

13-068

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMITORIGINAL
RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

NOV 12 2013

Facility/Project Identification

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name: Maryville Dialysis		
Street Address: 2102 Vadalabene Drive		
City and Zip Code: Maryville, Illinois 62062		
County: Madison	Health Service Area: 11	Health Planning Area: 11

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]

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: Yoni Danieli
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 5105 West Main Street, Belleville, Illinois 62226
Telephone Number: 618-233-9018
E-mail Address: yoni.danieli@davita.com
Fax Number: 866-586-7903

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.

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City and Zip Code: Maryville, Illinois 62062		
County: Madison	Health Service Area: 11	Health Planning Area: 11

Applicant /Co-Applicant Identification

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Exact Legal Name: Renal Treatment Centers – Illinois, 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	

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Fax Number: 866-586-7903

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 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: Maryville Medical Park LLC
Address of Site Owner: 2810 Frank Scott Parkway, Suite 700, Belleville, IL 62223
Street Address or Legal Description of Site: 2102 Vadalabene Drive, Maryville, IL 62062
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Renal Treatment Centers – Illinois, Inc.	
Address: 2000 16 th Street, Denver, CO 80202	
☐ 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. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

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 Renal Treatment Centers - Illinois, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to discontinue their existing 12-station dialysis facility at 2130 Vadalabene Drive, Maryville, Illinois 62062 and establish a 12-station dialysis facility at 2102 Vadalabene Drive, Maryville, Illinois 62062 (the "Replacement Facility"). The proposed dialysis facility will include approximately 5,825 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	\$915,900		\$915,900
Contingencies	\$91,590		\$91,590
Architectural/Engineering Fees	\$86,375		\$86,375
Consulting and Other Fees	\$80,500		\$80,500
Movable or Other Equipment (not in construction contracts)	\$474,891		\$474,891
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$921,710		\$921,710
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,570,966		\$2,570,966
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,649,256		\$1,649,256
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$921,710		\$921,710
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,570,966		\$2,570,966
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

For facilities in which prior permits have been issued please provide the permit numbers.

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): July 31, 2015

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

☐ Purchase orders, leases or contracts pertaining to the project have been executed.

☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

☒ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-B, 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

☐ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

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

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



SIGNATURE

Martha Ha

PRINTED NAME

Vice President, Assistant Corporate Secretary

PRINTED TITLE



SIGNATURE

Arturo Sida

PRINTED NAME

Vice President, Asst Corporate Secretary

PRINTED TITLE

Notarization:

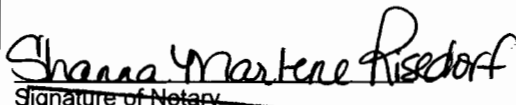
Subscribed and sworn to before me

this 6th day of September, 2013

Notarization:

Subscribed and sworn to before me

this ____ day of ____



Signature of Notary

SHANNA MARLENE RISEDORF

Seal

NOTARY PUBLIC

STATE OF COLORADO

Insert EXACT legal name of the applicant

MY COMMISSION EXPIRES 4/13/2015

Signature of Notary

Seal

See attached

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On 9/9/13 before me, Michelle Dawn Estus, Notary Public
(Here insert name and title of the officer)

personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Michelle Dawn Estus
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

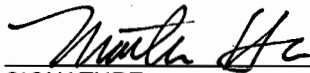
- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/~~they~~ is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CERTIFICATION

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

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This Application for Permit is filed on the behalf of Renal Treatment Centers - Illinois, 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.

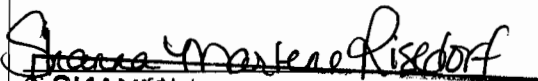


SIGNATURE
Martha Ha

PRINTED NAME
Vice President, Assistant Corporate Secretary

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of September, 2013


Signature of Notary
Seal
SHANNA MARLENE RISEDORF
NOTARY PUBLIC
STATE OF COLORADO

* Do NOT seal name of the applicant
MY COMMISSION EXPIRES 4/13/2015



SIGNATURE
Arturo Sida

PRINTED NAME
Vice President, Asst Corporate Secretary

PRINTED TITLE

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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County of Los Angeles

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(Here insert name and title of the officer)

personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Michelle Dawn Esters

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

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Number of Pages _____ Document Date _____

(Additional information)

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- ☐ Individual (s)
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 - ✦ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ✦ Indicate title or type of attached document, number of pages and date.
 - ✦ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

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 Board 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):

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

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$1,649,256_	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;
\$921,710_ (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$2,570,966	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-36, 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. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. 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
4. 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 37, 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 38, 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 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-41, 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 Renal Treatment Centers – Illinois, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Renal Treatment Centers – Illinois, Inc. is the operator of Maryville Dialysis. Maryville Dialysis is a trade name of Renal Treatment Centers – Illinois, 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.



To all to whom these Presents Shall Come, Greeting:

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

RENAL TREATMENT CENTERS - ILLINOIS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON FEBRUARY 14, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of OCTOBER A.D. 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1230301886

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

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.

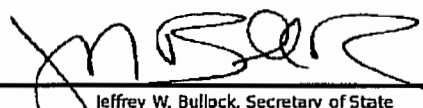
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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

The letter of intent between **Maryville Medical Park, LLC** and **Renal Treatment Centers – Illinois, Inc.** to lease the facility located at 2102 Vadalabene Drive, Maryville, Illinois 62062 is attached at Attachment – 2.



USI REAL ESTATE BROKERAGE SERVICES INC.

A JOHNSON CONTROLS COMPANY

2215 YORK RD.
OAKBROOK, ILLINOIS 60523

TELEPHONE: 630 990-3658
FACSIMILE: 630 990-2300
WEB: www.usirealestate.com

October 31, 2013

John Steffens
GWS Field Delivery Manager
USI Real Estate Services Inc.
john.steffens@jci.com
2215 York Road, suite 110
Oak Brook, IL 60523

RE: Letter of Intent Medical Clinic 2102 Vadalabene Drive, Maryville, IL 62062

Dear John:

Below are the non-binding terms and condition that are to be drafted into a new lease document.

PREMISES: 2102 Vadalabene Drive Maryville, IL 62062 "Kopjas Space"

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

LANDLORD: Maryville Medical Park LLC.

SPACE REQUIREMENTS: Approximately 5,825 SF rentable square feet.
Tenant shall have the right to measure space based on most recent BOMA standards.

PRIMARY TERM: Fifteen (15) year term

BASE RENT:

Years 1-5	\$17.00/SF	\$ 99,025.00/Year
Years 6-10	\$18.96/SF	\$110,442.00/Year
Years 11-15	\$21.00/SF	\$122,325.00/Year

ADDITIONAL EXPENSES: Tenant will be responsible for paying Taxes, Insurance, CAM estimated at \$4.28/SF and separately metered utilities.

Landlord agrees to limit the controllable operating expense costs to no greater than five (5) percent increase annually.

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

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the new premises within 90 days of mutual lease execution. The Rent, Additional Rent and Term shall commence when Tenant opens for business at the new suite. Simultaneously, the Rents, Additional Rents and lease will be cancelled for the existing premises currently located at 2136 B and 2130 Vadalabene Drive. In no event will tenant be obligated to pay rent on both the existing suites and new premises at the same time.

SURRENDER SPACE: Tenant will surrender its existing suites in AS-IS condition without any modifications. Tenant will be allowed to remove trade fixtures, supplies or other items allowed by law.

LEASE FORM: Tenant's standard lease form.

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

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

PARKING:

BASE BUILDING:

Landlord shall deliver to the premises in its current condition (subject to inspection by Tenant).

OPTION TO RENEW:

Tenant desires three (3), five (5) year options to renew the lease. Option rent shall be at fair market value but not greater than 110% of the previous year rent.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant within one hundred twenty (120) days from lease execution, Tenant may choose to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the (120) day delivery period

HOLDING OVER:

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

TENANT SIGNAGE:

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

BUILDING HOURS:

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

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

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

NON COMPETE:

Landlord agrees not to lease space to another dialysis provider within a three (3) mile radius of Premise.

GOVERNMENTAL COMPLIANCE:

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

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 January 28, 2014. 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 January 28,

2014 neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

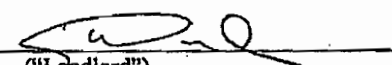
Landlord recognizes USI Real Estate Brokerage Services Inc. as the Tenant's sole representatives and shall pay a brokerage fee equal to three percent (3%) of the rental value of the term beyond the current expiration (8/22/2022) per separate commission agreement. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Please provide copies of site and construction plans or drawings.

Agreed to and accepted this 31 Day of 10 2013

Agreed to and accepted this 1 Day of Nov. 2013

By: 
("Landlord")

By: 
("Tenant")

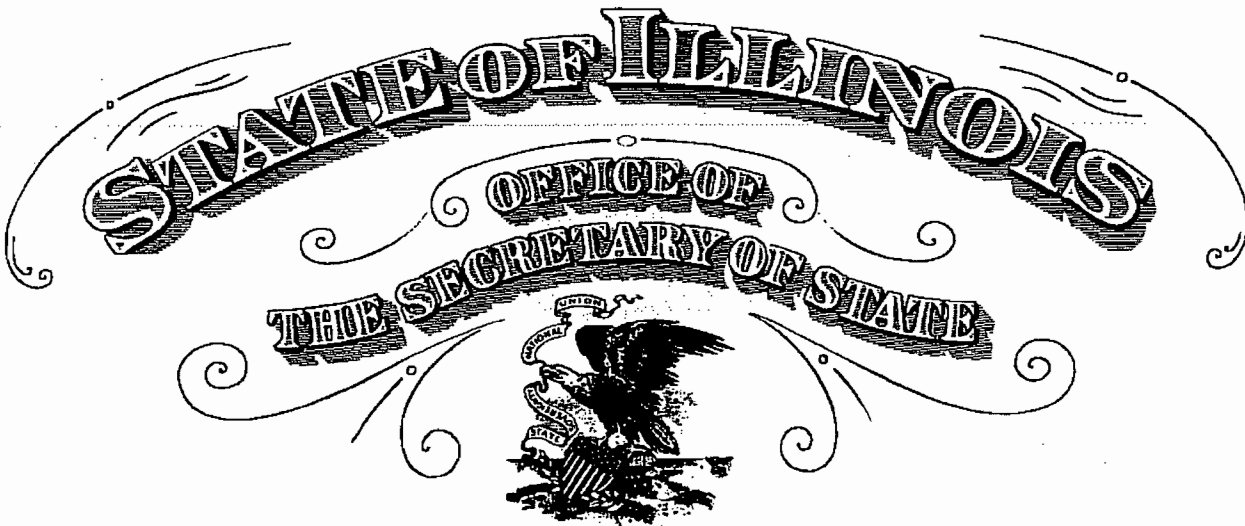
EXHIBIT A

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

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

The Illinois Certificate of Good Standing for Renal Treatment Centers – Illinois, 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

RENAL TREATMENT CENTERS - ILLINOIS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON FEBRUARY 14, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1230301886

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 29TH
day of OCTOBER A.D. 2012 .*

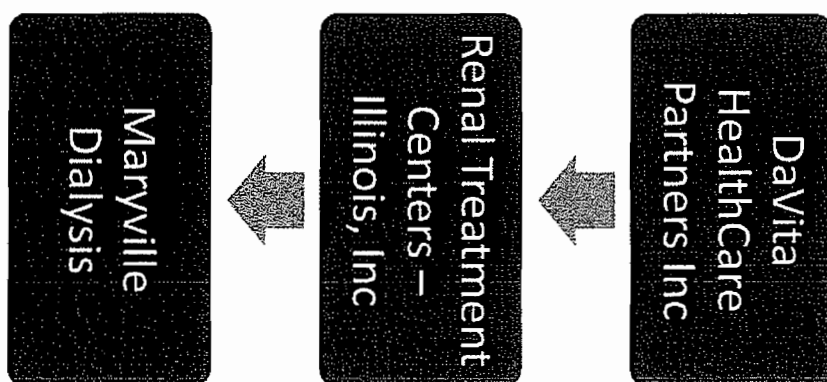
Jesse White

SECRETARY OF STATE

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

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

Maryville Dialysis Organizational Chart



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 2102 Vadalabene Drive, Maryville, Illinois 62062. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located on panel 1704360100B. This is a non-printed panel with no special flood hazard area identified.



Scale: 7 % LOMC: 13-05-4609A-170436



Zoom Win

Zoom In

Zoom Out

1:1

Zoom In

Zoom Out

MAX

Print

Print Area

Follow Instructions

1. Select page size
Letter 8.5x11
Legal 8.5x14
Tabloid 11x17

2. Select & Move Areas

Print Area

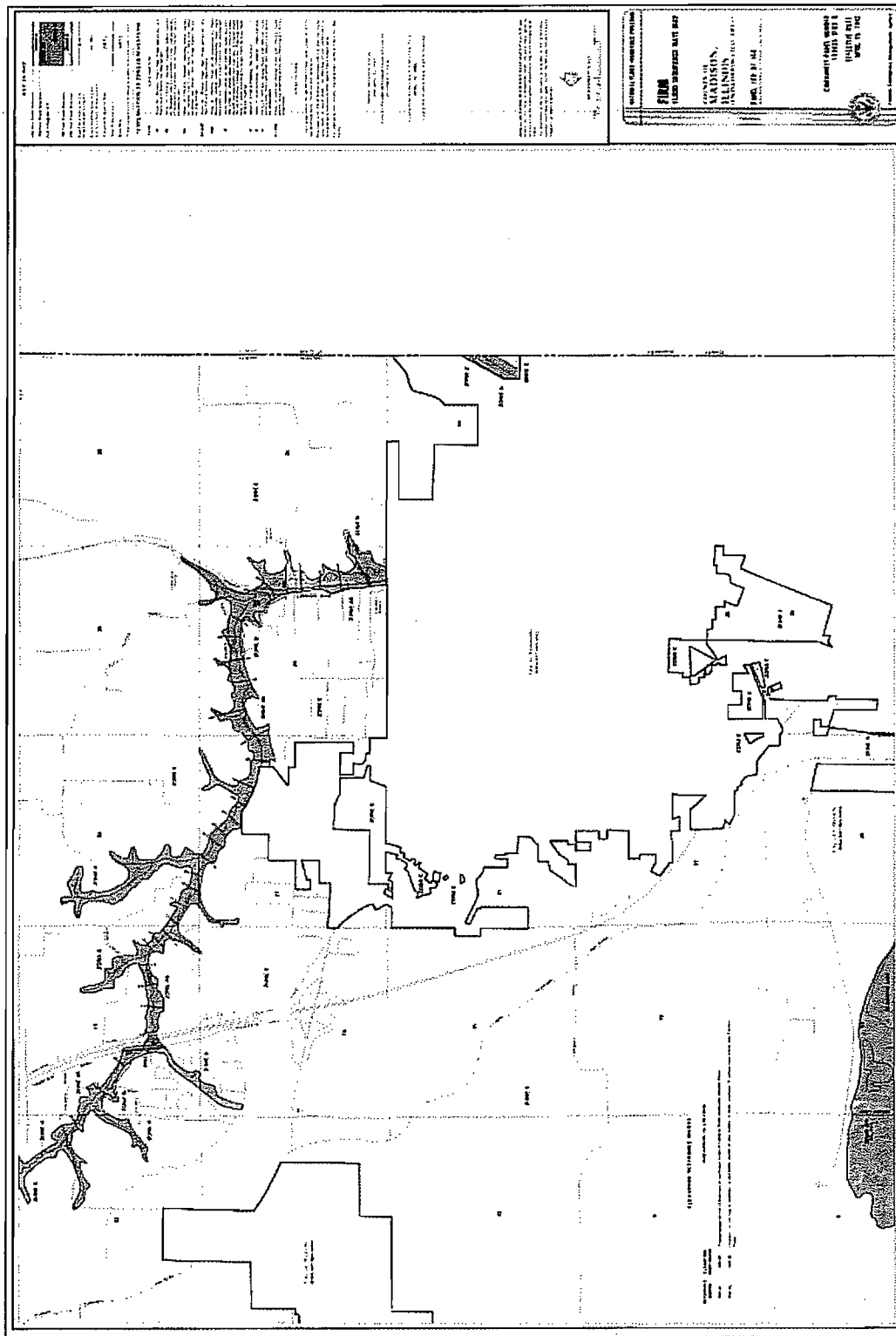
Scale and North Arrow

Title Block

3. Create FIRmette

Adobe PDF

Image File



COMMUNITY-PANEL NUMBER
170436 0100 B
EFFECTIVE DATE:
APRIL 15, 1982



APPROXIMATE SCALE
1000 0 1000 FEET

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

COUNTY OF
MADISON,
ILLINOIS
(UNINCORPORATED AREAS)

PANEL 100 OF 160
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY-PANEL NUMBER
170436 0100 B

EFFECTIVE DATE
APRIL 15, 1982



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

City of Maryville
AREA NOT INCLUDED

RAILROAD

FEMA Flood Insurance Rate Maps, Studies, and Database Products

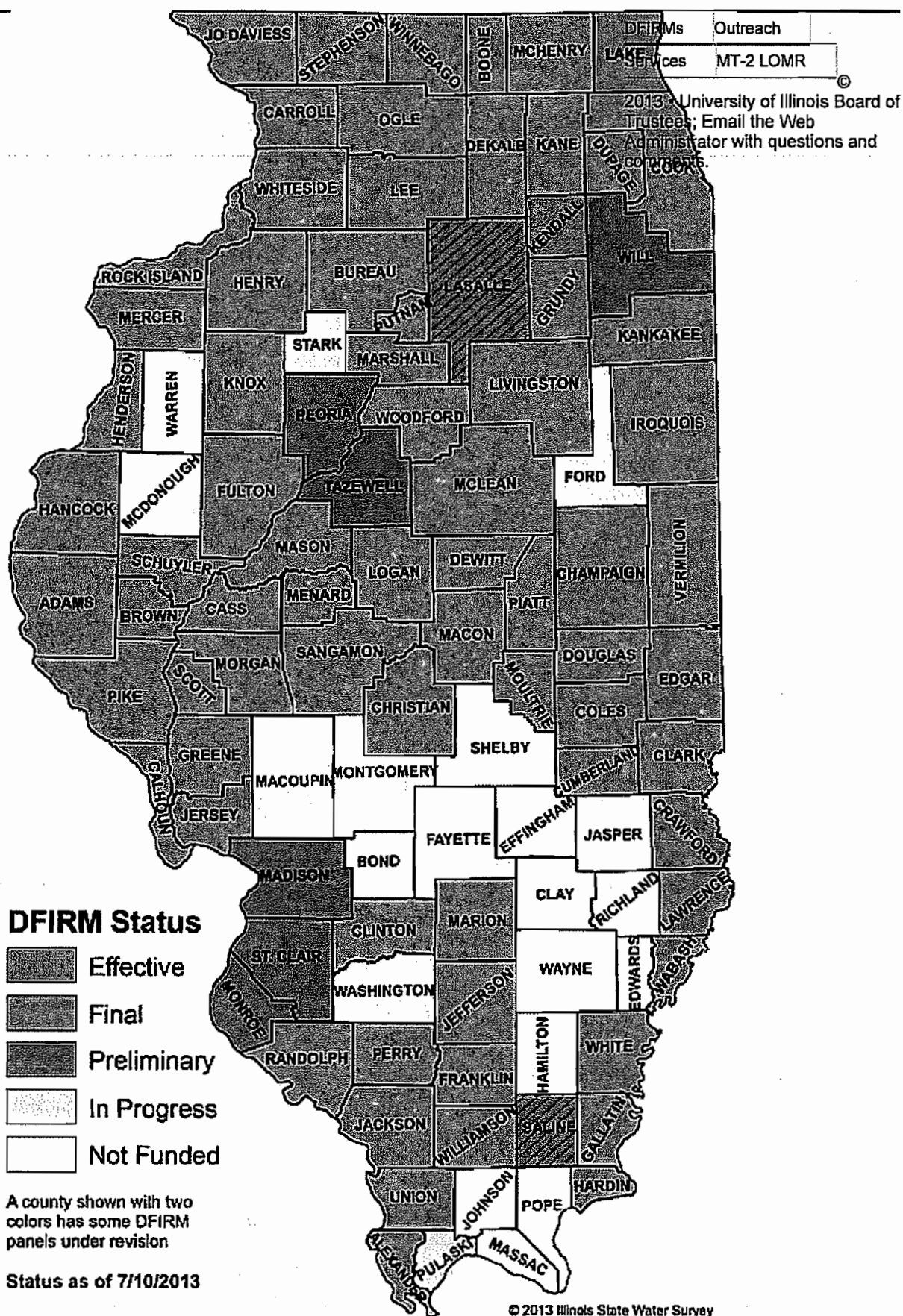
The Illinois State Water Survey is providing preliminary and final Flood Insurance Rate Maps on this web site. Maps revised between preliminary and final phases are not posted. Effective Flood Insurance Rate Maps are posted at the Federal Emergency Management Agency Map Service Center web site. The FEMA web site for each effective digital FIRM may be accessed by selecting the county and individual map.

What is a DFIRM?

The Digital Flood Insurance Rate Map (DFIRM) Database is a digital version of the FEMA flood insurance rate map that is designed for use with digital mapping and analysis software.

A sample DFIRM showing areas of greater flood risk in blue

The DFIRM is designed to provide the user with the ability to determine the flood zone, base flood elevation within one foot and the floodway status for a particular location. It also has National Flood Insurance Program (NFIP) community information, map panel information, cross section and hydraulic structure information, and base map information like road, stream, and public land survey data.



To download or view a map, click the bolded counties on the map above. Counties in red are preliminary, and are for review purposes only. Preliminary maps are not official, and are not to be reproduced or used as official FEMA maps until they are finalized. There is a six month period, before maps become effective, in which the community updates, revises, and adopts ordinances to comply with the new FEMA maps. During this six month period a county's status is considered final. Counties in blue have final maps. Counties in green have become effective. Counties with hash marks have revisions for some panels. Please see our disclaimer.

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Resources Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Madison County

Maryville

CON - Establish a 14-station Dialysis Facility
2102 Vadalabene Dr.
IHPA Log #007091113

September 26, 2013

Timothy Tincknell
DaVita Healthcare Partners, Inc.
2611 N. Halsted St.
Chicago, IL 60614

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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

Table 11/20.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$915,900		\$915,900
Contingencies	\$91,590		\$91,590
Architectural/Engineering Fees	\$86,375		\$86,375
Consulting and Other Fees	\$80,500		\$80,500
Moveable and Other Equipment			
Communications	\$106,005		\$106,005
Water Treatment	\$112,345		\$112,345
Bio-Medical Equipment	\$10,885		\$10,885
Clinical Equipment	\$175,240		\$175,240
Clinical Furniture/Fixtures	\$14,944		\$14,944
Lounge Furniture/Fixtures	\$3,065		\$3,065
Storage Furniture/Fixtures	\$6,537		\$6,537
Business Office Fixtures	\$13,595		\$13,595
General Furniture/Fixtures	\$16,275		\$16,275
Signage	\$16,000		\$16,000
Total Moveable and Other Equipment	\$474,891		\$474,891
Fair Market Value of Leased Space	\$921,710		\$921,710
Total Project Costs	\$2,570,966		\$2,570,966

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	\$2,570,966	5,825			5,825		
Total Clinical	\$2,570,966	5,825			5,825		
NON CLINICAL							
Total Non-clinical							
TOTAL	\$2,570,966	5,825			5,825		

Section II, Discontinuation
Criterion 1110.130(a), General

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "Board") to discontinue its existing 12-station dialysis facility at 2130 Vadalabene Drive, Maryville, Illinois 62062 (the "Existing Facility") and establish a 12-station dialysis facility at 2102 Vadalabene Drive, Maryville, Illinois 62062 (the "Replacement Facility"). The Replacement Facility will be approximately 0.05 miles, or 5 seconds, from the Existing Facility.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: July 31, 2015
4. The Applicants lease space for the Existing Facility from Maryville Medical Park, LLC. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

Section II, Discontinuation

Criterion 1110.130(b), Reasons for Discontinuation

The Existing Facility is suboptimal for patients and staff, and in need of repair. The HVAC system was installed prior to the build out of the Existing Facility in 2002 and repeated repairs have not rectified the system's shortfalls. The HVAC system cannot maintain a uniform temperature throughout the building. Further, it cannot adequately balance the humidity levels, and as a result, the floors often appear wet and in warmer months are covered with a thin film, which creates a fall hazard for patients, visitors, and DaVita teammates. This risk is heightened during emergent situations.

Additionally, DaVita has incurred significant costs to maintain the Existing Facility, compared to other DaVita facilities in the region. Over the past 4 ½ years, the repairs and maintenance expense has ranged from a low of 14% greater than the DaVita Regional average to a high of 83% greater than the DaVita Regional average. These expenditures are primarily tied to plumbing repairs due to leaky copper pipes. While repairs and maintenance expense for 2013 is 19% greater than the DaVita Regional average, these ongoing leaks present further fall risks and potential damage to the facility.

Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 12 dialysis stations in approximately 4,950 GSF, or 412.5 GSF per station, and is small for an ESRD facility. As a result, there is inadequate space to store medical records, medical supplies, and biohazard waste. The facility has no dedicated conference room. The Social Worker and Facility Administrator share an office, making it difficult for patients to meet privately with the Social Worker and for teammates to meet privately with the Facility Administrator. In addition, the facility has only one unisex restroom for 3 male and 13 female staff. 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.

The Existing Facility has increased its hours of operation to accommodate its increasing patient census; however, operations are limited due to the service hours of area transit companies. Approximately 60% of the Existing Facility's 64 patients utilize public transit services. While there are six transit companies that serve the area, the majority of patients use one of three companies with wheelchair accessibility. Each of these companies restricts how late in the day it will run, which creates transportation issues for patients dialyzing on the third shift. One company operates until 7:00 PM on a shared ride system with a 2 hour window for pick up. Patients with complications or post treatment bleeding could miss their ride or have to wait up to 2 hours for the next ride. A second company does not run past 5:00 PM and not at all on Tuesday, Thursday, and Saturday. The third company does not run past 5:00 PM on Saturdays for their wheelchair van.

Further, the Maryville Peritoneal Dialysis and Home Hemodialysis services are housed in a separate facility, two doors down from the existing in-center hemodialysis unit, at 2136 Vadalabene Drive. Even though these are separate services, the Medical Director and clinical staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility. The proposed facility at 2102 Vadalabene Drive would house all of these services under one roof.

The proposed site of the Replacement Facility is in an adjacent office complex, approximately 0.05 miles and literally seconds away from the existing in-center and home units. Combining the units in one building will increase overall efficiency and staff productivity. The Facility Administrator will be able to more frequently assist in patient needs and the Administrative Assistant will be able to support additional operations. In addition, Patient Care Technicians in the In-Center unit can cross over and assist as needed in the Home program. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs and improve access.

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

1. The relocation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to DaVita's ESRD patient population by providing patients residing throughout the Metro East area with a modernized dialysis facility. All existing patients are expected to transfer to the Replacement Facility. The Applicants seek authority from the Board to discontinue its existing 12-station dialysis facility at 2130 Vadalabene Drive, Maryville, Illinois 62062 and establish a 12-station dialysis facility at 2102 Vadalabene Drive, Maryville, Illinois 62062. The Replacement Facility will be approximately 0.05 miles, or 5 seconds, from the Existing Facility.
2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time of the Existing Facility. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10. MapQuest printouts of all existing facilities within 45 minutes normal travel time from the Existing Facility are attached at Appendix – 1. See Appendix – 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.

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

Facility	Address	City	State	Zip Code	HSA	Mileage	Drive Time	Adjusted Drive Time
Sauget Dialysis	2061 Goose Lake Road	Sauget	Illinois	62206	11	17.17	21	24.15
Metro East Dialysis	5105 West Main Street	Belleville	Illinois	62226-4728	11	21.29	28	32.2
Granite City Dialysis	9 American Village	Granite City	Illinois	62040	11	12.68	18	20.7
Alton Dialysis	3511 College Avenue	Alton	Illinois	62002	11	21.48	26	29.9
FMC Southwestern Illinois	75 East Gate Plaza	East Alton	Illinois	62024	11	18.29	23	26.45
Shiloh Dialysis	1095 North Green Mount Road	Belleville	Illinois	62221	11	21.16	25	28.75
RAI - Fairview Heights	821 Lincoln Highway	Fairview Heights	Illinois	62208	11	11.2	22	25.3
Maryville Dialysis	2130 Vadalaberne Drive	Maryville	Illinois	62062	11	0	0	0
Edwardsville Dialysis	235 South Buchanan St.	Edwardsville	Illinois	62025	11	5.84	11	12.65

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. The proposed project involves the discontinuation of Maryville Dialysis's existing 12-station dialysis facility and the establishment of a 12-station Replacement Facility located at 2102 Vadalabene Drive, Maryville, Illinois 62062 to better serve ESRD patients residing in and around Maryville.

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 2012 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on July 15, 2013 as part of Applicant's application for Proj. No. 13-045.

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 was previously submitted on September 11, 2013 as part of Applicant's application for Proj. No. 13-060.

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 increasing prevalence 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

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

received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 26 percent began therapy with a fistula – eight times higher than the rate among non-referred patients (3 percent).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 pre-ESRD 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 approximately \$1.5 billion in savings to the health care system and the American taxpayer since 2010, with \$486 million in savings in 2012 alone.

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 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. Through 2012, the DaVita Way of Giving program has donated \$1.75 million to more than 600 local charities from Ronald McDonald House to small community-support entities selected by teammates at clinics across DaVita's 43-state footprint.

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. Bridge of Life has trained 19 doctors, 111 nurses, 246 technicians and 19 technicians to expand access to dialysis in 11 countries on four continents.

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 – 11A.

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 – 11B.

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 – 11B.

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	14-2747	
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	
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717	
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552	

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
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
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
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalla 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
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	
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

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

Dear Chairwoman Olson:

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 Renal Treatment Centers - Illinois, Inc. in the State of Illinois during the three year period prior to filing this application.

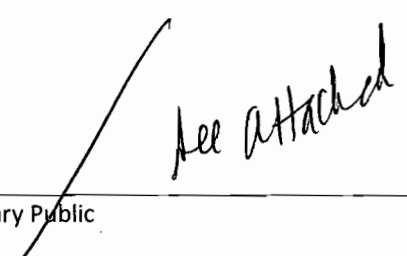
Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit.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


Print Name: Arturo Sida
Its: Vice President and Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This 9th day of September, 2013



Notary Public

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On 9/9/13 before me, Michelle Dawn Esters, Notary Public
(Here insert name and title of the officer)

personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Michelle Dawn Esters

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

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 2130 Vadalabene Drive, Maryville, Illinois, 62062 0.05 miles, or 5 seconds to 2102 Vadalabene Drive, Maryville, Illinois 62062 (the "Replacement Facility") to address physical plant issues at the Existing Facility.

The Existing Facility is suboptimal for both patients and staff. The HVAC system was installed prior to the build out of the Existing Facility and cannot adequately maintain a constant temperature throughout the facility or balance humidity levels during warmer months, which causes the floors to become wet and slick. Additionally, the Existing Facility has problems with leaking pipes, resulting in numerous plumbing repairs. As the Applicant does 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 an office complex adjacent to the proposed relocation site. This relocation site was selected due to its proximity to both the Existing Facility and the Maryville Home Hemodialysis and Peritoneal Dialysis unit. The proposed Replacement Facility will house all three modalities under the same roof, resulting in numerous operational and logistical efficiencies.

The Existing Facility has suboptimal sight-lines for monitoring of patients. Work station design for patient and staff visibility is 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 a significant issue in dialysis because of vascular access issues that occur during dialysis and blood loss risks relating to needles potentially dislodging. Also, 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, obstructed sight lines pose increased safety risks. Thus, the Applicants must relocate to a modern facility, with enhanced accommodations and improved utilities, to improve access and better provide for the needs of the area's ESRD patients and their families.

The Replacement Facility is needed to serve the growing demand for dialysis services in the area. Currently, the Existing Facility serves 64 in-center ESRD patients. Henry Purcell, M.D., the Medical Director for Maryville Dialysis, anticipates all 64 current patients will transfer to the Replacement Facility. Furthermore, Dr. Purcell is currently treating 97 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility. 50 of these Stage 4 & 5 CKD patients reside within 15 minutes of the proposed facility. See Appendix – 3. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 31 of these closest 50 pre-ESRD patients will require dialysis within the next 12 to 24 months. Thus, approximately 95 patients will receive treatment at the Replacement Facility within 24 months of project completion. The existing facility's 64 current patients represents an 88.9% utilization rate, which already exceeds the State's 80% standard. With the expected growth in patient volume, the Existing Facility must relocate in order to have the capacity to expand in subsequent years as need warrants. The Replacement Facility will be plumbed to be able to accommodate up to 16 stations. This would allow for a future census capacity of 96 in-center ESRD patients.

As shown in Attachment – 12A, including the Existing Facility for Maryville Dialysis, there are currently 8 existing or approved dialysis facilities within 30 minutes normal travel time of the proposed site for Maryville Dialysis. As collected and reported by the Staff of the IHFSRB, the "Renal Network Utilization Data" for the quarter ended June 30, 2013, utilization of existing and approved facilities is 72.3 %. Excluding Shiloh Dialysis, which was Medicare certified on July 2, 2013, and had 1 patient as of June 30, 2013, the average utilization increases to 81.1%, or just above the State Board's utilization standard. Additionally, it's important to note that the number of patients receiving treatment

for ESRD from facilities within the service area has increased by 3.73%, or 17 patients, in the last quarter (Q2 2013) alone.

Furthermore, utilization of all existing facilities, within a 30 minute travel time, to accommodate growing need for dialysis, is not feasible. Four of the eight facilities (including the Existing Facility) are already well over 80% utilization. Shiloh Dialysis just recently opened and has its own projected referral base. It is also on the cusp of the 30 minute radius from the proposed relocation site, at 28.75 minutes adjusted drive time and is over 21 miles away. While the remaining three facilities (Granite City Dialysis, Edwardsville Dialysis, and FMC Southwestern Illinois) all have their own projected referral bases, Dr. Purcell only rounds at Edwardsville Dialysis. He has just over 10 patients at Edwardsville Dialysis and has referred 5 patients there since 2012. Thus, based upon the current census coupled with the projected growth in ESRD patients, as documented in Dr. Purcell's referral letter, a relocated Maryville Dialysis, with the capability for future expansion, is warranted.

2. A map of the market area for the proposed facility is attached at Attachment – 12B. The market area encompasses an approximate 15 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Midway, Illinois.
- Northeast approximately 20 minutes normal travel time to Marine, Illinois.
- East approximately 30 minutes normal travel time to Highland, Illinois.
- Southeast approximately 30 minutes normal travel time to Lebanon, Illinois.
- South approximately 30 minutes normal travel time to Swansea, Illinois.
- Southwest approximately 20 minutes normal travel time to East St. Louis, Illinois.
- West approximately 20 minutes normal travel time to Nameoki, Illinois.
- Northwest approximately 20 minutes normal travel time to Oldenburg, Illinois.

3. 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).

U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010 available at <http://www.usrds.org/2010/view/default.asp> (last visited Nov. 18, 2011).

U.S. Renal Data System, USRDS 2007 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2007 available at <http://www.usrds.org/atlas07.aspx> (last visited Nov. 18, 2011).

U.S. Renal Data System, USRDS 2012 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2012.

4. As stated above, the Existing Facility is suboptimal for both patients and staff. As the Applicant does 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 an office complex adjacent to the proposed relocation site. The Existing Facility has physical plant issues pertaining to HVAC concerns resulting in the inability to maintain a constant temperature throughout the facility, as well as wet, slick floors, during times of high humidity levels. The Existing Facility has also had problems with leaky pipes, resulting in numerous plumbing repairs. This relocation site was selected

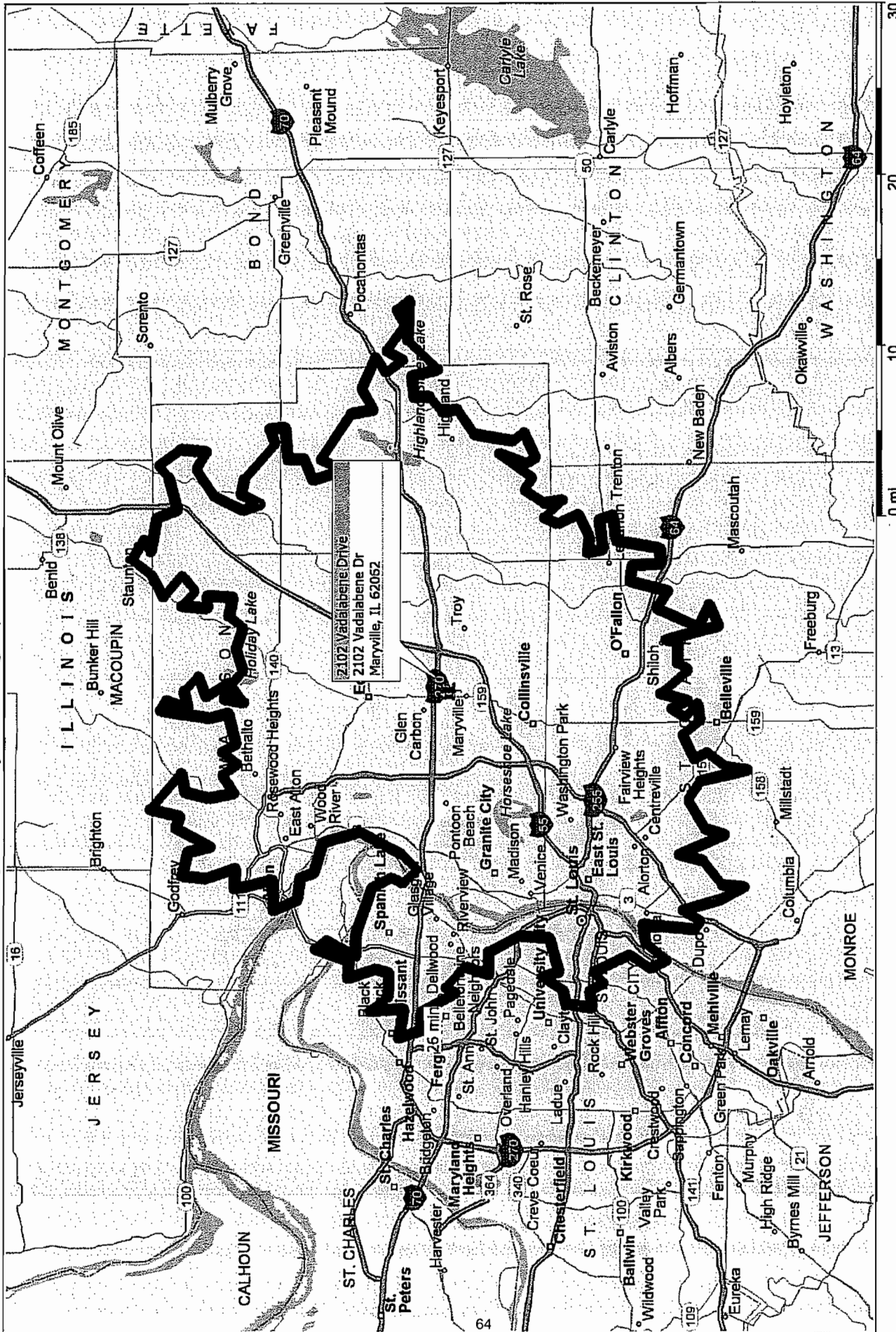
due to its proximity to both the Existing Facility and the Maryville Home Hemodialysis and Peritoneal Dialysis unit. The proposed relocation facility will be able to house all three modalities under the same roof, resulting in numerous operational and logistical efficiencies. Thus, the Applicants must relocate to a modern facility, with enhanced accommodations and improved utilities, to improve access and better provide for the needs of the area's ESRD patients and their families.

5. The Applicants anticipate the proposed facility will have quality outcomes comparable to other DaVita facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which was approximately \$1.5 billion in savings to the health care system and the American taxpayer since 2010.

Table 1110.230(b)

Facility	Address	City	State	Zip Code	Adjusted Drive Time	06-30-2013 Patients	06-30-2013 Utilization
Sauget Dialysis	2061 Goose Lake Road	Sauget	Illinois	62206	24.15	80	83.33%
Granite City Dialysis	9 American Village	Granite City	Illinois	62040	20.7	67	55.83%
Alton Dialysis	3511 College Avenue	Alton	Illinois	62002	29.9	70	83.33%
FMC Southwestern Illinois	75 East Gate Plaza	East Alton	Illinois	62024	26.45	61	53.51%
Shiloh Dialysis	1095 North Green Mount Road	Belleville	Illinois	62221	28.75	1	1.39%
RAI - Fairview Heights	821 Lincoln Highway	Fairview Heights	Illinois	62208	25.3	101	84.17%
Maryville Dialysis	2130 Vadalaberne Drive	Maryville	Illinois	62062	5 seconds	64	88.89%
Edwardsville Dialysis	235 South Buchanan St.	Edwardsville	Illinois	62025	11.5	29	60.42%
						473	72.32%

Maryville Dialysis Geographic Service Area



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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 Maryville Dialysis. After exploring the options below in detail, the Applicants determined to relocate the Existing Facility in order to address the physical plant issues and create operational efficiencies. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

The Existing Facility is suboptimal for patients and staff, and in need of repair. The HVAC system was installed prior to the build out of the Existing Facility in 2002 and repeated repairs have not rectified the system's shortfalls. The HVAC system cannot maintain a uniform temperature throughout the building. Further, it cannot adequately balance the humidity levels, and as a result, the floors often appear wet and in warmer months are covered with a thin film, which creates a fall hazard for patients, visitors, and DaVita teammates. This risk is heightened during emergent situations.

Additionally, DaVita has incurred significant costs to maintain the Existing Facility, compared to other DaVita facilities in the region. Over the past 4 ½ years, the repairs and maintenance expense has ranged from a low of 14% greater than the DaVita Regional average to a high of 83% greater than the DaVita Regional average. These expenditures are primarily tied to plumbing repairs due to leaky copper pipes. While repairs and maintenance expense for 2013 is 19% greater than the DaVita Regional average, these ongoing leaks present further fall risks and potential damage to the facility.

Finally, the design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 12 dialysis stations in approximately 4,950 GSF, or 412.5 GSF per station, and is small for an ESRD facility. As a result, there is inadequate space to store medical records, medical supplies, and biohazard waste. The facility has no dedicated conference room. The Social Worker and Facility Administrator share an office, making it difficult for patients to meet privately with the Social Worker and for teammates to meet privately with the Facility Administrator. In addition, the facility has only one unisex restroom for 3 male and 13 female staff. 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. There is no capital cost with this alternative.

Renovate the Existing Facility

As the Applicants do not own the building, they have 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 houses 12 dialysis stations in approximately 4,950 GSF, or 412.5 GSF per station, and is small for an ESRD facility. As a result, the space is inadequate to store medical records, medical supplies, and biohazard waste. The facility also has no dedicated conference room. The Social Worker and Facility Administrator share an office, making it difficult for patients who want to meet privately with the Social Worker and teammates who need to meet privately with the Facility Administrator. In addition, the facility has one unisex restroom for 3 male and 13 female staff. 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.

The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation. The facility is unable to expand without breaking the shell (east wall) of the building, and removing up to 12 parking spaces. As an alternative, the landlord

proposed relocating to a site, which he also owns. At its present 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, and space to expand to address the growing need for dialysis services in the community, to better address its patients' needs and to improve access to a broader patient-base.

Utilize Existing Facilities

The Replacement Facility is needed to serve the growing demand for dialysis services in the area. Currently, the Existing Facility serves 64 in-center ESRD patients. Henry Purcell, M.D., the Medical Director for Maryville Dialysis, anticipates all 64 current patients will transfer to the Replacement Facility. Furthermore, Dr. Purcell is currently treating 97 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility. 50 of these Stage 4 & 5 CKD patients reside within 15 minutes of the proposed facility. See Appendix - 3. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 31 of these closest 50 pre-ESRD patients will require dialysis within the next 12 to 24 months. Thus, approximately 95 patients will receive treatment at the Replacement Facility within 24 months of project completion. The existing facility's 64 current patients represents an 88.9% utilization rate, which already exceeds the State's 80% standard. With the expected growth in patient volume, the Existing Facility must relocate in order to have the capacity to expand in subsequent years as need warrants. The Replacement Facility will be plumbed to accommodate up to 16 stations. This would allow for a future census capacity of 96 in-center ESRD patients.

There is no capital cost with the alternative of utilizing Existing Facilities. However, the Existing Facilities, in their present state, will not be able to accommodate the projected growth in ESRD patients over the next 24 months.

Relocate Maryville Dialysis

DaVita determined that the most effective and efficient way to serve its patients and address the dialysis needs of HSA 11 is to relocate the Existing Facility. The proposed site for the Replacement Facility is located 0.05 miles from the current site, and will adequately serve Maryville Dialysis's current and patient-base.

Thus, the Applicants selected this option.

The cost associated with this option is **\$2,570,966**.

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 4,320 to 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the proposed dialysis facility is 5,825 gross square feet. The Replacement Facility meets the State standard.

Table 1110.234(a) SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	5,825 GSF	6,240 GSF	415	YES

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

By the second year of operation, the proposed facility's annual utilization will meet 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.

Henry Purcell, M.D., the Medical Director for Maryville Dialysis, anticipates all 64 current patients will transfer to the Replacement Facility. Furthermore, Dr. Purcell is currently treating 97 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility. 50 of these Stage 4 & 5 CKD patients reside within 15 minutes of the proposed facility. See Appendix – 3. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 31 of these closest 50 pre-ESRD patients will require dialysis within the next 12 to 24 months. Thus, approximately 95 patients will receive treatment at the Replacement Facility within 24 months of project completion.

Table 1110.234(b) Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
2010	ESRD	8,354	N/A	8,986	Not Met
2011	ESRD	9,157	N/A	8,986	Yes
2012	ESRD	9,691	N/A	8,986	Yes
2013 Projected	ESRD	9,639	N/A	8,986	Yes
2014	ESRD	N/A	9,850	8,986	Yes
2015	ESRD	N/A	10,452	8,986	Yes
2016	ESRD	N/A	10,920	8,986	Yes

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

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

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

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

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

1. Planning Area Need

The Applicants propose to relocate its existing 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 to a new 12-station dialysis facility at 2102 Vadalabene Drive, Maryville, Illinois 62062. The Existing Facility is suboptimal for both patients and staff. The poorly functioning HVAC system and ongoing leaking pipes creates safety concerns for patients, visitors, and staff. Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies and does not comply with DaVita's internal physical plant standards in terms of unobstructed sight lines to patients. The storage space within the facility for medical records, medical supplies, or biohazard waste is inadequate. There is no conference room and the shared office space makes any private consultation with patients and staff difficult. There is only one unisex staff restroom for 3 male and 13 female teammates (employees). Further, the Maryville Home Hemodialysis and Peritoneal Dialysis services are housed separately from the In-Center Existing Facility in another building, two doors down to the East. Even though these are separate services, the Medical Director and staff serve patients in both areas. Since the physician or staff cannot access the two facilities internally, they must go outside from facility to facility to serve patients in both areas. This can be an inconvenience of time, as well as a necessary nuisance in periods of inclement weather. Contiguous suites are important to improving the overall operational efficiency of the facility. The proposed relocation site will house all three ESRD modalities under the same roof.

The site of the Replacement Facility is in an adjacent office complex, approximately 0.05 miles and literally seconds away from the existing in-center and home units. Combining the units will increase overall efficiency and staff productivity. The Facility Administrator will be able to more frequently assist in patient needs and the Administrative Assistant will be able to support additional operations. In addition, Patient Care Technicians in the In-Center unit can cross over and assist as needed in the Home program. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs and improve access.

Henry Purcell, M.D., the Medical Director for Maryville Dialysis, anticipates all 64 current patients will transfer to the Replacement Facility. See Appendix – 3. Furthermore, Dr. Purcell is currently treating 97 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility. 50 of these Stage 4 & 5 CKD patients reside within 15 minutes of the proposed facility. See Appendix – 3. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 31 of these closest 50 pre-ESRD patients will require dialysis within the next 12 to 24 months. Thus, approximately 95 patients will receive treatment at the Replacement Facility within 24 months of project completion. See Appendix – 3.

The relocation of Maryville Dialysis is necessary provide patients with a modernized dialysis facility.

2. Service to Planning Area Residents

The primary purpose is to ensure that the ESRD patient population of the greater Maryville area has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Appendix – 3, 62 of 64 current patients and all 97 of his Stage 4 and 5 pre-ESRD patients live in the service area. The closest 50 Stage 4 and 5 pre-ESRD patients presented in this application, live within 0 and 6.5 miles to the proposed facility.

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

Henry Purcell, M.D., the Medical Director for Maryville Dialysis, anticipates all 64 current patients will transfer to the Replacement Facility. See Appendix – 3. Furthermore, Dr. Purcell is currently treating 97 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility. 50 of these Stage 4 & 5 CKD patients reside within 15 minutes of the proposed facility. See Appendix – 3. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 31 of these closest 50 pre-ESRD patients will require dialysis within the next 12 to 24 months. Thus, approximately 95 patients will receive treatment at the Replacement Facility within 24 months of project completion.

4. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to maintain access to life-sustaining dialysis for patients in the greater Maryville area. The relocation is necessary to provide essential care to ESRD patients in the Maryville community, as the Existing Facility is in need of repair and cannot adequately serve the patient needs. The expanded Replacement Facility will better accommodate current and future demand for dialysis services and ensure dialysis services are accessible to residents of Maryville.

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

- a. The proposed dialysis facility will be located at 2102 Vadalabene Drive, Maryville, Illinois 62062. A map of the Maryville Dialysis market area is attached at Attachment – 26A. 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
62239	DUPO	4,954
62206	EAST SAINT LOUIS	16,509
62059	LOVEJOY	759
62090	VENICE	1,189
62207	EAST SAINT LOUIS	8,750
62205	EAST SAINT LOUIS	9,329
62201	EAST SAINT LOUIS	7,547
62204	EAST SAINT LOUIS	7,960
62223	BELLEVILLE	17,560
62203	EAST SAINT LOUIS	8,209
62208	FAIRVIEW HEIGHTS	17,376
62232	CASEYVILLE	7,260
62060	MADISON	4,847
62040	GRANITE CITY	43,735
62048	HARTFORD	1,459
62087	SOUTH ROXANA	2,087
62084	ROXANA	1,606
62002	ALTON	32,704
62095	WOOD RIVER	11,237
62024	EAST ALTON	9,775
62018	COTTAGE HILLS	3,604
62010	BETHALTO	11,186
62269	O FALLON	31,348
62289	SUMMERFIELD	350
62254	LEBANON	6,089
62234	COLLINSVILLE	33,430
62062	MARYVILLE	7,658
62034	GLEN CARBON	13,819
62025	EDWARDSVILLE	33,748
62294	TROY	14,367
62046	HAMEL	713
62097	WORDEN	2,828
62281	SAINT JACOB	2,155

62061	MARINE	1,718
62249	HIGHLAND	15,971
62001	ALHAMBRA	1,752
62058	LIVINGSTON	843
62273	PIERRON	426
Total		396,857

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited August 28, 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 – 26B.

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 124.3% of the State average, and the average utilization of existing dialysis facilities within the GSA is 72.3%. (Excluding Shiloh Dialysis that has been in operation for less than one year, the average utilization of existing facilities within the GSA is 81.1%. Shiloh Dialysis is also over 21 miles from the proposed relocation site for Maryville Dialysis.) 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 124.3% 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	396,857	157	1:2,528	Yes
State	12,830,632	4,083	1:3,143	

b. Historic Utilization of Existing Facilities

As recently as June 30, 2013, the Existing Facility operated at 88.9% utilization. Following relocation to a more accessible modern space, Dr. Purcell anticipates that he will refer approximately 31 of the current pre-ESRD patients to the Replacement Facility within the first 12 to 24 months of project completion. As a result, the facility will continue to maintain target utilization within 24 months following project completion. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services.

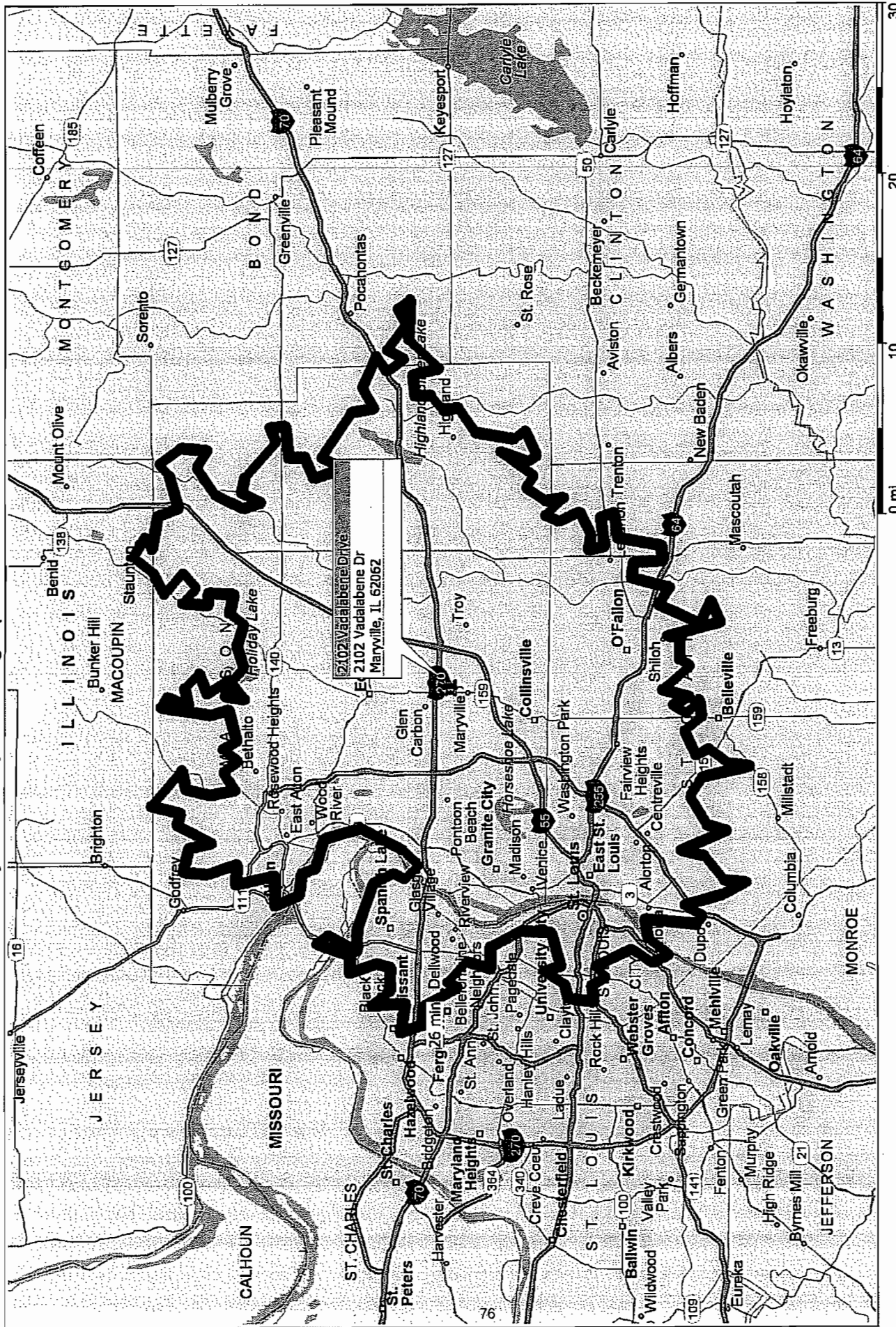
c. Sufficient Population to Achieve Target Utilization

The Applicants propose to discontinue their existing 12-station facility and establish a 12-station facility. The Existing Facility treated 64 patients, as of June 30, 2013. To achieve the State Board's 80% utilization standard for a 12-station facility, within the first two years after project completion, the Applicants would not need any additional patient referrals. (The Existing Facility already exceeds 80% utilization.) As stated in Appendix – 3, conservatively, Dr. Purcell anticipates referring 31 of the current pre-ESRD patients within 12 to 24 months of project completion. As the future referrals to Maryville Dialysis grow, the proposed dialysis facility will expand as need warrants. 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.

Maryville Dialysis Geographic Service Area



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Table 1110.130(c), Facilities within 45 Minutes Driving Time of Existing Facility								
Facility	Address	City	State	Zip Code	HSA	Mileage	Drive Time	Adjusted Drive Time
Sauget Dialysis	2061 Goose Lake Road	Sauget	Illinois	62206	11	17.17	21	24.15
Metro East Dialysis	5105 West Main Street	Belleville	Illinois	62226-4728	11	21.29	28	32.2
Granite City Dialysis	9 American Village	Granite City	Illinois	62040	11	12.68	18	20.7
Alton Dialysis	3511 College Avenue	Alton	Illinois	62002	11	21.48	26	29.9
FMC Southwestern Illinois	75 East Gate Plaza	East Alton	Illinois	62024	11	18.29	23	26.45
Shiloh Dialysis	1095 North Green Mount Road	Belleville	Illinois	62221	11	21.16	25	28.75
RAI - Fairview Heights	821 Lincoln Highway	Fairview Heights	Illinois	62208	11	11.2	22	25.3
Maryville Dialysis	2130 Vadalaberne Drive	Maryville	Illinois	62062	11	0	0	0
Edwardsville Dialysis	235 South Buchanan St.	Edwardsville	Illinois	62025	11	5.84	11	12.65

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: Henry Purcell, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Purcell's curriculum vitae is attached at Attachment – 26C.
 - b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 12-station dialysis facility and establish and relocate to a 12-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 – 26D.
3. As set forth in the letter from Arturo Sida, Vice President and Assistant Corporate Secretary of DaVita HealthCare Partners Inc., attached at Attachment – 26E, the Replacement Facility will maintain an open medical staff.

ST. LOUIS NEPHROLOGY AND HYPERTENSION

HENRY E. PURCELL, M.D.**6400 Clayton Road Suite 412 St. Louis, MO 63117****Phone 314-644-3535****S. TIM KANUNGO, M.D.****St. Louis, MO 63117****Fax 314-644-3255**

Curriculum Vitae

Personal:

Birth January 7, 1958
Richmond Heights, Missouri

Residence 9437 Caddyshack Circle
St. Louis, MO 63127

Spouse Sharon Kay Purcell

Children Robert August Purcell
Henry Knox Purcell
Michael Gregory Purcell
Tessa Costigan Purcell
Samuel Prebil Purcell

Business Office

6400 Clayton Road
Suite 412
St. Louis, MO 63117
Phone: 314-644-3535
Fax: 314-644-3235

Education

College	University of Notre Dame Notre Dame, IN 46556 B.S. Physics, 1980
Medical School	St. Louis University School of Medicine 1402 South Grand St. Louis, MO 63104 M.D. 1984
Internship	Internal Medicine June 1984 – June 1985 Director: Earnest Mazzaferri, M.D. Ohio State University Hospital 1655 Upham Drive Columbus, OH 43210
Residency	Internal Medicine June 1985 – June 1987 Director: Earnest Mazzaferri, M.D. Ohio State University Hospital 1655 Upham Drive Columbus, OH 43210
Fellowship	Nephrology July 1987 – June 1990 Director: Saulo Klahr, M.D. Washington University School of Medicine 1 Barnes Hospital Plaza St. Louis, MO 63110
Board Certification	Internal Medicine: ABIM 1987 # 116189 Nephrology: ABIM 1990 Recertified 2000, 2010 # 116189

Private Practice

July 1990 – August 1991
St. Louis Nephrology Associates
10004 Kennerly Road
St. Louis, MO 63128

October 1991 – June 30, 1997
St. Mary's Medical Group
1035 Bellevue Avenue
St. Louis, MO 63117

July 1, 1997 – Present
St. Louis Nephrology and Hypertension
6400 Clayton Road, Ste. 412
St. Louis, MO 63117

BNDD	4960105
DEA	BP1919553
Mo Lic.	MDR9H62
Ill. Lic.	036-094969
NPI	1467530410

Hospital Staffs

St. Mary's Health Center	since 1990
Kindred Hospital St. Louis	since 1991
Mercy Hospital	since 1991
Missouri Baptist	since 1990
Anderson	since 1998
St. Clare Hospital	Since 190

Medicare Provider # 00000 6020
Medicaid Provider # 202 83 9536

Professional Memberships

St. Louis Metropolitan Medical Society
Missouri State Medical Association
American Medical Association
Renal Physicians Association

Publications

Pulmonary Embolism as a result of Hickman Catheter related thrombosis.

American Journal of Medicine. 86(2):228-331, 1989.

Coexistence of porphyria cutanea tarda and autoimmune hemolytic anemia.

American Journal of Medicine. 87(2):243, 1989.

Expression and distribution of renal vacuolar proton-translocating adenosine triphosphatase in response to chronic acid and alkali loads in the rat.

Journal of Clinical Investigation. 88(1):126-136, 1991.

Cellular distribution of H⁺-ATPase following acute unilateral ureteral obstruction in rats.

American Journal of Physiology. 261 (renal fluid electrolyte physiology 30): F365-F376, 1991.

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.

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Origination Date: 1995

Revision Date: Dec 2007, Sept 2011

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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 – 26E is a letter from Arturo Sida, Vice President and Assistant Corporate Secretary of DaVita HealthCare Partners 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.

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

Re: Certification of Support Services

Dear Chairwoman Olson:

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 Maryville Dialysis will maintain an open medical staff.

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

- DaVita utilizes an dialysis electronic data system;
- Maryville Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, 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,


Print Name: Arturo Sida
Its: Vice President and Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This 9th day of September, 2013

Notary Public

see attached

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On 9/9/13 before me, Michelle Dawn Esters, Notary Public
(Here insert name and title of the officer)

personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Michelle Dawn Esters
Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

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- Print the name(s) of document signer(s) who personally appear at the time of notarization.
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- Securely attach this document to the signed document

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 St. Louis MO-IL (Metro East) metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

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

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

FOR COMPANY USE ONLY PCN (or clinic #): 2414

PATIENT TRANSFER AGREEMENT

THIS PATIENT TRANSFER AGREEMENT (the "Agreement") is made the ____ day of May, 2007 (the "Effective Date"), by and between Southwestern Illinois Health Facilities, Inc. dba Anderson Hospital (hereinafter "Hospital"), and Total Renal Care, Inc. (hereinafter "Company").

WITNESSETH

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following Company clinic:

*Edwardsville Dialysis
235 S. Buchanan
Edwardsville, IL 62025*

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities; and

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities.

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. HOSPITAL OBLIGATIONS. In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

4-1-07
(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission on the Accreditation of Healthcare Organizations ("JCAHO") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable

discrimination or based upon the patient's inability to pay for services rendered by either facility.

2. COMPANY OBLIGATIONS.

(a) Upon transfer of a patient to Hospital, Company agrees:

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Company agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;
- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

(c) Company agrees to readmit to its facilities patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital agrees to keep the administrator or designee of Company advised of the condition of the patients that will affect the anticipated date of transfer back to Company and to provide as much notice of the transfer date as possible. Company shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to Company.

3. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively,

hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

5. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

6. **INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, comprehensive general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

7. **INDEMNIFICATION.**

(a) **Hospital Indemnity.** Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) **Company Indemnity.** Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and

agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

8. DISPUTE RESOLUTION. Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the state of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

9. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date.

Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. **AMENDMENT.** This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

11. **ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

12. **EXCLUDED PROVIDER.** Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

13. **NOTICES.** All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital: Anderson Hospital
6800 State Route 162
Maryville, IL 62062

If to Company: Total Renal Care, Inc.
235 S. Buchanan
Edwardsville, IL 62025
Attention: Administrator

with a copy to: DaVita Inc.
2611 N. Halsted
Chicago, IL 60614
Attention: Group General Counsel

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

15. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

16. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

17. **NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color religion, sex national origin, handicap, or veteran status.

18. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

19. **GOVERNING LAW.** The laws of the state of Illinois shall govern this Agreement.

20. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

21. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

22. **APPROVAL BY DAVITA INC. ("DAVITA") AS TO FORM.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita as to the form hereof.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the
day and year first above written.

COMPANY:

Total Renal Care, Inc.

By: Cindy Emery

Name: CINDY EMERY

Title: Regional Operations Director

HOSPITAL:

Southwestern Illinois Health
Facilities, Inc. dba Anderson
Hospital

By: Patricia A. Peverly

Name: Patricia A. Peverly

Title: Chief Nursing Officer

APPROVED AS TO FORM ONLY:

By: Steven E. Lieb

Name: Steven E. Lieb

Title: Group General Counsel

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

The Existing Facility is suboptimal for patients and staff, and in need of repair. The HVAC system was installed prior to the build out of the Existing Facility in 2002 and repeated repairs have not rectified the system's shortfalls. The HVAC system cannot maintain a uniform temperature throughout the building. Further, it cannot adequately balance the humidity levels, and as a result, the floors often appear wet and in warmer months are covered with a thin film, which creates a fall hazard for patients, visitors, and DaVita teammates. This risk is heightened during emergent situations.

Additionally, DaVita has incurred significant costs to maintain the Existing Facility, compared to other DaVita facilities in the region. Over the past 4 ½ years, the repairs and maintenance expense has ranged from a low of 14% greater than the DaVita Regional average to a high of 83% greater than the DaVita Regional average. These expenditures are primarily tied to plumbing repairs due to leaky copper pipes. While repairs and maintenance expense for 2013 is 19% greater than the DaVita Regional average, these ongoing leaks present further fall risks and potential damage to the facility.

Additionally, the design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 12 dialysis stations in approximately 4,950 GSF, or 412.5 GSF per station, and is small for an ESRD facility. As a result, there is inadequate space to store medical records, medical supplies, and biohazard waste. The facility has no dedicated conference room. The Social Worker and Facility Administrator share an office, making it difficult for patients to meet privately with the Social Worker and for teammates to meet privately with the Facility Administrator. In addition, the facility has only one unisex restroom for 3 male and 13 female staff. 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.

The Existing Facility has increased its hours of operation to accommodate its increasing patient census; however, operations are limited due to the service hours of area transit companies. Approximately 60% of the Existing Facility's 64 patients utilize public transit services. While there are six transit companies that serve the area, the majority of patients use one of three companies with wheelchair accessibility. Each of these companies restrict how late in the day they will run, which creates transportation issues for patients dialyzing on the third shift. One company operates until 7:00 PM on a shared ride system with a 2 hour window for pick up. Patients with complications or post treatment bleeding could miss their ride or have to wait up to 2 hours for the next ride. A second company does not run past 5:00 PM and not at all on Tuesday, Thursday, and Saturday. The third company does not run past 5:00 PM on Saturdays for their wheelchair van.

Further, the Maryville Peritoneal Dialysis and Home Hemodialysis services are housed in a separate facility, two doors down from the existing in-center hemodialysis unit, at 2136 Vadalabene Drive. Even though these are separate services, the Medical Director and clinical staff serve patients in both areas. Contiguous suites are important to improving the overall operational efficiency of the facility. The proposed facility at 2102 Vadalabene Drive would house all of these services under one roof.

The proposed site of the Replacement Facility is in an adjacent office complex, approximately 0.05 miles and literally seconds away from the existing in-center and home units. Combining the units in one building will increase overall efficiency and staff productivity. The Facility Administrator will be able to more frequently assist in patient needs and the Administrative Assistant will be able to support additional operations. In addition, Patient Care Technicians in the In-Center unit can cross over and assist as needed in the Home program. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs and improve access.

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

Attached at Attachment – 26G is a letter from Arturo Sida, Vice President and Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Renal Treatment Centers – Illinois, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation

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

Re: In-Center Hemodialysis Assurances

Dear Chairwoman Olson:

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

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

Sincerely,


Print Name: Arturo Sida
Its: Vice President and Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This 9th day of September, 2013



Notary Public

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On 9/9/13 before me, Michelle Dawn Esters Notary Public
(Here insert name and title of the officer)

personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Michelle Dawn Esters

Signature of Notary Public

(Notary Seal)



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(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

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(Title)

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- Securely attach this document to the signed document

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 **Maryville Medical Park, LLC**. A copy of DaVita's 2012 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with application 13-031.

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 submitted with application 13-031.

Section X, Economic Feasibility Review Criteria

Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 39A is a letter from Arturo Sida, Vice President and Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Renal Treatment Centers – Illinois, Inc. attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.

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

Re: Reasonableness of Financing Arrangements

Dear Chairwoman Olson:

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,

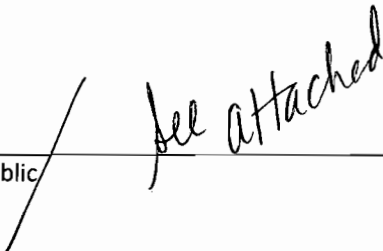


Print Name: Arturo Sida
Its: Vice President and Assistant Corporate Secretary
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This 9th day of September, 2013

Notary Public



See attached

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On 9/9/13 before me, Michelle Dawn Esters, Notary Public
(Here insert name and title of the officer)

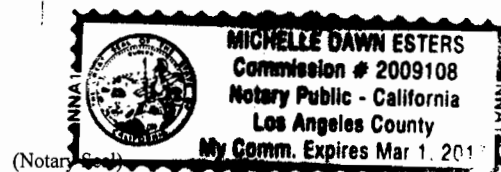
personally appeared Arthur Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

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- Securely attach this document to the signed document

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		\$157.24			5,825			\$915,900	\$915,900
Contingency		\$15.72			5,825			\$91,590	\$91,590
TOTALS		\$172.96			5,825			\$1,007,490	\$1,007,490

* 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	\$1,007,490	\$173.14 per gross square foot x 5,825 gross square feet = \$1,008,541	Below State Standard
Contingencies	\$91,590	10% -15% of New Construction Costs = 10% -15% x \$915,900 = \$91,590 - \$137,385	Met State Standard
Architectural/Engineering Fees	\$86,375	6.90% - 10.36% x (Construction Costs + Contingencies) = 6.90% - 10.36% x (\$915,900 + \$91,590) = 6.90% - 10.36% x \$1,007,490 = \$69,517 - \$104,376	Met State Standard
Consulting and Other Fees	\$80,500	No State Standard	No State Standard
Moveable Equipment	\$474,891	\$39,945 per station \$39,945 x 12 = \$479,340	Below State Standard

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

Operating Expenses: \$2,430,893

Treatments: 10,920

Operating Expense per Treatment: \$222.61

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

Capital Costs

Depreciation: \$213,976

Amortization: \$6,965

Total Capital Costs: \$220,941

Treatments: 10,920

Capital Costs per Treatment: \$20.23

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2012 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on July 15, 2013 as part of Applicant's application for Proj. No. 13-045. 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 \$1.5 billion in savings to the health care system and the American taxpayer since 2010.

The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), average utilization at existing dialysis facilities within 30 minutes normal travel time of the Replacement Facility is currently 72.3%. (Excluding Shiloh Dialysis that has been in operation for less than one year, the average utilization of existing facilities within the GSA is 81.1%. Shiloh Dialysis is also over 21 miles from the proposed relocation site for Maryville Dialysis.) Dr. Purcell anticipates all 64 current patients will transfer to the Replacement Facility. Dr. Purcell is currently treating 97 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility. 50 of these Stage 4 & 5 CKD patients reside within 15 minutes of the proposed facility. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that 31 of these closest 50 pre-ESRD patients will require dialysis within the next 12 to 24 months. Thus, approximately 95 patients will receive treatment at the Replacement Facility within 24 months of project completion.

2. The Existing Facility already has an 88.9% utilization rate, which is above the State's 80% standard. As such, the proposed facility is necessary to accommodate the growing demand for dialysis services, as it will allow for future expansion. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the relocation of Maryville Dialysis just 0.05 miles from its current location. Patients currently treated at Maryville Dialysis 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

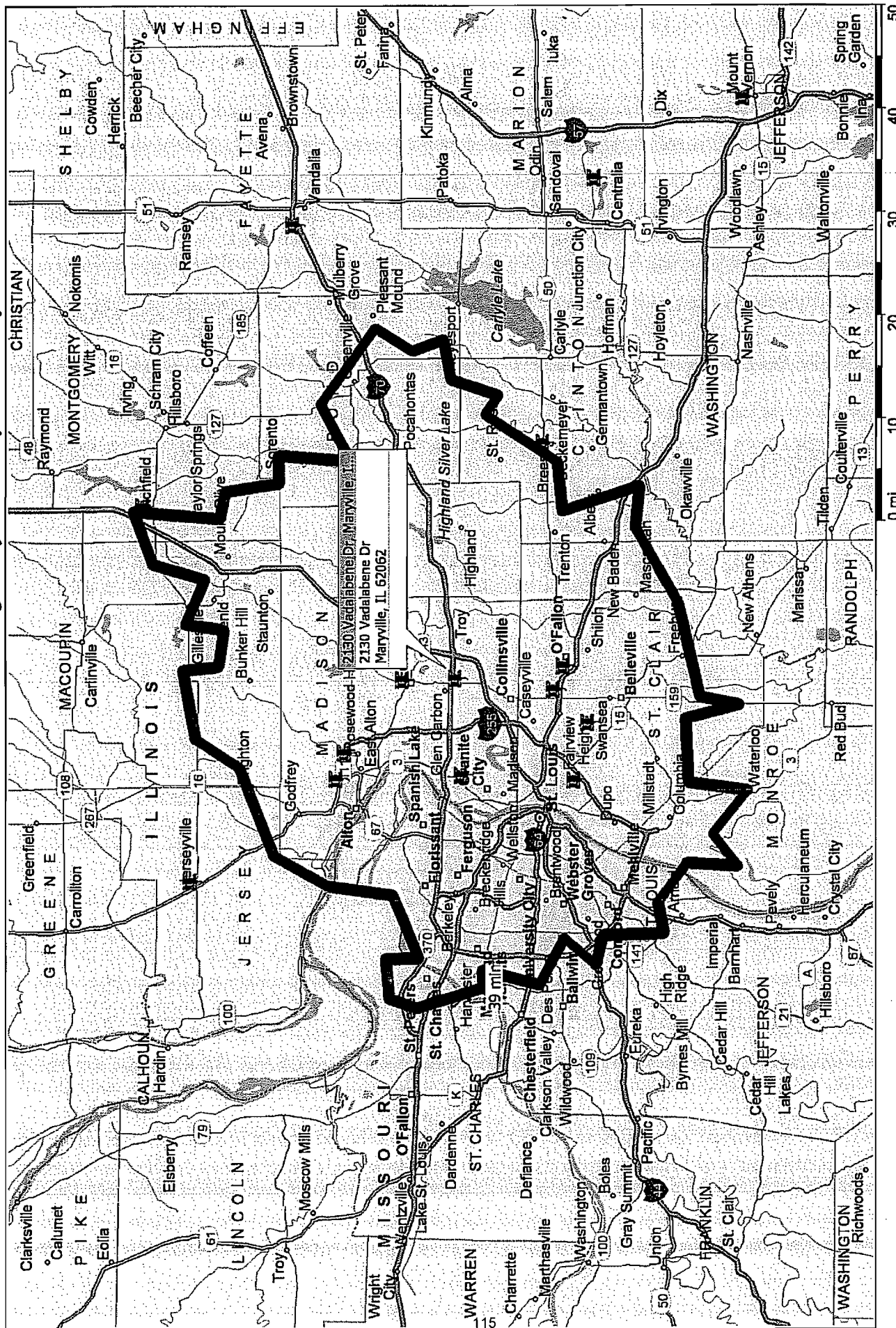
The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

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

45 Min Drive Time Zone from Existing Maryville Dialysis Facility



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 Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All
 rights reserved.



Trip to:

2061 Goose Lake Rd

Sauget, IL 62206-2822

17.17 miles / 21 minutes

Notes

Existing Maryville Dialysis to Sauget Dialysis

A 2130 Vadalabene Dr, Maryville, IL 62062-5632

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) **0.3 Mi**
0.3 Mi Total

2. Turn left onto N Center St / IL-159. Continue to follow IL-159. [Map](#) **1.4 Mi**
Randy's House of BBQ is on the corner 1.8 Mi Total

3. Merge onto I-55 S / I-70 W / US-40 W toward St Louis. [Map](#) **4.3 Mi**
6.1 Mi Total

4. Merge onto I-255 S via EXIT 10 toward Memphis. [Map](#) **10.2 Mi**
16.2 Mi Total

5. Take the Mousette Lane exit, EXIT 15. [Map](#) **0.3 Mi**
16.5 Mi Total

6. Turn right onto Mousette Ln. [Map](#) **0.1 Mi**
If you reach I-255 S you've gone about 0.2 miles too far 16.7 Mi Total

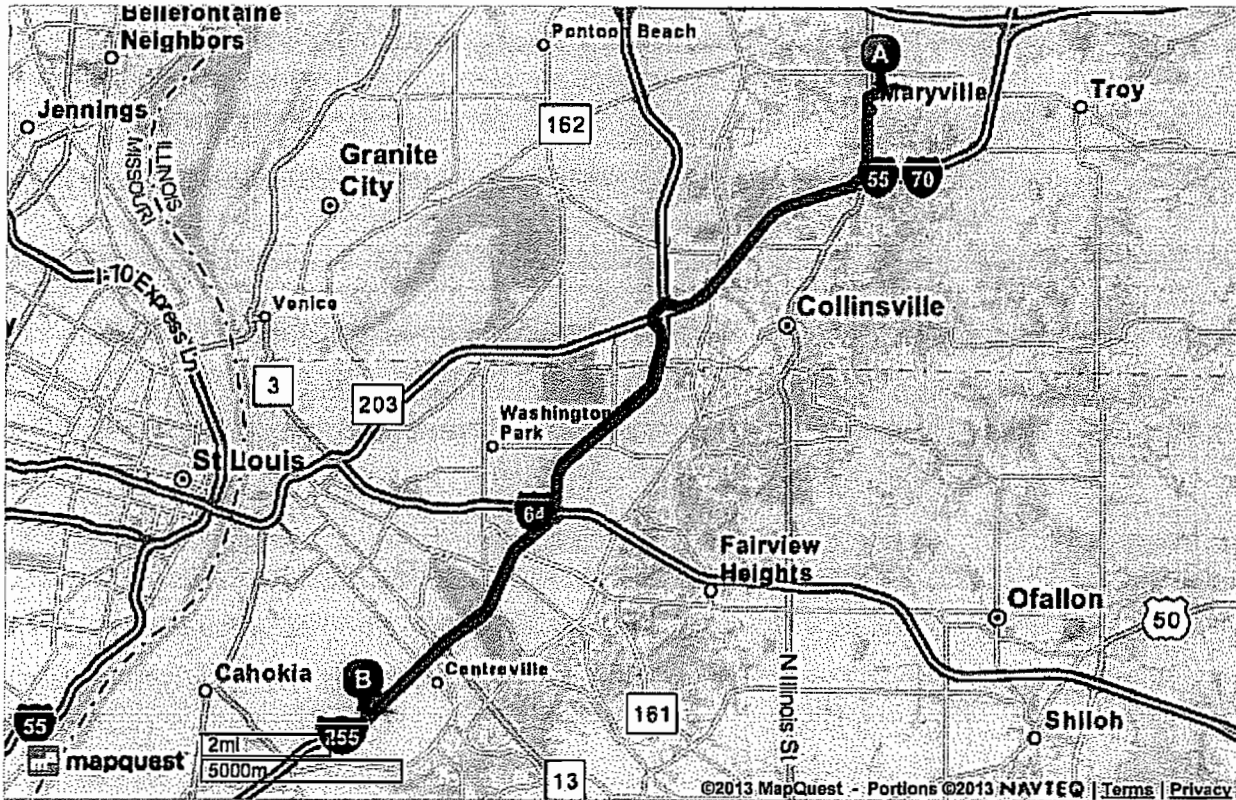
7. Take the 1st left onto Goose Lake Rd. [Map](#) **0.5 Mi**
If you are on Sauget Industrial Pky and reach Sauget Business Blvd you've gone about 1.3 miles too far 17.2 Mi Total

8. 2061 GOOSE LAKE RD is on the right. [Map](#)
Your destination is 0.1 miles past Grizzlie Bear Blvd
If you reach Carol St you've gone about 0.3 miles too far

B 2061 Goose Lake Rd, Sauget, IL 62206-2822

Total Travel Estimate: 17.17 miles - about 21 minutes

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Trip to:

5105 W Main St
 Belleville, IL 62226-4728
 21.29 miles / 28 minutes

Notes

Existing Maryville Dialysis to Metro East Dialysis

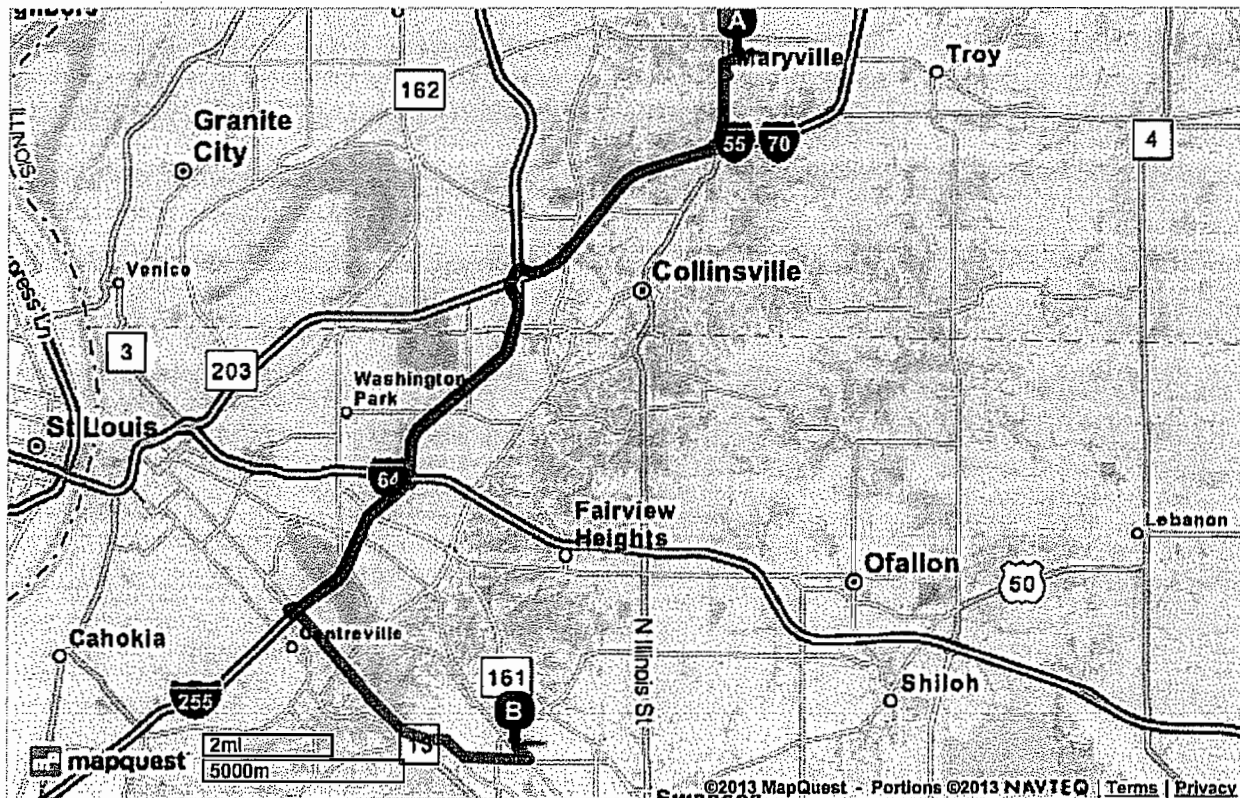
A 2130 Vadalabene Dr, Maryville, IL 62062-5632

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) 0.3 Mi
0.3 Mi Total
2. Turn left onto N Center St / IL-159. Continue to follow IL-159. [Map](#) 1.4 Mi
1.8 Mi Total
3. Merge onto I-55 S / I-70 W / US-40 W toward St Louis. [Map](#) 4.3 Mi
6.1 Mi Total
4. Merge onto I-255 S via EXIT 10 toward Memphis. [Map](#) 8.8 Mi
14.9 Mi Total
5. Merge onto IL-15 E via EXIT 17A toward Belleville. [Map](#) 3.5 Mi
18.4 Mi Total
6. Merge onto IL-13 S / Old St Louis Rd via the ramp on the left toward Belleville. [Map](#) 1.3 Mi
19.7 Mi Total
7. Stay straight to go onto N Belt W. [Map](#) 1.2 Mi
21.0 Mi Total
8. Turn sharp left onto W Main St. [Map](#) 0.3 Mi
21.3 Mi Total
9. 5105 W MAIN ST is on the right. [Map](#)

B 5105 W Main St, Belleville, IL 62226-4728

Total Travel Estimate: 21.29 miles - about 28 minutes

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Trip to:

9 American Vlg
Granite City, IL 62040-3706
12.68 miles / 18 minutes

Notes

Existing Maryville Dialysis to Granite City Dialysis

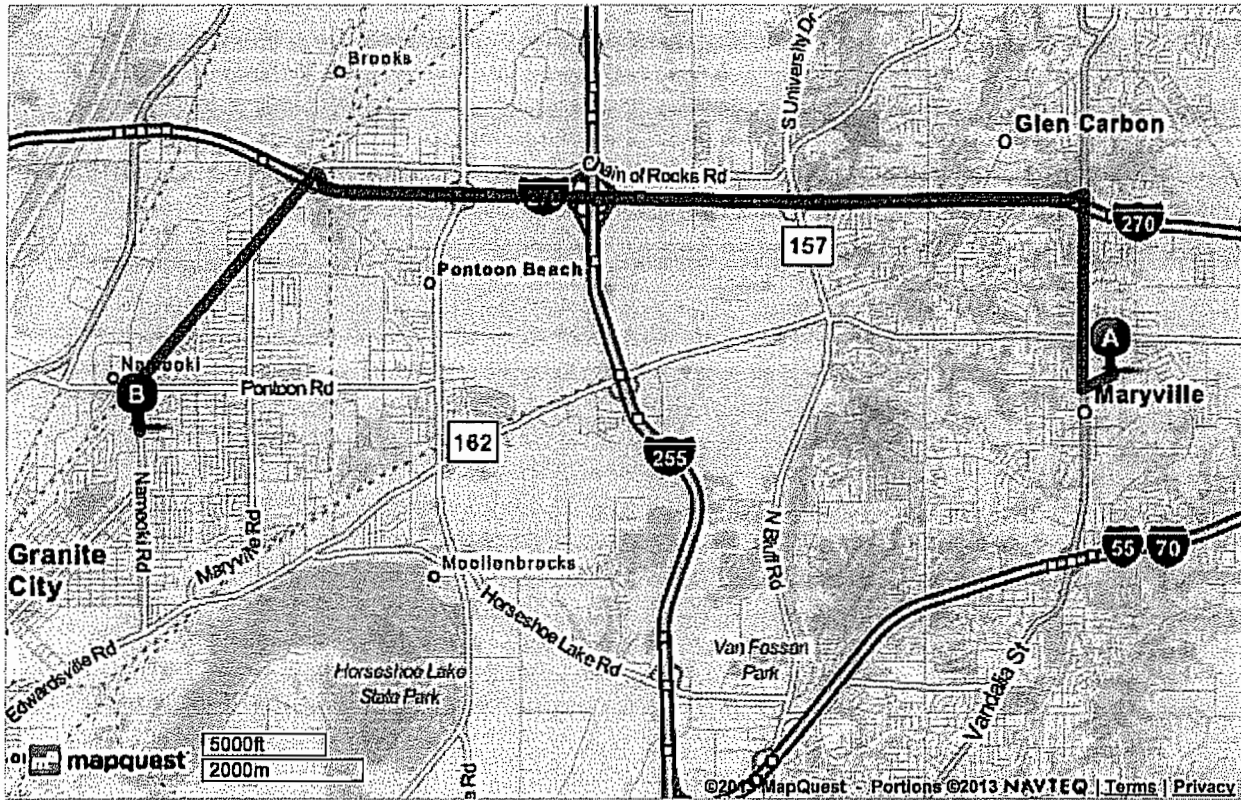
A 2130 Vadalabene Dr, Maryville, IL 62062-5632

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) 0.3 Mi
0.3 Mi Total
2. Turn right onto N Center St / IL-159. Continue to follow IL-159 N. [Map](#) 1.8 Mi
2.2 Mi Total
Randy's House of BBQ is on the corner
3. Merge onto I-270 W via the ramp on the left toward St Charles. [Map](#) 7.0 Mi
9.2 Mi Total
If you are on IL-159 N and reach IL-159 S you've gone about 0.1 miles too far
4. Take the IL-203 S exit, EXIT 4, toward Granite City. [Map](#) 0.4 Mi
9.6 Mi Total
5. Keep left to take the ramp toward Granite City. [Map](#) 0.05 Mi
9.6 Mi Total
6. Turn left onto Nameoki Rd / IL-203 S. [Map](#) 3.0 Mi
12.7 Mi Total
7. Turn right onto American Vlg. [Map](#) 0.01 Mi
12.7 Mi Total
*American Vlg is just past Cottage Ave
Arby's is on the right
If you reach Clark Ave you've gone a little too far*
8. **9 AMERICAN VLG** is on the right. [Map](#)
If you reach the end of American Vlg you've gone a little too far

B 9 American Vlg, Granite City, IL 62040-3706

Total Travel Estimate: 12.68 miles - about 18 minutes

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Trip to:

3511 College Ave

Alton, IL 62002-5009

21.48 miles / 26 minutes

Notes

Existing Maryville Dialysis to Alton Dialysis



2130 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn right onto N Center St / IL-159. Continue to follow IL-159 N. [Map](#)

1.8 Mi

2.2 Mi Total



3. Merge onto I-270 W via the ramp on the left toward St Charles. [Map](#)

4.3 Mi

6.4 Mi Total



4. Merge onto IL-255 N via EXIT 7B toward Wood River. [Map](#)

10.4 Mi

16.8 Mi Total



5. Take the IL-111 / IL-140 exit, EXIT 10, toward Alton / Bethalto. [Map](#)

0.3 Mi

17.1 Mi Total



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

0.06 Mi

17.1 Mi Total



7. Turn left onto E MacArthur Dr / IL-111 / IL-140. Continue to follow IL-140 W. [Map](#)

4.1 Mi

21.2 Mi Total



8. Make a U-turn onto College Ave / IL-140 E. [Map](#)

0.3 Mi

21.5 Mi Total



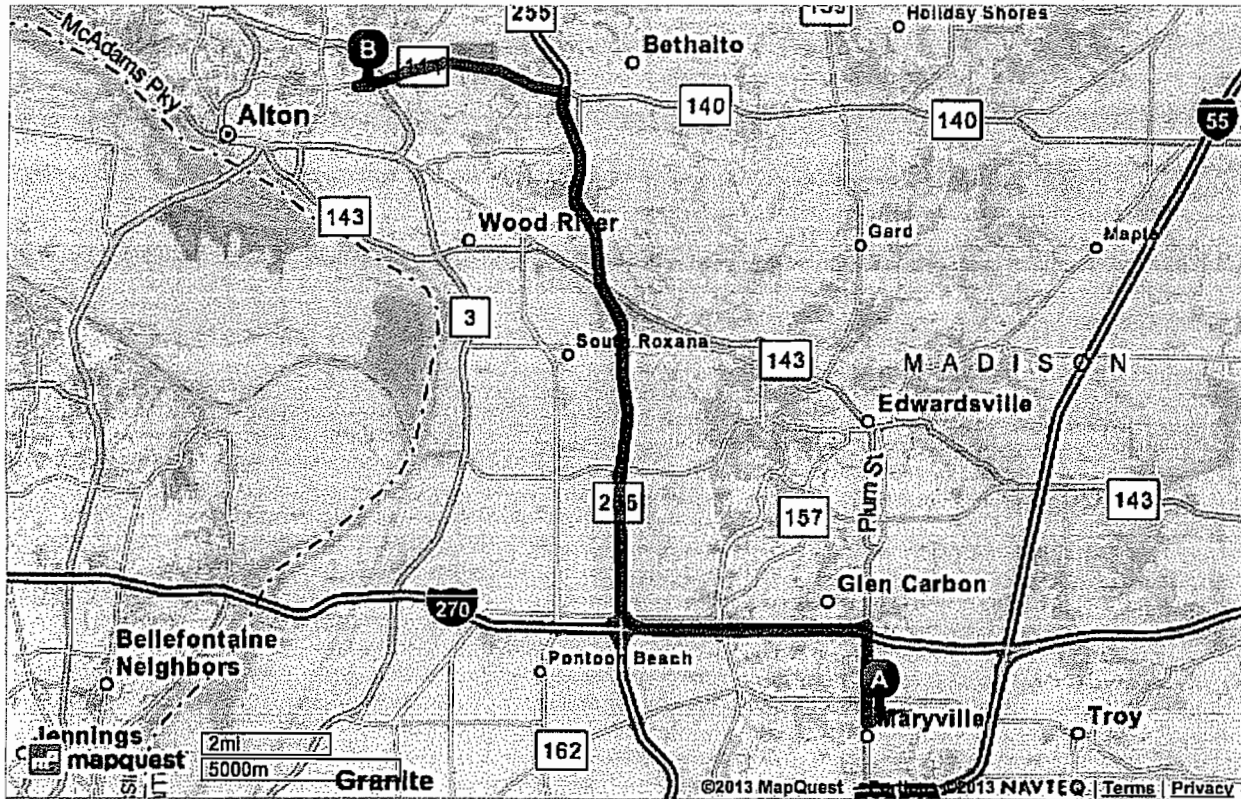
9. 3511 COLLEGE AVE. [Map](#)



3511 College Ave, Alton, IL 62002-5009

Total Travel Estimate: 21.48 miles - about 26 minutes

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Trip to:

75 Eastgate Plz

East Alton, IL 62024-1057

18.29 miles / 23 minutes

Notes

Existing Maryville Dialysis to FMC Southwestern Illinois

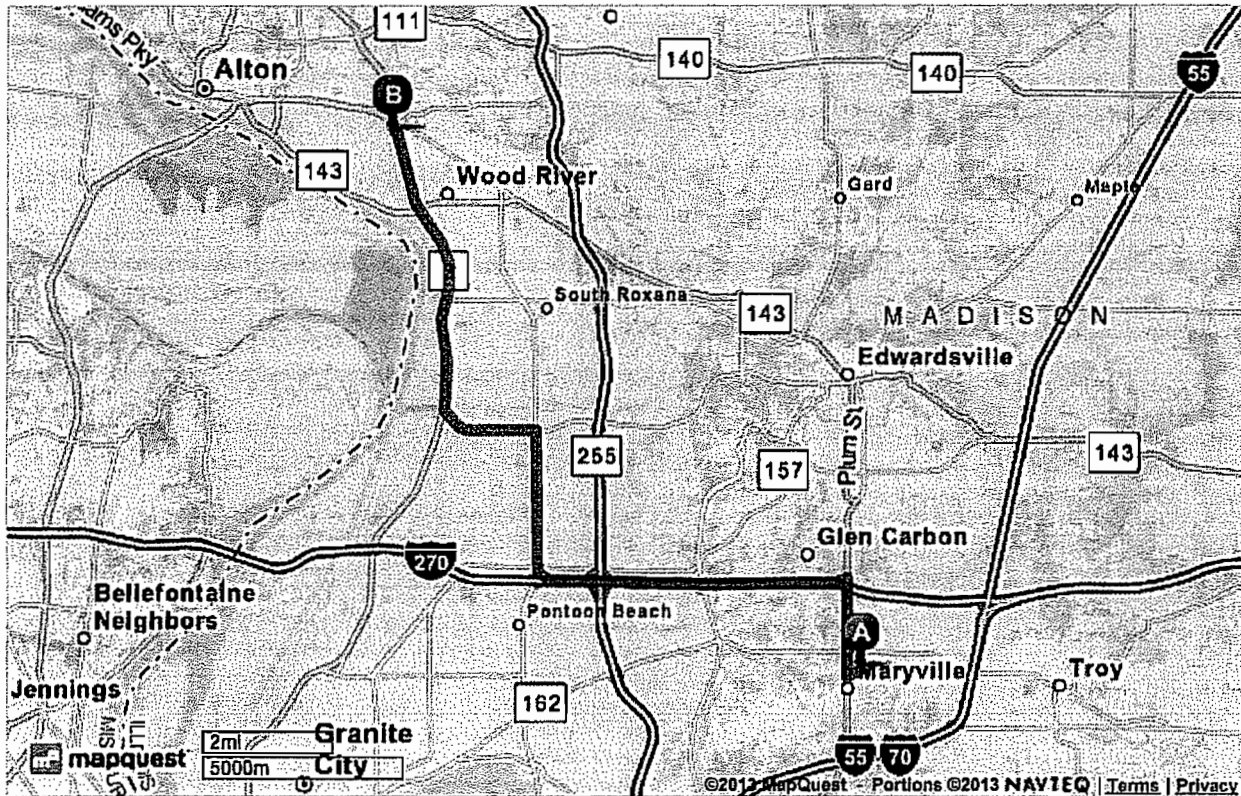
A 2130 Vadalabene Dr, Maryville, IL 62062-5632

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) 0.3 Mi
0.3 Mi Total
2. Turn right onto N Center St / IL-159. Continue to follow IL-159 N. [Map](#) 1.8 Mi
2.2 Mi Total
3. Merge onto I-270 W via the ramp on the left toward St Charles. [Map](#) 5.7 Mi
7.9 Mi Total
4. Merge onto IL-111 N via EXIT 6B toward Wood River. [Map](#) 3.0 Mi
10.8 Mi Total
5. Turn left onto New Poag Rd. [Map](#) 1.9 Mi
12.7 Mi Total
6. Turn right onto IL-3 N. [Map](#) 5.5 Mi
18.2 Mi Total
7. Turn left onto E Gateway Dr. [Map](#) 0.07 Mi
18.3 Mi Total
8. 75 EASTGATE PLZ. [Map](#)

B 75 Eastgate Plz, East Alton, IL 62024-1057

Total Travel Estimate: 18.29 miles - about 23 minutes

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Trip to:

1095 N Green Mount Rd

Belleville, IL 62221-3303

21.16 miles / 25 minutes

Notes

Existing Maryville Dialysis to Shiloh Dialysis

A 2130 Vadalabene Dr, Maryville, IL 62062-5632

- 

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) **0.3 Mi**
0.3 Mi Total
- 

2. Turn left onto N Center St / IL-159. Continue to follow IL-159. [Map](#) **1.4 Mi**
1.8 Mi Total
- 

3. Merge onto I-55 S / I-70 W / US-40 W toward St Louis. [Map](#) **4.3 Mi**
6.1 Mi Total
- 

4. Merge onto I-255 S via EXIT 10 toward Memphis. [Map](#) **4.8 Mi**
10.9 Mi Total
- 

5. Merge onto I-64 E / US-50 E via EXIT 20 toward Louisville. [Map](#) **9.4 Mi**
20.2 Mi Total
- 

6. Take EXIT 16 toward O'Fallon / Shiloh. [Map](#) **0.4 Mi**
20.6 Mi Total
- 

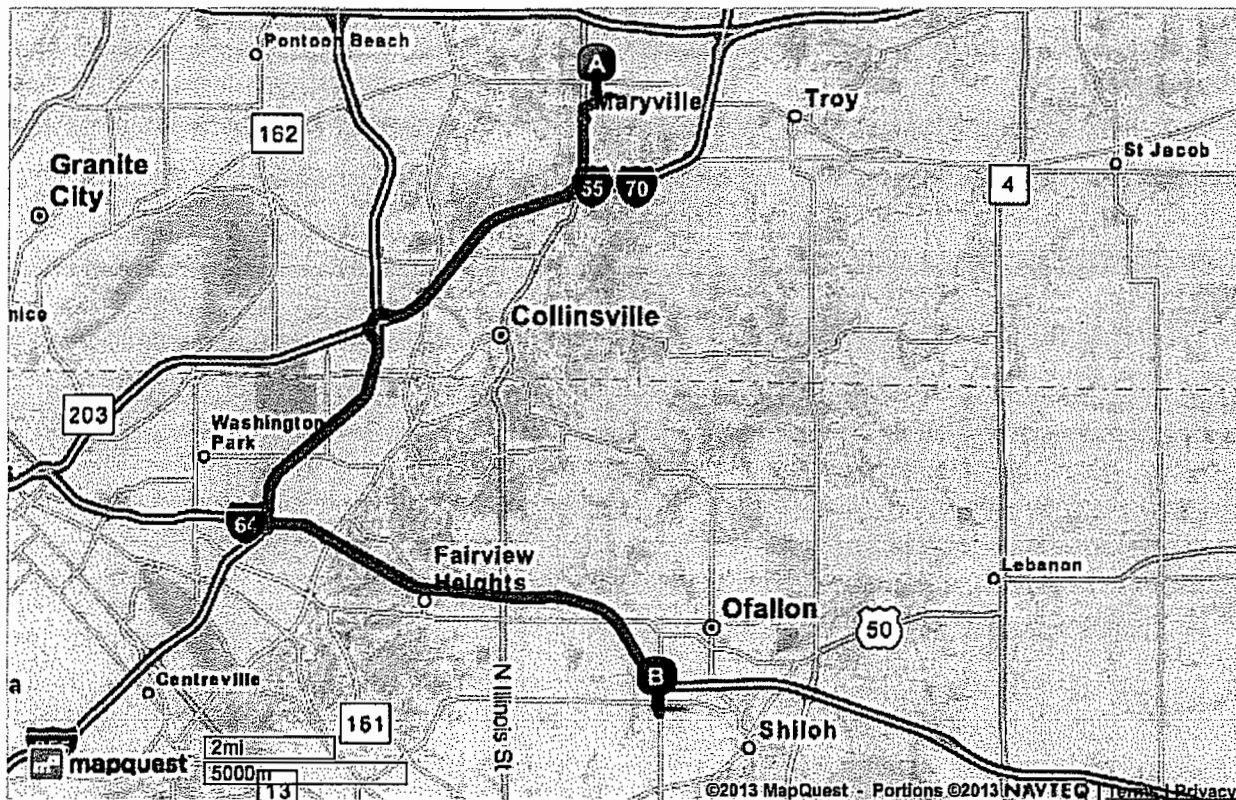
7. Turn right onto N Green Mount Rd / CR-R18 S. [Map](#) **0.5 Mi**
21.2 Mi Total
- 

8. 1095 N GREEN MOUNT RD is on the right. [Map](#)

B 1095 N Green Mount Rd, Belleville, IL 62221-3303

Total Travel Estimate: 21.16 miles - about 25 minutes

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Trip to:

821 Lincoln Hwy

Fairview Heights, IL 62208-2216

11.20 miles / 22 minutes

Notes

Existing Maryville Dialysis to RAI - Fairview Heights (FMC)



2130 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto N Center St / IL-159. Continue to follow IL-159 S. [Map](#)

10.2 Mi

10.5 Mi Total



3. Turn left onto Lincoln Hwy. [Map](#)

0.7 Mi

11.2 Mi Total



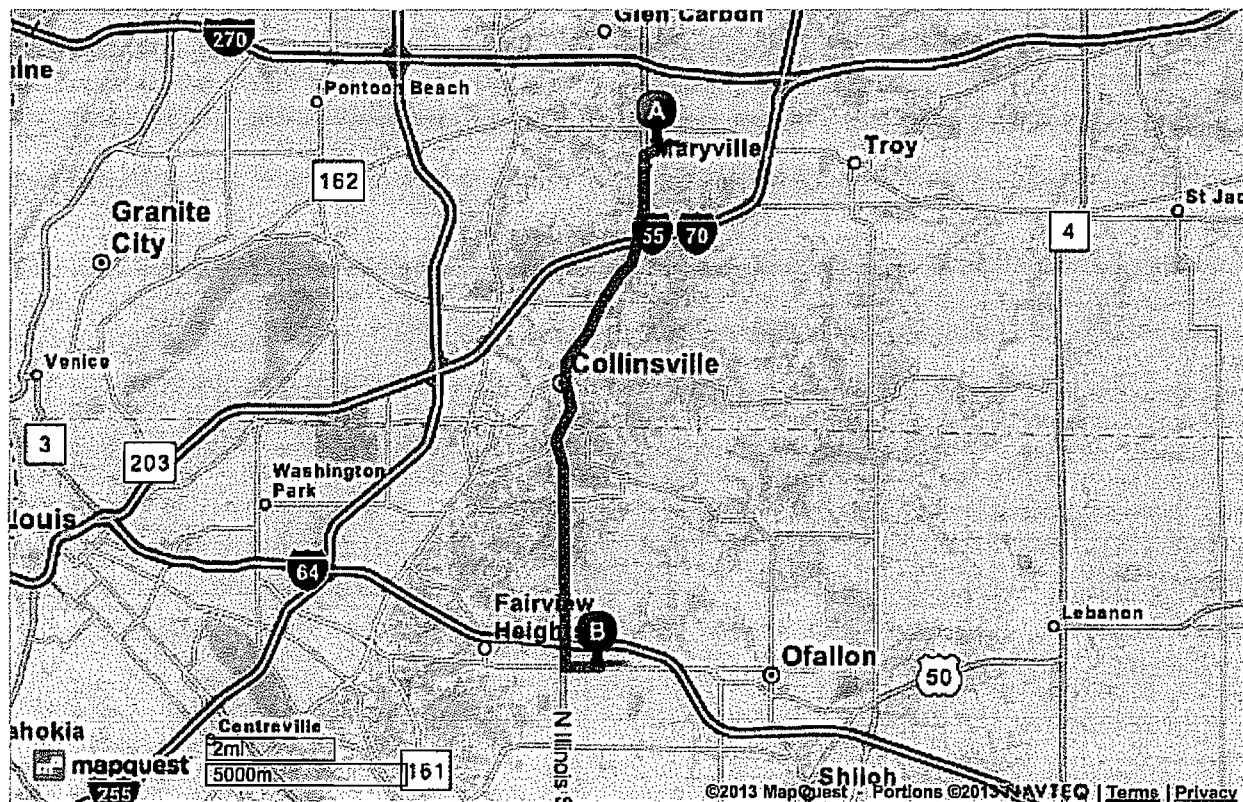
4. 821 LINCOLN HWY is on the left. [Map](#)



821 Lincoln Hwy, Fairview Heights, IL 62208-2216

Total Travel Estimate: 11.20 miles - about 22 minutes

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Trip to:

235 S Buchanan St
Edwardsville, IL 62025-2108
5.84 miles / 11 minutes

Notes

Existing Maryville Dialysis to Edwardsville Dialysis



2130 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn right onto N Center St / IL-159. Continue to follow IL-159 N. [Map](#)

3.3 Mi

3.7 Mi Total



3. Stay straight to go onto Troy Rd. [Map](#)

1.8 Mi

5.5 Mi Total



4. Troy Rd becomes S Buchanan St. [Map](#)

0.4 Mi

5.8 Mi Total



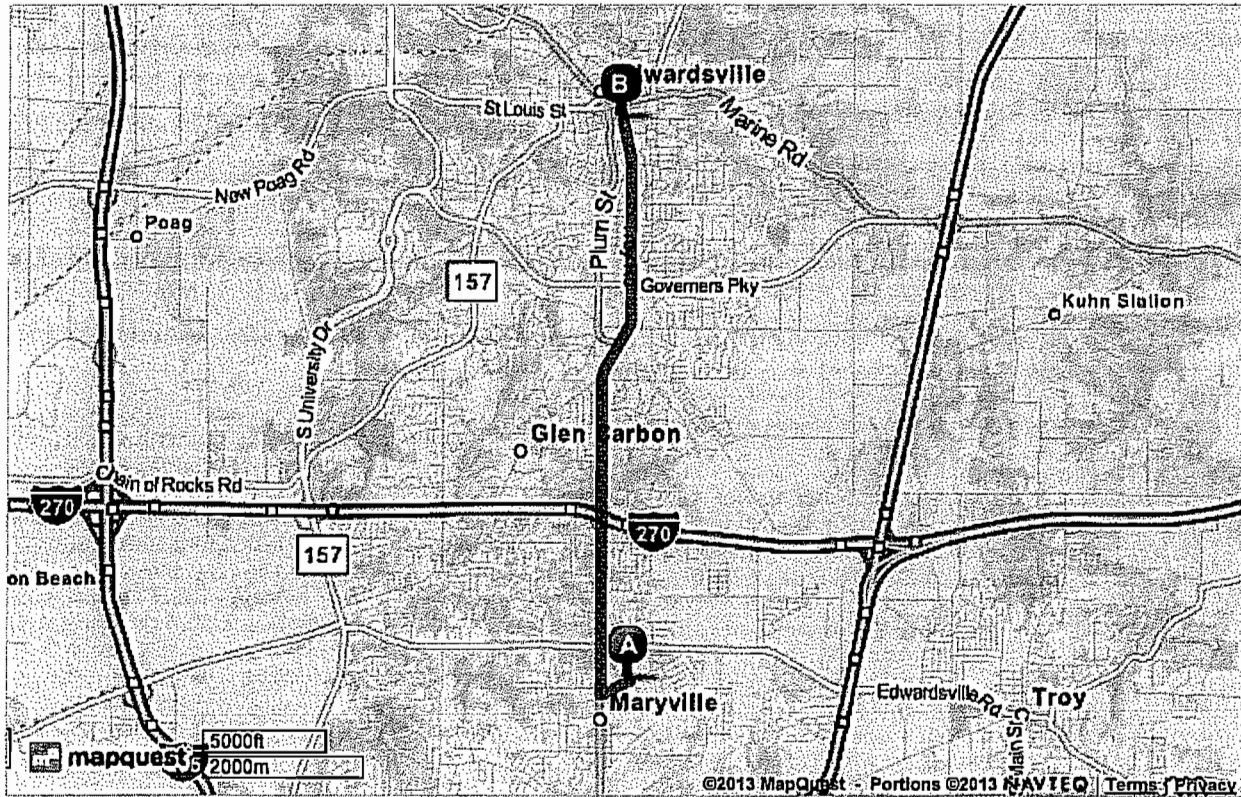
5. 235 S BUCHANAN ST is on the left. [Map](#)



235 S Buchanan St, Edwardsville, IL 62025-2108

Total Travel Estimate: 5.84 miles - about 11 minutes

BOOK TRAVEL with **mapquest** (877) 577-5766



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Appendix 2 – Discontinuation Impact Letters

Attached as Appendix 2 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.

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

Sauget Dialysis
2061 Goose Lake Road
Sauget, IL 62206

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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 July 31, 2015.

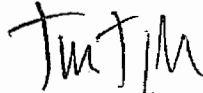
Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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, cursive script.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 8:47 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926688141 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: Oct 16, 2013
Delivery date: Oct 17, 2013 8:44 AM
Sign for by: A.KAIKAR
Delivery location: SAUGET, 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: [796926688141](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Sauget Dialysis
2611 N Halsted St	2061 Goose Lake Road
Chicago	SAUGET
IL	IL
US	US
60614	62206

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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

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

Metro East Dialysis
5105 West Main Street
Belleville, IL 62226-4728

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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.

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Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. 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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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, cursive script.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 9:41 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926737511 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: Oct 16, 2013
Delivery date: Oct 17, 2013 9:37 AM
Sign for by: D.HURLY
Delivery location: BELLEVILLE, 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: 796926737511

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Metro East Dialysis
2611 N Halsted St	5105 West Main Street
Chicago	BELLEVILLE
IL	IL
US	US
60614	62226

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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

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

Granite City Dialysis
9 American Village
Granite City, IL 62040

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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 July 31, 2015.

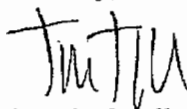
Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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', written in a cursive style.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 10:10 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926779654 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: Oct 16, 2013
Delivery date: Oct 17, 2013 10:06 AM
Sign for by: M.MEG
Delivery location: GRANITE CITY, 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: 796926779654

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Granite City Dialysis
2611 N Halsted St	9 American Village
Chicago	GRANITE CITY
IL	IL
US	US
60614	62040

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 10:09 AM CDT on 10/17/2013.

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

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, cursive-like script.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 9:41 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926815895 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: Oct 16, 2013
Delivery date: Oct 17, 2013 9:39 AM
Sign for by: C.CHILDS
Delivery location: ALTON, 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: [796926815895](#)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Alton Dialysis
2611 N Halsted St	3511 College Avenue
Chicago	ALTON
IL	IL
US	US
60614	62002

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:40 AM CDT on 10/17/2013.

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

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

FMC Southwestern Illinois
75 East Gate Plaza
East Alton, IL 62024

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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 July 31, 2015.

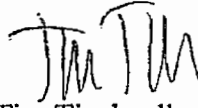
Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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, cursive script.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 8:41 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926863224 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: Oct 16, 2013
Delivery date: Oct 17, 2013 8:39 AM
Sign for by: T.DOWNS
Delivery location: EAST ALTON, 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: 796926863224

Shipper Information

Tim Tincknell
DaVita
2611 N Halsted St
Chicago
IL
US
60614

Recipient Information

FMC Southwestern Illinois
75 East Gate Plaza
EAST ALTON
IL
US
62024

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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

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

Shiloh Dialysis
1095 North Green Mount Road
Belleville, IL 62221

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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 July 31, 2015.

Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. 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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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".

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Friday, October 18, 2013 8:26 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926907010 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: DT103484662099
Ship (P/U) date: Oct 16, 2013
Delivery date: Oct 18, 2013 8:24 AM
Sign for by: R.DUNCAN
Delivery location: BELLEVILLE, 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: 796926907010

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Shiloh Dialysis
2611 N Halsted St	1095 North Green Mount Road
Chicago	BELLEVILLE
IL	IL
US	US
60614	62221

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 8:26 AM CDT on 10/18/2013.

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.

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

RAI - Fairview Heights
821 Lincoln Highway
Fairview Heights, IL 62208

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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 July 31, 2015.

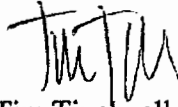
Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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', written in a cursive style.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 9:10 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796926950845 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: Oct 16, 2013
Delivery date: Oct 17, 2013 9:08 AM
Sign for by: C.HERRIN
Delivery location: FAIRVIEW HEIGHTS, 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: 796926950845

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	RAI - Fairview Heights
2611 N Halsted St	821 Lincoln Highway
Chicago	FAIRVIEW HEIGHTS
IL	IL
US	US
60614	62208

Please do not respond to this message. This email was sent from an unattended mailbox. This report was generated at approximately 9:10 AM CDT on 10/17/2013.

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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

Maryville Dialysis
2130 Vadalabene Drive
Maryville, Illinois 62062

October 16, 2013

FEDERAL EXPRESS

Edwardsville Dialysis
235 South Buchanan St.
Edwardsville, IL 62025

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and Renal Treatment Centers - Illinois, Inc. to inform you of the proposed relocation of Maryville Dialysis, a 12-station dialysis facility located at 2130 Vadalabene Drive, Maryville, Illinois 62062 (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 July 31, 2015.

Over the past two years, the facility has served between 59 and 67 end-stage renal disease patients at any given time and the census at the end of September 2013 was 60. 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 Maryville Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners 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', written over a horizontal line.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.
Renal Treatment Centers - Illinois, Inc.

Timothy Tincknell

From: trackingupdates@fedex.com
Sent: Thursday, October 17, 2013 10:13 AM
To: Timothy Tincknell
Subject: FedEx Shipment 796927052677 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: Oct 16, 2013
Delivery date: Oct 17, 2013 10:11 AM
Sign for by: H.LITTLE
Delivery location: EDWARDSVILLE, 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: [796927052677](https://www.fedex.com/track/796927052677)

Shipper Information	Recipient Information
Tim Tincknell	Facility Administrator
DaVita	Edwardsville Dialysis
2611 N Halsted St	235 South Buchanan St
Chicago	EDWARDSVILLE
IL	IL
US	US
60614	62025

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

Appendix 3 – Physician Referral Letter

Attached as Appendix 3 is the physician referral letter from Dr. Henry E. Purcell projecting all existing patients of Maryville Dialysis will transfer to the Replacement Facility and the referral of 25 pre-ESRD patients to Maryville Dialysis within the next 12 to 24 months.

Henry E. Purcell, M.D.
St. Louis Nephrology and Hypertension
6400 Clayton Road, Suite 412
St. Louis, MO 63117

RECEIVED

NOV 04 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I am a nephrologist in practice with St. Louis Nephrology and Hypertension and am the medical director for Maryville Dialysis. I am writing on behalf of St. Louis Nephrology and Hypertension in support of DaVita HealthCare Partners Inc.'s ("DaVita") proposed relocation of Maryville Dialysis. Specifically, DaVita proposes to relocate its existing dialysis facility approximately 0.05 miles to 2102 Vadalabene Drive, Maryville, Illinois 62062 in order to meet the growing need for dialysis services in Maryville and surrounding communities.

The age and design of the facility puts it at risk for Medicare deficiencies. 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. In addition, the costs to maintain the facility have continued to increase over the past 4 ½ years due primarily to repairs to leaky copper pipes. These costs are significantly higher than DaVita's average for this region, ranging 14% to 83% greater than the DaVita Regional average.

Further, the Existing Facility houses 12 dialysis stations in approximately 4,950 GSF. As a result, there is not adequate space to store medical records, medical supplies, and biohazard waste. The facility has no dedicated conference room. The Social Worker and Facility Administrator share an office, making it difficult for patients who want to meet privately with the Social Worker and difficult for teammates who need to meet privately with the Facility Administrator. In addition, the facility has only one unisex teammate restroom for 3 male and 13 female staff. The in-center hemodialysis treatment area is also housed in a separate building, away from the peritoneal dialysis and home hemodialysis treatment modalities. This results in frequent operational and logistical inefficiencies as staff may serve both areas.

Maryville Dialysis is currently treating 64 ESRD patients, as of June 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 Maryville Dialysis over the past three and a half years 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 97 stage 4 and stage 5 pre-ESRD patients who reside within 30 minutes of the proposed facility. 50 of these 97 patients reside within 15 minutes of the proposed facility. Based upon attrition due to patient death, transplant, or return of function, I anticipate that my practice will refer 31 of these closest 50 pre-ESRD patients for in-center

hemodialysis within the next 24 months. A list of these closest 50 pre-ESRD patients by zip code is attached hereto as Attachment – 3. Thus, approximately 95 patients will receive treatment at Maryville Dialysis within 12 to 24 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 Maryville Dialysis.

Sincerely,



Henry E. Purcell, M.D.

Nephrologist

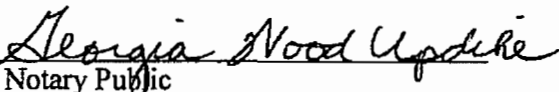
St. Louis Nephrology and Hypertension

6400 Clayton Road, Suite 412

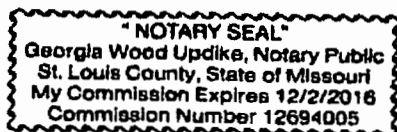
St. Louis, MO 63117

Subscribed and sworn to me

This 1st day of November, 2013



Notary Public



AHDC Ellisville Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
N/A	N/A	RS	63011	PC	63021	PC	63021

AHDC Fenton Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
PE	63049	BD	62234	BD	62234	BD	62234
		PE	63049	PE	63049		

AHDC Wentzville Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
EF	63021	N/A	N/A	N/A	N/A	N/A	N/A
MS	62298						

Belleville Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
LW	62221	LW	62221	DD	62226	DD	62226
		DD	62226				

Chambers Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
N/A	N/A	N/A	N/A	RW	63137	RW	63137
						DC	63147
						TM	63138

Crestwood Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
DE	63122	DE	63122	DE	63122	DE	63122
CM	63123	CM	63123	MH	63113	MH	63113

Edwardsville Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
EA	62025	EA	62034	FF	62034	FF	62034
RE	62205	CD	62058	RH	62025	RH	62025
FF	62034	FF	62034	RJ	62025	RJ	62025
RH	62025	RH	62025	WM	62040	WM	62040
BH	62025	BH	62025	CM	62025	CM	62025
MK	62025	MH	62025	BW	62025	BW	62025
ML	62097	RJ	63134	CD	62058	CD	62058
CM	62025	MK	62025	ML	62025	ML	62025
ML	62025	EK	62025	GF	62025	DK	62230
NP	62025	ML	62025	DK	62230	MH	62025
WP	62040	WM	62040	MH	62025	NT	62086
WM	62040	CM	62025	NT	62086	DH	62249
WM	62048	NP	62034	FK	62062		
		NT	62086				

Florrisant Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
MC	63108	MC	63108	JD	63136	JD	63136
JD	63136	JD	63136	BH	63147	BH	63147
AH	63033	AH	63033	AR	63130	AR	63130
BH	63147	BH	63147	YM	63136	YM	63136
AR	63130	YM	63136			JT	62234
		AR	63130				

Hampton Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
PB	62201	PB	62201	MB	63026	MB	63109
MB	63109	MB	63026	RG	63116	RG	63116
CE	63117	RG	63116	RJ	63134	RJ	63134
RG	63116	RJ	63134				
LH	63120						
RJ	63134						

Hazelwood Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
JC	63114	JC	63109	MD	63113	MD	63113
MD	63113	MD	63113	WL	63121	WL	63121

RTC - Lamplighter Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
CM	62239	IA	62239	JK	63025	JK	63025
		CM	62239	CM	62239	CM	62239
				WM	63129		

Maryville Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
PA	63017	PA	63017	RA	62232	SA	62034
WB	62234	RA	62232	WB	62234	RA	62232
DB	62234	WB	62234	JB	62234	WB	62234
JB	62281	RT	62201	JB	62281	JB	62234
CB	62025	JB	62281	JB	62034	JB	62281
BB	62034	FB	62034	BB	62034	JB	62034
FB	62234	JB	62034	GB	62234	BB	62034
VB	62294	BB	62034	MB	62294	GB	62234
TC	62040	GB	62234	FB	62234	MB	62294
CC	62294	WB	62034	VB	62294	FB	62234
MC	62234	MB	62294	GC	62281	VB	62294
EC	62281	FB	62234	CC	62294	GC	62281
GD	62234	AB	62234	VC	62249	CC	62294
CD	62234	VB	62294	SC	62249	VC	62249
GD	62234	CC	62294	EC	62234	SC	62249
MD	62025	SC	62294	MC	62234	EC	62234
MG	62234	MC	62234	GD	62234	MC	62234
RG	62034	GD	62234	CD	62234	ED	62234
JG	62234	CD	62234	MD	62025	GD	62234
VG	62234	MD	62025	RD	62234	MD	62025
TG	62234	MG	62234	WF	62208	RD	62234
BG	62025	RG	62034	IG	62040	WF	62208
GH	62234	JG	62234	MG	62234	IG	62040
EH	62294	VG	62234	RG	62034	MG	62234
RH	62234	TG	62234	JG	62234	JG	62234
DH	62234	LG	62034	TG	62234	LG	62034
AH	62034	BG	62025	LG	62034	BG	62025
CH	62275	GH	62234	BG	62025	JG	62234
DH	62042	RH	62234	JG	62234	GH	62234
RH	62234	RH	62234	GH	62234	RH	62234
UJ	62234	DH	62234	RH	62234	DH	62234
VJ	62234	AH	62034	DH	62234	DH	62042
JJ	62025	DH	62042	DH	62042	RH	62294
GK	62025	RH	62234	UJ	62234	UJ	62234
SK	62234	UJ	62234	JJ	62025	JJ	62025
TL	62062	JJ	62025	KK	62040	SJ	62294
RL	62294	RL	62294	DL	62294	FK	62062
DL	62234	DL	62234	RL	62294	RK	62249
JL	62232	JL	62232	DL	62234	JL	62249
SL	62234	SL	62234	JL	62232	DL	62294
LL	62234	LL	62234	PL	62294	RL	62294
RL	62001	DL	62294	SL	62234	DL	62234

Maryville Dialysis (CONTINUED)							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
DM	62034	DM	62034	LL	62234	PL	62294
SM	62294	JM	62034	JM	62034	SL	62234
JM	62034	PM	62025	PM	62025	LL	62234
PM	62025	MM	62234	MM	62234	JM	62034
TM	62234	LM	62234	SM	62025	PM	62025
LM	62234	FP	62234	LM	62234	MM	62234
MN	62234	NP	62220	JR	62040	JM	62040
FP	62234	JR	62040	JR	62234	SM	62025
JR	62040	MR	62074	MR	62074	JR	62234
MR	62074	DS	62294	DS	62294	MR	62074
BS	62234	JS	62234	JS	62040	DS	62294
JS	62234	LS	63115	JS	62234	JS	62234
DS	62062	RS	62275	JS	62234	JS	62234
FS	62234	FS	62234	RS	62275	RS	62275
BS	62254	BS	62254	FS	62234	FS	62234
JT	62025	RS	62062	RS	62062	RS	62062
AT	62234	JT	62025	JT	62025	AT	62234
CT	62040	AT	62234	AT	62234	CT	62040
GW	62294	CT	62040	CT	62040	TT	62204
GW	62062	AV	62201	TT	62204	TV	62232
JW	62040	GW	62294	TV	62232	GW	62294
		HW	62034	GW	62294	JW	62040
		RW	62234	HW	62034		
		JW	62040	RW	62234		
				JW	62040		

Shrewsbury Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
FA	63109	JB	63121	JB	63121	JB	63116
JB	63121	LC	63106	HF	63106	HF	63106
JB	63128	MD	63109	PK	63119	PK	63119
ZD	63104	ME	63139	RL	63130	RL	63130
MD	63109	HF	63106	RL	63116	ML	63130
ME	63139	JH	63119	JM	63109	RL	63116
JF	63119	RL	63116	CM	63143	JM	63109
FF	62223	JM	63109	AM	63110	CM	63143
EG	63143	CM	63143	SR	63119	AM	63110
RG	63110	AM	63110	MT	63118	SR	63119
JH	63119	SR	63119	CT	63139	MT	63118
JH	63119	JS	63117	LW	63139	CT	63139
JH	63126	SS	62236	RW	63136	LW	63139
AL	63117	MT	63118	RZ	63139	RW	63136
SL	63143	CT	63139	LC	63106	LC	63106
RL	63116	BV	63119	EF	63110	EF	63110
JM	63109	LW	63139	RT	63109	WH	63117
CM	63143	RZ	63139	MW	63119	MW	63119
AM	63110			WH	63117		
JM	63119						
NP	63123						
BP	63139						
JS	63117						
SS	62236						
NS	63051						
JS	63119						
CT	63139						
LW	63139						
FW	63125						
RZ	63139						
DZ	62236						

South County Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
RW	63101	N/A	N/A	N/A	N/A	N/A	N/A

St Louis Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
N/A	N/A	ZD	63104	MC	63106	JJ	63113
				JJ	63113	ZD	63104
				ZD	63104		

St Louis - Wash Univ Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
LB	63130	LB	63130	TB	63109	TB	63033
RB	63130	TB	63109	RC	63110	RC	63110
TB	63033	DC	63130	CD	63130	CD	63130
RB	63112	RC	63110	KH	63136	PF	63112
RC	63110	KH	63136	TH	63130	KH	63136
KH	63136	GH	63112	NJ	63112	TH	63130
TH	63130	TH	63130	RJ	63107	NJ	63112
MH	63136	MH	63136	FM	63133	RJ	63107
NJ	63112	NJ	63112	SN	63103	FM	63133
RJ	63107	RJ	63107	CP	63112	SN	63103
FM	63133	BL	63107	AR	63130	CP	63112
JM	63115	FM	63133	JY	63112	AR	63130
CP	63112	JM	63115	MH	63136	MH	63136
JP	63133	SN	63103	EN	63117	EN	63117
AR	63130	CP	63112	PC	63133	PC	63133
SS	63114	AR	63130	JT	63132	EH	63121
GT	63120	SS	63114	GH	63112	TD	63130
EW	63120	TT	63133	VT	63110	GH	63112
RW	63136	GT	63120	SS	63114	VT	63110
		VT	63110	TD	63130	SS	63114

St Louis West Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
WG	63121	WG	62097	WG	63121	WG	63121
MG	63106	MG	63121	MG	63106	MG	63106
RH	63117	RH	63107	RH	63107	RH	63107
DJ	63072	RJ	63130	RJ	63130	RJ	63130
RJ	63130	AS	62232	GT	63131	JN	63119
JK	63025	TT	63133			GT	63131
DL	63114	GT	63131			RT	63109
LR	63033						
CS	63017						
CS	62206						
TT	63133						
GT	63131						

Town & Country West Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
N/A	N/A	N/A	N/A	WK	63011	RN	63146
				RN	63146		

Villa of St John Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
CA	63017	N/A	N/A	CD	63121	N/A	N/A

Washington Square Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
N/A	N/A	NH	63084	NH	63084	NH	63084

FMC Brentwood Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
DA	63121	DA	63121	MB	63109	HC	63033
MB	63121	MB	63109	HC	63033	LP	63109
HC	63033	HC	63033	LP	63109	DS	63136
RH	62086	LP	63109	DS	63136	MT	63139
SJ	63135	DS	63136	MT	63139		
EM	63108	MT	63139				
DS	63136	TW	63113				
MT	63139						
TW	63113						

FMC Des Peres Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
N/A	N/A	N/A	N/A	JS	63117	N/A	N/A

RAI Fairview Heights Dialysis							
2010		2011		2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
RC	62040	N/A	N/A	N/A	N/A	N/A	N/A
MF	62034						
BF	62262						
BG	62204						
GC	62097						

Attachment 2
New Patients

AHDC Creve Couer Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
N/A	N/A	SP	63146

AHDC Ellisville Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
PC	63021	N/A	N/A

Chambers Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
RW	63137	DC	63147
		TM	63138

St Louis Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
JL	63109	N/A	N/A
JJ	63113		
BB	62801		

Villa of St John Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
CD	63121	N/A	N/A

Crestwood Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
MH	63088	N/A	N/A

St Louis - Wash Univ Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
PC	63113	JH	63112
TD	63130	EH	63121
JY	63112		
CD	63130		

Edwardsville Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
GF	62025	DH	62249
DK	62230		
FK	62062		
BW	62025		

Florissant Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
JT	63132	N/A	N/A

Hazelwood Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
WL	63121	N/A	N/A

Jefferson County Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
MC	63106	N/A	N/A

RTC - Lamplighter Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
WM	63129	N/A	N/A

Maryville Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
DM	62206	JS	62040
IG	62040	SA	62034
PS	62269	ED	62234
DB	62234	RH	62294
DL	62234	RK	62062
JS	62234		
RH	62234		
SC	62294		
AT	62234		
WF	62208		
JC	62234		
LB	62234		
MG	62234		
JR	62234		
VH	45342		
NA	62226		
SM	62025		
EC	62234		
TV	62232		
VC	62249		
JS	62040		

Premier Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
PH	63862	N/A	N/A
DM	63028		
IA	62239		
DH	63069		

Shrewsbury Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
SF	63119	ML	63130
EF	63110	JN	63119
RT	63109		
WH	63117		
MW	63119		
JS	63123		
PK	63119		
RL	63130		
RW	63136		

Town & Country West Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
RN	63146	N/A	N/A
WK	63011		

St Louis West Dialysis			
2012		2013 YTD 6/30	
Initials	Zip Code	Initials	Zip Code
AM	63141	N/A	N/A

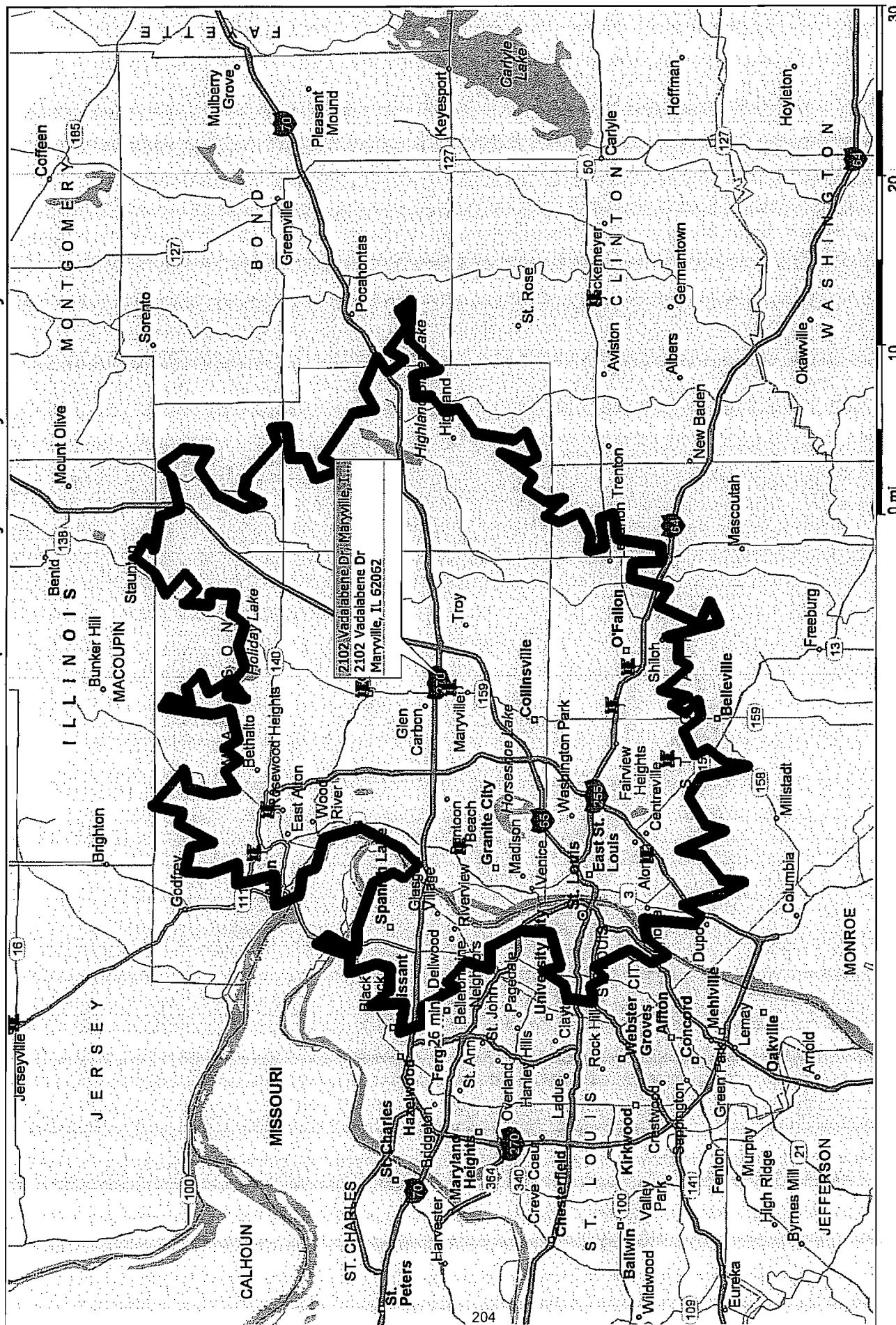
Attachment 3
Pre-ESRD Patients

Zip Code	Total
62034	11
62062	7
62234	23
62294	9
Total	50

Appendix 4 – Time & Distance Determination: Replacement Facility

Attached as Appendix 4 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.

30 Min Drive Time Zone from Proposed Maryville Dialysis Facility





mapquest

Trip to:

2061 Goose Lake Rd

Sauget, IL 62206-2822

17.13 miles / 21 minutes

Notes

Proposed Maryville Dialysis site to Sauget Dialysis



2102 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto N Center St / IL-159. Continue to follow IL-159. [Map](#)

1.4 Mi

1.7 Mi Total



3. Merge onto I-55 S / I-70 W / US-40 W toward St Louis. [Map](#)

4.3 Mi

6.0 Mi Total



4. Merge onto I-255 S via EXIT 10 toward Memphis. [Map](#)

10.2 Mi

16.2 Mi Total



5. Take the Mousette Lane exit, EXIT 15. [Map](#)

0.3 Mi

16.5 Mi Total



6. Turn right onto Mousette Ln. [Map](#)

0.1 Mi

16.6 Mi Total



7. Take the 1st left onto Goose Lake Rd. [Map](#)

0.5 Mi

17.1 Mi Total



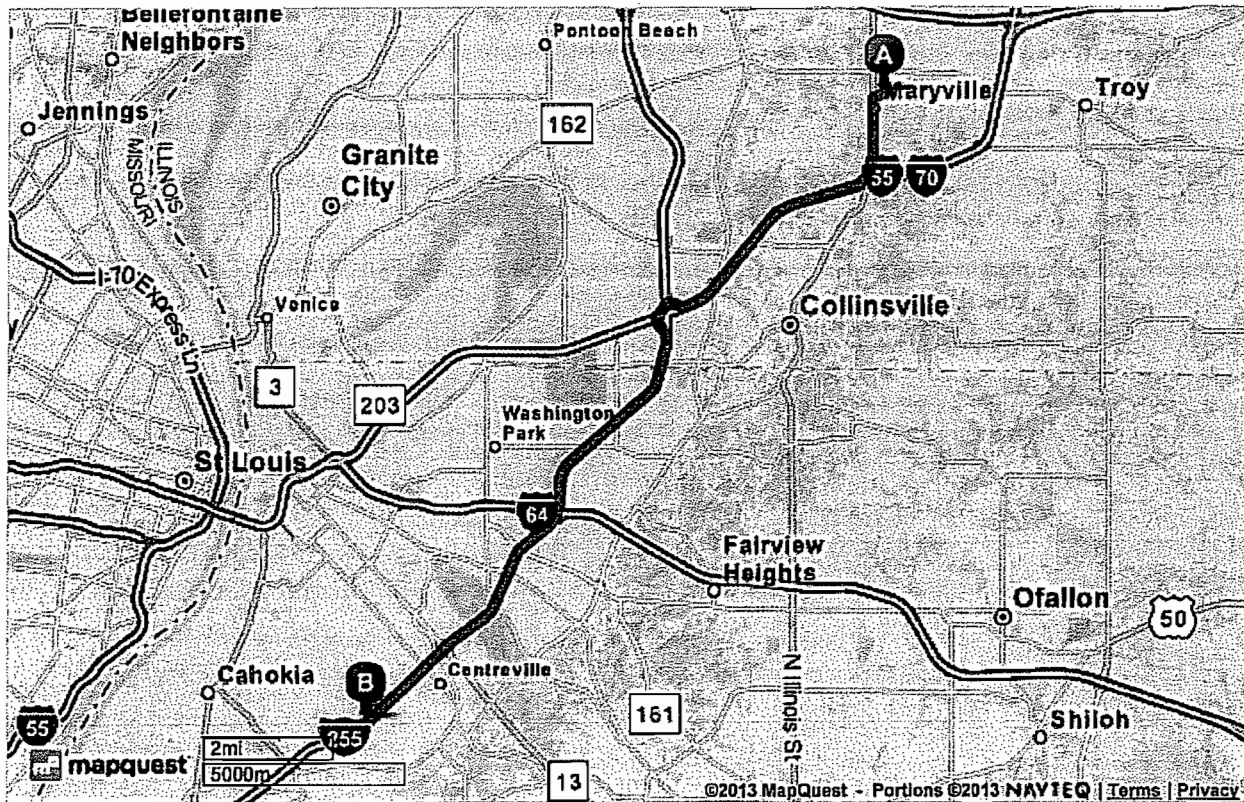
8. 2061 GOOSE LAKE RD is on the right. [Map](#)



2061 Goose Lake Rd, Sauget, IL 62206-2822

Total Travel Estimate: 17.13 miles - about 21 minutes

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Trip to:

9 American Vlg
Granite City, IL 62040-3706
12.63 miles / 18 minutes

Notes

Proposed Maryville Dialysis site to Granite City Dialysis



2102 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going **southwest** on **Vadalabene Dr** toward **Schiber Ct.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **N Center St / IL-159**. Continue to follow **IL-159 N.** [Map](#)

1.8 Mi

2.1 Mi Total



3. Merge onto **I-270 W** via the ramp on the **left** toward **St Charles.** [Map](#)

7.0 Mi

9.1 Mi Total



4. Take the **IL-203 S** exit, **EXIT 4**, toward **Granite City.** [Map](#)

0.4 Mi

9.5 Mi Total



5. Keep **left** to take the ramp toward **Granite City.** [Map](#)

0.05 Mi

9.6 Mi Total



6. Turn **left** onto **Nameoki Rd / IL-203 S.** [Map](#)

3.0 Mi

12.6 Mi Total



7. Turn **right** onto **American Vlg.** [Map](#)

0.01 Mi

12.6 Mi Total



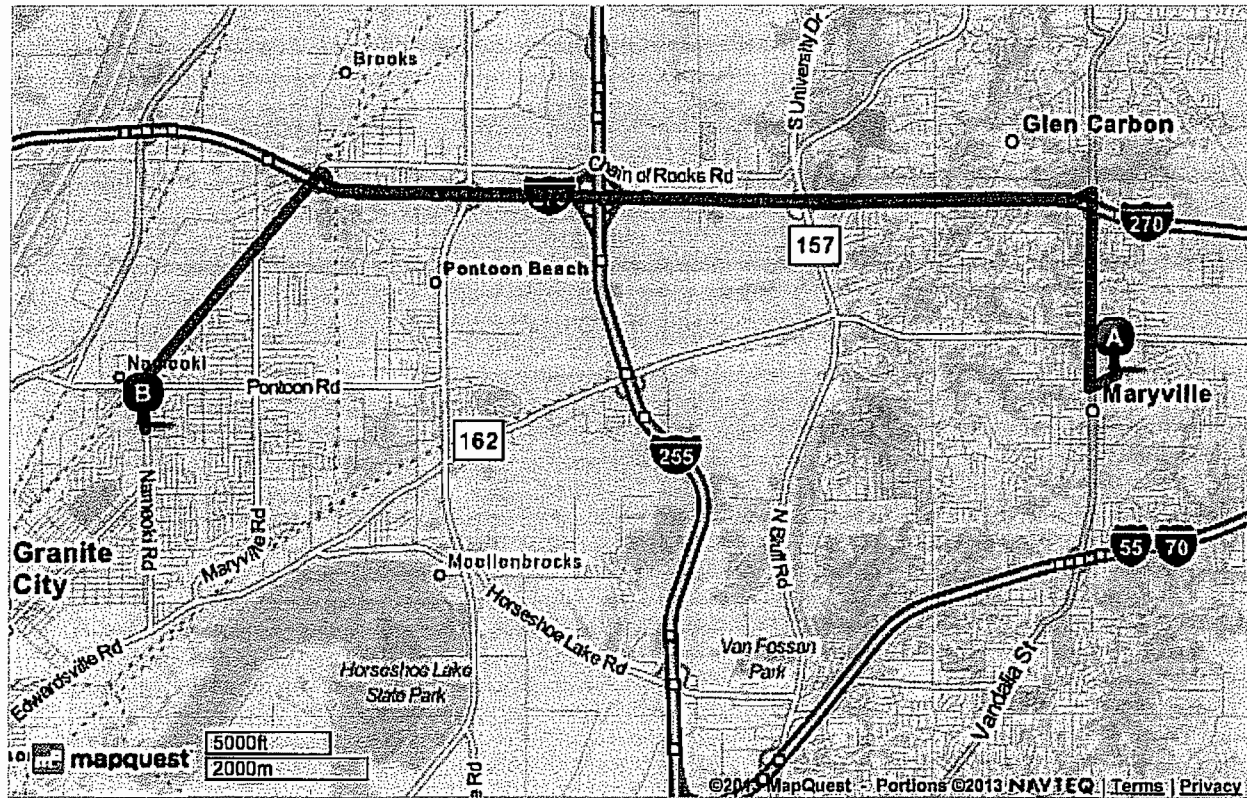
8. **9 AMERICAN VLG** is on the **right.** [Map](#)



9 American Vlg, Granite City, IL 62040-3706

Total Travel Estimate: 12.63 miles - about 18 minutes

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Trip to:

3511 College Ave

Alton, IL 62002-5009

21.43 miles / 26 minutes

Notes

Proposed Maryville Dialysis site to Alton Dialysis

A 2102 Vadalabene Dr, Maryville, IL 62062-5632

- 

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) **0.3 Mi**
0.3 Mi Total
- 


2. Turn right onto N Center St / IL-159. Continue to follow IL-159 N. [Map](#) **1.8 Mi**
2.1 Mi Total
- 


3. Merge onto I-270 W via the ramp on the left toward St Charles. [Map](#) **4.3 Mi**
6.4 Mi Total
- 


4. Merge onto IL-255 N via EXIT 7B toward Wood River. [Map](#) **10.4 Mi**
16.7 Mi Total
- 

5. Take the IL-111 / IL-140 exit, EXIT 10, toward Alton / Bethalto. [Map](#) **0.3 Mi**
17.0 Mi Total
- 

6. Keep left to take the ramp toward Alton. [Map](#) **0.06 Mi**
17.1 Mi Total
- 


7. Turn left onto E MacArthur Dr / IL-111 / IL-140. Continue to follow IL-140 W. [Map](#) **4.1 Mi**
21.2 Mi Total
- 

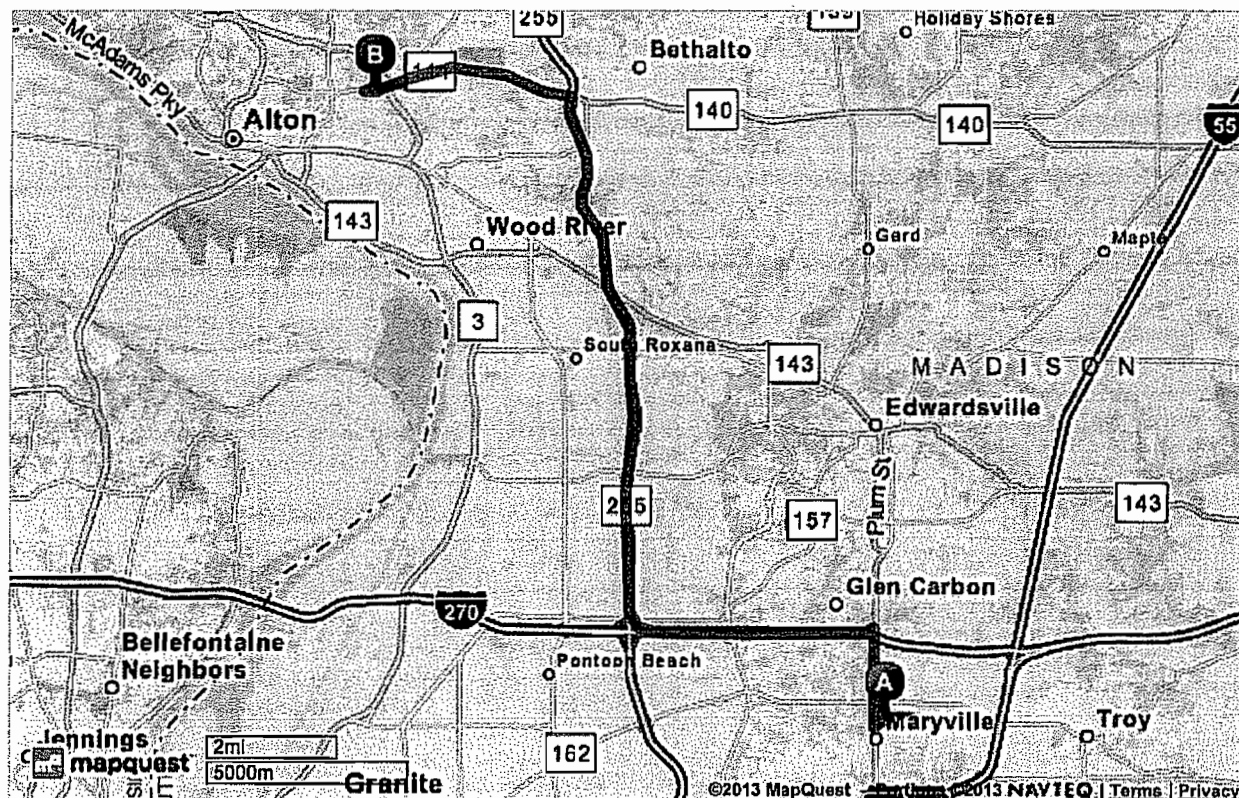

8. Make a U-turn onto College Ave / IL-140 E. [Map](#) **0.3 Mi**
21.4 Mi Total
- 

9. 3511 COLLEGE AVE. [Map](#)

B 3511 College Ave, Alton, IL 62002-5009

Total Travel Estimate: 21.43 miles - about 26 minutes

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Trip to:

75 Eastgate Plz

East Alton, IL 62024-1057

18.25 miles / 23 minutes

Notes

Proposed Maryville Dialysis site to FMC Southwestern Illinois

A 2102 Vadalabene Dr, Maryville, IL 62062-5632

 1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#) **0.3 Mi**
0.3 Mi Total

  2. Turn right onto N Center St / IL-159. Continue to follow IL-159 N. [Map](#) **1.8 Mi**
2.1 Mi Total

  3. Merge onto I-270 W via the ramp on the left toward St Charles. [Map](#) **5.7 Mi**
7.8 Mi Total

  4. Merge onto IL-111 N via EXIT 6B toward Wood River. [Map](#) **3.0 Mi**
10.8 Mi Total

 5. Turn left onto New Poag Rd. [Map](#) **1.9 Mi**
12.7 Mi Total

  6. Turn right onto IL-3 N. [Map](#) **5.5 Mi**
18.2 Mi Total

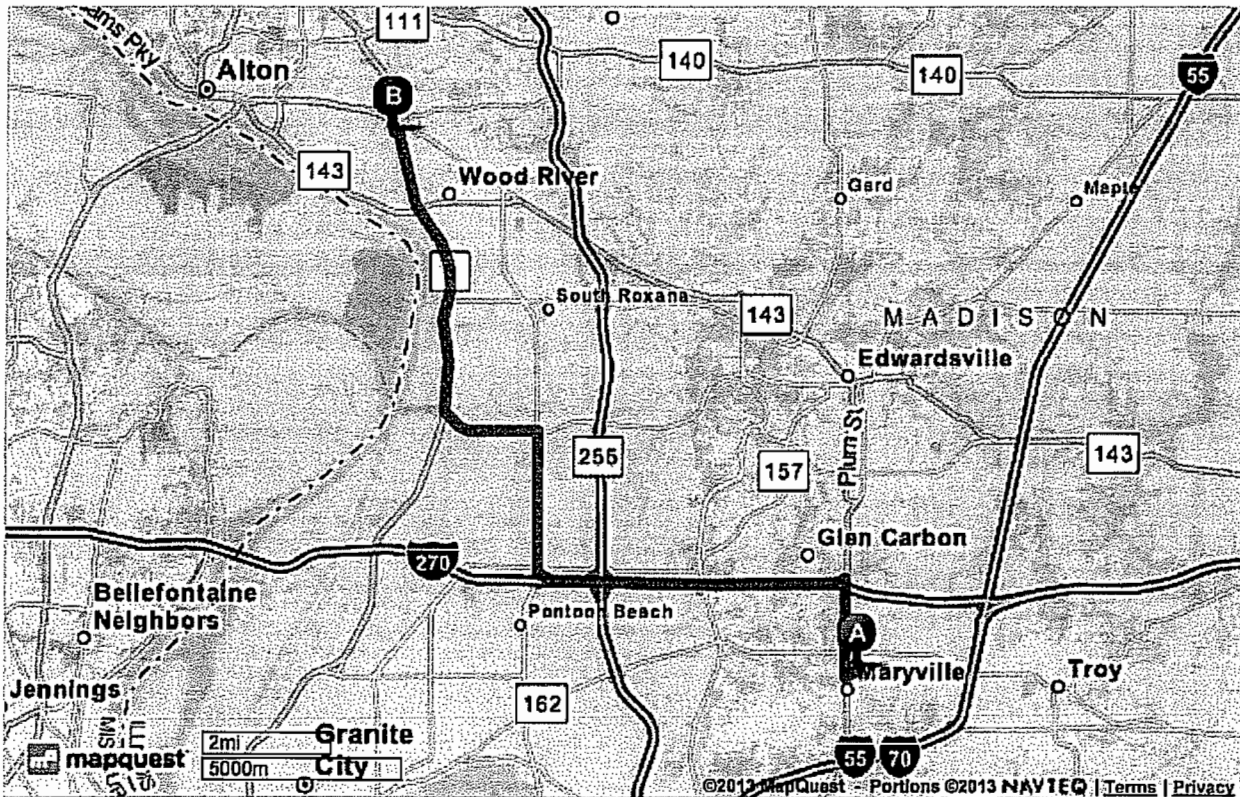
 7. Turn left onto E Gateway Dr. [Map](#) **0.07 Mi**
18.2 Mi Total

 8. 75 EASTGATE PLZ. [Map](#)

B 75 Eastgate Plz, East Alton, IL 62024-1057

Total Travel Estimate: 18.25 miles - about 23 minutes

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Trip to:

1095 N Green Mount Rd

Belleville, IL 62221-3303

21.12 miles / 25 minutes

Notes

Proposed Maryville Dialysis site to Shiloh Dialysis



2102 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto N Center St / IL-159. Continue to follow IL-159. [Map](#)

1.4 Mi

1.7 Mi Total



3. Merge onto I-55 S / I-70 W / US-40 W toward St Louis. [Map](#)

4.3 Mi

6.0 Mi Total



4. Merge onto I-255 S via EXIT 10 toward Memphis. [Map](#)

4.8 Mi

10.8 Mi Total



5. Merge onto I-64 E / US-50 E via EXIT 20 toward Louisville. [Map](#)

9.4 Mi

20.2 Mi Total



6. Take EXIT 16 toward O'Fallon / Shiloh. [Map](#)

0.4 Mi

20.6 Mi Total



7. Turn right onto N Green Mount Rd / CR-R18 S. [Map](#)

0.5 Mi

21.1 Mi Total



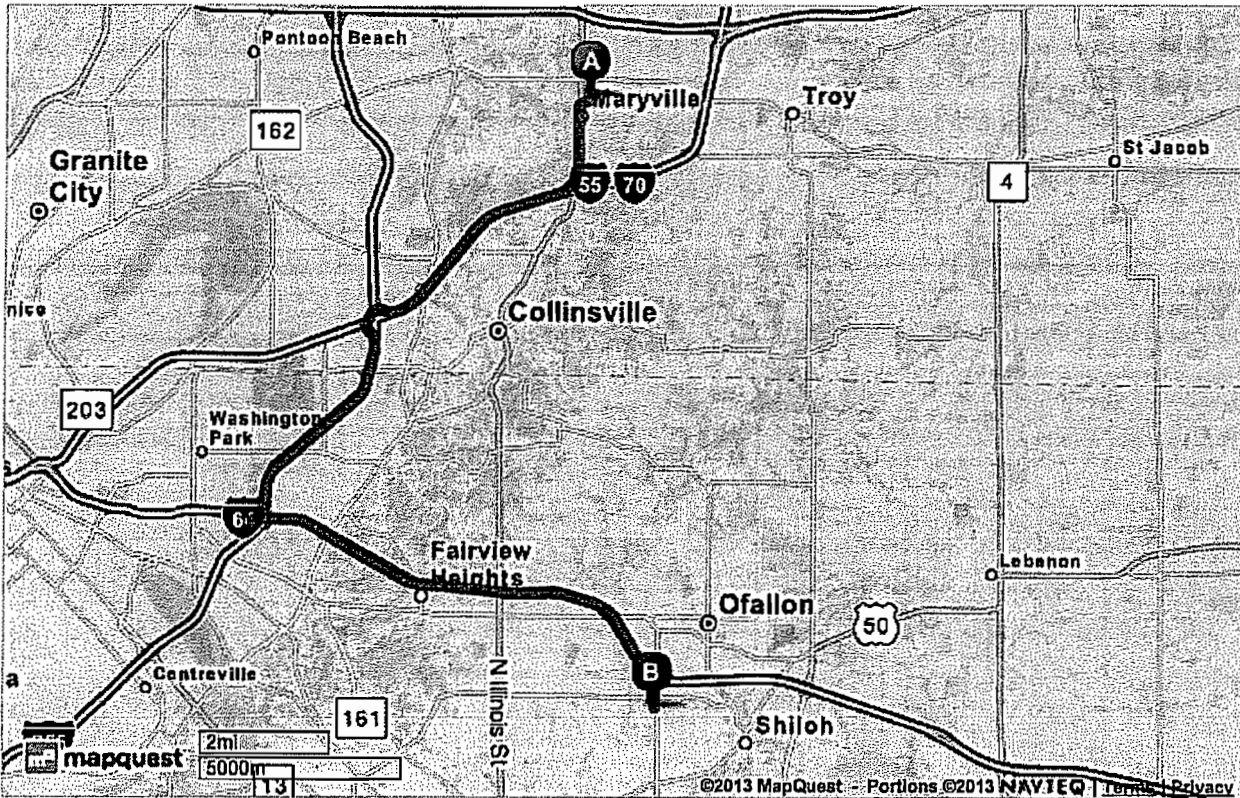
8. 1095 N GREEN MOUNT RD is on the right. [Map](#)



1095 N Green Mount Rd, Belleville, IL 62221-3303

Total Travel Estimate: 21.12 miles - about 25 minutes

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Trip to:

821 Lincoln Hwy

Fairview Heights, IL 62208-2216

11.16 miles / 22 minutes

Notes

Proposed Maryville Dialysis site to RAI - Fairview Heights (FMC)

A 2102 Vadalabene Dr, Maryville, IL 62062-5632

1. Start out going southwest on Vadalabene Dr toward Schiber Ct. [Map](#)

0.3 Mi

0.3 Mi Total

2. Turn left onto N Center St / IL-159. Continue to follow IL-159 S. [Map](#)

10.2 Mi

10.5 Mi Total

3. Turn left onto Lincoln Hwy. [Map](#)

0.7 Mi

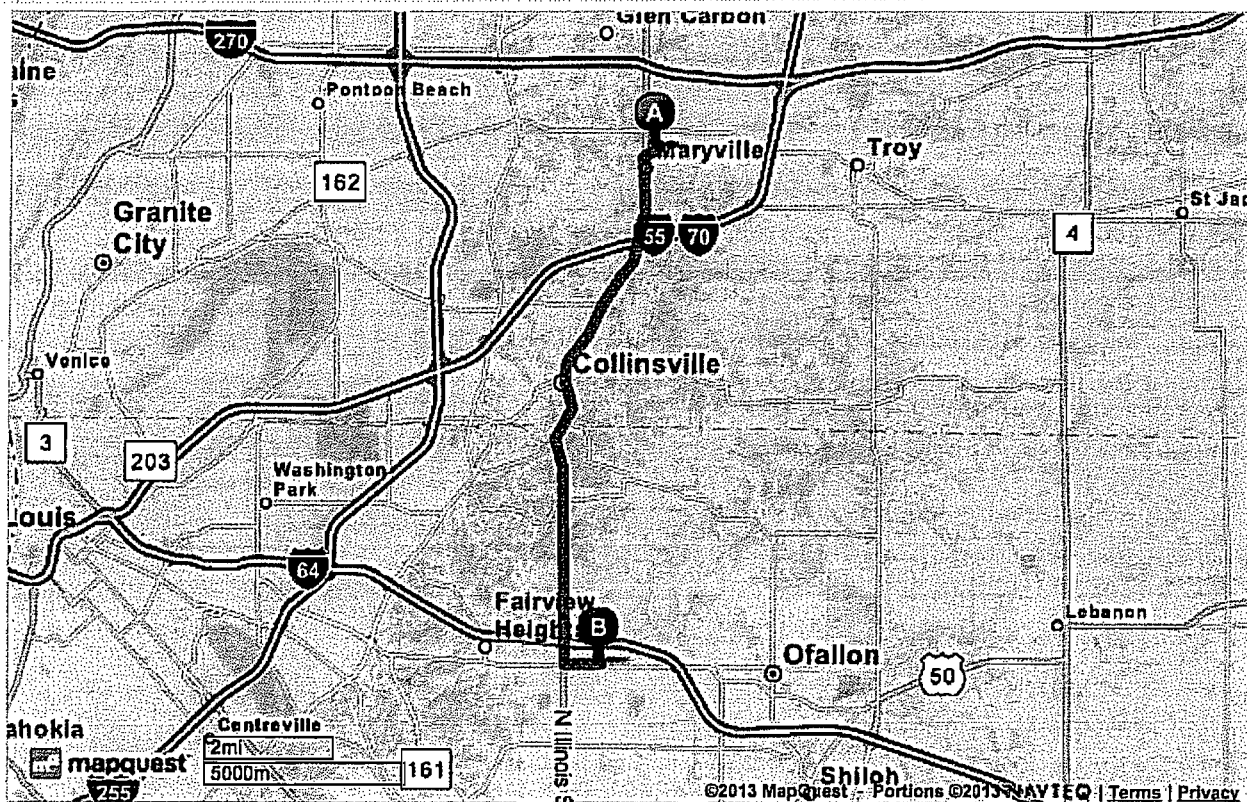
11.2 Mi Total

4. 821 LINCOLN HWY is on the left. [Map](#)

B 821 Lincoln Hwy, Fairview Heights, IL 62208-2216

Total Travel Estimate: 11.16 miles - about 22 minutes

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Trip to:

2130 Vadalabene Dr

Maryville, IL 62062-5632

0.05 miles / 45 SECONDS

Notes

Proposed Maryville Dialysis site to Existing Maryville
Dialysis facility



2102 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going northeast on Vadalabene Dr. [Map](#)

0.05 Mi

0.05 Mi Total



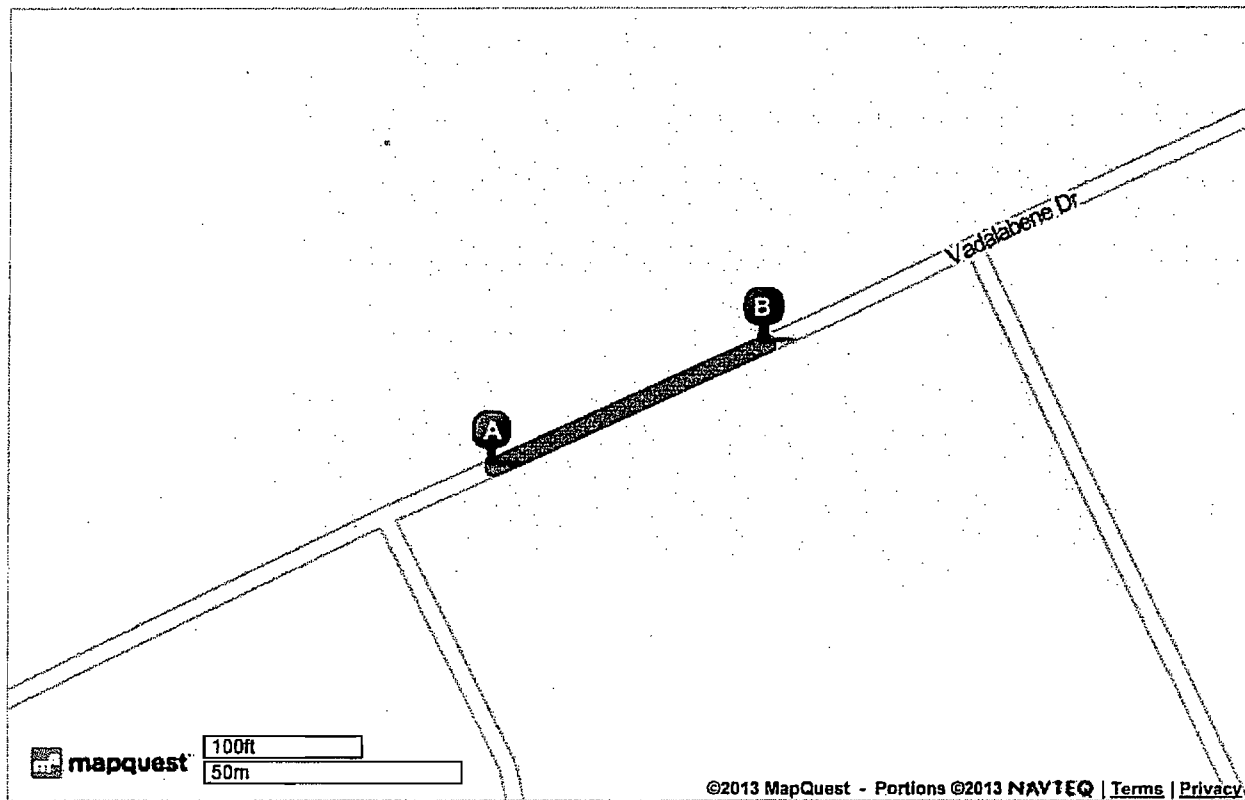
2. 2130 VADALABENE DR is on the right. [Map](#)



2130 Vadalabene Dr, Maryville, IL 62062-5632

Total Travel Estimate: 0.05 miles - about

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Trip to:

235 S Buchanan St
Edwardsville, IL 62025-2108
5.79 miles / 10 minutes

Notes

Proposed Maryville Dialysis site to Edwardsville
Dialysis



2102 Vadalabene Dr, Maryville, IL 62062-5632



1. Start out going **southwest** on **Vadalabene Dr** toward **Schiber Ct.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **N Center St / IL-159**. Continue to follow **IL-159 N.** [Map](#)

3.3 Mi

3.6 Mi Total



3. Stay **straight** to go onto **Troy Rd.** [Map](#)

1.8 Mi

5.4 Mi Total



4. **Troy Rd** becomes **S Buchanan St.** [Map](#)

0.4 Mi

5.8 Mi Total



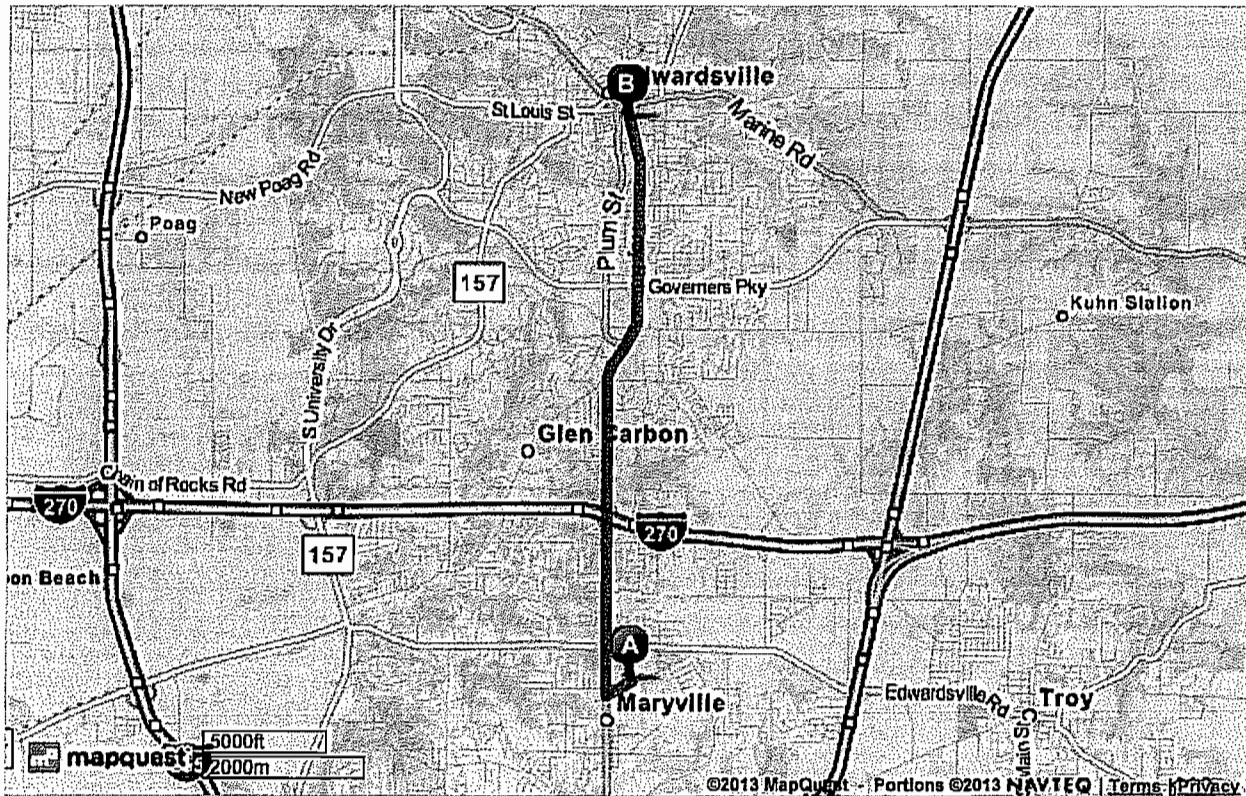
5. **235 S BUCHANAN ST** is on the **left.** [Map](#)



235 S Buchanan St, Edwardsville, IL 62025-2108

Total Travel Estimate: 5.79 miles - about 10 minutes

BOOK TRAVEL with **mapquest** (877) 577-5766



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