Addison St, Chicago, IL 60618-5905****Total Travel Estimate: 8.26 miles - about 15 minutes**

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Trip to:

1201 W Roosevelt Rd

Maywood, IL 60153-4046

10.67 miles / 17 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**8.3 Mi***9.3 Mi Total*5. Take the **IL-171 / 1st Ave** exit, **EXIT 20.** [Map](#)**0.1 Mi***9.4 Mi Total*6. Stay **straight** to go onto **Harrison St.** [Map](#)**0.07 Mi***9.5 Mi Total*7. Take the 1st **left** onto **IL-171 / S 1st Ave.** [Map](#)**0.5 Mi***10.0 Mi Total*8. Turn **right** onto **W Roosevelt Rd.** [Map](#)**0.7 Mi***10.7 Mi Total***1201 W Roosevelt Rd, Maywood, IL 60153-4046****Total Travel Estimate: 10.67 miles - about 17 minutes**

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Trip to:

3155 N Lincoln Ave # 57

Chicago, IL 60657-3111

6.92 miles / 14 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**3.5 Mi***5.1 Mi Total*6. Take the **Armitage Ave** exit, **EXIT 48A.** [Map](#)**0.2 Mi***5.3 Mi Total*7. Turn **sharp right** onto **W Armitage Ave.** [Map](#)**0.09 Mi***5.4 Mi Total*8. Take the 2nd **left** onto **N Ashland Ave.** [Map](#)**1.5 Mi***6.9 Mi Total*9. Turn **sharp right** onto **N Lincoln Ave.** [Map](#)**0.04 Mi***6.9 Mi Total*10. **3155 N LINCOLN AVE # 57** is on the **left.** [Map](#)**3155 N Lincoln Ave # 57, Chicago, IL 60657-3111****Total Travel Estimate: 6.92 miles - about 14 minutes**

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Trip to:

4811 W 77th St

Burbank, IL 60459-1586

10.52 miles / 22 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **S Blue Island Ave.** [Map](#)**0.6 Mi***1.4 Mi Total*4. Turn **left** onto **S Damen Ave.** [Map](#)**0.7 Mi***2.2 Mi Total*5. Merge onto **I-55 S / Stevenson Expy S.** [Map](#)**3.5 Mi***5.7 Mi Total*6. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** [Map](#)**0.3 Mi***6.0 Mi Total*7. Turn **left** onto **IL-50 S / S Cicero Ave.** Continue to follow **IL-50 S.** [Map](#)**4.4 Mi***10.4 Mi Total*8. Turn **right** onto **W 76th St / W 77th St.** [Map](#)**0.1 Mi***10.5 Mi Total*9. Turn **left.** [Map](#)**0.02 Mi***10.5 Mi Total*10. Take the 1st **right** onto **W 77th St.** [Map](#)11. **4811 W 77TH ST** is on the **left.** [Map](#)**4811 W 77th St, Burbank, IL 60459-1586****Total Travel Estimate: 10.52 miles - about 22 minutes**

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Trip to:

4800 N Kilpatrick Ave

Chicago, IL 60630-1725

11.04 miles / 18 minutes

Notes

A 1600 W 13th St, Chicago, IL 60608-1304

1. Start out going east on **W 13th St** toward **S Ashland Ave.** [Map](#)

2. Take the 1st left onto **S Ashland Ave.** [Map](#)

0.7 Mi

0.7 Mi Total

3. Turn right onto **W Congress Pky.** [Map](#)

0.03 Mi

0.7 Mi Total

4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the left. [Map](#)

0.9 Mi

1.6 Mi Total

5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)

8.1 Mi

9.7 Mi Total

6. Take the **Kostner Ave** exit, **EXIT 43D.** [Map](#)

0.2 Mi

9.8 Mi Total

7. Turn right onto **N Kostner Ave.** [Map](#)

0.5 Mi

10.4 Mi Total

8. Turn right onto **W Leland Ave.** [Map](#)

0.06 Mi

10.4 Mi Total

9. Turn sharp left onto **N Elston Ave.** [Map](#)

0.4 Mi

10.8 Mi Total

10. Turn left onto **N Kilpatrick Ave.** [Map](#)

0.2 Mi

11.0 Mi Total

11. **4800 N KILPATRICK AVE** is on the right. [Map](#)

B 4800 N Kilpatrick Ave, Chicago, IL 60630-1725

Total Travel Estimate: 11.04 miles - about 18 minutes

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Trip to:

1500 S California Ave

Chicago, IL 60608

1.76 miles / 5 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going east on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st left onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn left onto **W Roosevelt Rd.** [Map](#)**0.9 Mi***1.0 Mi Total*4. Turn slight left onto **W Ogden Ave.** [Map](#)**0.7 Mi***1.8 Mi Total*5. Turn left onto **S California Ave.** [Map](#)**0.01 Mi***1.8 Mi Total*6. **1500 S CALIFORNIA AVE** is on the right. [Map](#)**1500 S California Ave, Chicago, IL 60608****Total Travel Estimate: 1.76 miles - about 5 minutes**

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Trip to:

5401 S Wentworth Ave

Chicago, IL 60609-6300

6.91 miles / 12 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st left onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**2.2 Mi***5.2 Mi Total*7. Take the **I-90-LOCAL / I-94-LOCAL** exit. [Map](#)**0.3 Mi***5.5 Mi Total*8. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E.** [Map](#)**0.8 Mi***6.4 Mi Total*9. Take **EXIT 57** toward **Garfield Blvd.** [Map](#)**0.2 Mi***6.6 Mi Total*10. Stay **straight** to go onto **S Wells St.** [Map](#)**0.09 Mi***6.7 Mi Total*11. Take the 1st left onto **W Garfield Blvd / W 55th St.** [Map](#)**0.07 Mi***6.8 Mi Total*12. Take the 1st left onto **S Wentworth Ave.** [Map](#)**0.1 Mi***6.9 Mi Total*13. **5401 S WENTWORTH AVE** is on the **right.** [Map](#)**5401 S Wentworth Ave, Chicago, IL 60609-6300****Total Travel Estimate: 6.91 miles - about 12 minutes**

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Notes

Trip to:

3401 W 111th St

Chicago, IL 60655-3329

17.61 miles / 29 minutes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi**

0.1 Mi Total

3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi**

1.2 Mi Total

4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi**

1.2 Mi Total

5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi**

3.0 Mi Total

6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi**

8.5 Mi Total

7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**3.4 Mi**

11.9 Mi Total

8. Merge onto **I-57 S** via **EXIT 63** toward **Memphis.** [Map](#)**2.9 Mi**

14.9 Mi Total

9. Take the **111th St** exit, **EXIT 355.** [Map](#)**0.3 Mi**

15.2 Mi Total

10. Turn **right** onto **W 111th St.** [Map](#)**0.1 Mi**

15.3 Mi Total

11. Turn **left** onto **S Vincennes Ave.** [Map](#)**0.2 Mi**

15.4 Mi Total

12. Turn **right** onto **W Monterey Ave.** [Map](#)**0.3 Mi**

15.8 Mi Total

13. **W Monterey Ave** becomes **W 111th St.** [Map](#)**1.8 Mi**

17.6 Mi Total

**3401 W 111th St, Chicago, IL 60655-3329****Total Travel Estimate: 17.61 miles - about 29 minutes**

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Trip to:

7721 S Western Ave

Chicago, IL 60620-5821

8.22 miles / 22 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave**. [Map](#)2. Take the 1st **right** onto **S Ashland Ave**. [Map](#)**1.9 Mi***1.9 Mi Total*3. Turn **right** onto **S Archer Ave**. [Map](#)**1.3 Mi***3.2 Mi Total*4. Turn **left** onto **S Western Ave**. [Map](#)**5.0 Mi***8.2 Mi Total***7721 S Western Ave, Chicago, IL 60620-5821****Total Travel Estimate: 8.22 miles - about 22 minutes**

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Trip to:

2953 Central St

Evanston, IL 60201-1245

19.91 miles / 30 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-94 W** toward **Wisconsin.** [Map](#)**16.2 Mi***17.7 Mi Total*6. Take the **Old Orchard Rd** exit, **EXIT 35.** [Map](#)**0.1 Mi***17.9 Mi Total*7. Turn **right** onto **Old Orchard Rd.** [Map](#)**1.2 Mi***19.1 Mi Total*8. Turn **slight left** onto **Gross Point Rd.** [Map](#)**0.2 Mi***19.3 Mi Total*9. Turn **slight right** onto **Central St.** [Map](#)**0.6 Mi***19.9 Mi Total*10. **2953 CENTRAL ST** is on the **left.** [Map](#)**2953 Central St, Evanston, IL 60201-1245****Total Travel Estimate: 19.91 miles - about 30 minutes**

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Trip to:

200 E North Ave

Villa Park, IL 60181-1221

18.84 miles / 29 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going east on **W 13th St** toward **S Ashland Ave**. [Map](#)2. Take the 1st **left** onto **S Ashland Ave**. [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St**. [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left**. [Map](#)**12.2 Mi***13.2 Mi Total*5. Keep **right** to take **I-290 W / Eisenhower Expy W** via **EXIT 15B** toward **Rockford / I-294 N / Milwaukee**. [Map](#)**2.9 Mi***16.1 Mi Total*6. Merge onto **E North Ave / IL-64 W** via **EXIT 13B**. [Map](#)**2.8 Mi***18.8 Mi Total*7. **200 E NORTH AVE** is on the **right**. [Map](#)**200 E North Ave, Villa Park, IL 60181-1221****Total Travel Estimate: 18.84 miles - about 29 minutes**

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Trip to:

[500-599] S Austin Blvd

Oak Park, IL 60304

6.51 miles / 10 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**5.2 Mi***6.1 Mi Total*5. Take the **Austin Blvd** exit, **EXIT 23A**, on the **left.** [Map](#)**0.3 Mi***6.4 Mi Total*6. Turn **right** onto **S Austin Blvd.** [Map](#)**0.1 Mi***6.5 Mi Total*7. **[500-599] S AUSTIN BLVD.** [Map](#)**[500-599] S Austin Blvd, Oak Park, IL 60304****Total Travel Estimate: 6.51 miles - about 10 minutes**

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Trip to:

9730 S Western Ave

Evergreen Park, IL 60805-2814

15.12 miles / 27 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**2.9 Mi***11.4 Mi Total*8. Take **EXIT 62** toward **US-12 / US-20 / 95th St.** [Map](#)**0.2 Mi***11.7 Mi Total*9. Stay **straight** to go onto **S Lafayette Ave.** [Map](#)**0.1 Mi***11.8 Mi Total*10. Turn **right** onto **W 95th St / US-20 W / US-12 W / Ulysses S Grant Memorial Hwy.** [Map](#)**2.9 Mi***14.7 Mi Total*11. Turn **left** onto **S Western Ave.** [Map](#)**0.4 Mi***15.1 Mi Total***9730 S Western Ave, Evergreen Park, IL 60805-2814****Total Travel Estimate: 15.12 miles - about 27 minutes**

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Notes

Trip to:

7531 S Stony Island Ave

Chicago, IL 60649-3954

11.55 miles / 21 minutes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**0.3 Mi***8.9 Mi Total*8. Take **EXIT 60A** toward **75th St.** [Map](#)**0.2 Mi***9.0 Mi Total*9. Keep **right** at the fork in the ramp. [Map](#)**0.1 Mi***9.1 Mi Total*10. Turn **slight left** onto **S Lafayette Ave.** [Map](#)**0.1 Mi***9.3 Mi Total*11. Take the 1st **left** onto **W 75th St.** [Map](#)**2.1 Mi***11.4 Mi Total*12. Turn **right** onto **S Stony Island Ave.** [Map](#)**0.08 Mi***11.4 Mi Total*13. Make a **U-turn** onto **S Stony Island Ave.** [Map](#)**0.1 Mi***11.6 Mi Total***7531 S Stony Island Ave, Chicago, IL 60649-3954****Total Travel Estimate: 11.55 miles - about 21 minutes**

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Trip to:

2420 E 79th St

Chicago, IL 60649-5112

11.86 miles / 23 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi**

0.1 Mi Total

3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi**

1.2 Mi Total

4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi**

1.2 Mi Total

5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**0.6 Mi**

1.9 Mi Total

6. Merge onto **I-55 N / Stevenson Expy N** via **EXIT 53** toward **Lake Shore Dr.** [Map](#)**2.2 Mi**

4.1 Mi Total

7. Merge onto **US-41 S.** [Map](#)**5.7 Mi**

9.8 Mi Total

8. Turn **left** onto **E Marquette Dr / US-41.** Continue to follow **US-41.** [Map](#)**1.0 Mi**

10.8 Mi Total

9. Stay **straight** to go onto **S Yates Blvd.** [Map](#)**1.0 Mi**

11.8 Mi Total

10. Turn **left** onto **E 79th St.** [Map](#)**0.04 Mi**

11.9 Mi Total

11. **2420 E 79TH ST** is on the **left.** [Map](#)**2420 E 79th St, Chicago, IL 60649-5112****Total Travel Estimate: 11.86 miles - about 23 minutes**

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Trip to:

3825 Highland Ave

Downers Grove, IL 60515-1552

20.80 miles / 29 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**12.2 Mi***13.2 Mi Total*5. Keep **left** to take **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** via **EXIT 15A** toward **Aurora / I-294 S / Indiana** (Portions toll). [Map](#)**1.9 Mi***15.1 Mi Total*6. Keep **right** at the fork to continue on **I-88 W / IL-110 W / Ronald Reagan Memorial Tollway** (Portions toll). [Map](#)**4.3 Mi***19.4 Mi Total*7. Take the **Highland Ave** exit. [Map](#)**0.2 Mi***19.6 Mi Total*8. Keep **left** to take the ramp toward **Downers Grove / Northwestern College / Keller College.** [Map](#)**0.06 Mi***19.7 Mi Total*9. Turn **left** onto **Highland Ave.** [Map](#)**1.1 Mi***20.8 Mi Total***3825 Highland Ave, Downers Grove, IL 60515-1552****Total Travel Estimate: 20.80 miles - about 29 minutes**

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Trip to:

2310 York St

Blue Island, IL 60406-2411

18.54 miles / 28 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)**0.1 Mi**2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)

0.1 Mi Total

3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi**

1.2 Mi Total

4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi**

1.2 Mi Total

5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi**

3.0 Mi Total

6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi**

8.5 Mi Total

7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**3.4 Mi**

11.9 Mi Total

8. Merge onto **I-57 S** via **EXIT 63** toward **Memphis.** [Map](#)**5.0 Mi**

16.9 Mi Total

9. Take **EXIT 353** toward **127th St / Burr Oak Ave.** [Map](#)**0.2 Mi**

17.1 Mi Total

10. Stay **straight** to go onto **S Paulina St.** [Map](#)**0.08 Mi**

17.2 Mi Total

11. Take the 1st **right** onto **W 127th St / W Burr Oak Ave.** [Map](#)**0.9 Mi**

18.1 Mi Total

12. Turn **left** onto **Western Ave.** [Map](#)**0.4 Mi**

18.5 Mi Total

13. Turn **left** onto **York St.** [Map](#)**0.09 Mi**

18.5 Mi Total

14. **2310 YORK ST** is on the **left.** [Map](#)**2310 York St, Blue Island, IL 60406-2411****Total Travel Estimate: 18.54 miles - about 28 minutes**

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Trip to:

7009-7011 W Belmont Ave

Chicago, IL 60634-4533

12.66 miles / 25 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**6.8 Mi***7.7 Mi Total*5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** [Map](#)**0.3 Mi***7.9 Mi Total*6. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** Continue to follow **IL-43 / Harlem Ave.** [Map](#)**4.5 Mi***12.4 Mi Total*7. Turn **right** onto **W Belmont Ave.** [Map](#)**0.3 Mi***12.7 Mi Total*8. **7009-7011 W BELMONT AVE.** [Map](#)**7009-7011 W Belmont Ave, Chicago, IL 60634-4533****Total Travel Estimate: 12.66 miles - about 25 minutes**

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Trip to:

4720 N Marine Dr

Chicago, IL 60640-5120

10.36 miles / 21 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**1.5 Mi***3.1 Mi Total*6. Take **EXIT 50B** toward **East Ohio St.** [Map](#)**0.8 Mi***3.9 Mi Total*7. Stay **straight** to go onto **W Ohio St.** [Map](#)**0.7 Mi***4.6 Mi Total*8. Turn **left** onto **N Michigan Ave.** [Map](#)**0.5 Mi***5.1 Mi Total*9. Turn **slight right** to stay on **N Michigan Ave.** [Map](#)**0.06 Mi***5.2 Mi Total*10. Merge onto **US-41 N / N Lake Shore Dr.** [Map](#)**4.9 Mi***10.1 Mi Total*11. Take the **Lawrence Ave** ramp. [Map](#)**0.1 Mi***10.2 Mi Total*12. Turn **left** onto **W Lawrence Ave.** [Map](#)**0.1 Mi***10.3 Mi Total*13. Turn **left** onto **N Marine Dr.** [Map](#)**0.08 Mi***10.4 Mi Total***4720 N Marine Dr, Chicago, IL 60640-5120****Total Travel Estimate: 10.36 miles - about 21 minutes**

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Trip to:

719 W North Ave

Melrose Park, IL 60160-1612

12.40 miles / 20 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**8.3 Mi***9.3 Mi Total*5. Take the **IL-171 / 1st Ave** exit, **EXIT 20.** [Map](#)**0.1 Mi***9.4 Mi Total*6. Stay **straight** to go onto **Harrison St.** [Map](#)**0.07 Mi***9.5 Mi Total*7. Take the 1st **right** onto **S 1st Ave / IL-171.** [Map](#)**2.5 Mi***12.0 Mi Total*8. Turn **left** onto **W North Ave / IL-64 W.** [Map](#)**0.4 Mi***12.4 Mi Total***719 W North Ave, Melrose Park, IL 60160-1612****Total Travel Estimate: 12.40 miles - about 20 minutes**

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Trip to:

1740 W Taylor St

Chicago, IL 60612-7232

0.49 miles / 2 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.3 Mi***0.3 Mi Total*3. Turn **left** onto **W Taylor St.** [Map](#)**0.2 Mi***0.5 Mi Total*4. **1740 W TAYLOR ST** is on the **right.** [Map](#)**1740 W Taylor St, Chicago, IL 60612-7232****Total Travel Estimate: 0.49 miles - about 2 minutes**

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Trip to:

4848 W Belmont Ave

Chicago, IL 60641-4329

9.82 miles / 19 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave**. [Map](#)2. Take the 1st **left** onto **S Ashland Ave**. [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky**. [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left**. [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin**. [Map](#)**5.9 Mi***7.5 Mi Total*6. Take the **Belmont Ave** exit, **EXIT 45C**. [Map](#)**0.2 Mi***7.7 Mi Total*7. Turn **slight left** onto **W Belmont Ave**. [Map](#)**2.1 Mi***9.8 Mi Total*8. **4848 W BELMONT AVE** is on the **right**. [Map](#)**4848 W Belmont Ave, Chicago, IL 60641-4329****Total Travel Estimate: 9.82 miles - about 19 minutes**

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mapquest m²

Trip to:

1437 E 53rd St

Chicago, IL 60615-4513

8.19 miles / 15 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**0.6 Mi***1.9 Mi Total*6. Merge onto **I-55 N / Stevenson Expy N** via **EXIT 53** toward **Lake Shore Dr.** [Map](#)**2.2 Mi***4.1 Mi Total*7. Merge onto **S Lake Shore Dr / US-41 S.** [Map](#)**2.9 Mi***6.9 Mi Total*8. Take the **47th St** ramp. [Map](#)**0.2 Mi***7.1 Mi Total*9. Turn **right** onto **E 47th St.** [Map](#)**0.2 Mi***7.3 Mi Total*10. Turn **left** onto **S Lake Park Ave.** [Map](#)**0.8 Mi***8.0 Mi Total*11. Turn **right** onto **E 53rd St.** [Map](#)**0.2 Mi***8.2 Mi Total*12. **1437 E 53RD ST** is on the **left.** [Map](#)**1437 E 53rd St, Chicago, IL 60615-4513****Total Travel Estimate: 8.19 miles - about 15 minutes**

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Trip to:

11650 S Kedzie Ave

Merrionette Park, IL 60803-6302

18.42 miles / 29 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E** [Map](#)**3.4 Mi***11.9 Mi Total*8. Merge onto **I-57 S** via **EXIT 63** toward **Memphis.** [Map](#)**3.8 Mi***15.7 Mi Total*9. Take **EXIT 354** toward **119th St.** [Map](#)**0.2 Mi***15.9 Mi Total*10. Stay **straight** to go onto **S Marshfield Ave.** [Map](#)**0.2 Mi***16.2 Mi Total*11. Take the 1st **right** onto **W 119th St.** [Map](#)**2.0 Mi***18.1 Mi Total*12. Turn **right** onto **S Kedzie Ave.** [Map](#)**0.3 Mi***18.4 Mi Total***11650 S Kedzie Ave, Merrionette Park, IL 60803-6302****Total Travel Estimate: 18.42 miles - about 29 minutes**

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Trip to:

2659 N Milwaukee Ave

Chicago, IL 60647-1643

7.81 miles / 14 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**5.0 Mi***6.6 Mi Total*6. Take the **Diversey Ave** exit, **EXIT 46B.** [Map](#)**0.3 Mi***6.9 Mi Total*7. Turn **slight left** onto **W Diversey Ave.** [Map](#)**0.7 Mi***7.6 Mi Total*8. Turn **left** onto **N Kedzie Ave.** [Map](#)**0.2 Mi***7.7 Mi Total*9. Turn **right** onto **N Milwaukee Ave.** [Map](#)**0.08 Mi***7.8 Mi Total*10. **2659 N MILWAUKEE AVE** is on the **right.** [Map](#)**2659 N Milwaukee Ave, Chicago, IL 60647-1643****Total Travel Estimate: 7.81 miles - about 14 minutes**

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Trip to:

9212 S South Chicago Ave

Chicago, IL 60617-4512

13.27 miles / 21 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left**. [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**3.9 Mi***6.9 Mi Total*7. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd.** [Map](#)**0.9 Mi***7.8 Mi Total*8. Keep **left** to take **I-90 E / Chicago Skwy E** via **EXIT 59A** toward **Indiana Toll Rd** (Portions toll). [Map](#)**5.0 Mi***12.8 Mi Total*9. Take the **Anthony Avenue** exit toward **92nd Street.** [Map](#)**0.2 Mi***13.0 Mi Total*10. Turn **slight left** onto **S Anthony Ave.** [Map](#)**0.07 Mi***13.1 Mi Total*11. Turn **slight left** onto **E 92nd St.** [Map](#)**0.2 Mi***13.2 Mi Total*12. Turn **slight right** onto **S South Chicago Ave.** [Map](#)**0.02 Mi***13.3 Mi Total*13. **9212 S SOUTH CHICAGO AVE** is on the **right.** [Map](#)**9212 S South Chicago Ave, Chicago, IL 60617-4512****Total Travel Estimate: 13.27 miles - about 21 minutes**

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Trip to:

6300 Kingery Hwy

Willowbrook, IL 60527-2248

20.24 miles / 29 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **S Blue Island Ave.** [Map](#)**0.6 Mi***1.4 Mi Total*4. Turn **left** onto **S Damen Ave.** [Map](#)**0.7 Mi***2.2 Mi Total*5. Merge onto **I-55 S.** [Map](#)**15.6 Mi***17.8 Mi Total*6. Merge onto **IL-83 N** via **EXIT 274.** [Map](#)**2.4 Mi***20.2 Mi Total*7. Turn **left** onto **63rd St.** [Map](#)**0.01 Mi***20.2 Mi Total*8. **6300 KINGERY HWY.** [Map](#)**6300 Kingery Hwy, Willowbrook, IL 60527-2248****Total Travel Estimate: 20.24 miles - about 29 minutes**

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Trip to:

825 W 35th St

Chicago, IL 60609-1511

3.35 miles / 9 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**2.4 Mi***2.4 Mi Total*3. Turn **left** onto **W 35th St.** [Map](#)**1.0 Mi***3.4 Mi Total*4. **825 W 35TH ST** is on the **right.** [Map](#)**825 W 35th St, Chicago, IL 60609-1511****Total Travel Estimate: 3.35 miles - about 9 minutes**

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Notes

Trip to:

8111 S Western Ave

Chicago, IL 60620-5939

8.70 miles / 24 minutes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**1.9 Mi***1.9 Mi Total*3. Turn **right** onto **S Archer Ave.** [Map](#)**1.3 Mi***3.2 Mi Total*4. Turn **left** onto **S Western Ave.** [Map](#)**5.5 Mi***8.7 Mi Total*5. **8111 S WESTERN AVE** is on the **left.** [Map](#)**8111 S Western Ave, Chicago, IL 60620-5939****Total Travel Estimate: 8.70 miles - about 24 minutes**

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Trip to:

136 W 111th St

Chicago, IL 60628-4215

14.10 miles / 24 minutes

Notes

A 1600 W 13th St, Chicago, IL 60608-1304

1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)
2. Take the 1st **left** onto **S Ashland Ave.** [Map](#) **0.1 Mi**
0.1 Mi Total
3. Turn **right** onto **W Roosevelt Rd.** [Map](#) **1.1 Mi**
1.2 Mi Total
4. Turn **right** onto **S Union Ave.** [Map](#) **0.04 Mi**
1.2 Mi Total
5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#) **1.8 Mi**
3.0 Mi Total
6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#) **5.5 Mi**
8.5 Mi Total
7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#) **2.9 Mi**
11.4 Mi Total
8. Take **EXIT 62** toward **US-12 / US-20 / 95th St.** [Map](#) **0.2 Mi**
11.7 Mi Total
9. Stay **straight** to go onto **S Lafayette Ave.** [Map](#) **0.2 Mi**
11.8 Mi Total
10. Turn **left** onto **US-20 E / US-12 E / W 95th St / Ulysses S Grant Memorial Hwy.** [Map](#) **0.07 Mi**
11.9 Mi Total
11. Take the 1st **right** onto **S State St.** [Map](#) **2.0 Mi**
13.9 Mi Total
12. Turn **right** onto **W 111th St.** [Map](#) **0.2 Mi**
14.1 Mi Total
13. 136 W 111TH ST is on the **right.** [Map](#)

B 136 W 111th St, Chicago, IL 60628-4215

Total Travel Estimate: 14.10 miles - about 24 minutes

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Trip to:

5140 N California Ave

Chicago, IL 60625-3645

10.67 miles / 21 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***0.7 Mi Total*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***0.7 Mi Total*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**5.9 Mi***7.5 Mi Total*6. Take the **Belmont Ave** exit, **EXIT 45C.** [Map](#)**0.2 Mi***7.7 Mi Total*7. Stay **straight** to go onto **N Kedzie Ave.** [Map](#)**2.0 Mi***9.7 Mi Total*8. Turn **right** onto **W Lawrence Ave.** [Map](#)**0.5 Mi***10.2 Mi Total*9. Turn **left** onto **N California Ave.** [Map](#)**0.4 Mi***10.7 Mi Total***5140 N California Ave, Chicago, IL 60625-3645****Total Travel Estimate: 10.67 miles - about 21 minutes**

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Trip to:

2534 W 69th St

Chicago, IL 60629

7.36 miles / 20 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**1.9 Mi***1.9 Mi Total*3. Turn **right** onto **S Archer Ave.** [Map](#)**1.3 Mi***3.2 Mi Total*4. Turn **left** onto **S Western Ave.** [Map](#)**4.0 Mi***7.2 Mi Total*5. Turn **right** onto **W 69th St / W Lithuanian Plaza Ct.** [Map](#)**0.2 Mi***7.4 Mi Total*6. **2534 W 69TH ST** is on the **right.** [Map](#)**2534 W 69th St, Chicago, IL 60629****Total Travel Estimate: 7.36 miles - about 20 minutes**

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Trip to:

6333 S Green St

Chicago, IL 60621-1943

8.49 miles / 15 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-90 Express Ln E / I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**3.9 Mi***6.9 Mi Total*7. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** toward **Skyway / Indiana Toll Rd.** [Map](#)**0.5 Mi***7.5 Mi Total*8. Take **EXIT 58B** toward **63rd St.** [Map](#)**0.2 Mi***7.6 Mi Total*9. Turn **slight left** onto **S Yale Ave.** [Map](#)**0.05 Mi***7.7 Mi Total*10. Take the 2nd **right** onto **W 63rd St.** [Map](#)**0.7 Mi***8.4 Mi Total*11. Turn **left** onto **S Green St.** [Map](#)**0.06 Mi***8.5 Mi Total***6333 S Green St, Chicago, IL 60621-1943****Total Travel Estimate: 8.49 miles - about 15 minutes**

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Trip to:

9115 S Cicero Ave

Oak Lawn, IL 60453-1895

12.30 miles / 26 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **S Blue Island Ave.** [Map](#)**0.6 Mi***1.4 Mi Total*4. Turn **left** onto **S Damen Ave.** [Map](#)**0.7 Mi***2.2 Mi Total*5. Merge onto **I-55 S / Stevenson Expy S.** [Map](#)**3.5 Mi***5.7 Mi Total*6. Take the **IL-50 / Cicero Ave** exit, **EXIT 286**, toward **Chicago Midway Airport.** [Map](#)**0.3 Mi***6.0 Mi Total*7. Turn **left** onto **IL-50 S / S Cicero Ave.** Continue to follow **IL-50 S.** [Map](#)**6.3 Mi***12.3 Mi Total*8. **9115 S CICERO AVE** is on the **left.** [Map](#)**9115 S Cicero Ave, Oak Lawn, IL 60453-1895****Total Travel Estimate: 12.30 miles - about 26 minutes**

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Trip to:

[1040-1099] N Mozart St

Chicago, IL 60622

4.38 miles / 12 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**0.6 Mi***1.5 Mi Total*5. Take **EXIT 27C** toward **Oakley Blvd / Western Ave.** [Map](#)**0.2 Mi***1.6 Mi Total*6. Turn **slight left** onto **W Van Buren St.** [Map](#)**0.2 Mi***1.8 Mi Total*7. Take the 2nd **right** onto **S Western Ave.** [Map](#)**1.9 Mi***3.7 Mi Total*8. Turn **left** onto **W Division St.** [Map](#)**0.6 Mi***4.2 Mi Total*9. Turn **left** onto **N Mozart St.** [Map](#)**0.1 Mi***4.4 Mi Total***[1040-1099] N Mozart St, Chicago, IL 60622****Total Travel Estimate: 4.38 miles - about 12 minutes**

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Trip to:

3250 W Franklin Blvd

Chicago, IL 60624-1509

3.90 miles / 10 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**1.0 Mi***1.9 Mi Total*5. Take **EXIT 27B** toward **California Ave.** [Map](#)**0.2 Mi***2.1 Mi Total*6. Keep **right** at the fork in the ramp. [Map](#)**0.1 Mi***2.3 Mi Total*7. Turn **slight left** onto **W Van Buren St.** [Map](#)**0.3 Mi***2.6 Mi Total*8. Turn **right** onto **S Sacramento Blvd.** [Map](#)**0.5 Mi***3.0 Mi Total*9. Turn **left** onto **W Washington Blvd.** [Map](#)**0.3 Mi***3.3 Mi Total*10. Take the 2nd **right** onto **N Kedzie Ave.** [Map](#)**0.5 Mi***3.8 Mi Total*11. Turn **left** onto **W Franklin Blvd.** [Map](#)**0.09 Mi***3.9 Mi Total***3250 W Franklin Blvd, Chicago, IL 60624-1509****Total Travel Estimate: 3.90 miles - about 10 minutes**

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Trip to:

8721 S Stony Island Ave

Chicago, IL 60617-2709

13.07 miles / 23 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**2.0 Mi***10.5 Mi Total*8. Take **EXIT 61B** toward **87th St.** [Map](#)**0.2 Mi***10.7 Mi Total*9. Stay **straight** to go onto **S Lafayette Ave.** [Map](#)**0.1 Mi***10.8 Mi Total*10. Take the 1st **left** onto **W 87th St.** [Map](#)**2.1 Mi***12.9 Mi Total*11. Turn **right** onto **S Stony Island Ave.** [Map](#)**0.1 Mi***13.0 Mi Total*12. Make a **U-turn** at **E 88th St** onto **S Stony Island Ave.** [Map](#)**0.09 Mi***13.1 Mi Total*13. **8721 S STONY ISLAND AVE** is on the **right.** [Map](#)**8721 S Stony Island Ave, Chicago, IL 60617-2709****Total Travel Estimate: 13.07 miles - about 23 minutes**

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Trip to:

2335 W Cermak Rd

Chicago, IL 60608-3811

1.85 miles / 5 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **right** onto **S Ashland Ave.** [Map](#)**0.9 Mi***0.9 Mi Total*3. Turn **right** onto **W Cermak Rd.** [Map](#)**1.0 Mi***1.9 Mi Total*4. **2335 W CERMAK RD** is on the **left.** [Map](#)**2335 W Cermak Rd, Chicago, IL 60608-3811****Total Travel Estimate: 1.85 miles - about 5 minutes**

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Trip to:

1111 E 87th St

Chicago, IL 60619-7038

12.25 miles / 21 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***0.1 Mi Total*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***1.2 Mi Total*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***1.2 Mi Total*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**2.0 Mi***10.5 Mi Total*8. Take **EXIT 61B** toward **87th St.** [Map](#)**0.2 Mi***10.7 Mi Total*9. Stay **straight** to go onto **S Lafayette Ave.** [Map](#)**0.1 Mi***10.8 Mi Total*10. Take the 1st **left** onto **W 87th St.** [Map](#)**1.5 Mi***12.2 Mi Total*11. **1111 E 87TH ST** is on the **right.** [Map](#)**1111 E 87th St, Chicago, IL 60619-7038****Total Travel Estimate: 12.25 miles - about 21 minutes**

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Trip to:

2601 Harlem Ave

Berwyn, IL 60402-2100

10.23 miles / 18 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**6.8 Mi***7.7 Mi Total*5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** [Map](#)**0.3 Mi***7.9 Mi Total*6. Turn **left** onto **IL-43 / Harlem Ave / S Harlem Ave.** Continue to follow **IL-43 / Harlem Ave.** [Map](#)**2.2 Mi***10.1 Mi Total*7. Make a **U-turn** onto **Harlem Ave / IL-43.** [Map](#)**0.09 Mi***10.2 Mi Total***2601 Harlem Ave, Berwyn, IL 60402-2100****Total Travel Estimate: 10.23 miles - about 18 minutes**

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Trip to:

1835 W Harrison St

Chicago, IL 60612-3771

0.93 miles / 3 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.6 Mi***0.6 Mi Total*3. Turn **left** onto **W Harrison St.** [Map](#)**0.3 Mi***0.9 Mi Total*4. **1835 W HARRISON ST** is on the **left.** [Map](#)**1835 W Harrison St, Chicago, IL 60612-3771****Total Travel Estimate: 0.93 miles - about 3 minutes**

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Trip to:

733 Madison St

Oak Park, IL 60302-4419

9.18 miles / 15 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.8 Mi***0.8 Mi Total*3. Turn **left** onto **W Van Buren St.** [Map](#)**0.2 Mi***0.9 Mi Total*4. Merge onto **I-290 W / IL-110 W / Eisenhower Expy W** via the ramp on the **left.** [Map](#)**6.8 Mi***7.7 Mi Total*5. Take the **IL-43 / Harlem Ave** exit, **EXIT 21B**, on the **left.** [Map](#)**0.3 Mi***7.9 Mi Total*6. Turn **right** onto **IL-43 / Harlem Ave / S Harlem Ave.** [Map](#)**0.5 Mi***8.5 Mi Total*7. Turn **right** onto **Washington Blvd.** [Map](#)**0.5 Mi***9.0 Mi Total*8. Turn **right** onto **S Oak Park Ave.** [Map](#)**0.1 Mi***9.1 Mi Total*9. Take the 1st **left** onto **Madison St.** [Map](#)**0.05 Mi***9.2 Mi Total***733 Madison St, Oak Park, IL 60302-4419****Total Travel Estimate: 9.18 miles - about 15 minutes**

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Trip to:

2734 N Milwaukee Ave

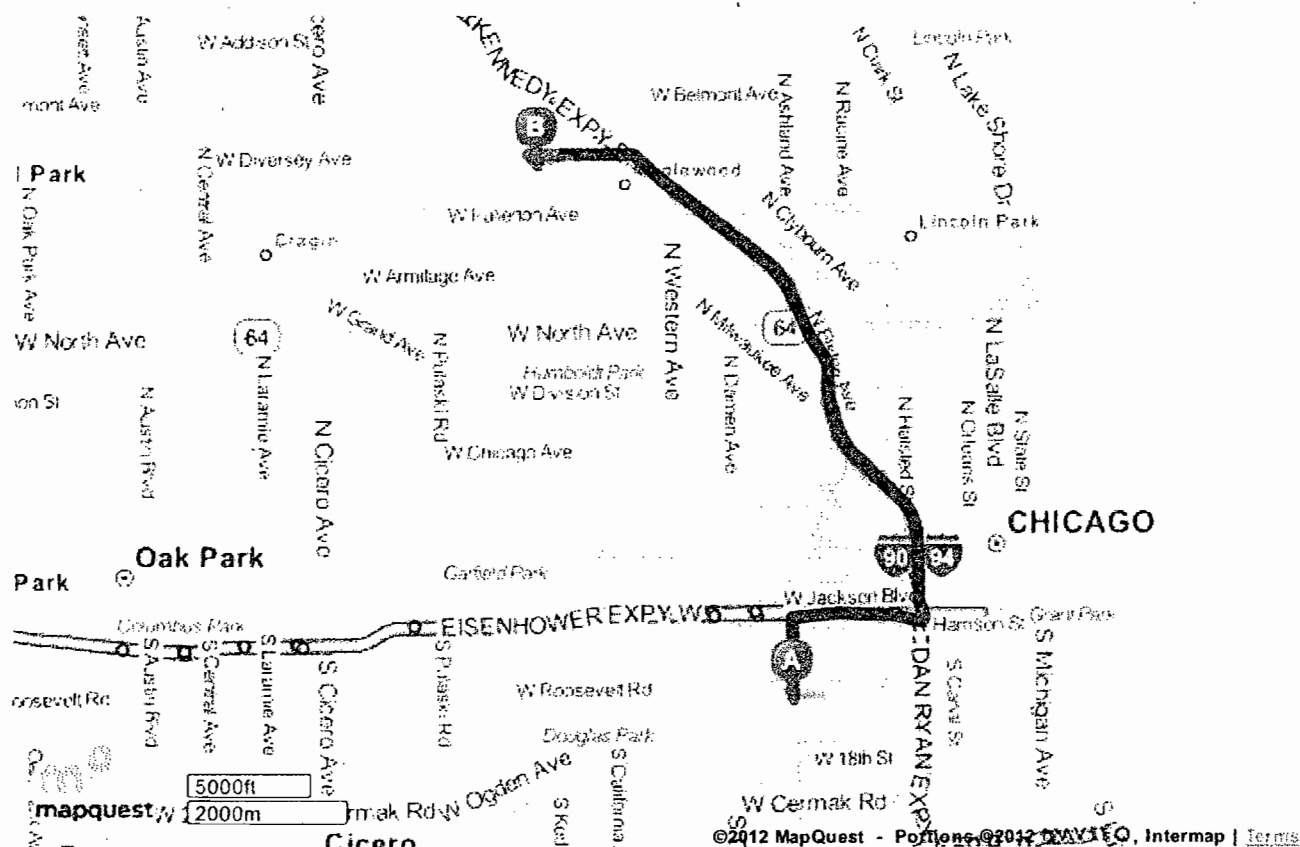
Chicago, IL 60647-1362

7.92 miles / 15 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the **1st left** onto **S Ashland Ave.** [Map](#)**0.7 Mi***Montefiore Special Elementary Sch is on the corner**0.7 Mi Total**If you reach the end of W 13th St you've gone a little too far*3. Turn **right** onto **W Congress Pky.** [Map](#)**0.03 Mi***W Congress Pky is just past W Harrison St**0.7 Mi Total**If you reach W Van Buren St you've gone a little too far*4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)**0.9 Mi***1.6 Mi Total*5. Merge onto **I-90 W / I-94 W / Kennedy Expy W** toward **Wisconsin.** [Map](#)**5.0 Mi***6.6 Mi Total*6. Take the **Diversey Ave** exit, **EXIT 46B.** [Map](#)**0.3 Mi***6.9 Mi Total*7. Turn **slight left** onto **W Diversey Ave.** [Map](#)**0.9 Mi***7.8 Mi Total*8. Turn **sharp left** onto **N Milwaukee Ave.** [Map](#)**0.1 Mi***N Milwaukee Ave is just past N Christiana Ave**7.9 Mi Total**If you reach N St Louis Ave you've gone about 0.1 miles too far*9. **2734 N MILWAUKEE AVE** is on the **right.** [Map](#)*Your destination is just past N Spaulding Ave**If you reach N Sawyer Ave you've gone a little too far***2734 N Milwaukee Ave, Chicago, IL 60647-1362**

Total Travel Estimate: 7.92 miles - about 15 minutes



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Trip to:

7319-7325 S Cottage Grove Ave

Chicago, IL 60619-1909

10.59 miles / 19 minutes

Notes

**1600 W 13th St, Chicago, IL 60608-1304**1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)**0.1 Mi***Montefiore Special Elementary Sch is on the corner**0.1 Mi Total**If you reach the end of W 13th St you've gone a little too far*3. Turn **right** onto **W Roosevelt Rd.** [Map](#)**1.1 Mi***W Roosevelt Rd is just past W Washburne Ave**1.2 Mi Total**Bank of America Banking Center - Roosevelt & Ashla is on the left**If you reach W Taylor St you've gone about 0.1 miles too far*4. Turn **right** onto **S Union Ave.** [Map](#)**0.04 Mi***S Union Ave is just past S Halsted St**1.2 Mi Total**If you reach S Ruble St you've gone a little too far*5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy E** via the ramp on the **left.** [Map](#)**1.8 Mi***3.0 Mi Total*6. Keep **left** to take **I-94 Express Ln E / Dan Ryan Express Ln E** toward **Garfield Blvd.** [Map](#)**5.5 Mi***8.5 Mi Total*7. **I-94 Express Ln E / Dan Ryan Express Ln E** becomes **I-94 E / Dan Ryan Expy E.** [Map](#)**0.3 Mi***8.9 Mi Total*8. Take **EXIT 60A** toward **75th St.** [Map](#)**0.2 Mi***9.0 Mi Total*9. Keep **right** at the fork in the ramp. [Map](#)**0.1 Mi***9.1 Mi Total*10. Turn **slight left** onto **S Lafayette Ave.** [Map](#)**0.1 Mi***9.3 Mi Total*11. Take the 1st **left** onto **W 75th St.** [Map](#)**1.1 Mi***W 75th St is 0.1 miles past W 74th St**10.4 Mi Total**Kfc is on the corner**If you reach W 76th St you've gone about 0.1 miles too far*

7/6/12

Driving Directions from 1600 W 13th St, Chicago, Illinois 60608 to 7319-7325 S Cottage Grove Ave, Chi...



12. Turn left onto **S Cottage Grove Ave.** [Map](#)

0.2 Mi

S Cottage Grove Ave is just past S Evans Ave

10.6 Mi Total

Papa Philly & Fish is on the corner

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



13. **7319-7325 S COTTAGE GROVE AVE.** [Map](#)

Your destination is 0.1 miles past E 74th St

If you reach E 73rd St you've gone a little too far



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

Total Travel Estimate: **10.59 miles - about 19 minutes**



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Trip to:

5623 W Touhy Ave

Niles, IL 60714-4019

14.97 miles / 22 minutes

Notes



1600 W 13th St, Chicago, IL 60608-1304



1. Start out going **east** on **W 13th St** toward **S Ashland Ave.** [Map](#)



2. Take the 1st **left** onto **S Ashland Ave.** [Map](#)

0.7 Mi

Montefiore Special Elementary Sch is on the corner

0.7 Mi Total

If you reach the end of W 13th St you've gone a little too far



3. Turn **right** onto **W Congress Pky.** [Map](#)

0.03 Mi

W Congress Pky is just past W Harrison St

0.7 Mi Total

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



4. Merge onto **I-290 E / IL-110 E / Eisenhower Expy E** via the ramp on the **left.** [Map](#)

0.9 Mi

1.6 Mi Total



5. Merge onto **I-94 W** toward **Wisconsin.** [Map](#)

12.2 Mi

13.8 Mi Total



6. Take the **West Touhy Ave** exit, **EXIT 39A.** [Map](#)

0.2 Mi

14.0 Mi Total



7. Turn **slight right** onto **W Touhy Ave.** [Map](#)

0.9 Mi

15.0 Mi Total



8. **5623 W TOUHY AVE** is on the **left.** [Map](#)

Your destination is just past N Central Ave

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



5623 W Touhy Ave, Niles, IL 60714-4019

Total Travel Estimate: **14.97 miles - about 22 minutes**



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