

13-031

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

MAY 29 2013

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Waukegan Renal Center		
Street Address: 3300 - 3400 Grand Avenue		
City and Zip Code: Waukegan, Illinois 60085		
County: Lake	Health Service Area 008	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: ISD Renal, Inc.	
Address: 2000 16 th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16 th 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: 720 Cog Circle, Crystal Lake, Illinois 60014
Telephone Number: 708-738-2666
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

Facility Name: Waukegan Renal Center		
Street Address: 3300 – 3400 Grand Avenue		
City and Zip Code: Waukegan, Illinois 60085		
County: Cook	Health Service Area 008	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 16 th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16 th Street, Denver, CO 80202	
Telephone Number: (303) 405-2100	

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact

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

Name: 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: 720 Cog Circle, Crystal Lake, Illinois 60014
Telephone Number: 708-738-2666
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

Post Permit Contact

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

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli Shughart PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number: 312-873-3793

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: National Shopping Plazas, Inc.
Address of Site Owner: 200 W. Madison St., Suite 4200, Chicago, IL 60606
Street Address or Legal Description of Site:
3300 – 3400 Grand Avenue, Waukegan, IL 60085
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: ISD Renal, Inc.	
Address: 2000 16 th 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 <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification: ☒ Substantive ☐ Non-substantive	Part 1120 Applicability or Classification: [Check one only.] ☐ Part 1120 Not Applicable ☐ Category A Project ☒ Category B Project ☐ DHS or DVA Project
---	---

2. Narrative Description

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

Based on operational limitations at the current site, DaVita HealthCare Partners Inc. and ISD Renal, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to relocate their existing 22-station dialysis facility to 3300 – 3400 Grand Avenue, Waukegan, IL 60085 (the "Replacement Facility"). The proposed dialysis facility will include approximately 8,980 gross square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,372,000		\$1,372,000
Contingencies	\$130,000		\$130,000
Architectural/Engineering Fees	\$102,500		\$102,500
Consulting and Other Fees	\$75,000		\$75,000
Movable or Other Equipment (not in construction contracts)	\$410,644		\$410,644
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,648,705		\$1,648,705
Other Costs To Be Capitalized (Net Book Value of Existing Equipment)	\$271,286		\$271,286
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,010,135		\$4,010,135
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,090,144		\$2,090,144
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,648,705		\$1,648,705
Governmental Appropriations			
Grants			
Other Funds and Sources (Net Book Value of Existing Equipment)	\$271,286		\$271,286
TOTAL SOURCES OF FUNDS	\$4,010,135		\$4,010,135
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 \$0_____.		

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): February 28, 2015	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
☐ Purchase orders, leases or contracts pertaining to the project have been executed.	
☒ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
☐ Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

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

Cost Space Requirements

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

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

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

- 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

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 26 day of March, 2013

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____, 2013

Signature of Notary

Seal

See attached

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

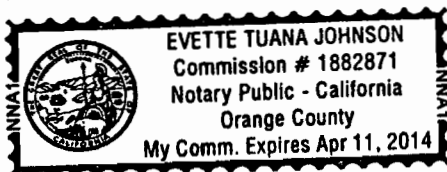
- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

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 29 day of March 2013
 by Arturo Suda
 (1) _____
 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 [Signature]
 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: App. for Permit
UNAC Inc. none 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

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

SIGNATURE

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 26 day of March, 2013

Signature of Notary

Seal

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

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of _____, 2013

Signature of Notary

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 29 day of MARCH, 2013
Date Month Year

by Arturo Silva
 (1) _____
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: ASK FOR VERUIT
100 KENNEL NONE 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

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options must include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

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):

☒ In-Center Hemodialysis	22	22

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$2,090,144	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$1,648,705 (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;
\$271,286 (NBV of Existing Equipment)	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$4,010,135	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)	2010	2011	2012
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	2010	2011	2012
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			
	2010	2011	2012
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 ISD Renal, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. ISD Renal, Inc. is the operator of Waukegan Renal Center. Waukegan Renal Center is a trade name of ISD Renal, 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.

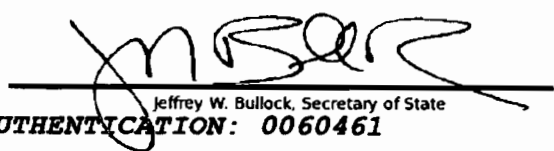
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

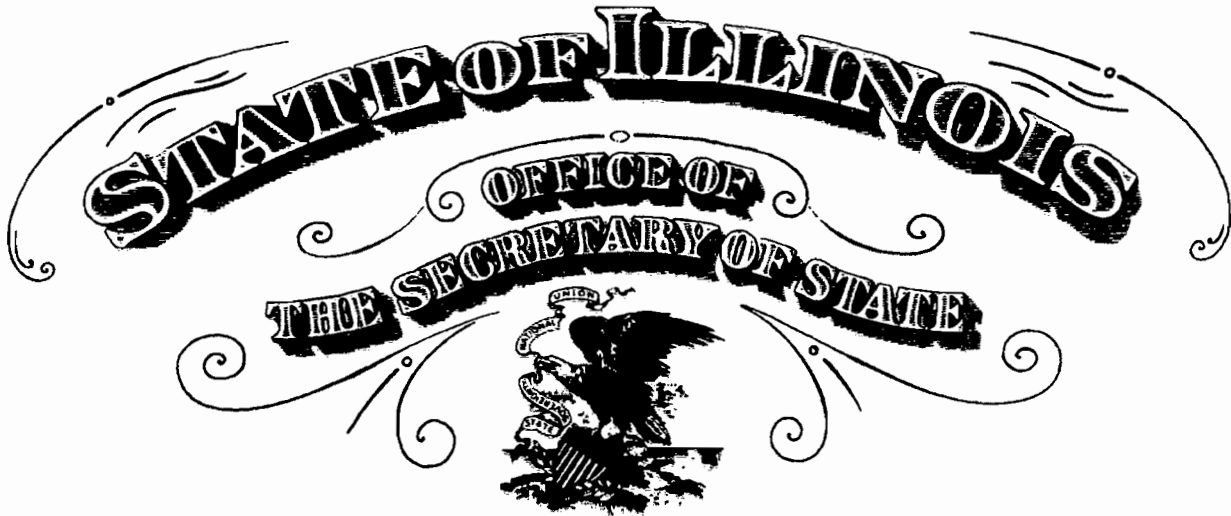
121330793

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0060461

DATE: 12-12-12



To all to whom these Presents Shall Come, Greeting:

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

ISD RENAL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 06, 2006, 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 #: 1202800434

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 28TH
day of JANUARY A.D. 2012 .***

Jesse White

SECRETARY OF STATE

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

The letter of intent between National Shopping Plazas, Inc. and ISD Renal, Inc. to lease the facility located at 3300-3400 Grand Avenue, Waukegan, IL 60085 is attached at Attachment – 2.



USI REAL ESTATE BROKERAGE SERVICES INC.

A USI COMPANY

2215 YORK RD, SUITE 110
OAKBROOK, IL 60523

TELEPHONE: 630-990-3658
FACSIMILE: 630-990-2300

April 22, 2013

Mr. Jonathan Hanus
National Shopping Plazas, Inc.
200 West Madison Street, Suite 4200
Chicago, IL 60606

**RE: Request for Proposal
Waukegan Commons Plaza**

Dear Jon:

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

We are currently surveying the Waukegan market area to identify all of the alternatives available that best suit 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 April 29, 2013. *Please prepare the proposal to respond to the following terms:*

- PREMISES:** Waukegan Commons Plaza (a portion of former Office Depot space)
NWC Grand Avenue & Green Bay Road (3300 – 3400 Grand Avenue)
Waukegan, IL 60085
- TENANT:** Total Renal Care, Inc., or related entity to be named with DaVita HealthCare Partners as lease guarantor.
- LANDLORD:** National Shopping Plazas, Inc., as leasing agent
- SPACE REQUIREMENTS:** Requirement is for approximately 9,000 contiguous square feet. Tenant shall have the right to measure space based on most recent BOMA standards.
- PRIMARY TERM:** Fifteen (15) years
- BASE RENT:** \$18.00 per square foot NNN for the first lease year; increasing by 3% annually.
- ADDITIONAL EXPENSES:** Additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM are estimated at \$4.25 per square foot for the first lease year.
- Tenant's pro rata share percentage of operating expenses is approximately 22.1% (total of Tenant's space).
- Tenant will be responsible for paying for all utilities from use of the Premises (although water may be billed under a shared meter as part of CAM).

<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural, roof and foundations for the Premises. Costs of repairing, restriping and resurfacing the parking lot shall be includable in CAM.
<u>POSSESSION AND RENT COMMENCEMENT:</u>	Landlord shall deliver Possession of the Premises to Tenant upon the completion of Landlord's required work ("Possession") except for nominal punch list items). Rent Commencement shall be five (5) months from Possession.
<u>LEASE FORM:</u>	Landlord's standard lease form.
<u>USE:</u>	The Use is for the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, distribution of pharmaceuticals including all incidental, related, and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and for no other lawful purpose(s) without Landlord's consent. <i>Landlord confirms that this use is allowed under the Property's existing zoning.</i>
<u>PARKING:</u>	Parking shall be provided substantially as shown on the site plan which is attached to this letter.
<u>BASE BUILDING:</u>	Landlord shall deliver to the Premises the Base Building improvements included in the attached Exhibit B.
<u>TENANT IMPROVEMENTS:</u>	None.
<u>OPTION TO RENEW:</u>	Three (3), five (5) year options to renew the lease. Rent shall continue to increase 3% per year during each option year.
<u>FAILURE TO DELIVER PREMISES:</u>	If Landlord has not delivered the Premises to Tenant with all base building items substantially completed by March 31, 2014 (other than due to, and subject to extension for, force majeure), Tenant may elect to terminate the lease by written notice delivered to Landlord after such date and prior to such substantial completion.
<u>HOLDING OVER:</u>	Tenant shall be obligated to pay 135% of the then current rate.
<u>TENANT SIGNAGE:</u>	Tenant shall have the right to install building signage at the Premises, subject to compliance with all applicable laws and regulations and shall be entitled to a panel on Landlord's monument or pylon signage in front of the Premises.
<u>BUILDING HOURS:</u>	If permitted by applicable laws and codes, Tenant may operate 24 hours a day, 7 days a week.
<u>SUBLEASE/ASSIGNMENT:</u>	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 HealthCare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord's reasonable approval. Tenant and its guarantor shall not

be released on account of any assignment of the lease or sublet of all or any of the Premises.

ROOF RIGHTS:

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

NON COMPETE:

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

HVAC:

New HVAC units shall be provided by Landlord per Section 20 of Exhibit B.

DELIVERIES:

See attached site plan exhibit for loading zone.

OTHER CONCESSIONS:

None.

GOVERNMENTAL COMPLIANCE:

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

CERTIFICATE OF NEED:

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 August 15, 2013. 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 August 15, 2013 neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes as the Tenant's sole representatives USI Real Estate Brokerage Services Inc. and shall pay a brokerage fee equal to \$115,000 per separate commission agreement. The fee shall be paid in two equal installments with one half due upon mutual lease execution and the second half due upon Tenant's payment of first month's rent under the new lease. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Please provide copies of site and construction plans or drawings.

Please submit your response to this Request for Proposal via e-mail to:

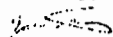
John Steffens

E-mail: john.steffens@jci.com

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.

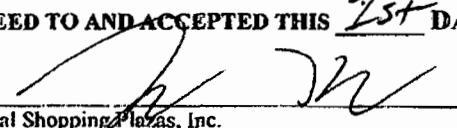
Sincerely,



JOHN STEFFENS

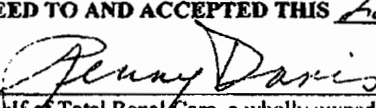
Cc: Edgar Levin
Christian Maese

AGREED TO AND ACCEPTED THIS 25th ^{May} DAY OF ~~APRIL~~ 2013

By: 

National Shopping Plaza, Inc.
("Landlord")

AGREED TO AND ACCEPTED THIS 22 DAY OF APRIL 2013

By: 

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

EXHIBIT A

NON-BINDING NOTICE

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



Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

SUBJECT TO MODIFICATION BASED ON INPUT FROM LESSEE'S PROJECT MANAGER

At a minimum, the Lessor shall provide the following Base Building Improvements to meet Lessee's requirements for an Existing Base Building Improvements at Lessor's sole cost:

All MBBI work completed by the Lessor will need to be coordinated and approved by the Lessee and their Consultants prior to any work being completed, including shop drawings and submittals reviews.

1.0 - Building Codes & Design

All Minimum Base Building Improvements (MBBI) are to be performed in accordance with all local, state, and federal building codes including any related amendments, fire and life safety codes, ADA regulations, State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Lessor's work will have Governmental Authorities Having Jurisdiction ("GAHJ") approved architectural and engineering (Mechanical, Plumbing, Electrical, Structural, Civil, Environmental) plans and specifications prepared by a licensed architect and engineer.

Lessee shall have full control over the selection of the General Contractor for the tenant improvement work.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Lessee with the assistance of the Lessor to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Lessee.

3.0 - Common Areas

Lessee will have access and use of all common areas i.e. Lobbies, Hallways, Corridors, Restrooms, Stairwells, Utility Rooms, Roof Access, Emergency Access Points and Elevators. All common areas must be code and ADA compliant (Life Safety, ADA, etc.) per current federal, state and local code requirements.

4.0 - Demolition

Lessor will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Lessee) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean and ready for interior improvements specific to the build out of a dialysis facility. Building to be free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

5.0 - Foundation and Floor

Existing Foundations and Slab on Grade in Lessee space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the

lease. Lessor to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

All repairs will be done by Lessor at his cost and be done prior to Lessee acceptance of space for construction. Any issues with slab during Lessee construction will be brought up to Lessor attention and cost associated with slab issue to repair will be paid by Lessor.

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 3,000-psi with wire or fiber mesh, and/or rebar reinforcement over vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4bars or greater x 16" long or as designed per higher standards by Lessee's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 3-lbs.of moisture per 1000sf/24 hours is emitted per completed calcium chloride testing results. Means and methods to achieve this level will be sole responsibility of the Lessor.

6.0 - Structural

Existing exterior walls, lintels, floor and roof framing shall remain as-is and be free of defects. Should any defects be found repairs will be made by Lessor at his cost. Any repairs will meet with current codes and approved by a Structural Engineer and Lessee.

Lessor shall supply Lessee (if available) structural engineering drawings of space

7.0 - Existing Exterior Walls

All exterior walls shall be in good shape and properly maintained. Any damaged drywall and or Insulation will be replaced by Lessor prior to Lessee taking possession.

It will be the Lessor's responsibility for all cost to bring exterior walls up to code before Lessee takes possession.

8.0 - Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 - 2000) whichever is more stringent. If it does not meet this, Lessor will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have sound attenuation batts from floor to underside of deck.

At Lessee's option and as agreed upon by Lessor, any new demising wall interior drywall to lessee's space shall not be installed until after Lessee's improvements are complete in the wall.

9.0- Roof Covering

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Lessor will provide Lessee the information on the Roof and Contractor holding warranty. Lessor to provide minimum of R30 roof insulation at roof deck. If the R30 value is not meet, Lessor to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

Any new penetrations made during build out will be at the Lessee's cost. Lessor shall grant Lessee that right to conceal or remove existing skylights as deemed appropriate by Lessee and their Consultants.

10.0 – Canopy

To be discussed. If it's acceptable to Landlord and governmental authorities, DaVita would like the option to add a drive up canopy paid for by Tenant.

11.0 – Waterproofing and Weatherproofing

Lessor shall provide complete water tight building shell inclusive but not limited to, Flashing and/or sealant around windows, doors, parapet walls, Mechanical / Plumbing / Electrical penetrations. Lessor shall properly seal the building's exterior walls, footings, slabs as required in high moisture conditions such as (including but not limited to) finish floor sub-grade, raised planters, and high water table. Lessor shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

12.0 – Windows

Any single pane window systems must be replaced by Lessor with code compliant Energy efficient thermal pane windows with thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Lessor. Lessor shall allow Lessee, at Lessee's discretion, to tint the existing windows (per manufactures recommendations) per Lessee's tenant improvement design.

13.0 – Thermal Insulation

Lessor to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation.

14.0 – Exterior Doors

All exterior doors shall meet American Disabilities Act (ADA), Local Codes and State Department of Health requirements for egress. If not Lessor at his cost will need to bring them up to code, this will include installing push paddles and/or panic hardware or any other hardware for egress. Any missing weather stripping, damage to doors or frames will be repaired or replaced by Lessor.

Lessor will provide, if not already present, a front entrance and rear door to space. Should one not be present at each of the locations Lessor, to have them installed per the following criteria:

- **Front/ Patient Entry Doors:** Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, continuous hinge and lock mechanism. Door to be prepped to accept power assist opener and push button keypad lock provided by Lessee.
- **Service Doors:** Provide 72" wide double door (Alternates for approval by Lessee's Project Manager to include: 60" Roll up door, or a 48" wide single door or double door with 36" and 24" doors) with 20 gauge insulated hollow metal (double doors), Flush bolts, T astragal, Heavy Duty Aluminum threshold, continuous hinge each leaf, prepped for panic bar hardware (as required by code) painted with rust inhibiting paint and prepped to receive a push button keypad lock provided by Lessee. Door to have a 10" square vision panel cut out with insulated glass installed if requested by Lessee.

Any doors that are designated to be provided modified or prepared by Lessor; Lessor shall provide to Lessee, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Lessee and Lessee's architect.

15.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Lessee at a common location for access. Lessor is responsible for all tap/connection and impact fees for all new utilities required for a dialysis facility. All Utilities to be coordinated with Lessee's Architect.

16.0 - Plumbing

Lessor to provide a segregated/d dedicated 2" water line, if not already present (and not tied-in to any other lessees spaces, fire suppression systems, or irrigation systems) with a shut off valve, 2 (two) 2" backflow preventors in parallel (with drain under BFP's), and 2" meter (1 1/2" meter under special circumstances which must be approved by Lessee) to provide a continuous minimum 50 psi (maximum of 80psi), with a minimum flow rate of 50 gallons per minute to Lessee space. Lessor to provide Lessee with the most recent water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall perform water flow and pressure test prior to lease execution. Lessor shall stub the dedicated water line into the Lessee space to a location on Lessee plans. Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies. Lessor may elect to dedicate the existing 2" line and 2" meter (1-1/2" meter if approved by Lessee), if existing, to Lessee for Lessee's exclusive and dedicated use. Lessor shall then be responsible to install a new water line and water meter(s) for use by adjacent tenant(s) as needed to meet adjacent tenant water requirements and water demands. Lessor shall be responsible for all fees and costs associated with the line, tap, meter and impact fees related to this work

All existing hose bibs will be in proper working condition prior to Lessees possession of space.

Existing Sanitary sewer line will need to be a four-inch (4") minimum line to Lessee space and have an invert level of 42" minimum or a sanitary line(s) that will adequately support the drainage requirements leaving the space. Lift station/sewage ejectors will not be permitted. The sanitary sewer line feeding the demised space will need to be video scoped for integrity with a copy available for Lessee and his architect to review. Sewer line to receive a power rod with high pressure cleaning to insure flow integrity from facility inlet to city main.

If the Sanitary line is not a 4" line, Lessor will have installed a new line to a location per Lessee plans to support the drainage requirements (with a minimum invert level of 42") and to meet local code. All cost associated with line, tap and impact fees will be Lessor responsibility.

Sanitary sampling manhole if required by local municipality on new line.

17.0 - Fire Suppression and Alarm System

Existing Fire Sprinkler Systems and fire alarm control panel shall be maintained by Lessor. Lessor to provide pertinent information on systems for Lessee's Engineers for design. Lessor to provide current vendor for system and monitoring company.

If a Sprinkler System is not present based on NFPA 101, 2000, Lessor to provide cost, to be included in lease rate, for the design and installation of a complete turnkey sprinkler system (less drops and heads in lessee space) that meets all local building and life safety codes for the entire building. This system will be on a dedicated water line independent of Lessee's water line requirements, including municipal approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

Existing Fire Alarm system shall be maintained and in good working order by Lessor prior to Lessee acceptance of space. Lessor to provide pertinent information on systems for Lessee's design. Lessor to provide current vendor for system and monitoring company. If FA Panel is unable to accommodate Lessee requirements Lessor to upgrade panel at Lessor's cost.

Fire Suppression and Alarm system equipment shall be equipped for double detection activation per GAHJ.

18.0 - Electrical

Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400amp to 800amp service) 120/208 volt, 3 phase, 4 wire. Existing service to be a combined single service for Lessee space. Lessee will not accept multiple services to obtain the necessary amperage. Should this not be available Lessor to upgrade to meet the following criteria:

Provide new service (preferably underground) with a dedicated meter via a new CT cabinet. Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400amp to 800amp service) 120/208 volt, 3 phase, 4 wire to a load center in the Lessee's utility room (location to be per Code and to a location per Lessee plans) for Lessee's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Transformer coordination with utility company, transformer pad, and underground conduit sized for service, circuit termination cabinet, grounding rod, main panel with breaker, conduit and wire inclusive of excavation, trenching and restoration. Lessee's Engineer shall have the final approval on the electrical service size and location. If 480V power is supplied, Lessor to provide step down transformer to Lessee requirements above.

If combined service meter cannot be provided then Lessor shall provide written verification from Power Utility supplier stating multiple meters are allowed for use by the facility for the duration of the lease term

Lessor will allow Lessee to have installed, at Lessee cost, Transfer Switch for temporary generator hook-up, or permanent generator.

19.0 - Gas Service

Existing Natural gas service at a minimum to have a 6" water column pressure and be able to supply 800,000-BTU. Natural gas line shall be individually metered and sized per demand.

20.0 - Mechanical /Heating Ventilation Air Conditioning

Lessor will be responsible for the cost of the replacement of the HVAC units. Lessee will complete the design and the replacement of the HVAC Units, with the approval of the replacement plan from the Landlord, whose approval shall not be unreasonably withheld. Units replaced or added will meet the design requirements as stated below.

The criteria are as follows: Equipment to be Carrier or Trane. Equipment will be new and come with a full warranty on parts (minimum of 5yrs) including labor. Supply air shall be provided to the Premises sufficient for cooling at the rate of 325 square feet per ton to meet Lessee's demands for dialysis facility. Ductwork shall be extended 5' into the space for supply and return air. System to be a ducted return air design. All ductwork to externally lined except for the drops from the units. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, thermostats and start-up. Anticipate minimum up to five (5) zones with programmable thermostat. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on design criteria and local and state codes.

21.0 - Telephone

If in a multi tenant building Lessor to provide a 1" conduit from Building demark location to phone room location in Lessee space.

22.0 – Cable or Satellite TV

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

23.0 – Handicap Accessibility

Full compliance with ADA and all local jurisdictions' handicap requirements. Lessor shall comply with all ADA regulations affecting the Building and entrance to Lessee space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Lessor shall provide pavement marking, curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Lessee delivery door and also link to the accessible path of travel.

24.0 – Generator

Lessor to allow a generator to be installed onsite if required by code or Lessee chooses to provide one.

25.0 – Existing Site Lighting

Lessor to provide adequate lighting per code and to illuminate all parking, pathways, for new and existing building access points. Parking lot lighting to be on a timer (and be programmed per Lessee business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Lessor house panel and equipped. If new lighting is provided it will need to be code compliant with a 90 minute battery back up at all access points.

26.0 – Exterior Building Lighting

Lessor to provide adequate lighting per code and to illuminate the building main and service entrance/exits with related sidewalks. Lighting shall be connected to and powered by Lessor house panel and equipped with a code compliant 90 minute battery back up at all access points.

27.0 – Parking Lot

Provide adequate amount of ADA curb cuts, handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be anchored in place onto the asphalt per stall layout.

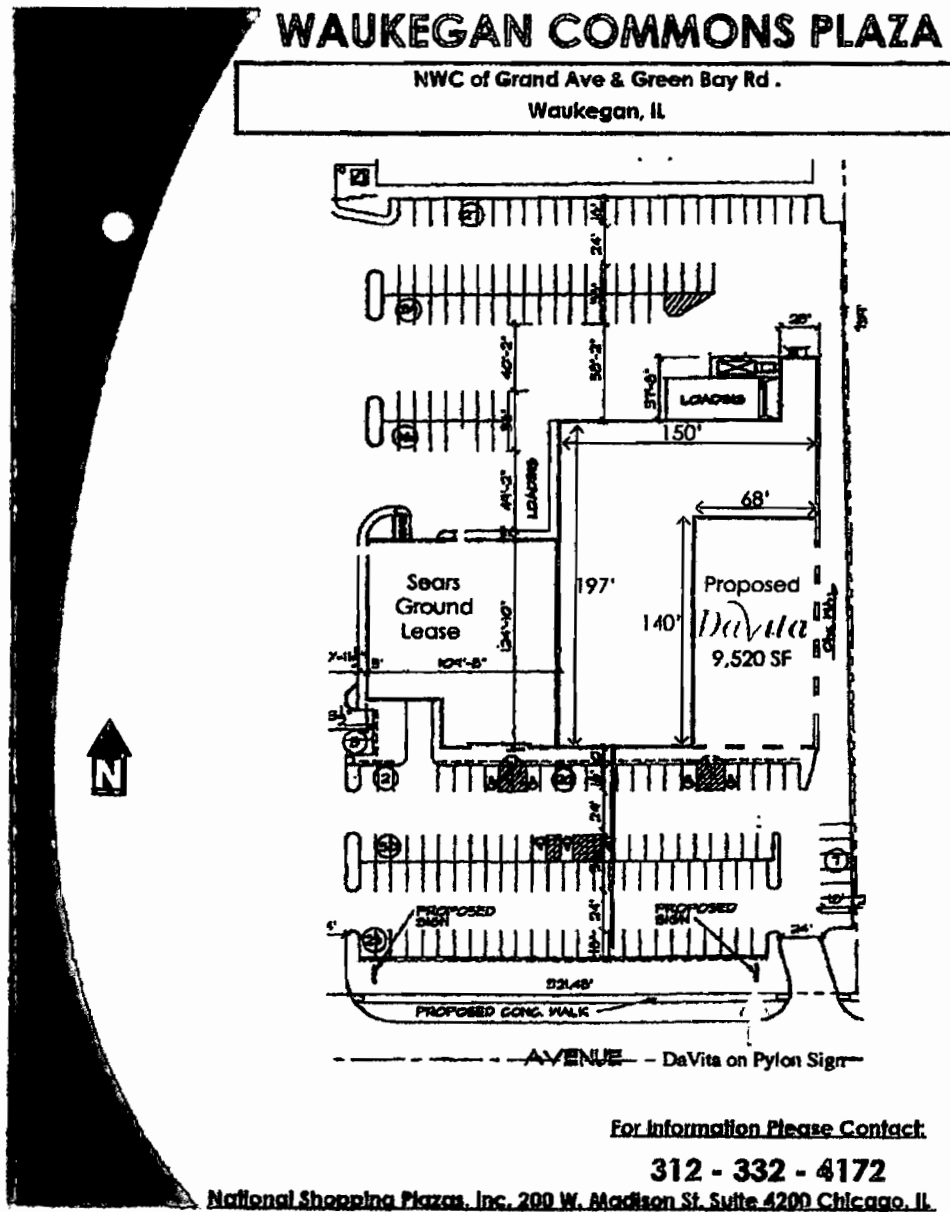
28.0 – Refuse Enclosure

If an area is not designated, lessor to provide Refuse area for Lessee dumpsters. Lessor to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

29.0 – Signage

Lessor to allow for an illuminated façade mounted sign and rights to add signage to existing Pylon/monument sign. Final sign layout to be approved by Lessee and the City.

* Floor Plan To Be Revised to Approximately 10,000 – 10,500 square feet.



Waukegan Commons Plaza Legal Description

SHOPPING CENTER LEGAL DESCRIPTION

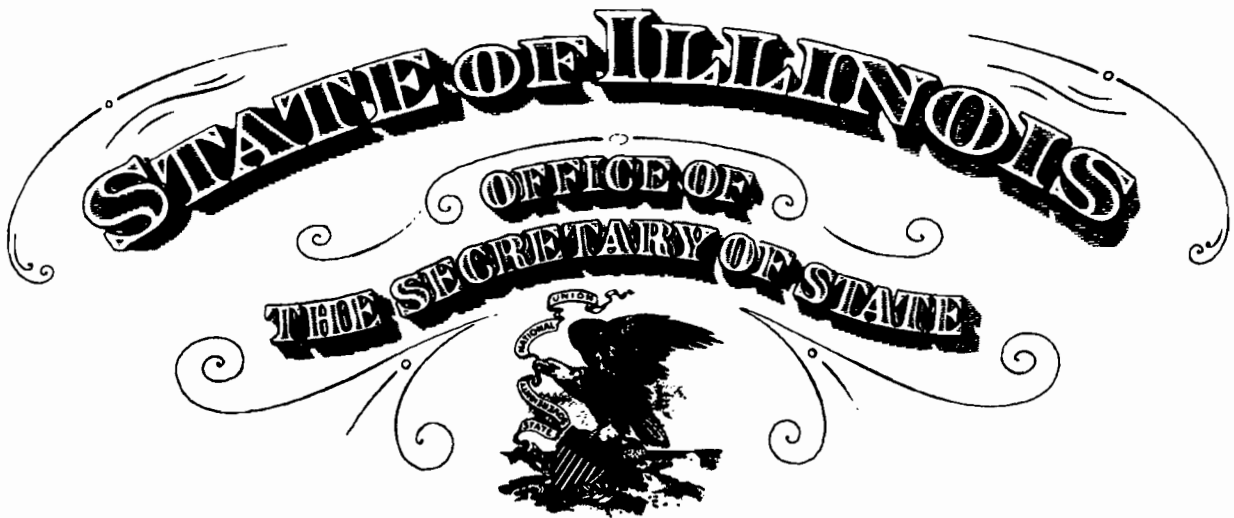
RANGE 11; EAST PART OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND WEST PART OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO-WIT: BEGINNING AT THE SOUTHEAST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 13; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST ALONG THE CENTER LINE OF SAID SECTION 13, SAID LINE ALSO BEING THE CENTER LINE OF GRAND AVENUE, A DISTANCE OF 280.11 FEET; THENCE NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, A DISTANCE OF 779.00 FEET; THENCE NORTH 94 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 349.45 FEET; THENCE NORTH 21 DEGREES 07 MINUTES 13 SECONDS EAST, A DISTANCE OF 796.04 FEET TO A POINT LYING ON THE SOUTH LINE OF SAID SECTION 10; THENCE SOUTH 88 DEGREES 53 MINUTES 45 SECONDS WEST, A DISTANCE OF 300.11 FEET TO THE SOUTHWEST CORNER OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 10 AFORESAID; THENCE NORTH 01 DEGREES 00 MINUTES 00 SECONDS WEST ALONG THE WEST LINE OF SAID SECTION 10, A DISTANCE OF 25.00 FEET TO THE POINT OF BEGINNING (EXCEPTING THEREFROM THAT PART OF THE SOUTHWEST 1/4 OF SAID SECTION 13, DESCRIBED AS FOLLOWS, TO-WIT: COMMENCING AT THE SOUTHEAST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 13; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST ALONG THE SOUTH LINE OF SAID SECTION 13, SAID LINE ALSO BEING THE CENTER LINE OF GRAND AVENUE, A DISTANCE OF 12.11 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING ALONG THE SOUTH LINE OF SAID SECTION 13, A DISTANCE OF 264.00 FEET; THENCE NORTH 01 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 779.00 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 160.00 FEET TO A POINT 112.67 FEET WESTERLY OF THE EAST LINE OF SAID SECTION 13; THENCE SOUTH 01 DEGREES 07 MINUTES 13 SECONDS EAST, A DISTANCE OF 373.00 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 160.00 FEET; THENCE SOUTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, A DISTANCE OF 446.00 FEET TO THE POINT OF BEGINNING, AND ALSO (EXCEPT ALL THAT PART THROUGH RAILROAD IN STATE AND ROUTE 6, AS INDICATED BY EMBLEMATIC MARKINGS AS DOCUMENT NUMBERS 1313104 AND 1313105, ALSO KNOWN AS ROUTE 132 AND/OR GRAND AVENUE AND ALSO EXCEPT THAT PART OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO-WIT: BEGINNING AT THE SOUTHEAST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 13; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, ALONG THE SOUTH LINE OF SAID SECTION 13, SAID LINE ALSO BEING THE CENTER LINE OF GRAND AVENUE, 280.11 FEET; THENCE NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, 779.00 FEET (MEASURED - NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, 777.04 FEET); THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST (MEASURED - NORTH 89 DEGREES 53 MINUTES 45 SECONDS WEST), 160.00 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING EAST ALONG SAID EAST DESCRIBED LINE, 433.48 FEET; THENCE SOUTH 01 DEGREES 07 MINUTES 13 SECONDS EAST (MEASURED - SOUTH 01 DEGREES 19 MINUTES 54 SECONDS EAST), 263.42 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 261.62 FEET; THENCE SOUTH 00 DEGREES 05 MINUTES 09 SECONDS WEST, 22.00 FEET; THENCE NORTH 08 DEGREES 54 MINUTES 51 SECONDS WEST, 40.43 FEET; THENCE NORTH 01 DEGREES 15 MINUTES 54 SECONDS WEST, 54.02 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 130.01 FEET;

THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST (MEASURED - NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST), 263.42 FEET TO THE POINT OF BEGINNING; AND ALSO (EXCEPT THAT PART OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO-WIT: COMMENCING AT THE SOUTHEAST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 13; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, ALONG THE SOUTH LINE OF SAID SECTION 13, SAID LINE ALSO BEING THE CENTER LINE OF GRAND AVENUE, 280.11 FEET; THENCE NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, 779.00 FEET (MEASURED - NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, 777.04 FEET); THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST (MEASURED - NORTH 89 DEGREES 53 MINUTES 45 SECONDS WEST), 160.00 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING EAST ALONG SAID EAST DESCRIBED LINE, 433.48 FEET; THENCE SOUTH 01 DEGREES 07 MINUTES 13 SECONDS EAST (MEASURED - SOUTH 01 DEGREES 19 MINUTES 54 SECONDS EAST), 263.42 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 261.62 FEET; THENCE SOUTH 00 DEGREES 05 MINUTES 09 SECONDS WEST, 22.00 FEET; THENCE NORTH 08 DEGREES 54 MINUTES 51 SECONDS WEST, 40.43 FEET; THENCE NORTH 01 DEGREES 15 MINUTES 54 SECONDS WEST, 54.02 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 130.01 FEET; 263.42 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 130.01 FEET;

RANGE 11; EAST PART OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 45 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO-WIT: COMMENCING AT THE SOUTHEAST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 13; THENCE SOUTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, ALONG THE SOUTH LINE OF SAID SECTION 13, SAID LINE ALSO BEING THE CENTER LINE OF GRAND AVENUE, 280.11 FEET; THENCE NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, 779.00 FEET (MEASURED - NORTH 01 DEGREES 07 MINUTES 13 SECONDS WEST, 777.04 FEET); THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST (MEASURED - NORTH 89 DEGREES 53 MINUTES 45 SECONDS WEST), 160.00 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING EAST ALONG SAID EAST DESCRIBED LINE, 433.48 FEET; THENCE SOUTH 01 DEGREES 07 MINUTES 13 SECONDS EAST (MEASURED - SOUTH 01 DEGREES 19 MINUTES 54 SECONDS EAST), 263.42 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 261.62 FEET; THENCE SOUTH 00 DEGREES 05 MINUTES 09 SECONDS WEST, 22.00 FEET; THENCE NORTH 08 DEGREES 54 MINUTES 51 SECONDS WEST, 40.43 FEET; THENCE NORTH 01 DEGREES 15 MINUTES 54 SECONDS WEST, 54.02 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 130.01 FEET; 263.42 FEET; THENCE NORTH 89 DEGREES 54 MINUTES 51 SECONDS WEST, 130.01 FEET;

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

The Illinois Certificate of Good Standing for ISD Renal, 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

ISD RENAL, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 06, 2006, 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 #: 1202800434

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 28TH
day of JANUARY A.D. 2012 .

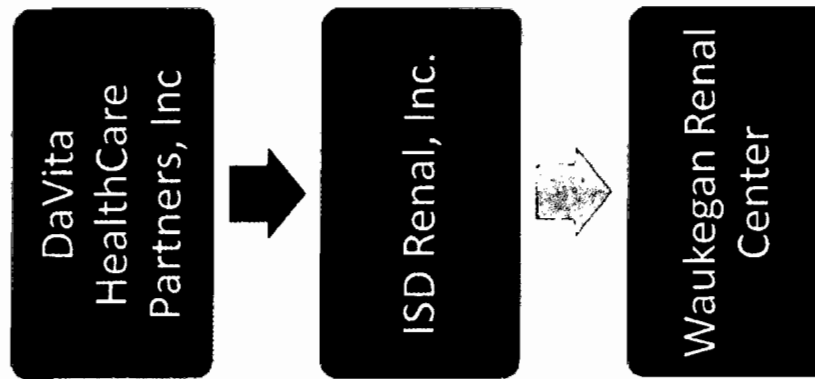
Jesse White

SECRETARY OF STATE

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

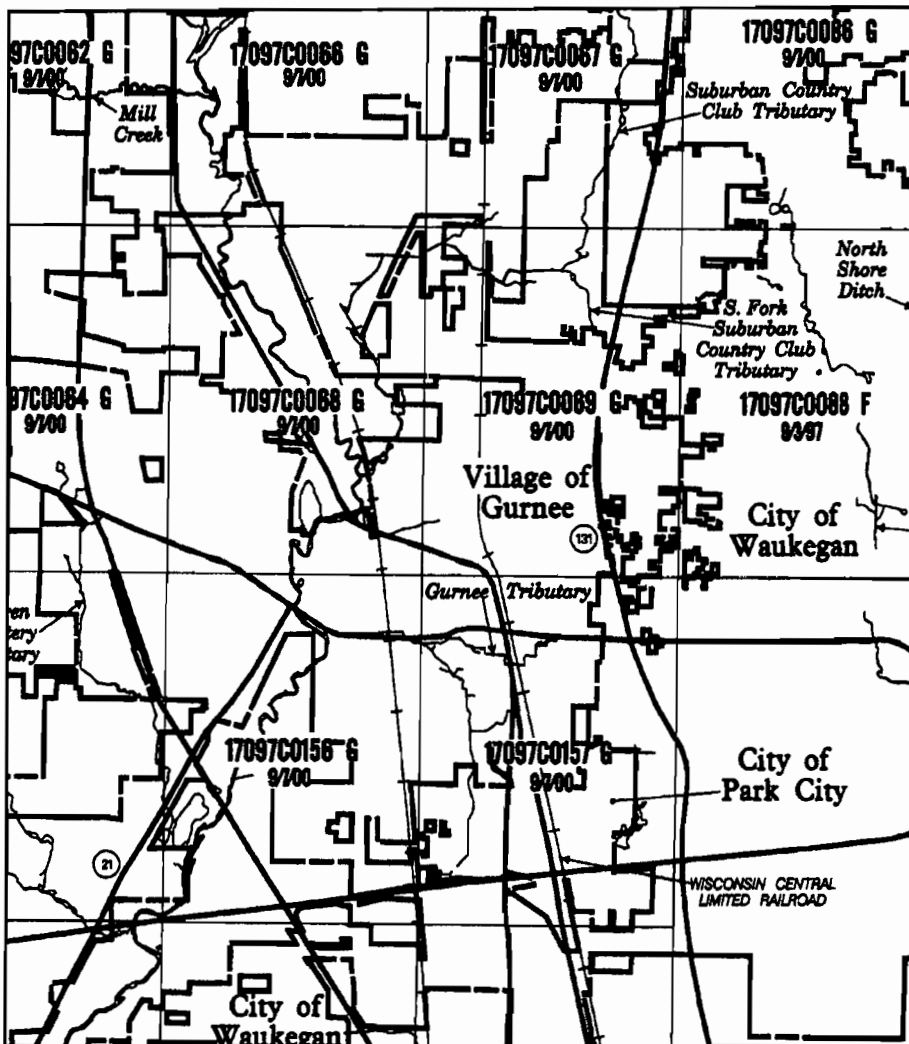
The organizational chart for DaVita HealthCare Partners Inc. and ISD Renal, Inc. is attached at Attachment – 4.

Waukegan Renal Center Organizational Chart



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 3300-3400 Grand Avenue, Waukegan, IL 60085. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



NATIONAL FLOOD INSURANCE PROGRAM

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

MAP INDEX
SHEET 1 OF 2

PANELS PRINTED: 5, 10, 15, 19, 20, 26,
27, 28, 29, 32, 34, 35, 36, 37, 38, 39,
41, 42, 43, 44, 65, 66, 67, 68, 69, 70,
71, 72, 73, 74, 75, 76, 77, 78, 79, 80,
81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91,
92, 93, 94, 95, 96, 97, 98, 99, 100, 101,
102, 103, 104, 105, 106, 107, 108, 109,
110, 111, 112, 113, 114, 115, 116, 117, 118,
119, 120, 121, 122, 123, 124, 125, 126,
127, 128, 129, 130, 131, 132, 133, 134,
135, 136, 137, 138, 139, 140, 141, 142,
143, 144, 145, 146, 147, 148, 149, 150,
151, 152, 153, 154, 155, 156, 157, 158, 159,
160, 161, 162, 163, 164, 165, 166, 167,
168, 169, 170, 171, 172, 173, 174, 175,
176, 177, 178, 179, 180

(SEE SHEET 2 FOR ADDITIONAL PANELS
PRINTED)

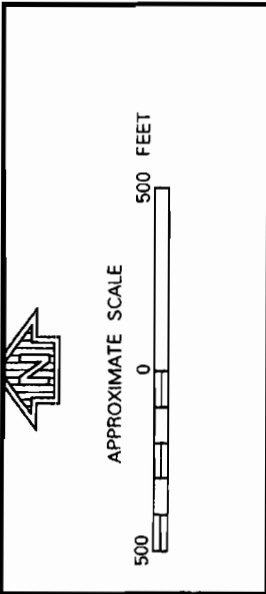
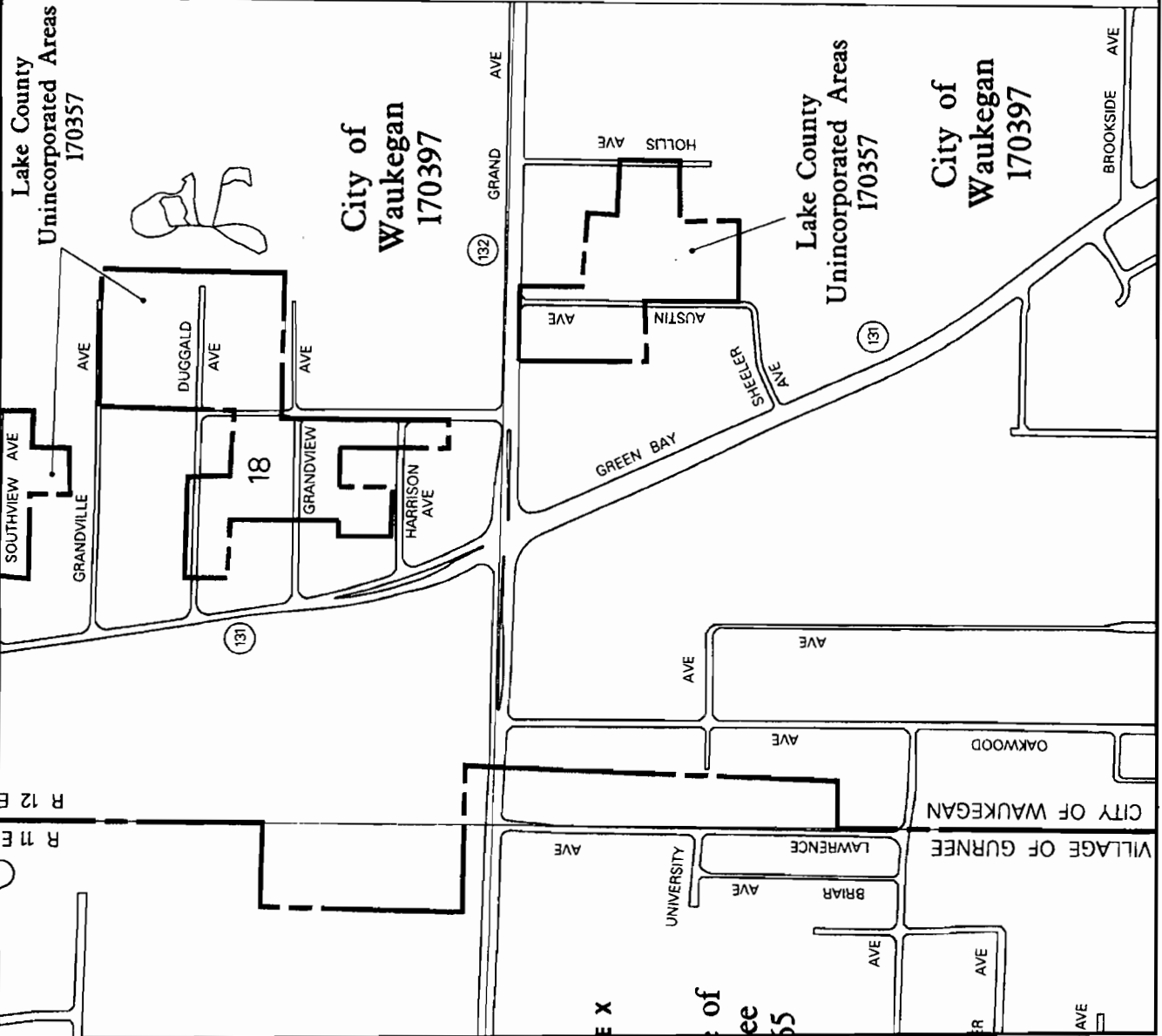
MAP NUMBER
17097CND1C

MAP REVISED
NOVEMBER 18, 2006



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



NATIONAL FLOOD INSURANCE PROGRAM

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

PANEL 157 OF 295
 (SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY	NUMBER	PANEL	SUFFIX
GURNEE VILLAGE OF	170357	057	G
LAKE COUNTY	170357	057	G
PARK CITY CITY OF	170358	057	G
WAUKEGAN CITY OF	170397	057	G

Notes to User: This map number shows only the areas to be used when making rate changes. The COMMUNITY NUMBER shown above should be used on insurance applications for the subject community.

MAP NUMBER
17097C0157 G

MAP REVISED:
SEPTEMBER 7, 2000

Federal Emergency Management Agency

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

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

May 8, 2013

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 ISD Renal, Inc. ("Requestors") seek a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 22-station dialysis facility at 3300-3400 Grand Avenue, Waukegan, IL 60085 ("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 22-station dialysis facility at 3300-3400 Grand Avenue, Waukegan, IL 60085. 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.



May 8, 2013
Page 2

4. Address for Building/Structure

The proposed project will be located at 3300-3400 Grand Avenue, Waukegan, IL 60085.

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.

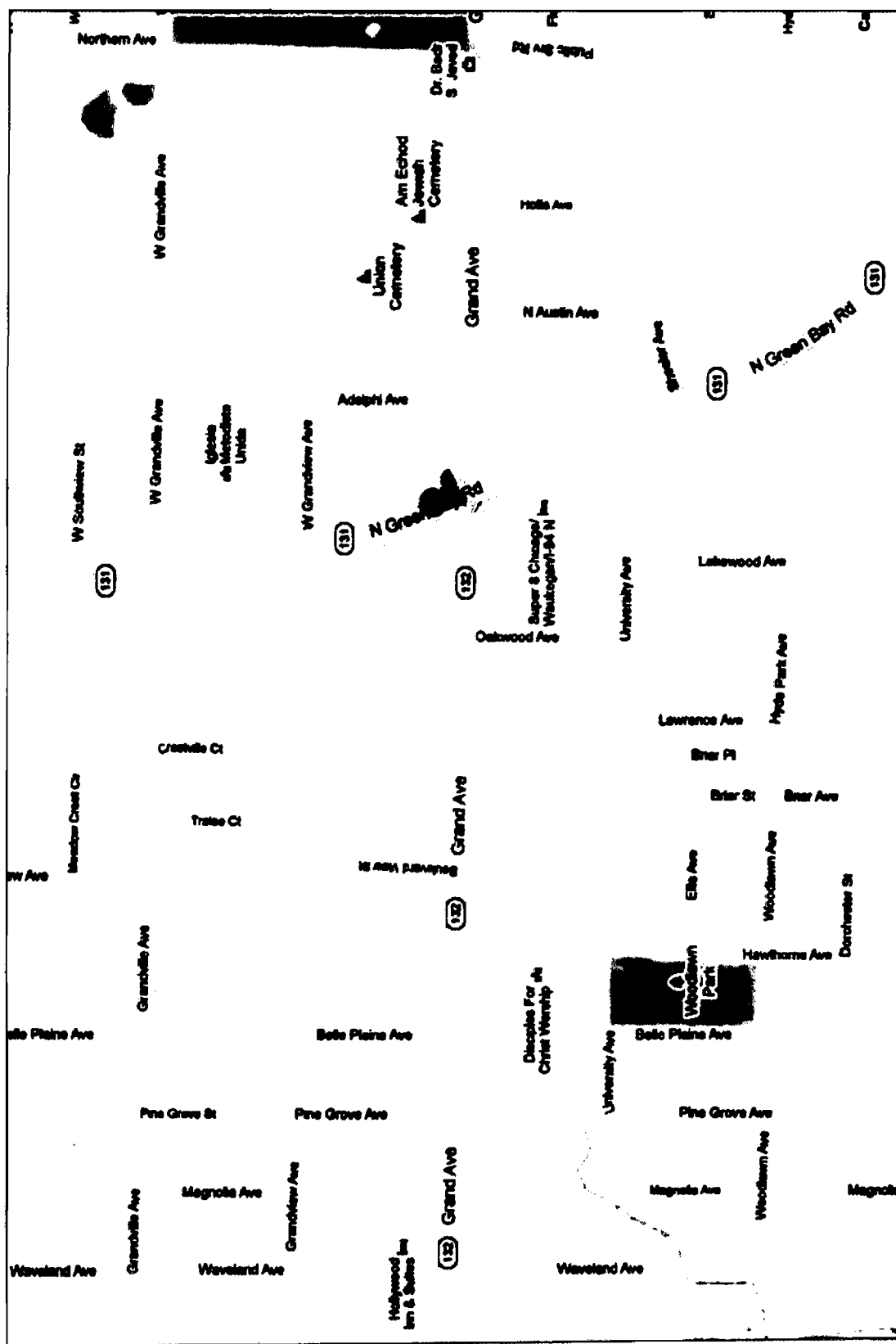
Sincerely,

A handwritten signature in black ink, appearing to read "Tim Tinnell".

Timothy V Tincknell
Administrator, CON Projects

Enclosure

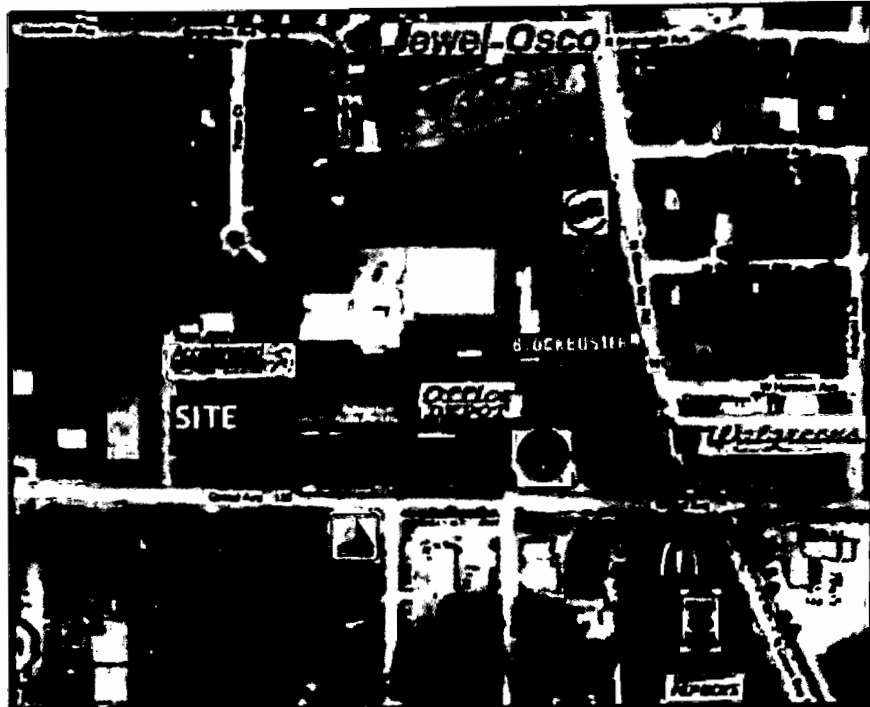
TVT:



EXCELLENT LOCATION FOR LEASE **WAUKEGAN COMMONS PLAZA** **NWC of Grand Ave & Green Bay Rd.** **Waukegan, IL**

PROPERTY HIGHLIGHTS

- Close to stop light corner
- Great signage
- Easy access entrance
- Main location on key intersection
- Excellent visibility
- High volume traffic



TRAFFIC COUNTS

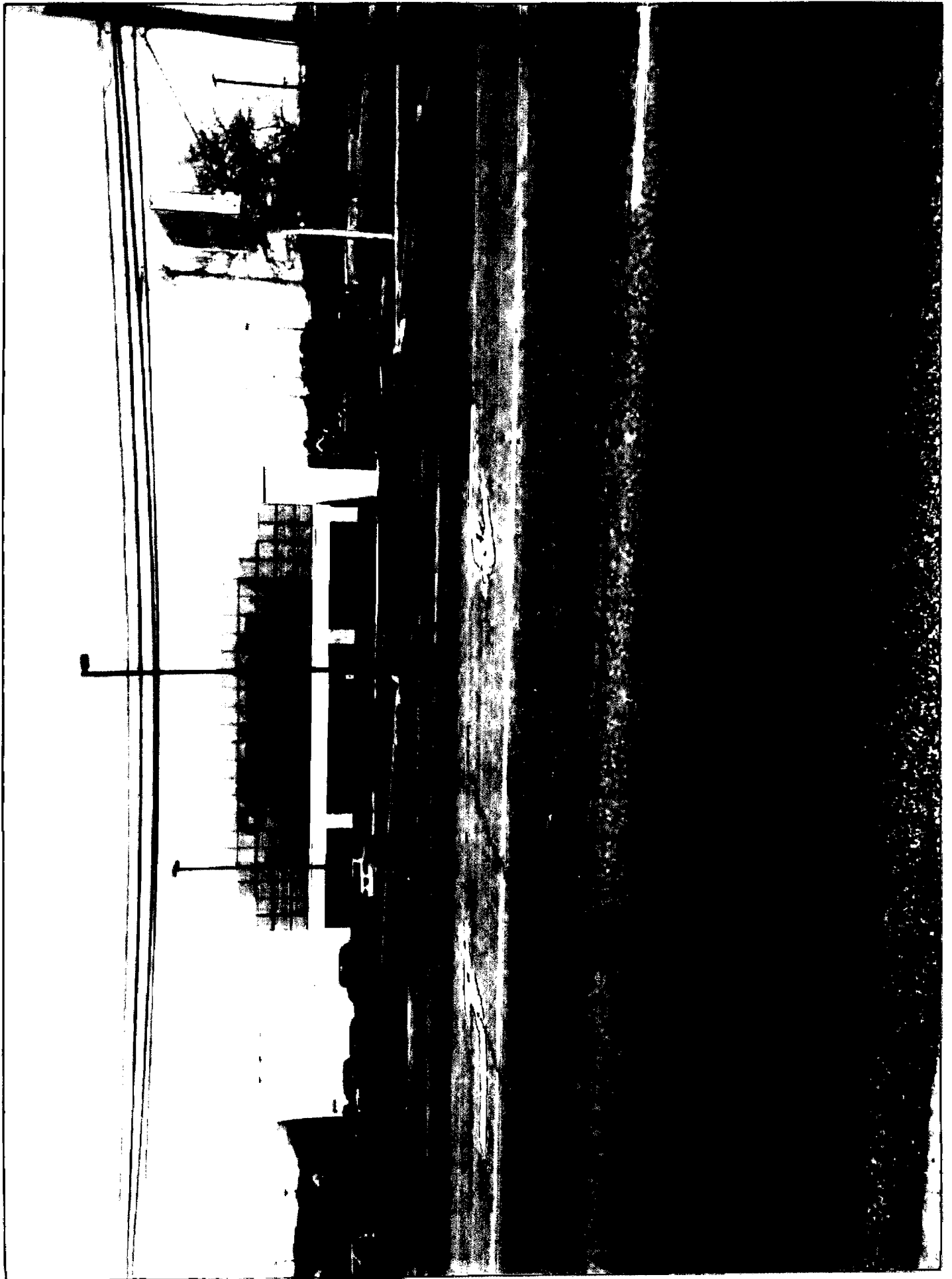
Grand Ave : 27,800

Green Bay Rd: 33,300

For Information Please Contact:

312 - 332 - 4172

National Shopping Plazas, Inc. 200 W. Madison St. Suite 4200 Chicago, IL



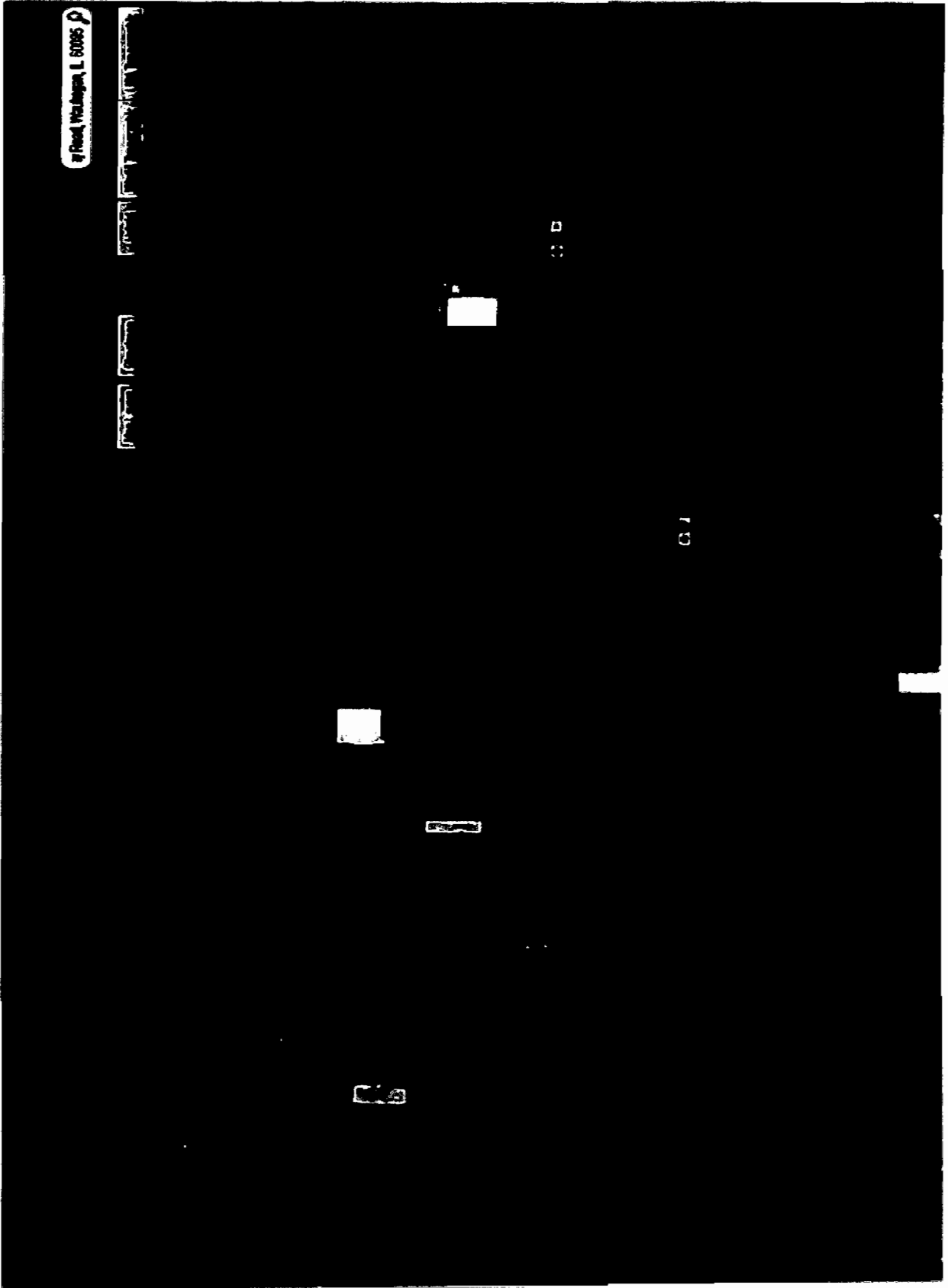
Attachment - 6





5/6/2013





at Road, Wm. A. L. 10000

0.0

0.1

0.2

0.3

0.4

0.5

From: (773) 549-9412
 Tim Tincknell
 DaVita
 2611 N Halsted St
 Chicago, IL 60614

Origin ID: GYYA



J13111302120326

Ship Date: 09MAY13
 ActWgt: 0.5 LB
 CAD: 104010597/NET3370

Delivery Address Bar Code



SHIP TO: (217) 785-5027

BILL SENDER

Ms. Anne Haaker
IL Historic Preservation Agency
1 Old State Capitol Plaza

SPRINGFIELD, IL 62701

Ref #
 Invoice #
 PO #
 Dept #

FRI - 10 MAY 10:30A
PRIORITY OVERNIGHT

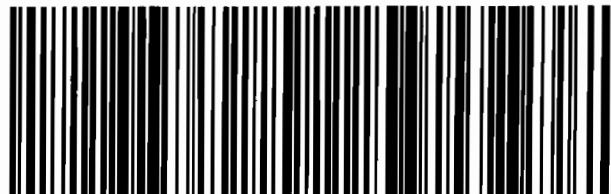
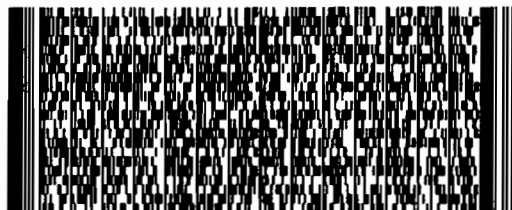
TRK# 7997 2068 6041

0201

62701

IL-US

STL

NA SPIA

518G1598353AB

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Attachment - 6

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 9:04 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799720686041 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 9:01 AM
Sign for by: D.WHITE
Delivery location: SPRINGFIELD, IL
Delivered to: Mailroom
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799720686041](#)

Shipper Information

Tim Tincknell
DaVita
2611 N Halsted St
Chicago
IL
US
60614

Recipient Information

Ms. Anne Haaker
IL Historic Preservation Agency
1 Old State Capitol Plaza
SPRINGFIELD
IL
US
62701

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:04 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

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

Table 1120.119			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$1,372,000		\$1,372,000
Contingencies	\$130,000		\$130,000
Architectural/Engineering Fees	\$102,500		\$102,500
Consulting and Other Fees	\$75,000		\$75,000
Moveable and Other Equipment			
Communications	\$109,476		\$109,476
Water Treatment	\$123,885		\$123,885
Bio-Medical Equipment	\$11,185		\$11,185
Clinical Equipment	\$69,989		\$69,989
Clinical Furniture/Fixtures	\$26,821		\$26,821
Lounge Furniture/Fixtures	\$4,415		\$4,415
Storage Furniture/Fixtures	\$8,023		\$8,023
Business Office Fixtures	\$14,250		\$14,250
General Furniture/Fixtures	\$28,100		\$28,100
Signage	\$14,500		\$14,500
Total Moveable and Other Equipment	\$410,644		\$410,644
Fair Market Value of Leased Space	\$1,648,705		\$1,648,705
Other Costs to be Capitalized			
Net Book Value of Existing Equipment	\$271,286		\$271,286
Total Project Costs	\$4,010,135		\$4,010,135

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

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

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$4,010,135		8,980		8,980		
Total Clinical	\$4,010,135		8,980		8,980		
NON CLINICAL							
Total Non-clinical							
TOTAL	\$4,010,135		8,980		8,980		

Section II, Discontinuation
Criterion 1110.130(a), General

1. The Applicants seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to discontinue its existing 22-station facility located at 1616 North Grand Avenue, Suite 3C, Waukegan, Illinois 60085 (the "Existing Facility") and to establish a new 22-station facility to be located at 3300-3400 Grand Avenue, Waukegan, IL 60085 (the "Replacement Facility").

2. No other clinical services will be discontinued as a result of this project.

3. Anticipated Discontinuation Date: February 28, 2015.

4. The Applicants lease space for the Existing Facility from BH4 Grand, LLC. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.

The dialysis machines, oxygen concentrators, centrifuges, and an AED will be moved to the Replacement Facility.

5. All medical records for dialysis patients at the Existing Facility will be transferred to and maintained by the Applicants at the Replacement Facility to the extent not stored electronically.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

Section II, Discontinuation

Criterion 1110.130(b), Reasons for Discontinuation

DaVita acquired the Existing Facility in Waukegan as part of a larger transaction. Based on a number of factors, Team Genesis, the DaVita division charged with building and maintaining DaVita's facilities around the country, recommended that the facility be relocated. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station. This unit is small and is just 50% of the allowable size based on the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards. Further, as the facility was built before the current Life Safety Code standards were promulgated and, therefore, does not meet current Life Safety Code standards. The water treatment room is in the basement of the Existing Facility where there are no patient care services. The current system uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency.

Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety based on inadequate sight-lines. This issue is discussed further in the Purpose of the Project narrative. Also with regard to the treatment floor, administrative offices cannot be accessed without walking through the treatment area. This is suboptimal because based on infection control and privacy principles, no individuals who are not involved in direct patient care should unnecessarily cross through the treatment room.

With regard to building safety, there is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation. The facility is located within an existing multi-tenant building and is "landlocked." Due its size, the Existing Facility cannot accommodate future growth or expansion. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base.

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

1. Since the discontinuation will be accomplished in coordination with the opening of a modernized unit at another nearby location, the relocation of the Existing Facility will improve access to care. The Applicants propose to relocate the existing 22-station dialysis facility. The Replacement Facility will be located at 3300-3400 Grand Avenue, Waukegan, IL 60085 approximately 1.6 miles, or 5 minutes, from the Existing Facility. The Applicants anticipate all of the existing patients will be transferred to the Replacement Facility. Accordingly, the proposed project will not have an adverse impact upon access to care for residents of the Existing Facility's market area.
2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time of the Existing Facility, is attached at Attachment – 10A. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10B. See Appendices – 1 and 2 for documentation that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time.
3. To date, the Applicants have not received any impact statements regarding the discontinuation.

Waukegan Renal Center
1616 Grand Avenue, Suite C
Waukegan, Illinois 60085

May 9, 2013

FEDERAL EXPRESS

FMC - Deerfield
405 Lake Cook Road
Deerfield, IL 60015

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners, Inc. and ISD Renal, Inc. to inform you of the proposed relocation of Waukegan Renal Center, a 22-station dialysis facility located at 1616 Grand Avenue, Suite C, Waukegan, Illinois 60085 (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is approximately February 28, 2015.

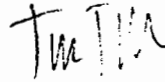
Over the past two years, the facility has served between 92 and 100 end-stage renal disease patients at any given time and the census at the end of April 2013 was 96. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

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

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita Inc., 2611 North Halsted Street, Chicago, Illinois 60614. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact me at timothy.tincknell@davita.com or 773-549-9412.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Tincknell', with a stylized flourish at the end.

Tim Tincknell

On behalf of

DaVita HealthCare Partners, Inc.
ISD Renal, Inc.

Attachment - 10A

Table 1110.130 c., Facilities within 45 Minutes Driving Time of Existing Facility								
End Stage Renal Disease Facility	Address	City	County	Zip	HSA	Distance (miles)	Drive Time (minutes)	Adjusted Drive Time (x1.15) (minutes)
FMC - Deerfield	405 Lake Cook Road	Deerfield	Cook	60015	7	21.25	32	36.8
Fresenius Medical Care Mundelein	1402 Townline Road	Mundelein	Lake	60060	8	17.05	28	32.2
Fresenius Medical Care of Antioch	311 West Depot St.	Antioch	Lake	60002	8	18.26	30	34.5
FMC Waukegan Harbor	110 N. West Street	Waukegan	Lake	60085	8	1.16	3	3.45
Fresenius Medical Care of Lake Bluff	101 Waukegan Rd	Lake Bluff	Lake	60044	8	9.28	16	18.4
Highland Park Hospital Dialysis Unit	777 Park Avenue West	Highland Park	Lake	60035	8	16.58	26	29.9
FMC - Round Lake	401 Nippersink Avenue	Round Lake	Lake	60073	8	13.98	27	31.05
FMC - Gurnee	101 Greenleaf	Gurnee	Lake	60031	8	3.29	8	9.2
FMC - Skokie	9801 Woods Drive	Skokie	Cook	60076	7	25.84	37	42.55
Lake Villa Dialysis	37809 North IL Route 59	Lake Villa	Lake	60046	8	15.29	30	34.5
Satellite Dialysis - Glenview	2601 Compass Road, Suite 145	Glenview	Cook	60026	7	26.18	39	44.85
Lake County Dialysis	565 Lakeview Parkway, Suite 176	Vernon Hills	Lake	60061	8	15.89	26	29.9
Wellbound of Evanston, LLC	8950 Gross Point Road	Skokie	Cook	60077	7	27.75	39	44.85

Attachment - 10B

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

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 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 discontinuation of Waukegan Renal Center's existing 22-station dialysis facility and the establishment of a 22-station Replacement Facility located at 3300-3400 Grand Avenue, Waukegan, Illinois 60085.

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 as well as other DaVita initiatives are attached at Attachment – 11A.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1988-1994 and 2005-2010, the overall prevalence estimate for CKD rose from 12.3 to 14.0 percent. The largest relative increase, from 25.4 to 40.8 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the presence of CKD.²
- Nearly five times the number of new patients began treatment for ESRD in 2010 (approximately 117,000) versus 1980 (approximately 20,000).³
- Nearly ten times more patients are now being treated for ESRD than in 1980 (approximately 600,000 versus approximately 60,000).⁴
- U.S. patients newly diagnosed with ESRD was 1 in 2,900 in 2010 versus 1 in 11,600 in 1980.
- U.S. patients being treated for ESRD was 1 in 570 in 2010 versus 1 in 3,450 in 1980.⁵
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁶
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-three percent of new ESRD patients in 2010, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 88 percent of those on hemodialysis began therapy with a catheter, compared to 54 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD

¹ US Renal Data System, USRDS 2012 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, 46 (2012)

² Id.

³ Id. at 156

⁴ Id.

⁵ Id.

⁶ Id. at 157

nephrologist care, in contrast, 26 percent began therapy with a fistula – eight times higher than the rate among non-referred patients.⁷

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. 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.

Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. Classes are offered free of charge to assist patients and their care partners in developing care plans designed 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. 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 CDK 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.

DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. In 2013, the Renal Physician Association awarded DaVita the Patient Safety Improvement Award for the CathAway Program. Since the inception of the program in 2008, nearly 12,000 fewer patients are dialyzing with CVCs. Further, at the end of 2012, 63.9% of DaVita patients were using fistulas, a 2.0% increase since 2011. In addition, only 13.9% of DaVita patients who had been

⁷ Id. at 216

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.

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 is a 2013 Case In Point⁸ Platinum Award finalist for "Best Transition of Care Program" and "Best Discharge Planning Program." 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 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 more than \$1 billion in savings to the health care system and the American taxpayer over the two year period 2010 – 2011.

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 patient prescriptions to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. As of 2012, DaVita Rx patients have an 82% adherence rate, compared to those who use chain pharmacies and have a 32% adherence rate, and those who use independent pharmacies and have a 36% adherence rate. In addition, better adherence may lead to fewer hospitalizations for patients using DaVita Rx versus those patients not on this service. According to a study by the American Journal of Kidney Disease, dialysis patients who use DaVita Rx spent 14% fewer days in the hospital (or 1.8 fewer hospital days per patient per year).⁹

⁸ Case In Point is a unique awards program recognizing the most successful and innovative case management programs working to improve healthcare across the care continuum.

⁹ Eric D. Weinhandl et al., *Clinical Outcomes Associated with Receipt of Integrated Pharmacy Services by Hemodialysis Patients: A Quality Improvement Report*, Am. J. Kidney Disease (Apr. 18, 2013).

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 annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and expects to receive LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness to community needs and makes cash contributions to organizations aimed at improving access to kidney care. In 2012, DaVita donated more than \$2.8 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 approximately \$5 million, thus far, through the annual Tour DaVita bicycle ride, with \$900,000 coming in 2012 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. Starting in 2011, teammates at clinics across DaVita's 43-state footprint selected more than 600 charities from Ronald McDonald House to small community-support entities in their local areas, to receive approximately \$1.5 million in contributions. This new program titled "DaVita Way of Giving" continued in 2012.

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 24 Missions between 2006 -2011, with more than 150 participating teammates. It provided these desperately needed services in Cameroon, India, Ecuador, Guatemala, the Philippines, South Africa, and Jamaica, and trained many health care professionals there as well.

Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

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

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

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

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11C.
3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11C.



Office of the Chief
Medical Officer (OCMO)
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.

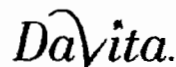
As the leader in the dialysis center, your support of these efforts is crucial. As always, I welcome your feedback, questions and ideas. Together with you, our physician partners, we will drive catheter use to all-time lows and help give our incident patients the quality and length of life they deserve.

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

Attachment - 11A



FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

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

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

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

Allen R. 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.

Attachment -11A

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

Incident Management of Hemodialysis Patients: Managing the First 90 Days

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

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

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

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

Data as of July, 2008 is reported. Patients in the IMPACT group were 60.6 ± 15.1 years old (mean±SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p < 0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p \leq 0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33 \pm 3 \times \text{Hb} \pm 36$) 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.

Two forms: 'INTAKE CHECKLIST' on the left and 'Patient Announcement' on the right. The announcement includes a 'Daya' logo and text encouraging teammates to help new patients.

A spiral-bound flip chart with a 'Daya' logo and text for patient education.

A scorecard with a 'Daya' logo and various charts and tables for tracking clinical indicators.

A checklist with a 'Daya' logo and various fields for tracking patient progress over 90 days.



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

Attachment - 11A


[How to Use This Site](#)
[Classes Near You](#)
[Content Guide](#)
[User Login](#)

Welcome

Kidney Smart Education Program



I am in the Early Stage of CKD

[Start](#)


Few or no symptoms
Not on dialysis
CKD Stage 1, 2 or 3

I am in the Late Stage of CKD

[Start](#)


Considering or on dialysis
Considering transplant
GFR <30, CKD Stage 4 or 5

I am a Care Partner

[Start](#)


Family and friends of people
with chronic kidney disease

VillageHealth.com | [Contact us](#) | [Privacy Policy](#) | [Disclosure](#) | [About Us](#) | [Sitemap](#) ©2012 DaVita, Inc. All rights reserved.

Kidney Smart was produced by a multi-disciplinary team of healthcare providers and health education professionals who are teammates of DaVita, Inc.
The content presented here is intended to be informational only, and does not replace the advice of your doctor.




[How to Use This Site](#)
[Classes Near You](#)
[Content Guide](#)
[User Login](#)

[Home](#)

Content Guide

I am in the Early Stage of CKD

Living

- [What Does My Diagnosis Mean?](#)
- [Home, Family, and Work Life](#)
- [Adjusting to Life with CKD](#)
- [Preparing for the Future Starts Now](#)

Learning

- [About Your Kidneys](#)
- [The Stages of CKD](#)
- [Deeper Explanation of CKD](#)
- [Monitoring Laboratory Tests](#)

Choices

- [Take Control](#)
- [Make a Plan - Diet and Exercise](#)
- [Make a Plan - Insurance and Benefits](#)
- [Make a Plan - Current and Future Treatment Choices](#)
- [Stay Your Course](#)

I am in the Late Stage of CKD

Living

- [What Do Diagnosis and Treatment Mean for Me?](#)
- [Home, Family, Work Life](#)
- [Adjusting to Treatment](#)
- [Preparing for the Future Starts Now](#)

Learning

- [About your Kidneys](#)
- [The Stages of CKD](#)
- [A Deeper Explanation of CKD](#)
- [Next Steps](#)

Choices

- [Take Control](#)
- [Make a Plan - Diet and Exercise](#)
- [Make a Plan - Transplant Choice](#)
- [Make a Plan - Dialysis Choices](#)
- [Make a Plan - Peritoneal Dialysis](#)
- [Make a Plan - Hemodialysis](#)
- [Make a Plan - Home Hemodialysis](#)
- [Make a Plan - Palliative Care/Conservative Choice](#)
- [Stay Your Course](#)

I am a Care Partner

Caring for Someone with CKD

- [Being an Effective Care Partner](#)
- [Support for Home Hemodialysis](#)
- [Support for Home Peritoneal Dialysis](#)
- [Support for Post-Transplant](#)

Caring for Yourself

- [Take Care of Yourself](#)
- [Recognize Burnout](#)

Attachment - 11A



www.kidneysmart.org

DAVITA ESPAÑOL ▶



EMAIL PASSWORD [Sign In](#)
☐ REMEMBER ME [FORGOT PASSWORD?](#) [REGISTER NOW](#)

[PHYSICIANS](#) • [HOSPITALS](#) • [INVESTORS](#) • [CAREERS](#) • [ABOUT DAVITA](#)

[KIDNEY DISEASE
EDUCATION](#)

[TREATMENT
OPTIONS](#)

[DAVITA
SERVICES](#)

[KIDNEY-FRIENDLY
RECIPES](#)

[DAVITA
TOOLS](#)

[DISCUSSION
FORUMS](#)

[MY DAVITA ★](#)

[DaVita.com](#) > [DaVita services](#) > Find a Kidney Education Class

[Search](#)

Find a Kidney SmartSM Class

DaVita offers instructor-led classes in neighborhoods across the country. Finding a class is quick and easy. Begin your search below.

Find by State

STATE

OR

Find by ZIP Code

ZIP CODE WITHIN

Include:

- ☒ [Kidney Smart](#)
- ☒ [CKD Stage 3: Taking Control of Kidney Disease](#)
- ☒ [CKD Stages 4 & 5: Making Healthy Choices](#)
- ☒ [Treatment Choices](#)

Contact Us



Not all classes are currently listed in our online directory. To get the most up-to-date listing of classes in your area, please call:

1-888-MY-KIDNEY (1-888-695-4363)

[Kidney Disease Education](#)
[Treatment Options](#)
[DaVita Services](#)
[Kidney Friendly Recipes](#)
[DaVita Tools](#)
[Discussion Forums](#)

[For Physicians](#)
[For Hospitals](#)
[About DaVita](#)
[Careers](#)
[Investors](#)
[Contact Us](#)
[ShopDaVita](#)

[DaVita RX](#)
[DaVita Clinical Research](#)
[DaVita Labs](#)
[International](#)
[DaVita NephroLife India](#)

[My DaVita](#)
[Register](#)
[Sign In](#)

[Nonprofits](#)
[DaVita Kidney Rock](#)
[Dialysis Patient Citizens](#)
[The Kidney TRUST](#)
[Bridge of Life](#)
[Tour DaVita](#)

Social Media
[Find us on Facebook](#)
[Follow us on Twitter](#)
[Watch us on YouTube](#)
By posting on any of these social media sites, you are bound by our legal terms of use.



© 2004-2012 DaVita Inc. All rights reserved. [Terms of Use](#) | [Privacy of medical information](#) | [Web Privacy Policy](#) | [FAQs](#) | [Site map](#)

This site is for informational purposes only and is not intended to be a substitute for medical advice from a physician.

Please check with a physician if you need a diagnosis and/or for treatments as well as information regarding your specific condition. If you are experiencing urgent medical conditions, call 9-

1-1

116



April 24, 2013 06:00 AM Eastern Daylight Time

Study Finds That Dialysis Patients Who Use DaVita Rx Live Longer

Improved Mortality and Fewer Hospital Stays for Dialysis Patients Using DaVita Rx Pharmacy

DALLAS--(BUSINESS WIRE)--DaVita®, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced study results showing that, on average, patients using its pharmacy, DaVita Rx®, are 21 percent more likely to live longer than patients who do not use DaVita Rx.

The study, recently published by the American Journal of Kidney Diseases, also found that dialysis patients who use DaVita Rx spent 14 percent fewer days in the hospital each year, which equates to 1.8 fewer hospital days per patient per year. The independent study was conducted by the Chronic Disease Research Group (CDRG), who analyzed the hospitalizations and mortality of more than 50,000 DaVita patients.

"We created DaVita Rx in 2005 because we knew it would make a difference in the lives of our patients," said Kent Thiry, co-chairman and CEO of DaVita HealthCare Partners. "We have critically ill patients who often take more than 20 pills per day, prescribed by multiple physicians, in addition to hours of dialysis treatments. This study confirms our belief that a pharmacy program can improve mortality, clinical outcomes and quality of life."

"We have critically ill patients who often take more than 20 pills per day, prescribed by multiple physicians, in addition to hours of dialysis treatments. This study confirms our belief that a pharmacy program can improve mortality, clinical outcomes and quality of life."

The CDRG obtained data for this study through the United States Renal Data System. The study's control group was made of 43,013 DaVita patients using other pharmacies to receive their medications. The study group of 8,864 DaVita patients used the DaVita Rx pharmacy service over the 2.5 years between 2006 and 2008.

DaVita Rx is the world's first and largest full-service pharmacy specializing in kidney care, serving a growing percentage of dialysis patients at DaVita and other dialysis providers. Suffering from end stage renal disease and often other chronic illnesses, these patients receive medications while dialyzing at their local dialysis center or at home. Patients also benefit from services including 24-hour access to specially-trained pharmacists, flexible payment options, refill reminders and insurance assistance.

For more information on DaVita, please visit www.DaVita.com. To learn more about DaVita Rx and this study, please visit www.DaVitaRx.com.

DaVita, DaVita Rx and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc. All other marks are the property of their respective owners.

Attachment - 11A

86

About DaVita

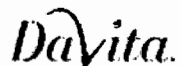
DaVita is the dialysis division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of kidney care in the United States, DaVita delivers dialysis services to patients with chronic kidney failure and end stage renal disease. DaVita strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of Dec. 31, 2012, DaVita operated or provided administrative services at 1,954 outpatient dialysis centers located in the United States serving approximately 153,000 patients. The company also operated 36 outpatient dialysis centers located in eight countries outside the United States. DaVita supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

About DaVita Rx

DaVita Rx is the first and largest full-service pharmacy created specifically for the unique needs of kidney patients. DaVita Rx makes it easier for patients to get their medications and follow their drug regimens with services such as 24-hour access to specially trained pharmacists, refill reminders, flexible payment options, and no-cost delivery. DaVita Rx also helps patients and providers navigate the changing health care laws and rules. For more information, please visit www.davitarx.com/.

Contacts

DaVita
Bianca Violante, 303-876-6614
Bianca.violante@davita.com

The logo for DaVita, featuring the word "DaVita" in a stylized, cursive font.

Attachment - 11A



DaVita Celebrates Extraordinary 2012

Year Marked by Clinical Excellence, Patient Service, Growth, and Corporate Citizenship

DENVER--(BUSINESS WIRE)--Dec. 26, 2012-- DaVita, a division of DaVita HealthCare Partners Inc.® (NYSE: DVA) and a leading provider of kidney care services, released a year-end recap of major milestones and achievements for the company in 2012.

"DaVita's performance was outstanding in 2012 – from clinical outcomes and patient care to business growth and corporate citizenship," said Kent Thiry, chairman and CEO of DaVita HealthCare Partners. "Every day, our success relies on the commitment and hard work of more than 40,000 DaVita teammates, and I'm very grateful for their belief in our DaVita community."

Major initiatives and highlights for DaVita in 2012 included:

Clinical Excellence:

- **DaVita Survival Rate Leads Kidney Care Industry** – In September, the United States Renal Data System released its 2012 Atlas of Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD). The Atlas covers population and treatment data available in 2010; for that year, DaVita had the lowest standard mortality rate in the industry (along with DCI).¹ According to internal data, in 2011 gross mortality rate at DaVita fell to the lowest level ever, showing a 15% decrease in mortality rate since 2005. This decrease represents thousands of lives saved over a period of years.
- **DaVita Clinical Research Presents 13 Abstracts at NKF; 12 Posters at ASN; Seven HEOR Posters at ISPOR**– In 2012, researchers from DaVita Clinical Research® (DCR®) and DaVita presented the results from a number of innovative clinical improvement programs and health economic studies originating from DaVita and its research partners. The findings were shared at three premier health care meetings – the National Kidney Foundation Spring Clinical Meeting, the 17th Annual International Society for Pharmacoeconomics and Outcomes Research International Meeting, and American Society of Nephrology Kidney Week. DCR provides a collaborative bridge between DaVita services and the pharmaceutical and biotech research community; DCR also shares DaVita's dedication to improving the health and well-being of kidney patients.
- **DaVita's CathAway™ Program Continues to Save Lives** - DaVita has made remarkable progress in reducing patient central venous catheter (CVC) rates, a major risk factor for serious infection in kidney patients. In 2008, DaVita established CathAway, the company's seven-step program for reducing the number of hemodialysis patients dialyzing with CVCs. Since the inception of the program, DaVita has witnessed a more than 40 percent reduction in the number of "Day 90+" catheter patients (i.e., those patients who have been dialyzing at DaVita for 90 days or more using a catheter for dialysis access), and the company is now at an all-time low catheter rate of 14.1 percent for this patient population as of November 2012. DaVita leads major dialysis providers in the industry in the use of fistulas, the "gold standard" for dialysis access.
- **DaVita Patient Vaccination Rates Top 90%** - Two months into the 2012-2013 flu season (as of December 1, 2012), DaVita had vaccinated 91.5% of its patients for influenza and 91.8% of its patients for pneumonia. Vaccinations are critically important for people like kidney patients who are at high risk for complications, helping prevent hospitalizations and even death and supporting quality of life.
- **DaVita Launches Social Site NephLink to Connect Nephrologists** – DaVita launched NephLink™ (www.NephLink.com) this year, which is a new online physician community for kidney care. NephLink is designed to allow physicians to discuss difficult patient cases or practice-management issues, share best practices and ideas, and debate the evolving health care landscape. NephLink provides physicians with direct access to their colleagues to engage and collaborate as a group – or one-on-one – with self-service privacy controls. In addition to providing tools to connect and collaborate, NephLink provides access to news, journals, events and resources from many kidney care news syndicates and journal publishers. To register for NephLink, any licensed physician can register at www.NephLink.com. A brief online tour of

NephLink is available at <http://bit.ly/NephLinkDemo>.

Patient Service:

- **Launch of myDaVita.com** – DaVita announced an important update to myDaVita.com to further help dialysis patients manage their health. myDaVita.com is an online patient social networking and virtual support center where dialysis patients can connect with other members of the kidney care community by sharing stories, meeting friends who are going through similar experiences, getting advice, and supporting and inspiring others. Other myDaVita.com resources include the DaVita Diet Helper™, which helps patients navigate nutrition challenges with planned menus and a log to track important nutrients. In the enhanced My Recipes section, patients and caregivers can save and organize favorites from more than 800 kidney-friendly recipes. These online tools allow patients to be proactive about their health, which can lead to improved clinical outcomes and an improved quality of life.
- **Launch of Patient Health Portal™** – In 2012 – in a first among major dialysis providers – DaVita launched the new DaVita Health Portal, allowing patients to securely access their test results and other treatment information. The application is accessible anywhere patients have an Internet connection through a computer, including in DaVita dialysis centers.

Business Growth:

- **Merger with HealthCare Partners** – On November 1, HealthCare Partners® merged into a subsidiary of DaVita's parent company. The parent company changed its name to DaVita HealthCare Partners Inc. HealthCare Partners, now one of the two main operating divisions of DaVita HealthCare Partners, has leading operations in the Southern California, Central Florida, Southern Nevada and Northern New Mexico areas. HealthCare Partners takes clinical and economic accountability and management responsibility for nearly all of the healthcare needs of a patient population. This includes the provision of professional services rendered by primary care and specialty physicians as well as the coordination of hospital and other services. DaVita, the other main operating division of DaVita HealthCare Partners Inc., will continue to provide comprehensive services for kidney care patients.
- **DaVita Rx®** - DaVita Rx is the world's first and largest full-service pharmacy dedicated to serving the unique needs of kidney patients. In 2012, DaVita Rx expanded their services to help manage patient medications and clinical outcomes. DaVita Rx helps patients improve compliance with their required drug regimens with refill reminders, reviews for possible drug interactions and other services, resulting in healthier patients and improved quality of life.
- **International Expansion** – As of December, 2012, DaVita had 25 clinics operating in six countries outside the U.S., employing more than 400 teammates. DaVita is managing clinics in China, Singapore and Saudi Arabia, and owns and operates clinics in India and Malaysia.
- **New Research Facility Opens in Denver Metro Area** – DaVita Clinical Research expanded to Colorado this year, opening a new facility in Lakewood. The new facility encompasses 35,000 square feet and is physically connected to St. Anthony Hospital in Lakewood, Colo. The 80-bed facility brought more than fifty specialized research jobs to the area and increased DCR's physical capacity from 42 to 122 beds in North America. The facility supports high-risk studies and has expanded ability to support both patient and healthy volunteer Phase I clinical studies.
- **DaVita Team Moves Into New World HQ Building** – This summer, more than 500 DaVita teammates moved into DaVita's new World Headquarters building at 2000 16th Street in Denver. The building was designed in collaboration with teammates, for teammates, with sustainability and a positive working experience as top priorities. Over 1,000 teammates had input into various design decisions, from outdoor spaces to workspace setup to the visual reminders of the DaVita story. The building is expected to achieve LEED® Gold certification for the environmental concepts utilized during design and construction. One such design concept incorporated into the building provides 98% of teammates with exposure to direct sunlight from their workspaces. More than 75% of total site construction waste was recycled.

Education, Empowerment, Corporate Citizenship:

- **DaVita Kidney Rock Walk™** – More than 1,200 people participated in the DaVita Kidney Rock™ event in August, helping to raise an estimated \$500,000 for Bridge of Life Medical Missions, which brings life-saving dialysis treatments to developing countries by supporting the creation of self-sustaining clinics. Hundreds of attendees also received kidney disease screenings from The Kidney TRUST.

- **Tour DaVita ®** - DaVita's annual charity bike ride, Tour DaVita, raised \$900,000 to support Bridge of Life-DaVita Medical Missions™ in 2012. The proceeds from Tour DaVita will help fund nine medical missions taking place in 2013 where Bridge of Life volunteers will be able to install or repair 112 dialysis machines. Through these missions, Bridge of Life will bring dialysis treatment to more than 600 people in communities that otherwise would not have access to this life-sustaining care.
- **DaVita HQ Expected to Receive LEED® Gold Rating** – DaVita expects to receive LEED® Gold certification of its world headquarters building, designed with environmentally responsible materials and energy efficient systems, from the use of 2850 linear feet of beetle kill wood to water efficiency that saves over 1 million gallons of water each year. Flooring throughout the building is comprised of pre- and post-consumer recycled materials; more than 90% of teammates have direct views to the outdoors; and 100% of permanent teammates receive complimentary RTD EcoPasses. DaVita also diverts more than 85% of materials from landfills through internal composting and recycling efforts. DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.
- **DaVita Jumps in Newsweek's U.S. Green Ranking List** – Newsweek's 2012 U.S. Green Ranking List placed DaVita at number 209, up 33 spots from 2011. Newsweek U.S. Green Rankings highlight the top 500 companies in America for leadership in environmental performance. This is the fourth year Newsweek has compiled its green rankings; DaVita has been ranked each year so far.
- **Community Service** - 2012 was DaVita's best year ever for teammate volunteerism through "Village Service Days." Village Service Days include any community service performed by three or more teammates at or on behalf of DaVita. As of December 15, 2012, DaVita teammates had participated in over 200 Village Service Days, involving more than 7,000 teammates and more than 11,000 hours of service.

Awards

Healthcare excellence

Renal Dietitian of the Year – DaVita dietitian Chhaya Patel was recognized by the National Kidney Foundation.

100 Most Influential People in Health Care – DaVita CEO Kent Thiry was ranked number 12 among the most influential people in U.S. health care by *Modern Healthcare*.

National Health Information Awards – DaVita's Kidney Smart campaign was recognized in the consumer decision-making information category.

Corporate culture & operations

World's Most Admired Companies – DaVita was named one of the World's Most admired companies by *Fortune* magazine.

Most Democratic Workplaces – DaVita was ranked among the world's most democratically operated world places by WorldBlu – the only health care company and the only Fortune 500® company so recognized.

50 Top Performing Companies – DaVita was named a top performer by Bloomberg *BusinessWeek*.

InformationWeek 500 – DaVita was ranked number 176 among the *InformationWeek* 500 most innovative users of business technology.

Best Places to Work – DaVita was recognized (through teammate surveys) as a top employer in Denver by the Denver Business Journal and the Denver Post.

2013 Training Top 125 – *Training Magazine* named DaVita a leading organization that excels at employee development.

Healthiest X-Large Employer in Colorado – DaVita was recognized as the healthiest employer in Colorado – x-large business category, by the *Denver Business Journal*.

Military recruiting

Top 100 Military-Friendly® Employers – DaVita was recognized as a top 100 military- friendly employer by G.I. Jobs.

Most Valuable Employers (MVE) for Military® - DaVita was named a most valuable employer for military personnel by Civilianjobs.com.

Best for Vets – DaVita was recognized by Military Times Edge as a "Best for Vets" employer. DaVita was also included on the list for best employers for reservists.

Military Spouse – DaVita was recognized as a top employer for military spouses by *Military Spouse Magazine*.

Patriot Award – DaVita supervisor David Blank was recognized with the Department of Defense's prestigious Patriot Award for his support of military personnel (including reservists).

DaVita, HealthCare Partners, DaVita Clinical Research, DCR, Tour DaVita, DaVita Kidney Rock, DaVita Rx, NephLink, CathAway and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc. All other trademarks are the property of their respective owners.

About DaVita

DaVita is the dialysis division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of kidney care in the United States, DaVita delivers dialysis services to patients with chronic kidney failure and end stage renal disease. DaVita strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of September 30, 2012, DaVita operated or provided administrative services at 1,912 outpatient dialysis centers located in the United States serving approximately 150,000 patients. The company currently operates 25 outpatient dialysis centers located in six countries outside the United States. DaVita supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

¹ USRDS 2012 Atlas of ESRD, p. 321

Source: DaVita

DaVita
Lauren Moughon, 303-876-6612
Lauren.Moughon@DaVita.com

DaVita Celebrates Giving Back in 2012

* Reuters is not responsible for the content in this press release.

Thu Dec 27, 2012 7:00am EST

<http://pdf.reuters.com/htmlnews/8knews.asp?i=43059c3bf0e37541&u=urn:newsml:reuters.com:20121227:nBw275119a>

Company's Success Goes Hand in Hand with Supporting Communities it Serves
DENVER--(Business Wire)--
DaVita, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today celebrated its partnerships with the communities it served in 2012.

"At DaVita, we take our responsibilities - to our patients, to each other and to our communities - very seriously," said Kent Thiry, DaVita HealthCare Partners chairman and CEO. "This has been an incredible year for us clinically, as a business, and just as importantly, as a community partner working to make the world a little bit better."

With a commitment to being the "Provider, Partner and Employer of Choice," DaVita received a number of awards in 2012, including recognition as one of the world's most democratic companies by WorldBlu. DaVita was the only health care company and the only FORTUNE 500 company on the 2012 list. DaVita was also recognized in 2012 as one of the nation's top five most "likeable businesses" and was included in FORTUNE magazine's most admired companies list for 2012.

"Community First, Company Second"

One of DaVita's most cherished principles is that DaVita is "a community first, and a company second." Employees are known as teammates or citizens, and the company itself is internally referred to as "The Village," operating with seven core values - service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun. DaVita encourages its teammates to support each other and their communities, sending "ripples of citizen leadership" out into the world through every act of service.

* DaVita Village Network - The DaVita Village Network is a DaVita community fund supported by both teammate and corporate contributions that provides financial assistance to teammates (or their immediate dependents) for out-of-pocket expenses during times of crisis such as a natural disaster, life-threatening

emergency, unexpected medical or funeral expenses, or financial hardships as a result of military deployment. Since its inception, the DaVita Village Network has provided more than \$2.1 million to teammates in times of need.

- * Denver Public Schools Outreach - DaVita University, a continuing education and leadership program, offers a variety of classes related to team building, management and leadership. In 2012, DaVita University partnered with Denver Public Schools (DPS) to offer 21 leadership development and team-building programs for 1,793 leaders, principals, teachers and staff within Denver schools. Contributing a total of 3,951 hours, DaVita teammates also provided support as DPS developed shared core values.

Chronic Kidney Disease Awareness

More than 20 million people over the age of 20 in the U.S. have kidney disease, most of whom are unaware they are affected by the disease. High-risk groups include African-Americans, Hispanics, Pacific Islanders, Native Americans and seniors (those 60 and over). One of DaVita's goals is to bring awareness to this life-threatening disease through unique community events.

- * DaVita Kidney Rock Walk™ - More than 1,200 people participated in the DaVita Kidney Rock event in August, helping to raise an estimated \$500,000 for Bridge of Life - Medical Missions, which brings life-saving dialysis treatments to developing countries by supporting the creation of self-sustaining clinics. Hundreds of attendees also received kidney disease screenings from The Kidney TRUST.
- * Tour DaVita - DaVita's annual charity bike ride, Tour DaVita, raised \$900,000 to support Bridge of Life in 2012. The proceeds from Tour DaVita will help fund nine medical missions taking place in 2013 where Bridge of Life volunteers will be able to install or repair 112 dialysis machines. Through these missions, Bridge of Life will bring dialysis treatment to more than 600 people in communities that otherwise would not have access to this life-sustaining care.

Charitable Giving

DaVita is committed to innovative engagement as citizens of local communities, empowering nonprofit organizations to become leaders in health, education, business and community transformation. DaVita supports local organizations that are making a significant impact in people's lives.

- * DaVita Way of Giving - For the second year, DaVita supported "DaVita Way of Giving" (DWOG) - a million-dollar giveaway to charities across the U.S., in which recipients are selected by clinic teammates. More than 1,900 DaVita clinics had the opportunity to come together and donate their time and money to

local charities of their choice. These sponsorships stem from years of continued service by teammates and often include community-service projects known as "Village Service Days."

* Corporate Charitable Giving - DaVita also continued its traditional support of local charities across the nation by giving away more than \$2.8 million. DaVita supports a comprehensive approach to giving involving monetary donations, board leadership and community service. For example, DaVita's headquarters supported Project Angel Heart (PAH) by serving as their \$25,000 title sponsor for "Taste for Life," an annual event that raises money for PAH's mission of delivering nutritious meals to improve quality of life - at no cost - for those coping with life-threatening illness. Teammates also volunteered more than 500 hours in the kitchen, personally delivered meals and decorated 1,000 food-delivery bags.

Community Service

This year was DaVita's best year ever for teammate volunteerism through "Village Service Days." Village Service Days include any community service performed by three or more teammates at or on behalf of DaVita. Over the past several years, teammates and their friends around the country have launched a variety of local community-service projects. Between January 1 and December 15, 2012, DaVita teammates participated in more than 200 Village Service Days, involving more than 7,000 teammates and more than 11,000 hours of service.

* Shoes That Fit - Working with charity partner Shoes That Fit, DaVita citizens at the company's business office in Irvine, Calif., along with field teammates across Southern California, donated 1,030 pairs of shoes to elementary school children. Every child at Lincoln Elementary School in Santa Ana - where 92 percent of the students are on free or reduced lunch and about 100 are homeless - received a new pair of athletic shoes. DaVita citizens collected these shoes (and 1,030 pairs of socks) in just two weeks so that the children would have new shoes for Spring Break.

* Sun Valley Youth Center - As part of an annual leadership retreat, DaVita's most senior operational leaders spent a day helping to rehabilitate Sun Valley Youth Center in Denver by cleaning and entirely re-landscaping the center's grounds. Sun Valley Youth Center provides day care, after-school care, youth development, mentoring and life essentials programs to youth in one of Denver's lowest-income neighborhoods. DaVita senior leaders have planned a multi-year volunteer project with Sun Valley to support the center's work.

Sustainability

* DaVita HQ Expected to Receive LEED Gold Rating - DaVita expects to receive LEED Gold certification of its world headquarters building, designed with environmentally responsible materials and energy efficient systems, from the use of 2,850 linear feet of beetle kill wood to water efficiency that saves more than 1 million gallons of water each year. Flooring throughout the building is comprised of pre- and post-consumer recycled materials; more than 90 percent of teammates have direct views to the outdoors; and 100 percent of permanent teammates receive complimentary RTD EcoPasses. DaVita also diverts more than 85 percent of materials from landfills through internal composting and recycling efforts. In addition, DaVita was recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

* Corporate Environmental Goals - DaVita's Village Green department is committed to reducing the Village's environmental footprint while striving to achieve five environmental goals by 2015:

- * Reduce energy consumption by 15 percent
- * Reduce office paper consumption by 20 percent and operate paperless clinics
- * Reduce water consumption by 10 percent
- * Increase environmentally preferable procurement by 15 percent
- * Increase teammate awareness/education by implementing one new program each year

* DaVita Jumps in Newsweek's U.S. Green Ranking List - Newsweek's 2012 U.S. Green Ranking List placed DaVita at number 209, up 33 spots from 2011.

Newsweek

U.S. Green Rankings highlight the top 500 companies in America for leadership in environmental performance. This is the fourth year Newsweek has compiled its green rankings; DaVita has been ranked each year so far.

For more information about DaVita's social responsibility practices, please visit DaVita.com/CommunityCare.

DaVita, DaVita Kidney Rock, Tour DaVita and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc. All other trademarks are the property of their respective owners.

About DaVita

DaVita is the dialysis division of DaVita HealthCare Partners Inc., a Fortune 500 company that, through its operating divisions, provides a variety of health

care services to patient populations throughout the United States and abroad.

A

leading provider of kidney care in the United States, DaVita delivers dialysis

services to patients with chronic kidney failure and end stage renal disease. DaVita strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of September 30, 2012, DaVita operated or provided administrative services at 1,912 outpatient dialysis centers located in the United States serving approximately 150,000 patients. The company also operated 24 outpatient dialysis centers located in five countries outside the United States. DaVita supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

DaVita
Media:
Lauren Moughon
Mobile: 206.724.3826
Lauren.Moughon@DaVita.com

Copyright Business Wire 2012

DaVita HealthCare Partners, Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666		
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623			
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582		
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528		
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583		
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668		
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	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		

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
Driftwood Dialysis	1808 SOUTH WEST AVE		FREERPORT	STEPHENSON	IL	61032-6712	
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		FREERPORT	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	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Park Dialysis	43RD & SOUTH COTTAGE GROVE		CHICAGO	COOK	IL	60653	14-2717

DaVita HealthCare Partners, Inc.								
Illinois Facilities								
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number	
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269		
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	
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	
Stoncrest 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	TAZEVELL	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	

March 26, 2013

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

Dear Chairman Galassie:

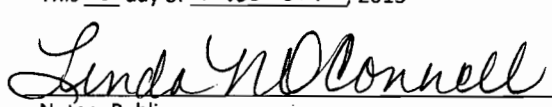
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or ISD Renal, Inc.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

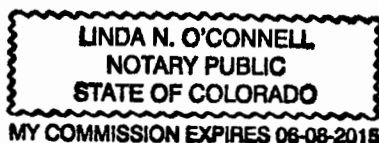
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit.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


James K. Hilger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Notary Public



PAGE 100

Attachment - 11C

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

Purpose of the Project

1. The Applicants propose to relocate the Existing Facility located at 1616 North Grand Avenue, Waukegan, Illinois 60085 just 1.6 miles, or 5 minutes to 3300-3400 Grand Avenue, Waukegan, IL 60085 (the "Replacement Facility"). DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The Replacement Facility will be a modern facility, which will allow the Applicants to fully comply with Life Safety Code and Medicare conditions of participation.

The Existing Facility is suboptimal for both patients and staff. As the Applicants do not own the building, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. The Existing Facility is located in a multiple tenant medical office building. This location was selected by a predecessor operator and it is not consistent with the Applicant's standards for facility operation. The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation.

The Existing Facility has suboptimal sight-lines for monitoring of patients. Work station design for patient and staff visibility is a fundamental in the design of any environment where caregivers must work as a team with groups of immobilized patients. Properly designed work stations and clinical areas allow clinicians to be aware of a patient's conditions, their presence, their actions and their needs. Similarly, patients are able to communicate efficiently with staff to get their attention to report problems and to request assistance. This is fundamental in care delivery relative to safety, efficiency and flexibility in the care environment. Obstructed sight lines can be significant issue in dialysis because of vascular access that occurs for dialysis and blood loss risks relating to needles potentially dislodging and because of the fact that patients are often sleeping and may be unaware if their needle dislodges and because patients are unable to leave their chairs without assistance when dialysis is being administered.

The capital costs for reconfiguring the Existing Facility exceed the cost of relocating to a modern facility, and will not address difficulties associated with the unit's size and use of two floors rather than a single floor. By relocating to a more modern space, the Applicants will ensure that patients receive access to modern, high quality dialysis treatment.

The facility is located within an existing multi-tenant building and is "landlocked." Due its size, the Existing Facility cannot accommodate future growth or expansion. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base.

DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility is small with suboptimal support spaces. It currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The water treatment room is in the basement of the Existing Facility and uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of

operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency. Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety. Administrative offices cannot be accessed without walking through the treatment area creating infection control issues. There is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

The Replacement Facility is needed to serve the ongoing need for dialysis services in the area. While there is currently an excess of 16 dialysis stations in HSA 8, 158 of the ESRD patients in Lake County reside in the zip code of the existing and proposed relocated facilities in Waukegan (60085).¹⁰ Currently, the Existing Facility serves 96 ESRD patients. John Freeland, M.D., the Medical Director for Waukegan Renal Center, anticipates all 96 existing patients will transfer to the Replacement Facility. Furthermore, Dr. Freeland is currently treating 41 Stage-4 and Stage-5 CKD patients that reside in the area. See Attachment – 12A. Twenty-four of these patients reside within 10 minutes of the Replacement Facility. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 25 of Dr. Freeland's Stage-4 and Stage-5 CKD patients will require dialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months following project completion. This represents a 92% utilization rate, which exceeds the State's 80% standard.

Furthermore, utilization of existing facilities to accommodate the growing need for dialysis is not feasible. As shown in Attachment – 12B, there are currently 10 existing or approved dialysis facilities within 30 minutes normal travel time of the proposed Replacement Facility. As reported to the State Board for the quarter ended March 31, 2013, utilization of existing facilities was 68%.¹¹ Additionally, the number of patients receiving treatment for ESRD from facilities within the service area has increased by 7.1%, or 44 patients, in the last 12 months alone (3/31/12 – 3/31/13).

2. A map of the market area for the proposed facility is attached at Attachment – 12C. The market area encompasses a 20 mile radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 15 minutes normal travel time to the Wisconsin state line
 - Northeast approximately 15 minutes normal travel time to Zion, Illinois
 - East approximately 9 minutes normal travel time to Lake Michigan
 - Southeast approximately 9 minutes normal travel time to North Chicago, Illinois
 - South approximately 30 minutes normal travel time to Wheeling, Illinois
 - Southwest approximately 32 minutes normal travel time to Hawthorn Woods, Illinois
 - West approximately 30 minutes normal travel time to Fox Lake, Illinois
 - Northwest approximately 25 minutes normal travel time to Antioch, Illinois
3. The minimum size of a GSA is 30 minutes; however, approximately 75.6% of the patients reside within 10 minutes normal travel time of the proposed facility. Diabetes and hypertension (high blood

¹⁰ The Renal Network (Sep. 30, 2012)

¹¹ Satellite Dialysis of Glenview was not included as no utilization data was available. Additionally, FMC – Northfield was excluded because, while it is not yet operational, it will serve an entirely separate patient population and is projected to be operating at capacity within 2 years of project completion.

pressure) are the two leading causes of CKD and ESRD. See Attachment 12D. Notably, African Americans and Hispanics are at an increased risk of ESRD compared to the general population due to the higher prevalence of diabetes and hypertension in those communities. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites and the prevalence of ESRD in the Hispanics is 1.5 times greater than among non-Hispanics.

Not surprisingly, demand in the community surrounding the facility is rising. The community is approximately 20% African American and 53% Hispanic. Similarly, in 2012, 77% of the Existing Facility's patients were African American and Hispanic compared to the State-wide average and HSA average of 54% and 37%, respectively (as published in the 2011 ESRD Summary Data for State and 2011 ESRD Summary Data for HSA 8). As such, demand for dialysis services is expected to increase. Dr. Freeland's current pre-ESRD and ESRD patient-base confirms this. Thus, relocating this facility to a modern, more accessible space is essential.

4. Source Information

The Renal Network, Utilization Data for the Quarter Ending September 30, 2012.

U.S. Census Bureau, American FactFinder, Fact Sheet, available at http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited Nov. 18, 2011).

US Renal Data System, USRDS 2012 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, 46 (2012)

End Stage Renal Dialysis – 2011 Summary Data for State

End Stage Renal Dialysis – 2011 Summary Data for HSA 8

5. DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The water treatment room is in the basement of the Existing Facility and uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency. Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety. Administrative offices cannot be accessed without walking through the treatment area creating infection control issues. There is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation. The facility is located within an existing multi-tenant building and is "landlocked." Due its size, the Existing Facility cannot accommodate future growth or

expansion. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base.

6. The Applicants anticipate the Relocated Facility will have quality outcomes comparable to other DaVita facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which was approximately \$1 Billion in savings to the health care system and the American taxpayer between 2010 and 2011.

Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

May 13, 2013

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

Dear Chairman Galassie:

I am a nephrologist in practice with Waukegan Dialysis Associates and am the medical director for Waukegan Renal Center. I am writing on behalf of Waukegan Dialysis Associates in support of DaVita HealthCare Partners Inc.'s ("DaVita") proposed relocation of Waukegan Renal Center. Specifically, DaVita proposes to relocate its existing dialysis facility approximately 1.6 miles to 3300-3400 Grand Avenue, Waukegan, Illinois in order to meet the growing need for dialysis services in Waukegan and surrounding communities.

The existing facility has been at the current location since 1997, before the current Life Safety Code standards were promulgated. The age and design of the facility puts it at risk for Medicare deficiencies. The facility is located on the first floor of a multi-tenant medical building, while the water treatment room is located in the basement. As a result, there is a risk that flooding issues may not be addressed in a timely manner. The facility design is also poor. The in-center hemodialysis treatment and the peritoneal dialysis treatment areas are in non-contiguous spaces. This results in frequent operational and logistical inefficiencies as staff may serve both areas. Further, physicians and staff must walk through the treatment floor to access the administrative offices. Access to the building can also be difficult for those patients who drive. Parking is not immediately adjacent to the building, requiring long walks for patients, and potential safety hazards. While my more able bodied patients drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

Waukegan Renal Center is currently treating 96 ESRD patients, as of April 30, 2013. All of the patients at the existing facility are expected to transfer to the new facility. A list of my practice's patients who have received care at Waukegan Renal Center over the past three years and most recent quarter is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis in the most recent year is provided at Attachment - 2.

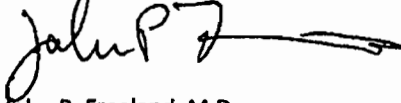
Additionally, my practice is treating approximately 41 stage 4 and stage 5 pre-ESRD patients, 24 of whom reside within 10 minutes of the proposed facility. Based upon attrition due to patient death, transplant, or return of function, I anticipate that my practice will refer 25 of these pre-ESRD patients for in-center hemodialysis within the next 24 months. A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 3. Thus, approximately 121 patients will receive treatment at Waukegan Renal Center within 12 to 18 months following project completion.

I attest to the best of my belief that all of the information in this letter is true and correct and these patient referrals have not been used to support another pending or approved CON application.

Attachment - 12A

I support the proposed relocation of Waukegan Renal Center.

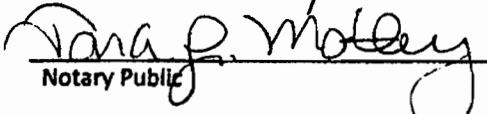
Sincerely,



John P. Freeland, M.D.
Nephrologist
Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

Subscribed and sworn to me

This 13th day of May, 2013


Notary Public

**ATTACHMENT 1
HISTORICAL UTILIZATION**

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
JB	60064	JB	60064	ST	60031	TS	60031
JT	60064	JT	60064	AA	60064	AA	60064
AH	60085	SA	60064	JG	60064	BR	60064
AL	60085	AL	60085	AL	60085	GJ	60064
AP	60085	AP	60085	AP	60085	GT	60064
EC	60085	AT	60085	AT	60085	MD	60064
GS	60085	CM	60085	CA	60085	TJ	60064
JA	60085	EC	60085	CM	60085	WM	60064
JH	60085	EH	60085	CZ	60085	AC	60085
JP	60085	JA	60085	EC	60085	AJ	60085
MO	60085	JH	60085	EH	60085	AR	60085
NS	60085	JP	60085	JA	60085	AS	60085
OF	60085	MO	60085	JC	60085	BB	60085
PG	60085	NS	60085	JE	60085	BC	60085
RG	60085	OF	60085	JH	60085	BP	60085
RH	60085	OM	60085	JM	60085	CE	60085
RK	60085	PC	60085	JP	60085	CJ	60085
RM	60085	PG	60085	MO	60085	CP	60085
DT	60087	RG	60085	NS	60085	GG	60085
RB	60096	RH	60085	OM	60085	GJ	60085
BA	60099	RM	60085	PC	60085	HE	60085
JF	60099	TS	60085	RG	60085	HJ	60085
LA	60099	TT	60085	RH	60085	HR	60085
LK	60099	DT	60087	TS	60085	KI	60085
MB	60099	ED	60087	TT	60085	LA	60085
WF	60099	LA	60087	ZH	60085	MC	60085
DD	60031	MB	60087	DB	60087	MJ	60085
CB	60064	RB	60096	ED	60087	MM	60085
DW	60064	BA	60099	EE	60087	MO	60085
GT	60064	GH	60099	MB	60087	OM	60085
AT	60085	JF	60099	WS	60087	PA	60085
BS	60085	LK	60099	RB	60096	PJ	60085
CA	60085	MB	60099	BA	60099	PL	60085
CT	60085	RJ	60099	EO	60099	RG	60085
CW	60085	WF	60099	JF	60099	RJ	60085
CZ	60085	CB	60064	JW	60099	RP	60085

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
GR	60085	DW	60064	LJ	60099	SA	60085
GS	60085	MW	60064	LK	60099	SN	60085
IK	60085	RC	60064	LW	60099	ST	60085
JP	60085	ER	60069	MB	60099	TA	60085
KH	60085	JH	60083	RJ	60099	TC	60085
KM	60085	AB	60085	TB	60099	TL	60085
LP	60085	AT	60085	CB	60064	TT	60085
MC	60085	CA	60085	MW	60064	ZC	60085
MW	60085	CB	60085	RB	60064	ZJ	60085
PB	60085	CT	60085	ER	60069	AL	60087
PC	60085	CW	60085	JH	60083	BD	60087
PR	60085	CZ	60085	AM	60085	BM	60087
RB	60085	DD	60085	AS	60085	BR	60087
TM	60085	GR	60085	AT	60085	CJ	60087
CH	60087	IK	60085	BB	60085	CR	60087
JC	60087	KH	60085	CB	60085	DE	60087
JM	60087	KM	60085	CT	60085	EJ	60087
LA	60087	LP	60085	EC	60085	EM	60087
PM	60087	LT	60085	EH	60085	GT	60087
RC	60087	MC	60085	EW	60085	HA	60087
WS	60087	MM	60085	GG	60085	HJ	60087
DK	60099	PB	60085	GR	60085	HP	60087
DM	60099	PC	60085	IK	60085	MO	60087
RB	60099	PR	60085	JR	60085	MP	60087
RS	60099	RB	60085	KM	60085	SW	60087
WK	60099	RG	60085	LP	60085	WL	60087
		TM	60085	LT	60085	BR	60096
		TW	60085	MM	60085	GF	60096
		CH	60087	MO	60085	AB	60099
		JM	60087	PB	60085	BM	60099
		PH	60087	PR	60085	BR	60099
		PM	60087	RA	60085	CE	60099
		RC	60087	RB	60085	FD	60099
		WS	60087	SA	60085	FJ	60099
		DK	60099	JC	60087	JL	60099
		DM	60099	LA	60087	JR	60099
		FG	60099	OM	60087	KD	60099
		MG	60099	PM	60087	KL	60099
		RB	60099	RC	60087	KW	60099

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		RM	60099	DK	60099	MA	60099
		RS	60099	DM	60099	MD	60099
		WH	60099	FG	60099	OE	60099
		WK	60099	RB	60099	RE	60099
				RS	60099	RJ	60099
				WH	60099	SR	60099
				WK	60099	WE	60099

**ATTACHMENT 2
NEW PATIENTS**

Waukegan Renal Center	
Initials	Zip Code
ST	60031
AA	60064
EP	60064
JG	60064
AM	60085
AS	60085
BB	60085
CW	60085
EC	60085
EH	60085
HZ	60085
JC	60085
JE	60085
JH	60085
JM	60085
JR	60085
MO	60085
MW	60085
RA	60085
RB	60085
SA	60085
TR	60085
EE	60087
JC	60087
OM	60087
PS	60087
RP	60087
BS	60099
DM	60099
EM	60099
EO	60099
EW	60099
JR	60099
JS	60099
JW	60099
LJ	60099
MM	60099

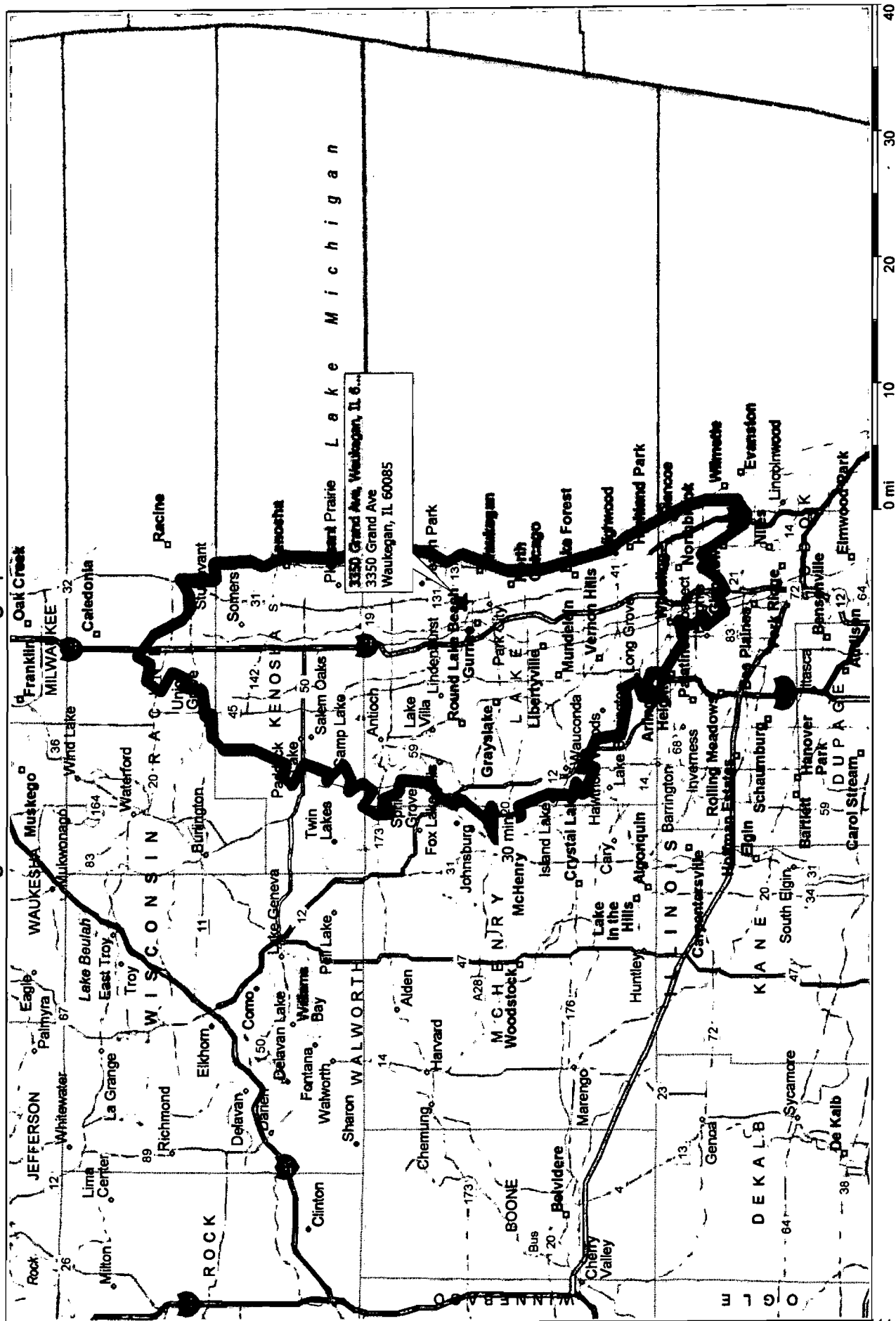
Waukegan Renal Center	
Initials	Zip Code
SJ	60099
TB	60099

ATTACHMENT 3

Pre-ESRD Patients	
Zip Code	Patients
60002	3
60030	1
60031	2
60046	2
60064	5
60073	1
60083	1
60085	10
60087	6
60096	3
60099	7
Total	41

End Stage Renal Disease Facility	Address	City	County	Zip	HSA	Distance (miles)	Adjusted Drive Time		3/31/2013 Stations	3/31/2013 Patients	3/31/2013 Utilization
							(minutes)	(minutes)			
Waukegan Renal Center	1616 Grand Avenue	Waukegan	Lake	60085	8	1.52	4	4.6	22	94	71.21%
Fresenius Medical Care Mundelein	1402 Townline Road	Mundelein	Lake	60060	8	15.8	24	27.6	12	20	27.78%
Fresenius Medical Care of Antioch	311 West Depot St.	Antioch	Lake	60002	8	16.74	26	29.9	12	46	63.89%
FMC Waukegan Harbor	110 N. West Street	Waukegan	Lake	60085	8	2.68	7	8.05	21	45	35.71%
Fresenius Medical Care of Lake Bluff	101 Waukegan Rd	Lake Bluff	Lake	60044	8	7.87	12	13.8	16	81	84.38%
Highland Park Hospital Dialysis Unit	777 Park Avenue West	Highland Park	Lake	60035	8	15.07	22	25.3	20	95	79.17%
FMC - Round Lake	401 Nippersink Avenue	Round Lake	Lake	60073	8	12.73	23	26.45	16	80	83.33%
FMC - Gurnee	101 S Greenleaf St	Gurnee	Lake	60031	8	2.27	4	4.6	14	83	98.81%
Lake Villa Dialysis	37809 North IL Route 59	Lake Villa	Lake	60046	8	13.78	26	29.9	12	36	50.00%
Lake County Dialysis	565 Lakeview Parkway, Suite 176	Vernon Hills	Lake	60061	8	14.64	22	25.3	16	84	87.50%
TOTAL:									161	664	
AVG:									16.1	66.4	68.18%

Waukegan Renal Center Geographic Service Area



Editorial Review

The obesity epidemics in ESRD: from wasting to waist?

Carmine Zoccali

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

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

During the last six decades, from the World War II years on, the phenotype of human beings has changed profoundly. The dominant slim, pale and light phenotype of the 1920s has gradually been overthrown by the heavy, large and ponderous phenotype of obese people. Obesity is rampant in the USA (<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/>, accessed on 20th July 2008) and, even though to a lesser degree, most European countries share the same epochal evolution [1]. Type 2 diabetes and cardiovascular diseases are the two most important non-communicable disease outcomes of obesity. Abdominal obesity is strongly associated, and at least in part in a causal manner, with hypertension, dyslipidaemia and impaired insulin resistance [2]. Well beyond these complications, neoplasia [3], greater exposure to drugs of various sort, sterility [4], asthma [5], non-alcoholic liver disease [6] and osteoarthritis [7] are all much concerning sequelae of this epidemics. The risk of disease and disability attributable to overweight and obesity starts early, just when the upper limit of the ideal body mass index (BMI) (21–23 kg/m²) is trespassed and rises linearly at progressively higher BMI levels [8,9]. The burden of disease attributable to excess BMI among adults in the USA is enormous. Obesity at age 40 years reduced life expectancy by ~7 years in women and by ~6 years in men in the Framingham cohort [10]. In Europe, more than 1 million deaths and ~12 million life-years of ill health (disability adjusted life-years—DALYs) were counted in 2000 [9].

Obesity epidemics in the dialysis population

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

[11]. The identification and elucidation of this pervasive condition in the dialysis population has certainly been a major achievement of modern nephrology. However, a thorough refocusing of the problem is needed. In Western countries, overweight and obesity have now gained the ominous role of leading risk factors for chronic kidney disease (CKD) [12]. The pathophysiological underpinnings of obesity-related CKD are still unclear, but solid working hypothesis have been formulated and the issue is being intensively investigated in experimental models and in human studies [13]. From an epidemiologic point of view, the association between BMI and the incidence of ESRD has been convincingly established in population-based studies in Japanese men [14] and in American people [15]. Obesity is one of the most frequent risk factors for progressive CKD in the general population. For this reason, this condition has become highly prevalent in dialysis units (Figure 1). The problem was nicely described by Kramer *et al.*, in synchronic analyses based on the USRDS and on the Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention [16]. During a relatively brief period (just 8 years, from 1994 to 2002), the mean BMI increased from 25.7 kg/m² among incident patients in 1995 to 27.5 kg/m² in 2002 and from 25.7 to 26.7 kg/m² in the total US population (Figure 2). Overall in 2002, almost one-third of incident dialysis patients were obese and, worryingly so, the prevalence of patients with stage 2 obesity (BMI > 35 kg/m²) increased by 63%. As expected, the prevalence of obesity was higher in diabetics than in non-diabetics with a forecasted 2007 prevalence of total obesity in these patients as high as 44.6%. The predicted population average of BMI for 2007 (~28 kg/m²) clearly indicates that just a small fraction of dialysis patients in the USA have a normal or a low body weight. In a cohort of incident dialysis patients (1997–2004) in Europe (the Netherlands) [17], the average BMI was 25.3 kg/m² showing that in the other side of the Atlantic more than half of ESRD patients are overweight or obese. In brief, there is unmistakable evidence that the obese phenotype is at least as frequent in the dialysis population as it is in the general population. Thus, nutritional disorders in ESRD should be interpreted in a context that takes into appropriate account that fat excess rather than fat deficiency is the most common trait in dialysis patients.

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

© The Author [2008]. Published by Oxford University Press on behalf of ERA-EDTA. All rights reserved.
For Permissions, please e-mail: journals.permissions@oxfordjournals.org

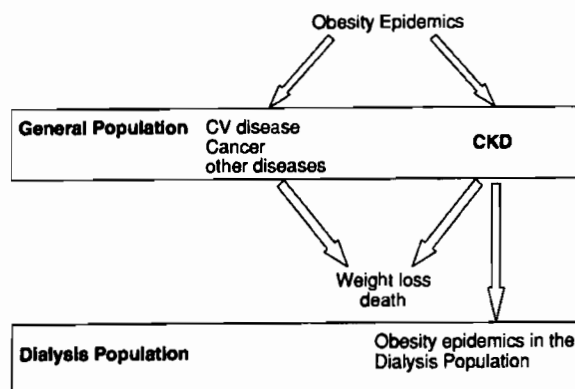


Fig. 1. Simple model whereby the obesity epidemics in the general population generate a parallel obesity epidemics in the dialysis population. Death and weight loss generated by CKD and other obesity-driven diseases represent competing risks that limit the rise in the prevalence of obesity in the dialysis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

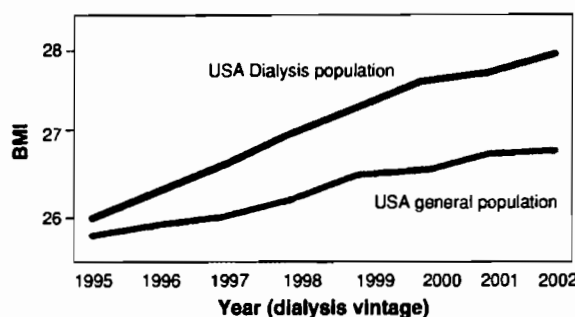


Fig. 2. Temporal trends in BMI (kg/m^2) among incident ESRD patients population by year of dialysis initiation and in the coeval general US population (Behavioral Risk Factor Surveillance System). Redrawn from Kramer HJ *et al.* [16].

Obesity and the reverse epidemiology conundrum in ESRD

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

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

How to measure the obesity burden in epidemiological studies

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

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

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

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

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

Anthropometric measures of visceral fat accumulation such as waist circumference and the WHR are directly associated with all-cause and CV mortalities in the general population. Notwithstanding, ESRD is a chronic condition where nutrition disorders are exceedingly common, and no specific studies of these metrics are available in dialysis patients. Also in light of the rising tide of overweight and obesity in the ESRD population and of the adverse clinical outcomes observed in obese sarcopenia [35,36], the issue of simultaneously testing the prognostic value of metrics of overall body size (like the BMI) and segmental fat accumulation (waist circumference and WHR) in ESRD patients appears to be of major relevance. Very recently, relevant information on the validity of waist circumference as a measure of visceral fat accumulation has been gathered in patients with CKD [37]. In a series of 122 Brazilian patients with stage 3–5 CKD, this metric was strongly associated with visceral fat as measured by abdominal computed tomography and the association of this measurement with cardiovascular risk factors was of the same magnitude of that observed for visceral fat. These findings suggest that waist circumference is a simple and cheap instrument that may be applied for investigating the role of visceral fat on health outcomes in epidemiological studies in patients with renal diseases. In a combined cohort composed by patients enrolled in the Atherosclerosis Risk in Communities (ARIC) and the Cardiovascular Health Study (CHS), a larger waist hip ratio was associated with a 22% risk excess for incident CKD and a 12% risk excess for a combined outcome composed by incident CKD and death [38]. In the same study, BMI appeared protective for the composite outcome but did not predict the risk for CKD. Likewise, in another study in the same cohort [39], a large waist hip ratio was associated with an increased risk of cardiac events while obesity, defined on the basis of BMI >30 kg/m², did not predict these events. Overall these analyses indicate that, like in the general population, measures of abdominal fat accumulation maintain a direct association with the

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

Conflict of interest statement. None declared.

References

- Banegas JR, Lopez-Garcia E, Gutierrez-Fisac JL *et al.* A simple estimate of mortality attributable to excess weight in the European Union. *Eur J Clin Nutr* 2003; 57: 201–208
- Reaven G, Abbasi F, McLaughlin T. Obesity, insulin resistance, and cardiovascular disease. *Recent Prog Horm Res* 2004; 59: 207–223
- Wiseman M. The second world cancer research fund/American Institute for cancer research expert report. Food, nutrition, physical activity, and the prevention of cancer: a global perspective. *Proc Nutr Soc* 2008; 67: 253–256.
- Metwally M, Ledger WL, Li TC. Reproductive endocrinology and clinical aspects of obesity in women. *Ann N Y Acad Sci* 2008; 1127: 140–146
- Plumb J, Brawer R, Brisson N. The interplay of obesity and asthma. *Curr Allergy Asthma Rep* 2007; 7: 385–389
- Greenfield V, Cheung O, Sanyal AJ. Recent advances in nonalcoholic fatty liver disease. *Curr Opin Gastroenterol* 2008; 24: 320–327
- Garstang SV, Stitik TP. Osteoarthritis: epidemiology, risk factors, and pathophysiology. *Am J Phys Med Rehabil* 2006; 85: S2–S11
- James WP. The epidemiology of obesity: the size of the problem. *J Intern Med* 2008; 263: 336–352
- James WPT, Jackson-Leach R, Ni Mhurchu C *et al.* Overweight and obesity (high body mass index). In: Ezzati M *et al.* (ed). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attribution to Selected Major Risk Factors*. Geneva: World Health Organization, 2004, 497–596
- Peters A, Barendregt JJ, Willekens F *et al.* Obesity in adulthood and its consequences for life expectancy: a life-table analysis. *Ann Intern Med* 2003; 138: 24–32
- Mafrá D, Guebre-Egziabher F, Fouque D. Body mass index, muscle and fat in chronic kidney disease: questions about survival. *Nephrol Dial Transplant* 2008; 23: 2461–2466
- Ritz E. Obesity and CKD: how to assess the risk? *Am J Kidney Dis* 2008; 52: 1–6
- Ritz E. Metabolic syndrome and kidney disease. *Blood Purif* 2008; 26: 59–62
- Iseki K, Ikemiya Y, Kinjo K *et al.* Body mass index and the risk of development of end-stage renal disease in a screened cohort. *Kidney Int* 2004; 65: 1870–1876
- Hsu CY, McCulloch CE, Iribarren C *et al.* Body mass index and risk for end-stage renal disease. *Ann Intern Med* 2006; 144: 21–28
- Kramer HJ, Saranathan A, Luke A *et al.* Increasing body mass index and obesity in the incident ESRD population. *J Am Soc Nephrol* 2006; 17: 1453–1459
- De Mustert R, Snijder MB, van der Sman-de Beer F *et al.* Association between body mass index and mortality is similar in the hemodialysis population and the general population at high age and equal duration of follow-up. *J Am Soc Nephrol* 2007; 18: 967–974
- Johansen KL, Young B, Kaysen GA *et al.* Association of body size with outcomes among patients beginning dialysis. *Am J Clin Nutr* 2004; 80: 324–332
- Kalantar-Zadeh K, Kopple JD, Kilpatrick RD *et al.* Association of morbid obesity and weight change over time with cardiovascular survival in hemodialysis population. *Am J Kidney Dis* 2005; 46: 489–500
- Leavy SF, McCullough K, Hecking E *et al.* Body mass index and mortality in 'healthier' as compared with 'sicker' haemodialysis patients: results from the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Nephrol Dial Transplant* 2001; 16: 2386–2394
- Abdulla J, Kober L, Abildstrom SZ *et al.* Impact of obesity as a mortality predictor in high-risk patients with myocardial infarction or chronic heart failure: a pooled analysis of five registries. *Eur Heart J* 2008; 29: 594–601
- Kalantar-Zadeh K, Block G, Horwich T *et al.* Reverse epidemiology of conventional cardiovascular risk factors in patients with chronic heart failure. *J Am Coll Cardiol* 2004; 43: 1439–1444
- Levin NW, Handelman GJ, Coresh J *et al.* Reverse epidemiology: a confusing, confounding, and inaccurate term. *Semin Dial* 2007; 20: 586–592
- Zoccali C, Testa A, Spoto B *et al.* Mendelian randomization: a new approach to studying epidemiology in ESRD. *Am J Kidney Dis* 2006; 47: 332–341
- K/DOQI, National Kidney Foundation. Clinical practice guidelines for nutrition in chronic renal failure. *Am J Kidney Dis* 2000; 35: S1–S140
- Fouque D, Vennegoor M, Ter WP *et al.* EBPG guideline on nutrition. *Nephrol Dial Transplant* 2007; 22(Suppl 2): ii45–ii87
- Kalantar-Zadeh K, Horwich TB, Oreopoulos A *et al.* Risk factor paradox in wasting diseases. *Curr Opin Clin Nutr Metab Care* 2007; 10: 433–442
- Romero-Corral A, Montori VM, Somers VK *et al.* Association of bodyweight with total mortality and with cardiovascular events in coronary artery disease: a systematic review of cohort studies. *Lancet* 2006; 368: 666–678
- Franzosi MG. Should we continue to use BMI as a cardiovascular risk factor? *Lancet* 2006; 368: 624–625
- Bouchard C. BMI, fat mass, abdominal adiposity and visceral fat: where is the 'beef'? *Int J Obes (Lond)* 2007; 31: 1552–1553
- Janssen I, Katzmarzyk PT, Ross R. Body mass index, waist circumference, and health risk: evidence in support of current National Institutes of Health guidelines. *Arch Intern Med* 2002; 162: 2074–2079
- Yusuf S, Hawken S, Ounpuu S *et al.* Obesity and the risk of myocardial infarction in 27,000 participants from 52 countries: a case-control study. *Lancet* 2005; 366: 1640–1649
- Thum T, Anker SD. Obesity and risk of myocardial infarction: the INTERHEART study. *Lancet* 2006; 367: 1051–1052
- Snijder MB, van Dam RM, Visser M *et al.* What aspects of body fat are particularly hazardous and how do we measure them? *Int J Epidemiol* 2006; 35: 83–92
- Beddhu S, Pappas LM, Ramkumar N *et al.* Effects of body size and body composition on survival in hemodialysis patients. *J Am Soc Nephrol* 2003; 14: 2366–2372
- Honda H, Qureshi AR, Axelsson J *et al.* Obese sarcopenia in patients with end-stage renal disease is associated with inflammation and increased mortality. *Am J Clin Nutr* 2007; 86: 633–638

37. Sanches FM, Avesani CM, Kamimura MA *et al.* Waist circumference and visceral fat in CKD: a cross-sectional study. *Am J Kidney Dis* 2008; 52: 66–73
38. Elsayed EF, Sarnak MJ, Tighiouart H *et al.* Waist-to-hip ratio, body mass index, and subsequent kidney disease and death. *Am J Kidney Dis* 2008; 52: 29–38
39. Elsayed EF, Tighiouart H, Weiner DE *et al.* Waist-to-hip ratio and body mass index as risk factors for cardiovascular events in CKD. *Am J Kidney Dis* 2008; 52: 49–57
40. Li PK, Kwan BC, Szeto CC *et al.* Metabolic syndrome in peritoneal dialysis patients. *Nephrol Dial Transplant Plus* 2008; 4: 206–214

Received for publication: 28.7.08

Accepted in revised form: 26.9.08

Kidney Disease of Diabetes

National Kidney and Urologic Diseases Information Clearinghouse



U.S. Department
of Health and
Human Services

NATIONAL
INSTITUTES
OF HEALTH

NIDDK
NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

The Burden of Kidney Failure

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

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

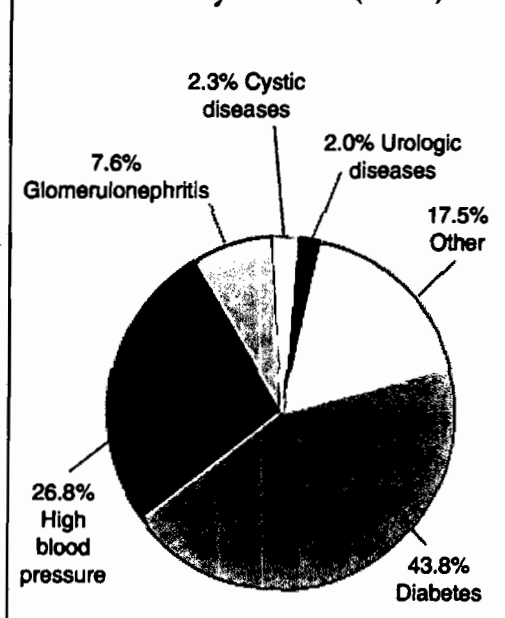
People with kidney failure undergo either dialysis, an artificial blood-cleaning process, or transplantation to receive a healthy kidney from a donor. Most U.S. citizens who develop kidney failure are eligible for federally funded care. In 2005, care for patients with kidney failure cost the United States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

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

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

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

**Primary Causes
of Kidney Failure (2005)**



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

The Course of Kidney Disease

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

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

As the disease progresses, more albumin leaks into the urine. This stage may be called macroalbuminuria or proteinuria. As the amount of albumin in the urine increases, the kidneys' filtering function usually begins to drop. The body retains various wastes as filtration falls. As kidney damage develops, blood pressure often rises as well.

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

Diagnosis of CKD

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

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

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

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

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

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

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

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

Effects of High Blood Pressure

High blood pressure, or hypertension, is a major factor in the development of kidney problems in people with diabetes. Both a family history of hypertension and the presence of hypertension appear to increase chances of developing kidney disease. Hypertension also accelerates the progress of kidney disease when it already exists.

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

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

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

Preventing and Slowing Kidney Disease

Blood Pressure Medicines

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

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

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

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

Moderate-protein Diets

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

Intensive Management of Blood Glucose

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

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

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

A number of studies have pointed to the beneficial effects of intensive management of blood glucose. In the Diabetes Control and Complications Trial supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), researchers found a 50 percent decrease in both development and progression of early diabetic kidney disease in participants who followed an intensive regimen for controlling blood glucose levels. The intensively managed patients had average blood glucose levels of 150 milligrams per deciliter—about 80 milligrams per deciliter lower than

the levels observed in the conventionally managed patients. The United Kingdom Prospective Diabetes Study, conducted from 1976 to 1997, showed conclusively that, in people with improved blood glucose control, the risk of early kidney disease was reduced by a third. Additional studies conducted over the past decades have clearly established that any program resulting in sustained lowering of blood glucose levels will be beneficial to patients in the early stages of CKD.

Dialysis and Transplantation

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

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

Good Care Makes a Difference

People with diabetes should

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

Points to Remember

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

Hope through Research

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

Several areas of research supported by the NIDDK hold great potential. Discovery of ways to predict who will develop kidney disease may lead to greater prevention, as people with diabetes who learn they are at risk institute strategies such as intensive management of blood glucose and blood pressure control.

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

For More Information

National Diabetes Information Clearinghouse

1 Information Way
Bethesda, MD 20892-3560
Phone: 1-800-860-8747
TTY: 1-866-569-1162
Fax: 703-738-4929
Email: ndic@info.niddk.nih.gov
Internet: www.diabetes.niddk.nih.gov

National Diabetes Education Program

1 Diabetes Way
Bethesda, MD 20892-3560
Phone: 1-800-438-5383
TTY: 1-866-569-1162
Fax: 703-738-4929
Email: ndep@mail.nih.gov
Internet: www.ndep.nih.gov

National Kidney Disease Education Program

3 Kidney Information Way
Bethesda, MD 20892
Phone: 1-866-4-KIDNEY (454-3639)
TTY: 1-866-569-1162
Email: nkdep@info.niddk.nih.gov
Internet: www.nkdep.nih.gov

American Diabetes Association

1701 North Beauregard Street
Alexandria, VA 22311
Phone: 1-800-342-2383
Email: AskADA@diabetes.org
Internet: www.diabetes.org

National Kidney Foundation

30 East 33rd Street
New York, NY 10016
Phone: 1-800-622-9010 or 212-889-2210
Fax: 212-689-9261
Internet: www.kidney.org

You may also find additional information about this topic by visiting MedlinePlus at www.medlineplus.gov.

This publication may contain information about medications. When prepared, this publication included the most current information available. For updates or for questions about any medications, contact the U.S. Food and Drug Administration toll-free at 1-888-INFO-FDA (463-6332) or visit www.fda.gov. Consult your doctor for more information.

The U.S. Government does not endorse or favor any specific commercial product or company. Trade, proprietary, or company names appearing in this document are used only because they are considered necessary in the context of the information provided. If a product is not mentioned, the omission does not mean or imply that the product is unsatisfactory.

National Kidney and Urologic Diseases Information Clearinghouse

3 Information Way
Bethesda, MD 20892-3580
Phone: 1-800-891-5390
TTY: 1-866-569-1162
Fax: 703-738-4929
Email: nkudic@info.niddk.nih.gov
Internet: www.kidney.niddk.nih.gov

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health of the U.S. Department of Health and Human Services. Established in 1987, the Clearinghouse provides information about diseases of the kidneys and urologic system to people with kidney and urologic disorders and to their families, health care professionals, and the public. The NKUDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about kidney and urologic diseases.

Publications produced by the Clearinghouse are carefully reviewed by both NIDDK scientists and outside experts.

This publication is not copyrighted. The Clearinghouse encourages users of this fact sheet to duplicate and distribute as many copies as desired.

This fact sheet is also available at www.kidney.niddk.nih.gov.



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
National Institutes of Health

NIH Publication No. 08-3925
September 2008

Chronic kidney disease (CKD) is a condition in which the kidneys are damaged and cannot filter blood as well as possible. This damage can cause wastes to build up in the body and lead to other health problems, including cardiovascular disease (CVD), anemia, and bone disease. People with early CKD tend not to feel any symptoms. The only ways to detect CKD are through a blood test to estimate kidney function, and a urine test to assess kidney damage. CKD is usually an irreversible and progressive disease and can lead to kidney failure, also called End Stage Renal Disease (ESRD), over time if it is not treated. Once detected, CKD can be treated through medication and lifestyle changes to slow down the disease progression, and to prevent or delay the onset of kidney failure. However, the only treatment options for kidney failure are dialysis or a kidney transplant.

CKD is common among adults in the United States.

More than 10% of people, or more than 20 million, aged 20 years or older in the United States have CKD.

- ▶ CKD is more common among women than men.
- ▶ More than 35% of people aged 20 years or older with diabetes have CKD.
- ▶ More than 20% of people aged 20 years or older with hypertension have CKD.

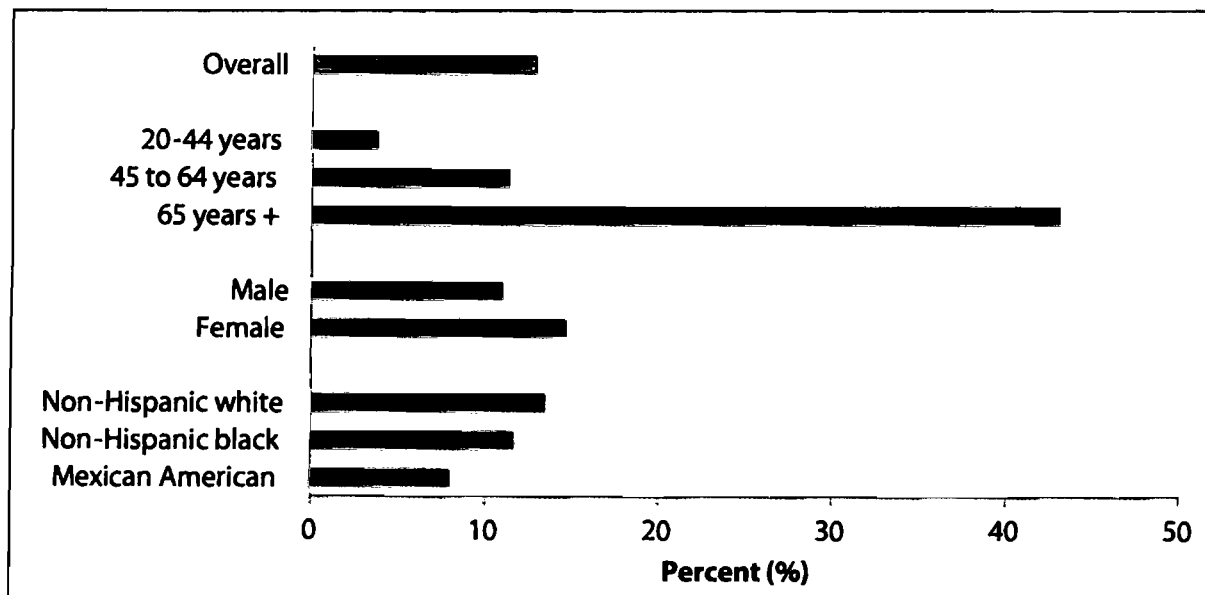


Figure legend: Percent with CKD among adult U.S. population by age, sex, and race/ethnicity.

Risk factors for development of CKD

Adults with diabetes or hypertension are at an increased risk of developing CKD. Other risk factors for developing CKD include CVD, obesity, elevated cholesterol, and a family history of CKD. The risk of developing CKD increases with age largely because risk factors for kidney disease become more common as one ages.



Risk factors for progression of CKD

Inadequately controlled diabetes and hypertension increase the risk of progression of CKD to kidney failure. Repeated episodes of acute kidney injury from a variety of causes (e.g., infections, drugs, or toxins injurious to the kidney) can also contribute to progression of CKD to kidney failure, especially in the elderly. While CKD is more common among women, men with CKD are 50% more likely than women to progress to kidney failure.

Important health consequences of CKD

Cardiovascular disease

CKD is an important risk factor for cardiovascular disease, including heart attacks, heart failure, heart rhythm disturbances, and strokes. Risk factors for cardiovascular disease that require careful attention in people with CKD include tobacco use, uncontrolled high blood pressure, elevated blood sugar, excessive weight, and elevated cholesterol.

Kidney failure

Kidney failure or ESRD occurs when the kidneys are no longer able to provide waste removal functions for the body. At this point, dialysis or kidney transplantation becomes necessary for survival.

- ▶ About 110,000 patients in the United States started treatment for ESRD in 2007.
- ▶ Leading causes of ESRD are diabetes and hypertension. In 2006, 7 out of 10 new cases of ESRD in the United States had diabetes or hypertension listed as the primary cause. Less common causes include glomerulonephritis, hereditary kidney disease, and malignancies such as myeloma.
- ▶ Incidence of ESRD is greater among adults older than 65 years.
- ▶ African Americans were nearly four times more likely to develop ESRD than whites in 2007. However, this disparity in ESRD incidence has narrowed from 1998 to 2005.
- ▶ Hispanics have 1.5 times the rate of kidney failure compared to non-Hispanic whites.
- ▶ Between 2000 and 2007, the adjusted incidence of ESRD due to diabetes has increased by less than 1% and the adjusted incidence of glomerulonephritis has fallen by 21%, suggesting possible improvement in the clinical management of this condition. In contrast, the adjusted incidence of ESRD due to hypertension has increased by 8% between 2000 and 2007.

Deaths

Premature death from both cardiovascular disease and from all causes is higher in adults with CKD compared to adults without CKD. In fact, individuals with CKD are 16 to 40 times more likely to die than to reach ESRD.

Other health consequences

The kidneys have many functional roles, including fluid and electrolyte balance, waste removal, acid-base balance, bone health, and stimulation of red blood cell production. CKD can be associated with fluid overload, sodium and potassium imbalances, bone and mineral disorders, anemia, and reduced quality of life. Additionally, adults with CKD typically have other chronic diseases, such as diabetes, hypertension, and other cardiovascular diseases.

What can be done to reduce the burden of CKD and prevent or delay kidney failure?

The federal and state government and various national organizations have developed comprehensive strategies to address the burden of kidney disease in the United States. The most efficient way to reduce the burden of CKD is to prevent and treat its risk factors. Screening individuals at high risk for CKD (e.g., people older than 50 years; people with a history of diabetes mellitus, hypertension, cardiovascular disease; or people who have a family history of CKD) may prevent or delay kidney failure. Screening demonstration projects are currently ongoing to evaluate the effectiveness. Therapeutic treatments can slow progression of kidney disease as well as manage its complications. Timely referral to a nephrologist (kidney doctor) and getting treatment also improves outcomes.

Acknowledgments

The following organizations collaborated in compiling the information for this fact sheet:

- ▶ Agency for Healthcare Research and Quality
<http://www.ahrq.gov/>
- ▶ Centers for Disease Control and Prevention
<http://www.cdc.gov/diabetes>
- ▶ Centers for Medicare and Medicaid Services
<http://www.cms.hhs.gov>
- ▶ U.S. Department of Veterans Affairs
<http://www.va.gov/health/>
- ▶ Health Resources and Services Administration
<http://www.hrsa.gov>
- ▶ Kidney Disease Interagency Coordinating Committee
<http://nkdep.nih.gov/about/kicc/index.htm>
- ▶ National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health
<http://www.niddk.nih.gov>
- ▶ National Kidney Disease Education Program
<http://www.nkdep.nih.gov/>
- ▶ National Heart Lung and Blood Institute of the National Institutes of Health
<http://www.nhlbi.nih.gov/>
- ▶ American Society of Nephrology
<http://www.asn-online.org/>
- ▶ National Kidney Foundation
<http://www.kidney.org/>
- ▶ United States Renal Data System (USRDS)
<http://www.usrds.org/>
- ▶ The University of Michigan Kidney Epidemiology and Cost Center (UM-KECC)
<http://www.sph.umich.edu/kecc/>
- ▶ University of California, San Francisco and University of California, San Francisco Center for Vulnerable Populations
<http://www.ucsf.edu/>
<http://www.cvp-sf.com/>

* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.



Note

This publication is not subject to copyright restrictions; please duplicate and distribute copies as desired.

Citation

Centers for Disease Control and Prevention. National Chronic Kidney Disease Fact Sheet: general information and national estimates on chronic kidney disease in the United States, 2010. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

For Public Inquiries & Publications

CDC-INFO Contact Center
Telephone: 800-CDC-INFO (232-4636)
TTY: 888-232-6348
E-mail: cdcinfo@cdc.gov
In English, en Español
24 Hours/Day, 7 Days/Week

For Other Information

Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway NE, Mail Stop K-10, Atlanta, GA 30341-3717
Telephone 770-488-5000; Fax 770-488-8550
<http://www.cdc.gov/diabetes>



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

Alternatives

The Applicants explored several options prior to determining to relocate Waukegan Renal Center. After exploring the options below in detail, the Applicants determined to relocate the Existing Facility in order to address the increasing need for dialysis services in Waukegan and surrounding communities. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The water treatment room is in the basement of the Existing Facility and uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency. Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety. Administrative offices cannot be accessed without walking through the treatment area creating infection control issues. There is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

There is no capital cost with this alternative.

Renovate the Existing Facility

The Existing Facility is suboptimal for both patients and staff. As the Applicants do not own the building, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The water treatment room is in the basement of the Existing Facility and uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency. Additionally, the patient treatment floor configuration prohibits the viewing of

all patients from the nursing station, resulting in an overall concern for patient safety. Administrative offices cannot be accessed without walking through the treatment area creating infection control issues. There is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation. The facility is located within an existing multi-tenant building and is "landlocked." Due its size, the Existing Facility cannot accommodate future growth or expansion. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base.

Utilize Existing Facilities

The Replacement Facility is needed to serve the ongoing demand for dialysis services in Waukegan. While there is currently an excess of 16 dialysis stations in HSA 8, 158 of the ESRD patients in Lake County reside in the zip code of the existing and proposed relocated facilities in Waukegan (60085).¹² Currently, the Existing Facility serves 96 ESRD patients. John Freeland, M.D., the Medical Director for Waukegan Renal Center, anticipates all 96 existing patients will transfer to the Replacement Facility. Furthermore, Dr. Freeland is currently treating 41 Stage-4 and Stage-5 CKD patients that reside in the area. See Attachment – 12A. Twenty-four of these patients reside within 10 minutes of the Replacement Facility. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 25 of these patients will require dialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months following project completion. This represents a 92% utilization rate, which exceeds the State's 80% standard.

There is no capital cost with this alternative.

Relocate Waukegan Renal Center

The Permit Holders determined that the most effective and efficient way to serve its patients and address the increasing demand for dialysis services in HSA 8 is to relocate the Existing Facility. The proposed site for the Replacement Facility is located just 1.6 miles from the current site, and will adequately serve Waukegan Renal Center's current and projected patient-base.

Thus, the Applicants selected this option.

The cost associated with this option is \$ 4,010,135.

¹² The Renal Network (Sep. 30, 2012)

Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

May 13, 2013

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

Dear Chairman Galassie:

I am a nephrologist in practice with Waukegan Dialysis Associates and am the medical director for Waukegan Renal Center. I am writing on behalf of Waukegan Dialysis Associates in support of DaVita HealthCare Partners Inc.'s ("DaVita") proposed relocation of Waukegan Renal Center. Specifically, DaVita proposes to relocate its existing dialysis facility approximately 1.6 miles to 3300-3400 Grand Avenue, Waukegan, Illinois in order to meet the growing need for dialysis services in Waukegan and surrounding communities.

The existing facility has been at the current location since 1997, before the current Life Safety Code standards were promulgated. The age and design of the facility puts it at risk for Medicare deficiencies. The facility is located on the first floor of a multi-tenant medical building, while the water treatment room is located in the basement. As a result, there is a risk that flooding issues may not be addressed in a timely manner. The facility design is also poor. The in-center hemodialysis treatment and the peritoneal dialysis treatment areas are in non-contiguous spaces. This results in frequent operational and logistical inefficiencies as staff may serve both areas. Further, physicians and staff must walk through the treatment floor to access the administrative offices. Access to the building can also be difficult for those patients who drive. Parking is not immediately adjacent to the building, requiring long walks for patients, and potential safety hazards. While my more able bodied patients drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

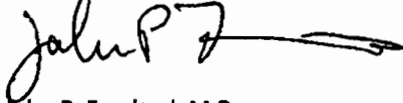
Waukegan Renal Center is currently treating 96 ESRD patients, as of April 30, 2013. All of the patients at the existing facility are expected to transfer to the new facility. A list of my practice's patients who have received care at Waukegan Renal Center over the past three years and most recent quarter is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis in the most recent year is provided at Attachment - 2.

Additionally, my practice is treating approximately 41 stage 4 and stage 5 pre-ESRD patients, 24 of whom reside within 10 minutes of the proposed facility. Based upon attrition due to patient death, transplant, or return of function, I anticipate that my practice will refer 25 of these pre-ESRD patients for in-center hemodialysis within the next 24 months. A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 3. Thus, approximately 121 patients will receive treatment at Waukegan Renal Center within 12 to 18 months following project completion.

I attest to the best of my belief that all of the information in this letter is true and correct and these patient referrals have not been used to support another pending or approved CON application.

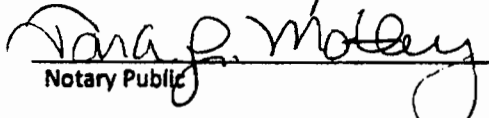
I support the proposed relocation of Waukegan Renal Center.

Sincerely,



John P. Freeland, M.D.
Nephrologist
Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

Subscribed and sworn to me
This 13th day of May, 2013


Notary Public

**ATTACHMENT 1
HISTORICAL UTILIZATION**

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
JB	60064	JB	60064	ST	60031	TS	60031
JT	60064	JT	60064	AA	60064	AA	60064
AH	60085	SA	60064	JG	60064	BR	60064
AL	60085	AL	60085	AL	60085	GJ	60064
AP	60085	AP	60085	AP	60085	GT	60064
EC	60085	AT	60085	AT	60085	MD	60064
GS	60085	CM	60085	CA	60085	TJ	60064
JA	60085	EC	60085	CM	60085	WM	60064
JH	60085	EH	60085	CZ	60085	AC	60085
JP	60085	JA	60085	EC	60085	AJ	60085
MO	60085	JH	60085	EH	60085	AR	60085
NS	60085	JP	60085	JA	60085	AS	60085
OF	60085	MO	60085	JC	60085	BB	60085
PG	60085	NS	60085	JE	60085	BC	60085
RG	60085	OF	60085	JH	60085	BP	60085
RH	60085	OM	60085	JM	60085	CE	60085
RK	60085	PC	60085	JP	60085	CJ	60085
RM	60085	PG	60085	MO	60085	CP	60085
DT	60087	RG	60085	NS	60085	GG	60085
RB	60096	RH	60085	OM	60085	GJ	60085
BA	60099	RM	60085	PC	60085	HE	60085
JF	60099	TS	60085	RG	60085	HJ	60085
LA	60099	TT	60085	RH	60085	HR	60085
LK	60099	DT	60087	TS	60085	KI	60085
MB	60099	ED	60087	TT	60085	LA	60085
WF	60099	LA	60087	ZH	60085	MC	60085
DD	60031	MB	60087	DB	60087	MJ	60085
CB	60064	RB	60096	ED	60087	MM	60085
DW	60064	BA	60099	EE	60087	MO	60085
GT	60064	GH	60099	MB	60087	OM	60085
AT	60085	JF	60099	WS	60087	PA	60085
BS	60085	LK	60099	RB	60096	PJ	60085
CA	60085	MB	60099	BA	60099	PL	60085
CT	60085	RJ	60099	EO	60099	RG	60085
CW	60085	WF	60099	JF	60099	RJ	60085
CZ	60085	CB	60064	JW	60099	RP	60085

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
GR	60085	DW	60064	LJ	60099	SA	60085
GS	60085	MW	60064	LK	60099	SN	60085
IK	60085	RC	60064	LW	60099	ST	60085
JP	60085	ER	60069	MB	60099	TA	60085
KH	60085	JH	60083	RJ	60099	TC	60085
KM	60085	AB	60085	TB	60099	TL	60085
LP	60085	AT	60085	CB	60064	TT	60085
MC	60085	CA	60085	MW	60064	ZC	60085
MW	60085	CB	60085	RB	60064	ZJ	60085
PB	60085	CT	60085	ER	60069	AL	60087
PC	60085	CW	60085	JH	60083	BD	60087
PR	60085	CZ	60085	AM	60085	BM	60087
RB	60085	DD	60085	AS	60085	BR	60087
TM	60085	GR	60085	AT	60085	CJ	60087
CH	60087	IK	60085	BB	60085	CR	60087
JC	60087	KH	60085	CB	60085	DE	60087
JM	60087	KM	60085	CT	60085	EJ	60087
LA	60087	LP	60085	EC	60085	EM	60087
PM	60087	LT	60085	EH	60085	GT	60087
RC	60087	MC	60085	EW	60085	HA	60087
WS	60087	MM	60085	GG	60085	HJ	60087
DK	60099	PB	60085	GR	60085	HP	60087
DM	60099	PC	60085	IK	60085	MO	60087
RB	60099	PR	60085	JR	60085	MP	60087
RS	60099	RB	60085	KM	60085	SW	60087
WK	60099	RG	60085	LP	60085	WL	60087
		TM	60085	LT	60085	BR	60096
		TW	60085	MM	60085	GF	60096
		CH	60087	MO	60085	AB	60099
		JM	60087	PB	60085	BM	60099
		PH	60087	PR	60085	BR	60099
		PM	60087	RA	60085	CE	60099
		RC	60087	RB	60085	FD	60099
		WS	60087	SA	60085	FJ	60099
		DK	60099	JC	60087	JL	60099
		DM	60099	LA	60087	JR	60099
		FG	60099	OM	60087	KD	60099
		MG	60099	PM	60087	KL	60099
		RB	60099	RC	60087	KW	60099

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		RM	60099	DK	60099	MA	60099
		RS	60099	DM	60099	MD	60099
		WH	60099	FG	60099	OE	60099
		WK	60099	RB	60099	RE	60099
				RS	60099	RJ	60099
				WH	60099	SR	60099
				WK	60099	WE	60099

**ATTACHMENT 2
NEW PATIENTS**

Waukegan Renal Center	
Initials	Zip Code
ST	60031
AA	60064
EP	60064
JG	60064
AM	60085
AS	60085
BB	60085
CW	60085
EC	60085
EH	60085
HZ	60085
JC	60085
JE	60085
JH	60085
JM	60085
JR	60085
MO	60085
MW	60085
RA	60085
RB	60085
SA	60085
TR	60085
EE	60087
JC	60087
OM	60087
PS	60087
RP	60087
BS	60099
DM	60099
EM	60099
EO	60099
EW	60099
JR	60099
JS	60099
JW	60099
LJ	60099
MM	60099

Waukegan Renal Center	
Initials	Zip Code
SJ	60099
TB	60099

ATTACHMENT 3

Pre-ESRD Patients	
Zip Code	Patients
60002	3
60030	1
60031	2
60046	2
60064	5
60073	1
60083	1
60085	10
60087	6
60096	3
60099	7
Total	41

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

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard allows for a maximum of 7,920 to 11,440 gross square feet for 22 dialysis stations. The total gross square footage of the proposed dialysis facility is 8,980 gross square feet. The project is within the State standard for modernization.

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

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

Dr. Freeland anticipates all 96 current patients will transfer to the Replacement Facility. Although the Existing Facility has historically operated below capacity, this is a direct result of the poor physical plant conditions which will not exist at the Replacement Facility. Dr. Freeland is also currently treating 41 Stage-4 and Stage-5 CKD patients that reside in and around Waukegan. See Attachment – 15A. Approximately 60 percent of these patients (or 24 patients) reside within 10 minutes of the Replacement Facility. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 25 of Dr. Freeland's Stage-4 and Stage-5 CKD patients will require dialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months following project completion. This represents an 92% utilization rate, which exceeds the State's 80% standard.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
2010	ESRD	14,230	N/A	16,474	Not Met
2011	ESRD	13,909	N/A	16,474	Not Met
2012	ESRD	13,914	N/A	16,474	Not Met
2013 Annualized	ESRD	13,413	N/A	16,474	Not Met
2017	ESRD	N/A	18,876	16,474	Yes

Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

May 13, 2013

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

Dear Chairman Galassie:

I am a nephrologist in practice with Waukegan Dialysis Associates and am the medical director for Waukegan Renal Center. I am writing on behalf of Waukegan Dialysis Associates in support of DaVita HealthCare Partners Inc.'s ("DaVita") proposed relocation of Waukegan Renal Center. Specifically, DaVita proposes to relocate its existing dialysis facility approximately 1.6 miles to 3300-3400 Grand Avenue, Waukegan, Illinois in order to meet the growing need for dialysis services in Waukegan and surrounding communities.

The existing facility has been at the current location since 1997, before the current Life Safety Code standards were promulgated. The age and design of the facility puts it at risk for Medicare deficiencies. The facility is located on the first floor of a multi-tenant medical building, while the water treatment room is located in the basement. As a result, there is a risk that flooding issues may not be addressed in a timely manner. The facility design is also poor. The in-center hemodialysis treatment and the peritoneal dialysis treatment areas are in non-contiguous spaces. This results in frequent operational and logistical inefficiencies as staff may serve both areas. Further, physicians and staff must walk through the treatment floor to access the administrative offices. Access to the building can also be difficult for those patients who drive. Parking is not immediately adjacent to the building, requiring long walks for patients, and potential safety hazards. While my more able bodied patients drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

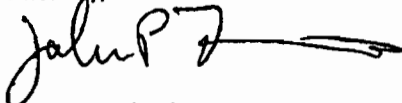
Waukegan Renal Center is currently treating 96 ESRD patients, as of April 30, 2013. All of the patients at the existing facility are expected to transfer to the new facility. A list of my practice's patients who have received care at Waukegan Renal Center over the past three years and most recent quarter is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis in the most recent year is provided at Attachment - 2.

Additionally, my practice is treating approximately 41 stage 4 and stage 5 pre-ESRD patients, 24 of whom reside within 10 minutes of the proposed facility. Based upon attrition due to patient death, transplant, or return of function, I anticipate that my practice will refer 25 of these pre-ESRD patients for in-center hemodialysis within the next 24 months. A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 3. Thus, approximately 121 patients will receive treatment at Waukegan Renal Center within 12 to 18 months following project completion.

I attest to the best of my belief that all of the information in this letter is true and correct and these patient referrals have not been used to support another pending or approved CON application.

I support the proposed relocation of Waukegan Renal Center.

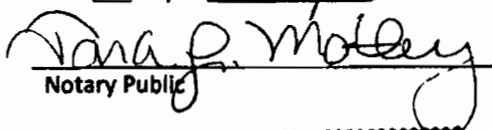
Sincerely,



John P. Freeland, M.D.
Nephrologist
Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

Subscribed and sworn to me

This 13th day of May, 2013


Notary Public

**ATTACHMENT 1
HISTORICAL UTILIZATION**

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
JB	60064	JB	60064	ST	60031	TS	60031
JT	60064	JT	60064	AA	60064	AA	60064
AH	60085	SA	60064	JG	60064	BR	60064
AL	60085	AL	60085	AL	60085	GJ	60064
AP	60085	AP	60085	AP	60085	GT	60064
EC	60085	AT	60085	AT	60085	MD	60064
GS	60085	CM	60085	CA	60085	TJ	60064
JA	60085	EC	60085	CM	60085	WM	60064
JH	60085	EH	60085	CZ	60085	AC	60085
JP	60085	JA	60085	EC	60085	AJ	60085
MO	60085	JH	60085	EH	60085	AR	60085
NS	60085	JP	60085	JA	60085	AS	60085
OF	60085	MO	60085	JC	60085	BB	60085
PG	60085	NS	60085	JE	60085	BC	60085
RG	60085	OF	60085	JH	60085	BP	60085
RH	60085	OM	60085	JM	60085	CE	60085
RK	60085	PC	60085	JP	60085	CJ	60085
RM	60085	PG	60085	MO	60085	CP	60085
DT	60087	RG	60085	NS	60085	GG	60085
RB	60096	RH	60085	OM	60085	GJ	60085
BA	60099	RM	60085	PC	60085	HE	60085
JF	60099	TS	60085	RG	60085	HJ	60085
LA	60099	TT	60085	RH	60085	HR	60085
LK	60099	DT	60087	TS	60085	KI	60085
MB	60099	ED	60087	TT	60085	LA	60085
WF	60099	LA	60087	ZH	60085	MC	60085
DD	60031	MB	60087	DB	60087	MJ	60085
CB	60064	RB	60096	ED	60087	MM	60085
DW	60064	BA	60099	EE	60087	MO	60085
GT	60064	GH	60099	MB	60087	OM	60085
AT	60085	JF	60099	WS	60087	PA	60085
BS	60085	LK	60099	RB	60096	PJ	60085
CA	60085	MB	60099	BA	60099	PL	60085
CT	60085	RJ	60099	EO	60099	RG	60085
CW	60085	WF	60099	JF	60099	RJ	60085
CZ	60085	CB	60064	JW	60099	RP	60085

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
GR	60085	DW	60064	LJ	60099	SA	60085
GS	60085	MW	60064	LK	60099	SN	60085
IK	60085	RC	60064	LW	60099	ST	60085
JP	60085	ER	60069	MB	60099	TA	60085
KH	60085	JH	60083	RJ	60099	TC	60085
KM	60085	AB	60085	TB	60099	TL	60085
LP	60085	AT	60085	CB	60064	TT	60085
MC	60085	CA	60085	MW	60064	ZC	60085
MW	60085	CB	60085	RB	60064	ZJ	60085
PB	60085	CT	60085	ER	60069	AL	60087
PC	60085	CW	60085	JH	60083	BD	60087
PR	60085	CZ	60085	AM	60085	BM	60087
RB	60085	DD	60085	AS	60085	BR	60087
TM	60085	GR	60085	AT	60085	CJ	60087
CH	60087	IK	60085	BB	60085	CR	60087
JC	60087	KH	60085	CB	60085	DE	60087
JM	60087	KM	60085	CT	60085	EJ	60087
LA	60087	LP	60085	EC	60085	EM	60087
PM	60087	LT	60085	EH	60085	GT	60087
RC	60087	MC	60085	EW	60085	HA	60087
WS	60087	MM	60085	GG	60085	HJ	60087
DK	60099	PB	60085	GR	60085	HP	60087
DM	60099	PC	60085	IK	60085	MO	60087
RB	60099	PR	60085	JR	60085	MP	60087
RS	60099	RB	60085	KM	60085	SW	60087
WK	60099	RG	60085	LP	60085	WL	60087
		TM	60085	LT	60085	BR	60096
		TW	60085	MM	60085	GF	60096
		CH	60087	MO	60085	AB	60099
		JM	60087	PB	60085	BM	60099
		PH	60087	PR	60085	BR	60099
		PM	60087	RA	60085	CE	60099
		RC	60087	RB	60085	FD	60099
		WS	60087	SA	60085	FJ	60099
		DK	60099	JC	60087	JL	60099
		DM	60099	LA	60087	JR	60099
		FG	60099	OM	60087	KD	60099
		MG	60099	PM	60087	KL	60099
		RB	60099	RC	60087	KW	60099

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		RM	60099	DK	60099	MA	60099
		RS	60099	DM	60099	MD	60099
		WH	60099	FG	60099	OE	60099
		WK	60099	RB	60099	RE	60099
				RS	60099	RJ	60099
				WH	60099	SR	60099
				WK	60099	WE	60099

**ATTACHMENT 2
NEW PATIENTS**

Waukegan Renal Center	
Initials	Zip Code
ST	60031
AA	60064
EP	60064
JG	60064
AM	60085
AS	60085
BB	60085
CW	60085
EC	60085
EH	60085
HZ	60085
JC	60085
JE	60085
JH	60085
JM	60085
JR	60085
MO	60085
MW	60085
RA	60085
RB	60085
SA	60085
TR	60085
EE	60087
JC	60087
OM	60087
PS	60087
RP	60087
BS	60099
DM	60099
EM	60099
EO	60099
EW	60099
JR	60099
JS	60099
JW	60099
LI	60099
MM	60099

Waukegan Renal Center	
Initials	Zip Code
SJ	60099
TB	60099

ATTACHMENT 3

Pre-ESRD Patients	
Zip Code	Patients
60002	3
60030	1
60031	2
60046	2
60064	5
60073	1
60083	1
60085	10
60087	6
60096	3
60099	7
Total	41

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

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

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

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

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

1. Planning Area Need

The Applicants propose to relocate its existing 22-station dialysis facility located at 1616 North Grand Avenue, Suite C, Waukegan, Illinois 60085 to a new 22-station dialysis facility at 3300-3400 Grand Avenue, Waukegan, IL 60085. The Existing Facility is suboptimal for both patients and staff. As the Applicants do not own the building, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modernized facility. DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The water treatment room is in the basement of the Existing Facility and uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency. Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety. Administrative offices cannot be accessed without walking through the treatment area creating infection control issues. There is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base. The facility is located within an existing multi-tenant building and is "landlocked." Due its size, the Existing Facility cannot accommodate future growth or expansion. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base.

Currently, the Existing Facility serves 96 ESRD patients. John Freeland, M.D., the Medical Director for Waukegan Renal Center, anticipates all 96 existing patients will transfer to the Replacement Facility. Furthermore, Dr. Freeland is currently treating 41 Stage-4 and Stage-5 CKD patients that reside in the area, with 24 patients residing within 10 minutes of the Replacement Facility. See Attachment - 26A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 25 of Dr. Freeland's Stage-4 and Stage-5 CKD patients will require dialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months of project completion. This represents a 92% utilization rate, which exceeds the State's 80% standard.

The relocation of Waukegan Renal Center is necessary to meet the dialysis needs of these patients, and will allow for an overall safer treatment environment for patients. See Attachment - 26A.

2. Service to Planning Area Residents

The primary purpose is to ensure the residents of Waukegan have access to life sustaining dialysis. As evidenced in the physician referral letter attached at Attachment – 26A, all current patients live and all of his pre-ESRD patients live in the service area.

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

Currently, the Existing Facility serves 96 ESRD patients, all of whom Dr. Freeland anticipates will transfer to the Replacement Facility. Furthermore, Dr. Freeland is currently treating 41 Stage-4 and Stage-5 CKD patients that reside in the area, with 24 patients residing within 10 minutes of the Replacement Facility. See Attachment – 26A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 25 of Dr. Freeland's Stage-4 and Stage-5 CKD patients will require dialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months following project completion. This represents a 92% utilization rate, which exceeds the State's 80% standard.

4. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to improve access to life-sustaining dialysis for residents of Waukegan. The Replacement Facility will be located closer to Skokie Highway and Interstate 94, which will provide better access to residents in Lake County. Further, the facility was built prior to promulgation of the current Life Safety Code standards, does not conform to DaVita's physical plant requirements and cannot accommodate future growth. Average utilization of existing facilities in the GSA is 68%. As such, the Replacement Facility, with potential room for expansion, will better accommodate current and future need for dialysis services and ensure dialysis services are accessible to residents of Waukegan.

Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

May 13, 2013

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

Dear Chairman Galassie:

I am a nephrologist in practice with Waukegan Dialysis Associates and am the medical director for Waukegan Renal Center. I am writing on behalf of Waukegan Dialysis Associates in support of DaVita HealthCare Partners Inc.'s ("DaVita") proposed relocation of Waukegan Renal Center. Specifically, DaVita proposes to relocate its existing dialysis facility approximately 1.6 miles to 3300-3400 Grand Avenue, Waukegan, Illinois in order to meet the growing need for dialysis services in Waukegan and surrounding communities.

The existing facility has been at the current location since 1997, before the current Life Safety Code standards were promulgated. The age and design of the facility puts it at risk for Medicare deficiencies. The facility is located on the first floor of a multi-tenant medical building, while the water treatment room is located in the basement. As a result, there is a risk that flooding issues may not be addressed in a timely manner. The facility design is also poor. The in-center hemodialysis treatment and the peritoneal dialysis treatment areas are in non-contiguous spaces. This results in frequent operational and logistical inefficiencies as staff may serve both areas. Further, physicians and staff must walk through the treatment floor to access the administrative offices. Access to the building can also be difficult for those patients who drive. Parking is not immediately adjacent to the building, requiring long walks for patients, and potential safety hazards. While my more able bodied patients drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

Waukegan Renal Center is currently treating 96 ESRD patients, as of April 30, 2013. All of the patients at the existing facility are expected to transfer to the new facility. A list of my practice's patients who have received care at Waukegan Renal Center over the past three years and most recent quarter is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis in the most recent year is provided at Attachment - 2.

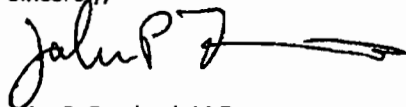
Additionally, my practice is treating approximately 41 stage 4 and stage 5 pre-ESRD patients, 24 of whom reside within 10 minutes of the proposed facility. Based upon attrition due to patient death, transplant, or return of function, I anticipate that my practice will refer 25 of these pre-ESRD patients for in-center hemodialysis within the next 24 months. A list of these pre-ESRD patients by zip code is attached hereto as Attachment - 3. Thus, approximately 121 patients will receive treatment at Waukegan Renal Center within 12 to 18 months following project completion.

I attest to the best of my belief that all of the information in this letter is true and correct and these patient referrals have not been used to support another pending or approved CON application.

Attachment - 26A

I support the proposed relocation of Waukegan Renal Center.

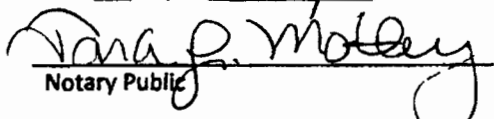
Sincerely,



John P. Freeland, M.D.
Nephrologist
Waukegan Dialysis Associates
1616 Grand Avenue, Suite A
Waukegan, Illinois 60085

Subscribed and sworn to me

This 3rd day of May, 2013


Notary Public

**ATTACHMENT 1
HISTORICAL UTILIZATION**

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
JB	60064	JB	60064	ST	60031	TS	60031
JT	60064	JT	60064	AA	60064	AA	60064
AH	60085	SA	60064	JG	60064	BR	60064
AL	60085	AL	60085	AL	60085	GJ	60064
AP	60085	AP	60085	AP	60085	GT	60064
EC	60085	AT	60085	AT	60085	MD	60064
GS	60085	CM	60085	CA	60085	TJ	60064
JA	60085	EC	60085	CM	60085	WM	60064
JH	60085	EH	60085	CZ	60085	AC	60085
JP	60085	JA	60085	EC	60085	AJ	60085
MO	60085	JH	60085	EH	60085	AR	60085
NS	60085	JP	60085	JA	60085	AS	60085
OF	60085	MO	60085	JC	60085	BB	60085
PG	60085	NS	60085	JE	60085	BC	60085
RG	60085	OF	60085	JH	60085	BP	60085
RH	60085	OM	60085	JM	60085	CE	60085
RK	60085	PC	60085	JP	60085	CJ	60085
RM	60085	PG	60085	MO	60085	CP	60085
DT	60087	RG	60085	NS	60085	GG	60085
RB	60096	RH	60085	OM	60085	GJ	60085
BA	60099	RM	60085	PC	60085	HE	60085
JF	60099	TS	60085	RG	60085	HJ	60085
LA	60099	TT	60085	RH	60085	HR	60085
LK	60099	DT	60087	TS	60085	KI	60085
MB	60099	ED	60087	TT	60085	LA	60085
WF	60099	LA	60087	ZH	60085	MC	60085
DD	60031	MB	60087	DB	60087	MJ	60085
CB	60064	RB	60096	ED	60087	MM	60085
DW	60064	BA	60099	EE	60087	MO	60085
GT	60064	GH	60099	MB	60087	OM	60085
AT	60085	JF	60099	WS	60087	PA	60085
BS	60085	LK	60099	RB	60096	PJ	60085
CA	60085	MB	60099	BA	60099	PL	60085
CT	60085	RJ	60099	EO	60099	RG	60085
CW	60085	WF	60099	JF	60099	RJ	60085
CZ	60085	CB	60064	JW	60099	RP	60085

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
GR	60085	DW	60064	LJ	60099	SA	60085
GS	60085	MW	60064	LK	60099	SN	60085
IK	60085	RC	60064	LW	60099	ST	60085
JP	60085	ER	60069	MB	60099	TA	60085
KH	60085	JH	60083	RJ	60099	TC	60085
KM	60085	AB	60085	TB	60099	TL	60085
LP	60085	AT	60085	CB	60064	TT	60085
MC	60085	CA	60085	MW	60064	ZC	60085
MW	60085	CB	60085	RB	60064	ZJ	60085
PB	60085	CT	60085	ER	60069	AL	60087
PC	60085	CW	60085	JH	60083	BD	60087
PR	60085	CZ	60085	AM	60085	BM	60087
RB	60085	DD	60085	AS	60085	BR	60087
TM	60085	GR	60085	AT	60085	CJ	60087
CH	60087	IK	60085	BB	60085	CR	60087
JC	60087	KH	60085	CB	60085	DE	60087
JM	60087	KM	60085	CT	60085	EJ	60087
LA	60087	LP	60085	EC	60085	EM	60087
PM	60087	LT	60085	EH	60085	GT	60087
RC	60087	MC	60085	EW	60085	HA	60087
WS	60087	MM	60085	GG	60085	HJ	60087
DK	60099	PB	60085	GR	60085	HP	60087
DM	60099	PC	60085	IK	60085	MO	60087
RB	60099	PR	60085	JR	60085	MP	60087
RS	60099	RB	60085	KM	60085	SW	60087
WK	60099	RG	60085	LP	60085	WL	60087
		TM	60085	LT	60085	BR	60096
		TW	60085	MM	60085	GF	60096
		CH	60087	MO	60085	AB	60099
		JM	60087	PB	60085	BM	60099
		PH	60087	PR	60085	BR	60099
		PM	60087	RA	60085	CE	60099
		RC	60087	RB	60085	FD	60099
		WS	60087	SA	60085	FJ	60099
		DK	60099	JC	60087	JL	60099
		DM	60099	LA	60087	JR	60099
		FG	60099	OM	60087	KD	60099
		MG	60099	PM	60087	KL	60099
		RB	60099	RC	60087	KW	60099

Waukegan Renal Center							
2010		2011		2012		1st Quarter 2013	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		RM	60099	DK	60099	MA	60099
		RS	60099	DM	60099	MD	60099
		WH	60099	FG	60099	OE	60099
		WK	60099	RB	60099	RE	60099
				RS	60099	RJ	60099
				WH	60099	SR	60099
				WK	60099	WE	60099

**ATTACHMENT 2
NEW PATIENTS**

Waukegan Renal Center	
Initials	Zip Code
ST	60031
AA	60064
EP	60064
JG	60064
AM	60085
AS	60085
BB	60085
CW	60085
EC	60085
EH	60085
HZ	60085
JC	60085
JE	60085
JH	60085
JM	60085
JR	60085
MO	60085
MW	60085
RA	60085
RB	60085
SA	60085
TR	60085
EE	60087
JC	60087
OM	60087
PS	60087
RP	60087
BS	60099
DM	60099
EM	60099
EO	60099
EW	60099
JR	60099
JS	60099
JW	60099
LJ	60099
MM	60099

Waukegan Renal Center	
Initials	Zip Code
SJ	60099
TB	60099

Attachment - 26A

ATTACHMENT 3

Pre-ESRD Patients	
Zip Code	Patients
60002	3
60030	1
60031	2
60046	2
60064	5
60073	1
60083	1
60085	10
60087	6
60096	3
60099	7
Total	41

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

1. Unnecessary Duplication

- a. The Replacement Facility will be located at 3300-3400 Grand Avenue, Waukegan, IL 60085. A map of the Waukegan Renal Center market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A) below.

Table 1110.1430 c (1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
Zip Code	City	Population
60089	BUFFALO GROVE	41,533
60090	WHEELING	37,633
60015	DEERFIELD	26,800
60062	NORTHBROOK	39,936
60035	HIGHLAND PARK	29,763
60093	WINNETKA	19,570
60022	GLENCOE	8,153
60084	WAUCONDA	16,771
60073	ROUND LAKE	60,002
60020	FOX LAKE	9,825
60041	INGLESIDE	9,250
60046	LAKE VILLA	35,111
60002	ANTIOCH	24,299
60047	LAKE ZURICH	41,669
60060	MUNDELEIN	37,189
60030	GRAYSLAKE	36,056
60061	VERNON HILLS	25,748
60069	LINCOLNSHIRE	8,384
60048	LIBERTYVILLE	29,095
60031	GURNEE	37,947
60083	WADSWORTH	9,838
60045	LAKE FOREST	20,925
60040	HIGHWOOD	5,431
60044	LAKE BLUFF	9,792
60064	NORTH CHICAGO	15,407
60088	GREAT LAKES	15,761

60085	WAUKEGAN	71,714
60087	WAUKEGAN	26,978
60099	ZION	31,104
60096	WINTHROP HARBOR	6,897
Total		788,581

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at http://factfinder.census.gov/home/saff/main.html?_lang=en (last visited May 15, 2013).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 66.7% of the State average, the average utilization of existing dialysis facilities within the GSA is 68.2%, 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 66.7% of the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population				
	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	788,581	161	1:4,898	Yes
State	12,830,632	3,930	1:3,265	

b. Historic Utilization of Existing Facilities

For the last year, the Existing Facility has operated near 75% utilization. Following relocation to a more accessible modern space, Dr. Freeland anticipates that he will refer approximately 25 of his pre-ESRD patient-base to the Replacement Facility. As a result, the facility will achieve target utilization within 24 months. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services.

c. Sufficient Population to Achieve Target Utilization

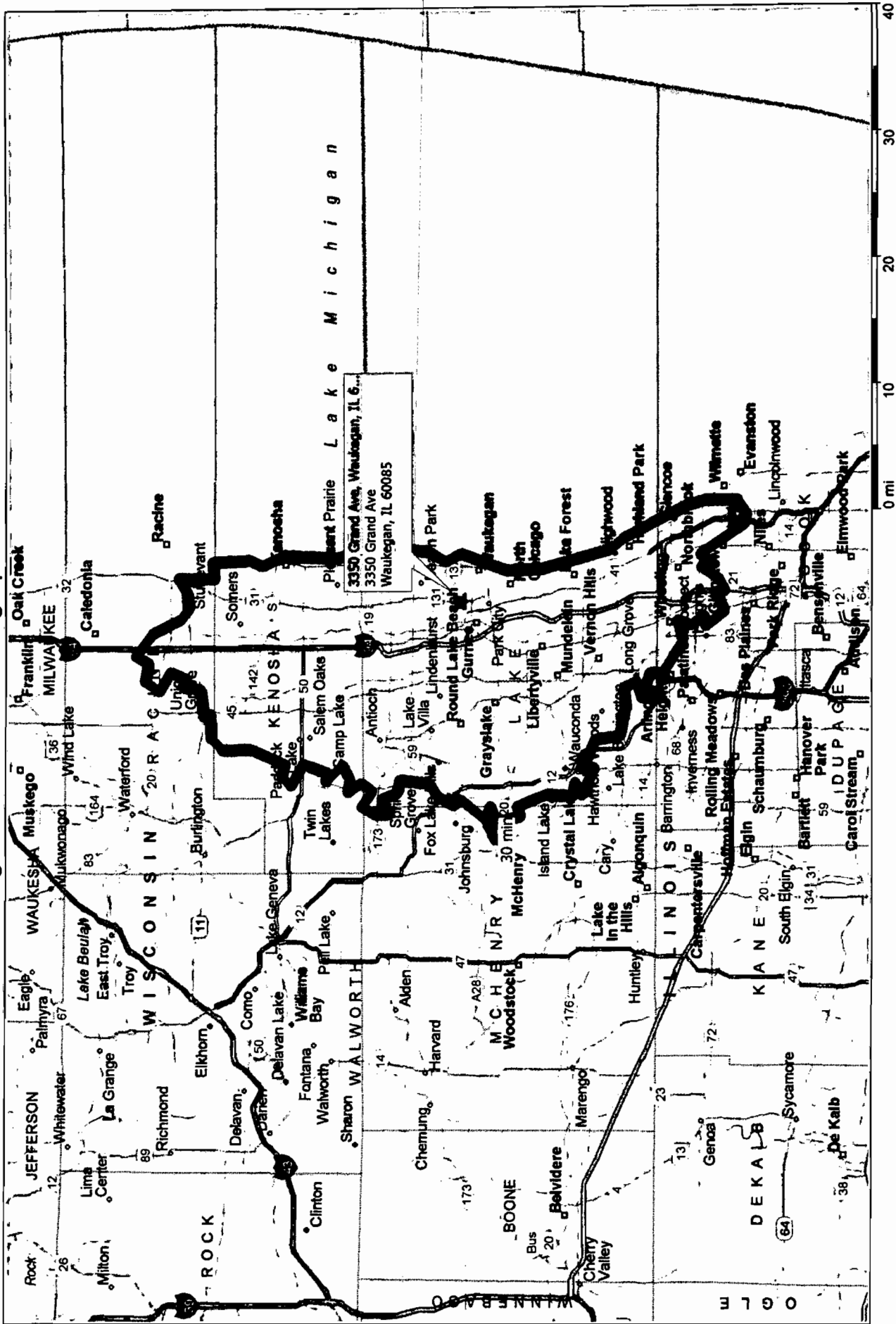
The Applicants propose to relocate their existing 22-station facility. The Existing Facility currently treats 96 patients. To achieve the State Board's 80% utilization standard within the first two years after project completion, the Applicants would need 10 patient referrals. As stated in Attachment – 26A, Dr. Freeland anticipates referring 25 pre-ESRD patients to the Replacement Facility within 12 to 18 months of project completion.

Accordingly, there is sufficient population to achieve target occupancy.

3. Impact to Other Providers

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

Waukegan Renal Center Geographic Service Area



End Stage Renal Disease Facility	Address	City	County	Zip	HSA	Distance (miles)	Drive Time		3/31/2013 Stations	3/31/2013 Patients	3/31/2013 Utilization
							(minutes)	(minutes)			
Waukegan Renal Center	1616 Grand Avenue	Waukegan	Lake	60085	8	1.52	4	4.6	22	94	71.21%
Fresenius Medical Care Mundelein	1402 Townline Road	Mundelein	Lake	60060	8	15.8	24	27.6	12	20	27.78%
Fresenius Medical Care of Antioch	311 West Depot St.	Antioch	Lake	60002	8	16.74	26	29.9	12	46	63.89%
FMC Waukegan Harbor	110 N. West Street	Waukegan	Lake	60085	8	2.68	7	8.05	21	45	35.71%
Fresenius Medical Care of Lake Bluff	101 Waukegan Rd	Lake Bluff	Lake	60044	8	7.87	12	13.8	16	81	84.38%
Highland Park Hospital Dialysis Unit	777 Park Avenue West	Highland Park	Lake	60035	8	15.07	22	25.3	20	95	79.17%
FMC - Round Lake	401 Nippersink Avenue	Round Lake	Lake	60073	8	12.73	23	26.45	16	80	83.33%
FMC - Gurnee	101 S Greenleaf St	Gurnee	Lake	60031	8	2.27	4	4.6	14	83	98.81%
Lake Villa Dialysis	37809 North IL Route 59	Lake Villa	Lake	60046	8	13.78	26	29.9	12	36	50.00%
Lake County Dialysis	565 Lakeview Parkway, Suite 176	Vernon Hills	Lake	60061	8	14.64	22	25.3	16	84	87.50%
TOTAL:									161	664	
AVG:									16.1	66.4	68.18%

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: John P. Freeland, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Freeland's curriculum vitae is attached at Attachment – 26D.
 - b. As discussed throughout this application, the Applicants seek authority to relocate their existing 22-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be trained under the direction of the facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26E.
3. As set forth in the letter from James Hilger, Chief Accounting Officer of DaVita and ISD Renal, Inc., attached at Attachment – 26F, the Replacement Facility will maintain an open medical staff.

CURRICULUM VITAE**John P. Freeland, M.D.****Date of Birth: May 18, 1935**

College	Johns Hopkins University Baltimore, Maryland	September 1953 to June 1956
Medical	Baylor University College of Medicine Houston, Texas	September 1957 to May 1961
Internship	Minneapolis General Hospital Minneapolis, Minnesota	July 1961 to June 1962
Graduate Education	Cleveland Metropolitan General Hospital Cleveland, Ohio Assistant Resident Senior Assistant Resident Chief Resident	July 1962-June 1963 July 1963-June 1964 July 1964-June 1965
Certified	American Board of Internal Medicine Subspecialty Board in Nephrology Re-certified in Internal Medicine Advanced Achievement Internal Medicine	June 14, 1968 October 17, 1972 October 26, 1974 October 25, 1980 and May 16, 1987
Academic Appointments Past and Present	Western Reserve University Presbyterian-St. Lukes Hospital Adjunct Physician University of Illinois School of Medicine Instructor in Medicine University of Illinois Abraham Lincoln School of Medicine Clinical Associate Professor of Medicine University of Illinois Hospital Director, Nephrology Clinic	July 1964-June 1965 July 1965 to date July 1966-June 1969 1969 to 1978 1967 to 1978
Society Memberships	American College of Physicians American Society of Nephrology American Trauma Society	

CURRICULUM VITAE

John P. Freeland, M.D.

Project Medical Director MICU System, Victory Memorial Hospital
Waukegan, Illinois

Director Renal Care Group Dialysis Unit - JSI
Waukegan, Illinois

State of Illinois License #36-38789

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.

Property of DaVita Inc.

Origination Date: 1995

Revision Date: Dec 2007, Sept 2011

Confidential and Copyrighted ©2011

Page 3 of 29

TR1-01-02

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 James Hilger, Chief Accounting Officer of DaVita and ISD Renal, 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.

March 26, 2013

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

Re: Certification of Support Services

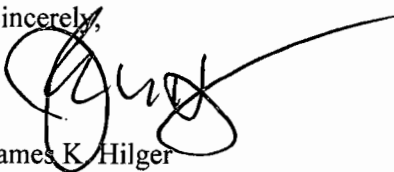
Dear Chairman Galassie:

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 Waukegan Renal Center will maintain an open medical staff.

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

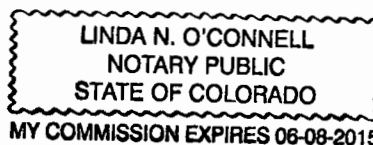
- DaVita utilizes an dialysis electronic data system;
- Waukegan Renal Center will have available all needed support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area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

Sincerely,


James K. Hilger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Linda N. O'Connell
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 22-station dialysis facility. Accordingly, this criterion is met.

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

Included at Attachment – 26G is a copy of an agreement from Northwestern Lake Forest Hospital agreeing to accept the Applicants' ESRD patients for inpatient care and other hospital services when needed.



TRANSFER AGREEMENT

This Transfer Agreement ("Agreement") is entered into as of February 10, 2012 ("Effective Date") by and between Northwestern Lake Forest 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 Chicago metropolitan area (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 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 and reference lab tissue typing) 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 Lake Forest Hospital 660 N. Westmoreland Road
------------------------	---

Lake Forest, Illinois 60045
Attention: President

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

To Transferring Provider: Total Renal Care, Inc, Skyline Region I
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 a thirty (30) mile radius of the Receiving Hospital 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.

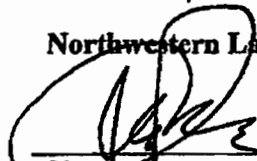
- 7.8 **Non-discrimination.** Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability while acting pursuant to this Agreement.
- 7.9 **Severability.** If any provision of this Agreement, or the application thereof to any 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.

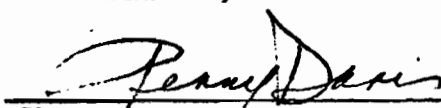
[remainder of page intentionally left blank]

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

Northwestern Lake Forest Hospital

Total Renal Care, Inc.


Signature MICHAEL ANKIN


Signature

VICE PRES MEDICAL AFFAIRS
Title

DIV. VICE PRESIDENT.
Title

LMO 2/10/2012 2/16/12

REVIEWED AND APPROVED
BY THE OFFICE OF
GENERAL COUNSEL

2/16/12

BY Eric M. Keisler

APPROVED AS TO FORM ONLY:

By: _____
Marcie Marcus Damisch
Its: Group General Counsel

Exhibit A
Transferring Provider Dialysis Facilities

Buffalo Grove Dialysis
1291 W. Dundee Road
Buffalo Grove, IL 60089

Dialysis Center of America
1616 North Grand Avenue
Waukegan, IL 60085

Lake County Dialysis
918 South Milwaukee Avenue
Libertyville, IL 60048

Lake Villa Dialysis
37809 N. Route 59
Lake Villa, IL 60046

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

1. Currently, the Existing Facility serves 96 ESRD patients. John Freeland, M.D., the Medical Director for Waukegan Renal Center, anticipates all 96 existing patients will transfer to the Replacement Facility. Furthermore, Dr. Freeland is currently treating 41 Stage-4 and Stage-5 CKD patients that reside in the area, with 24 patients residing within 10 minutes of the Replacement Facility. See Attachment – 26A. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 25 of Dr. Freeland's Stage-4 and Stage-5 CKD patients will require dialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months following project completion. This represents a 92% utilization rate, which exceeds the State's 80% standard.
2. DaVita acquired the Existing Facility as part of a larger transaction and was identified as a facility in need of relocation. The Existing Facility currently houses 22 stations in approximately 5,725 GSF, or approximately 260 GSF per station, which is one-half the size allowed under the Board's rules. The size and design of the facility creates operational and logistical inefficiencies and does not comply with DaVita's physical plant requirements. Further, the prior operator did not build the facility in accordance with current Life Safety Code standards because it was built before the Life Safety Code standards were promulgated. The water treatment room is in the basement of the Existing Facility and uses a sewage ejector system to pump out the water used on the treatment floor, one story above. This set up does not conform to DaVita standards of operation due to the system's potential to fail and the resultant flooding that, should it occur, may not be immediately noticed. Two services are provided at the Existing Facility and are operated in non-contiguous spaces. Even though these are separate services, physicians and staff may serve patients in both areas. Therefore, having contiguous suites is important to improving overall operational efficiency. Additionally, the patient treatment floor configuration prohibits the viewing of all patients from the nursing station, resulting in an overall concern for patient safety. Administrative offices cannot be accessed without walking through the treatment area creating infection control issues. There is also only a partial sprinkler system for the building and the egresses do not meet current ADA standards. The Existing Facility does not have direct exits to the outside, so patients, visitors and staff must use common building exits from the first floor, which has only one ADA compliant exit. Parking is not immediately adjacent to the building and there is no dedicated drop off, requiring long walks for patients, and potential safety hazards. While only the more able bodied patients are able to drive themselves to and from treatment, this is especially problematic during periods of inclement weather.

The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation. The facility is located within an existing multi-tenant building and is "landlocked." Due its size, the Existing Facility cannot accommodate future growth or expansion. Thus, the Applicants decided to relocate to a modern facility with an updated functional design, space to expand to address the growing need for dialysis services in the community, and more accommodating parking to better address its patients' needs and improve access to a broader patient-base.

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

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

March 26, 2013

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

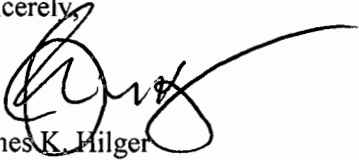
Re: In-Center Hemodialysis Assurances

Dear Chairman Galassie:

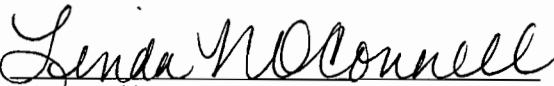
Pursuant to 77 Ill. Admin. Code § 1110.1430(j), I hereby certify the following:

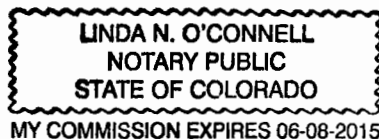
- By the second year after project completion, Waukegan Renal Center expects to achieve and maintain 80% target utilization; and
- Waukegan Renal Center also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population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

Sincerely,


James K. Hilger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Linda N. O'Connell
Notary Public



Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with National Shopping Plazas, Inc. A copy of DaVita's 2012 10-K Statement evidencing sufficient internal resources to fund the project was submitted to the HFSRB on May 21, 2013.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2012 10-K Statement evidencing sufficient internal resources to fund the project was previously to the HFSRB on May 21, 2013.

Section X, Economic Feasibility Review Criteria

Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 42A is a letter from James Hilger, Chief Accounting Officer of DaVita and ISD Renal, Inc. attesting that the total estimated project costs will be funded entirely with cash.

March 26, 2013

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

Re: Reasonableness of Financing Arrangements

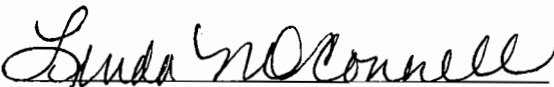
Dear Chairman Galassie:

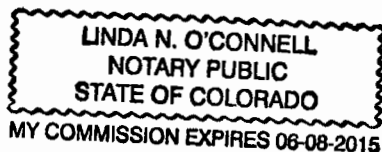
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,


James K. Hinger
Chief Accounting Officer
DaVita HealthCare Partners Inc.

Subscribed and sworn to me
This 26 day of March, 2013


Linda N. O'Connell
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 1120.310(c), Reasonableness of Project and Related Costs

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

Table 1120.310(c)									
COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	\$152.78		8,980					\$1,372,000	\$1,372,000
Contingency	\$14.48		8,980					\$130,000	\$130,000
TOTALS	\$167.26		8,980					\$1,502,000	\$1,502,000
* 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 and Contingencies	\$1,502,000	\$173.14 per gross square foot x 8,980 gross square feet = \$1,554,797	Below State Standard
Contingencies	\$130,000	10% of New Construction Costs = 10% x \$1,372,000 = \$137,200	Below State Standard
Architectural/Engineering Fees	\$102,500	6.65 – 9.99% x (Construction Costs + Contingencies) = 6.65 – 9.99% x (\$1,372,000 + \$130,000) = 6.65 – 9.99% x \$1,502,000 = \$99,883 – \$150,050	Below State Standard
Consulting and Other Fees	\$75,000	No State Standard	No State Standard
Moveable Equipment	\$410,644	\$39,945 per station \$39,945 x 22 = \$878,790	Below State Standard

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

Operating Expenses: \$4,199,185

Treatments: 18,876

Operating Expense per Treatment: \$222.46

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

Capital Costs

Depreciation:	\$263,725
Amortization:	\$9,411
Total Capital Costs:	\$273,136

Treatments: 18,876

Capital Costs per Treatment: \$14.47

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 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 between 2010 - 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. The Existing Facility is currently treating 96 ESRD patients and all 96 current patients will transfer to the Replacement Facility. Further, Dr. Freeland has identified 25 CKD patients that would likely be referred for in-center hemodialysis within the next 24 months. Thus, approximately 121 patients will receive treatment at the Replacement Facility within 12 to 18 months of project completion. This represents a 92% utilization rate, which exceeds the State's 80% standard. Accordingly, the Replacement Facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the relocation of Waukegan Renal Center just 1.6 miles from its current location. Patients currently treated at Waukegan Renal Center will receive treatment at the new facility. As such, the discontinuation of service at the current location will not negatively impact the safety net.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2010	2011	2012
Charity (# of patients)	66	96	152
Charity (cost in dollars)	\$957,867	\$830,580	\$1,199,657
MEDICAID			
	2010	2011	2012
Medicaid (# of patients)	563	729	651
Medicaid (revenue)	\$10,447,021	\$14,585,645	\$11,387,229

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			
	2010	2011	2012
Net Patient Revenue	\$161,884,078	\$219,396,657	\$228,403,979
Amount of Charity Care (charges)	\$957,867	\$830,580	\$1,199,657
Cost of Charity Care	\$957,867	\$830,580	\$1,199,657

Appendix 1 – Time & Distance Determination: Discontinuation

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

End Stage Renal Disease Facility	Address	City	County	Zip	HSA	Distance (miles)	Drive Time (minutes)	Adjusted Drive Time (x1.15)
FMC - Deerfield	405 Lake Cook Road	Deerfield	Cook	60015	7	21.25	32	36.8
Waukegan Renal Center	1616 Grand Avenue	Waukegan	Lake	60085	8	0	0	0
Fresenius Medical Care Mundelein	1402 Townline Road	Mundelein	Lake	60060	8	17.05	28	32.2
Fresenius Medical Care of Antioch	311 West Depot St.	Antioch	Lake	60002	8	18.26	30	34.5
FMC Waukegan Harbor	110 N. West Street	Waukegan	Lake	60085	8	1.16	3	3.45
Fresenius Medical Care of Lake Bluff	101 Waukegan Rd	Lake Bluff	Lake	60044	8	9.28	16	18.4
Highland Park Hospital Dialysis Unit	777 Park Avenue West	Highland Park	Lake	60035	8	16.58	26	29.9
FMC - Round Lake	401 Nippersink Avenue	Round Lake	Lake	60073	8	13.98	27	31.05
FMC - Gurnee	101 Greenleaf	Gurnee	Lake	60031	8	3.29	8	9.2
FMC - Skokie	9801 Woods Drive	Skokie	Cook	60076	7	25.84	37	42.55
Lake Villa Dialysis	37809 North IL Route 59	Lake Villa	Lake	60046	8	15.29	30	34.5
Satellite Dialysis - Glenview	2601 Compass Road, Suite 145	Glenview	Cook	60026	7	26.18	39	44.85
Lake County Dialysis	565 Lakeview Parkway, Suite 176	Vernon Hills	Lake	60061	8	15.89	26	29.9
Wellbound of Evanston, LLC	8950 Gross Point Road	Skokie	Cook	60077	7	27.75	39	44.85



Notes

FMC DEERFIELD

Trip to:

405 Lake Cook Rd
Deerfield, IL 60015-4993
21.25 miles / 32 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600



1. Start out going **west** on **Grand Ave** toward **Lorraine Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 3rd **left** onto **Lewis Ave**. [Map](#)

1.3 Mi

Lewis Ave is just past N Elmwood Ave

1.5 Mi Total

In & Out Submarines is on the left

If you reach Westmoreland Ave you've gone a little too far



3. Turn **right** onto **Belvidere St / IL-120**. [Continue](#) to follow **IL-120 W**. [Map](#)

3.5 Mi

IL-120 W is just past Dodge Ave

5.1 Mi Total

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



4. Merge onto **I-94 E** toward **Indiana** (Portions toll). [Map](#)

13.8 Mi

18.9 Mi Total



5. Take the **Lake-Cook Road** exit. [Map](#)

0.4 Mi

19.4 Mi Total



6. Keep **left** to take the ramp toward **Deerfield**. [Map](#)

0.05 Mi

19.4 Mi Total



7. Turn **left** onto **Lake Cook Rd**. [Map](#)

1.9 Mi

21.3 Mi Total



8. **405 LAKE COOK RD** is on the **right**. [Map](#)

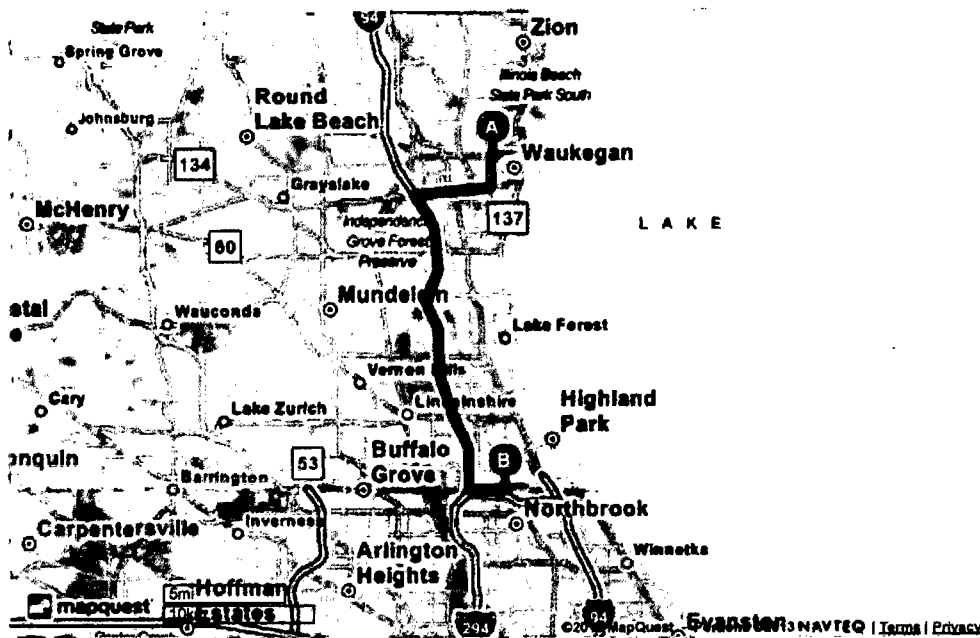
Your destination is 0.3 miles past Deerlake Rd

If you reach S Waukegan Rd you've gone about 0.1 miles too far



405 Lake Cook Rd, Deerfield, IL 60015-4993

Total Travel Estimate: 21.25 miles - about 32 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

FMC Mundelein

Trip to:

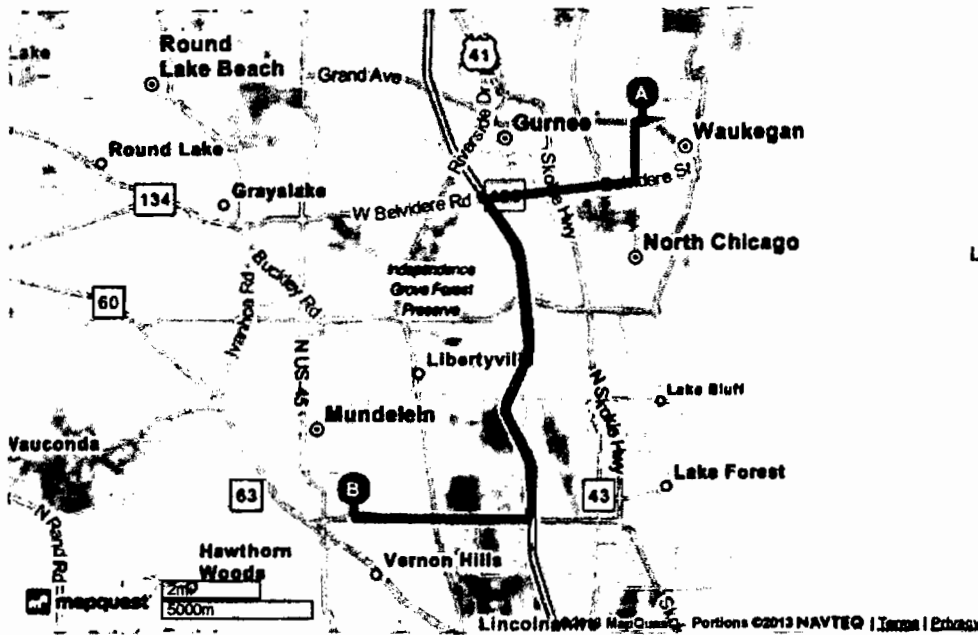
1402 Townline Rd
Mundelein, IL 60060-4433
17.05 miles / 28 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

-  1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#) 0.2 Mi
0.2 Mi Total
-  2. Take the 3rd left onto Lewis Ave. [Map](#) 1.3 Mi
Lewis Ave is just past N Elmwood Ave
In & Out Submarines is on the left
If you reach Westmoreland Ave you've gone a little too far 1.5 Mi Total
-  3. Turn right onto Belvidere St / IL-120. [Continue](#) to follow IL-120 W. [Map](#) 3.5 Mi
IL-120 W is just past Dodge Ave
If you reach W Dugdale Rd you've gone about 0.4 miles too far 5.1 Mi Total
-  4. Merge onto I-94 E toward Indiana (Portions toll). [Map](#) 7.7 Mi
12.8 Mi Total
-  5. Take the IL-60 / Town Line Rd exit. [Map](#) 0.3 Mi
13.1 Mi Total
-  6. Turn right onto IL-60 / Townline Rd. [Map](#) 3.9 Mi
17.0 Mi Total
-  7. 1402 TOWNLINE RD is on the right. [Map](#)
Your destination is 0.1 miles past S Butterfield Rd
If you reach McCormick Ave you've gone about 0.1 miles too far

B 1402 Townline Rd, Mundelein, IL 60060-4433

Total Travel Estimate: 17.05 miles - about 28 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

FMC Antioch

Trip to:

311 W Depot St

Antioch, IL 60002-1500

18.26 miles / 30 minutes



1616 Grand Ave, Waukegan, IL 60085-3600



1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#)

2.3 Mi

2.3 Mi Total



2. Merge onto US-41 N. [Map](#)

7.7 Mi

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

9.9 Mi Total



3. Turn left onto IL-173 / Rosecrans Rd. [Continue](#) to follow IL-173. [Map](#)

7.6 Mi

STATELINE CITGO is on the corner

17.5 Mi Total



4. Turn right onto IL-83 / Main St. [Map](#)

0.6 Mi

IL-83 is 0.3 miles past McMillen Rd

The Squire Restaurant is on the right

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

18.1 Mi Total



5. Turn right onto Orchard St. [Map](#)

0.2 Mi

Orchard St is 0.1 miles past Lake St

P M & L Theatre is on the right

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

18.2 Mi Total



6. Orchard St becomes W Depot St. [Map](#)

0.03 Mi

18.3 Mi Total



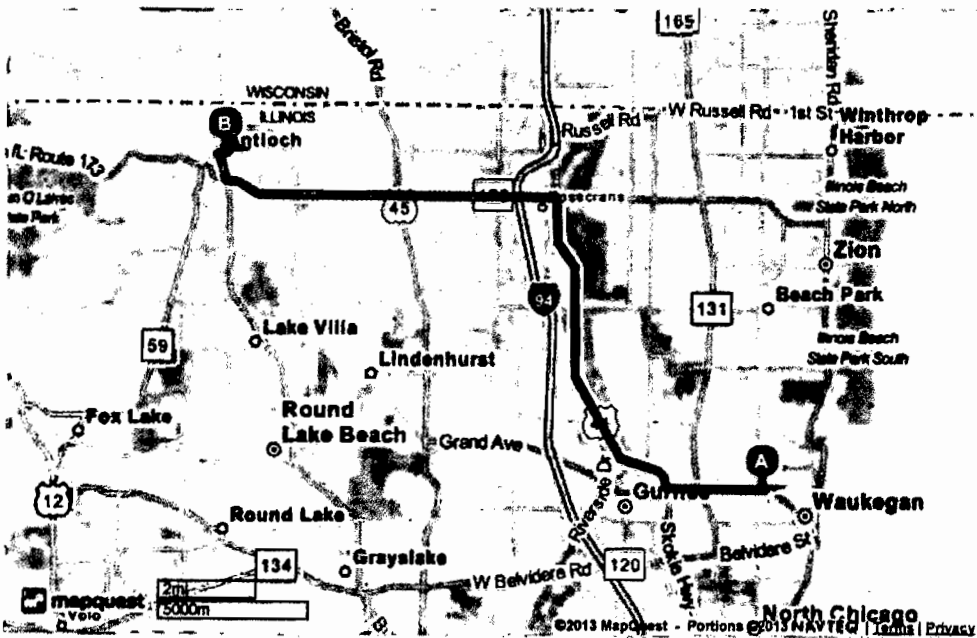
7. 311 W DEPOT ST is on the left. [Map](#)

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



311 W Depot St, Antioch, IL 60002-1500

Total Travel Estimate: 18.26 miles - about 30 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

Trip to:

110 N West St

Waukegan, IL 60085-4330

1.16 miles / 3 minutes

FMC - WAUKEGAN HARBOR

A 1616 Grand Ave, Waukegan, IL 60085-3600



1. Start out going east on Grand Ave toward Judge Ave. [Map](#)

1.0 Mi

1.0 Mi Total



2. Turn right onto N West St. [Map](#)

0.2 Mi

N West St is just past Sherman Pl

1.2 Mi Total

If you reach N Martin Luther King Jr Ave you've gone a little too far



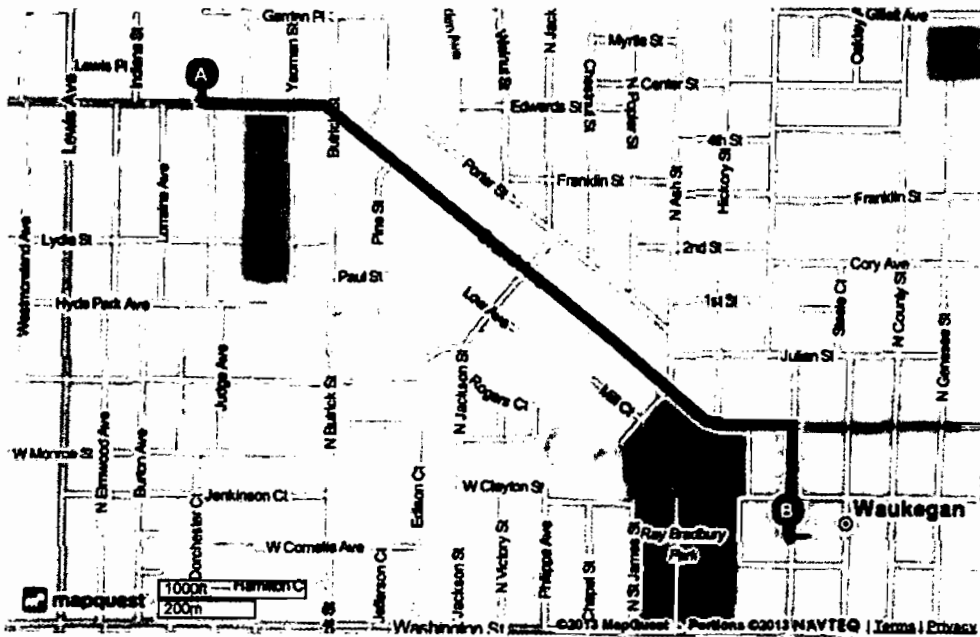
3. 110 N WEST ST is on the right. [Map](#)

Your destination is just past W Clayton St

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

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

Total Travel Estimate: 1.16 miles - about 3 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

FMC Lake Bluff

Trip to:

101 Waukegan Road

Lake Bluff, IL 60044

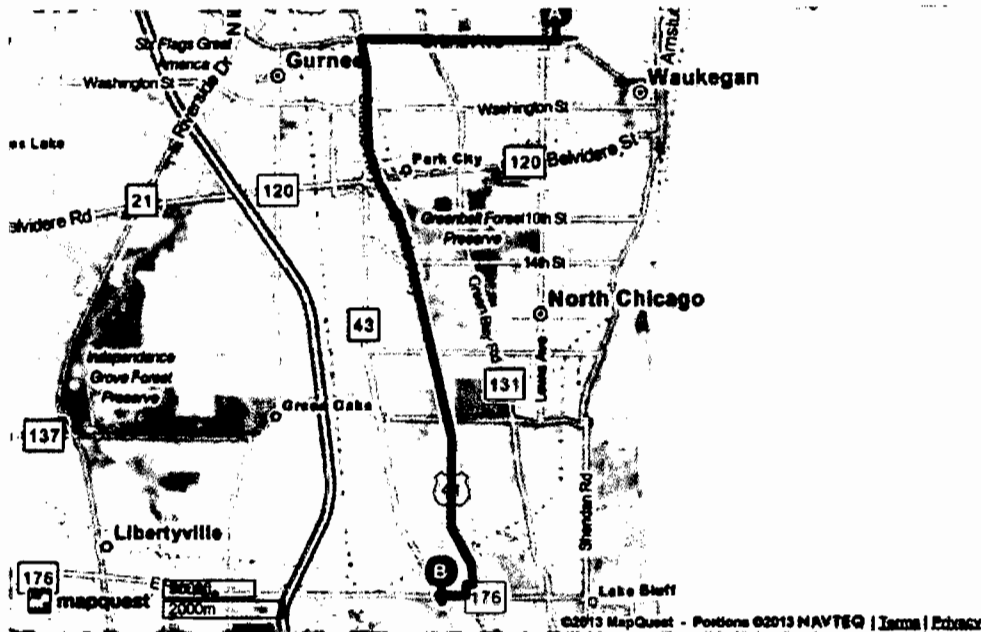
9.28 miles / 16 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

-  1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#) 2.3 Mi
2.3 Mi Total
-  2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#) 6.4 Mi
8.7 Mi Total
If you reach Greenview St you've gone a little too far
-  3. Turn right onto W Washington Ave. [Map](#) 0.08 Mi
8.8 Mi Total
W Washington Ave is 0.6 miles past Northern Ave
Post Office-Lake Bluff is on the corner
If you reach Gage Ln you've gone about 1.3 miles too far
-  4. W Washington Ave becomes Shagbark Rd. [Map](#) 0.1 Mi
8.9 Mi Total
-  5. Turn right onto Rockland Rd / IL-176. [Map](#) 0.3 Mi
9.2 Mi Total
Lakehouse is on the right
-  6. Take the 1st left onto N Waukegan Rd / IL-43 / Waukegan Rd. [Map](#) 0.08 MI
9.3 Mi Total
N Waukegan Rd is 0.1 miles past Thorntree Rd
Scooters is on the corner
If you reach Adelphia Ave you've gone about 0.1 miles too far
-  7. 101 WAUKEGAN ROAD. [Map](#)

B 101 Waukegan Road, Lake Bluff, IL 60044

Total Travel Estimate: 9.28 miles - about 16 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

Highland Park Hospital *DIALYSIS UNIT*

Trip to:

777 Park Ave W

Highland Park, IL 60035-2433

16.58 miles / 26 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#) **2.3 Mi**
2.3 Mi Total

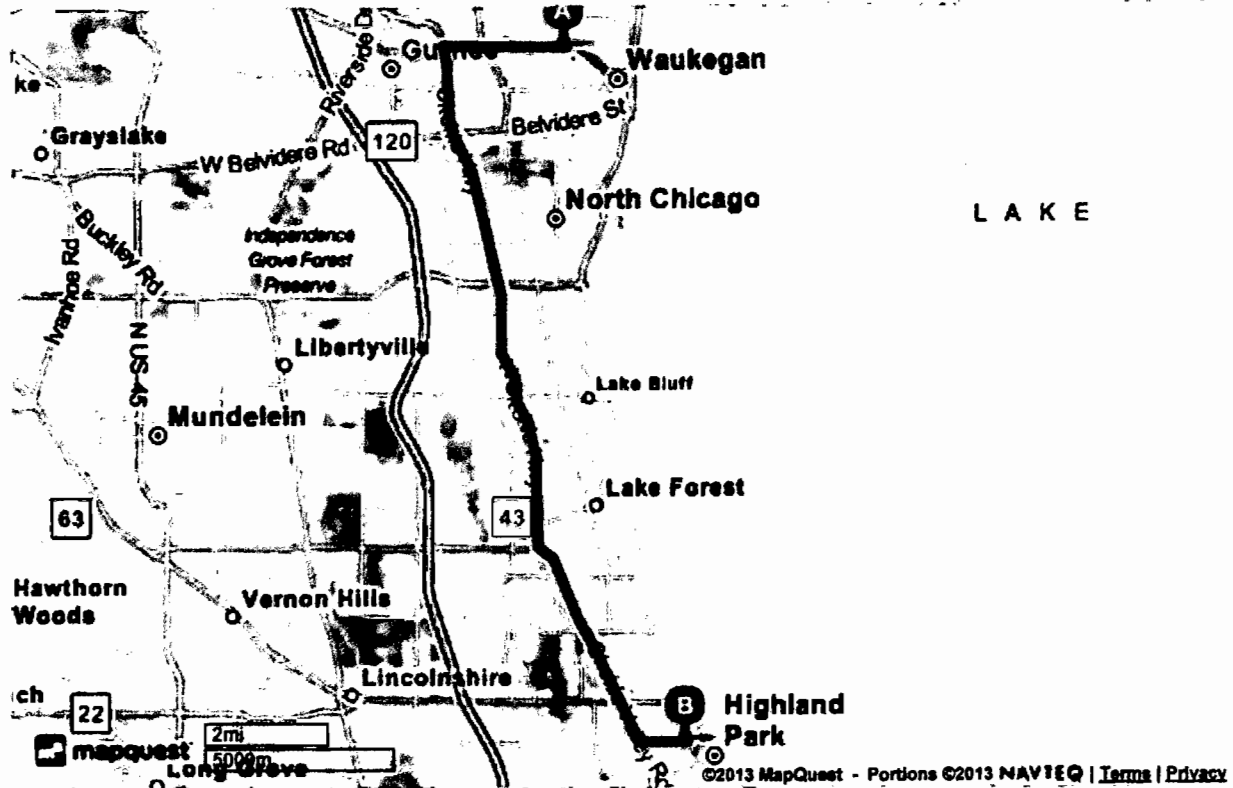
  2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#) **13.4 Mi**
If you reach Greenview St you've gone a little too far **15.7 Mi Total**

 3. Turn left onto Park Ave W. [Map](#) **0.9 Mi**
Park Ave W is 0.8 miles past IL-22
SHELL is on the left **16.6 Mi Total**

 4. **777 PARK AVE W** is on the left. [Map](#)
Your destination is 0.2 miles past Beverly Pl
If you reach Midlothian Ave you've gone about 0.1 miles too far

B 777 Park Ave W, Highland Park, IL 60035-2433

Total Travel Estimate: 16.58 miles - about 26 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

FMC - Roundlake

Trip to:

401 Nippersink Ave

Round Lake, IL 60073-3280

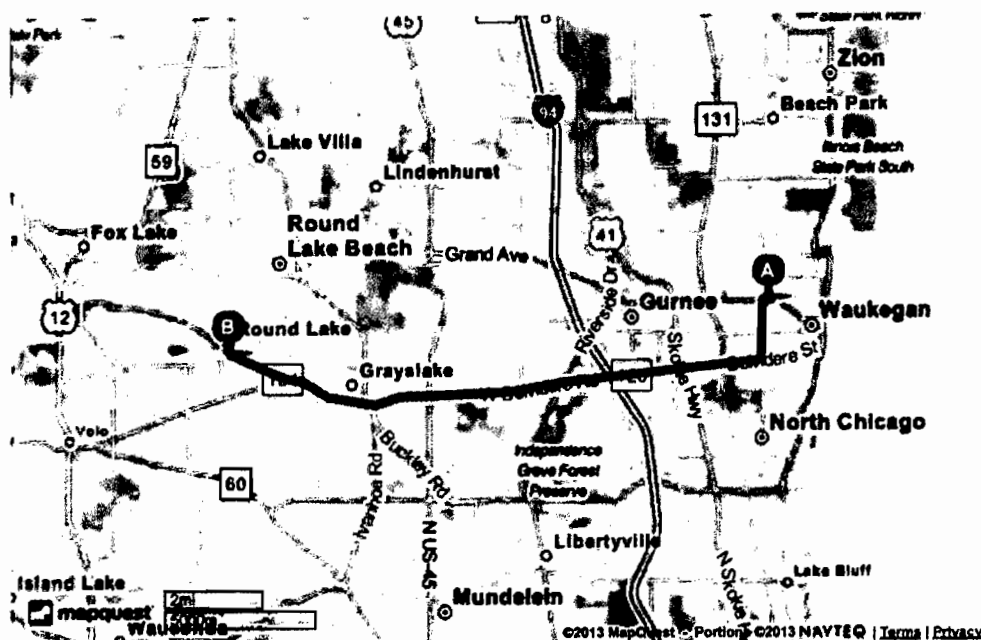
13.98 miles / 27 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

1.  Start out going west on Grand Ave toward Lorraine Ave. [Map](#) 0.2 Mi
0.2 Mi Total
2.  Take the 3rd left onto Lewis Ave. [Map](#) 1.3 Mi
Lewis Ave is just past N Elmwood Ave
In & Out Submarines is on the left
If you reach Westmoreland Ave you've gone a little too far 1.5 Mi Total
3.  Turn right onto Belvidere St / IL-120. Continue to follow IL-120 W. [Map](#) 11.1 Mi
IL-120 W is just past Dodge Ave
If you reach W Dugdale Rd you've gone about 0.4 miles too far 12.6 Mi Total
4.  Stay straight to go onto IL-134 W / Main St. [Continue](#) to follow IL-134 W. [Map](#) 1.3 Mi
13.9 Mi Total
5.  Turn slight left onto Nippersink Ave. [Map](#) 0.05 Mi
Nippersink Ave is just past Orchard St
ROUND LAKE BP is on the corner 14.0 Mi Total
6.  401 NIPPERSINK AVE is on the left. [Map](#)
Your destination is just past Lincoln Ave
If you reach Cedar Lake Rd you've gone a little too far

B 401 Nippersink Ave, Round Lake, IL 60073-3280

Total Travel Estimate: 13.98 miles - about 27 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



51 Year Old Woman Looks 27
Attn Chicago: Mom Publishes Free Face-Lift Secret that ha...
[Read More...](#)



TOP STORY: The E-Cig Exposed
ATTN Chicago: Do Not Smoke E-Cigs until you read this Shockin...
[Read More...](#)



Frenzy Over New Diet Pill
Doctors are calling this new diet pill, the newest, fastest,...
Garcinia Cambogia

Trust Rating
94%
mapquest.com



Notes
FMC - Gurnee

Trip to:

101 S Greenleaf St

Gurnee, IL 60031-3369

3.29 miles / 8 minutes



1616 Grand Ave, Waukegan, IL 60085-3600



1. Start out going **west** on **Grand Ave** toward **Lorraine Ave**. Map

0.2 Mi

0.2 Mi Total



2. Take the 3rd **left** onto **Lewis Ave**. Map

0.7 Mi

0.9 Mi Total

Lewis Ave is just past N Elmwood Ave

In & Out Submarines is on the left

If you reach Westmoreland Ave you've gone a little too far



3. Turn **right** onto **Washington St**. Map

2.4 Mi

3.3 Mi Total

Washington St is 0.1 miles past Jenkinson Ct

Mobil is on the corner

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



4. **101 S GREENLEAF ST**. Map

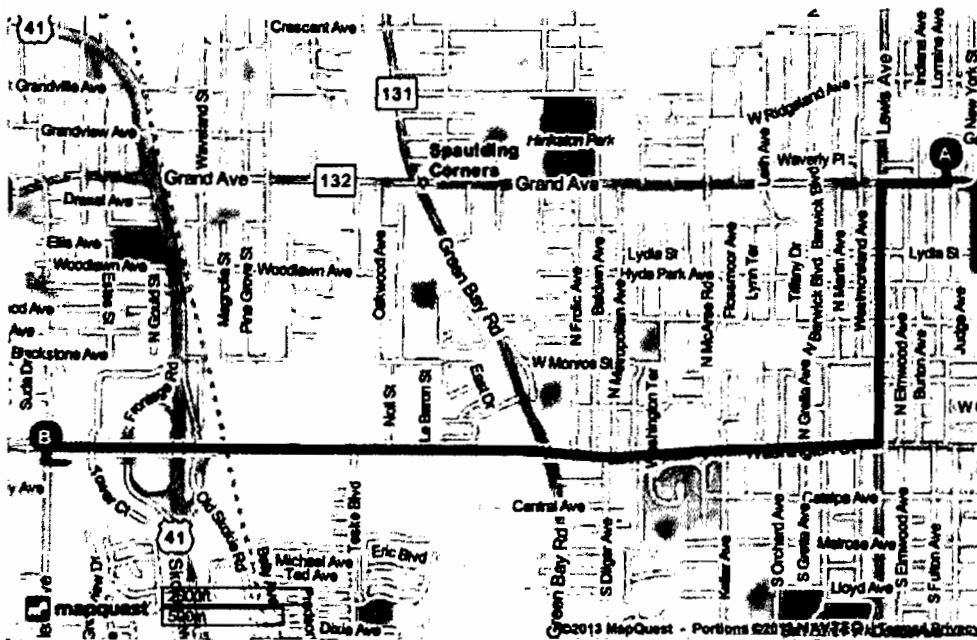
Your destination is 0.1 miles past Ambrogio Dr

If you reach Buckingham Dr you've gone about 0.4 miles too far



101 S Greenleaf St, Gurnee, IL 60031-3369

Total Travel Estimate: 3.29 miles - about 8 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



51 Year Old Woman Looks 27
Attn Chicago: Mom Publishes Free Face-Lift Secret that ha...
[Read More...](#)



TOP STORY: The E-Cig Exposed
ATTN Chicago: Do Not Smoke E-Cigs until you read this Shockin...
[Read More...](#)



Frenzy Over New Diet Pill
Doctors are calling this new diet pill, the newest, fastest,...
Garcinia Cambogia

Trust Rating
94%
mapquest.com



Notes

FMC - Skokie

Trip to:

9801 Woods Dr

Skokie, IL 60077-1074

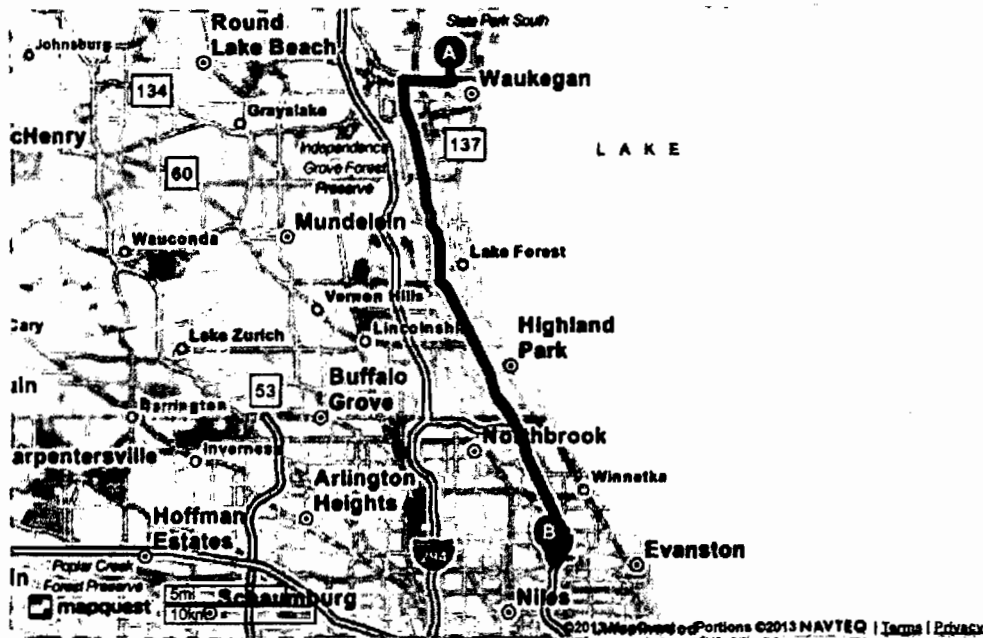
25.84 miles / 37 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

1. Start out going **west** on **Grand Ave** toward **Lorraine Ave**. [Map](#) 2.3 Mi
2.3 Mi Total
2. Merge onto **US-41 S** via the ramp on the left. [Map](#) 21.3 Mi
23.5 Mi Total
If you reach Greenview St you've gone a little too far
3. **US-41 S** becomes **I-94 E / Edens Expy E**. [Map](#) 1.5 Mi
25.1 Mi Total
4. Take the **Old Orchard Rd** exit, **EXIT 35**. [Map](#) 0.3 Mi
25.4 Mi Total
5. Turn **right** onto **Old Orchard Rd**. [Map](#) 0.2 Mi
25.5 Mi Total
*Paul Greenslade - Farmers Insurance is on the corner
If you are on Old Orchard Rd and reach Lawler Ave you've gone about 0.2 miles too far*
6. Turn **left** onto **Woods Dr**. [Map](#) 0.3 Mi
25.8 Mi Total
*Woods Dr is 0.1 miles past Lockwood Ave
Peapod Inc is on the left
If you reach Raoul Wallenberg Dr you've gone about 0.1 miles too far*
7. **9801 WOODS DR** is on the left. [Map](#)

B 9801 Woods Dr, Skokie, IL 60077-1074

Total Travel Estimate: 25.84 miles - about 37 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

Lake Villa Dialysis

Trip to:

37809 N Il Route 59

Lake Villa, IL 60046-7332

15.29 miles / 30 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600



1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#)

13.1 Mi

13.1 Mi Total



132 2. Grand Ave becomes IL-132. [Map](#)

2.0 Mi

15.1 Mi Total



59 3. Turn left onto IL-59 / Grand Ave. [Map](#)

0.2 Mi

IL-59 is 0.8 miles past Fairfield Rd

If you are on N Entrance Dr and reach N Academy Dr you've gone a little too far

15.3 Mi Total



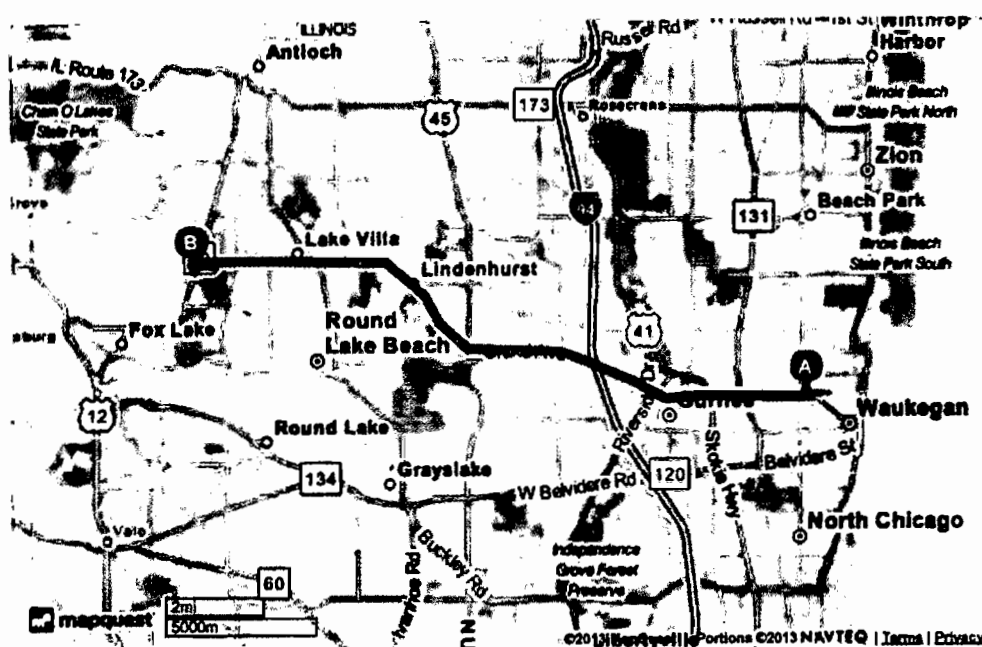
4. 37809 N IL ROUTE 59. [Map](#)

Your destination is 0.1 miles past Lehmann Blvd

If you reach Amber Way you've gone a little too far

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

Total Travel Estimate: 15.29 miles - about 30 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



51 Year Old Woman Looks 27
Attn Chicago: Mom Publishes Free Face-Lift Secret that ha...
[Read More...](#)



TOP STORY: The E-Cig Exposed
ATTN Chicago: Do Not Smoke E-Cigs until you read this Shockin...
[Read More...](#)



OVERSTOCK iPads: \$29.15
For as little as \$0.60 a bid. Limit of one per day on wins retailed...
[zbiddy.com/iPads](#)

Trust Rating
94%
mapquest.com



Notes

Satellite Dialysis - Glenview

Trip to:

2601 Compass Rd Ste 145

Glenview, IL 60026-8077

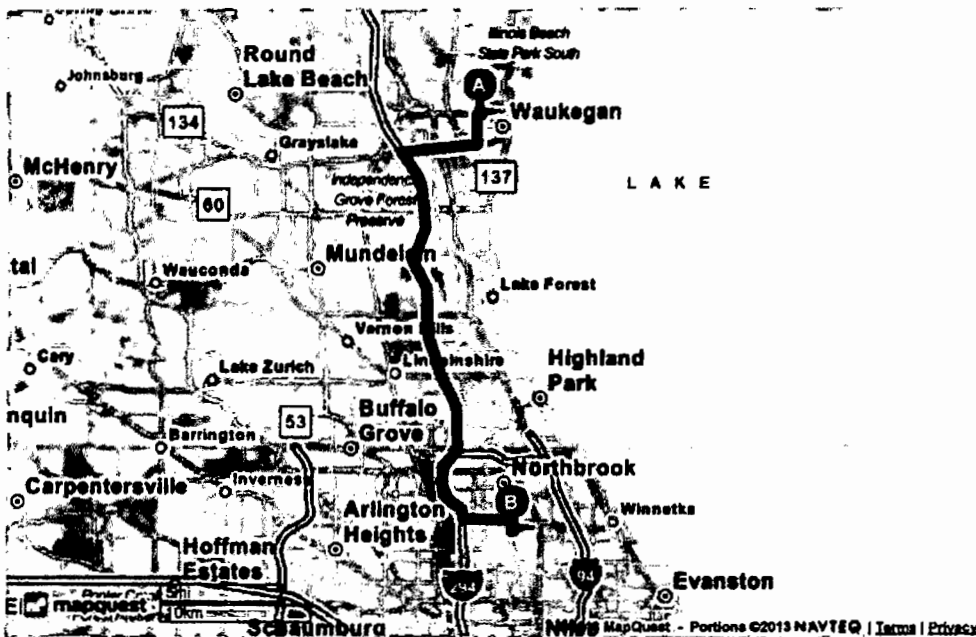
26.18 miles / 39 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#) 0.2 Mi
0.2 Mi Total
2. Take the 3rd left onto Lewis Ave. [Map](#) 1.3 Mi
1.5 Mi Total
*Lewis Ave is just past N Elmwood Ave
In & Out Submarines is on the left
If you reach Westmoreland Ave you've gone a little too far*
3. Turn right onto Belvidere St / IL-120. [Continue](#) to follow IL-120 W. [Map](#) 3.5 Mi
5.1 Mi Total
*IL-120 W is just past Dodge Ave
If you reach W Dugdale Rd you've gone about 0.4 miles too far*
4. Merge onto I-84 E toward Indiana (Portions toll). [Map](#) 14.1 Mi
19.2 Mi Total
5. Keep right to take I-294 S toward Indiana-O'Hare (Portions toll). [Map](#) 3.6 Mi
22.8 Mi Total
6. Take the Willow Rd exit. [Map](#) 0.4 Mi
23.2 Mi Total
7. Keep left to take the ramp toward Northbrook / Glenview. [Map](#) 0.03 Mi
23.2 Mi Total
8. Turn left onto Willow Rd. [Map](#) 2.3 Mi
25.6 Mi Total
9. Turn right onto Patriot Blvd. [Map](#) 0.5 Mi
26.0 Mi Total
*Patriot Blvd is 0.3 miles past Shermer Rd
La-Z-Boy Furniture Galleries is on the right
If you reach Old Willow Rd you've gone about 0.4 miles too far*
10. Turn left onto Compass Rd. [Map](#) 0.1 Mi
26.2 Mi Total
*Compass Rd is 0.3 miles past Lehigh Ave
Glenview Fire Station 14 is on the corner
If you reach Mint Ln you've gone about 0.2 miles too far*
11. 2601 COMPASS RD STE 145 is on the right. [Map](#)
If you reach Lehigh Ave you've gone about 0.2 miles too far

B 2601 Compass Rd Ste 145, Glenview, IL 60026-8077

Total Travel Estimate: 26.18 miles - about 39 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



**They pay me \$137
for each day!**

**Find out here
how I did it.**

Trust Rating
94%
mapquest.com



Notes
Lake County Dialysis

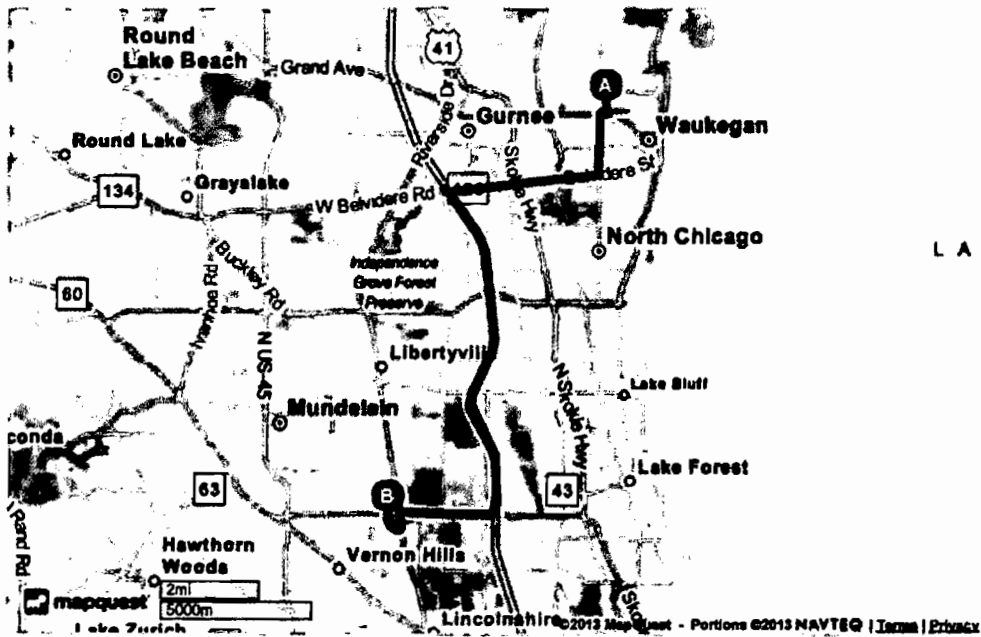
Trip to:
565 Lakeview Pkwy
Vernon Hills, IL 60061-1857
15.89 miles / 26 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#) 0.2 Mi
0.2 Mi Total
2. Take the 3rd left onto Lewis Ave. [Map](#) 1.3 Mi
1.5 Mi Total
*Lewis Ave is just past N Elmwood Ave
In & Out Submarines is on the left
If you reach Westmoreland Ave you've gone a little too far*
3. Turn right onto Belvidere St / IL-120. Continue to follow IL-120 W. [Map](#) 3.5 Mi
5.1 Mi Total
*IL-120 W is just past Dodge Ave
If you reach W Dugdale Rd you've gone about 0.4 miles too far*
4. Merge onto I-94 E toward Indiana (Portions toll). [Map](#) 7.7 Mi
12.8 Mi Total
5. Take the IL-60 / Town Line Rd exit. [Map](#) 0.3 Mi
13.1 Mi Total
6. Turn right onto IL-60 / Townline Rd. [Map](#) 2.1 Mi
15.2 Mi Total
7. Turn left onto N Milwaukee Ave / IL-21. [Map](#) 0.4 Mi
15.6 Mi Total
*N Milwaukee Ave is 0.2 miles past Des Plaines River Trl
icpenney is on the corner
If you are on IL-60 and reach Hawthorn Ctr you've gone about 0.5 miles too far*
8. Turn right onto Executive Way Dr. [Map](#) 0.1 Mi
15.7 Mi Total
*Ashley Furniture HomeStore is on the corner
If you are on N Milwaukee Ave and reach CDW Way you've gone about 0.2 miles too far*
9. Turn right onto Lakeview Pky. [Map](#) 0.2 Mi
15.9 Mi Total
On The Border is on the right
10. 565 LAKEVIEW PKWY. [Map](#)
If you reach N Fairway Dr you've gone about 0.2 miles too far

B 565 Lakeview Pkwy, Vernon Hills, IL 60061-1857

Total Travel Estimate: 15.89 miles - about 26 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

Wellbound of Evanston, LLC

Trip to:

8950 Gross Point Rd

Skokie, IL 60077-1886

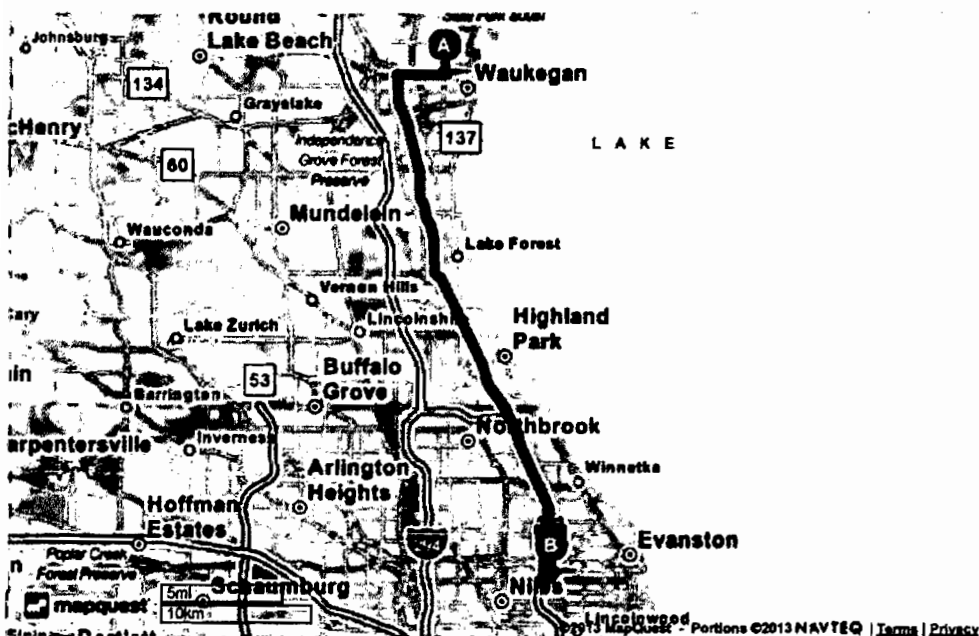
27.75 miles / 39 minutes

A 1616 Grand Ave, Waukegan, IL 60085-3600

-  1. Start out going west on Grand Ave toward Lorraine Ave. [Map](#)
2.3 Mi
2.3 Mi Total
-  2. Merge onto US-41 S via the ramp on the left. [Map](#)
If you reach Greenview St you've gone a little too far
21.3 Mi
23.5 Mi Total
-  3. US-41 S becomes I-94 E / Edens Expy E. [Map](#)
3.4 Mi
27.0 Mi Total
-  4. Merge onto IL-58 E / Dempster St via EXIT 37B. [Map](#)
0.6 Mi
27.5 Mi Total
-  5. Turn left onto Gross Point Rd. [Map](#)
Gross Point Rd is 0.1 miles past Lockwood Ave
Chase is on the left
If you reach Le Claire Ave you've gone about 0.1 miles too far
0.2 Mi
27.8 Mi Total
-  6. 8950 GROSS POINT RD is on the left. [Map](#)
Your destination is just past Suffield Ct
If you reach Grove St you've gone a little too far

B 8950 Gross Point Rd, Skokie, IL 60077-1886

Total Travel Estimate: 27.75 miles - about 39 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now

**Click on the
biggest number**



for a chance to win
an **iPhone 5!**



Trust Rating
94%
mapquest.com

Appendix 2 – Discontinuation Impact Letters

Attached as Appendix II is documentation that Letters of Impact of Discontinuation and Relocation were sent to all existing dialysis within 45 minutes normal driving distance, as determined by MapQuest.



May 13, 2013

Dear Customer:

The following is the proof-of-delivery for tracking number **799721680212**.

Delivery Information:

Status:	Delivered	Delivery location:	405 LAKE COOK ROAD DEERFIELD, IL 60015
Signed for by:	Signature release on file	Delivery date:	May 10, 2013 09:50
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday		

NO SIGNATURE IS AVAILABLE

FedEx Express proof-of-delivery details appear below; however, no signature is currently available for this shipment. Please check again later for a signature.

Shipping Information:

Tracking number:	799721680212	Ship date:	May 9, 2013
		Weight:	0.5 lbs/0.2 kg

Recipient:
Facility Administrator
FMC - Deerfield
405 Lake Cook Road
DEERFIELD, IL 60015 US

Shipper:
Tim Tincknell
DaVita
2611 N Halsted St
Chicago, IL 60614 US

Thank you for choosing FedEx.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 8:52 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799721721238 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 8:47 AM
Sign for by: S.ZIEMELAS
Delivery location: MUNDELEIN, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799721721238](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	FMC - Mundelein
2611 N Halsted St	1402 Townline Road
Chicago	MUNDELEIN
IL	IL
US	US
60614	60060

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 8:52 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 10:08 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799721870798 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 10:03 AM
Sign for by: C.BACH
Delivery location: ANTIOCH, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799721870798](#)

Shipper Information

Tim Tincknell
DaVita
2611 N Halsted St
Chicago
IL
US
60614

Recipient Information

Facility Administrator
FMC - Antioch
311 West Depot St
ANTIOCH
IL
US
60002

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 10:07 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 8:51 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799721937920 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 8:49 AM
Sign for by: Signature not required
Delivery location: WAUKEGAN, IL
Delivered to: Residence
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Residential Delivery
Tracking number: 799721937920

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	FMC - Waukegan Harbor
2611 N Halsted St	110 N West Street
Chicago	WAUKEGAN
IL	IL
US	US
60614	60085

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 8:50 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 8:49 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799721968632 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 8:46 AM
Sign for by: S.NORDLUND
Delivery location: LAKE BLUFF, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799721968632](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	FMC - Lake Bluff
2611 N Halsted St	101 Waukegan Road
Chicago	LAKE BLUFF
IL	IL
US	US
60614	60044

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 8:48 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 9:04 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722009245 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 8:58 AM
Sign for by: J.PANAKIN
Delivery location: HIGHLAND PARK, IL
Delivered to: Shipping/Receiving
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722009245](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Highland Park Hosp - Dialysis Unit
2611 N Halsted St	777 Park Avenue West
Chicago	HIGHLAND PARK
IL	IL
US	US
60614	60035

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:03 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 9:18 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722046239 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 9:15 AM
Sign for by: C.JASIL
Delivery location: ROUND LAKE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722046239](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	FMC - Round Lake
2611 N Halsted St	401 Nippersink Avenue
Chicago	ROUND LAKE
IL	IL
US	US
60614	60073

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:18 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 8:59 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722073449 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 8:57 AM
Sign for by: H.ANDUTA
Delivery location: GURNEE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722073449](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	FMC - Gurnee
2611 N Halsted St	101 Greenleaf
Chicago	GURNEE
IL	IL
US	US
60614	60031

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 8:59 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 12:20 PM
To: Timothy Tincknell
Subject: FedEx Shipment 799722100803 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Door Tag number: DT103353131738
Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 12:17 PM
Sign for by: M.ANG
Delivery location: SKOKIE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722100803](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	FMC - Skokie
2611 N Halsted St	9801 Woods Drive
Chicago	SKOKIE
IL	IL
US	US
60614	60076

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 12:19 PM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 10:04 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722129673 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 10:01 AM
Sign for by: A.SISON
Delivery location: LAKE VILLA, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722129673](#)

Shipper Information

Tim Tincknell
DaVita
2611 N Halsted St
Chicago
IL
US
60614

Recipient Information

Facility Administrator
Lake Villa Dialysis
37809 North IL Route 59
LAKE VILLA
IL
US
60046

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 10:03 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 9:31 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722163830 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 9:26 AM
Sign for by: L.THORSON
Delivery location: GLENVIEW, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722163830](#)

Shipper Information

Tim Tincknell
DaVita
2611 N Halsted St
Chicago
IL
US
60614

Recipient Information

Facility Administrator
Satellite Dialysis - Glenview
2601 Compass Road, Suite 145
GLENVIEW
IL
US
60026

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:31 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Monday, May 13, 2013 10:14 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722202062 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 13, 2013 10:09 AM
Sign for by: M.IRIZARRY
Delivery location: VERNON HILLS, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722202062](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Lake County Dialysis
2611 N Halsted St	565 Lakeview Parkway, Suite 176
Chicago	VERNON HILLS
IL	IL
US	US
60614	60061

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 10:14 AM CDT on 05/13/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, May 10, 2013 9:31 AM
To: Timothy Tincknell
Subject: FedEx Shipment 799722245293 Delivered

This tracking update has been requested by:

Company Name: DaVita
Name: Tim Tincknell
E-mail: timothy.tincknell@davita.com

Our records indicate that the following shipment has been delivered:

Ship (P/U) date: May 9, 2013
Delivery date: May 10, 2013 9:25 AM
Sign for by: L.SORIA
Delivery location: SKOKIE, IL
Delivered to: Receptionist/Front Desk
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.
Special handling/Services: Deliver Weekday
Tracking number: [799722245293](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Wellbound of Evanston, LLC
2611 N Halsted St	8950 Gross Point Road
Chicago	SKOKIE
IL	IL
US	US
60614	60077

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:30 AM CDT on 05/10/2013.

To learn more about FedEx Express, please visit our website at fedex.com.

All weights are estimated.

To track the latest status of your shipment, click on the tracking number above, or visit us at fedex.com.

This tracking update has been sent to you by FedEx on the behalf of the

Appendix 3 – Time & Distance Determination: Replacement Facility

Attached as Appendix III are the distance and normal travel time from the proposed facility to all existing dialysis facilities within 30 minutes normal travel time as determined by MapQuest.

End Stage Renal Disease Facility	Address	City	County	Zip	HSA	Distance (miles)	Drive Time (minutes)	Adjusted Drive Time (x1.15)
Waukegan Renal Center	1616 Grand Avenue	Waukegan	Lake	60085	8	1.52	4	4.6
Fresenius Medical Care Mundelein	1402 Townline Road	Mundelein	Lake	60060	8	15.8	24	27.6
Fresenius Medical Care of Antioch	311 West Depot St.	Antioch	Lake	60002	8	16.74	26	29.9
FMC Waukegan Harbor	110 N. West Street	Waukegan	Lake	60085	8	2.68	7	8.05
Fresenius Medical Care of Lake Bluff	101 Waukegan Rd	Lake Bluff	Lake	60044	8	7.87	12	13.8
Highland Park Hospital Dialysis Unit	777 Park Avenue West	Highland Park	Lake	60035	8	15.07	22	25.3
FMC - Round Lake	401 Nippersink Avenue	Round Lake	Lake	60073	8	12.73	23	26.45
FMC - Gurnee	101 S Greenleaf St	Gurnee	Lake	60031	8	2.27	4	4.6
Lake Villa Dialysis	37809 North IL Route 59	Lake Villa	Lake	60046	8	13.78	26	29.9
Lake County Dialysis	565 Lakeview Parkway, Suite 176	Vernon Hills	Lake	60061	8	14.64	22	25.3



Notes

Waukegan Renal Center (existing facility to be relocated)

Trip to:

1616 Grand Ave

Waukegan, IL 60085-3600

1.52 miles / 4 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

1. Start out going east on Grand Ave toward Adelphi Ave. [Map](#)

1.5 Mi

1.5 Mi Total

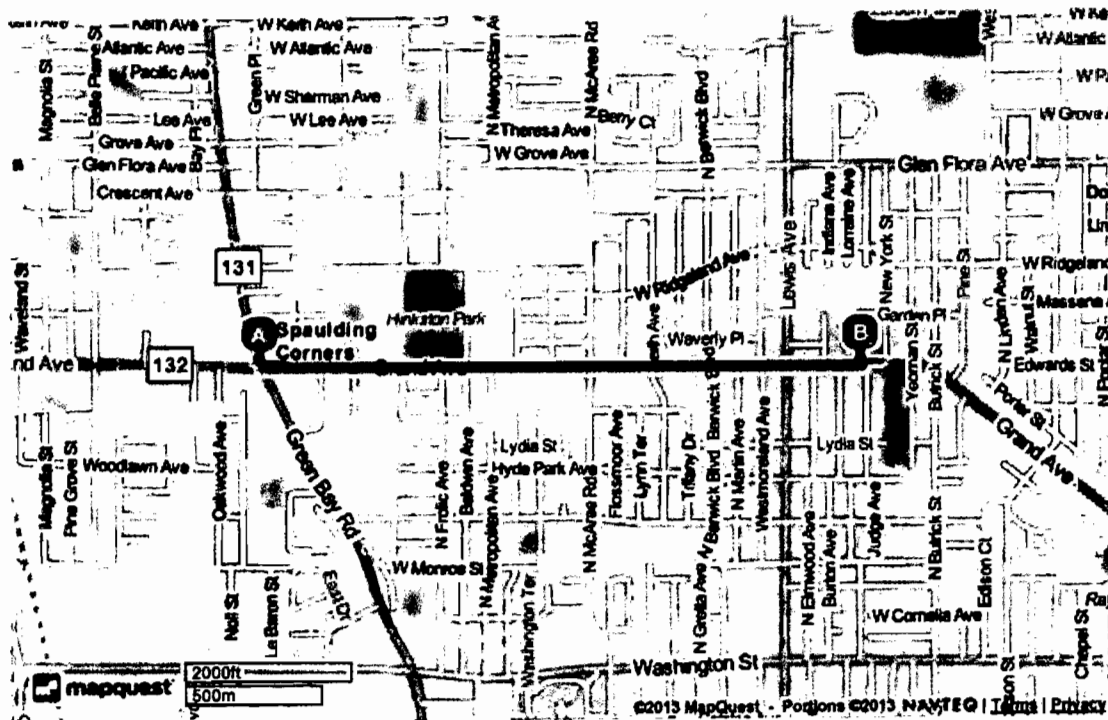
2. **1616 GRAND AVE** is on the left. [Map](#)

Your destination is just past Lorraine Ave

If you reach Judge Ave you've gone a little too far

B 1616 Grand Ave, Waukegan, IL 60085-3600

Total Travel Estimate: 1.52 miles - about 4 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now

**MAKE DREAMS
COME TRUE**
LEARN MORE [»](#)



Givology



Notes
Fresenius Medical Care Mundelein

Trip to:

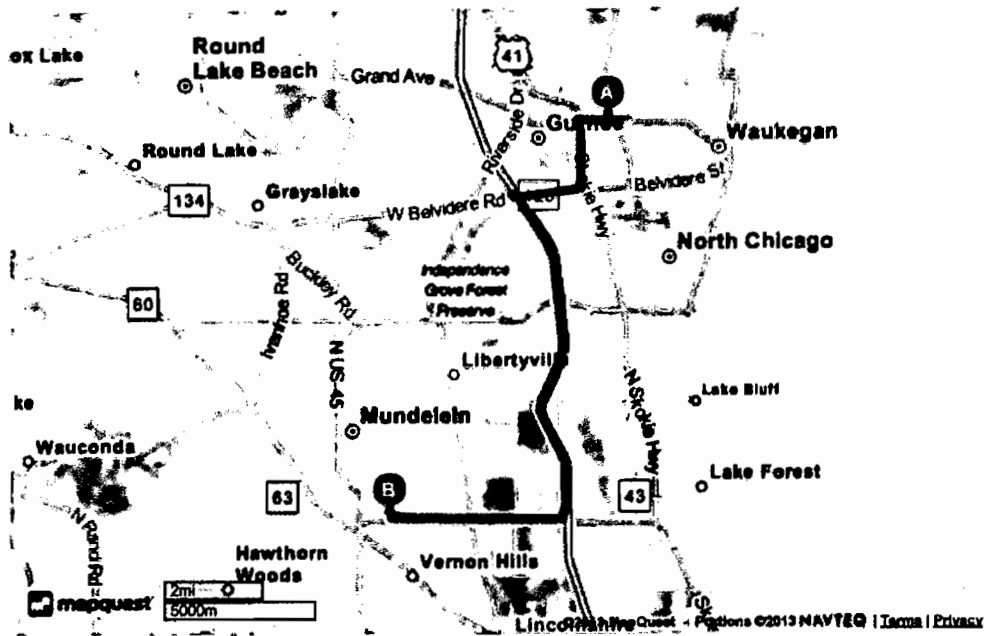
1402 Townline Rd
Mundelein, IL 60060-4433
15.79 miles / 24 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

-  1. Start out going west on Grand Ave / IL-132 toward Oakwood Ave. [Map](#) 0.7 Mi
0.7 Mi Total
-  2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#)
If you reach Greenvue St you've gone a little too far 1.3 Mi
2.0 Mi Total
-  3. Merge onto IL-120 W toward Grayslake. [Map](#) 1.8 Mi
3.8 Mi Total
-  4. Merge onto I-94 E toward Indiana (Portions toll). [Map](#) 7.7 Mi
11.5 Mi Total
-  5. Take the IL-60 / Town Line Rd exit. [Map](#) 0.3 Mi
11.9 Mi Total
-  6. Turn right onto IL-60 / Townline Rd. [Map](#) 3.9 Mi
15.8 Mi Total
-  7. 1402 TOWNLINE RD is on the right. [Map](#)
*Your destination is 0.1 miles past S Butterfield Rd
If you reach McCormick Ave you've gone about 0.1 miles too far*

B 1402 Townline Rd, Mundelein, IL 60060-4433

Total Travel Estimate: 15.79 miles - about 24 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



NEW RULE IN Illinois
» Chicago - If you drive in Illinois you better read this... {Comparisons.org}



Testosterone Trick Leaves Wives Speechless » Man Finds Unlikely Testosterone Booster (Test X180)



This approaching Obama scandal will change the White House Administration and our country, overnight » {Stansberry Research}

by mediaforce

Trust Rating

94%

mapquest.com



Notes

Fresenius Medical Care of Antioch

Trip to:

311 W Depot St

Antioch, IL 60002-1500

16.74 miles / 26 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

- 

1. Start out going west on Grand Ave / IL-132 toward Oakwood Ave. [Map](#) 0.7 Mi
0.7 Mi Total
- 

2. Merge onto US-41 N. [Map](#) 7.7 Mi
8.4 Mi Total
If you reach Greenview St you've gone about 0.1 miles too far
- 

3. Turn left onto IL-173 / Rosecrans Rd. [Continue](#) to follow IL-173. [Map](#) 7.6 Mi
16.0 Mi Total
STATELINE CITGO is on the corner
- 

4. Turn right onto IL-83 / Main St. [Map](#) 0.6 Mi
16.6 Mi Total
IL-83 is 0.3 miles past McMillen Rd
The Squire Restaurant is on the right
If you are on IL-173 and reach Harden St you've gone about 0.4 miles too far
- 

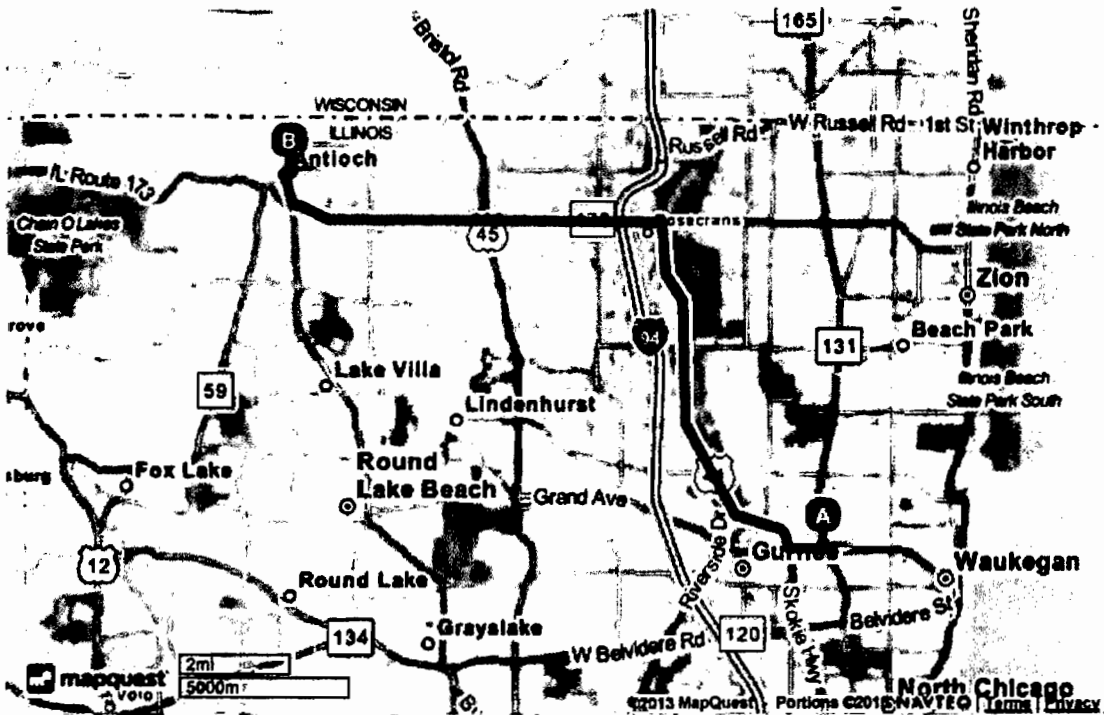
5. Turn right onto Orchard St. [Map](#) 0.2 Mi
16.7 Mi Total
Orchard St is 0.1 miles past Lake St
P M & L Theatre is on the right
If you reach Depot St you've gone a little too far
- 

6. Orchard St becomes W Depot St. [Map](#) 0.03 Mi
16.7 Mi Total
- 

7. 311 W DEPOT ST is on the left. [Map](#)
If you reach Anita Ave you've gone about 0.1 miles too far

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

Total Travel Estimate: 16.74 miles - about 26 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

FMC Waukegan Harbor

Trip to:

110 N West St

Waukegan, IL 60085-4330

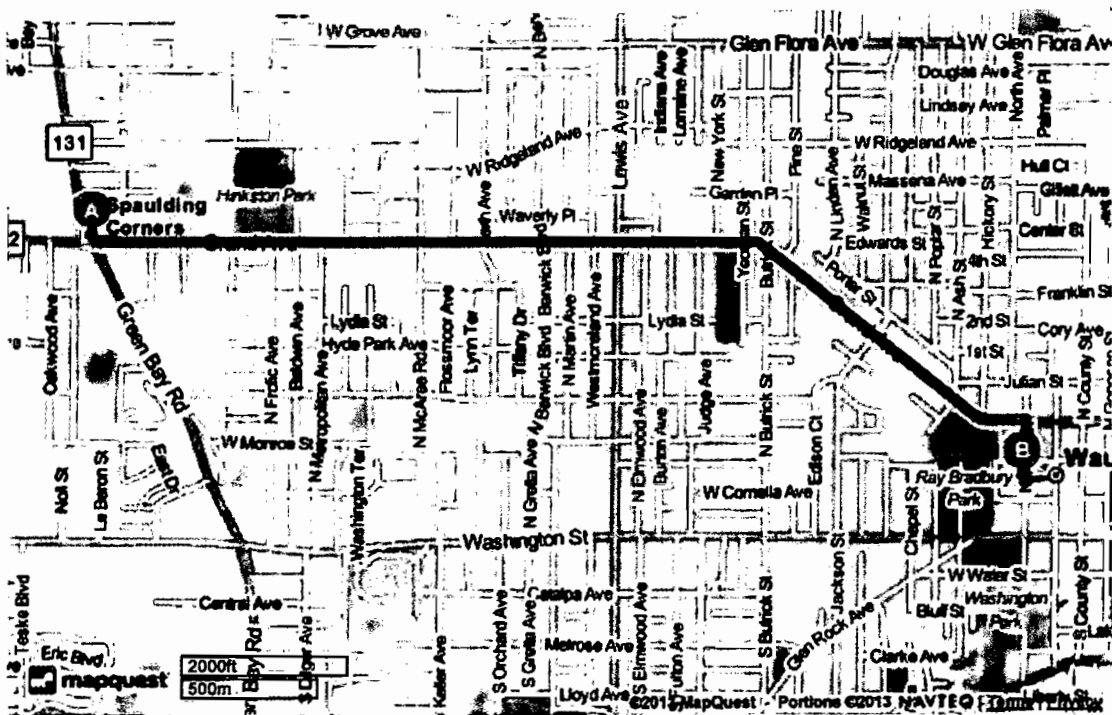
2.68 miles / 7 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

-  1. Start out going east on Grand Ave toward Adelphi Ave. Map 2.5 Mi
2.5 Mi Total
-  2. Turn right onto N West St. Map 0.2 Mi
2.7 Mi Total
*N West St is just past Sherman Pl
If you reach N Martin Luther King Jr Ave you've gone a little too far*
-  3. 110 N WEST ST is on the right. Map
*Your destination is just past W Clayton St
If you reach W Madison St you've gone a little too far*

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

Total Travel Estimate: 2.68 miles - about 7 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the [MapQuest Terms of Use](#). We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

Fresenius Medical Care of Lake Bluff

Trip to:

101 Waukegan Rd

Lake Bluff, IL 60044-3012

7.87 miles / 12 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

- 

1. Start out going west on Grand Ave / IL-132 toward Oakwood Ave. [Map](#) 0.7 Mi
0.7 Mi Total
- 

2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#) 6.4 Mi
7.2 Mi Total
If you reach Greenview St you've gone a little too far
- 

3. Turn right onto W Washington Ave. [Map](#) 0.08 Mi
7.2 Mi Total
*W Washington Ave is 0.6 miles past Northern Ave
 Post Office-Lake Bluff is on the corner
 If you reach Gage Ln you've gone about 1.3 miles too far*
- 

4. W Washington Ave becomes Shagbark Rd. [Map](#) 0.1 Mi
7.4 Mi Total
- 

5. Turn right onto Rockland Rd / IL-176. [Map](#) 0.3 Mi
7.7 Mi Total
Lakehouse is on the right
- 

6. Take the 1st left onto N Waukegan Rd / IL-43 / Waukegan Rd. [Map](#) 0.2 Mi
7.9 Mi Total
*N Waukegan Rd is 0.1 miles past Thontree Rd
 Scooters is on the corner
 If you reach Adelphia Ave you've gone about 0.1 miles too far*
- 

7. 101 WAUKEGAN RD is on the left. [Map](#)
*Your destination is just past Carriage Park Ave
 If you reach Albrecht Dr you've gone about 0.2 miles too far*

B 101 Waukegan Rd, Lake Bluff, IL 60044-3012

Total Travel Estimate: 7.87 miles - about 12 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Notes

Highland Park Hospital Dialysis Unit

Trip to:

777 Park Ave W

Highland Park, IL 60035-2433

15.07 miles / 22 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

-  1. Start out going west on Grand Ave / IL-132 toward Oakwood Ave. [Map](#) 0.7 Mi
0.7 Mi Total
-  2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#) 13.4 Mi
14.2 Mi Total
If you reach Greenview St you've gone a little too far
-  3. Turn left onto Park Ave W. [Map](#) 0.9 Mi
15.1 Mi Total
*Park Ave W is 0.8 miles past IL-22
SHELL is on the left*
-  4. **777 PARK AVE W** is on the left. [Map](#)
*Your destination is 0.2 miles past Beverly Pl
If you reach Midlothian Ave you've gone about 0.1 miles too far*

B 777 Park Ave W, Highland Park, IL 60035-2433

Total Travel Estimate: 15.07 miles - about 22 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Save Up to \$500
By comparing auto insurance quotes!

[CLICK HERE](#)

Get your **FREE** No obligation Quotes

testquotes



Notes

FMC - Round Lake

Trip to:

401 Nippersink Ave

Round Lake, IL 60073-3280

12.73 miles / 23 minutes



Grand Ave & Green Bay Rd, Waukegan, IL 60085



1. Start out going west on Grand Ave / IL-132 toward Oakwood Ave. [Map](#)

0.7 Mi

0.7 Mi Total



2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#)
If you reach Greenview St you've gone a little too far

1.3 Mi

2.0 Mi Total



3. Merge onto IL-120 W toward Grayslake. [Map](#)

9.4 Mi

11.4 Mi Total



4. Stay straight to go onto IL-134 W / Main St. [Continue](#) to follow IL-134 W. [Map](#)

1.3 Mi

12.7 Mi Total



5. Turn slight left onto Nippersink Ave. [Map](#)

0.05 Mi

*Nippersink Ave is just past Orchard St
ROUND LAKE BP is on the corner*

12.7 Mi Total



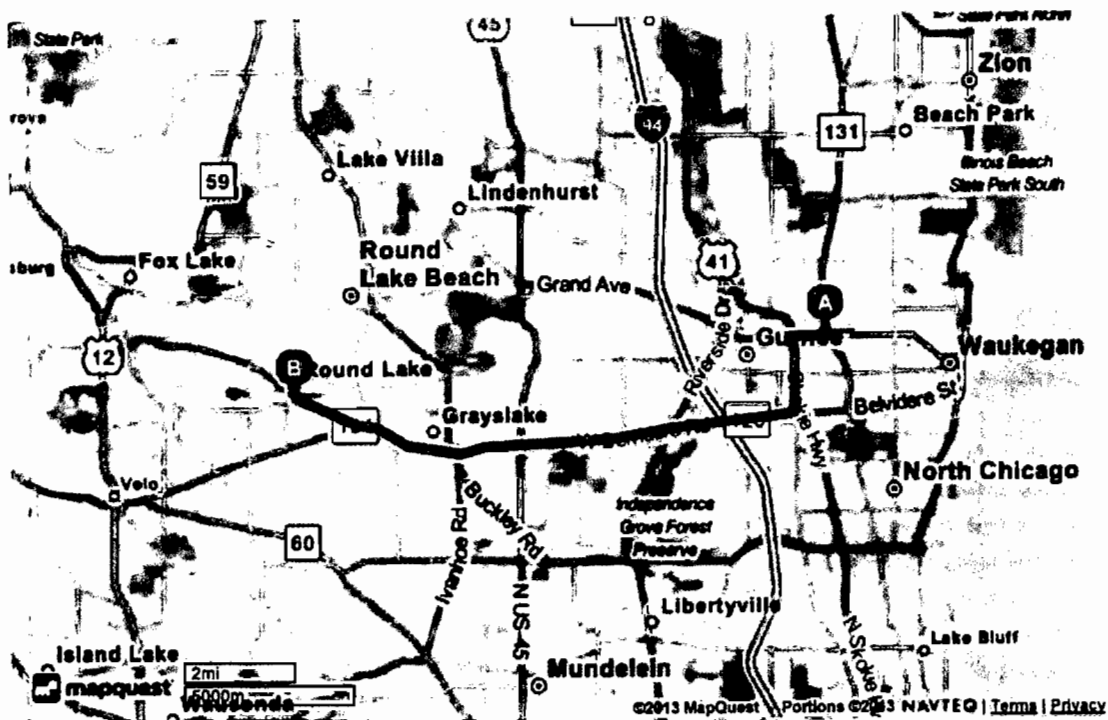
6. 401 NIPPERSINK AVE is on the left. [Map](#)

*Your destination is just past Lincoln Ave
If you reach Cedar Lake Rd you've gone a little too far*



401 Nippersink Ave, Round Lake, IL 60073-3280

Total Travel Estimate: 12.73 miles - about 23 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now

New rules for US divers!
Save up to 500\$ on auto insurance.

www.bestquotes.com



Notes

FMC - Gurnee

Trip to:

101 S Greenleaf St

Gurnee, IL 60031-3369

2.27 miles / 4 minutes



Grand Ave & Green Bay Rd, Waukegan, IL 60085



1. Start out going southeast on IL-131 / Green Bay Rd toward Sheeler Ave. [Map](#)

0.9 Mi

0.9 Mi Total



2. Turn right onto Washington St. [Map](#)

1.4 Mi

Washington St is 0.1 miles past Westwaukee Rd

2.3 Mi Total

Dunkin Donuts is on the corner

If you are on S Green Bay Rd and reach Jolley Ave you've gone a little too far



3. **101 S GREENLEAF ST.** [Map](#)

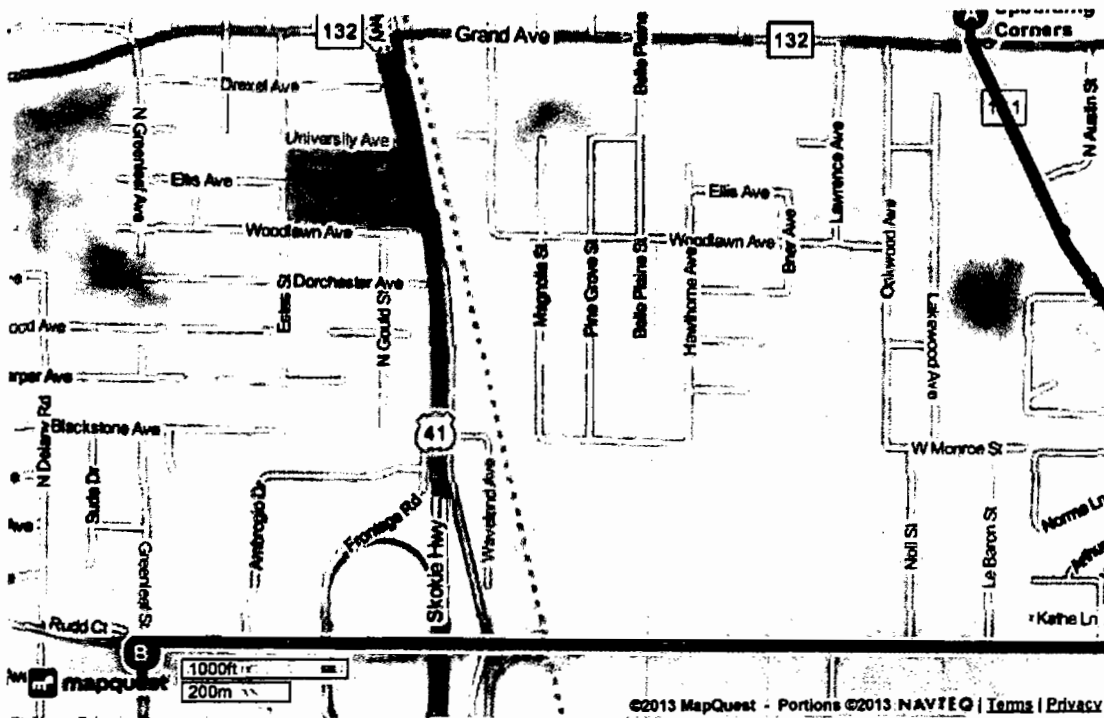
Your destination is 0.1 miles past Ambrogio Dr

If you reach Buckingham Dr you've gone about 0.4 miles too far



101 S Greenleaf St, Gurnee, IL 60031-3369

Total Travel Estimate: 2.27 miles - about 4 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now

Flash Player Update is Recommended

[upgrade](#) X



mapquest

Notes

, Lake Villa Dialysis

Trip to:

37809 N Il Route 59

Lake Villa, IL 60046-7332

13.78 miles / 26 minutes



Grand Ave & Green Bay Rd, Waukegan, IL 60085



1. Start out going west on Grand Ave / IL-132 toward Oakwood Ave. Continue to follow IL-132. Map

13.5 Mi

13.5 Mi Total



59

2. Turn left onto IL-59 / Grand Ave. Map

0.2 Mi

IL-59 is 0.8 miles past Fairfield Rd

13.8 Mi Total

If you are on N Entrance Dr and reach N Academy Dr you've gone a little too far



3. **37809 N IL ROUTE 59**. Map

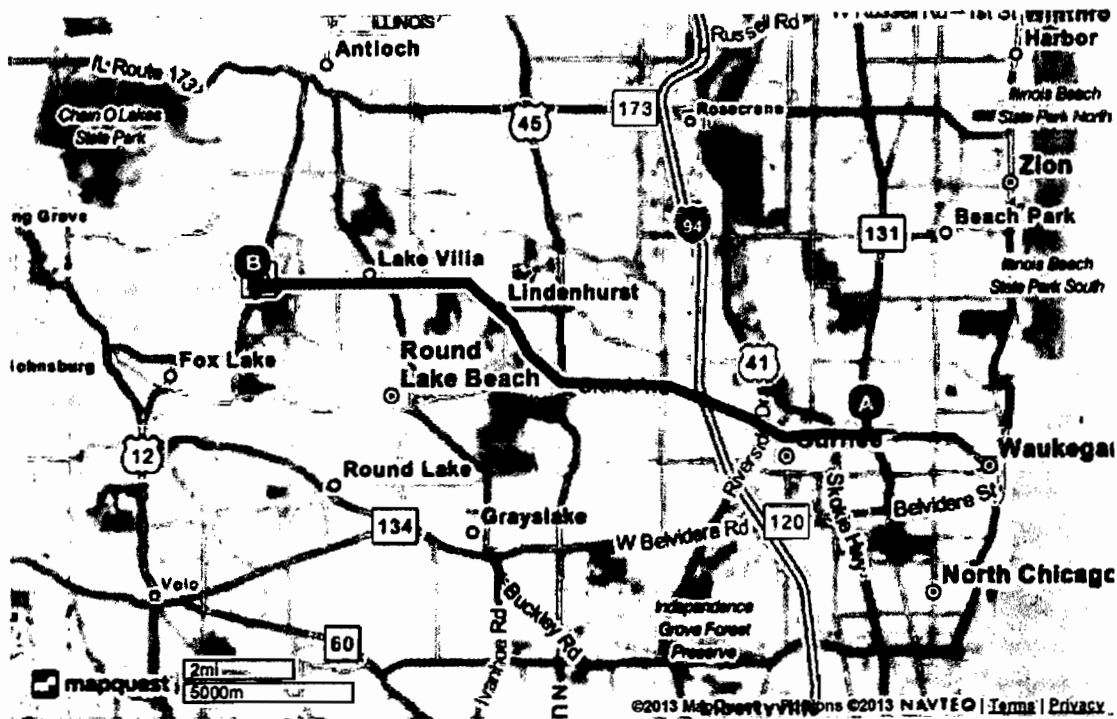
Your destination is 0.1 miles past Lehmann Blvd

If you reach Amber Way you've gone a little too far



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

Total Travel Estimate: 13.78 miles - about 26 minutes



©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest

877-577-5766

Book Now



Givology
give to learn, learn to give





Notes

Lake County Dialysis

Trip to:

565 Lakeview Pkwy

Vernon Hills, IL 60061-1857

14.64 miles / 22 minutes

A Grand Ave & Green Bay Rd, Waukegan, IL 60085

- 

1. Start out going **west** on Grand Ave / IL-132 toward Oakwood Ave. [Map](#) 0.7 Mi

0.7 Mi Total
- 

2. Merge onto US-41 S / N Skokie Hwy via the ramp on the left. [Map](#) 1.3 Mi

2.0 Mi Total

If you reach Greenvew St you've gone a little too far
- 

3. Merge onto IL-120 W toward Grayslake. [Map](#) 1.8 Mi

3.8 Mi Total
- 

4. Merge onto I-94 E toward Indiana (Portions toll). [Map](#) 7.7 Mi

11.5 Mi Total
- 

5. Take the IL-60 / Town Line Rd exit. [Map](#) 0.3 Mi

11.9 Mi Total
- 

6. Turn right onto IL-60 / Townline Rd. [Map](#) 2.1 Mi

14.0 Mi Total
- 

7. Turn left onto N Milwaukee Ave / IL-21. [Map](#) 0.4 Mi

14.3 Mi Total

N Milwaukee Ave is 0.2 miles past Des Plaines River Trl
icpenney is on the corner
If you are on IL-60 and reach Hawthorn Ctr you've gone about 0.5 miles too far
- 

8. Turn right onto Executive Way Dr. [Map](#) 0.1 Mi

14.5 Mi Total

Ashley Furniture HomeStore is on the corner
If you are on N Milwaukee Ave and reach CDW Way you've gone about 0.2 miles too far
- 

9. Turn right onto Lakeview Pky. [Map](#) 0.2 Mi

14.6 Mi Total

On The Border is on the right
- 

10. 565 LAKEVIEW PKWY. [Map](#)

If you reach N Fairway Dr you've gone about 0.2 miles too far

B 565 Lakeview Pkwy, Vernon Hills, IL 60061-1857

Total Travel Estimate: 14.64 miles - about 22 minutes



©2013 MapQuest, Inc. Use of [directions](#) and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

BOOK TRAVEL with mapquest **877-577-5766** **Book Now**

Flash Player Update is Recommended

upgrade X

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	25-27
2	Site Ownership	28-41
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	42-43
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	44-45
5	Flood Plain Requirements	46-49
6	Historic Preservation Act Requirements	50-61
7	Project and Sources of Funds Itemization	62
8	Obligation Document if required	63
9	Cost Space Requirements	64
10	Discontinuation	65-70
11	Background of the Applicant	71-100
12	Purpose of the Project	101-131
13	Alternatives to the Project	132-141
14	Size of the Project	142
15	Project Service Utilization	143-151
16	Unfinished or Shell Space	152
17	Assurances for Unfinished/Shell Space	153
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	154-190
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	191
40	Financial Waiver	192
41	Financial Viability	
42	Economic Feasibility	192-198
43	Safety Net Impact Statement	199
44	Charity Care Information	200