

ORIGINAL

14-042

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION AUG 26 2014

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Tinley Park Dialysis		
Street Address: 16767 South 80 th Avenue		
City and Zip Code: Tinley Park, Illinois 60477		
County: Cook	Health Service Area: 7	Health Planning Area: 7

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
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Tim Tincknell
Title: Administrator, CON Projects
Company Name: DaVita HealthCare Partners Inc.
Address: 1333 North Kingsbury Street, Suite 305 Chicago, Illinois 60642
Telephone Number: 312-649-9289
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

Additional Contact

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

Name: Kelly Ladd
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 720 Cog Circle Crystal Lake, IL 60014
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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City and Zip Code: Tinley Park, Illinois 60477		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Applicant /Co-Applicant Identification

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

Exact Legal Name: Kidney Center South LLC	
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	
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Address: 720 Cog Circle Crystal Lake, IL 60014
Telephone Number: 815-459-4694
E-mail Address: kelly.ladd@davita.com
Fax Number: 866-366-1681

Post Permit Contact

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

Name: 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: Turn Verein Eiche
Address of Site Owner: 9991 W 191 st Street, Mokena, Illinois 60448
Street Address or Legal Description of Site:
THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER (EXCEPTING THE SOUTH 10 ACRES THEREOF) OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPTING THEREFROM 167TH STREET AS DEDICATED AND ALSO EXCEPTING THAT PART SUBDIVIDED AS BREMENTOWNE ESTATES UNIT 6, PHASE 2 AS RECORDED NOVEMBER 17, 1971 AS DOCUMENT NO, 21715526 AND ALSO EXCEPTING THEREFROM THAT PART DESCRIBED AS COMMENCING AT THE SOUTHERLY MOST POINT OF SAID BREMENTOWNE ESTATES UNIT 6, PHASE 2; THENCE NORTH 62 DEGREES, 30 MINUTES EAST 125.07 FEET ALONG THE SOUTHERLY LINE OF SAID BREMENTOWNE ESTATES; THENCE SOUTH 0 DEGREES, 3 MINUTES, 47 SECONDS WEST 359.59 FEET ALONG THE EAST LINE OF SAID NORTHWEST QUARTER OF THE NORTHWEST QUARTER; THENCE NORTH 20 DEGREES, 6 MINUTES, 51 SECONDS WEST 321.44 FEET TO SAID SOUTHERLY MOST POINT BEING THE PLACE OF BEGINNING, ALL IN COOK COUNTY.
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: Kidney Center South LLC	
Address: 2000 16 th Street, Denver, CO 80202	
☐ Non-profit Corporation ☒ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ Other	
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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

DaVita HealthCare Partners Inc. and Kidney Center South LLC (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to establish a 12-station dialysis facility located at 16767 South 80th Avenue, Tinley Park, Illinois 60477. The proposed dialysis facility will include a total of 6,500 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	\$1,080,000		\$1,080,000
Modernization Contracts			
Contingencies	\$100,000		\$100,000
Architectural/Engineering Fees	\$90,250		\$90,250
Consulting and Other Fees	\$75,000		\$75,000
Movable or Other Equipment (not in construction contracts)	\$483,187		\$483,187
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,837,445		\$1,837,445
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$3,665,882		\$3,665,882
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,828,437		\$1,828,437
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,837,445		\$1,837,445
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$3,665,882		\$3,665,882
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

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

Estimated start-up costs and operating deficit cost is \$ 1,402,752.

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): October 31, 2016

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

- ☐ Cancer Registry
☐ 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

Arturo Sida

PRINTED NAME

VP, Associate General Counsel

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Javier J. Rodriguez

PRINTED NAME

Chief Executive Officer – Kidney Care

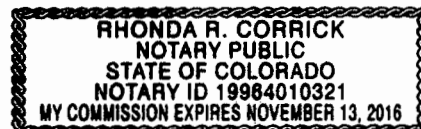
PRINTED TITLE

STATE OF COLORADO
COUNTY OF DALLAS

Notarization:
Subscribed and sworn to before me
this 2nd day of JULY 2014

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

State of California

County of Los Angeles

On July 3, 2014 before me, Kimberly Ann K. Burgo, Notary Public
 (here insert name and title of the officer)

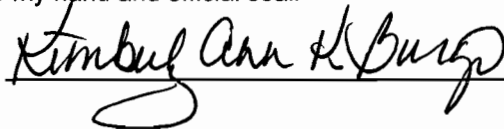
personally appeared Arturo Sida

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.

Signature




(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Assistant Secretary's Certificate re: DaVita HealthCare Partners Inc.

Document Date: July 3, 2014 Number of Pages: 1

Signer(s) if Different Than Above: No

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): Arturo Sida

☐ Individual

☒ Corporate Officer

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: Vice President, Associate General Counsel

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc.

CERTIFICATION

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- in the case of a sole proprietor, the individual that is the proprietor.

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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

Arturo Sida

PRINTED NAME

VP, Associate General Counsel

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

SIGNATURE

Javier J. Rodriguez

PRINTED NAME

Chief Executive Officer – Kidney Care

PRINTED TITLE

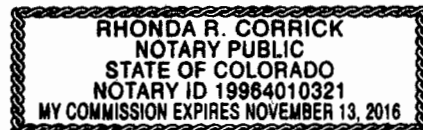
STATE OF COLORADO
COUNTY OF DENVER

Notarization:

Subscribed and sworn to before me
this 2ND day of JULY, 2014

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

State of California

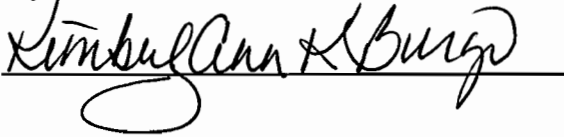
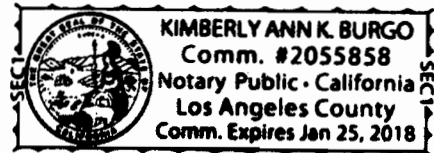
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(here insert name and title of the officer)personally appeared Arturo Sida

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.

Signature

(Seal)

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Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENTTitle or Type of Document: Assistant Secretary's Certificate re: Kidney Center South LLCDocument Date: July 3, 2014 Number of Pages: 1Signer(s) if Different Than Above: No

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)Signer's Name(s): Arturo Sida☐ Individual☒ Corporate Officer

(Title(s))

☐ Partner☐ Attorney-in-Fact☐ Trustee☐ Guardian/Conservator☒ Other: Vice President, Associate General Counsel**SIGNER IS REPRESENTING:**Name of Person(s) or Entity(ies): Kidney Center South LLC

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

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

ASSURANCES:

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

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

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$1,828,437	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$1,837,445 (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.
\$3,665,882	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 Kidney Center South LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Kidney Center South LLC will be the operator of Tinley Park Dialysis. Tinley Park Dialysis is a trade name of Kidney Center South LLC and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2014.

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

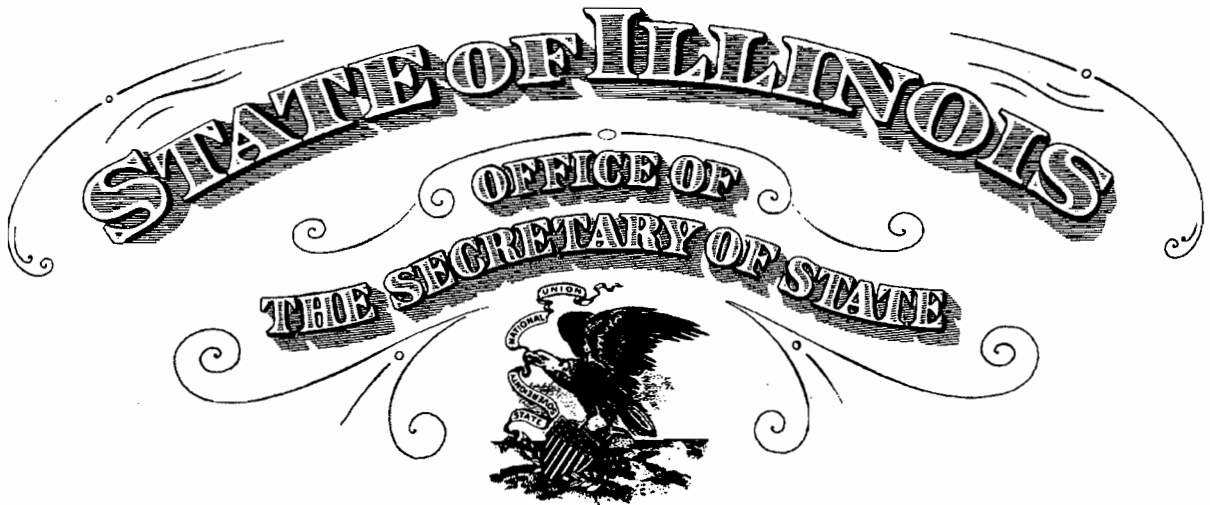
140958293

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1537962

DATE: 07-15-14



To all to whom these Presents Shall Come, Greeting:

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

KIDNEY CENTER SOUTH LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 10, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1419201704

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 11TH
day of JULY A.D. 2014 .*

Jesse White

SECRETARY OF STATE

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

The letter of intent between Tinley Park Healthcare, LLC and Kidney Center South LLC to lease the facility located at 16767 South 80th Avenue, Tinley Park, Illinois 60477 is attached at Attachment – 2.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.

A JOHNSON CONTROLS COMPANY

1783 ROSEMARY ROAD
HIGHLAND PARK, IL 60035

TELEPHONE: 847-926-7051
CELL: 847-975-4980

June 24, 2014

Mr. Bond Oman
Oman-Gibson
P. O. Box 925
Brentwood, TN 37024-0925

RE: Request for Proposal
16767 South 80th Avenue
Tinley Park, IL 60477

Dear Bond:

Johnson Controls Real Estate Services, Inc. ("JCI") has been exclusively authorized by Total Renal Care, Inc. – a subsidiary of DaVita HealthCare Partners, Inc. ("DaVita") to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues in excess of \$8 billion.

We have been surveying the Tinley Park, IL market area to identify all of the alternatives available that best suit DaVita's business and operational needs. Of the properties reviewed, your site has been identified as one that potentially meets the necessary requirements. We are requesting that you provide a written response to lease the above referenced Property to be built by you through the DaVita Preferred Developer Program ("PDP"). We request that you deliver your response no later than **June 30, 2014**. *Please prepare the proposal to respond to the following terms:*

PREMISES: 16767 South 80th Avenue, Tinley Park, IL 60477

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

LANDLORD: Tinley Park Healthcare, LLC

SPACE REQUIREMENTS: Requirement is for approximately 6,500 contiguous gross square feet. Tenant shall have the right to measure space based on most recent BOMA standards.

Please indicate both rentable and useable square footage for Premises.

PRIMARY TERM: 15 years

BASE RENT: *Please indicate the annual rate per rentable square foot*

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

Years 1-5: \$ 30.66 per rsf
Years 6-10: \$ 33.73 per rsf
Years 11-15: \$ 37.10 per rsf

ADDITIONAL EXPENSES:

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

CAM is estimated to be \$ 5.00 psf payable directly by Tenant.

Taxes are estimated to be \$ 5.50 psf.

Insurance is estimated to be \$ 6,200 annually.

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

If operating expenses are based on a Base Year, please indicate the Base Year and expense stop.

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent.

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 Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of seven (7) months from Possession or until:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form to match PDP requirements.

USE:

The Use is for a Dialysis Clinic, medical offices and other lawfully permitted related uses.

(please verify that the Tenant's dialysis use is permitted within the building's zoning.) The project will require re-zoning.

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

PARKING:

Tenant requests four (4) parking spaces per 1,000 rsf and two (2) dedicated handicapped stalls.

Please indicate the number and location of parking spaces to be allocated to the Tenant, number of general handicap stalls, total reserved stalls, if there is a patient drop off area, and if the drop off area is covered.

BASE BUILDING:

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

TENANT IMPROVEMENTS:

\$0.

OPTION TO RENEW:

Renewal terms to follow standard PDP requirements.

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

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

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by ninety (90) days from lease execution, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the ninety (90) day delivery period.

HOLDING OVER:

Tenant shall be obligated to pay 110% of 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 and approval of Landlord.

BUILDING HOURS:

24 hours a day, 7 days a week.

Please indicate building hours for HVAC and utility services.

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 HealthCare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord's reasonable approval.

ROOF RIGHTS:

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

NON COMPETE:

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

HVAC:

Please provide general description of HVAC systems (i.e. ground units, tonnage, age)

DELIVERIES:

Please indicate manner of deliveries to the Premises (i.e. dock-high door in rear, shared)

OTHER CONCESSIONS:

Please indicate any other concessions the Landlord is willing to offer.

**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 December 31, 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 December 31, 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 as the Tenant's sole representative Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee in accordance with the PDP agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Please provide copies of site and construction plans or drawings.

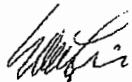
Please submit your response to this Request for Proposal via e-mail to:

Edgar Levin
edgar.l.levin@jci.com

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

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

Sincerely,

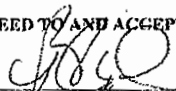


Edgar Levin

Cc: Sean Powell
John Steffens
Emmett Purcell

LETTER OF INTENT: 16767 SOUTH 80TH AVENUE, TINLEY PARK, IL 60477

AGREED TO AND ACCEPTED THIS 25 DAY OF JUNE 2014

By: 

("Landlord")

AGREED TO AND ACCEPTED THIS 30 DAY OF JUNE 2014

By: 

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

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPARATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR JCI) 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 JCI 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. JCI 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 JCI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.



Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

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

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

At a minimum, the Lessor shall provide the following Base Building and Site Development Improvements to meet Lessee's Building and Site Development specifications at Lessor's sole cost:

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

1.0 - Building Codes & Design

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

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all permitting related to the base building and site improvements.

3.0 - Common Areas

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

4.0 Foundation and Floor

The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Lessor's engineer to accommodate site-specific Climate and soil conditions and recommendations per Lessor's soil engineering and exploration report (To be reviewed and approved by Lessee's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grade and shall be a minimum five-inch (5") thick with minimum concrete strength of 3,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement

over a vapor barrier and granular fill per Lessor's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Lessor. Under slab plumbing shall be installed by Lessee's General Contractor in coordination with Lessor's General Contractor, inspected by municipality and Lessee for approval prior to pouring the building slab.

5.0 - Structural

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height and 15' clearance for a 12" ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

6.0 - Exterior walls

Exterior walls to be fire rated if required by local or State code requirements. If no fire rating is required, walls shall be left as exposed on the interior side of the metal studs or masonry/concrete with exterior insulation as required to meet code requirements and for an energy efficient building shell. Lessee shall be responsible for interior gyp board, taping and finish.

7.0 - Demising walls

All demising walls shall be a 1 or 2hr fire rated wall depending on local, state and/or regulatory (NFPA 101 – 2000) codes requirements whichever is more stringent. Walls will be installed per UL design and taped (Lessee shall be responsible for final finish preparation of gypsum board walls on Lessee side only). At Lessee's option and as agreed upon by Lessor, the interior drywall finish of demising walls shall not be installed until after Lessee's improvements are complete in the wall. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have sound attenuation batts from floor to underside of deck.

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Lessor for the duration of the lease. Lessor to provide Lessee copy of material and labor roof warranty for record.

9.0 – Parapet

Lessor to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC Rooftop units should be concealed from public view if required by local code.

10.0 - Façade

Lessor to provide specifications for building façade for lessee review and approval. All wall system to be signed off by a Lessor's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

4" Face brick Veneer on 6" 16 or 18ga metal studs , R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8" exterior grade gypsum board or Dens-Glass Sheathing.

Or

2" EIFS on 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on ½" cement board or equal.

Or

8" Split faced block with 3-1/2" to 6" 20ga metal stud furring, batt wall insulation to meet energy code and depth of mtl stud used.

11.0 - Canopy

Covered drop off canopy at Lessee's front entry door. Approximate size to be 16' width by 21' length with 10'-9" minimum clearance to structure with full drive thru capacity. Canopy to accommodate patient drop off with a level grade ADA compliant transition to the finish floor elevation. Canopy roof to be an extension of the main building with blending rooflines. Controlled storm water drainage requirements of gutters with downspouts connected to site storm sewer system or properly discharged away from the building, sidewalks, and pavement. Canopy structural system to consist of a reinforced concrete footing, structural columns and beam frame, joists, decking and matching roof covering. Canopy columns clad with EIFS and masonry veneer piers, matching masonry to main building. Steel bollards at column locations.

12.0 - Waterproofing and Weatherproofing

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

13.0 - Windows

Lessor to provide code compliant energy efficient windows and storefront systems to be 1" tinted insulated glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Lessee's architectural floor plan and shall be coordinate with Lessor's Architect.

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R value to be determined by the size of the stud cavity and should extend from finish floor to bottom of floor or ceiling deck. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet American Disability Act (ADA), and State Department of Health requirements. Lessor shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Lessee with three (3) sets of keys. Final location of doors to be determined by Lessee architectural floor plan and shall be coordinate with Lessee's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Lessor:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, continuous hinge and lock mechanism. Door to be prepped to accept power assist opener and push button keypad lock provided by Lessee.

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

16.0 - Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Lessee. Lessor is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Lessee's Architect. Lessor shall have contained within the building a common main room to accommodate the utility services which include, but not limited, to electrical, fire alarm, security alarm and fire riser if in a multi tenant building.

17.0 - Plumbing

Lessor to provide a segregated/dedicated potable water supply line that will be sized by Lessee's Engineer based on Lessee's water requirements (not tied-in to any other lessee spaces, fire suppression systems, or irrigation systems unless mandated by Local Building and or Water Dept). Water supply shall be provided with a shut off valve, 2 (two) reduced pressure zone (RPZ) backflow preventors arranged in parallel (with floor drain or open site drain under RPZ's), and meter. Water supply to provide a continuous minimum pressure of 50 psi, maximum 80psi, with a minimum flow rate of 50 gallons per minute to Lessee space. The RPZ's and the Meter will be sized to the incoming line, or per water provider or municipality standards. Lessor to provide Lessee with the most recent site water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall perform water flow and pressure test prior to lease execution. Lessor shall stub the dedicated water line into the building per location coordinated by Lessee.

Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Lessee.

Building sanitary drain size will be determined by Lessee's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Lessee at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Lessee's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Lessee's sanitary system design per Lessee's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary sampling manhole to be installed by Lessor if required by local municipality.

Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 - Fire Suppression System

Single story stand alone buildings under 10,000sf will not require a Sprinkler System unless requested by Lessee, or if required by code or local authority. Single story stand alone buildings greater than 10,000 will require a sprinkler system. Lessor shall design and install a complete turnkey sprinkler system (less drops and heads in Lessee's space) that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a dedicated water line independent of Lessee's potable water line requirements, or as required by local municipality or water provider. Lessor shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow

control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

Provide underground service with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire to a distribution panelboard in the Lessee's utility room (location to be per Code and coordinated with Lessee and their Architect) for Lessee's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Lessor's service provisions shall include transformer coordination with utility company, transformer pad, grounding, and underground conduit wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panelboard with main and branch circuit breakers, and electrical service and building grounding per NEC. Lessee's engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panelboard.

If lease space is in a multi-tenant building then Lessor to provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Lessee and distribution panelboard per above.

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

Lessor to provide main Fire Alarm Control panel that serves the Lessee space and will have the capacity to accommodate devices in Lessee space based on Fire Alarm system approved by local authority having jurisdiction. If lease space is in a multi-tenant building then Lessor to provide Fire Alarm panel to accommodate all tenants and locate panel in a common room with conduit stub into lessee space. Lessor's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

Fire Alarm system equipment shall be equipped for double detection activation if required.

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be stubbed into the building per location coordinated with Lessee and shall be individually metered and sized per demand. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning

Lessor to be responsible for all costs for the HVAC system based on the below criteria.

Lessee will be responsible for the design, procurement and installation of the HVAC system.

The criteria is as follows:

- Equipment to be Carrier or Trane RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Lessee's demands for a dialysis facility and the base building Shell loads.
- Ductwork shall be extended 5' into the space for supply and return air.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Controls to be Programmable or DDC
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet

- System to be a fully ducted return air design
- All ductwork to be externally lined except for the drops from the units.
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, thermostats and start-up. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Lessee's design criteria and local and state codes.

Lessor to furnish steel framing members, roof curbs and flashing to support Lessee exhaust fans (minimum of 4) to be located by Lessee's architect.

22.0 - Telephone

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Lessee.

23.0 - Cable TV

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee.

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

24.0 - Handicap Accessibility

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

Finish floor elevation is to be determined per Lessee's architectural plan in conjunction with Lessor's civil engineering and grading plans. If required, Lessor to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition according to accessible standards.

25.0 - Exiting

Lessor shall provide at the main entrance and rear doors safety lights, exterior service lights, exit sign with battery backup signs per doorway, in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes. The exiting shall encompass all routes from access points terminating at public right of way.

26.0 - Site Development Scope of Requirements

Lessor to provide Lessee with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Lessee Architect for coordination purposes. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details for trash and recycling;
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Lessee signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;
- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Lessor so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends;
- Final grade will be sloped away from building.

27.0 - Refuse Enclosure

Lessor to provide a minimum 6" thick reinforced concrete pad approx 100 to 150SF based on Lessee's requirements' and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 - Generator

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

29.0 - Site Lighting

Lessor to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Lessee power panel. Location of pole fixtures per Lessor civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Lessee hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Lessor house panel (if in a Multi tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

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

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.

Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

32.0 - Site Signage

Lessor to allow for an illuminated site and/or façade mounted signs. A monument and/or the pylon structure to be provided by Lessor with power and a receptacle. Final sign layout to be approved by Lessee and the City.

Exhibit C – Aerial Photo

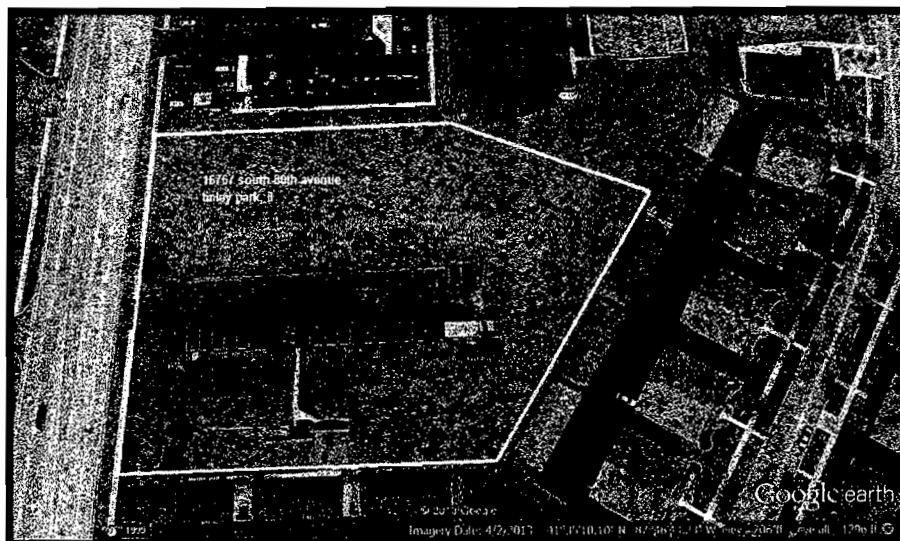


Exhibit D – Legal Description

ORDER NUMBER: 1412 WSA031070 OP
STREET ADDRESS: 16767 80TH AVENUE
CITY: TINLEY PARK COUNTY: COOK
TAX NUMBER: 27-25-100-006-0000

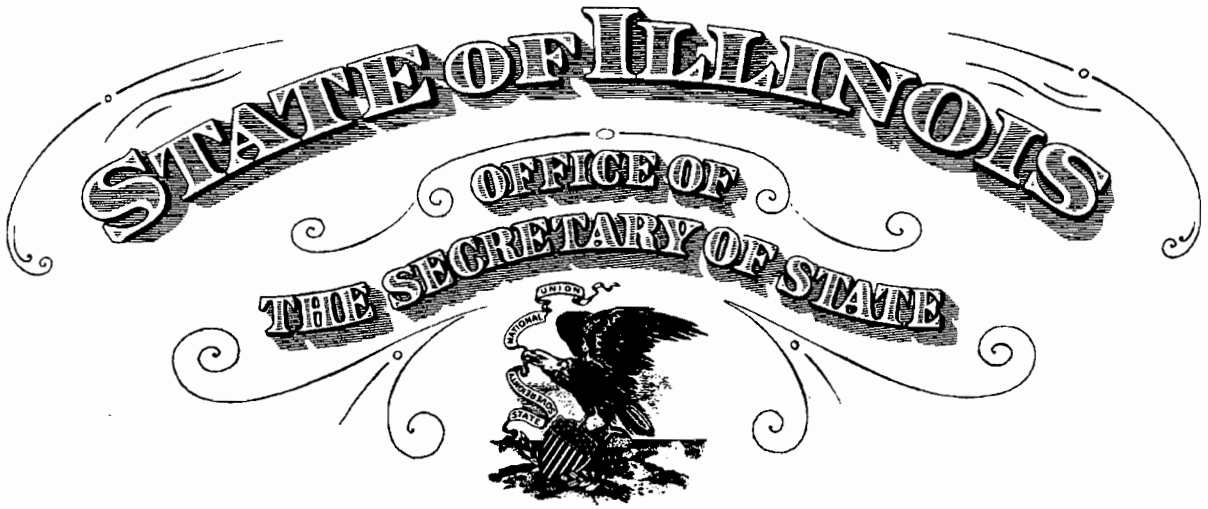
LEGAL DESCRIPTION:

THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER (EXCEPTING THE SOUTH 10 ACRES THEREOF) OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPTING THEREFROM 167TH STREET AS DEDICATED AND ALSO EXCEPTING THAT PART SUBDIVIDED AS BREMENTOWNE ESTATES UNIT 6, PHASE 2 AS RECORDED NOVEMBER 17, 1971 AS DOCUMENT NO. 21715526 AND ALSO EXCEPTING THEREFROM THAT PART DESCRIBED AS COMMENCING AT THE SOUTHERLY MOST POINT OF SAID BREMENTOWNE ESTATES UNIT 6, PHASE 2; THENCE NORTH 62 DEGREES, 30 MINUTES EAST 125.07 ALONG THE SOUTHERLY LINE OF SAID BREMENTOWNE ESTATES; THENCE SOUTH 0 DEGREES, 3 MINUTES, 47 SECONDS WEST 359.59 FEET ALONG THE EAST LINE OF SAID NORTHWEST QUARTER OF THE NORTHWEST QUARTER; THENCE NORTH 20 DEGREES 6 MINUTES, 51 SECONDS WEST 321.64 FEET TO SAID SOUTHERLY MOST POINT BEING THE PLACE OF BEGINNING) ALL IN COOK COUNTY, ILLINOIS,

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

The Illinois Certificate of Good Standing for Kidney Center South LLC. is attached at Attachment – 3. The names and percentage of ownership of all persons with a five percent or greater ownership in Kidney Center South LLC is listed below.

Name	Address	Ownership Interest
Total Renal Care, Inc.	2000 16 th Street Denver, Colorado 80202	60%
Tunji Alausa, M.D.	812 Campus Drive Joliet, Illinois 60435	20%
M. Sameer Shafi, M.D.	812 Campus Drive Joliet, Illinois 60435	20%



To all to whom these Presents Shall Come, Greeting:

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

KIDNEY CENTER SOUTH LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 10, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1419201704

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 11TH day of JULY A.D. 2014 .

Jesse White

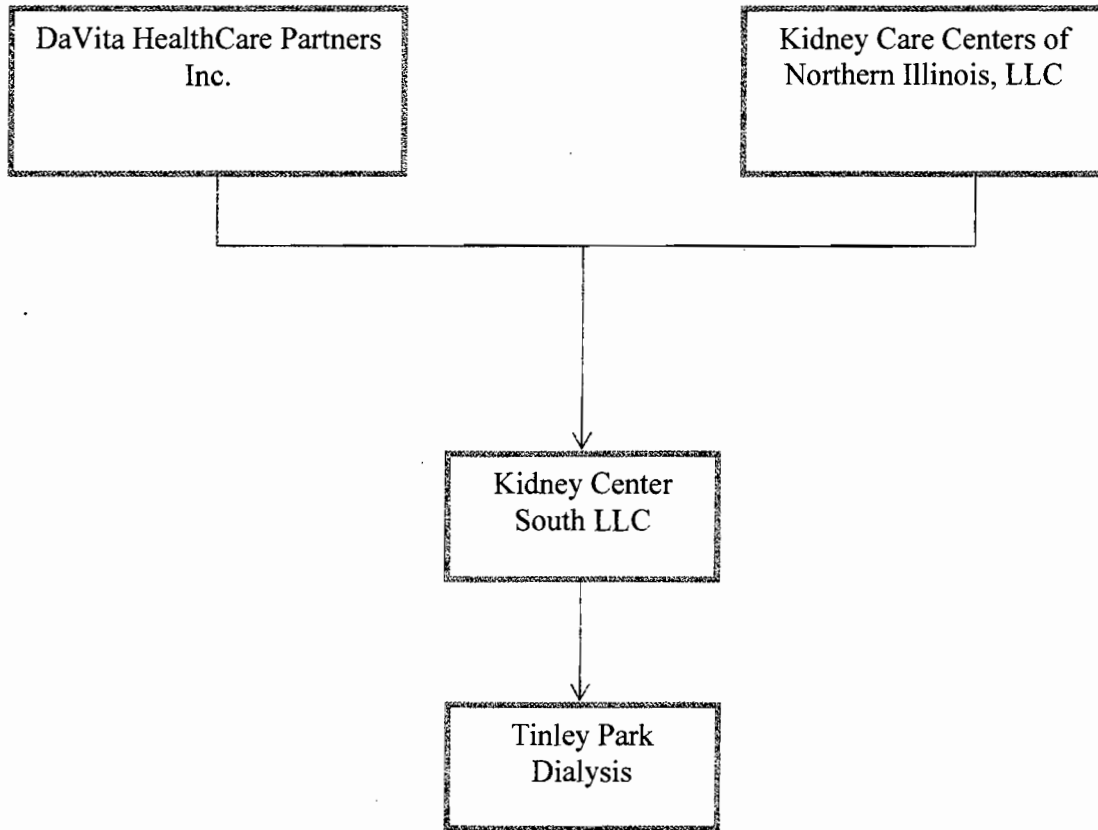
SECRETARY OF STATE

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

The organizational chart for DaVita HealthCare Partners Inc. and Kidney Center South LLC is attached at Attachment – 4.

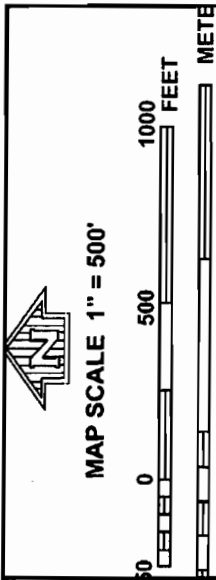
Tinley Park Dialysis Center

Organizational Structure



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 16767 South 80th Avenue, Tinley Park, Illinois 60477. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



NFP

PANEL 0704J

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY,

ILLINOIS

AND INCORPORATED AREAS

PANEL 704 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
COOK COUNTY	170054	0704	J
ORLAND HILLS, VILLAGE OF	170172	0704	J
ORLAND PARK, VILLAGE OF	170140	0704	J
TINLEY PARK, VILLAGE OF	170169	0704	J

MAP NUMBER

17031C0704J

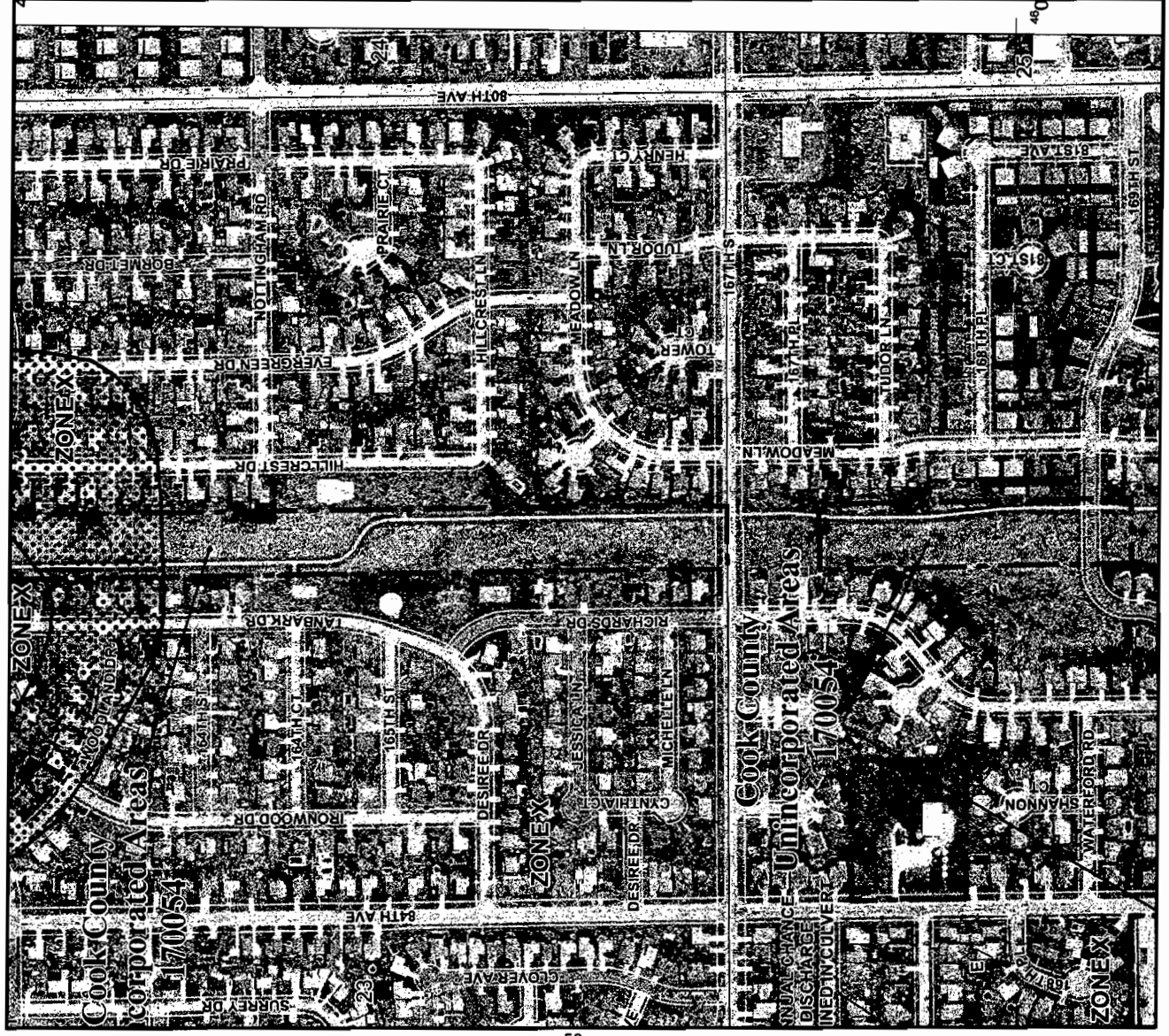
MAP REVISED

AUGUST 19, 2008

Federal Emergency Management Agency

Notice to User: The Map Number shown below should be used in conjunction with the Community Number shown above to identify the specific map panel for the subject community.

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



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

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



Illinois Historic Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

www.illinoishistory.gov

Cook County

Tinley Park

CON - Lease to Establish a 12-Station Dialysis Facility

16767 S. 80th Ave.

IHPA Log #021061114

June 24, 2014

Timothy Tincknell

DaVita Healthcare Partners, Inc.

1333 N. Kingsbury St., Suite 305

Chicago, IL 60642

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

Deputy State Historic

Preservation Officer

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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts	\$1,080,000		\$1,080,000
Contingencies	\$100,000		\$100,000
Architectural/Engineering Fees	\$90,250		\$90,250
Consulting and Other Fees	\$75,000		\$75,000
Moveable and Other Equipment			
Communications	\$82,200		\$82,200
Water Treatment	\$113,175		\$113,175
Bio-Medical Equipment	\$8,885		\$8,885
Clinical Equipment	\$192,860		\$192,860
Clinical Furniture/Fixtures	\$18,780		\$18,780
Lounge Furniture/Fixtures	\$3,065		\$3,065
Storage Furniture/Fixtures	\$5,862		\$5,862
Business Office Fixtures	\$20,860		\$20,860
General Furniture/Fixtures	\$26,000		\$26,000
Signage	\$11,500		\$11,500
Total Moveable and Other Equipment	\$483,187		\$483,187
Fair Market Value of Leased Space	\$1,837,445		\$1,837,445
Total Project Costs	\$3,665,882		\$3,665,882

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

The Applicants anticipate project completion within 24 months of project approval.

Further, 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 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	\$3,665,882		6,500	6,500			
Total Clinical	\$3,665,882		6,500	6,500			
NON REVIEWABLE							
Total Non-Reviewable							
TOTAL	\$3,665,882		6,500	6,500			

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.1430(b)(3), 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. For this project, DaVita HealthCare Partners Inc. has partnered with Kidney Center South LLC in their commitment to the Tinley Park community. The proposed project involves the establishment of a 12-station dialysis facility to be located at 16767 South 80th Avenue, Tinley Park, Illinois 60477.

DaVita HealthCare Partners Inc 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 2013 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously submitted with Proj. No. 14-024.

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 was previously submitted as part of the Applicants' application for Proj. No. 14-016. Seven recent press releases: "DaVita Response Team Prepares Patients for Emergencies," "DaVita Reports on 2013 Corporate Social Responsibility Progress," "DaVita Rx Delivers 15 Millionth Prescription," "DaVita Names Chief Medical Officer for Saudi Operations," "DaVita Kidney Care Outperforms All Dialysis Providers in Quality Incentive Program," "DaVita Recognized as a Top Workplace by Bay Area News Group," and "Dr. Martin Schreiber Joins DaVita Kidney Care Team" are attached at Attachment – 11A.

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

- Between 1988-1994 and 2005-2010, the overall prevalence estimate for CKD rose from 12.3 to 14.0 percent. The largest relative increase, from 25.4 to 40.8 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.²
- Nearly six times the number of new patients began treatment for ESRD in 2011 (approximately 116,000) versus 1980 (approximately 20,000).³
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 615,000 versus approximately 60,000).⁴
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.⁵
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.⁶

¹ US Renal Data System, USRDS 2013 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, 44 (2013).

² Id. at 46

³ Id. at 158

⁴ Id.

⁵ Id. at 160

⁶ Id.

- 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.⁷
- 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-two percent of new ESRD patients in 2011, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 51 percent of those on hemodialysis began therapy with a catheter, compared to 19 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 30 percent began therapy with a fistula – five times higher than the rate among non-referred patients.⁸

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 65-75% of CKD Medicare patients have never been evaluated by a nephrologist.⁹ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

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

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

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

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. In fact, since piloting in October 2007, the program has not only shown to reduce mortality rates by 8 percent but has also resulted in improved patient outcomes.

⁷ Id at 161

⁸ Id. at 216-217

⁹ US Renal Data System, USRDS 2011 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2011.

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. Since the inception of the program, DaVita has achieved a 45 percent reduction in the number of "Day 90+" catheter patients. As of November 2013, DaVita's catheter use rate is at an all-time low with 13 percent of patients dialyzing at DaVita for 90 days or more with a catheter in place. DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers.

DaVita was recognized at the National Adult and Influenza Immunization Summit (NAIIS) as the national winner in the "Healthcare Personnel Campaign" category of the 2014 Immunization Excellence Awards. In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. As of March 15, DaVita achieved 100 percent compliance with its teammate immunization-or-mask directive, with more than 86 percent of teammates choosing vaccination. As of the same date, 92.2 percent of patients were vaccinated for the flu, marking the fourth consecutive year that DaVita's patient vaccination rates exceeded the U.S. Department of Health and Human Services Healthy People 2020 recommendations.

In an effort to improve patient outcomes and experience during dialysis, on May 13, 2014, DaVita announced the first delivery of hemodiafiltration in the United States. It is delivering hemodiafiltration treatments to select patients at its North Colorado Springs Clinic as part of a six-month trial program. Hemodiafiltration incorporates the standard hemodialysis process but adds an extra step to remove even larger toxin particles. It is commonly practiced in Europe but until recently there was no FDA approved device for use in the U.S. Over the next six months, DaVita clinical experts will determine whether there are improved outcomes of dialysis treatment and patient quality of life compared to hemodialysis.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities, and on May 5, 2014, DaVita's approach to integrated care was recognized with two Dorland Health "Case in Point" Platinum Awards for its Pathways Care Management and VillageHealth Integrated Care Management programs. The Dorland Health awards recognize the most successful and innovative case-management programs working to improve health care across the continuum.

Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. 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 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. In 2012 alone, the Patient Pathways program reduced renal-related readmission rates by more than 73 percent and saved partnering hospitals a total of 40,800 bed days and 18,500 acute dialysis treatments. Combined, these efficiencies reduced the country's 2012 health care costs by more than \$50 million. 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.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

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. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204M in net savings to the American healthcare system in 2013.

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 medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens, delivering over 15 million prescriptions. A 2013 study in the American Journal of Kidney Diseases found DaVita Rx patients spend 14% fewer days in the hospital and have a 21% lower risk of death compared to non-DaVita Rx patients.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. In June 2013, DaVita received the prestigious Secretary of Defense Employer Support Freedom Award. Presented annually by the Employer Support of the Guard and Reserve ("ESGR"), an arm of the Department of Defense, the Freedom Award recognizes employers for outstanding support of employees who serve in the Guard and Reserve. It is the highest military-friendly award presented by the U.S. government. Nearly 3,000 employers were nominated for a Freedom Award in 2013. An awards committee composed of senior Department of Defense officials, business leaders and prior honorees selected just 15 companies to receive the 2013 Freedom Award. DaVita also received the 2013 award for Best Military Recruiting Program from ERE Media and was recognized this year with Top 100 Military Friendly Employer and 2013 Top 100 Military Friendly Spouse Employer awards from GI Jobs, a Most Valuable Employers award from CivilianJobs.com and a "Best for Vets" award from Military Times EDGE.

In April 2014, DaVita received three major national and local awards for its focus on its teammates: WorldBlu Most Democratic Workplaces, Top Workplaces Colorado and LearningElite Silver. For the seventh consecutive year, DaVita appeared on WorldBlu's list of most democratic work places. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the third consecutive year, WorkplaceDynamics also recognized DaVita as one of the top workplaces in Colorado, based on employee input. DaVita was named a Silver LearningElite organization for 2014 by Chief

Learning Officer magazine for creating and implementing exemplary teammate development practices that deliver measurable business value. DaVita ranked No. 29 in a record breaking field of more than 200 companies. Finally, DaVita has been recognized as a one of *Fortune*® Magazine's Most Admired Companies in 2014. DaVita ranked first overall among health care facilities and was the second highest-rated company in Colorado.

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 received 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 of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding 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 \$1 million coming in 2013 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. DaVita continued its "DaVita Way of Giving" program in 2013 with teammates at clinics across DaVita's 43-state footprint selecting more than 1100 charities from Ronald McDonald House to small community-support entities in their local areas, to receive approximately \$1.2 million in contributions.

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 2013, nearly 50 volunteers from Bridge of Life- DaVita Medical Missions™ worked to complete 15 missions in 11 countries, during which volunteers and partners helped to install or repair 77 dialysis machines and train more than 50 kidney care professionals, bringing treatment and quality care to an additional 420 people around the world.

1. 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.

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

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

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



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

501 Kawai Street, El Segundo, CA 90245 | 1-800-517-4872 | www.davita.com/why-davita

April 30, 2009

Dear Medical Directors:

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



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



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

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

- **Assess incident patients regularly in their first 90 days:** At your monthly DaVita QIFMM meetings, discuss patients individually and regularly. Use the IMPACT scorecard to prompt these discussions.
- **Adopt "Facility Specific Orders":** Create new facility specific orders using the form that will be provided to you. Each of your attending physicians will also need to be educated on the use of the form for their new patients.
- **Minimize the "catheter-removal" cycle time:** At your monthly DaVita QIFMM meetings, review each of your catheter patients with the team and identify obstacles causing delays in catheter removal.
- **Plan fistula and graft placements:** Start AV placement plans early by scheduling vessel mapping and surgery evaluation appointments for Stage 4 CKD patients. Schedule fistula placement surgery for those patients where ESRD is imminent in the next 3-6 months. Share early fistula and graft placement expectations with attending physicians in your dialysis facilities.

Service Excellence | Quality | Teamwork | Continuous Improvement | Safety | Innovation | Patient Focus

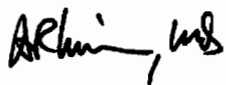
DaVita.

Launch Kits:

In May, Launch Kits containing materials and tools to support both initiatives will be arriving at your facilities. IMPACT kits will include a physician introduction to the program, step by step implementation plan and a full set of educational resources. FAs and Vascular Access Leaders will begin training on a new tool to help identify root-causes for catheter removal delays.

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

Sincerely,



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

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





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Your comprehensive guide to
Chronic Kidney Disease (CKD)



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Stage of CKD

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Play Section Guide

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

I am in the **Late**
Stage of CKD

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

I am a
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Family and friends of people
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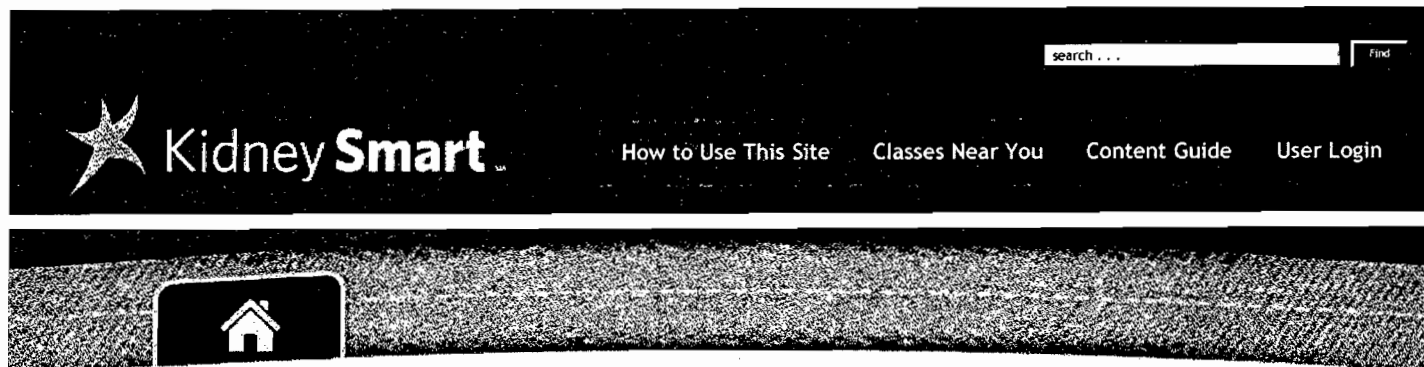
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Content Guide

I am in the Early Stage of CKD

Living

- [What Does My Diagnosis Mean?](#)
- [Home, Family, and Work Life](#)
- [Adjusting to Life with CKD](#)
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Learning

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

Choices

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

I am in the Late Stage of CKD

Living

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

Learning

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

Choices

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- [Make a Plan - Transplant Choice](#)
- [Make a Plan - Dialysis Choices](#)
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- [Make a Plan - Hemodialysis](#)
- [Make a Plan - Home Hemodialysis](#)
- [Make a Plan - Palliative Care/Conservative Choice](#)
- [Stay Your Course](#)

I am a Care Partner

Caring for Someone with CKD

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

Caring for Yourself

- [Take Care of Yourself](#)
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Please check with a physician if you need a diagnosis and/or for treatments as well as information regarding your specific condition. If you are experiencing urgent medical conditions, call 9-

1-1

116



Davita®



Dear Physician Partners:

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

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

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

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

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

How was IMPACT developed? What are the initial results?

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

Your support of this effort is crucial.

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

Sincerely,

Dennis Kogod
Chief Operating Officer

Allen R. Nissenson, MD, FACP
Chief Medical Officer

Corporate Office | 601 Howard Street, 3rd Floor, San Francisco, CA 94105 | 1-800-313-4872 | DaVita.com/physicians



FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

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

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

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

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

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

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

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

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

Incident Management of Hemodialysis Patients: Managing the First 90 Days

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

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

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

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

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

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

IMPACT Tools

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

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

This form is a Standard Order Template used for patient admission. It includes sections for Patient Information, Medical History, and Treatment Details. It features drop-down menus for various fields to allow for customization.

This is the Intake Checklist form, used to gather registration and clinical data prior to admission. It includes a 'Spring Training' graphic and motivational text: "Attention, teammates! A new IMPACT patient is about to step up to the plate. Let's become their biggest fans. Let's cheer them along every step of their first 90 days." The form includes checkboxes for various clinical indicators and a section for patient education.

This is the IMPACT Scorecard form, used to track monthly center summary and patient level detail for four clinical indicators: access, albumin, adequacy, anemia. It includes a table for patient data and a section for center summary.

Indicator	Access	Albumin	Adequacy	Anemia
91 - 120 Days	100%	100%	100%	100%
91 - 120 Days	100%	100%	100%	100%
91 - 120 Days	100%	100%	100%	100%
91 - 120 Days	100%	100%	100%	100%

This is the IMPACT Management Checklist form, used to track monthly center summary and patient level detail for four clinical indicators: access, albumin, adequacy, anemia. It includes a table for patient data and a section for center summary.

Indicator	Access	Albumin	Adequacy	Anemia
91 - 120 Days	100%	100%	100%	100%
91 - 120 Days	100%	100%	100%	100%
91 - 120 Days	100%	100%	100%	100%
91 - 120 Days	100%	100%	100%	100%

This is the Patient Education Guide form, used to teach patients about dialysis. It includes a 'Spring Training' graphic and motivational text: "Attention, teammates! A new IMPACT patient is about to step up to the plate. Let's become their biggest fans. Let's cheer them along every step of their first 90 days." The form includes checkboxes for various clinical indicators and a section for patient education.



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IMPACT

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DaVita.com

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

Core Values
Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun



DaVita Response Team Prepares Patients for Emergencies

DaVERT Shares Emergency Preparedness Tips for Hurricane Season

DENVER, June 2, 2014 /PRNewswire/ -- [DaVita](#) Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, is dedicated to sharing important emergency preparedness information for dialysis patients who might be impacted by weather-related emergencies – notably the hurricane season that starts on June 1.

Over the past few years a number of natural disasters have interrupted the operation of dialysis clinics across the U.S., impacting the delivery of life-sustaining treatments to thousands of dialysis patients. In response, DaVita formed the DaVita Village Emergency Response Team (DaVERT), a cross-functional group of clinical and operations experts from around the country, to prepare for and address disasters (both natural and otherwise) to help ensure the safety and quality of life for our patients during these emergencies.

DaVERT helps prepare clinical teammates; reinforce policies and procedures; and educate and notify patients prior to and during weather emergencies. The team takes inventory of the facility and its supplies, secures the facility and biohazard storage, and prepares for on-site support of any potential operations interruptions (e.g., bringing in generators to restore power). DaVERT also practices and educates teammates on facility evacuation procedures.

Hurricane Season Has Begun

"While official forecasts indicate a possibly quiet, below average year for hurricanes and tropical storms, that doesn't mean we can let our guard down," said Shaun Collard, vice president of clinical operations and head of DaVERT. "It only takes one hurricane hitting land to adversely affect our patients and teammates, so we must be prepared for the worst case scenario."

Dialysis patients require treatments at least three times per week and are at high risk during natural disasters and weather-related emergencies. DaVita recommends patients create an easily accessible emergency kit that includes the following:

Emergency phone numbers for doctors and their dialysis center, as well as another nearby dialysis center;

- At least three days' worth of medications with a list of the dosage amounts;
- Clean water, food and a can opener;
- First aid supplies;
- A battery-operated flashlight and radio; and
- If diabetic, a week's worth of related medical supplies.

When a widespread emergency or disaster happens, patients are encouraged to begin a [three-day emergency diet](#) immediately to limit the amount of fluid and waste their body accumulates. DaVita also recommends that patients keep a copy of the diet with emergency supplies as a guide.

Visit [DaVita.com](#) to see the [full three-day emergency diet](#) and additional emergency preparedness information, including:

- [Emergency preparedness for people with kidney disease](#)
- [Preparing for the unexpected with home dialysis](#)
- [Diabetes Emergency Plan](#)

For additional questions, or for assistance during a weather-related event, call DaVita Guest Services at 1-800-400-8331.

DaVita and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage

renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2014, DaVita Kidney Care operated or provided administrative services at 2,098 outpatient dialysis centers located in the United States serving approximately 165,000 patients. The company also operated 75 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

Contact Information

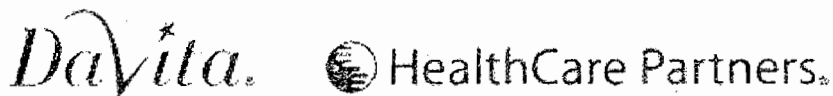
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DaVita Reports on 2013 Corporate Social Responsibility Progress

Commitment to Patient Care, Sustainability and Goodwill Continues to Grow

DENVER, June 9, 2014 /PRNewswire/ -- [DaVita](#) Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced the release of its [2013 Community Care report](#), which highlights progress on key initiatives supporting the company's vision for corporate social responsibility (CSR).

The report, available at [DaVita.com/CommunityCare](#), outlines DaVita's approach for CSR, called the Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for Our World. This approach is what drives industry-leading clinical outcomes, multiple goodwill initiatives and a robust environmental commitment. Highlights from the 2013 report include the following.

Caring for Our Patients

DaVita continues to lead the dialysis industry in clinical outcomes with an integrated care model that addresses the holistic needs of patients – beyond dialysis treatment – to improve their quality of life.

- VillageHealth partners with patients, physicians, health care professionals and payers to provide integrated care management for those with kidney disease.
- DaVita Rx® is a full-service renal care pharmacy that helps patients adhere to their drug regimen and includes 24-hour access to specially trained pharmacists, refill reminders, flexible payment options and free delivery. Patients who use DaVita Rx spend 14 percent fewer days in the hospital and are 21 percent more likely to live longer than patients who do not use DaVita Rx.
- DaVita's CathAway™ program transitions patients from catheters to fistulas, reducing the risk of infection and blood clots. In 2013, DaVita achieved an all-time low catheter rate of 13 percent.
- DaVita's IMPACT™ program focuses on the crucial first 90 days of dialysis, and the program is improving outcomes and reducing mortality rates.
- DaVita Clinical Research is one of the largest kidney-research networks in the U.S., specializing in Phase 1 trials and health economics. More than 14 billion data points have been collected in over 160,000 patients.
- DaVita's patient influenza and pneumococcal pneumonia vaccination rates both reached a record-high 92 percent in 2013.
- DaVita's Kidney Smart® program aims to give people with chronic kidney disease the information they need to make healthy choices and make decisions around important issues like whether to continue working. More than 17,700 people have been educated through the program.
- DaVita's Lifeline Vascular Access® program is dedicated to delivering quality vascular care to patients with a variety of chronic conditions, including those with end stage renal disease. Through this program, physicians have performed more than 725,000 procedures with a 98 percent success rate.

"We continue to raise the bar for patient care and clinical outcomes," said Kent Thiry, chairman and CEO of DaVita HealthCare Partners. "We also encourage dialysis patients to educate themselves about ways to stay active, engaged and employed by offering some of the most comprehensive online tools for managing kidney disease."

These tools include [myDaVita.com](#), [DaVita Health Portal](#), [DaVita Diet Helper™](#), [DaVita Recipe Collection](#), [Kidney Smart Classes](#), [YourKidneys.com](#), [GFR Calculator](#) and [Kidney Disease Risk Quiz](#).

Caring for Each Other

DaVita continues to create a culture of happiness, health awareness and continuous improvement through initiatives that build leaders and support teammates.

- In 2013, more than 9,700 teammates benefited from the various award-winning curricula offered through DaVita University – a robust multi-tiered leadership-development program that helps teammates become stronger citizens within DaVita, at home and in their communities.

- The Redwoods Leadership Development Program – recognized by top undergraduate and business schools around the country – has supported the careers of more than 620 DaVita teammates.
- Each year, DaVita honors more than 1,800 veteran teammates during its annual Veteran's Day celebrations across the country.
- In 2013, DaVita was recognized for its military-friendly support by earning 11 awards, including the Freedom Award, the Department of Defense's highest military-friendly employer award.
- The DaVita Village Network allows teammates to help each other through financial contributions during times of crisis, such as a natural disaster, accident or illness. The program has donated more than \$2.4 million since 2007.
- The Village Vitality program offers teammates multiple tools for making healthy choices, creating and sustaining a culture of health awareness and improvement for more than 30,000 teammates and family members.
- The DaVita Children's Foundation and KT Family Foundation have provided more than \$1.6 million in scholarships to 807 students – children and grandchildren of DaVita teammates – who excel in leadership, community service and academics.

Caring for Our World

DaVita chooses not only to reside in its communities, but to act as citizens of those communities, giving back through philanthropy, community service and sustainability.

- Since 2006, Bridge of Life – a program of DaVita Village Trust – has trained more than 450 kidney care professionals, installed or repaired 257 dialysis machines and provided the gift of life to 1,400 people around the world. The combined programs of The Kidney TRUST and Bridge of Life allow DaVita Village Trust to provide a full range of kidney care services including no-cost kidney screening programs within the U.S. and abroad.
- Through the 2013 DaVita Way of Giving campaign, teammates at 1,100 dialysis centers chose to donate \$1.2 million to more than 760 nonprofit organizations across the U.S.
- Since 2007, Tour DaVita® – an annual 250-mile bicycle ride to raise awareness about kidney disease – has raised more than \$5 million to fight kidney disease.
- In 2013, the KT Community Foundation awarded its 100th grant and has funded more than \$312,000 toward teammate-driven community-building projects.
- Since 2006, DaVita teammates, family and friends have volunteered more than 59,000 hours through 974 Village Service Days (community service projects) to improve the communities where they live.
- In 2013, DaVita teammates provided 12,915 pairs of new shoes to children in 167 schools nationwide through a partnership with Shoes That Fit.
- Since 2010, DaVita has reduced energy consumption in targeted pilot areas by 14 percent per treatment through the installation of energy management systems.
- DaVita has driven a 14 percent reduction in water usage, projecting a savings of 350 million gallons of water per year due to operational changes.
- Through DaVita's environmentally preferable procurement efforts, approximately 450 facilities recycled solid waste, diverting 7.8 million pounds from landfills in 2013.

To learn more about DaVita's approach to corporate social responsibility, please visit DaVita.com/CommunityCare.

About DaVita Kidney Care

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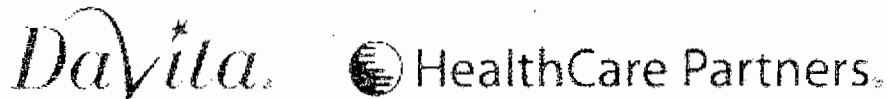
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DaVita Rx Delivers 15 Millionth Prescription

DALLAS, June 10, 2014 /PRNewswire-USNewswire/ -- DaVita Rx, a full-service pharmacy created for patients with complex chronic conditions, such as those with kidney disease, announced today that it has filled its 15 millionth prescription since the company's inception in 2005.

DaVita Rx provides specialized services that improve access and adherence to prescribed medication for chronically ill patients, with licensed, specially trained pharmacists on call 24 hours a day, seven days a week. A study published in the American Journal of Kidney Diseases in 2013 found that dialysis patients who use DaVita Rx spend 14% fewer days in the hospital and have a 21% lower risk of death compared to patients not using DaVita Rx.[1]

"I own my own company, and I'm busy," says Karen Gilleland, a dialysis patient who uses DaVita Rx. "With DaVita Rx, I don't have to take time out of my day or make a special trip to the pharmacy. If I have an issue, DaVita Rx will call me. I like the fact that it's more personal to me and my needs."

DaVita Rx's innovative approach includes clinical intervention programs to support adherence and avoid medication problems. Services also include no cost delivery, assistance with navigating complex insurance issues and helping patients with financial challenges, including flexible payment options.

"We have the opportunity to remove barriers that can negatively impact a patient's health," said DaVita Rx President Josh Golomb. "Delivering our 15 millionth prescription is an important milestone for DaVita Rx in helping patients live longer and stronger."

Kidney care patients often take 20-plus pills a day. To help manage medications, DaVita Rx operates as a full-service pharmacy for its clients, working to provide all medications a chronically ill patient may need. As part of its goal to remove barriers for patients to access the medications they need, DaVita Rx delivers at no charge to patients' homes or their dialysis centers. The pharmacy partners with dialysis centers and care providers to help improve clinical outcomes and empower patients to adhere to their medication regimen.

DaVita, DaVita Rx and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

About DaVita Rx

DaVita Rx is a full-service pharmacy specializing in helping patients manage chronic conditions. Created in 2005 to serve the unique needs of kidney patients, DaVita Rx is the first and largest pharmacy of its kind, partnering with care providers to improve clinical outcomes. DaVita Rx makes it easier for patients to get their medications and follow their drug regimens through services like 24-hour access to pharmacists specializing in renal care, clinical intervention programs, flexible payment options and no cost delivery. DaVita Rx is a wholly-owned subsidiary of DaVita Healthcare Partners, Inc., with operations in Texas, Florida and California.

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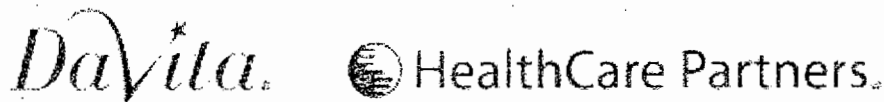
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[1] Weinhandl ED, Arneson TJ, St. Peter WL. Clinical Outcomes Associated with Receipt of Integrated Pharmacy Services: Potential Quality Improvement in Hemodialysis Patient Care. *Am J of Kidney Dis*. 2013.

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DaVita Names Chief Medical Officer for Saudi Operations

RIYADH, Saudi Arabia, June 23, 2014 /PRNewswire-USNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced it has named Dr. Abdulkareem Alsuwaida, FRCPC, MSc, as chief medical officer for its operations in the Kingdom of Saudi Arabia.

"Clinical excellence defines Dr. Alsuwaida's distinctive nephrology career," said Dennis Kogod, president of DaVita Kidney Care International. "He's devoted his professional life to improving the quality of care for chronic kidney disease (CKD) patients in the Kingdom of Saudi Arabia. This aligns wonderfully with DaVita's commitment to provide world-class, comprehensive care in our long-term partnership with the Kingdom's Ministry of Health. We're honored to have him on board."

Dr. Alsuwaida is currently a professor of medicine and director of postgraduate education at King Saud University in Riyadh. He is also a consultant in the Division of Nephrology at the King Khalid University Hospital. Dr. Alsuwaida earned a medical degree from King Abdulaziz University and completed postgraduate medical education in internal medicine and nephrology at the University of Toronto. Additionally, he earned a master's degree in clinical epidemiology from the University of Toronto. A past president of the Saudi Society of Nephrology, Dr. Alsuwaida's research is focused on dialysis, glomerulonephritis and lupus nephritis. He has published more than 40 papers on these topics.

"Providing world-class care is a top priority, not only for the Ministry of Health, but also for the thousands of Saudi men and women affected by CKD and their families," said Alsuwaida. "In the United States as well as in other countries, DaVita has played a significant role in elevating the standard of care. DaVita's presence in the Kingdom represents a long-term commitment to improving the overall health of Saudi citizens."

In February 2014, DaVita signed a major tender from the Kingdom of Saudi Arabia's Ministry of Health in which it will deliver care to 5,000 dialysis patients currently under the ministry's care.

"These patients will ultimately benefit from Dr. Alsuwaida joining the DaVita team in the Kingdom," said Abdulrahman Al Haidari, country manager for DaVita in Saudi Arabia.

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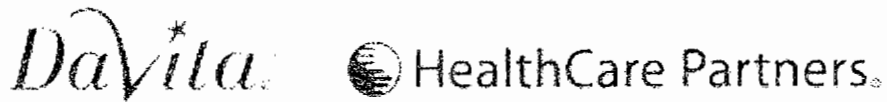
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DaVita Kidney Care Outperforms All Dialysis Providers in Quality Incentive Program

DENVER, June 24, 2014 /PRNewswire-USNewswire/ -- [DaVita Kidney Care](#), a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced its 2014 end stage renal disease (ESRD) [Quality Incentive Program](#) (QIP) results from the Centers for Medicare and Medicaid Services (CMS). DaVita outperformed other kidney care providers in every category, with 98.4 percent of the company's centers ranking in the top clinical performance tier. The full report can be downloaded at [CMS.gov](#).

"The QIP results demonstrate that DaVita's holistic, comprehensive care approach works," said DaVita HealthCare Partners CEO Kent Thiry. "As part of our culture of continuous improvement, we are working with members of the kidney care community and CMS to improve care for our patients."

DaVita also distinguished itself in reducing the proportion of low-performing centers in rural and low-income counties. Since QIP's inception in 2012, DaVita has achieved a 21 percent reduction in rural and low income centers that missed the top clinical tier while the rest of the industry saw a 24 percent increase.

QIP is part of Medicare's ESRD quality incentive program aimed at improving the quality of care provided to Medicare patients. It was designed in part to be the nation's first pay-for-performance quality incentive program, mandated through a series of reforms passed into law in 2008. CMS describes QIP as a "first-of-its-kind program [that] provides the ESRD community with the opportunity to enhance the overall quality of care that ESRD patients receive as they battle this devastating disease."

"We value the relationship we have with CMS and legislators across the country," said DaVita Group Vice President LeAnne Zumwalt. "Having a government partner committed to helping reduce hospitalizations and improve survival rates is important to us, our patients and their families."

QIP takes three clinical areas into account: urea reduction ratio (URR), anemia management and vascular access management. URR determines how effectively a dialysis treatment removes waste from the body and is commonly noted as a percentage. At the end of 2012, DaVita reported that only 0.6 percent of its patients – an all-time low – were below the 65 percent baseline.

In treating anemia, a common complication for ESRD patients, hemoglobin must be kept below 12 g/dl. In 2012, only one quarter of one percent of DaVita patients' hemoglobin levels were at or over 12 g/dl, compared to the industry average of .69 percent of patients at or above 12 g/dl.

Since the inception of CathAway™, a proprietary program designed to transition patients from central venous catheters (CVC) to arteriovenous (AV) fistulas to reduce the risk of hospitalization from infections and blood clots, DaVita has driven a 30 percent reduction in catheter use in patients who have been dialyzing for 90 days or more. DaVita patients were at an all-time low CVC rate of 9.9 percent and an all-time high AV fistula rate of 64 percent at the end of 2012. DaVita results also showed over an 11 percent reduction in gross mortality rates since 2010, representing thousands of lives saved.

DaVita has a holistic approach to kidney care that is patient-centric and addresses a range of health factors to deliver quality treatment. Since 2000, DaVita has demonstrated improved clinical outcomes in several critical areas, including vascular access, survival rates, bone and mineral metabolism management, dialysis adequacy and preventative care such as immunizations.

DaVita and CathAway are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

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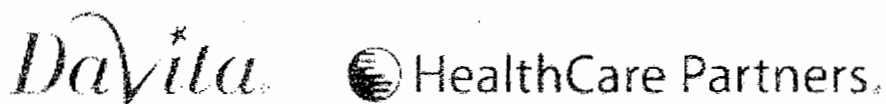
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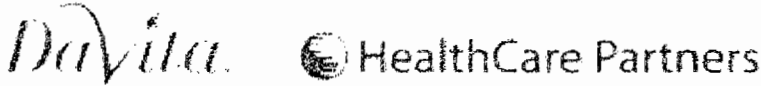
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DaVita Recognized as a Top Workplace by Bay Area News Group

DaVita ranked among the top 10 in the large company category

SAN JOSE, Calif., July 8, 2014 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), a leading provider of kidney care and health care services, today announced it has been recognized as a Top Workplace by the Bay Area News Group for the second year in a row.

 In its second year as a Top Workplace, DaVita ranked ninth in the "Large Company" category for companies with 500 or more employees, up five spots from 2013. DaVita is the only health care provider in the Large Company category. Top Workplaces are chosen and ranked based on extensive research and employee input using a 22-statement survey, and more than 1.7 million employees were surveyed in 2012. This is the fifth year that Bay Area News Group has published its Top Workplaces.

"We are honored to once again be chosen as a Bay Area Top Workplace," said Danny Shapiro, group operations director for DaVita in Northern California. "Dialysis can be a difficult field to work in. We believe nurturing each other better equips us to nurture our patients. This philosophy inspires our award-winning leadership development programs, open communication channels, scholarships and financial assistance to teammates in time of need. We pride ourselves on being a community first and a company second, and our commitment to community engagement reflects that belief."

DaVita's Trilogy of Care, "Caring for Our Patients, Caring for Each Other and Caring for Our World," drives the company's industry-leading clinical outcomes and commitment to community engagement. Last year, more than 100 local teammates supported the San Francisco and Silicon Valley National Kidney Foundation walks, and nationally, through the DaVita Way of Giving campaign, teammates donated \$1.2 million to more than 760 nonprofit organizations across the U.S.

DaVita has been recognized by multiple organizations for its focus on teammates and workplace satisfaction. Awards include inclusion on *Becker's Hospital Review's* "150 Great Places to Work in Healthcare" list, WorldBlu's Most Democratic Workplaces, WorkplaceDynamics' Top Workplaces Colorado, and *Chief Learning Officer* magazine's LearningElite Silver.

DaVita and DaVita HealthCare Partners are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita and HealthCare Partners. DaVita is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney disease and end stage renal disease. As of March 31, 2014, DaVita Kidney Care operated or provided administrative services at 2,098 outpatient dialysis centers located in the United States serving approximately 165,000 patients. The company also operated 75 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, and Florida in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of March 31, 2014, HealthCare Partners provides integrated care management for nearly 795,000 managed care patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information

Media:

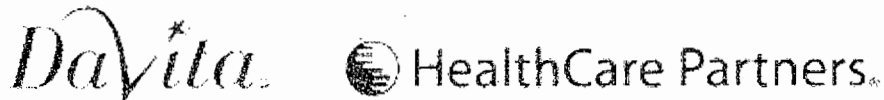
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SOURCE DaVita HealthCare Partners Inc.

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Dr. Martin Schreiber Joins DaVita Kidney Care Team

World-class Nephrologist to Lead Home Dialysis Program

DENVER, July 9, 2014 /PRNewswire-USNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced that the company has named Martin Schreiber, M.D., as its new vice president of clinical affairs for home modalities.



DaVita's home hemodialysis (HHD) and peritoneal dialysis (PD) programs currently serve more patients than any other HHD or PD program in the United States.

"I believe that every patient deserves to be educated on their modality options and to have a choice in their dialysis care," said Dr. Schreiber. "While home dialysis may

not be right for everyone, we recognize that many patients could benefit from more frequent dialysis and enjoy a higher quality of life with the option of a home modality."

With nearly 40 years of experience in nephrology, Dr. Schreiber has worked primarily with Cleveland Clinic and held a number of key positions there, including chairman of the Department of Nephrology and Hypertension and the director of home dialysis. Additionally, he is an active educator and international lecturer with ongoing editorial responsibilities with the Journal of the American Society of Nephrology, American Journal of Kidney Disease and Peritoneal Dialysis International.

"DaVita's mission is to be the provider and partner of choice," said DaVita Kidney Care CEO Javier Rodriguez. "To achieve this mission, we recruit top clinical leaders, like Dr. Schreiber. His commitment to continuous improvement in kidney care and role as an advocate for home dialysis are a great fit for the DaVita Village."

"Dr. Schreiber has been a leader in nephrology and patient-centric kidney care for over two decades," said DaVita Kidney Care's Chief Medical Officer Allen R. Nissenson, M.D. "His experience, compassion, and understanding of the needs of patients and physicians make him a unique and outstanding addition to DaVita's physician leadership team."

DaVita's home dialysis program boasts innovation in PD fluid management protocols, as well as in PD and HHD patient training. On average, patients in DaVita's PD program experience peritonitis less than once every four years. The program also hosts recurring, company-wide patient modality education initiatives.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2014, DaVita Kidney Care operated or provided administrative services at 2,098 outpatient dialysis centers located in the United States serving approximately 165,000 patients. The company also operated 75 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous

programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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SOURCE DaVita Inc.

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		
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008			
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		
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598		
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		
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482			
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		
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509			
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		

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552		
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	14-2768		
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		
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643		
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		BELLEVIEW	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	14-2772		
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		
Stoncrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615		
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661		
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718		
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639		
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587		
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEVELL	IL	61554	14-2767		
Timber Creek Dialysis	1001 S ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763		
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604		
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693		
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577		
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688		
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719		
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	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310		

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

Dear Chair 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 Kidney Center South LLC 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, Associate General Counsel
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This ____ day of _____, 2014

See Attached

Notary Public

State of California

County of Los AngelesOn July 3, 2014 before me, Kimberly Ann K. Burgo, 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.

Signature




(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Assistant Secretary's Certificate re: Ltr to K. OlsonDocument Date: July 3, 2014 Number of Pages: 1Signer(s) if Different Than Above: No

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): Arturo Sida☐ Individual☒ Corporate Officer

(Title(s))

☐ Partner☐ Attorney-in-Fact☐ Trustee☐ Guardian/Conservator☒ Other: Vice President, Associate General Counsel

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc.

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the Tinley Park community where there is a need for 58 dialysis stations in Health Service Area (HSA) 7 through 2015. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending June 30, 2014, the average utilization for all facilities within the 30-minute adjusted drive time GSA is 76.5%, which is an increase of 2.9% (or 62 patients) from the quarter ended March 31, 2014. When excluding facilities that have been operational for less than 2 years, the average utilization is 78.6%.

This is not surprising given the size of the facility's proposed medical director's practice. Dr. M. Sameer Shafi's practice, Kidney Care Center is treating 1,275 Stage 3, 4 and 5 CKD patients. 89 Stage 3, 4 and 5 CKD patients reside within 20 minutes of the proposed facility. See Appendix - 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Shafi anticipates at least 62 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Tinley Park community who suffer from ESRD. Based upon June 30, 2014 data from the Renal Network, there are 3,797 ESRD patients (or 21% of Illinois ESRD patients) residing within 30 minutes of the proposed Tinley Park Dialysis, and 474 dialysis stations (or 11% of the Statewide approved dialysis stations). Adequate access to dialysis services is essential to patients' well-being as many dialysis patients are chronically ill and are reliant on family and friends to transport them to and from dialysis.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 20 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Summit, IL.
- Northeast approximately 30 minutes normal travel time to Evergreen Park, IL.
- East approximately 30 minutes normal travel time to Munster, IN.
- Southeast approximately 30 minutes normal travel time to Park Forest, IL.
- South approximately 35 minutes normal travel time to Peotone, IL.
- Southwest approximately 30 minutes normal travel time to Manhattan, IL.
- West approximately 30 minutes normal travel time to Lockport, IL.
- Northwest approximately 30 minutes normal travel time to Lemont, IL.

The purpose of this project is to maintain access to life sustaining dialysis to residents of the community of Tinley Park. As discussed more fully above, there is insufficient capacity within the area to accommodate all of Dr. Shafi's projected referrals.

3. Dr. Shafi currently refers patients to 13 separate dialysis facilities; 8 dialysis facilities are proximately located to where the projected Tinley Park patients reside. Collectively, these 8 facilities cannot accommodate Dr. Shafi's growing patient base. Accordingly, a new facility in Tinley Park is needed to maintain access to life sustaining dialysis services.

4. **Source Information**

Illinois Health Facilities and Services Review Board, Update to Inventory of Other Health Services (7/15/2014) available at http://hfsrb.illinois.gov/hfsrbinvent_data.htm (last visited July 17, 2104).

U.S. Census Bureau, American FactFinder, Fact Sheet, *available at* <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited June 19, 2014).

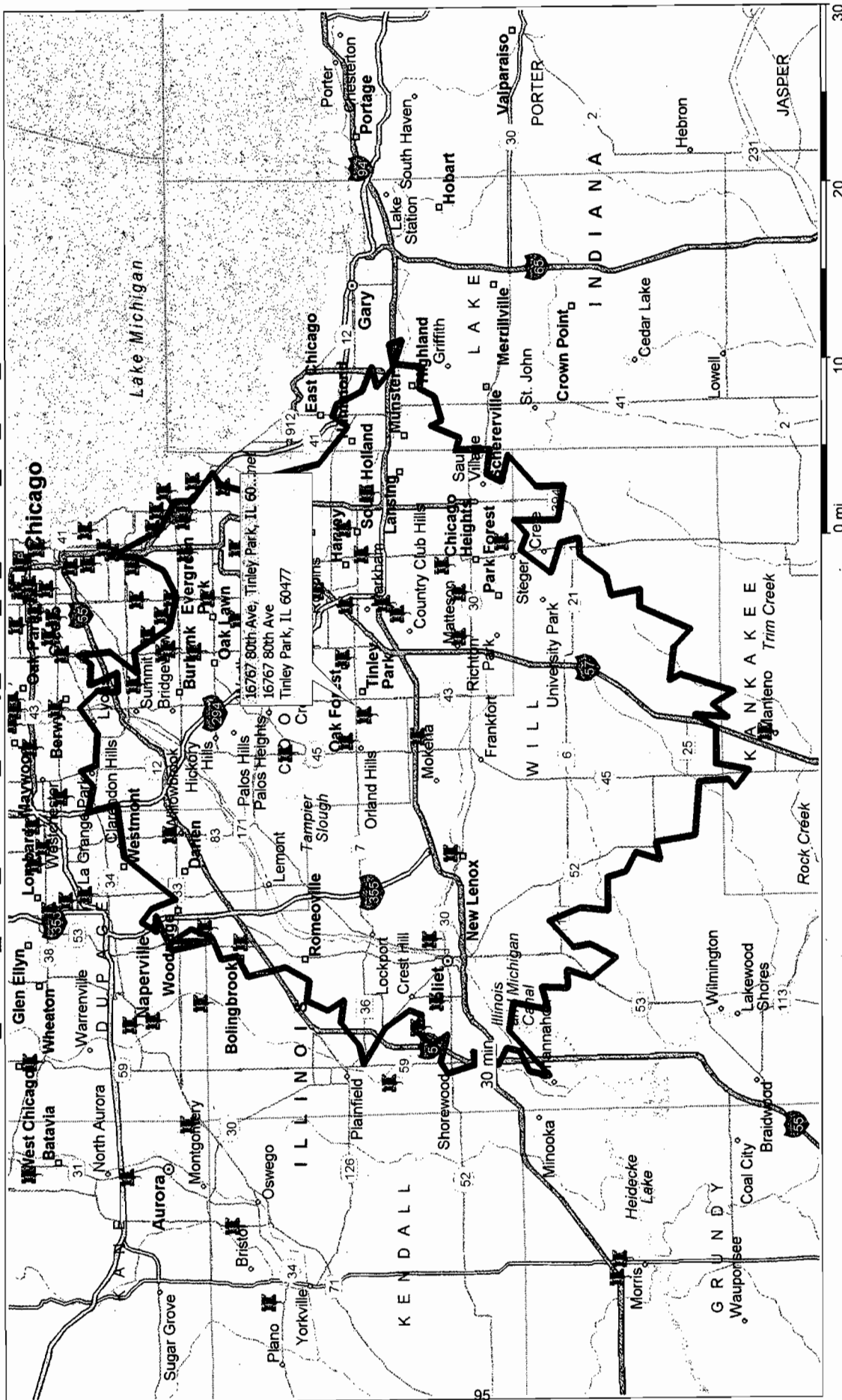
U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD; 2013.

U.S. Renal Data System, USRDS 2011 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2011.

The Renal Network, ESRD Networks 9 & 10, Zip Code Report – as of June 30, 2014 *available at* <http://www.therenalnetwork.org/data/datareports.php> (last visited July 17, 2014).

5. The proposed facility is needed to maintain access to dialysis services to the residents of the Tinley Park community and the surrounding area. Given the increasing size of Dr. Shafi's patient-base, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients, the monetary result of which is more than \$1.5 billion in savings to the health care system and the American taxpayer from 2010 - 2012.

16767 South 80th Avenue Tinley Park IL 60477 30 Min_GSA



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Obesity and Risk for Chronic Renal Failure

Elisabeth Ejerblad,* C. Michael Fored,[†] Per Lindblad,*[‡] Jon Fryzek,^{§||}
Joseph K. McLaughlin,^{§||} and Olof Nyrén*^{||}

*Department of Medical Epidemiology and Biostatistics and [†]Clinical Epidemiology Unit, Department of Medicine, Karolinska Institutet and Karolinska University Hospital M9:01, Stockholm, Sweden; [‡]Department of Urology, Sundsvall Hospital, Sundsvall, Sweden; [§]The International Epidemiology Institute, Rockville, Maryland; and ^{||}Department of Medicine, Vanderbilt University Medical Center, Nashville, Tennessee

Few large-scale epidemiologic studies have quantified the possible link between obesity and chronic renal failure (CRF). This study analyzed anthropometric data from a nationwide, population-based, case-control study of incident, moderately severe CRF. Eligible as cases were all native Swedes who were aged 18 to 74 yr and had CRF and whose serum creatinine for the first time and permanently exceeded 3.4 mg/dl (men) or 2.8 mg/dl (women) during the study period. A total of 926 case patients and 998 control subjects, randomly drawn from the study base, were enrolled. Face-to-face interviews, supplemented with self-administered questionnaires, provided information about anthropometric measures and other lifestyle factors. Logistic regression models with adjustments for several co-factors estimated the relative risk for CRF in relation to body mass index (BMI). Overweight (BMI ≥ 25 kg/m²) at age 20 was associated with a significant three-fold excess risk for CRF, relative to BMI <25 . Obesity (BMI ≥ 30) among men and morbid obesity (BMI ≥ 35) among women anytime during lifetime was linked to three- to four-fold increases in risk. The strongest association was with diabetic nephropathy, but two- to three-fold risk elevations were observed for all major subtypes of CRF. Analyses that were confined to strata without hypertension or diabetes revealed a three-fold increased risk among patients who were overweight at age 20, whereas the two-fold observed risk elevation among those who had a highest lifetime BMI of >35 was statistically nonsignificant. Obesity seems to be an important—and potentially preventable—risk factor for CRF. Although hypertension and type 2 diabetes are important mediators, additional pathways also may exist.

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The number of patients with chronic renal failure (CRF) and ESRD is increasing steadily worldwide (1,2). Although the growing population with ESRD may be explained partly by more complete registration and better survival, a true rise in CRF incidence seems to be indisputable (3). This development parallels a rise in obesity prevalence of almost epidemic proportions.

Obesity has been implicated as a possible risk factor for microalbuminuria in individuals with hypertension and diabetes (4–6), and body mass index (BMI) was positively associated with progression of IgA glomerulonephritis in a cohort study (7). Studies from the general population suggest that obesity also may be harmful to the kidneys in individuals without hypertension, diabetes, or preexisting renal disease (8,9). In the Framingham Offspring cohort (10), body mass was positively related to the odds of having a GFR in the fifth or lower percentile after long-term follow-up. Similarly, follow-up among participants in health screening programs in the United States (11) and Japan (12) demonstrated a significant positive relationship between BMI and risk for ESRD, although this

association seemingly was confined to men in the Japanese study.

The aim of this study was to investigate the possible effects of body mass on the incidence of moderately severe CRF overall and by subtype. We obtained detailed anthropometric information in a nationwide, population-based, case-control study of incident preuremic CRF (13).

Materials and Methods

Study Participants

The study design has been described elsewhere (13). Briefly, the Swedish National Population Register provided a well-defined source population of 5.3 million native Swedes who were aged 18 to 74 yr and lived in Sweden during the ascertainment period, May 20, 1996, through May 31, 1998.

Eligible as cases were all men and women whose serum creatinine level, for the first time and permanently, exceeded 3.4 mg/dl (300 μ mol/L) and 2.8 mg/dl (250 μ mol/L), respectively. For ensuring complete case ascertainment, all medical laboratories that covered inpatient and outpatient care in Sweden provided monthly lists of patients who had undergone serum creatinine testing any time during the entire study period. A second creatinine measurement, 3 mo after the first, was done to verify the chronicity. Local physicians who treat patients with renal diseases determined patients' eligibility for the study by reviewing the medical records of patients with elevated serum creatinine levels. The diagnosis of underlying disease was based on the results of routine clinical evaluation. Patients with prerenal (e.g., severe heart failure) or postrenal (e.g., outlet obstruction) causes or with kid-

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ney transplants were ineligible. Of eligible cases, 16% refused or were too severely disabled to participate, and 6% had died, leaving 926 (78%) participants.

Control subjects, who were frequency-matched to cases according to age (± 10 yr) and gender, were randomly selected from the 5.3 million Swedes in the study base, using the nationwide National Population Register. The control selection was carried out on three occasions during the ascertainment period. Of 1330 selected control subjects, 998 (75%) participated, 17% refused, 4% could not be reached, and 4% were too sick to participate. All study participants provided informed consent, and the regional ethics committees and Swedish Data Inspection Board approved the study protocol.

Data Collection

Study participants completed a mailed questionnaire about anthropometric measures (height; current weight; weight at ages 20, 40, and 60; and highest weight during lifetime), education, alcohol consumption, and tobacco use. During a subsequent face-to-face interview, professional interviewers from Statistics Sweden double-checked the questionnaires and obtained information on medical history, occupation, and analgesic use. Although blinding of the interviewers to case/control status of the participants was impossible, the interviewers were instructed to interact similarly with case patients and control subjects in a standardized manner.

Data Analyses

Relative risk for CRF among groups with different anthropometric measures was estimated by odds ratios (OR) and 95% confidence intervals (CI) that were derived from unconditional logistic regression models. We analyzed data stratified by gender throughout, except in

analyses of disease-specific CRF, as a result of small sample sizes. Continuous variables (BMI [body weight divided by height raised to the second power, kg/m^2], cumulative number of cigarette pack-years, grams of alcohol per week) were categorized into quartiles according to the distribution among control subjects. In addition, BMI was categorized according to World Health Organization's (WHO's) definitions of overweight and obesity (14). Because few participants had a BMI >30 kg/m^2 at age 20, BMI at that age was dichotomized into <25 and ≥ 25 kg/m^2 . Level of education was categorized into ≤ 9 yr, 10 to 12 yr, and ≥ 13 yr. An indicator of regular use of aspirin and paracetamol was found to control sufficiently for confounding of nonnarcotic analgesic use. Adjustment for socioeconomic status instead of number of school years did not change the risk estimates. Always included as covariates in our models were age, cumulative cigarette pack-years, grams of alcohol consumed per week, ever/never regular use of paracetamol or aspirin, and number of years of formal education. We tested for interactions but did not include any interaction terms in the final models because they were statistically insignificant. Model fit was verified with the Hosmer and Lemeshow test (15).

Results

The participating case patients are characterized with regard to renal function and underlying disease in Table 1. A majority of the patients were in the preuremic stage: 80% had a creatinine level <4.5 mg/dl (400 $\mu\text{mol}/\text{L}$); only 6% had a predicted creatinine clearance (16) <10 ml/min . Approximately one third of the patients had a diagnosis of diabetic nephropathy. The second largest group was patients with glomerulonephritis (28% of men and 16% of women), followed by renal vascular

Table 1. Participating case patients with CRF: Measures of renal function and underlying diagnosis^a

	Men (<i>n</i> = 597)	Women (<i>n</i> = 329)
Serum creatinine at inclusion (mg/dl ; median [range]) ^b	3.8 (3.4 to 28)	3.2 (2.8 to 19)
Creatinine clearance (ml/min ; median [range]) ^c	22 (2 to 53)	19 (3 to 35)
Diagnosis group		
diabetic nephropathy (<i>n</i> [%])	180 (30)	106 (32)
type 1 diabetes	75	46
type 2 diabetes	97	54
unknown	8	6
glomerulonephritis (<i>n</i> [%])	168 (28)	54 (16)
IgA nephropathy	55	8
no renal biopsy	40	14
unclassified on biopsy	27	15
proliferative	18	8
focal segmental sclerosis	13	3
crescentic glomerulonephritis	8	4
other	7	2
renal vascular disease (<i>n</i> [%])	100 (17)	39 (12)
other diagnosis (<i>n</i> [%])	149 (25)	130 (40)
hereditary disease	58	40
systemic disease or vasculitis	40	42
other diagnosis	23	32
unknown renal disease	28	16

^aCRF, chronic renal failure.

^bConversion factor for SI unit ($\mu\text{mol}/\text{L}$) is 88.4.

^cPredicted creatinine clearance (Cockcroft-Gault formula).

disease (17 and 12% of men and women, respectively). Mean age was 58 yr for men and 57 yr for women among both case patients and control subjects (Table 2). Compared with control subjects, case patients were on average less well educated, used more analgesics, and smoked more. The proportion of alcohol users was lower among case patients, but the mean consumption was somewhat higher. As expected, the prevalence of self-reported hypertension was high among case patients: 87% of men and 85% of women, compared with approximately 25% of male and female control subjects. Diabetes, present in slightly more than one third of the case patients, was reported by 7% of the control subjects (both genders). Current BMI was similar among case patients and control subjects, whereas mean of lifetime highest BMI was significantly higher among case patients, regardless of gender ($P < 0.001$).

OR for overall CRF in relation to BMI are presented sepa-

rately for men and women (Table 3), although no statistically significant effect modification by gender could be confirmed, neither when using quartiles as cut points for BMI categories nor when using the WHO's cut points for overweight and obesity ($P = 0.35$ and $P = 0.25$, respectively). We found a positive association of highest lifetime BMI with overall CRF risk, particularly among men (Table 3). Men in the highest quartile had a 2.3-fold increased risk (95% CI 1.6 to 3.3) compared with those in the lowest quartile. The corresponding OR was modest and statistically nonsignificant among women, but when using WHO's cut points (14), clear excesses of three-fold or greater were seen for BMI ≥ 35 kg/m² in both genders. Men and women who reported a BMI ≥ 25 kg/m² at age 20 had a significant three-fold elevated risk for CRF compared with patients with BMI < 25 kg/m². BMI at age 40 and at age 60 showed similar relationships with CRF risk as did highest

Table 2. Selected characteristics of case patients and control subjects^a

	Men		Women	
	Case Patients (n = 597)	Control Subjects (n = 653)	Case Patients (n = 329)	Control Subjects (n = 345)
Age at interview (yr; n [%])				
18 to 24	5 (1)	14 (2)	5 (2)	6 (2)
25 to 34	34 (6)	32 (5)	29 (9)	26 (8)
35 to 44	59 (10)	62 (9)	36 (11)	35 (10)
45 to 54	131 (22)	116 (18)	62 (19)	70 (20)
55 to 64	124 (21)	134 (21)	62 (19)	70 (20)
65 to 74	244 (41)	295 (45)	135 (41)	138 (40)
Education (yr; n [%])				
≤ 9	350 (59)	355 (54)	187 (57)	170 (49)
10 to 12	129 (22)	150 (23)	80 (24)	96 (28)
> 12	109 (18)	142 (22)	59 (18)	78 (23)
missing	9 (2)	6 (1)	3 (1)	1 (0)
Smoking (pack-years; n [%])				
never regular smokers ^b	216 (36)	252 (39)	156 (47)	188 (54)
≤ 6.6	61 (10)	94 (14)	18 (5)	44 (13)
6.7 to 15.9	86 (14)	85 (13)	55 (17)	47 (14)
16.0 to 27.3	96 (16)	101 (15)	60 (18)	41 (12)
> 27.3	130 (22)	117 (18)	37 (11)	24 (7)
missing	8 (1)	4 (1)	3 (1)	1 (0)
Diabetes (n [%])				
yes	206 (35)	45 (7)	123 (37)	23 (7)
no	391 (65)	608 (93)	206 (63)	322 (93)
missing	0 (0)	0 (0)	0 (0)	0 (0)
Hypertension (n [%])				
yes	518 (87)	160 (25)	279 (85)	88 (26)
no	77 (13)	488 (75)	49 (15)	257 (74)
missing	2 (0)	5 (1)	1 (0)	0 (0)
Height (cm; mean [SD])	176.9 (7.3)	177.7 (7.0)	163.8 (6.4)	164.4 (5.7)
Current BMI (kg/m ² ; mean [SD])	25.6 (4.2)	25.8 (3.5)	25.0 (5.0)	25.3 (4.1)
Highest BMI ^c (kg/m ² ; mean [SD])	28.5 (4.9)	26.8 (3.9)	28.3 (5.9)	26.7 (4.6)

^aBMI, body mass index.

^bLess than 6 mo of daily smoking in lifetime.

^cHighest BMI in lifetime.

Table 3. OR for CRF associated with BMI^a

	Men		Women	
	No. of Case Patients/Control Subjects	OR ^b (95% CI)	No. of Case Patients/Control Subjects	OR ^b (95% CI)
Highest BMI (kg/m ²) ^c				
gender-specific quartiles ^d				
Q1 (lowest quartile)	101/158	1.0 (referent)	64/81	1.0 (referent)
Q2	113/160	1.1 (0.8 to 1.6)	56/85	0.8 (0.5 to 1.3)
Q3	136/158	1.4 (1.0 to 2.0)	81/82	1.2 (0.7 to 1.9)
Q4 (highest quartile)	230/157	2.3 (1.6 to 3.3)	107/84	1.3 (0.8 to 2.1)
cut points in accordance with WHO's definition of overweight and obesity				
<25.00	129/213	1.0 (referent)	96/136	1.0 (referent)
25.00 to 29.9	265/323	1.4 (1.0 to 1.9)	115/133	1.2 (0.8 to 1.8)
30.0 to 34.9	130/79	2.7 (1.9 to 4.0)	49/46	1.4 (0.8 to 2.4)
≥35.00	56/18	4.4 (2.4 to 8.2)	48/17	3.1 (1.6 to 6.1)
BMI at age 20 (kg/m ²) ^e				
gender-specific quartiles ^f				
Q1 (lowest quartile)	94/136	1.0 (referent)	55/68	1.0 (referent)
Q2	75/130	0.9 (0.6 to 1.4)	52/75	0.9 (0.5 to 1.5)
Q3	125/142	1.3 (0.9 to 1.9)	48/72	0.8 (0.5 to 1.5)
Q4 (highest quartile)	175/138	1.9 (1.3 to 2.8)	86/72	1.4 (0.8 to 2.3)
cut points in accordance with the WHO definition of overweight				
<25.0	377/506	1.0 (referent)	211/274	1.0 (referent)
≥25.0	92/40	3.1 (2.1 to 4.8)	30/13	3.0 (1.4 to 6.1)

^aCI, confidence interval; OR, odds ratio; Q, quartile; WHO, World Health Organization.

^bAdjusted for age, education, smoking, alcohol, and use of paracetamol and salicylates.

^cHighest BMI during lifetime. Because of missing information on ≥1 covariate, 46 case patients and 53 control subjects were excluded from analyses.

^dQ1: Men <24.4, women <23.6; Q2: men 24.4 to 26.4, women 23.6 to 25.8; Q3: men 26.5 to 28.8, women 25.9 to 28.9; Q4: men >28.8, women >28.9.

^eBecause of missing information on ≥1 covariate, 222 case patients and 183 control subjects were excluded from analyses.

^fQ1: men <20.5, women <19.0; Q2: men 20.6 to 21.7, women 19.1 to 20.5; Q3: men 21.8 to 23.4, women 20.6 to 21.9; Q4: men >23.4, women >21.9.

lifetime BMI, but the relative risk estimates were less precise as a result of the smaller number of patients who had attained these ages (data not shown). However, BMI at time of interview was not significantly associated with CRF risk: Men and women with BMI of 35 kg/m² or more had adjusted OR of 1.9 (95% CI 0.8 to 4.6) and 1.2 (95% CI 0.5 to 3.3), respectively, relative to patients with BMI <25.

In analyses stratified by the presence or absence of self-reported diabetes, the elevated CRF risk with increasing maximum BMI was more pronounced among individuals with than without diabetes. However, even for men and women without diabetes, a lifetime highest BMI of 35 kg/m² or more entailed a significant OR of 2.2, relative to those with BMI <25 kg/m² (Table 4). Likewise, obesity was associated with CRF also among patients who self-reported that they had no history of clinically known hypertension. The OR for CRF among these presumably nonhypertensive patients with highest BMI ≥35 kg/m² was 2.8 (95% CI 1.0 to 8.1), relative to patients with BMI

<25 kg/m². Analyses that were confined to individuals who reported neither diabetes nor hypertension produced point estimates of similar magnitude, albeit without statistical significance (Table 4). In contrast, a statistically significant three-fold risk increase was observed among those who did not have diabetes and hypertension and who reported overweight at age 20 (Table 4).

Lifetime highest BMI was dose-dependently associated with risk for all major CRF subtypes (Table 5). The highest risk was found for diabetic nephropathy: Having a BMI of 35 kg/m² or more entailed a more than seven-fold increase in risk relative to having a BMI <25 kg/m². The association was restricted essentially to nephropathy caused by type 2 diabetes, for which the OR was 6.4 (95% CI 3.5 to 11.7) among patients with a BMI of 30 to 34.9 kg/m² and 17.7 (95% CI 8.8 to 35.4) among those with a BMI of 35 kg/m² or more compared with nonoverweight individuals. A BMI of 30 kg/m² or more was associated with a significant 2.4-fold excess in risk also for nephrosclerosis and a

Table 4. OR for CRF associated with BMI^a

	No Diabetes		No Hypertension		No Diabetes or Hypertension	
	No. of Case Patients/Control Subjects	OR ^b (95% CI)	No. of Case Patients/Control Subjects	OR ^b (95% CI)	No. of Case Patients/Control Subjects	OR ^b (95% CI)
Highest BMI in lifetime (kg/m ²) ^c						
<25	159/336	1.0 (referent)	37/293	1.0 (referent)	31/281	1.0 (referent)
25 to 29.9	274/434	1.3 (1.0 to 1.7)	58/347	1.3 (0.8 to 2.0)	44/335	1.1 (0.6 to 1.8)
30 to 34.9	104/105	2.0 (1.4 to 2.8)	19/72	1.8 (1.0 to 3.5)	10/65	1.2 (0.5 to 2.6)
≥35.0	37/28	2.2 (1.3 to 3.8)	7/13	2.8 (1.0 to 8.1)	4/11	2.1 (0.6 to 7.6)
BMI at age 20 (kg/m ²) ^d						
<25.0	413/728	1.0 (referent)	81/588	1.0 (referent)	62/559	1.0 (referent)
≥25.0	64/51	2.4 (1.6 to 3.6)	17/33	3.6 (1.8 to 7.1)	12/33	3.0 (1.4 to 6.4)

^aAnalyses are restricted to participants without self-reported diabetes and/or hypertension.^bAdjusted for age, gender, education, smoking, alcohol, and use of paracetamol and salicylates.^cCut points in accordance with the WHO definition of overweight and obesity.^dCut points in accordance with the WHO definition of overweight.

Table 5. OR among men and women for various subtypes of CRF associated with BMI

	No. of Control Subjects	Diabetic Nephropathy		Nephrosclerosis		Glomerulonephritis		Other	
		No. of Case Patients	OR ^a (95% CI)	No. of Case Patients	OR ^a (95% CI)	No. of Case Patients	OR ^a (95% CI)	No. of Case Patients	OR ^a (95% CI)
Highest BMI in lifetime (kg/m ²) ^b									
<25	349	59	1.0 (referent)	30	1.0 (referent)	58	1.0 (referent)	78	1.0 (referent)
25 to 29.9	456	90	1.2 (0.8 to 1.7)	61	1.4 (0.8 to 2.2)	99	1.3 (0.9 to 1.9)	130	1.3 (1.0 to 1.9)
30 to 34.9	125	65	2.8 (1.8 to 4.4)	32	2.4 (1.4 to 4.3)	43	2.0 (1.2 to 3.2)	39	1.5 (0.9 to 2.4)
≥35.0	35	56	7.4 (4.2 to 13.0)	12	2.8 (1.2 to 6.2)	14	2.0 (1.0 to 4.2)	22	2.0 (1.1 to 3.9)
BMI at age 20 (kg/m ²) ^c									
<25.00	780	149	1.0 (referent)	95	1.0 (referent)	154	1.0 (referent)	190	1.0 (referent)
≥25.00	53	49	5.2 (3.2 to 8.4)	18	3.0 (1.6 to 5.5)	30	3.0 (1.8 to 4.9)	25	2.1 (1.2 to 3.6)

^aAdjusted for age, gender, education, smoking, alcohol, and use of paracetamol and salicylates.^bCut points in accordance with the WHO definition of overweight and obesity.^cCut points in accordance with the WHO definition of overweight.

two-fold increase in risk for glomerulonephritis and "other renal disease." Likewise, elevated BMI at age 20 yielded increases in risk for all major types of CRF (Table 5).

Discussion

In this population-based, case-control study of preuremic CRF, being overweight at age 20 or obese (for women being morbidly obese) at any later time was linked with an increased risk for CRF. In contrast, BMI at time of interview was not significantly related to CRF. The latter finding may be explained by weight loss among case patients as a consequence of morbidity related to the renal failure itself.

There is an accumulating body of clinical and experimental data implicating obesity as an important causative factor in renal disease (17,18), but epidemiologic data linking obesity to CRF have been scarce so far. Some studies have investigated the association between obesity and proteinuria in the general

population (8,9); however, few epidemiologic studies have quantified the possible link between obesity and established renal failure in population-based settings. Our study is one of the first large-scale, population-based investigations to identify obesity as an important risk factor in the development of renal failure. Relative risk estimates that were consistent with ours were reported in a cohort study with a smaller number of incident CRF cases (19). In a Japanese cohort that was assembled during a mass screening project in 1983, high BMI was associated with an increased risk for ESRD 17 yr later but only among men (12). There, the excess risk was comparable or slightly higher than in our study. A similar US cohort study among individuals who participated in a health testing program reported an even stronger and monotonic trend of increasing ESRD risk with increasing BMI among both men and women (11). Another US cohort study among men and women who were free of kidney disease at baseline noted a 23% in-

crease per unit BMI in the odds of falling below the fifth percentile of GFR after 18.5 yr of follow-up (10).

It is widely known that obesity markedly increases risk for diabetes and hypertension (20) and that both diabetes and hypertension are important contributors to ESRD (21,22). Not surprising, in analyses that estimated risks for specific renal diseases, we found the strongest positive association of high BMI with risk for diabetic nephropathy (related to type 2 diabetes) and the second strongest relationship with nephrosclerosis (almost all patients were reported to have hypertension as the underlying cause of this diagnosis). Nevertheless, two- to three-fold risk elevations also were observed for glomerulonephritis and "other renal diseases," although we cannot exclude some degree of misclassification because the renal diagnoses were based on biopsies in only 30%. As hypertension accompanies virtually all types of renal disease not only as a cause but also frequently as a consequence of the renal failure and because both hypertension and mild to moderate renal failure can pass unnoticed for several years, it is a limitation of our study that we were unable to establish whether any hypertension preceded the onset of the kidney disease. Specifically, we cannot exclude that some patients with glomerulonephritis and "other renal diseases" also had previous hypertension, potentially related to obesity. We chose not to adjust for hypertension in our modeling because hypertension frequently is a secondary effect of CRF, but in an attempt to elucidate further the effect of BMI on CRF risk, independent of hypertension and diabetes, we conducted analyses that were stratified on these conditions. We observed stronger associations among individuals with hypertension and/or diabetes, but excesses in risks also were seen among overweight individuals with a negative self-reported history of these conditions, at least among individuals who reported overweight at age 20. However, these analyses were based on small numbers, and the results must be interpreted cautiously. In addition, some of the patients may have had undiagnosed hypertension or diabetes.

We did not take preexisting proteinuria into consideration in this study, because confounding by proteinuria seems unlikely. It seems well established that leakage of proteins through the glomeruli, regardless of the cause, is harmful to the kidney (23,24). As obesity is the cause of glomerular leakage of proteins, proteinuria must be a link in one of the causal chains between obesity and CRF. Hence, proteinuria could be a true confounding factor only if it would be associated with obesity without being a consequence of it. It is conceivable that massive proteinuria of other causes than obesity could be associated with fluid retention, but it is inconceivable that such retention could result in BMI values of 30 or more. If proteinuria of other causes than obesity would result in reduced physical activity without a corresponding reduction in energy intake, then some weight gain also would be expected, but BMI values in excess of 30 seem implausible. Therefore, in our opinion, proteinuria is in the causal pathway between obesity and CRF and does not act as a confounder.

Focal segmental glomerulosclerosis (FSGS) and/or glomerulomegaly is seen commonly in renal biopsies from morbidly obese patients (25–27), and the development of these conditions

seems to be independent of hypertension and diabetes. The proportion of all renal biopsies that exhibited obesity-related FSGS or glomerulomegaly increased 10-fold from 1986 to 2000 in a New York clinicopathologic study (27). Although a low rate of renal biopsy may have entailed underascertainment, only 16 of our case patients had received a diagnosis of FSGS, and only one had a lifetime highest BMI that exceeded 35 kg/m².

Our finding that obesity was independently associated with increased risks for all major types of CRF agrees with the "multi-hit" hypothesis (28); that is, obesity entails an extra burden on the nephrons, which promotes the progression of renal failure. Obesity previously has been linked to the progression of existing renal disease, independent of other risk factors, but it also is an independent risk factor for proteinuria in the general population (8,9). In the latter case, obesity would act as an initiator of the process, although a preceding state of reduced number of nephrons as a result of congenital or unknown environmental and lifestyle factors cannot be excluded. Obese individuals, compared with lean, are at higher risk for developing proteinuria and CRF after unilateral nephrectomy (29). This supports the view that the coexistence of obesity and reduced number of functioning nephrons increases risk for CRF.

The BMI–CRF risk relationship seemed to be somewhat stronger—and evident in a lower BMI range—in men than in women. However, no BMI*gender interactions attained statistical significance. Therefore, the observed difference is likely to be a chance finding. However, the previous literature has provided some weak indications that a true gender difference might exist (11,12). The definition of ESRD in these studies was based mainly on the occurrence of renal replacement therapy (or death as a result of ESRD), so gender differences with regard to medical management could have introduced bias. In our study, the outcome classification was based on serum creatinine measurements in combination with evaluations by local specialists. Although different cut points were used for men and women, the inherent association among body weight, muscle mass, and serum creatinine warrants cautious interpretation of gender differences. In general, however, it seems that men have a more rapid progression rate of renal failure than women (30), possibly mediated by sex hormones, but one could speculate that differences in risk that is conferred by being overweight also may be important to this gender difference in progression rate.

The mechanisms that lead to renal damage in obesity are not completely understood. Suggested contributing factors include hyperlipidemia, hyperleptinemia, a state of low-grade inflammation, hyperfiltration caused by insulin resistance, increased sympathetic activity, and activated renin-angiotensin system (17,31).

The major strengths of our study include its population-based design deriving from a well-defined and continuously enumerated source population, the complete ascertainment of all incident CRF cases, and the relatively large sample size. Moreover, the vast majority of case patients had moderately severe renal failure, thus allaying some concern about recall

bias, reverse causation, and/or selective loss of cases with rapid disease progression. Important selection bias is unlikely owing to the fairly high and equal participation rates among case patients and control subjects. However, obese individuals, who experience considerable morbidity of various kinds, may undergo serum creatinine testing more often than the average person, raising some concern about possible detection bias. The creatinine levels that were chosen for our case definition are typically symptomatic. Therefore, the pool of asymptomatic prevalent cases that potentially could be recruited through more zealous creatinine testing is likely to be small.

Misclassification of the self-reported anthropometric measures could have influenced our results. Although self-reported information on height, current weight, weight at age 20, and birth weight is known to be relatively accurate overall (32–34), there is a systematic tendency for overweight individuals to underestimate their body size; conversely, very lean individuals tend to overestimate (35). Such misclassification of exposure, if nondifferential between case patients and control subjects, would bias estimates of associations toward null. The absence of any widespread preconceptions among the public about links between anthropometric measures and CRF lessens concern about reporting bias.

Conclusion

Taking experimental, clinical, and epidemiologic data together, obesity seems to be causally linked, directly or indirectly, to the development of CRF. Our results support that obesity contributes to the rapidly increasing burden of CRF in both men and women. The excess risk for CRF among obese people seems to be driven mainly by a high prevalence of hypertension and/or type 2 diabetes, but additional pathways cannot be ruled out. According to our data, the etiologic fraction (36) of all CRF that is attributable to obesity in the comparably lean Swedish population is 16% among men and 11% among women. This fraction is likely to be greater in the United States, where the general prevalence of obesity is higher. Hence, obesity probably should be put high on the list of potentially preventable causes of CRF. Moreover, promising results of weight reduction in patients with early-stage renal disease raise hopes for future secondary prevention (37).

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See related editorial, "The Enlarging Body of Evidence: Obesity and Chronic Kidney Disease," on pages 1501-1502.

Access to UpToDate on-line is available for additional clinical information
at <http://www.jasn.org/>

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

Alternatives

The Applicants considered two options prior to determining to establish a 12-station dialysis facility. The options considered are as follows:

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

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

Utilize Existing Facilities

There is a need for 58 additional in-center hemodialysis stations in HSA 7. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending June 30, 2014, the average utilization for all facilities in the GSA is 76.5%, which is just below the State standard. When excluding facilities that have been operational for less than 2 years, the average utilization is 78.6%. This is not surprising given the immense size of the facility's proposed medical director's practice. Dr. Shafi's practice, Kidney Care Center, is treating 1,275 Stage 3, 4 and 5 CKD patients. 89 Stage 3, 4 and 5 CKD patients reside within 30 minutes of the proposed facility. See Appendix - 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Shafi anticipates that approximately 62 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Tinley Park community who suffer from ESRD. Based upon June 30, 2014 data from the Renal Network, there are 3,797 ESRD patients (or 21% of Illinois ESRD patients) residing within 30 minutes of the proposed Tinley Park Dialysis, and 474 dialysis stations (or 11% of the Statewide approved dialysis stations). Adequate access to dialysis services is essential to patients' well-being as many dialysis patients are chronically ill and are reliant on family and friends to transport them to and from dialysis.

The proposed project will improve access to dialysis services for the community at large by adding a much needed dialysis facility to the Tinley Park community. Thus, because utilization of existing facilities will not meet the needs of the community, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

Based upon current utilization of the existing facilities and the projected number of CKD patients that will require in-center hemodialysis within the next 12 to 24 months following project completion, the only feasible option is to establish a 12-station in-center hemodialysis facility. This alternative will ensure residents of the Tinley Park community and the surrounding area have continued access to life sustaining dialysis treatment.

The cost of this alternative is \$3,665,882.

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 5,400 – 7,800 gross square feet for 12 dialysis stations. The total gross square footage of the proposed dialysis facility is 6,500 gross square feet (or 541.67 GSF per station). Accordingly, the proposed Facility meets the State standard.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	6,500	5,400 – 7,800	N/A	State Standard Met

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Shafi is currently treating 89 CKD patients, who all reside within 20 minutes of the proposed facility, and whose condition is advancing to ESRD. See Attachment – 15A. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 62 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 1	ESRD	N/A	6,240	8,986	No
Year 2	ESRD	N/A	9,672	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), 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(e), 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(c), In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 16767 South 80th Avenue, Tinley Park, Illinois 60477. Based upon the latest inventory data of July 15, 2014, there is a need for 58 dialysis stations in HSA 7. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending June 30, 2014, the average utilization for all facilities in the GSA is 76.5%, which is just below the State standard. When excluding facilities that have been operational for less than 2 years, the average utilization is 78.6%. This is not surprising given the immense size of the facility's proposed medical director's practice. Dr. Shafi's practice, Kidney Care Center, is treating 1,275 Stage 3, 4 and 5 CKD patients. 89 Stage 3, 4, and 5 CKD patients reside within 20 minutes of the proposed facility. As shown in Attachment – 26A, there are currently 26 existing or approved facilities within 30 minutes normal travel time of the proposed facility. As ESRD prevalence increases, the utilization within the service area will continue to meet or exceed the State's standard.

Dr. Shafi is currently treating 89 CKD patients whose condition is advancing to ESRD and who will likely initiate dialysis within the next 12 to 24 months. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 62 of these patients will initiate dialysis within 12 to 24 months following project completion. Accordingly, establishment of the proposed facility is necessary to maintain access to life-sustaining dialysis to residents of Tinley Park and the surrounding area.

Importantly, the prevalence of ESRD will continue to increase for the foreseeable future. Based upon data from the U.S. Centers for Disease Control and Prevention, 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of the Tinley Park and the surrounding area. As evidenced in the physician referral letter attached at Appendix - 1, all 89 pre-ESRD patients reside within 20 minutes of the proposed facility.

¹⁰ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

¹¹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Shafi and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60406	2
60415	3
60422	1
60426	5
60428	4
60429	3
60443	8
60452	2
60461	4
60462	3
60463	1
60464	3
60467	16
60469	1
60471	4
60472	2
60477	13
60478	4
60482	2
60487	8
Total	89

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents in Tinley Park and the surrounding area. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending June 30, 2014, the average utilization for all facilities in the GSA is 76.5%. When excluding facilities that have been operational for less than 2 years, the average utilization is 78.6%. Accordingly, a new dialysis facility is needed to maintain access to dialysis services to residents in the Tinley Park community.

End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	03-31-2014 Stations	03-31-2014 Patients	03-31-2014 Utilization
Sun Health	2121 Oneida St. Ste 104	Joliet	21.15	26	29.9	17	54	52.94%
Fresenius Medical Care Joliet	721 East Jackson Street	Joliet	15.02	22	25.3	16	55	57.29%
Silver Cross Renal Center	1890 Silver Cross Blvd.	New Lenox	10.97	16	18.4	19	81	71.05%
Fresenius Medical Care of Mokena	8910 W. 192nd Street	Mokena	4.26	6	6.9	12	50	69.44%
Palos Park Dialysis	13155 S. La Grange Road	Orland Park	7.51	13	14.95	12	33	45.83%
Dialysis Center of America - Orland Park	9160 West 159th Street	Orland Park	3.03	5	5.75	18	83	76.85%
Olympia Fields Dialysis Center	4557-B West Lincoln Highway	Matteson	10.11	16	18.4	24	103	71.53%
Fresenius Medical Care Oak Forest*	5340 West 159th Street	Oak Forest	5.15	9	10.35	12	11	15.28%
Direct Dialysis - Crestwood Care Centre	14255 S. Cicero Ave.	Crestwood	8.63	14	16.1	7	37	88.10%
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	9.62	16	18.4	24	102	70.83%
Alsip Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	10.04	17	19.55	20	75	62.50%
Stoney Creek Dialysis	9115 S. Cicero	Oak Lawn	13.42	25	28.75	12	62	86.11%
Dialysis Center of America - Olympia Fields	2609 West Lincoln Highway	Olympia Fields	12.13	19	21.85	27	145	89.51%
Hazel Crest Renal Center	3470 West 183rd Street	Hazel Crest	7.7	13	14.95	19	109	95.61%
Fresenius Medical Care Hazel Crest	17524 Carriageway	Hazel Crest	7.75	14	16.1	16	84	87.50%
Chicago Heights Dialysis	177 West Joe Orr Road	Chicago Heights	12.56	20	23	16	75	78.13%
Markham Renal Center	3053-3055 West 159th Street	Markham	9.3	16	18.4	24	95	65.97%
FMC - Blue Island Dialysis Ctr	12200 South Western Avenue	Blue Island	12.17	15	17.25	24	126	87.50%
Community Dialysis of Harvey	16641 S. Halsted St #1	Harvey	12.68	17	19.55	18	70	64.81%
South Holland Renal Center	16136 South Park Avenue	South Holland	15.07	22	25.3	20	114	95.00%
Fresenius Medical Care Far South Holland	17225 South Paxton Avenue	South Holland	17.38	23	26.45	19	95	83.33%
FMC - Merrionette Park	11630 S. Kedzie Avenue	Merrionette Park	12.6	22	25.3	24	99	68.75%
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	13.09	23	26.45	16	79	82.29%
Fresenius Medical Care Evergreen Park	9730 South Western Avenue	Evergreen Park	18.93	25	28.75	30	152	84.44%
Fresenius Medical Care Chatham*	8710 S. Holland Road	Chicago	21.13	24	27.6	16	63	65.63%
Fresenius Medical Care of Roseland	132 W. 111th Street	Chicago	18.16	23	26.45	12	72	100.00%
Total						474	2124	74.68%
Total Excluding Facilities Operational < 2 Yrs*						446	2050	76.61%

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

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at 16767 South 80th Avenue, Tinley Park, Illinois 60477. A map of the proposed facility's market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
Zip Code	City	Population
60421	ELWOOD	3,968
60436	JOLIET	18,315
60435	JOLIET	48,899
60433	JOLIET	17,160
60432	JOLIET	21,403
60475	STEGER	9,870
60441	LOCKPORT	36,869
60451	NEW LENOX	34,063
60491	HOMER GLEN	22,743
60439	LEMONT	22,919
60423	FRANKFORT	30,423
60449	MONEE	9,217
60471	RICHTON PARK	14,101
60466	PARK FOREST	22,115
60448	MOKENA	24,423
60487	TINLEY PARK	26,928
60467	ORLAND PARK	26,046
60462	ORLAND PARK	38,723
60477	TINLEY PARK	38,161
60443	MATTESON	21,145
60478	COUNTRY CLUB HILLS	16,833
60452	OAK FOREST	27,969
60463	PALOS HEIGHTS	14,671
60445	MIDLOTHIAN	26,057
60464	PALOS PARK	9,620
60480	WILLOW SPRINGS	5,246
60465	PALOS HILLS	17,495
60457	HICKORY HILLS	14,049
60455	BRIDGEVIEW	16,446

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
60525	LA GRANGE	31,168
60458	JUSTICE	14,428
60482	WORTH	11,063
60484	UNIVERSITY PARK	6,829
60415	CHICAGO RIDGE	14,139
60459	BURBANK	28,929
60803	ALSIP	22,285
60805	EVERGREEN PARK	19,852
60453	OAK LAWN	56,855
60456	HOMETOWN	4,349
60461	OLYMPIA FIELDS	4,836
60422	FLOSSMOOR	9,403
60430	HOMEWOOD	20,094
60429	HAZEL CREST	15,630
60428	MARKHAM	12,203
60472	ROBBINS	5,390
60469	POSEN	5,930
60406	BLUE ISLAND	25,460
60426	HARVEY	29,594
60411	CHICAGO HEIGHTS	58,136
60425	GLENWOOD	9,117
60468	PEOTONE	6,116
60476	THORNTON	2,391
60438	LANSING	28,884
60473	SOUTH HOLLAND	22,439
60419	DOLTON	22,788
60827	RIVERDALE	27,946
60409	CALUMET CITY	37,186
60617	CHICAGO	84,155
60619	CHICAGO	63,825
60620	CHICAGO	72,216
60621	CHICAGO	35,912
60628	CHICAGO	72,202
60633	CHICAGO	12,927
60655	CHICAGO	28,550
60643	CHICAGO	49,952
Total		1,609,056

Source: U.S. Census Bureau, Census 2010, American Factfinder
available at

- 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 – 26A.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the GSA is 92.0% of the State average, the average utilization of existing and approved facilities is 76.5%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(d)(2)(A), the ratio of stations to population is 91.3% of the State Average.

Table 1110.1430(d)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	1,609,056	474	1:3,395
State	12,830,632	4,139	1:3,100

b. Historic Utilization of Existing Facilities

The average utilization for all facilities in the service area is 76.5%. Accordingly, there is sufficient patient population to justify the need for the proposed facility. There will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. As set forth above in Table 1110.1430(c)(3)(B), Dr. Shafi is currently treating 89 stage 3, 4, & 5 CKD patients who reside within 20 minutes of the proposed facility. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, it is estimated that 62 of these patients will initiate dialysis within 12 to 24 months following project completion.

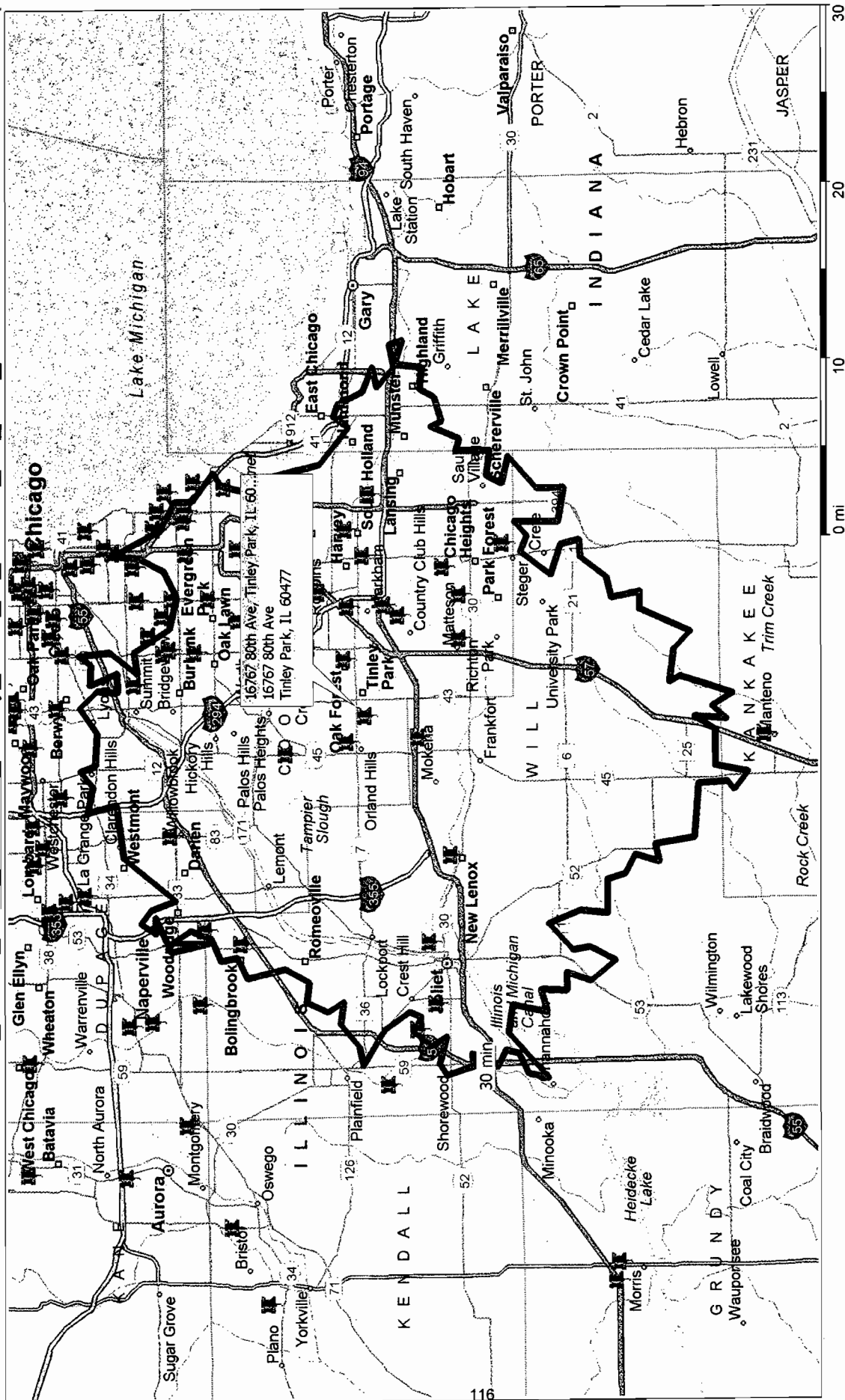
3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the average utilization of all of the facilities within the geographical service area is 76.5%. When excluding facilities that have been operational for less than 2 years, the average utilization is 78.6%. Dr. Shafi is currently treating 1,275 pre-ESRD patients, with 89 Stage 3, 4 or 5 CKD patients living within 20 minutes of the proposed site. No patients will be transferred from any existing dialysis facilities to the

proposed Tinley Park Dialysis. Accordingly, the proposed Tinley Park Dialysis will not adversely impact any existing providers.

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

16767 South 80th Avenue Tinley Park_IL 60477 30_Min_GSA



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

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

Administrator
Registered Nurse (2.3 FTE)
Patient Care Technician (5.2 FTE)
Biomedical Technician (0.3 FTE)
Social Worker (licensed MSW) (0.6 FTE)
Registered Dietitian (0.6 FTE)
Administrative Assistant (1 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

- c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
 - d. As set forth in the letter from Arturo Sida, Vice President, Associate General Counsel of DaVita HealthCare Partners Inc. and Kidney Center South LLC, attached at Attachment – 26E, Tinley Park Dialysis will maintain an open medical staff.

Mohammad Sameer Shafi MD

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Qualifications

Diplomat of American Board of Critical Care (2003)

Diplomat of American Board of Nephrology (2000, recertified in 2010)

Diplomat of American Board of Internal Medicine (1997, recertified in 2007)

Experience

2007-present

1. Practicing critical care and Nephrology in Joliet, Illinois. Credentialed in 3 major hospitals in the area including St Joseph hospital, Silver Cross Hospital and Adventist Bolling Brook hospital.

Silver cross is 300 bed hospital in Joliet, St Joseph is also 300 bed hospital and Adventist Bolling brook is 100 bed hospital.

Job description: Inpatient care of dialysis patients, providing in hospital consultation services, consultation services for renal replacement therapies such CCVH, CVVHD, Ultrafiltration for ICU patients, doing procedures such as triple lumen catheters, renal biopsies, and dialysis catheters. Also provide outpatient care to over 130 dialysis patients in the practice. Outpatient Nephrology practice involves providing consultative services to patients referred from primary care physicians.

2000-2007

Nephrology practice, Carbondale, Illinois

Credentialed at 4 major hospitals in Sothern Illinois including Memorial hospital of Carbondale, Herrin Hospital Herrin, Illinois, Heartland hospital, Marion Illinois. Provided critical care as well nephrology consultation services in the hospitals. Memorial hospital is over 200 bed hospital and has an active cardiothoracic as well neuro surgery department.

Each hospital has an active ICU where I provided critical care consultation services for patients on mechanical ventilator as well broad range of patients being admitted to ICU. Performed procedures such as triple lumen catheters, flexible bronchoscopy as well as chest tube insertions.

Training

1999-2000: Critical care training at University of Louisville, Kentucky. Trained at 3 major hospitals affiliated with University of Louisville including Barnes Jewish Hospital, Norton Hospital and University of Louisville Hospital. Each of the hospital is over 300 bed facility. Rotated in surgical ICU, Trauma ICU, Neurosurgical ICU and medical ICU.

1997-1999: Nephrology training at University of Louisville Kentucky. Performed renal biopsies and also rotated in Barnes Jewish Hospital which is Pioneer hospital for organ transplantation in USA. Was part of active team for immunosuppressive therapies after liver, renal and kidney transplant. Gained expertise in all modalities of dialysis including Hemodialysis, peritoneal dialysis and renal replacement therapies in ICU.

1994-1997 :Internal medicine training at Englewood Hospital, Englewood Illinois, an affiliate of Mount Sinai School of Medicine, New York

Served as **Chief Resident** for Dept of Medicine during 3rd year of residency

Medical School: King Edward medical College Lahore, Pakistan (1991)

Personal

Married to Masooma with 3 children

Shahann Shafi (6 years)

Sheza Shafi (5 years)

Shanoor Shafi (4 Years)

References

Amin Nadeem (Diplomat of American Board of Critical Care, Diplomat of American Board Pulomology
tel: 773-209-3422)

**Sajid Mehmood (Diplomat of American Board of Critical Care, Diplomat of American Board Pulomology
tel : (847-858-2348)**

**Javed Shafi (Diplomat of American Board of Nephrology, Diplomat of American Board of Internal
Medicine**

tel :865-207-7689

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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TR1-01-02

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

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the, DaVita Prep Class Evaluation (TR1-06-08), the New Teammate Satisfaction Survey on the LMS and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

Program Content

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

I. DaVita 101/DaVita Way

A. Behavioral objectives

1. State our mission
3. Describe our six core values
4. Describe the DaVita Way
5. List the team members in their local village

B. Content outline

1. DaVita Village and additional services
2. Our mission
3. Our core values
 - a. Service excellence
 - b. Integrity
 - c. Team
 - d. Continuous improvement
 - e. Accountability
 - f. Fulfillment
 - g. Fun
4. DaVita Way of Communication
 - a. Our language
 - b. VillageWeb
 - c. DaVita Village Voice
 - d. Computer systems
5. Teammate resources
6. One For All
 - a. Process review

II. Treatment Modalities

A. Behavioral objectives

1. Name four treatment options for patients with renal failure

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TR1-01-02

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

Attached at Attachment – 26E is a letter from Arturo Sida, Vice President, Associate General Counsel of DaVita HealthCare Partners Inc. and Kidney Center South LLC attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

Re: Certification of Support Services

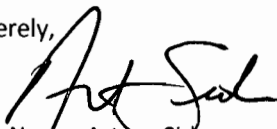
Dear Chair Olson:

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 Tinley Park 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;
- Tinley Park 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, Associate General Counsel
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This ___ day of _____, 2014

See Attached

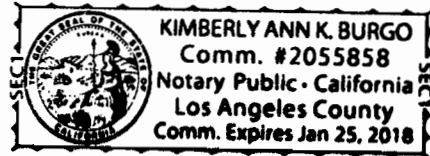
State of California

County of Los AngelesOn July 3, 2014 before me, Kimberly Ann K. Burgo, 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.

Signature Kimberly Ann K. Burgo

(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENTTitle or Type of Document: Assistant Secretary's Certificate re: Ltr to K. Olson re Certification of Support ServicesDocument Date: July 3, 2014 Number of Pages: 1Signer(s) if Different Than Above: No

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)Signer's Name(s): Arturo Sida☐ Individual☒ Corporate Officer

(Title(s))

☐ Partner☐ Attorney-in-Fact☐ Trustee☐ Guardian/Conservator☒ Other: Vice President, Associate General Counsel**SIGNER IS REPRESENTING:**Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc. / Kidney Center South LLC

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

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

DaVita HealthCare Partners Inc. has an agreement with Silver Cross Hospital to provide inpatient care and other hospital services. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

FOR COMPANY USE ONLY: Clinic #:05017

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature (the "Effective Date"), by and between **Silver Cross Hospital** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinic owned and operated by Company:

*Palos Park Dialysis
13155 S. LaGrange Rd
Orland Park, IL 60462*

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.

(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 thirty (30) 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 thirty (30) 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. **COMPLIANCE RELATED MATTERS.** The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. The parties will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

13. **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.

14. **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: Silver Cross Hospital
1200 Maple Rd.
Joliet, IL 60432
Attention: CNO/Vice President

If to Company: Davita, Inc.
C/o: Palos Park Dialysis
13155 S. LaGrange Rd.
Orland Park, IL 60462
Attention: Facility Administrator

With copies to: Palos Park Dialysis (05017)
C/o: DaVita Inc.
1551 Wewatta St.
Denver, CO 80202
Attention: Fusion 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 Inc. as to the form hereof.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

DEC-08-2011 TUE 04:25 PM DAVITA OLYMPIA FIELDS

FAX NO. 708 503 1118

P. 08/08

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

Hospital:

Silver Cross Hospital

By: Peggy GricusName: Peggy GricusIts: VP Patient Care ServicesDate: 12-2-11**Company:**

Total Renal Care, Inc.

By: Kelly B. LaddName: Kelly B. LaddIts: Regional Ops DirDate: 12/14/11**APPROVED AS TO FORM ONLY:**

By: _____

Name: Marcie Marcus DamischIts: Group General Counsel

Date: _____

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

Hospital:

Silver Cross Hospital

By: _____

Name: _____

Its: _____

Date: _____

Company:

Total Renal Care, Inc.

By: _____

Name: _____

Its: _____

Date: _____

APPROVED AS TO FORM ONLY:By: Marcie Marcus Damisch

Name: Marcie Marcus Damisch

Its: Group General Counsel

Date: 12.20.11

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

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

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

Attached at Attachment – 26G is a letter from Arturo Sida, Vice President, Associate General Counsel, DaVita HealthCare Partners Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

Notary Public

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 Chair Olson:

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

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

Sincerely,


Print Name: Arturo Sida

Its: Vice President, Associate General Counsel
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This ____ day of _____, 2014

See Attached

State of California

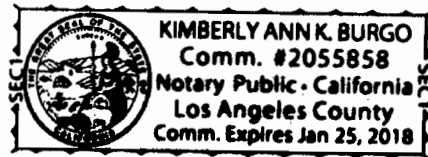
County of Los AngelesOn July 3, 2014 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)personally appeared Arturo Sida

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.

Signature

Kimberly Ann K. Burgo

(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENTTitle or Type of Document: Assistant Secretary's Certificate re: Ltr to K. Olson re Hemodialysis AssurancesDocument Date: July 3, 2014 Number of Pages: 1Signer(s) if Different Than Above: No

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)Signer's Name(s): Arturo Sida☐ Individual☒ Corporate Officer

(Title(s))

☐ Partner☐ Attorney-in-Fact☐ Trustee☐ Guardian/Conservator☒ Other: Vice President, Associate General Counsel**SIGNER IS REPRESENTING:**Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc. / Kidney Center South LLC

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease from Tinley Park Healthcare, LLC. A copy of DaVita's 2013 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application 14-016. A letter of intent to lease the facility is attached at Attachment – 36.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.

A JOHNSON CONTROLS COMPANY

1783 ROSEMARY ROAD
HIGHLAND PARK, IL 60035

TELEPHONE: 847-926-7051
CELL: 847-975-4980

June 24, 2014

Mr. Bond Oman
Oman-Gibson
P. O. Box 925
Brentwood, TN 37024-0925

RE: Request for Proposal
16767 South 80th Avenue
Tinley Park, IL 60477

Dear Bond:

Johnson Controls Real Estate Services, Inc. ("JCR") has been exclusively authorized by Total Renal Care, Inc. – a subsidiary of DaVita HealthCare Partners, Inc. ("DaVita") to assist in securing a lease requirement. DaVita is a Fortune 500 company with approximately 2,000 locations across the US and revenues in excess of \$8 billion.

We have been surveying the Tinley Park, IL market area to identify all of the alternatives available that best suit DaVita's business and operational needs. Of the properties reviewed, your site has been identified as one that potentially meets the necessary requirements. We are requesting that you provide a written response to lease the above referenced Property to be built by you through the DaVita Preferred Developer Program ("PDP"). We request that you deliver your response no later than **June 30, 2014**. *Please prepare the proposal to respond to the following terms:*

PREMISES: 16767 South 80th Avenue, Tinley Park, IL 60477

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

LANDLORD: Tinley Park Healthcare, LLC

SPACE REQUIREMENTS: Requirement is for approximately 6,500 contiguous gross square feet. Tenant shall have the right to measure space based on most recent BOMA standards.

Please indicate both rentable and useable square footage for Premises.

PRIMARY TERM: 15 years

BASE RENT: *Please indicate the annual rate per rentable square foot*

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

Years 1-5:	\$ 30.66 per rsf
Years 6-10:	\$ 33.73 per rsf
Years 11-15:	\$ 37.10 per rsf

ADDITIONAL EXPENSES:

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

CAM is estimated to be \$ 5.00 psf payable directly by Tenant.

Taxes are estimated to be \$ 5.50 psf.

Insurance is estimated to be \$ 6,200 annually.

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

If operating expenses are based on a Base Year, please indicate the Base Year and expense stop.

Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent.

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 Premises to the Tenant upon the later of completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of seven (7) months from Possession or until:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form to match PDP requirements.

USE:

The Use is for a Dialysis Clinic, medical offices and other lawfully permitted related uses.

(please verify that the Tenant's dialysis use is permitted within the building's zoning.) The project will require re-zoning.

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

PARKING:

Tenant requests four (4) parking spaces per 1,000 rsf and two (2) dedicated handicapped stalls.

Please indicate the number and location of parking spaces to be allocated to the Tenant, number of general handicap stalls, total reserved stalls, if there is a patient drop off area, and if the drop off area is covered.

BASE BUILDING:

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

<u>TENANT IMPROVEMENTS:</u>	\$0.
<u>OPTION TO RENEW:</u>	Renewal terms to follow standard PDP requirements.
<u>RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:</u>	Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.
<u>FAILURE TO DELIVER PREMISES:</u>	If Landlord has not delivered the premises to Tenant with all base building items substantially completed by ninety (270) days from lease execution, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the ninety (90) day delivery period.
<u>HOLDING OVER:</u>	Tenant shall be obligated to pay 110% of the then current rate.
<u>TENANT SIGNAGE:</u>	Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations and approval of Landlord.
<u>BUILDING HOURS:</u>	24 hours a day, 7 days a week. <i>Please indicate building hours for HVAC and utility services.</i>
<u>SUBLEASE/ASSIGNMENT:</u>	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita HealthCare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord's reasonable approval.
<u>ROOF RIGHTS:</u>	Tenant shall have the right to place a satellite dish on the roof at no additional fee.
<u>NON COMPETE:</u>	Landlord agrees not to lease space to another dialysis provider within a five (5) mile radius of Premises.
<u>HVAC:</u>	<i>Please provide general description of HVAC systems (i.e. ground units, tonnage, age)</i>
<u>DELIVERIES:</u>	<i>Please indicate manner of deliveries to the Premises (i.e. dock-high door in rear, shared)</i>
<u>OTHER CONCESSIONS:</u>	<i>Please indicate any other concessions the Landlord is willing to offer.</i>
<u>GOVERNMENTAL COMPLIANCE:</u>	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 December 31, 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 December 31, 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 as the Tenant's sole representative Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee in accordance with the PDP agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Please provide copies of site and construction plans or drawings.

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

Edgar Levin
edgar.l.levin@jci.com

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

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

Sincerely,

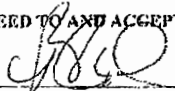


Edgar Levin

Cc: Sean Powell
John Steffens
Emmett Parcel

LETTER OF INTENT: 16767 SOUTH 80TH AVENUE, TINLEY PARK, IL 60477

AGREED TO AND ACCEPTED THIS 25 DAY OF JUNE 2014

By: 

("Landlord")

AGREED TO AND ACCEPTED THIS 30 DAY OF JUNE 2014

By: 

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

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPARATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR JCI) 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 JCI 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. JCI 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 JCI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.



Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

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

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

At a minimum, the Lessor shall provide the following Base Building and Site Development Improvements to meet Lessee's Building and Site Development specifications at Lessor's sole cost:

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

1.0 - Building Codes & Design

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

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic. Lessor to provide all permitting related to the base building and site improvements.

3.0 - Common Areas

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

4.0 Foundation and Floor

The foundation and floor of the building shall be in accordance with local code requirements. The foundation and concrete slab shall be designed by the Lessor's engineer to accommodate site-specific Climate and soil conditions and recommendations per Lessor's soil engineering and exploration report (To be reviewed and approved by Lessee's engineer).

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grade and shall be a minimum five-inch (5") thick with minimum concrete strength of 3,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement

over a vapor barrier and granular fill per Lessor's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results after 28 day cure time. Means and methods to achieve this level will be responsibility of the Lessor. Under slab plumbing shall be installed by Lessee's General Contractor in coordination with Lessor's General Contractor, inspected by municipality and Lessee for approval prior to pouring the building slab.

5.0 - Structural

Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0" finished ceiling height and 15' clearance for a 12" ceiling height) to the underside of the lowest structural member from finished slab and meet building steel (Type II construction or better) erection requirements, standards and codes. Structural design to allow for ceiling heights (as indicated above) while accommodating all Mechanical, Plumbing, Electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists; load bearing walls, and demising walls. Provide necessary bridging, bracing, and reinforcing supports to accommodate all Mechanical systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

The floor and roof structure shall be fireproofed as needed to meet local building code and regulatory requirements.

Roof hatch shall be provided and equipped with ladders meeting all local, state and federal requirements.

6.0 - Exterior walls

Exterior walls to be fire rated if required by local or State code requirements. If no fire rating is required, walls shall be left as exposed on the interior side of the metal studs or masonry/concrete with exterior insulation as required to meet code requirements and for an energy efficient building shell. Lessee shall be responsible for interior gyp board, taping and finish.

7.0 - Demising walls

All demising walls shall be a 1 or 2hr fire rated wall depending on local, state and/or regulatory (NFPA 101 - 2000) codes requirements whichever is more stringent. Walls will be installed per UL design and taped (Lessee shall be responsible for final finish preparation of gypsum board walls on Lessee side only). At Lessee's option and as agreed upon by Lessor, the interior drywall finish of demising walls shall not be installed until after Lessee's improvements are complete in the wall. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have sound attenuation batts from floor to underside of deck.

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Lessor for the duration of the lease. Lessor to provide Lessee copy of material and labor roof warranty for record.

9.0 - Parapet

Lessor to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC Rooftop units should be concealed from public view if required by local code.

10.0 - Façade

Lessor to provide specifications for building façade for lessee review and approval. All wall system to be signed off by a Lessor's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

4" Face brick Veneer on 6" 16 or 18ga metal studs , R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8" exterior grade gypsum board or Dens-Glass Sheathing.

Or

2" EIFS on 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on 1/2" cement board or equal.

Or

8" Split faced block with 3-1/2" to 6" 20ga metal stud furring, batt wall insulation to meet energy code and depth of mtl stud used.

11.0 - Canopy

Covered drop off canopy at Lessee's front entry door. Approximate size to be 16' width by 21' length with 10'-9" minimum clearance to structure with full drive thru capacity. Canopy to accommodate patient drop off with a level grade ADA compliant transition to the finish floor elevation. Canopy roof to be an extension of the main building with blending rooflines. Controlled storm water drainage requirements of gutters with downspouts connected to site storm sewer system or properly discharged away from the building, sidewalks, and pavement. Canopy structural system to consist of a reinforced concrete footing, structural columns and beam frame, joists, decking and matching roof covering. Canopy columns clad with EIFS and masonry veneer piers, matching masonry to main building. Steel bollards at column locations.

12.0 - Waterproofing and Weatherproofing

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

13.0 - Windows

Lessor to provide code compliant energy efficient windows and storefront systems to be 1" tinted insulated glass with thermally broken insulated aluminum mullions. Window size and locations to be determined by Lessee's architectural floor plan and shall be coordinate with Lessor's Architect.

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R value to be determined by the size of the stud cavity and should extend from finish floor to bottom of floor or ceiling deck. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Schlage L Series or better). Doors shall meet American Disability Act (ADA), and State Department of Health requirements. Lessor shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Lessee with three (3) sets of keys. Final location of doors to be determined by Lessee architectural floor plan and shall be coordinate with Lessee's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Lessor:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, continuous hinge and lock mechanism. Door to be prepped to accept power assist opener and push button keypad lock provided by Lessee.

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

16.0 - Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Lessee. Lessor is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Lessee's Architect. Lessor shall have contained within the building a common main room to accommodate the utility services which include, but not limited, to electrical, fire alarm, security alarm and fire riser if in a multi tenant building.

17.0 - Plumbing

Lessor to provide a segregated/dedicated potable water supply line that will be sized by Lessee's Engineer based on Lessee's water requirements (not tied-in to any other lessee spaces, fire suppression systems, or irrigation systems unless mandated by Local Building and or Water Dept). Water supply shall be provided with a shut off valve, 2 (two) reduced pressure zone (RPZ) backflow preventors arranged in parallel (with floor drain or open site drain under RPZ's), and meter. Water supply to provide a continuous minimum pressure of 50 psi, maximum 80psi, with a minimum flow rate of 50 gallons per minute to Lessee space. The RPZ's and the Meter will be sized to the incoming line, or per water provider or municipality standards. Lessor to provide Lessee with the most recent site water flow and pressure test results (gallons per minute and psi) for approval. Lessor shall perform water flow and pressure test prior to lease execution. Lessor shall stub the dedicated water line into the building per location coordinated by Lessee.

Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Lessee.

Building sanitary drain size will be determined by Lessee's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Lessee at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Lessee's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Lessee's sanitary system design per Lessee's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary sampling manhole to be installed by Lessor if required by local municipality.

Lessor to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 - Fire Suppression System

Single story stand alone buildings under 10,000sf will not require a Sprinkler System unless requested by Lessee, or if required by code or local authority. Single story stand alone buildings greater than 10,000 will require a sprinkler system. Lessor shall design and install a complete turnkey sprinkler system (less drops and heads in Lessee's space) that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a dedicated water line independent of Lessee's potable water line requirements, or as required by local municipality or water provider. Lessor shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow

control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

Provide underground service with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Lessee's engineer dependant on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire to a distribution panelboard in the Lessee's utility room (location to be per Code and coordinated with Lessee and their Architect) for Lessee's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Lessor's service provisions shall include transformer coordination with utility company, transformer pad, grounding, and underground conduit wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panelboard with main and branch circuit breakers, and electrical service and building grounding per NEC. Lessee's engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panelboard.

If lease space is in a multi-tenant building then Lessor to provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Lessee and distribution panelboard per above.

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

Lessor to provide main Fire Alarm Control panel that serves the Lessee space and will have the capacity to accommodate devices in Lessee space based on Fire Alarm system approved by local authority having jurisdiction. If lease space is in a multi-tenant building then Lessor to provide Fire Alarm panel to accommodate all tenants and locate panel in a common room with conduit stub into lessee space. Lessor's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

Fire Alarm system equipment shall be equipped for double detection activation if required.

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be stubbed into the building per location coordinated with Lessee and shall be individually metered and sized per demand. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning

Lessor to be responsible for all costs for the HVAC system based on the below criteria.

Lessee will be responsible for the design, procurement and installation of the HVAC system.

The criteria is as follows:

- Equipment to be Carrier or Trane RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Lessee's demands for a dialysis facility and the base building Shell loads.
- Ductwork shall be extended 5' into the space for supply and return air.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Controls to be Programmable or DDC
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet

- System to be a fully ducted return air design
- All ductwork to be externally lined except for the drops from the units.
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, thermostats and start-up. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Lessee's design criteria and local and state codes.

Lessor to furnish steel framing members, roof curbs and flashing to support Lessee exhaust fans (minimum of 4) to be located by Lessee's architect.

22.0 - Telephone

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Lessee.

23.0 - Cable TV

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee.

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

24.0 - Handicap Accessibility

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

Finish floor elevation is to be determined per Lessee's architectural plan in conjunction with Lessor's civil engineering and grading plans. If required, Lessor to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition according to accessible standards.

25.0 - Exiting

Lessor shall provide at the main entrance and rear doors safety lights, exterior service lights, exit sign with battery backup signs per doorway, in accordance with applicable building codes, local fire codes and other applicable regulations, ordinances and codes. The exiting shall encompass all routes from access points terminating at public right of way.

26.0 - Site Development Scope of Requirements

Lessor to provide Lessee with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Lessee Architect for coordination purposes. Site development is to include the following:

- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location & construction details for trash and recycling;
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Lessee signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;
- Ramps and curb depressions.
- Landscaping shrub and turf as required per municipality;
- Irrigation system if Lessor so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends;
- Final grade will be sloped away from building.

27.0 - Refuse Enclosure

Lessor to provide a minimum 6" thick reinforced concrete pad approx 100 to 150SF based on Lessee's requirements' and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

28.0 - Generator

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

29.0 - Site Lighting

Lessor to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Lessee power panel. Location of pole fixtures per Lessor civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Lessee hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Lessor house panel (if in a Multi tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

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

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.

Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into & out of new patient drop off canopy and provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

32.0 - Site Signage

Lessor to allow for an illuminated site and/or façade mounted signs. A monument and/or the pylon structure to be provided by Lessor with power and a receptacle. Final sign layout to be approved by Lessee and the City.

Exhibit C – Aerial Photo

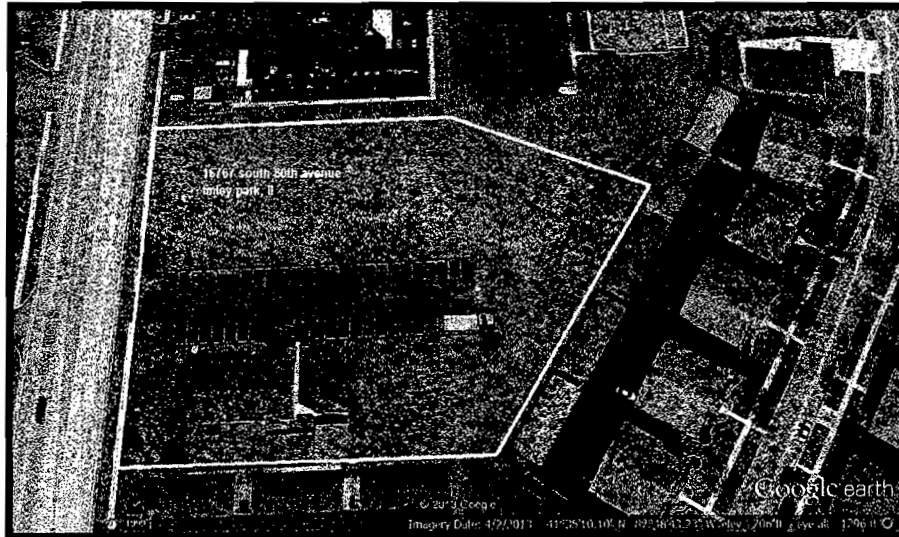


Exhibit D – Legal Description

ORDER NUMBER: 1412 WSA031070 OP
STREET ADDRESS: 16767 80TH AVENUE
CITY: TINLEY PARK COUNTY: COOK
TAX NUMBER: 27-25-100-006-0000

LEGAL DESCRIPTION:

THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER (EXCEPTING THE SOUTH 10 ACRES THEREOF) OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPTING THEREFROM 167TH STREET AS DEDICATED AND ALSO EXCEPTING THAT PART SUBDIVIDED AS BREMENTOWNE ESTATES UNIT 6, PHASE 2 AS RECORDED NOVEMBER 17, 1971 AS DOCUMENT NO. 21715526 AND ALSO EXCEPTING THEREFROM THAT PART DESCRIBED AS COMMENCING AT THE SOUTHERLY MOST POINT OF SAID BREMENTOWNE ESTATES UNIT 6, PHASE 2; THENCE NORTH 62 DEGREES, 30 MINUTES EAST 125.07 ALONG THE SOUTHERLY LINE OF SAID BREMENTOWNE ESTATES; THENCE SOUTH 0 DEGREES, 3 MINUTES, 47 SECONDS WEST 359.59 FEET ALONG THE EAST LINE OF SAID NORTHWEST QUARTER OF THE NORTHWEST QUARTER; THENCE NORTH 20 DEGREES 6 MINUTES, 51 SECONDS WEST 121.44 FEET TO SAID SOUTHERLY MOST POINT BEING THE PLACE OF BEGINNING) ALL IN COOK COUNTY, ILLINOIS.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2013 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application for Project No. 14-016.

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, Associate General Counsel of DaVita HealthCare Partners Inc. attesting that the total estimated project costs will be funded entirely with cash.

Notary Public

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 Chair 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, Associate General Counsel
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This ____ day of _____, 2014

See Attached

Notary Public

State of California

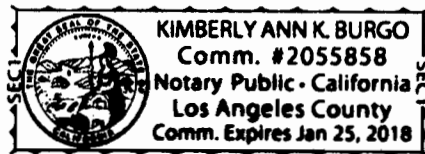
County of Los AngelesOn July 3, 2014 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)personally appeared Arturo Sida

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.

Signature

Kimberly Ann K. Burgo

(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENTTitle or Type of Document: Assistant Secretary's Certificate re: Ltr to K. Olson re Financing ArrangementsDocument Date: July 3, 2014 Number of Pages: 1Signer(s) if Different Than Above: No

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)Signer's Name(s): Arturo Sida☐ Individual☒ Corporate Officer

(Title(s))

☐ Partner☐ Attorney-in-Fact☐ Trustee☐ Guardian/Conservator☒ Other: Vice President, Associate General Counsel**SIGNER IS REPRESENTING:**Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc. / Kidney Center South LLC

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

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

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	166.15		6,500				\$1,080,000		\$1,080,000
Contingency	15.39		6,500				\$100,000		\$100,000
TOTALS	181.54		6,500				\$1,180,000		\$1,180,000

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts & Contingencies	\$1,180,000	\$254.58 per gsf x 6,500 gsf = \$254.58 x 6,500 = \$1,654,770	Below State Standard
Contingencies	\$100,000	10% of New Construction Contracts = 10% x \$1,080,000 = \$108,000	Meets State Standard
Architectural/Engineering Fees	\$90,250	6.77% - 10.17% x (New Construction Costs + Contingencies) = 6.77% - 10.17% x (\$1,080,000 + \$100,000) = \$79,886 - \$120,006	Meets State Standard
Consulting and Other Fees	\$75,000	No State Standard	No State Standard
Moveable Equipment	\$483,187	\$49,127.31 per station x 12 stations \$49,127.31 x 12 = \$589,527.72	Below State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(d), Projected Operating Costs

Operating Expenses: \$2,805,608

Treatments: 14,508

Operating Expense per Treatment: \$193.38

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	\$132,043
Amortization:	\$ 6,617
Total Capital Costs:	\$138,660

Treatments: 14,508

Capital Costs per Treatment: \$9.56

Section XI, Safety Net Impact Statement
Criterion 1110.230(b), 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 2013 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted on April 24, 2014 as part of Applicants' application for Proj. No. 14-016. 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 2013. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204M in net savings to the American healthcare system in 2013.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), average utilization at all existing and approved dialysis facilities within 30 minutes normal travel time of the Proposed Facility is currently 76.5%. When excluding facilities that have been operational for less than 2 years, the average utilization is 78.6%. Dr. Shafi has identified 89 patients from his practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within an approximate 20 minute commute of the proposed facility. Approximately 62 patients of these patients will be referred to the Proposed Facility within 12 to 24 months. This represents an 86.1% utilization rate, which exceeds the State's 80% standard. As such, the proposed facility is necessary to allow existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the establishment of Tinley Park Dialysis. As such, this criterion is not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2011	2012	2013
Charity (# of patients)	96	152	187
Charity (cost in dollars)	\$830,580	\$1,199,657	\$2,175,940
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	729	651	679
Medicaid (revenue)	\$14,585,645	\$11,387,229	\$10,371,416

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			
	2011	2012	2013
Net Patient Revenue	\$219,396,657	\$228,403,979	\$244,115,132
Amount of Charity Care (charges)	\$830,580	\$1,199,657	\$2,175,940
Cost of Charity Care	\$830,580	\$1,199,657	\$2,175,940

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. M. Sameer Shafi projecting 93 pre-ESRD patients will be referred to Tinley Park Dialysis within the next 12 to 24 months.

M. Sameer Shafi, M.D.
Kidney Care Center
812 Campus Drive
Joliet, Illinois 60435

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 pleased to support DaVita's establishment of Tinley Park Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 16767 South 80th Avenue, Tinley Park, Illinois 60477 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in the Tinley Park community. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstates 355 (I-355), 80 (I-80), 57 (I-57) and 294 (I-294) and will provide better access to patients residing in the south and southwest suburbs. Utilization of facilities within 30 minutes of the proposed facility was 76.5%, according to June 30, 2014 reported census data.

I have identified 89 patients from my practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within an approximate 20 minute commute of the proposed facility. Conservatively, I predict at least 62 of these patients will progress to dialysis within the next 12 to 24 months. My large patient base, the significant utilization at nearby facilities, and the present 58-station need identified in Health Service Area 7 demonstrate considerable demand for this facility.

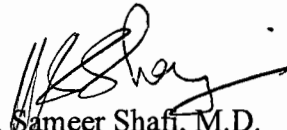
A list of patients who have received care at existing facilities in the area over the past 3 1/4 years is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 1/4 years is provided at Attachment – 2. The list of zip codes for the 89 pre-ESRD patients previously referenced is provided at Attachment – 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Tinley Park Dialysis.

Sincerely,


M. Sameer Shafi, M.D.
Nephrologist
Kidney Care Center
812 Campus Drive
Joliet, Illinois 60435

Subscribed and sworn to me
This 22nd day of August, 2014

Notary Public: Tara L Motley



Attachment 1
Historical Patient Utilization

FMC Bolingbrook Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
RL	60446			RL	60446	RL	60446
JS	60446					SW	60466

FMC Burbank Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				LB	60632	LB	60632
				CD	60639	CD	60639
				MG	60643	MG	60643
				EH	60652	EH	60652
						WM	60628

Chicago Heights Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				LB	60471	LB	60827
				WD	60435	WD	60435
				MG	60619	TM	60411
				TM	60411	EW	60425
				EW	60425		
				SW	60466		

FMC Joliet East Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		VA	60441	ZA	60435	ZA	60435
		DC	60544	VA	60441	VA	60441
		KC	60441	GE	60435	MB	60441
		SH	60412	MG	60586	KC	60441
		ES	60433	CG	60435	GE	60435
		JW	60441	OM	60433	AG	60433
		KE	60435	AM	60451	CG	60435
		CJ	60434	JP	60491	OM	60433
		WM	60433	BR	60432	AM	60451
		KC	60435	CS	60432	FP	60432
		PG	60432	LS	60433	JP	60491
		HP	60432	ES	60433	AR	60435
		SS	78520	ES	60435	BR	60432
		EV	60445	ET	60433	MS	60432
		PG	60432	GT	60432	CS	60432
		MG	60436	MZ	60433	LS	60433
				MB	60432	BS	60403
				MC	60436	ES	60433
				ZD	60435	ES	60435
				JD	60436	GT	60432
				CJ	60434	MZ	60433
				WM	60433	CB	60435
				JM	60451	JB	60433
				DP	60433	MB	60432
				DV	60433	ZD	60435
				GW	60433	JD	60436
				FC	60433	CJ	60434
				DR	60534	WM	60433
				LA	60433	JM	60451
				LE	60441	DV	60433
				PG	60432	GW	60433
				LG	60432	FC	60433
				NK	60436	LB	60436
				LK	60433	LE	60441
				OM	60433	PG	60432
				RM	60433	NK	60436
				HP	60432	LK	60433
				DR	60432	OM	60433
				MS	60432	HP	60432
				JV	60563	DP	60433
				MV	60403	JV	60563
				JB	60433	MV	60403

FMC Joliet East Dialysis, CONTINUED							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				TC	60432	TC	60432
				DD	60436	DD	60436
				PG	60432	PG	60432
				MG	60436	MG	60436
				AV	60403	MQ	60436
						CS	60436
						AV	60403

Markham Renal Center							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
						LS	60426

FMC Mokena Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
SB	60432	SB	60432	SB	60677	SB	60677
GC	60448	JC	60448	JC	60448	JC	60448
JC	60448	SP	60448	WP	60451	WP	60451
SP	60448	RB	60467	SP	60448	SP	60448
WP	60451	JW	60649	CG	60448	DL	60423
		WP	60451	DL	60423	JW	60649
				JW	60649		

FMC Morris Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
AB	60424			DH	60416	DH	60416
WE	60450			AZ	60447	RH	60051
				CC	60447	AZ	60447
						CC	60447
						ML	60444

FMC Naperville Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
WE	60133	WE	60133	WE	60133		

Olympia Fields Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				JM	60477	JE	60429
				PM	60428	JM	60477
				LM	60425	LM	60425

Palos Park Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				TD	60462	TD	60462
				GG	60462	WD	60462
				HH	60465	GG	60462
				WH	60463	HH	60465
				TJ	60153	RH	60462
				MK	60452	HH	60451
				RL	60462	JM	60435
				PM	60453	RM	60430
				JN	60465	PM	60453
				JO	60482	JN	60465
				RM	60433	JO	60482
				PP	60457	PP	60457
				MP	60467	DP	60453
				DP	60453	RS	60462
				RS	60462	ES	60463
				ES	60463	JS	60426
				ES	60638	PT	60609
				JS	60426	MW	60617
				AT	60649	SS	78520
				PT	60609	EV	60445
				SS	78520		
				EV	60445		

FMC Plainfield Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
AA	60435	AA	60435	AA	60435	DB	60404
BB	60544	MB	60441	DB	60435	DB	60435
LC	30083	SD	60433	MB	60441	RC	60406
MD	60403	MD	60403	RC	60406	EC	60586
HD	60435	DD	60436	EC	60586	LD	60433
LE	60544	LE	60544	GC	60586	LE	60544
DE	60447	AF	60429	MD	60403	AF	60429
MF	60403	MF	60403	LE	60544	MF	60403
CH	60586	MF	60527	AF	60429	MF	60527
FJ	60435	AG	60544	MF	60403	AG	60544
KM	60586	AG	60433	MF	60527	MG	60586
MM	60435	CH	60586	AG	60544	CH	60586
WP	60586	LJ	60586	AG	60433	LJ	60586
MP	60435	FJ	60435	CH	60586	FJ	60435
SR	60586	OM	60433	LJ	60586	EK	60446
LS	60433	OM	60435	TF	60435	MM	60435
BS	60403	MM	60435	RL	60491	SM	60433
BS	60403	JO	60586	MM	60435	SR	60586
IT	60586	SO	60586	SO	60586	JS	60450
DM	60443	RP	60435	SR	60586	BS	60403
CA	60441	SR	60586	JS	60450	LS	60404
KC	60435	LS	60433	BS	60403	ST	60586
RD	60435	BS	60403	BS	60403	PV	60431
JG	60435	BS	60403	LS	60586	PW	60586
JH	60586	LS	60586	LS	60404	JA	60433
TJ	60431	ES	60435	ST	60586	AS	60544
EK	60446	LS	60404	IT	60586	VV	60447
FM	60586	JS	60586	PV	60431	ZC	60586
SM	60433	IT	60586	PW	60586	CC	60586
JO	60586	PV	60431	JA	60433	JG	60435
HP	60432	PW	60586	CB	60435	JH	60586
ES	60432	JA	60433	VV	60447	AL	60586
HS	60586	CB	60435	DB	60404	GM	60404
JS	60544	SW	60466	ZC	60586	CP	60403
JY	60404	TB	60441	CC	60586	HP	60563
AR	60432	FB	60433	JH	60586	ES	60432
AV	60403	AC	60436	AL	60586	JD	60586
		LE	60441	SM	60433	JF	60404
		JG	60435	CP	60403	TF	60639
		JH	60586	HP	60563	TJ	60431
		RH	60544	ES	60432	JM	60415
		TJ	60431	JD	60586	SS	60432

FMC Plainfield Dialysis, CONTINUED							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		EK	60446	TF	60639	BW	60565
		FM	60586	TJ	60431		
		SM	60433	EK	60446		
		HP	60563	SS	60432		
		ES	60432	BW	60565		
		GC	60435				
		JD	60586				
		TF	60639				
		AF	60506				
		DJ	60441				
		RR	60433				
		RS	60435				
		BW	60565				
		JY	60404				

Renal East Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
EM	60433	EM	60433	CM	60451	CM	60451
BR	60432	CJ	60432	BW	60451	MH	60487
LS	60586	JP	60442	JP	60442	JP	60442
FB	60433	PP	60467	PP	60467	PP	60467
LD	60433					RM	60433
KG	60436						
JP	60442						
PP	60467						

Renal West Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
VA	60441	WB	60403	WB	60403	WB	60403
WB	60403	JB	60432	JB	60432	JB	60432
LD	60432	LD	60432	EG	60432	EG	60432
GD	60436	EG	60432	CH	60408	CH	60408
PG	60432	CH	60408	EH	60435	EH	60435
EG	60432	EH	60435	EP	60436	RP	60436
CH	60408	EM	60544	MR	60447	EP	60436
SH	60412	EP	60436	DT	60432	MR	60447
EM	60544	BR	60432	JY	60404	DT	60432
EP	60436	MR	60447	GD	60436	AC	60436
DR	60435	GD	60436	MG	60435	GD	60436
PS	60432	LG	60586	ML	60435	MG	60435
ES	60433	MG	60435	EM	60544	ML	60435
LS	60404	ML	60435	RP	60436	EM	60544
MV	60403	OM	60433	RP	60446	RP	60446
WM	60433	RP	60436	JS	60432	JS	60432
EB	60436	RP	60446				
JB	60432	DR	60435				
AC	60436	MS	60432				
LG	60586	MS	60440				
MG	60435	JS	60432				
LK	60433	MV	60403				
ML	60435	TC	60432				
OM	60433						
RP	60436						
RP	60446						
MR	60447						
MS	60432						
JS	60432						
DT	60432						
MV	60403						
CE	60433						

Silver Cross Morris Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
RW	60544	AB	60424				

Sun Health Dialysis							
2011		2012		2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
SF	60477	SF	60477	SF	60477	MD	60436
BL	60436	BL	60436	BL	60436	SF	60477
MD	60436			MD	60436	BL	60436

Attachment 2
New Patients

FMC Bolingbrook Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
RL	60446		

FMC Burbank Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
LB	60632	WM	60628
CD	60639		
MG	60643		
EH	60652		

Chicago Heights Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
LB	60471		
WD	60435		
MG	60619		
TM	60411		
EW	60425		
SW	60466		

FMC Joliet East Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
GE	60435	FP	60432
CG	60435	AR	60435
JP	60491	LB	60436
CS	60432	MQ	60436
ET	60433	CS	60436
GT	60432		
MZ	60433		
MB	60432		
MC	60436		
ZD	60435		
JD	60436		
JM	60451		
DP	60433		
DV	60433		
GW	60433		
FC	60433		
DR	60534		
LA	60433		
LG	60432		
NK	60436		
LK	60433		
RM	60433		
DR	60432		
JV	60563		
JB	60433		
DD	60436		
AV	60403		

Markham Renal Center			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
		LS	60426

FMC Mokena Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
SB	60677		
WP	60451		
CG	60448		
DL	60423		

FMC Morris Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
DH	60416	RH	60051
AZ	60447	ML	60444
CC	60447		

Olympia Fields Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
JM	60477	JE	60429
PM	60428		
LM	60425		

Palos Park Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
TD	60462	WD	60462
GG	60462	RH	60462
HH	60465	HH	60451
WH	60463	JM	60435
TJ	60153	RM	60430
MK	60452	MW	60617
RL	60462		
PM	60453		
JN	60465		
JO	60482		
RM	60433		
PP	60457		
MP	60467		
DP	60453		
RS	60462		
ES	60463		
ES	60638		
JS	60426		
AT	60649		
PT	60609		

FMC Plainfield Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
DB	60435	JG	60435
RC	60406	GM	60404
EC	60586	JF	60404
GC	60586		
RL	60491		
JS	60450		
BS	60403		
VV	60447		
DB	60404		
ZC	60586		
CC	60586		
CP	60403		
TJ	60431		
EK	60446		
SS	60432		

Renal East Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
CM	60451	MH	60487
BW	60451		

Renal West Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
DT	60432		
JY	60404		

Sun Health Dialysis			
2013		2014 YTD 3/31	
Initials	Zip Code	Initials	Zip Code
MD	60436		

Attachment 3
Pre-ESRD Patients

Zip Code	Total
60406	2
60415	3
60422	1
60426	5
60428	4
60429	3
60443	8
60452	2
60461	4
60462	3
60463	1
60464	3
60467	16
60469	1
60471	4
60472	2
60477	13
60478	4
60482	2
60487	8
Total	89

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.



mapquest

Notes

Sun Health to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

21.15 miles / 26 minutes



2121 Oneida St, STE 104, Joliet, IL 60435-6525

Download
Free App



1. Start out going **east** on **Oneida St** toward **N Hammes Ave**. [Map](#)

0.4 Mi

0.4 Mi Total



2. Take the 2nd **right** onto **N Larkin Ave / IL-7**. [Map](#)

1.0 Mi

1.4 Mi Total



3. Merge onto **I-80 E** toward **Indiana**. [Map](#)

14.9 Mi

16.3 Mi Total



4. Take the **US-45** exit, **EXIT 145**, toward **La Grange Rd**. [Map](#)

0.4 Mi

16.7 Mi Total



5. Keep **left** to take the ramp toward **St Xavier University / Orland Park**. [Map](#)

0.06 Mi

16.8 Mi Total



6. Turn **left** onto **US-45 N / 96th Ave**. Continue to follow **US-45 N**. [Map](#)

2.0 Mi

18.7 Mi Total



7. Turn **right** onto **171st St**. [Map](#)

2.0 Mi

20.7 Mi Total



8. Turn **left** onto **80th Ave**. [Map](#)

0.4 Mi

21.1 Mi Total

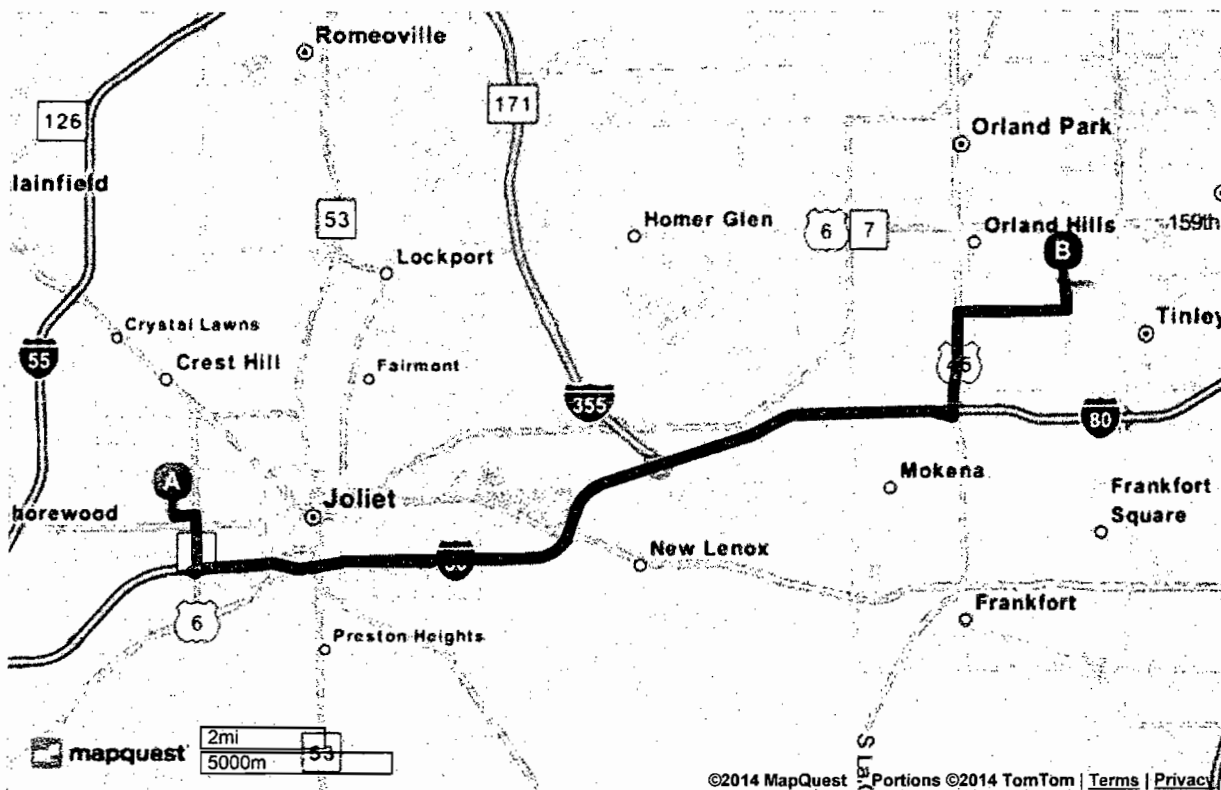


9. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **21.15 miles - about 26 minutes**



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Notes

FMC-Joliet to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

15.02 miles / 22 minutes



721 E Jackson St, Joliet, IL 60432-2560

Download
Free App



1. Start out going **east** on **E Jackson St / US-6 E** toward **Ridgewood Ave**. Continue to follow **US-6 E**. [Map](#)

8.9 Mi

8.9 Mi Total



2. Turn **slight right** onto **W 179th St**. [Map](#)
W 179th St is 0.3 miles past Will Cook Rd

2.7 Mi

11.6 Mi Total



3. Turn **left** onto **La Grange Rd / US-45 N**. [Map](#)

*Speedy Burrito is on the corner
If you reach 94th Ave you've gone about 0.2 miles too far*

1.0 Mi

12.6 Mi Total



4. Take the 2nd **right** onto **171st St**. [Map](#)

*171st St is 0.4 miles past 175th St
If you reach 167th St you've gone about 0.5 miles too far*

2.0 Mi

14.6 Mi Total



5. Turn **left** onto **80th Ave**. [Map](#)

*80th Ave is 0.1 miles past Grissom Dr
Heaven's Florist Inc is on the corner
If you reach 78th Ave you've gone about 0.2 miles too far*

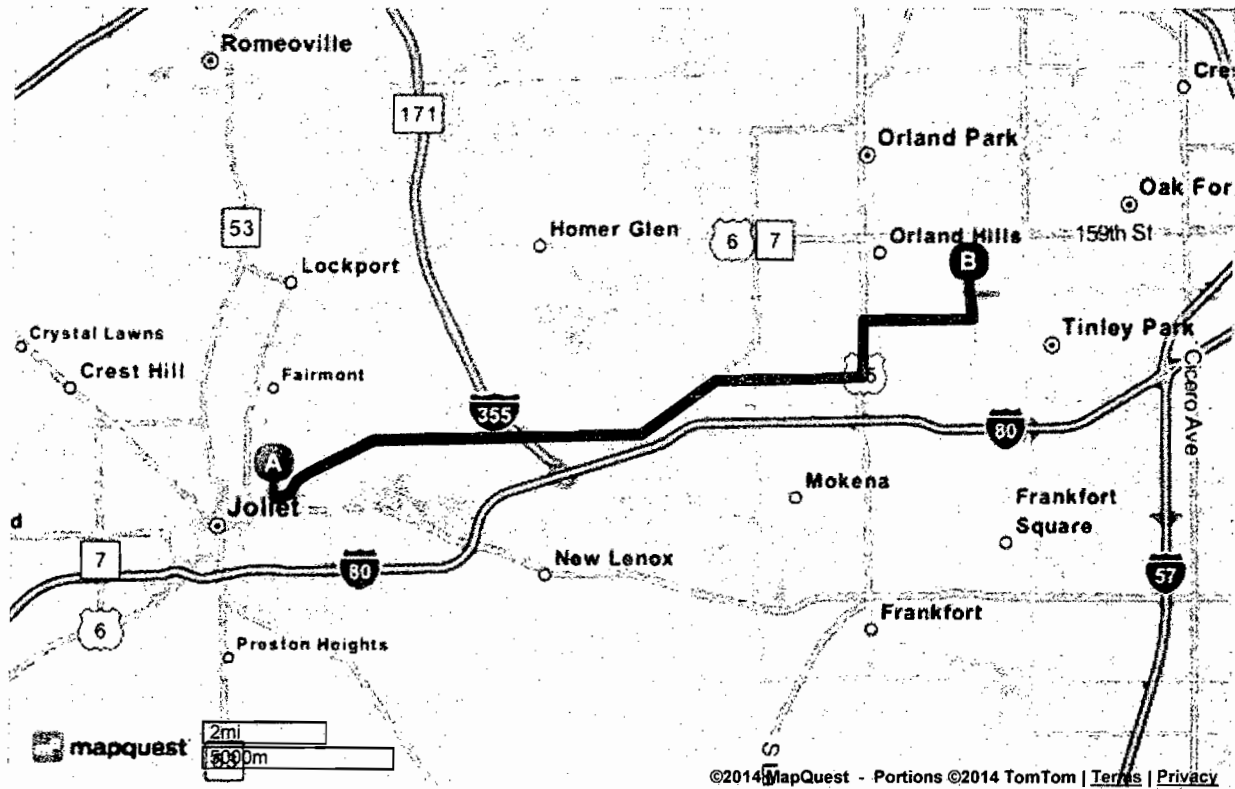
0.4 Mi

15.0 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **15.02 miles - about 22 minutes**



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Notes

Silver Cross Renal Center - New Lenox to Tinley Park
Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

10.97 miles / 16 minutes



1890 Silver Cross Blvd, New Lenox, IL 60451-9508

Download
Free App



1. Start out going **north** on **Silver Cross Blvd** toward **W Maple Rd / US-6 E / US-6 W**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **Maple Rd / US-6 E**. Continue to follow **US-6 E**. [Map](#)

4.6 Mi

4.8 Mi Total



3. Turn **slight right** onto **W 179th St**. [Map](#)

2.7 Mi

7.6 Mi Total



4. Turn **left** onto **La Grange Rd / US-45 N**. [Map](#)

1.0 Mi

8.6 Mi Total



5. Take the 2nd **right** onto **171st St**. [Map](#)

2.0 Mi

10.6 Mi Total



6. Turn **left** onto **80th Ave**. [Map](#)

0.4 Mi

11.0 Mi Total

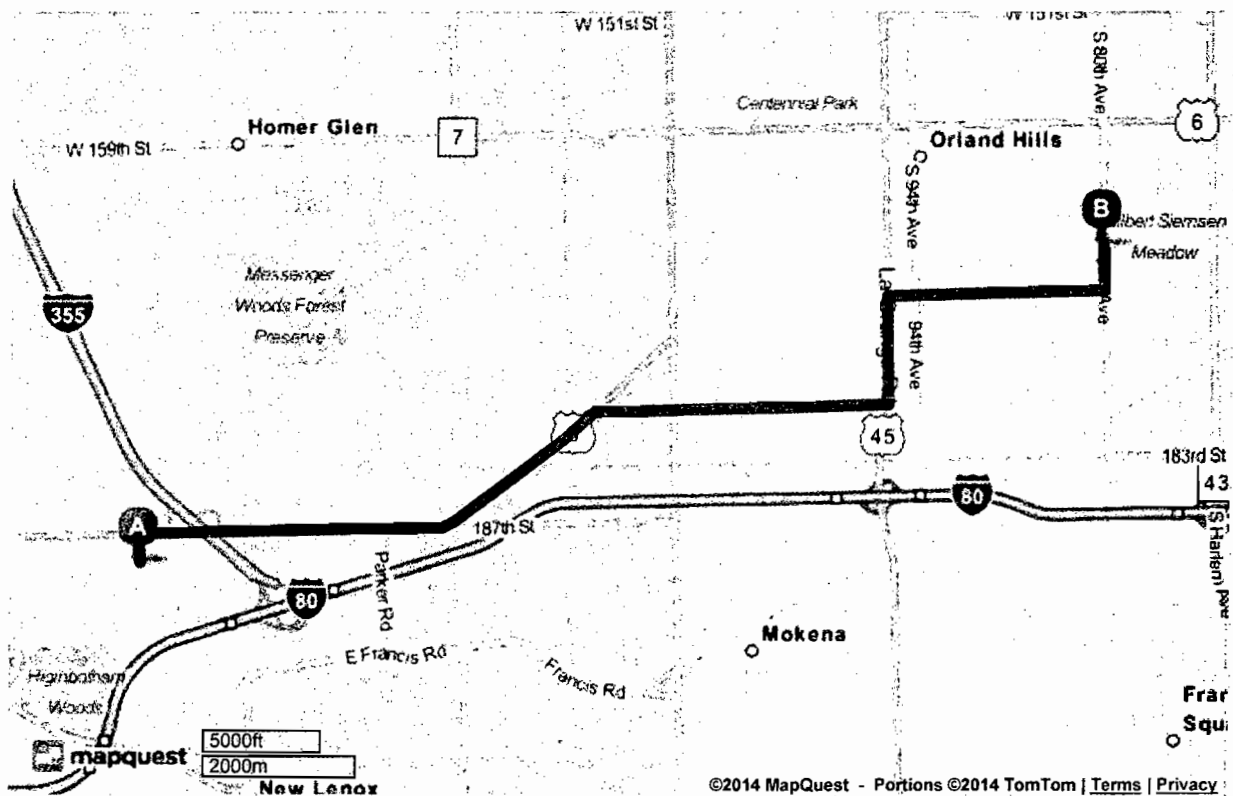


7. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 10.97 miles - about 16 minutes



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Notes

FMC - Mokena to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

4.26 miles / 6 minutes



8910 W 192nd St, Mokena, IL 60448-8109

Download
Free App



1. Start out going **east** on **W 192nd St** toward **88th Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **left** onto **88th Ave**. [Map](#)

0.2 Mi

0.3 Mi Total



3. Take the 1st **right** onto **W 191st St / County Hwy-84**. [Map](#)

1.0 Mi

1.4 Mi Total



4. Turn **left** onto **80th Ave**. [Map](#)

2.9 Mi

4.3 Mi Total

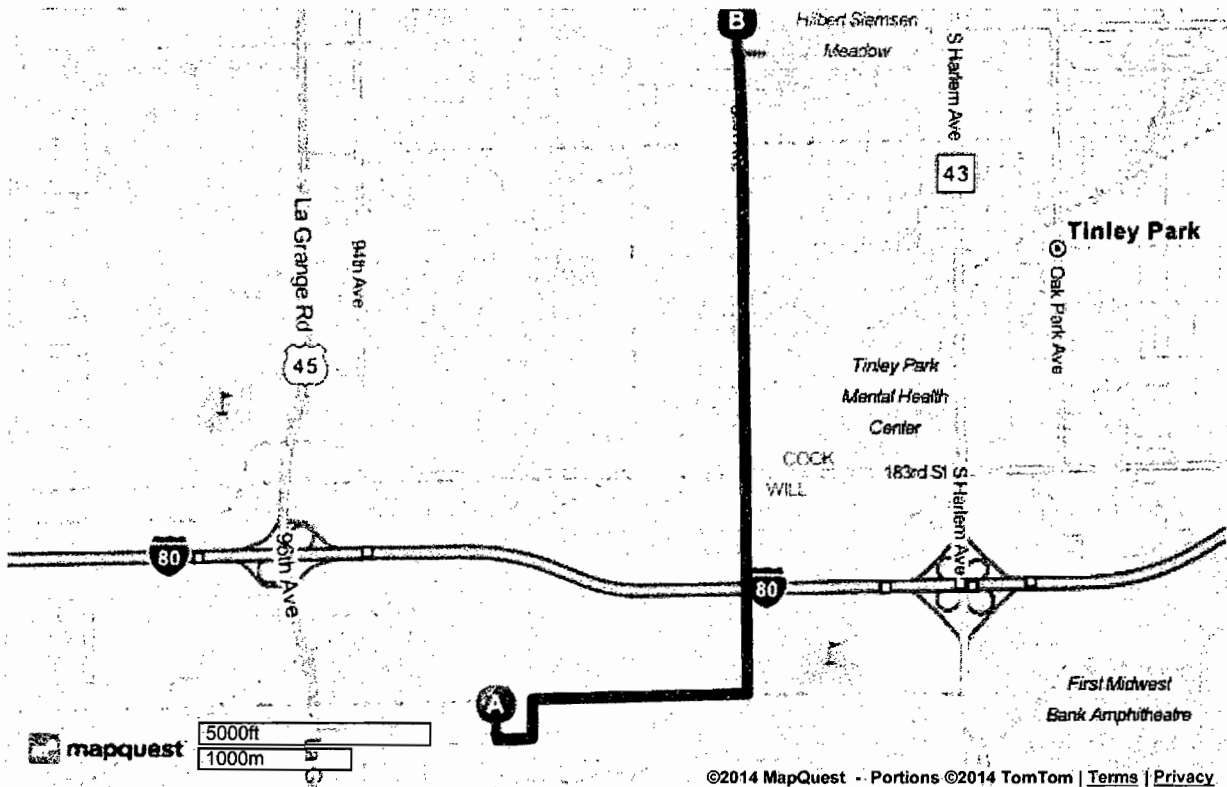


5. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 4.26 miles - about 6 minutes



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Notes

Palos Park Dialysis to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

7.51 miles / 13 minutes



13155 S La Grange Rd, Orland Park, IL 60462-1162

Download
Free App



1. Start out going north on S La Grange Rd / US-45 N toward W 131st St. [Map](#)

0.07 Mi
0.07 Mi Total



2. Make a U-turn at W 131st St onto S La Grange Rd / US-45 S. [Map](#)

5.0 Mi
5.1 Mi Total



3. Turn left onto 171st St. [Map](#)

2.0 Mi
7.1 Mi Total



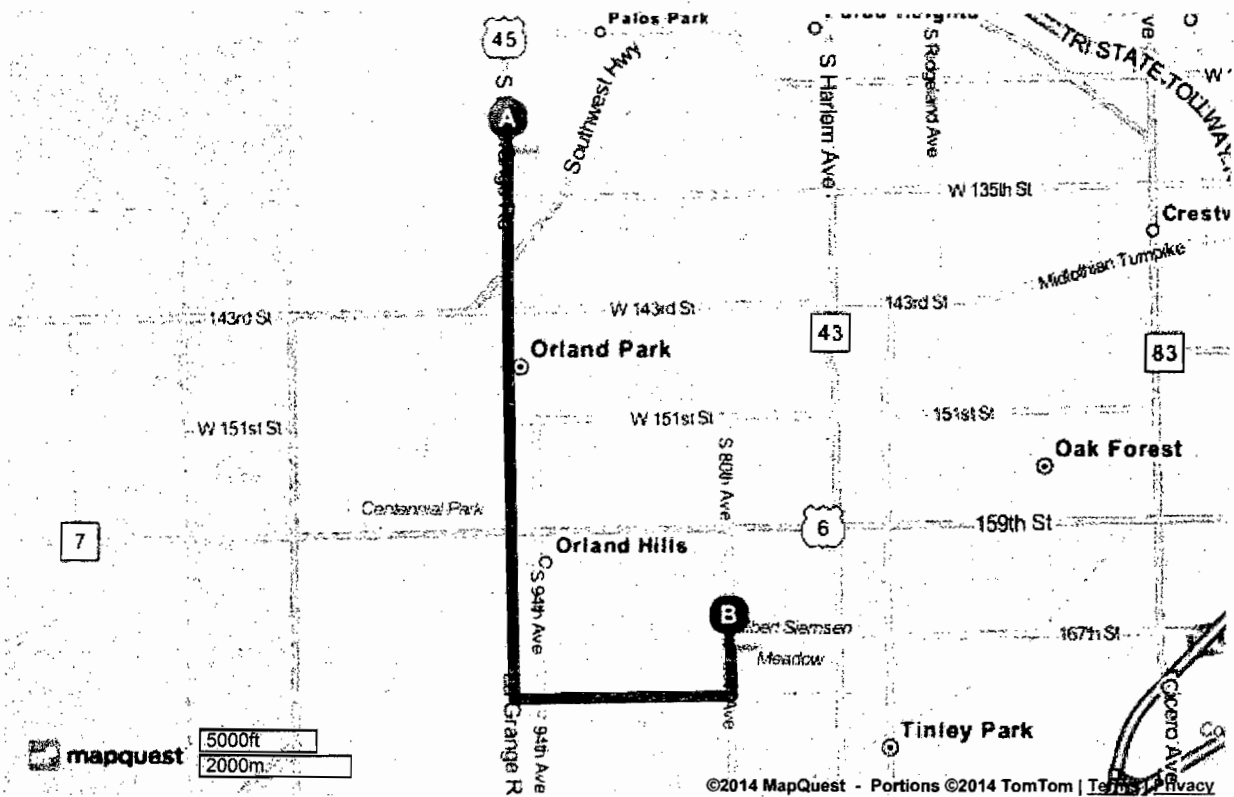
4. Turn left onto 80th Ave. [Map](#)

0.4 Mi
7.5 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **7.51 miles - about 13 minutes**



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Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

3.03 miles / 5 minutes

Notes

Dialysis Center of America - Orland Park (FMC) to
Tinley Park Dialysis



9160 W 159th St, Orland Park, IL 60462-5648

**Download
Free App**



1. Start out going **west** on **W 159th St / US-6 W** toward **Orland Towne Ctr.** [Map](#)

0.2 Mi

0.2 Mi Total



2. Make a **U-turn** at **Orland Towne Ctr** onto **W 159th St / US-6 E.** [Map](#)

1.6 Mi

1.8 Mi Total



3. Turn **right** onto **80th Ave.** [Map](#)

1.1 Mi

3.0 Mi Total



4. Make a **U-turn** at **Paxton Ave** onto **80th Ave.** [Map](#)

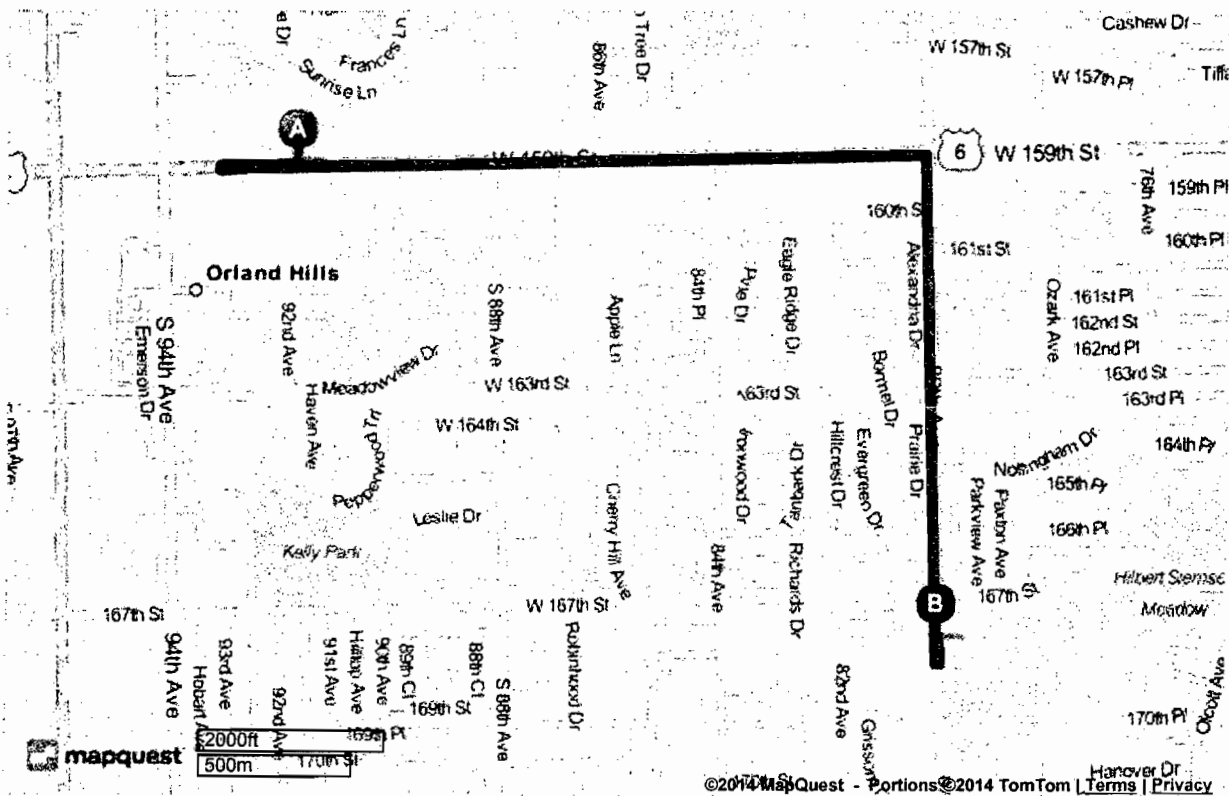
0.06 Mi

3.0 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 3.03 miles - about 5 minutes



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Notes

Olympia Fields Dialysis to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

10.11 miles / 16 minutes



4557 W Lincoln Hwy, #B, Matteson, IL 60443-2318

Download
Free App



1. Start out going **east** on **Lincoln Hwy / US-30 E** toward **Lincoln Mall Dr.** [Map](#)

0.1 Mi

0.1 Mi Total



2. Make a **U-turn** at **Kostner Ave** onto **Lincoln Hwy / US-30 W.** [Map](#)

0.5 Mi

0.6 Mi Total



3. Take the 3rd **right** onto **S Cicero Ave / IL-50.** [Map](#)

3.5 Mi

4.1 Mi Total



4. Turn **left** onto **183rd St.** [Map](#)

4.1 Mi

8.2 Mi Total



5. Turn **right** onto **80th Ave.** [Map](#)

1.9 Mi

10.1 Mi Total

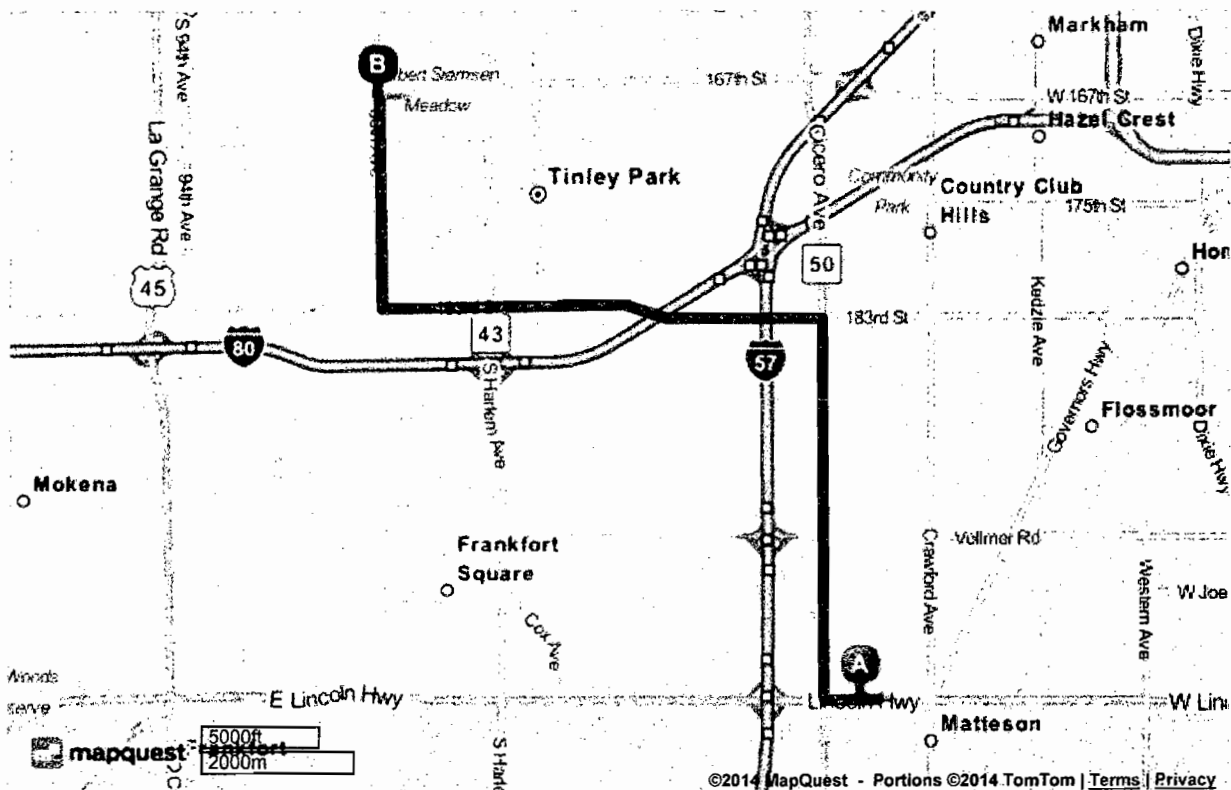


6. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 10.11 miles - about 16 minutes



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Notes

FMC Oak Forest to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

5.15 miles / 9 minutes



5340 159th St, Oak Forest, IL 60452-4702

Download
Free App



1. Start out going **west** on **159th St / US-6 W** toward **Lorel Ave**. [Map](#)

2.3 Mi

2.3 Mi Total



43

2. Turn **left** onto **S Harlem Ave / IL-43**. [Map](#)

1.5 Mi

3.8 Mi Total



3. Turn **right** onto **171st St**. [Map](#)

1.0 Mi

4.8 Mi Total



4. Turn **right** onto **80th Ave**. [Map](#)

0.4 Mi

5.2 Mi Total

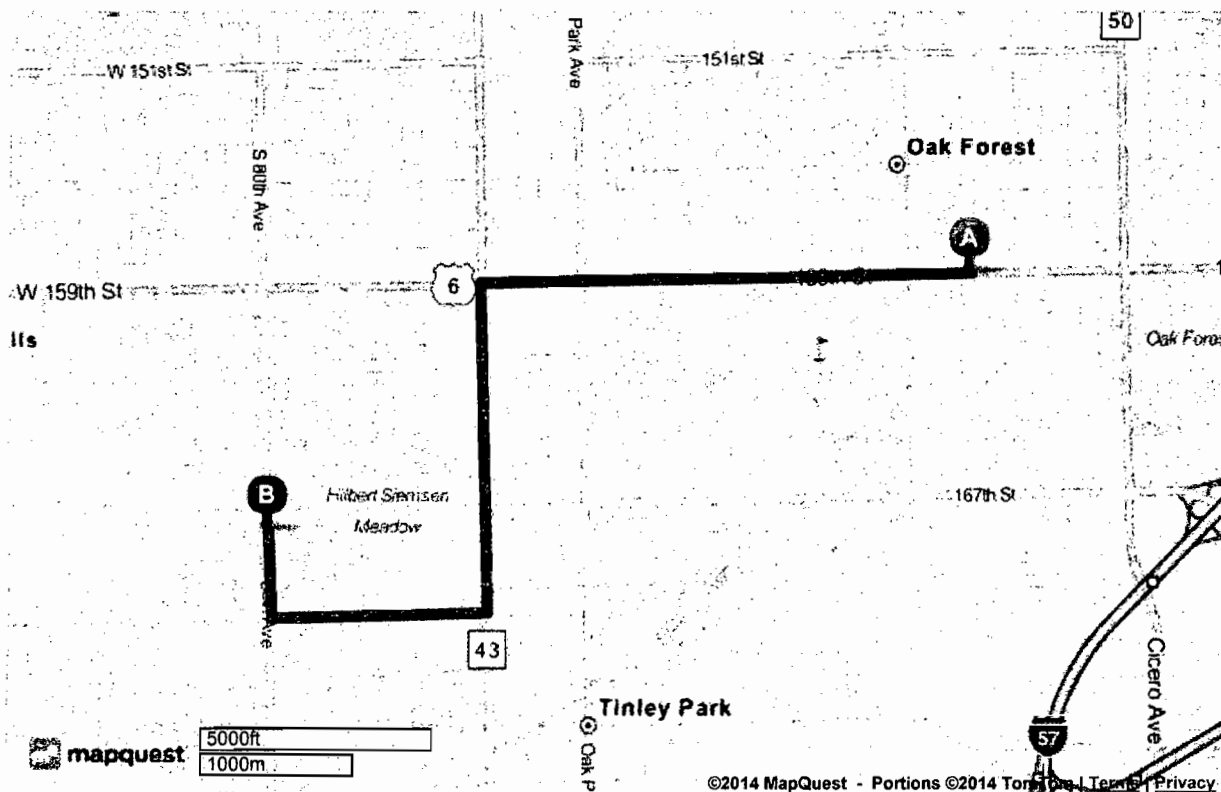


5. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **5.15 miles - about 9 minutes**



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Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

8.63 miles / 14 minutes

Notes

Direct Dialysis - Crestwood Care Centre to Tinley Park
Dialysis



[14521 - 14523] S Cicero Ave, Crestwood, IL 60445-2537

**Download
Free App**



1. Start out going **north** on **Cicero Ave / IL-50 / IL-83** toward **145th St.** [Map](#)

0.7 Mi

0.7 Mi Total



2. Turn **left** onto **Midlothian Turnpike.** [Map](#)

1.5 Mi

2.2 Mi Total



3. Midlothian Turnpike becomes **143rd St.** [Map](#)

1.5 Mi

3.7 Mi Total



43

4. Turn **left** onto **S Harlem Ave / IL-43.** [Map](#)

3.5 Mi

7.2 Mi Total



5. Turn **right** onto **171st St.** [Map](#)

1.0 Mi

8.2 Mi Total



6. Turn **right** onto **80th Ave.** [Map](#)

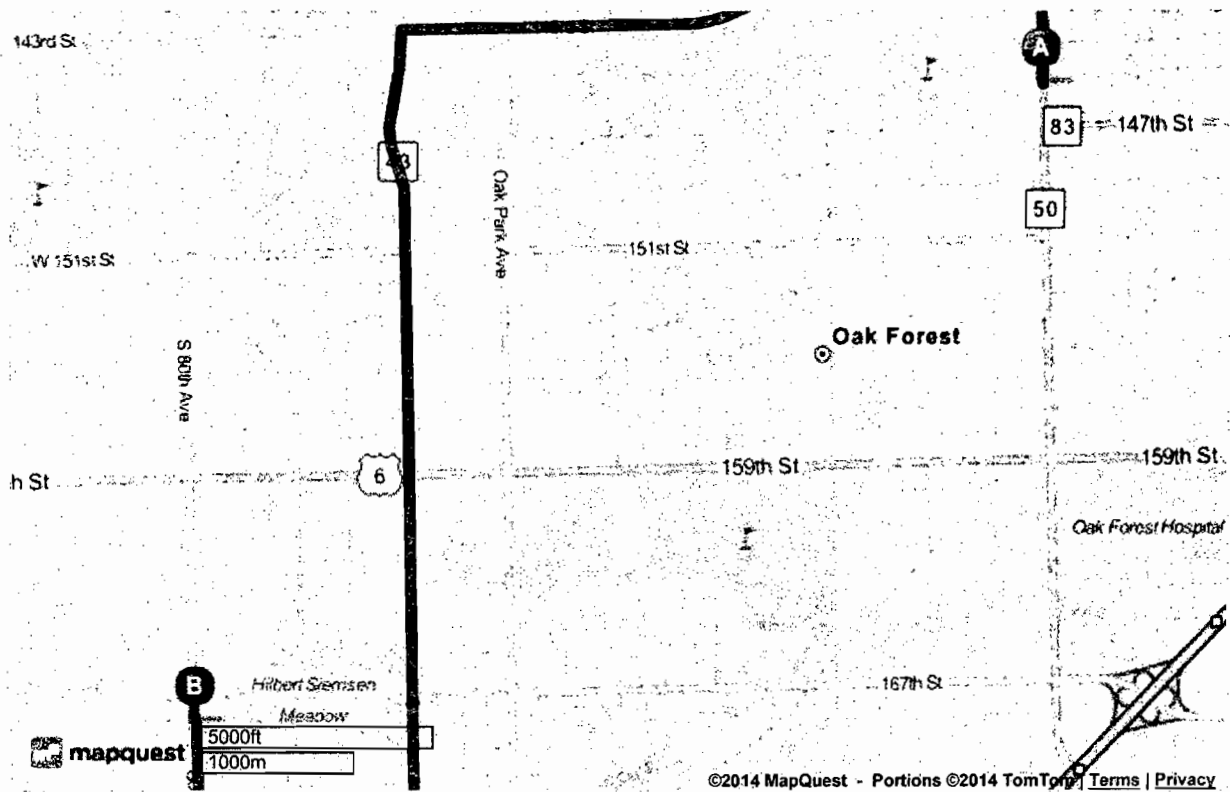
0.4 Mi

8.6 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **8.63 miles - about 14 minutes**



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Notes

Dialysis Center of America - Crestwood (FMC) to
Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

9.62 miles / 16 minutes



[4626 - 4638] Cal Sag Rd, Crestwood, IL 60445-1421

**Download
Free App**



1. Start out going **southeast** on **Cal Sag Rd** toward **Kolmar Ave.** [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 2nd **right** onto **135th St.** [Map](#)

3.5 Mi

3.7 Mi Total



43

3. Turn **left** onto **S Harlem Ave / IL-43.** [Map](#)

4.5 Mi

8.2 Mi Total



4. Turn **right** onto **171st St.** [Map](#)

1.0 Mi

9.2 Mi Total



5. Turn **right** onto **80th Ave.** [Map](#)

0.4 Mi

9.6 Mi Total

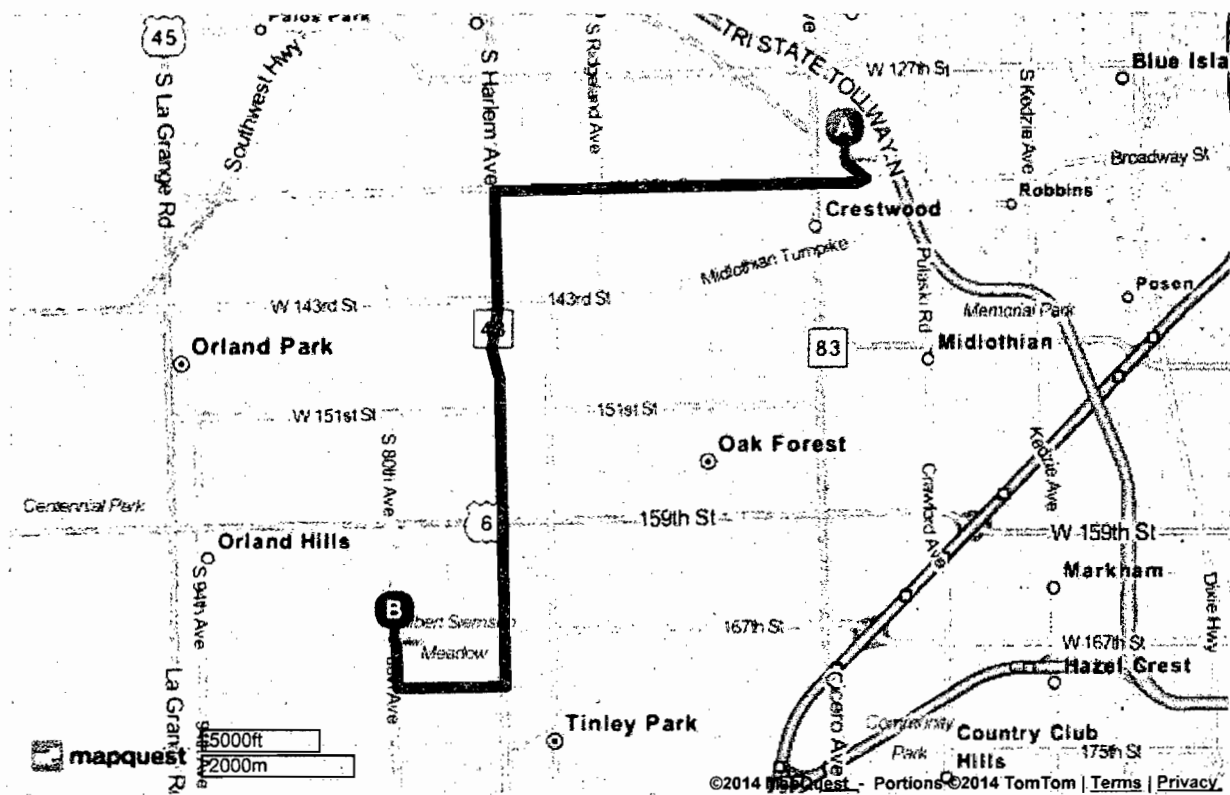


6. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **9.62 miles - about 16 minutes**



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Notes

Alsip Dialysis Center to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

10.04 miles / 17 minutes



12250 S Cicero Ave, STE 105, Alsip, IL 60803-2907

Download
Free App



1. Start out going **south** on **S Cicero Ave / IL-50** toward **W 123rd St.** [Map](#)

2.1 Mi

2.1 Mi Total



2. Turn **right** onto **Midlothian Turnpike.** [Map](#)

1.5 Mi

3.6 Mi Total



3. Midlothian Turnpike becomes **143rd St.** [Map](#)

1.5 Mi

5.1 Mi Total



43

4. Turn **left** onto **S Harlem Ave / IL-43.** [Map](#)

3.5 Mi

8.7 Mi Total



5. Turn **right** onto **171st St.** [Map](#)

1.0 Mi

9.6 Mi Total



6. Turn **right** onto **80th Ave.** [Map](#)

0.4 Mi

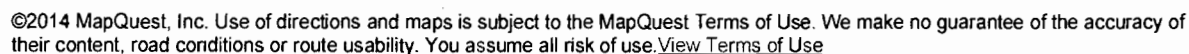
10.0 Mi Total



7. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361





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Notes

Stoney Creek Dialysis to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

13.42 miles / 25 minutes



9115 S Cicero Ave, Oak Lawn, IL 60453-1804

Download
Free App



1. Start out going **north** on **S Cicero Ave / IL-50** toward **W 91st St.** [Map](#)

0.05 Mi

0.05 Mi Total



2. Take the 1st **left** onto **W 91st St.** [Map](#)

1.0 Mi

1.1 Mi Total



3. Turn **left** onto **Central Ave.** [Map](#)

0.2 Mi

1.3 Mi Total



4. Take the 2nd **right** onto **Southwest Hwy.** [Map](#)

2.6 Mi

3.9 Mi Total



5. Turn **left** onto **S Harlem Ave / IL-43.** Continue to follow **S Harlem Ave.** [Map](#)

8.1 Mi

12.0 Mi Total



6. Turn **right** onto **171st St.** [Map](#)

1.0 Mi

13.0 Mi Total



7. Turn **right** onto **80th Ave.** [Map](#)

0.4 Mi

13.4 Mi Total

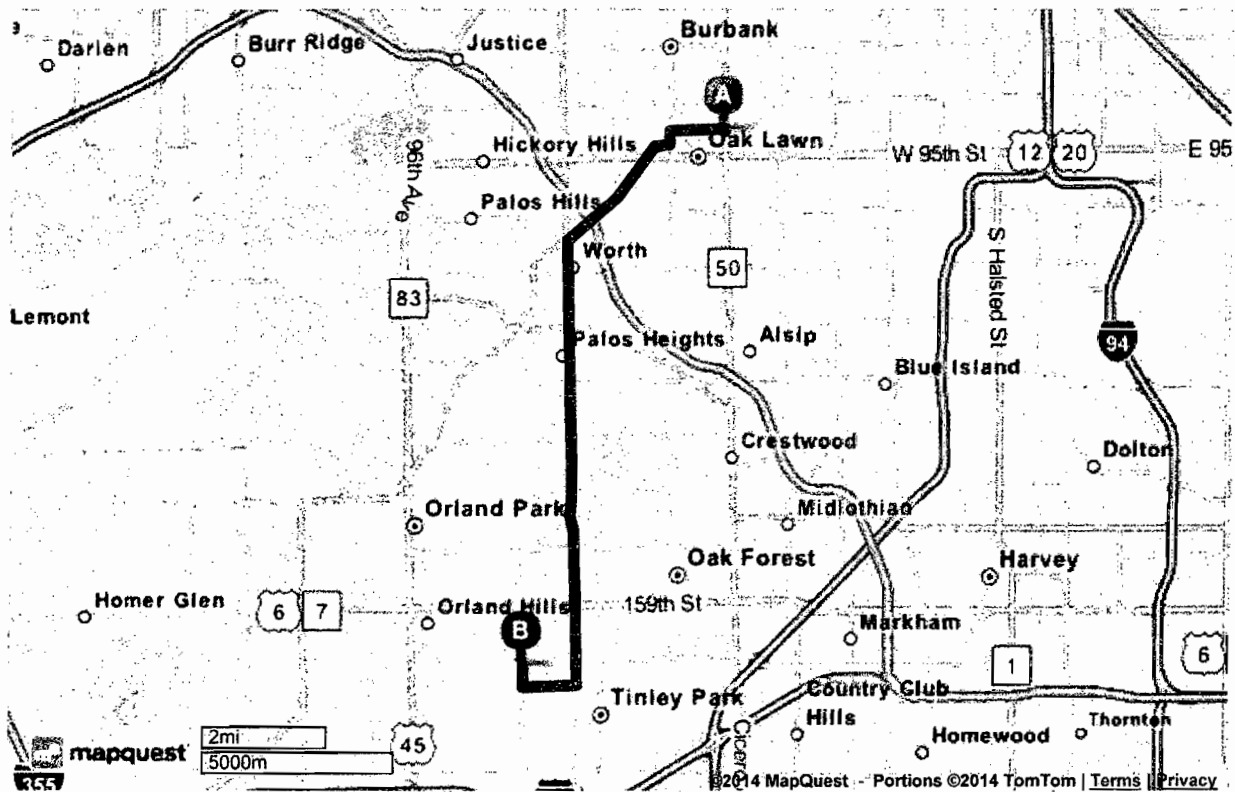


8. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 13.42 miles - about 25 minutes



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Notes

Dialysis Center of America - Olympia Fields (FMC) to
Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

12.13 miles / 19 minutes



2609 W Lincoln Hwy, Olympia Fields, IL 60461-1801

**Download
Free App**



1. Start out going **west** on **Lincoln Hwy / US-30 W** toward **Orchard Dr.** [Map](#)

2.6 Mi

2.6 Mi Total



2. Turn **right** onto **S Cicero Ave / IL-50.** [Map](#)

3.5 Mi

6.2 Mi Total



3. Turn **left** onto **183rd St.** [Map](#)

4.1 Mi

10.2 Mi Total



4. Turn **right** onto **80th Ave.** [Map](#)

1.9 Mi

12.1 Mi Total



5. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361



mapquest

Notes

Hazel Crest Renal Center to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

7.70 miles / 13 minutes



3470 W 183rd St, Hazel Crest, IL 60429-2428

Download
Free App



1. Start out going **west** on **183rd St** toward **Village West Dr**. [Map](#)

5.8 Mi

5.8 Mi Total



2. Turn **right** onto **80th Ave**. [Map](#)

1.9 Mi

7.7 Mi Total

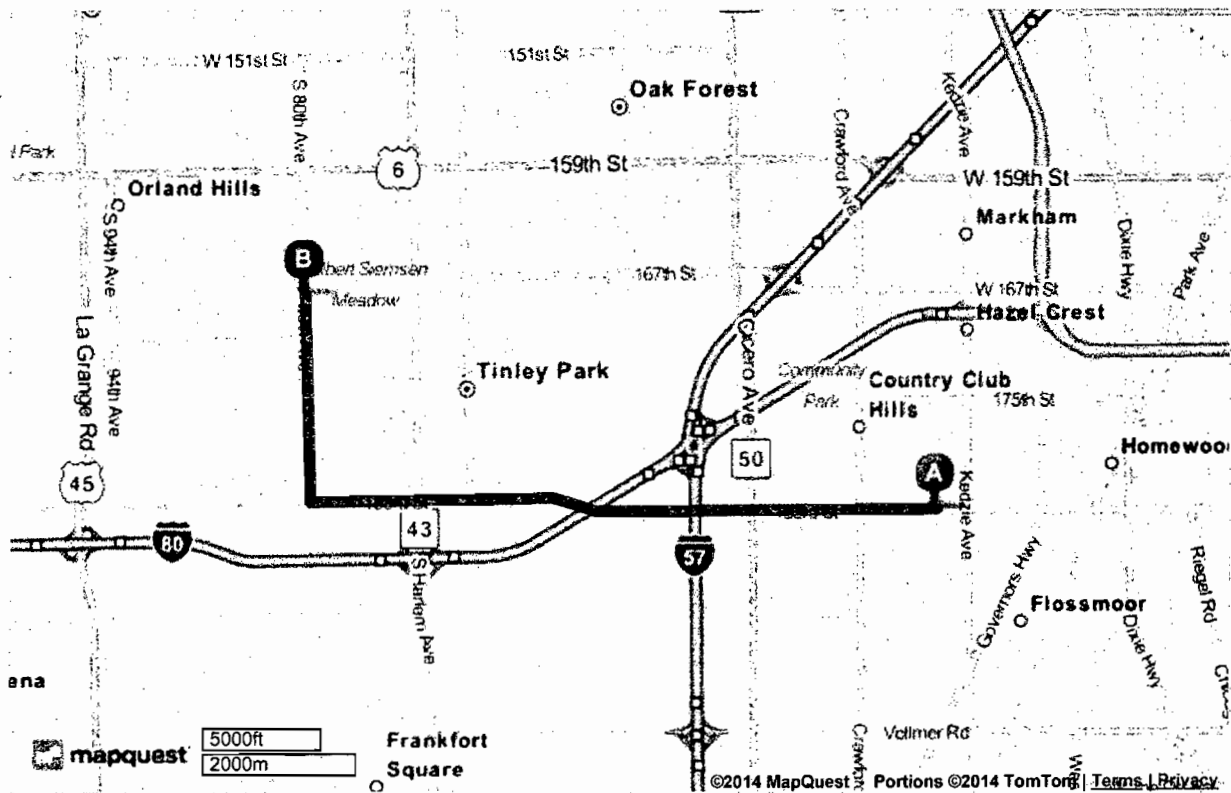


3. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 7.70 miles - about 13 minutes



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Notes

FMC Hazel Crest to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

7.75 miles / 14 minutes



Hazel Crest, IL 60429

Download
Free App



1. Start out going **south** on **Mahoney Pkwy** toward **174th St.** [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 3rd **right** onto **175th St.** [Map](#)

5.2 Mi

5.4 Mi Total



3. Turn **right** onto **Oak Park Ave.** [Map](#)

0.5 Mi

5.9 Mi Total



4. Turn **left** onto **171st St.** [Map](#)

1.4 Mi

7.4 Mi Total



5. Turn **right** onto **80th Ave.** [Map](#)

0.4 Mi

7.7 Mi Total

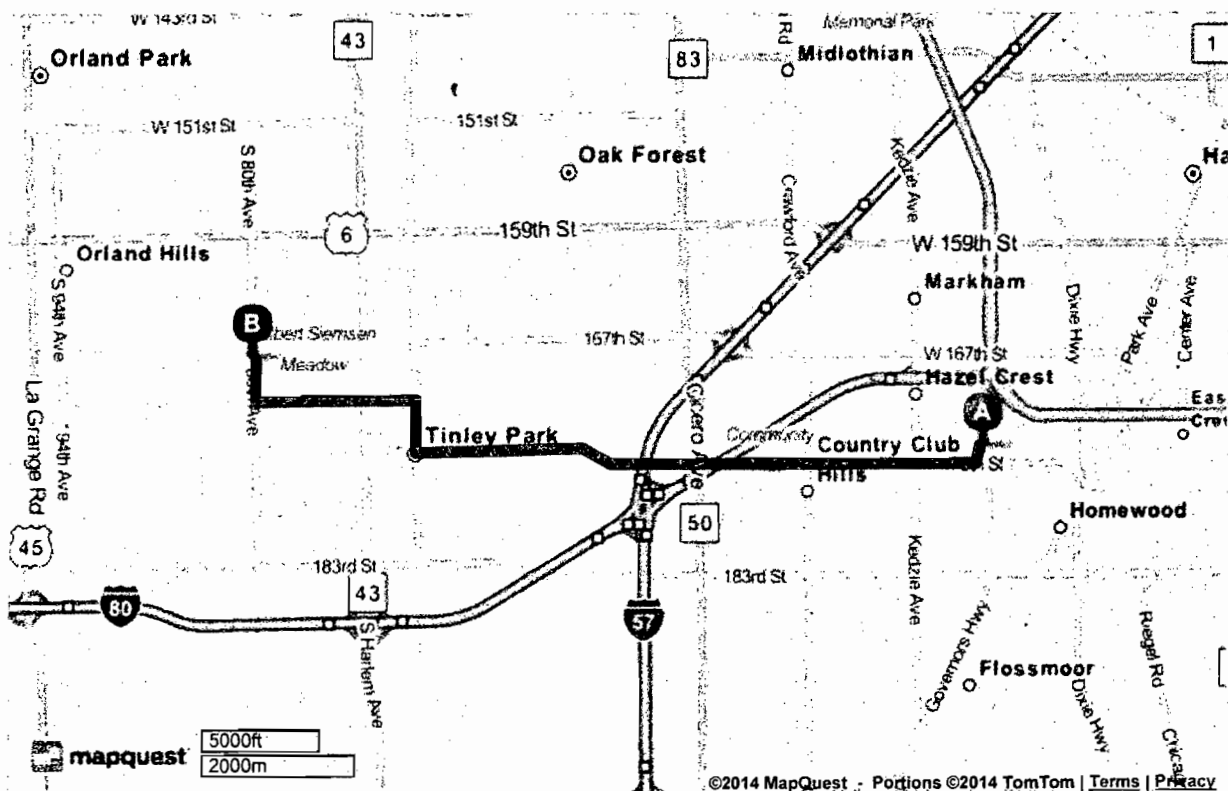


6. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 7.75 miles - about 14 minutes



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Notes

Chicago Heights Dialysis to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

12.56 miles / 20 minutes



177 W Joe Orr Rd, Chicago Heights, IL 60411-1733

Download
Free App



1. Start out going **west** on **W Joe Orr Rd** toward **Dixie Hwy**. [Map](#)

0.04 Mi

0.04 Mi Total



2. Take the 1st **right** onto **Dixie Hwy**. [Map](#)

0.6 Mi

0.7 Mi Total



3. Turn **slight left** onto **Vollmer Rd**. [Map](#)

6.9 Mi

7.5 Mi Total



43

4. Turn **right** onto **S Harlem Ave / IL-43**. [Map](#)

1.1 Mi

8.6 Mi Total



5. Turn **left** onto **W 191st St / County Hwy-84**. [Map](#)

1.0 Mi

9.7 Mi Total



6. Turn **right** onto **80th Ave**. [Map](#)

2.9 Mi

12.6 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361



mapquest

Notes

Markham Renal Center to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

9.30 miles / 16 minutes



[2186 - 2198] W 159th St, Markham, IL 60428

Download
Free App



1. Start out going **west** on **W 159th St / US-6 W** toward **Leavitt Ave**. [Map](#)

6.4 Mi

6.4 Mi Total



43

2. Turn **left** onto **S Harlem Ave / IL-43**. [Map](#)

1.5 Mi

7.9 Mi Total



3. Turn **right** onto **171st St**. [Map](#)

1.0 Mi

8.9 Mi Total



4. Turn **right** onto **80th Ave**. [Map](#)

0.4 Mi

9.3 Mi Total

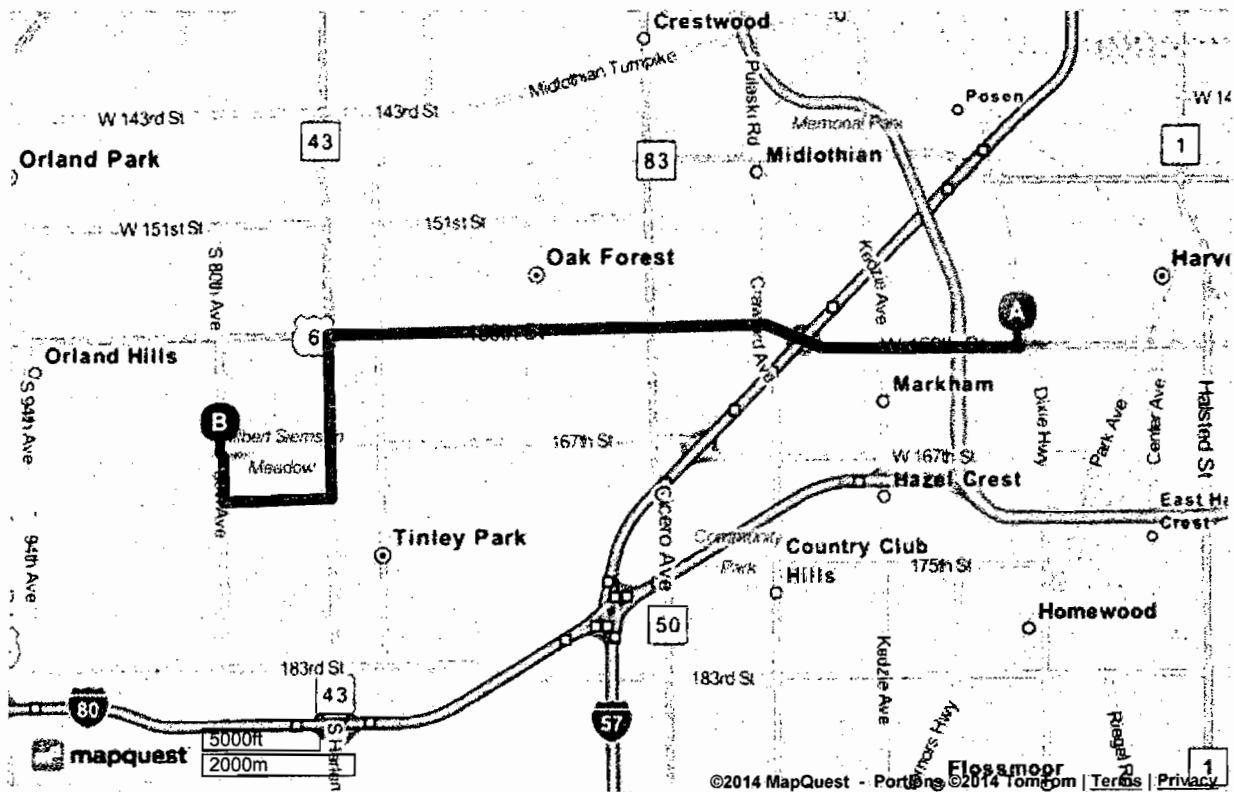


5. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 9.30 miles - about 16 minutes



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Notes

FMC - Blue Island to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

12.17 miles / 15 minutes



[14253 - 14269] S Western Ave, Blue Island, IL 60406

Download
Free App



1. Start out going **south** on **S Western Ave** toward **143rd St**. [Map](#)

0.5 Mi

0.5 Mi Total



2. Take the 2nd **right** onto **W 147th St / IL-83**. [Map](#)

0.4 Mi

0.9 Mi Total



3. Merge onto **I-57 S** via the ramp on the **left**. [Map](#)

5.1 Mi

5.9 Mi Total



4. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa**. [Map](#)

2.7 Mi

8.6 Mi Total



5. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B**. [Map](#)

0.7 Mi

9.3 Mi Total



6. Turn **left** onto **183rd St**. [Map](#)

1.0 Mi

10.3 Mi Total



7. Turn **right** onto **80th Ave**. [Map](#)

1.9 Mi

12.2 Mi Total

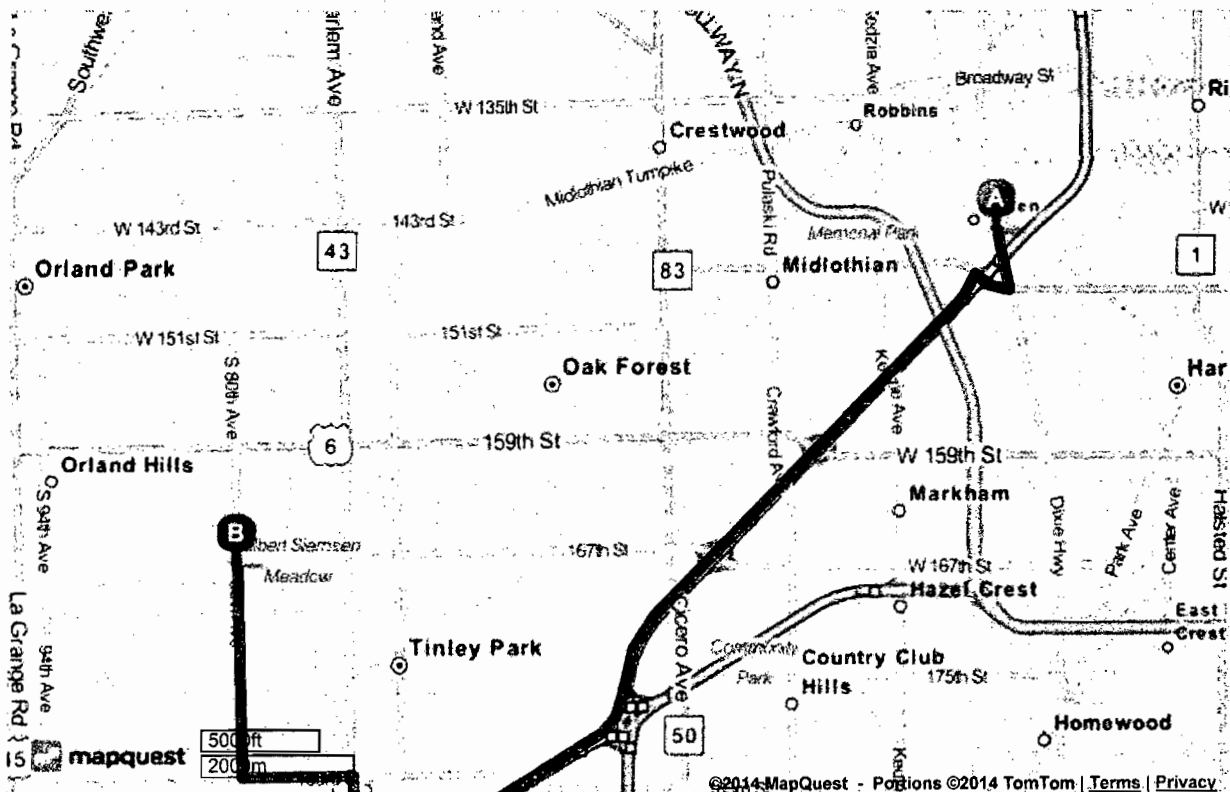


8. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 12.17 miles - about 15 minutes



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Notes

Community Dialysis of Harvey to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

12.68 miles / 17 minutes



16641 Halsted St, #1, Harvey, IL 60426-6112

Download
Free App



1. Start out going **north** on **Halsted St / IL-1** toward **E 166th St**. [Map](#)

0.05 Mi

0.05 Mi Total



2. Make a **U-turn** at **E 166th St** onto **Halsted St / IL-1**. [Map](#)

0.5 Mi

0.5 Mi Total



3. Merge onto **I-80 W / I-294 N / Tri State Tollway N** (Portions toll). [Map](#)

1.9 Mi

2.4 Mi Total



4. Take the **I-80 W** exit toward **Iowa**. [Map](#)

0.3 Mi

2.7 Mi Total



5. Stay **straight** to go onto **I-80 W** (Portions toll). [Map](#)

6.4 Mi

9.1 Mi Total



6. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B**. [Map](#)

0.7 Mi

9.8 Mi Total



7. Turn **left** onto **183rd St**. [Map](#)

1.0 Mi

10.8 Mi Total



8. Turn **right** onto **80th Ave**. [Map](#)

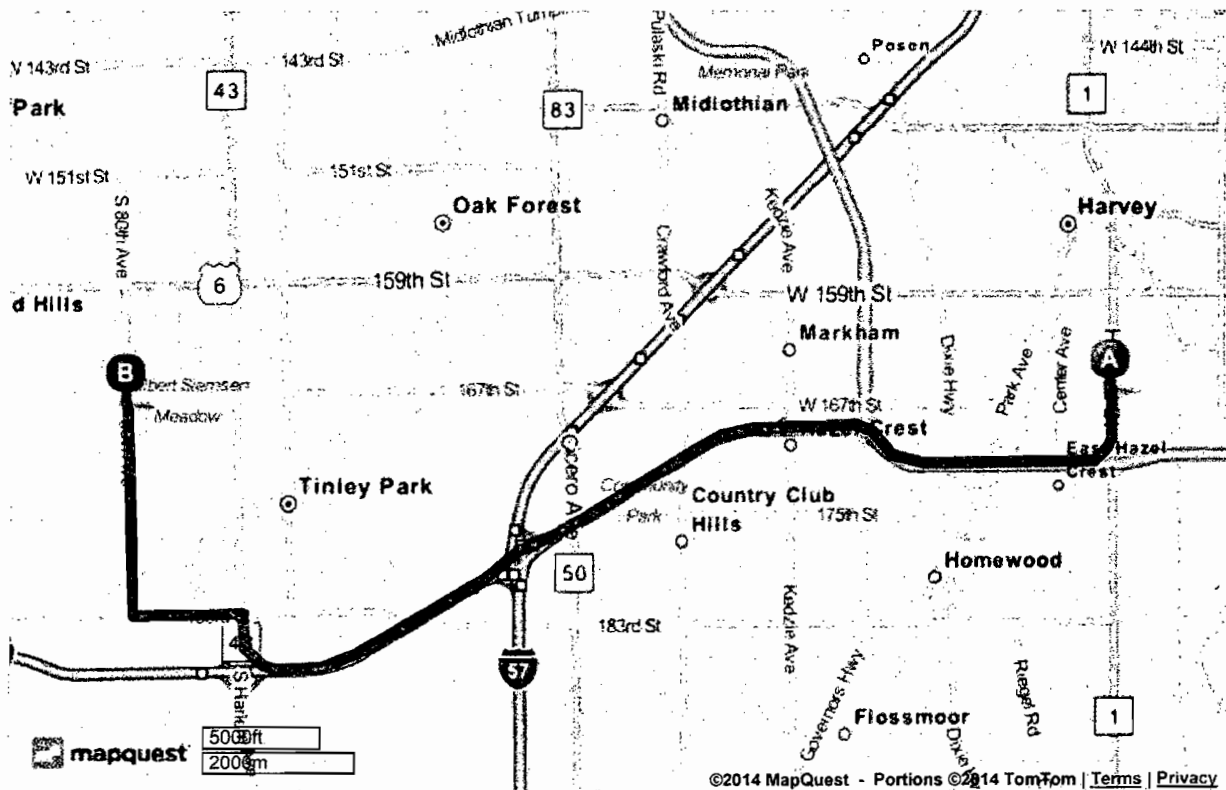
1.9 Mi

12.7 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **12.68 miles - about 17 minutes**



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Notes

South Holland Renal Center to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

15.07 miles / 22 minutes



16136 S Park Ave, South Holland, IL 60473-1511

**Download
Free App**



1. Start out going **south** on **S Park Ave** toward **E 161st Pl**. [Map](#)

0.08 Mi

0.08 Mi Total



2. Take the 2nd **right** onto **E 162nd St / US-6 W**. Continue to follow **US-6 W**. [Map](#)

1.5 Mi

1.6 Mi Total



3. Turn **left** onto **Halsted St / IL-1**. [Map](#)

1.3 Mi

2.9 Mi Total



4. Merge onto **I-80 W / I-294 N / Tri State Tollway N** (Portions toll). [Map](#)

1.9 Mi

4.7 Mi Total



5. Take the **I-80 W** exit toward **Iowa**. [Map](#)

0.3 Mi

5.1 Mi Total



6. Stay **straight** to go onto **I-80 W** (Portions toll). [Map](#)

6.4 Mi

11.5 Mi Total



7. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B**. [Map](#)

0.7 Mi

12.2 Mi Total



8. Turn **left** onto **183rd St**. [Map](#)

1.0 Mi

13.2 Mi Total



9. Turn **right** onto **80th Ave**. [Map](#)

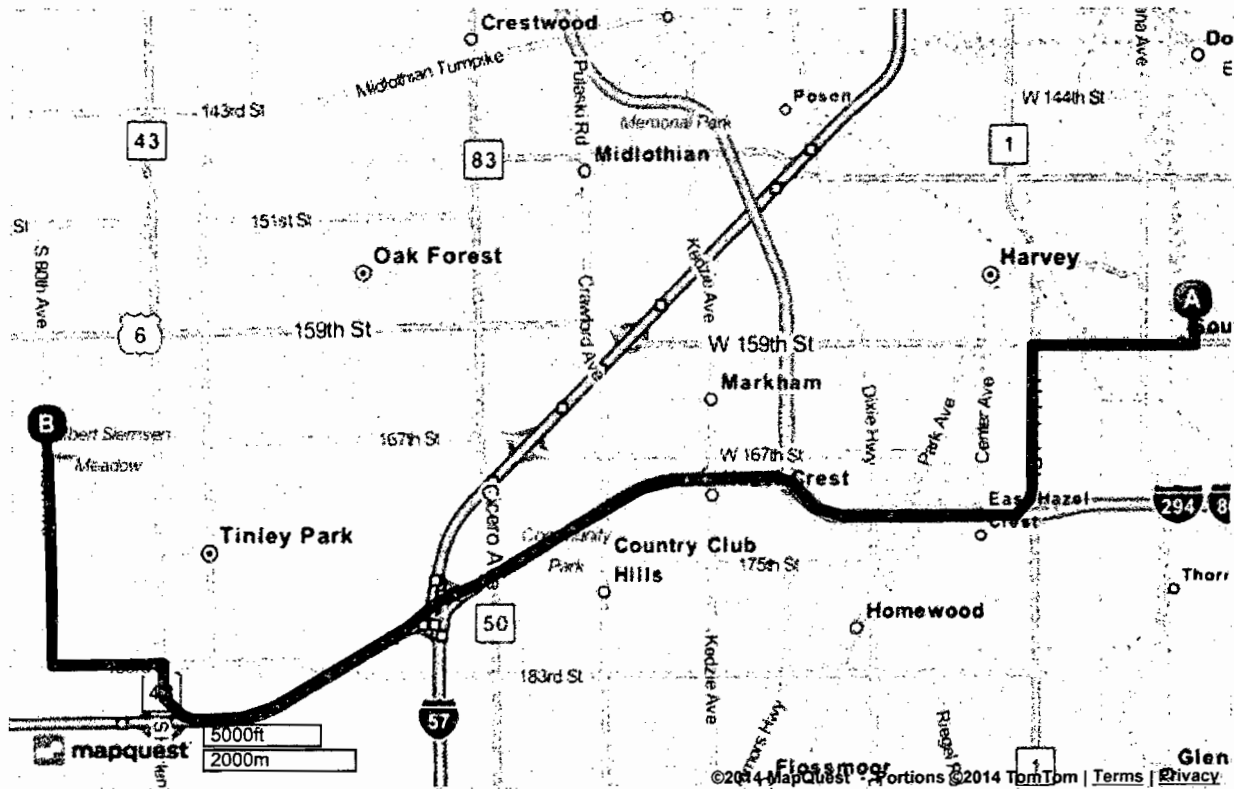
1.9 Mi

15.1 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **15.07 miles - about 22 minutes**



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Notes

FMC South Holland to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

17.38 miles / 23 minutes



17225 Paxton Ave, South Holland, IL 60473-3757

**Download
Free App**



1. Start out going **north** on **Paxton Ave** toward **E 172nd St.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **E 170th St.** [Map](#)

0.5 Mi

0.7 Mi Total



3. Take the 3rd **right** onto **Torrence Ave / US-6 E / IL-83.** [Map](#)

0.5 Mi

1.2 Mi Total



4. Merge onto **I-94 W.** [Map](#)

0.7 Mi

1.9 Mi Total



5. Merge onto **I-80 W / I-294 N / Tri State Tollway N** via the exit on the **left** (Portions toll). [Map](#)

5.1 Mi

7.1 Mi Total



6. Take the **I-80 W** exit toward **Iowa.** [Map](#)

0.3 Mi

7.4 Mi Total



7. Stay **straight** to go onto **I-80 W** (Portions toll). [Map](#)

6.4 Mi

13.8 Mi Total



8. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B.** [Map](#)

0.7 Mi

14.5 Mi Total



9. Turn **left** onto **183rd St.** [Map](#)

1.0 Mi

15.5 Mi Total



10. Turn **right** onto **80th Ave.** [Map](#)

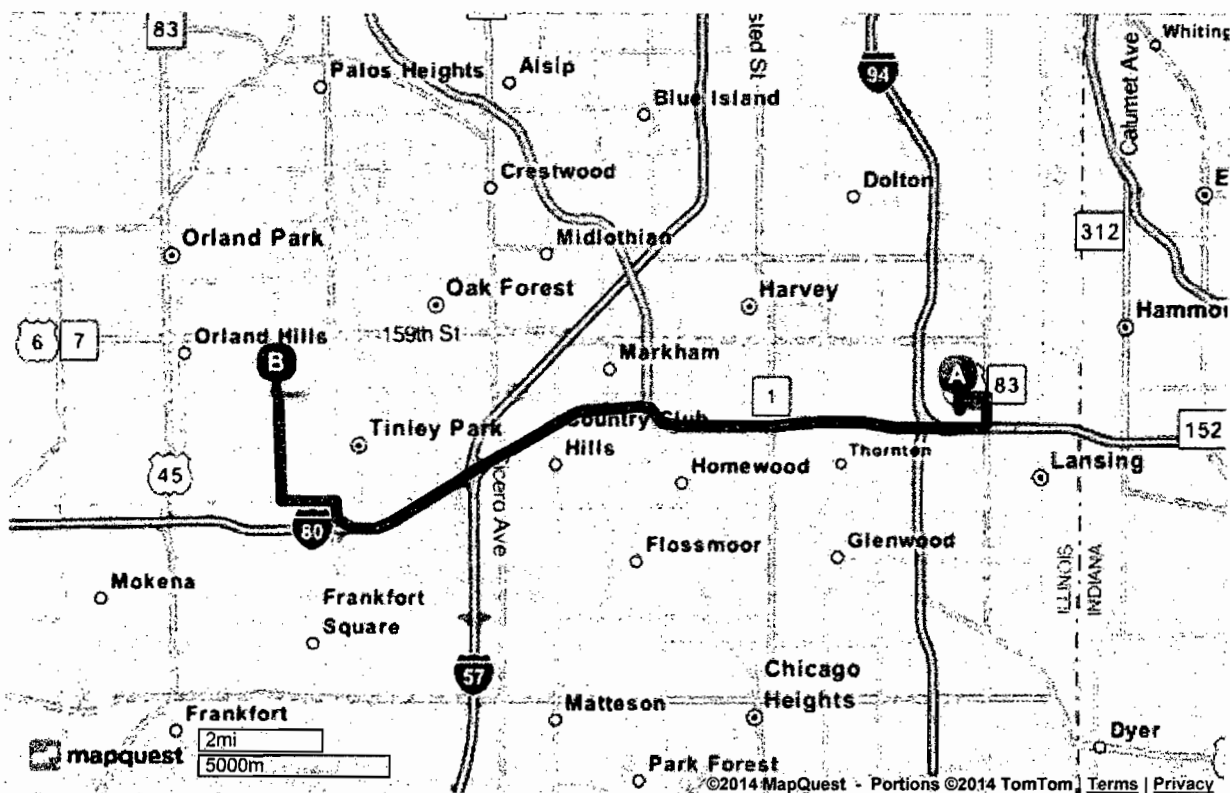
1.9 Mi

17.4 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: 17.38 miles - about 23 minutes



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Notes

FMC - Merrionette Park to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

12.60 miles / 22 minutes



11630 S Kedzie Ave, Merrionette Park, IL 60803-6302

Download
Free App



1. Start out going **south** on **S Kedzie Ave** toward **W Park Lane Dr.** [Map](#)

2.4 Mi

2.4 Mi Total



2. Turn **slight right** onto **S Claire Blvd.** [Map](#)

1.4 Mi

3.8 Mi Total



3. Turn **left** onto **Pulaski Rd.** [Map](#)

0.4 Mi

4.2 Mi Total



4. **Pulaski Rd** becomes **Crawford Ave.** [Map](#)

1.5 Mi

5.7 Mi Total



5. Turn **right** onto **159th St / US-6 W.** [Map](#)

4.0 Mi

9.7 Mi Total



6. Turn **left** onto **S Harlem Ave / IL-43.** [Map](#)

1.5 Mi

11.2 Mi Total



7. Turn **right** onto **171st St.** [Map](#)

1.0 Mi

12.2 Mi Total



8. Turn **right** onto **80th Ave.** [Map](#)

0.4 Mi

12.6 Mi Total

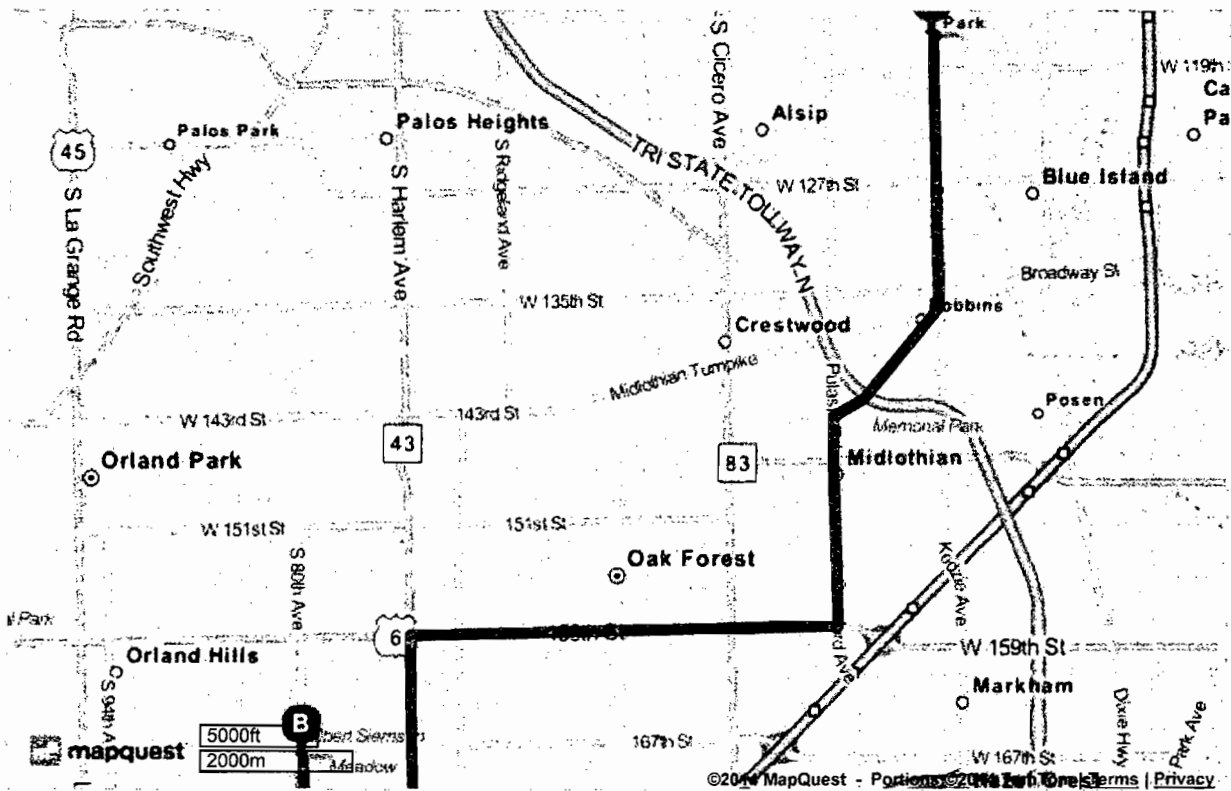


9. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **12.60 miles - about 22 minutes**



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Notes

Mount Greenwood Dialysis to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

13.09 miles / 23 minutes



3401 W 111th St, Chicago, IL 60655-3329

Download
Free App



1. Start out going **west** on **W 111th St** toward **S Trumbull Ave**. [Map](#)

0.8 Mi

0.8 Mi Total



2. Turn **left** onto **S Pulaski Rd**. [Map](#)

2.8 Mi

3.5 Mi Total



3. **S Pulaski Rd** becomes **S Crawford Ave**. [Map](#)

0.6 Mi

4.2 Mi Total



4. Turn **right** onto **W Midlothian Turnpike**. [Map](#)

2.5 Mi

6.7 Mi Total



5. **W Midlothian Turnpike** becomes **143rd St**. [Map](#)

1.5 Mi

8.2 Mi Total



6. Turn **left** onto **S Harlem Ave / IL-43**. [Map](#)

3.5 Mi

11.7 Mi Total



7. Turn **right** onto **171st St**. [Map](#)

1.0 Mi

12.7 Mi Total



8. Turn **right** onto **80th Ave**. [Map](#)

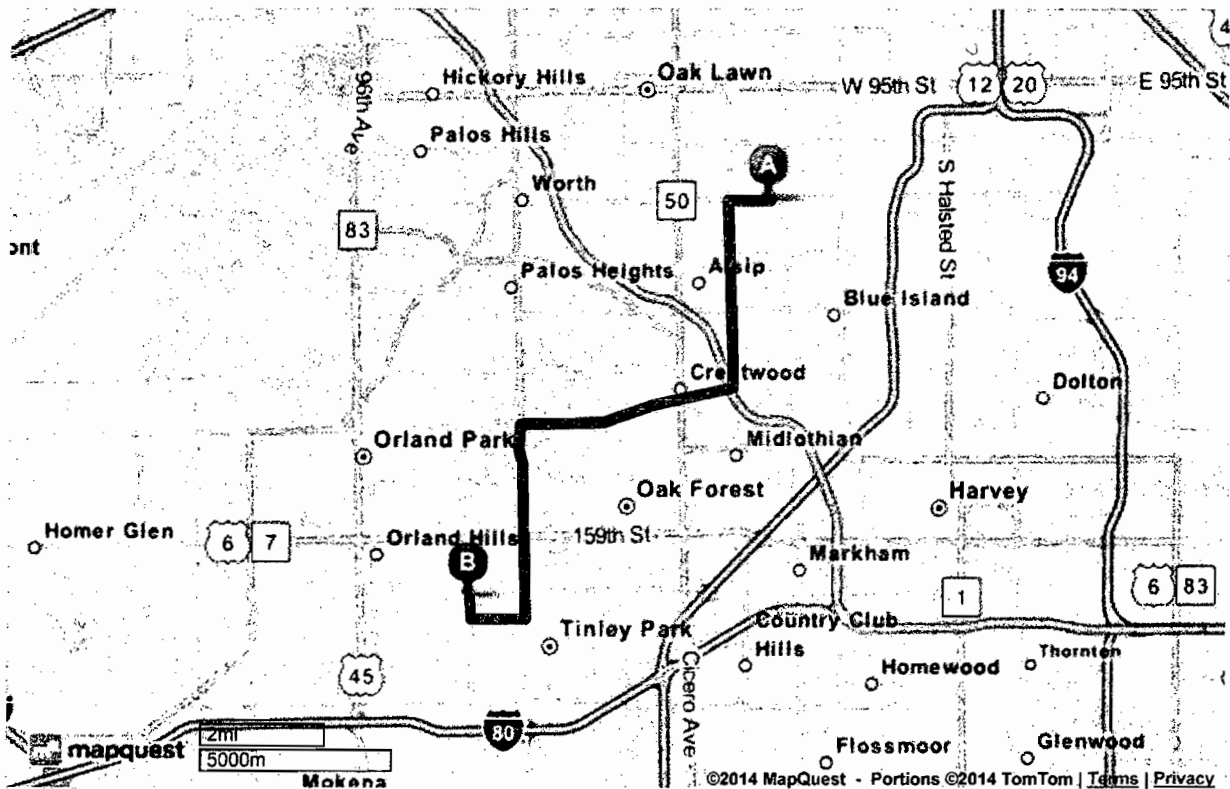
0.4 Mi

13.1 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **13.09 miles - about 23 minutes**



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Notes

FMC Evergreen Park to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

18.93 miles / 25 minutes



9730 S Western Ave, Evergreen Park, IL 60805-2628

Download
Free App



1. Start out going **south** on **S Western Ave** toward **W 98th St**. [Map](#)

1.7 Mi

1.7 Mi Total



2. Turn **left** onto **W 111th St**. [Map](#)

0.6 Mi

2.3 Mi Total



3. **W 111th St** becomes **W Monterey Ave**. [Map](#)

0.5 Mi

2.7 Mi Total



4. Turn **right** onto **S Marshfield Ave**. [Map](#)

0.03 Mi

2.8 Mi Total



5. Merge onto **I-57 S** via the ramp on the **left**. [Map](#)

9.9 Mi

12.7 Mi Total



6. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa**. [Map](#)

2.7 Mi

15.3 Mi Total



7. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B**. [Map](#)

0.7 Mi

16.0 Mi Total



8. Turn **left** onto **183rd St**. [Map](#)

1.0 Mi

17.0 Mi Total



9. Turn **right** onto **80th Ave**. [Map](#)

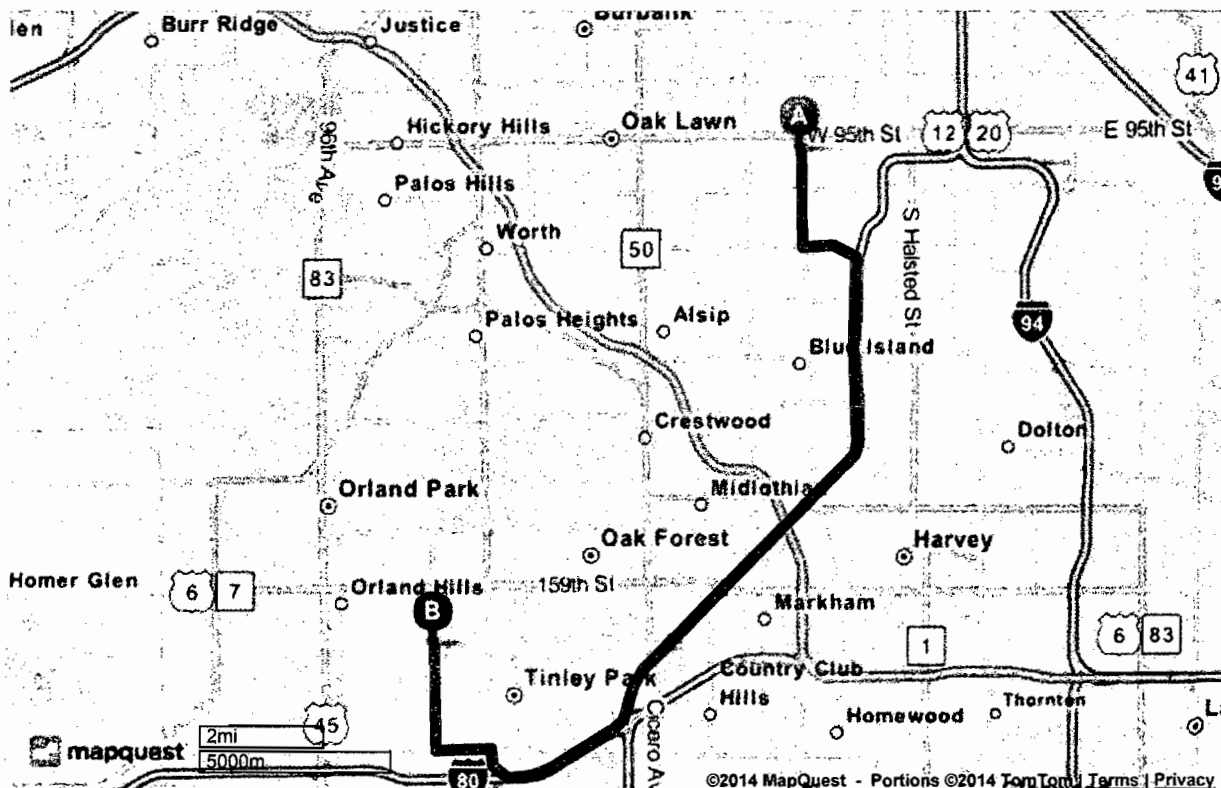
1.9 Mi

18.9 Mi Total



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **18.93 miles - about 25 minutes**



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Notes

FMC - Chatham to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

21.13 miles / 24 minutes



8710 S Holland Rd, Chicago, IL 60620

**Download
Free App**



1. Start out going **northwest** on **S Holland Rd** toward **W 87th St**. [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the **1st right** onto **W 87th St**. [Map](#)

0.4 Mi

0.4 Mi Total



3. Turn **right** onto **S Lafayette Ave**. [Map](#)

0.04 Mi

0.4 Mi Total



4. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)

1.0 Mi

1.4 Mi Total



5. Keep **right** to take **I-57 S** via **EXIT 63** toward **Memphis**. [Map](#)

13.4 Mi

14.9 Mi Total



6. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa**. [Map](#)

2.7 Mi

17.6 Mi Total



7. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B**. [Map](#)

0.7 Mi

18.2 Mi Total



8. Turn **left** onto **183rd St**. [Map](#)

1.0 Mi

19.2 Mi Total



9. Turn **right** onto **80th Ave**. [Map](#)

1.9 Mi

21.1 Mi Total

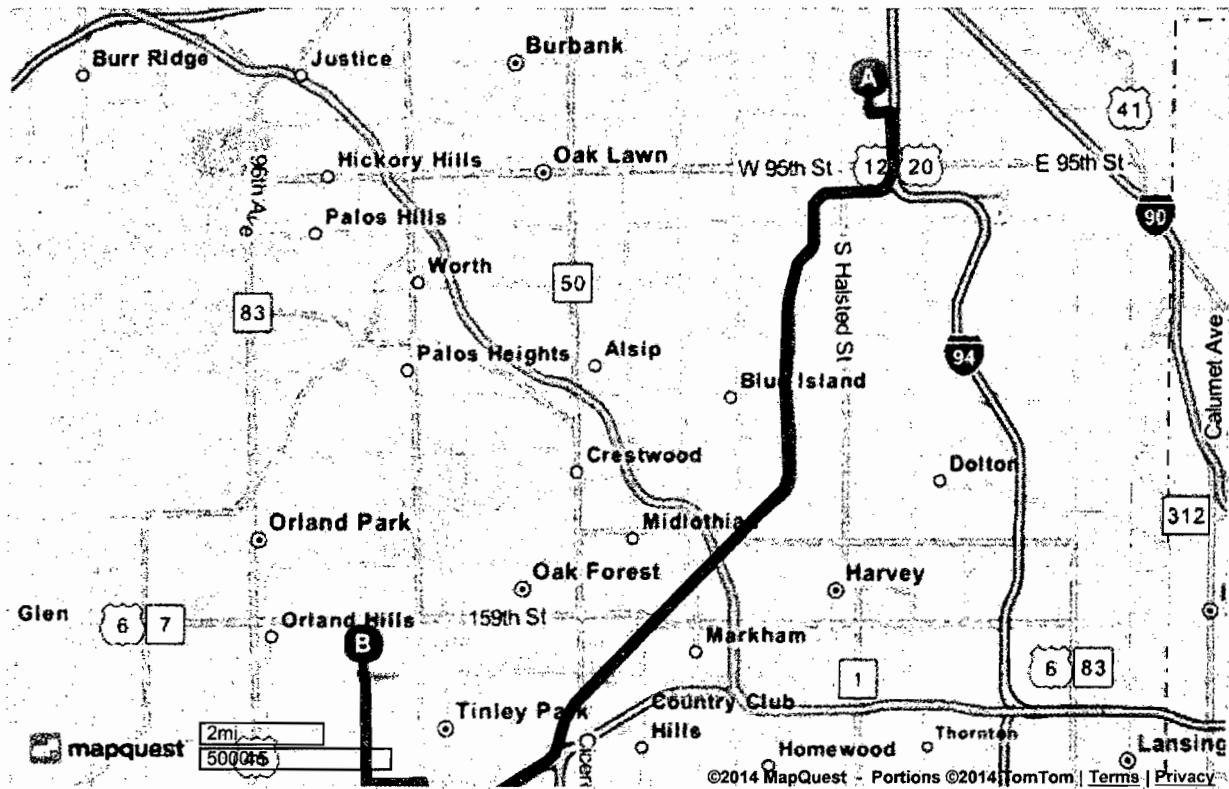


10. **16767 80TH AVE** is on the **right**. [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

Total Travel Estimate: **21.13 miles - about 24 minutes**



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Notes

FMC - Roseland to Tinley Park Dialysis

Trip to:

16767 80th Ave

Tinley Park, IL 60477-2361

18.16 miles / 23 minutes



132 W 111th St, Chicago, IL 60628-4215

**Download
Free App**



1. Start out going **west** on **W 111th St** toward **S Wentworth Ave.** [Map](#)

1.8 Mi

1.8 Mi Total



2. Turn **left** onto **S Marshfield Ave.** [Map](#)

0.2 Mi

2.0 Mi Total



3. Merge onto **I-57 S** via the ramp on the **left.** [Map](#)

9.9 Mi

11.9 Mi Total



4. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa.** [Map](#)

2.7 Mi

14.6 Mi Total



5. Merge onto **S Harlem Ave / IL-43 N** via **EXIT 148B.** [Map](#)

0.7 Mi

15.3 Mi Total



6. Turn **left** onto **183rd St.** [Map](#)

1.0 Mi

16.3 Mi Total



7. Turn **right** onto **80th Ave.** [Map](#)

1.9 Mi

18.2 Mi Total



8. **16767 80TH AVE** is on the **right.** [Map](#)



16767 80th Ave, Tinley Park, IL 60477-2361

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

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