

Original
14-065

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 15 2014

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <i>RCG Morris*</i>			
Street Address: <i>24020-24030 Riverwalk Court</i>			
City and Zip Code: <i>Plainfield 60544</i>			
County: <i>Will</i>	Health Service Area <i>9</i>	Health Planning Area:	

*Facility will be renamed Fresenius Medical Care Plainfield North after relocation.

Applicant Identification

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

Exact Legal Name: <i>Dialysis Centers of America-Illinois, Inc. d/b/a RCG Morris</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

Type of Ownership of 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.

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

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of 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: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

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

Name: <i>Coleen Muldoon</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6706</i>
E-mail Address: <i>coleen.muldoon@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

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: <i>Lori Wright</i>
Title: <i>Senior CON Specialist</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6807</i>
E-mail Address: <i>lori.wright@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Additional Contact

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

Name: <i>Clare Ranalli</i>
Title: <i>Attorney</i>
Company Name: <i>McDermott, Will & Emery</i>
Address: <i>227 W. Monroe Street, Suite 4700, Chicago, IL 60606</i>
Telephone Number: <i>312-984-3365</i>
E-mail Address: <i>c.ranalli@mwe.com</i>
Fax Number: <i>312-984-7500</i>

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Riverwalk, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 60544</i>
Street Address or Legal Description of Site: <i>24020-24030 Riverwalk Court, Plainfield, IL 60544</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: <i>Dialysis Centers of America – Illinois, Inc. d/b/a RCG Morris</i>		
Address: <i>920 Winter Street, Waltham, MA 02451</i>		
☐ 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. 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.] ***NOT APPLICABLE – PROJECT IS FOR DISCONTINUATION ONLY***

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.

Dialysis Centers of America – Illinois, Inc. proposes to discontinue its 10-station Morris Dialysis Center located at 1401 Lakewood Drive, Suite B, Morris IL. A replacement facility will be established at 24020-24030 Riverwalk Court in Plainfield. The relocated facility will be called Fresenius Medical Care Plainfield North. The 14 current patients will be accommodated at the proposed Plainfield North facility or any other area Fresenius facility such as Ottawa or Plainfield. The DaVita Morris facility will be closer for those patients in the immediate Morris area and if they choose to transfer to that facility arrangements will be made for them to do so.

This project is “substantive” under Planning Board rule 1110.40 as it entails the discontinuation of a health care facility and the establishment of a replacement facility (relocation).

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	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,046,500	N/A	1,046,500
Contingencies	104,000	N/A	104,000
Architectural/Engineering Fees	112,000	N/A	112,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	362,000	N/A	362,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	1,836,250 183,900	2,020,150	N/A
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	3,644,650	N/A	3,644,650
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	1,624,500	N/A	1,624,500
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	2,020,150	N/A	2,020,150
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	3,644,650	N/A	3,644,650

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 \$ 57,523.

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): December 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.

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 \$ N/A.

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): December 31, 2016

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

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☒ 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							

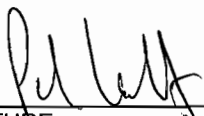
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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


SIGNATURE

PRINTED NAME Paul Colantonio
Assistant Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____ 2014


SIGNATURE

PRINTED NAME Bryan Mello
Assistant Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9 day of Dec 2014

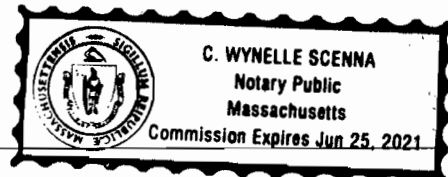
Signature of Notary C. Wynelle Scenna

Seal

Signature of Notary

Seal

*Insert EXACT legal name of the applicant



CERTIFICATION

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

- 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 Fresenius Medical Care Holdings, 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

Mark Fawcett
Vice President & Treasurer

PRINTED NAME

PRINTED TITLE

SIGNATURE

Bryan Meile
Assistant Treasurer

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of October 2014

Notarization:

Subscribed and sworn to before me
this 14th day of October 2014

Signature of Notary JENNIFER E. ROSA

Notary Public

Seal

Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

Signature of Notary JENNIFER E. ROSA

Notary Public

Seal

Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

SECTIONS BELOW ARE NOT APPLICABLE FOR DISCONTINUATION

- SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS
- SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE
- SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA – IN-CENTER HEMODIALYSIS
- PART 1120 – EXCEPT FOR SAFETY NET STATEMENT AND CHARITY CARE

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: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	10	10

- 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

- 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:**

<u>1,624,500</u>	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;
<u>N/A</u>	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.
<u>N/A</u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>2,020,150</u>	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.
<u>N/A</u>	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;
<u>N/A</u>	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$3,664,650</u>	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	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
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)	
ESRD		161.00			6,500			1,046,500	1,046,500
Contingency		16.00			6,500			104,000	104,000
TOTALS		\$177.00			6,500			\$1,150,500	\$1,150,500

* 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 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	\$362,977,407	\$387,393,758	\$398,570,288
	2011	2012	2013
Charity * (# of self-pay patients)	93	203	642
Charity (cost in dollars)	\$642,947	\$1,536,372	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	1,865	1,705	1,660
Medicaid (revenue)	\$42,367,328	\$36,254,633	\$31,373,534
Ratio Medicaid to Net Patient Revenue	12%	12.99%	7.87%

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 41.

CHARITY CARE			
	2011	2012	2013
Net Patient Revenue	\$362,977,407	\$387,393,758	\$398,570,288
Amount of Charity Care (charges)	\$642,947	\$1,566,380	\$5,346,976
Cost of Charity Care	\$642,947	\$1,566,380	\$5,346,976
	0.18%	.40%	1.34%

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	23-24
2	Site Ownership	25-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	34-35
6	Historic Preservation Act Requirements	36
7	Project and Sources of Funds Itemization	37
8	Obligation Document if required	38
9	Cost Space Requirements	39
10	Discontinuation	40-51
11	Background of the Applicant	52-73
12	Purpose of the Project	74
13	Alternatives to the Project	75-76
14	Size of the Project	77
15	Project Service Utilization	78
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	79-112
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	113-118
37	Financial Waiver	119-120
38	Financial Viability	
39	Economic Feasibility	121-124
40	Safety Net Impact Statement	125-126
41	Charity Care Information	127-129
	Appendix 1 – Independent Travel Study/MapQuest Travel Times	130-155
	Appendix 2 – Physician Referral Letter	156-163

Applicant Identification

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

Exact Legal Name: <i>Dialysis Centers of America-Illinois, Inc.d/b/a RCG Morris*</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

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

*Dialysis Centers of America - Illinois, Inc. Certificate of Good Standing is on following page. Name of facility will be changed to Fresenius Medical Care Plainfield North after relocation.

Co-Applicant Identification

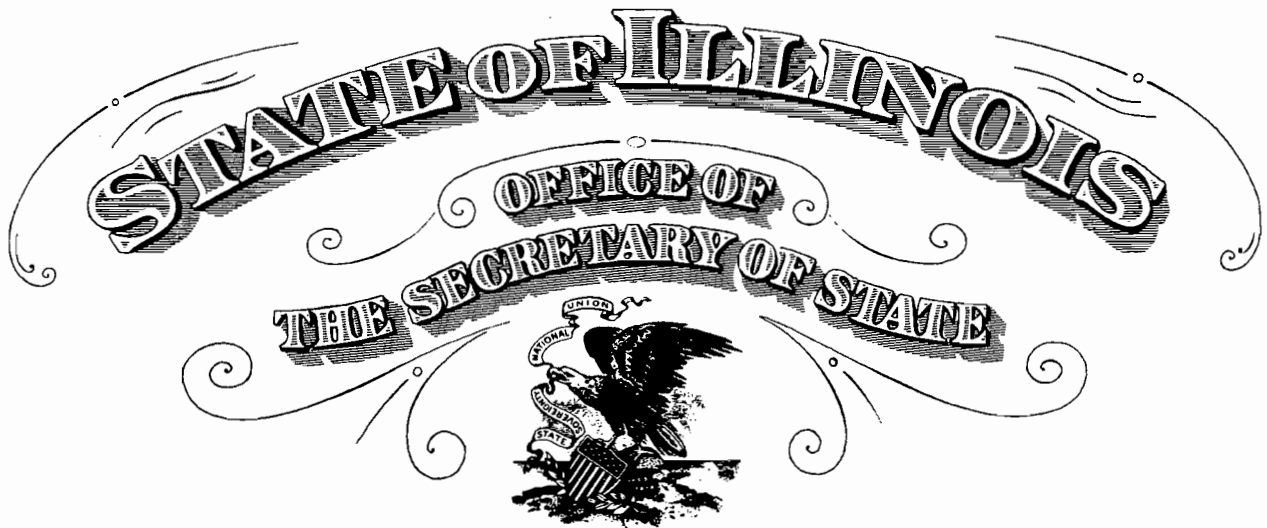
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Co-Applicant

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

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



To all to whom these Presents Shall Come, Greeting:

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

WSKC DIALYSIS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 31, 1969, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1422701792

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 15TH
day of AUGUST A.D. 2014 .*

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT 1

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Riverwalk, LLC</i>
Address of Site Owner: <i>10531 Timberwood Circle, Suite D, Louisville, KY 60544</i>
Street Address or Legal Description of Site: <i>24020-24030 Riverwalk Court, Plainfield, IL 60544</i> Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



Cushman & Wakefield of
Illinois, Inc.
200 S Wacker Drive
Suite 2800
Chicago, IL 60606
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

October 14, 2014

Chad Middendorf
10531 Timberwood Circle, Suite D
Louisville, KY 40223

RE: **Fresenius Medical Care**
Letter of Intent
24030 Riverwalk Ct
Plainfield, IL

Dear Chad,

Fresenius Medical Care is pleased to provide the following Letter of Intent to lease space.

LANDLORD:

Riverwalk LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

TENANT:

Fresenius Medical Care Plainfield North, LLC.

LOCATION:

24030 Riverwalk Ct.
Plainfield, IL

INITIAL SPACE
REQUIREMENTS:

Approximately 6,500 contiguous rentable square feet.

FRESENIUS MEDICAL CARE may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.

PRIMARY TERM:

An initial lease term of fifteen (15) years. For purposes of establishing an actual occupancy date, both parties will execute a Commencement Date Certificate after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

DELIVERY OF PREMISES:

Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE for completion of the Tenant Improvements after the Landlord Work, as described herein, is complete. The date all Landlord's Work is substantially complete and delivered to, and accepted by, Tenant shall be the Possession Date.

OPTIONS TO RENEW:

Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon the lower of Fair Market Value or the

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

increase in the Consumer Price Index over the previous five years, capped at 3.0% per year. FRESNIUS MEDICAL CARE shall provide sixty (60) days' prior written notification of its desire to exercise the option.

RENTAL RATE:

\$26.00 Net per rentable square foot.

RENT COMMENCEMENT:

Three Months after the Possession Date

ESCALATIONS:

\$.50 per year beginning in the second lease year.

LANDLORD WORK:

Landlord to construct, per Tenant's Plans and Specs (to be provided by Tenant) the core and shell of the Premises and shall perform all site work including demolition of the current structure. The Shell, delivered by Landlord, shall have all utilities brought to the Premises and HVAC mounted (to roof) but not distributed. All tenant finishes will be performed by Tenant.

CONCESSIONS:

A rent free period of (3) three months from Possession Date.

USE:

FRESNIUS MEDICAL CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESNIUS MEDICAL CARE may operate on the Premises, at FRESNIUS MEDICAL CARE's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**CONTRACTOR FOR
TENANT IMPROVEMENTS:**

FRESNIUS MEDICAL CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements. FRESNIUS MEDICAL CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.

HVAC:

All new systems will be provided. FRESNIUS MEDICAL CARE requires HVAC service 24 hours per day, 7 days per week.

DELIVERIES:

FRESNIUS MEDICAL CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

EMERGENCY GENERATOR:

FRESNIUS MEDICAL CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

**PACE PLANNING/
ARCHITECTURAL AND
MECHANICAL DRAWINGS:**

FRESENIUS MEDICAL CARE will provide all space planning and architectural and mechanical drawings required to build the Premises, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits pertaining to the base building and site work shall be the Landlord's responsibility. All permits for Tenant's finishes shall be the responsibility of Tenant.

PARKING:

Landlord will provide designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

BUILDING CODES:

FRESENIUS MEDICAL CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

**CORPORATE
IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code.

**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses associated with its premises. The lease shall be a double net lease, with Landlord only responsible for roof and structure.

**ASSIGNMENT/
SUBLETTING:**

FRESENIUS MEDICAL CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided Guarantor remains liable. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs and replacements to all portions of the structure of the Premises, and replace the roof when needed.

With respect to all other maintenance, repairs and replacements, Landlord shall perform such at Tenant's expense, as part of Tenant's common area maintenance charges. All such work to be performed to good and accepted business practices throughout the term, including: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS MEDICAL CARE's dialysis clinic

FLOOD PLAIN:

Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS MEDICAL CARE is not entering into a capitalized lease arrangement.

FINANCING:

Landlord will provide a non-disturbance agreement.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a 3 mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

An acceptable Phase One Environmental Study will be required.

DRAFT LEASE:

FRESENIUS MEDICAL CARE requires the use of its Standard Form Lease.

LEASE CONTINGENCY:

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to March 2015. 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by March 2015, 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.

LEASE EXECUTION:

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY:

Fresenius Medical Holdings Corp shall fully guarantee the lease.

CONFIDENTIAL:

The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

NON-BINDING NATURE:

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein

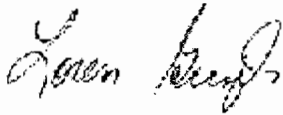
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

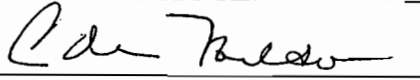
You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

AGREED AND ACCEPTED this 9th day of December, 2014

By: 

Title: Regional Vice President

AGREED AND ACCEPTED this ____ day of _____, 2014

By: _____

Title: _____

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Operating Identity/Licensee

Operating Identity/Licensee

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

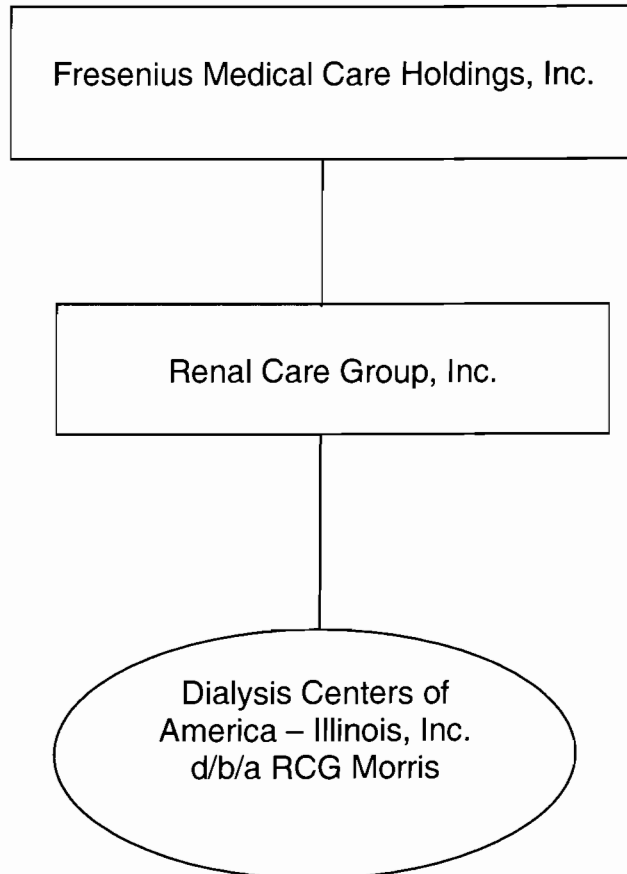
Exact Legal Name: *Dialysis Centers of America – Illinois, Inc. d/b/a RCG Morris*

Address: *920 Winter Street, Waltham, MA 02451*

- | | | | | |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| ☐ | 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.
 - **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.

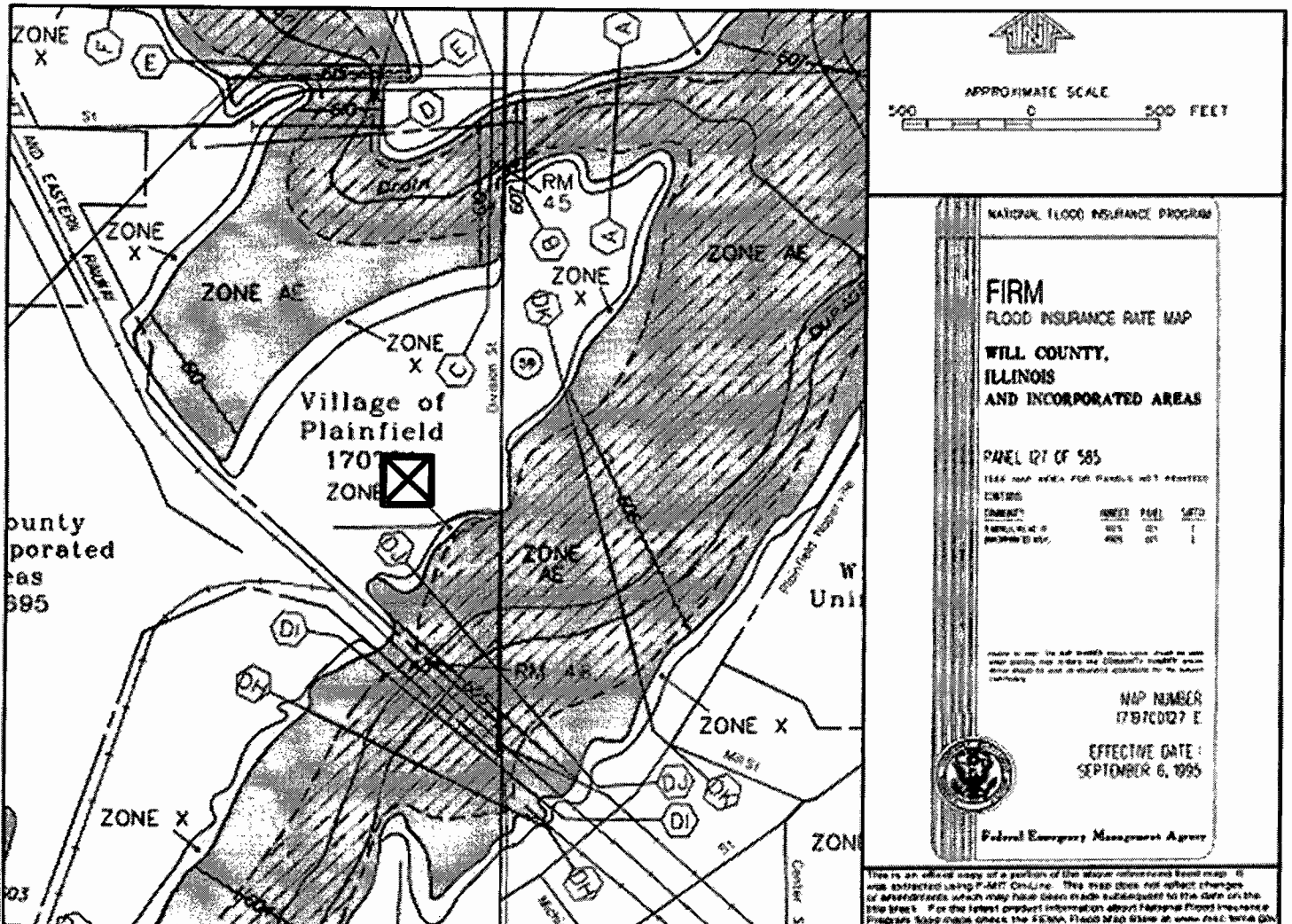
Certificate of Good Standing at Attachment – 1.



Flood Plain Requirements

The proposed relocation site for the RCG-Morris dialysis facility, 24020-20430 Riverwalk Court, Plainfield complies with the requirements of Illinois Executive Order #2005-5. The site, 7319-7322 Archer Avenue, Summit, is not located in a flood plain as can be seen on the FEMA flood plain map on the following page.

Flood Plain Requirements



The proposed site for the establishment of Fresenius Medical Care Plainfield North complies with the requirements of Illinois Executive Order #2005-5. The site, 24030 Riverwalk Court, Plainfield, is not located in a flood plain as can be seen on the FEMA flood plain map above.



FAX 217/524-7525

Will County
Plainfield
24030 Riverwalk Court
IHFSRB
New construction/CON - Dialysis clinic

PLEASE REFER TO: IHPA LOG #004100214

October 16, 2014

Lori Wright
Fresenius Medical Care
3500 Lacey Road
Downers Grove, IL 60515

Dear Ms. Wright:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	52,300
Temp Facilities, Controls, Cleaning, Waste Management	2,600
Concrete	13,400
Masonry	16,000
Metal Fabrications	7,800
Carpentry	92,000
Thermal, Moisture & Fire Protection	18,600
Doors, Frames, Hardware, Glass & Glazing	71,700
Walls, Ceilings, Floors, Painting	169,000
Specialities	13,000
Casework, FI Mats & Window Treatments	6,300
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	334,800
Wiring, Fire Alarm System, Lighting	201,800
Miscellaneous Construction Costs	47,200
Total	\$1,046,500
Contingencies	\$104,000
Architecture/Engineering Fees	\$112,000
Moveable or Other Equipment	
Dialysis Chairs	23,000
Clinical Furniture & Equipment	30,000
Office Equipment & Other Furniture	30,000
Water Treatment	154,000
TVs & Accessories	68,000
Telephones	22,000
Generator	10,000
Facility Automation	15,000
Other miscellaneous	10,000
Total	\$362,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (6,500 GSF)	1,836,250
FMV Leased Dialysis Machines	171,900
FMV Leased Office Equipment	12,000
Total	\$2,020,150
Grand Total	\$3,644,650

Itemized Costs
ATTACHMENT - 7

Project Status and Completion Schedules

- Anticipated completion date is December 31, 2016.
- Project obligation will occur after permit issuance.
- **List of Current CON Permits**

Project Number	Name	Project Type	Completion Date
#10-063	Fresenius Lakeview	Expansion	04/15/2015
#12-029	Fresenius SW Illinois	Relocation	05/01/2015
#12-069	Fresenius Pekin	Relocation/Expansion	07/01/2015
#12-095	Fresenius Waterloo	Establishment	02/28/2015
#12-098	Fresenius Monmouth	Establishment	02/28/2015
#E-010-13	Fresenius Naperville North	Expansion	04/30/2015
#13-008	Fresenius Chicago Kidney Center	Relocation	12/31/2015
#13-053	Fresenius Evanston	Expansion	11/15/2015
#14-010	Fresenius Highland Park	Establishment	11/30/2015
#14-012	Fresenius Gurnee	Relocation/Expansion	12/31/2015
#14-019	Fresenius Summit	Establishment	12/31/2015
#13-040	Fresenius Lemont	Establishment	09/30/2016
#14-041	Fresenius Elgin	Expansion	06/30/2016

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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							
In-Center Hemodialysis	3,664,650		6,500		6,500		
Total Clinical	3,664,650		6,500		6,500		
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL	\$3,664,650		6,500		6,500		
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

1110.130 – DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

Dialysis Centers of America - Illinois, Inc. proposes to discontinue its 10-station RCG - Morris dialysis center located at 1401 Lakewood Drive, Suite B, Morris, IL and establish a replacement 10-station facility at 14030 Riverwalk Court, Plainfield, IL.

Both locations are in HSA 9, Morris is in Grundy County and Plainfield is in Will County. The relocation site is approximately 30 minutes away.

Arrangements will be made for patients at the clinic upon discontinuation to transfer to the proposed relocated RCG Morris/Plainfield North facility, Fresenius Plainfield or Ottawa. Patients who live in the immediate Morris area will be assisted in transferring to the DaVita Morris facility if they so choose. Medical records will be transferred to the new location.

The current space is leased and Fresenius Medical Care will continue to be responsible for its agreement for the leased premises unless other arrangements are made between Fresenius and the landlord.

The "relocation" is expected to occur prior to project completion date of December 31, 2016 and will occur on Sunday, when there are no patient treatments scheduled so there will be no interruption in services.

Reasons for Discontinuation

Historically only one of the two dialysis clinics serving Morris operates at target utilization while the other one is underutilized. The RCG Morris facility was previously operating above 80% however now is treating only fourteen patients. Due to the rural nature of the area there are not enough patients to efficiently operate two facilities in Morris. The medical director, Dr. Shafi is part of a large patient practice based in Joliet and Plainfield, also in HSA 9. While Morris does not see a prevalence of ESRD, Dr. Shafi advises Fresenius that additional access is needed in Plainfield to accommodate the continual increase in ESRD in that area of the HSA and to reduce high utilization at the current Plainfield facility where Dr. Shafi's partner Dr. Alausa is the medical director. The Plainfield facility is operating at 83% utilization as of September 2014 and cannot expand further.

This relocation will allow for access in HSA 9 where there is an evidenced need without impacting the current station inventory in the Health Service Area.

Impact On Access

It is determined that the discontinuation of the RCG Morris dialysis center facility will not have an adverse impact upon access to care for area residents or on any area ESRD providers. All patients are expected to transfer to the DaVita Morris, Fresenius Ottawa, Plainfield or the proposed Plainfield North (relocated) facilities. There will be no impact to any Fresenius facility, therefore a written request for an impact statement was sent to all non-Fresenius facilities within a 45-minute travel time.

Clinics Within 45 Minutes of RCG Morris Dialysis Center
(Bolded were sent an impact letter)

Facility	Address	City	ZIP Code	MapQuest		x 1.15 Adj
				Miles	Time	
Fresenius Plainfield	2320 Michas Drive	Plainfield	60586	4.98	8	9.2
DaVita West Joliet*	1051 Essington Rd	Joliet	60435	6.86	13	14.95
USR Bolingbrook	396 Remington Blvd	Bolingbrook	60440	10.02	13	14.95
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	10.02	13	14.95
Fresenius Naperville	2451 S. Washington	Naperville	60565	9.68	15	17.25
Fox Valley Dialysis	1300 Waterford Dr	Aurora	60504	10.2	15	17.25
Sun Health Dialysis	2121 W Oneida St	Joliet	60435	9.65	18	20.7
Fresenius Lemont	16177 W 127th Street	Lemont	60439	14.86	18	20.7
Fresenius Joliet	721 E. Jackson Street	Joliet	60432	10.31	20	23
Fresenius Oswego	1051 Station Drive	Oswego	60543	13.32	20	23
Fresenius Naperville North	516 W 5th Ave	Naperville	60563	13.49	23	26.45
Fresenius Willowbrook	6300 S Kingery Highway	Willowbrook	60527	19.34	23	26.45
DaVita New Lenox*	1890 Silver Cross Blvd	New Lenox	60432	16.22	25	28.75
Fresenius Aurora	455 Mercy Ln	Aurora	60506	15.43	26	29.9
Yorkville Dialysis	1400 Beecher	Yorkville	60560	17.04	26	29.9
Fresenius Downers Grove	3825 Highland Ave	Downers Grove	60515	21.78	26	29.9
USR Oak Brook	1201 Butterfield Road	Downers Grove	60515	22.5	26	29.9
Fresenius Lombard	1940 Springer Drive	Lombard	60148	23.14	27	31.05
Fresenius DuPage West	450 E Roosevelt Road	West Chicago	60185	17.47	29	33.35
DaVita Morris*	1547 Creek Drive	Morris	60450	26.52	31	35.65
Fresenius Orland Park	9160 W 159th Street	Orland Park	60462	20.58	34	39.1
Fresenius Mokena	8910 W 192nd Street	Mokena	60448	24.24	34	39.1

One letter was sent to Tim Tinknell, Administrator CON Projects at DaVita to cover all the DaVita facilities within 45 minutes.

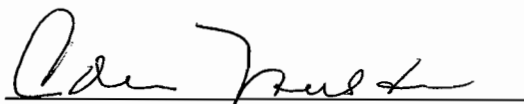
(See travel times at Appendix – 1)

IMPACT ON ACCESS STATEMENT PER PART 1110.130

The proposed discontinuation of the RCG Morris dialysis center 10-station end stage renal disease (ESRD) facility in Morris, HSA 9, will not have an adverse effect upon access to care for the residents of the healthcare market area in which it is situated. The facility currently only has 14 ESRD patients who all can be accommodated at the proposed relocated Morris/Plainfield North, Fresenius Plainfield or Ottawa facilities. Arrangements will also be made for those patients in the immediate Morris area if they desire to transfer to the DaVita Morris facility.

There will be no break in service to patients since the discontinuation/relocation will occur on Sunday when there are no scheduled treatments.

There will be no adverse impact to any facilities within a 45-minute travel time. A written request for an impact statement was sent to non-Fresenius ESRD providers within 45 minutes. Any responses will be forwarded to the Board for review. Attached is a copy of the letters sent.



Signature

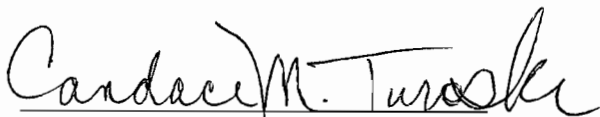
Coleen Muldoon

Printed Name

Regional Vice President

Title

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 9th DAY
OF December, 2014.



NOTARY PUBLIC

Seal



Impact Statement
ATTACHMENT - 10



**FRESENIUS
MEDICAL CARE**

December 10, 2014

Tim Tincknell, FACHE
Administrator, CON Projects
DaVita HealthCare Partners, Inc
1333 N Kingsbury St, Suite 305
Chicago, IL 60642

Dear Tim:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its RCG-Morris 10-station dialysis center located at 1401 Lakewood Drive, Suite B, Morris, IL 60450 and establish a replacement 10-station facility at another location also in HSA 9.

The estimated date that this discontinuation/establishment will occur is December 31, 2016. For the past two calendar years (2012 & 2013) the Morris dialysis facility has provided 9,336 dialysis treatments to 103 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Morris facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facility.

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

December 10, 2014

Facility Manager
Fox Valley Dialysis
1300 Waterford Drive
Aurora, IL 60504

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its RCG Morris 10-station dialysis facility located at 1401 Lakewood Drive, Suite B, Morris, IL 60450 and establish a replacement 10-station facility at another location also in HSA 9.

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Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

Lori Wright
Senior CON Specialist



December 10, 2014

Facility Manager
Sun Health Dialysis
2121 West Oneida, Suite 104
Joliet, IL 60435

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its RCG Morris 10-station dialysis facility located at 1401 Lakewood Drive, Suite B, Morris, IL 60450 and establish a replacement 10-station facility at another location also in HSA 9.

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Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me at 630-960-6807.

Sincerely,

A handwritten signature in cursive script that reads 'Lori Wright'.

Lori Wright
Senior CON Specialist



December 10, 2014

Facility Manager
U.S. Renal Care Oak Brook Dialysis
1201 Butterfield Road
Downers Grove, IL 60515

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its RCG Morris 10-station dialysis facility located at 1401 Lakewood Drive, Suite B, Morris, IL 60450 and establish a replacement 10-station facility at another location also in HSA 9.

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Sincerely,

A handwritten signature in cursive script that reads "Lori Wright".

Lori Wright
Senior CON Specialist



December 10, 2014

Facility Manager
U.S. Renal Care Bolingbrook Dialysis
396 Remington Blvd.
Bolingbrook, IL 60440

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its RCG Morris 10-station dialysis facility located at 1401 Lakewood Drive, Suite B, Morris, IL 60450 and establish a replacement 10-station facility at another location also in HSA 9.

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Sincerely,

A handwritten signature in cursive script that reads 'Lori Wright'.

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

December 10, 2014

Facility Manager
Yorkville Dialysis
1400 N. Beecher
Yorkville, IL 60560

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its RCG Morris 10-station dialysis facility located at 1401 Lakewood Drive, Suite B, Morris, IL 60450 and establish a replacement 10-station facility at another location also in HSA 9.

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Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

Fresenius Medical Care North America
North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515



7012 1010 0002 8450 0195



Tim Tinknell, FACHE
Administrator, CON Projects
DaVita HealthCare Partners, Inc
1333 N Kingsbury St, Suite 305
Chicago, IL 60642



**FRESENIUS
MEDICAL CARE**

Fresenius Medical Care North America
North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515



7012 1010 0002 8450 0201



Facility Administrator
Fox Valley Dialysis
1300 Waterford Drive
Aurora, IL 60504

**FRESENIUS
MEDICAL CARE**



Fresenius Medical Care North America
North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515



7012 1010 0002 8450 0218

Facility Administrator
Sun Health Dialysis
2121 W Oneida, Suite 104
Joliet, IL 60435

CERTIFIED MAIL™

**FRESENIUS
MEDICAL CARE**



Fresenius Medical Care North America
North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515



7012 1010 0002 8450 0065

Facility Manager
U.S. Renal Care Oak Brook Dialysis
1201 Butterfield Road
Downers Grove, IL 60515





**FRESENIUS
MEDICAL CARE**

Fresenius Medical Care North America
North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515



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Facility Manager
Yorkville Dialysis
1400 N. Beecher
Yorkville, IL 60560



**FRESENIUS
MEDICAL CARE**

Fresenius Medical Care North America
North Division
3500 Lacey Rd., Suite 900, Downers Grove, Illinois 60515



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Facility Manager
U.S. Renal Care Bolingbrook Dialysis
396 Remington Blvd.
Bolingbrook, IL 60440



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: _____

ITS: _____

Bryan Mello

Assistant Treasurer

By: _____

ITS: _____

Maria T. C. Notar

Assistant Treasurer

Notarization:

Subscribed and sworn to before me
this _____ day of _____, 2014

Notarization:

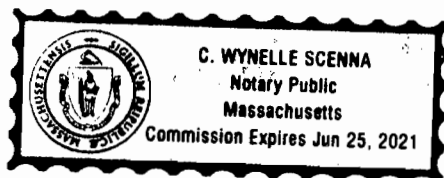
Subscribed and sworn to before me
this 10 day of Nov, 2014

Signature of Notary

Signature of Notary

Seal

Seal



Fresenius Medical Care

Fresenius Medical Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

Quality Measures – Fresenius Medical Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

INITIATIVES that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

Diabetes Care Partnership - Fresenius Medical Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

Locally, in Illinois, Fresenius Medical Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Medical Care employees in Chicago alone raised almost \$15,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Medical Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.

Fresenius Medical Care Holdings, Inc. In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803	
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002	
Aurora	14-2515	455 Mercy Lane	Aurora	60506	
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651	17%
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402	17%
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406	
Bolingbrook	14-2605	329 Remington	Bolingbrook	60440	
Breese	14-2637	160 N. Main Street	Breese	62230	
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609	26%
Burbank	14-2641	4811 W. 77th Street	Burbank	60459	15%
Carbondale	14-2514	1425 Main Street	Carbondale	62901	
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704	
Champaign	14-2588	1405 W. Park Street	Champaign	61801	
Chatham	14-2744	333 W. 87th Street	Chicago	60620	
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622	35%
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608	38%
Cicero	14-2754	3000 S. Cicero	Chicago	60804	28%
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624	23%
Crestwood	14-2538	4861 W. Cal Sag Road	Crestwood	60445	
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521	
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015	
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018	
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515	
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185	18%
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832	
East Peoria	14-2562	3300 North Main Street	East Peoria	61611	
Elgin	14-2726	2130 Point Boulevard	Elgin	60123	18%
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007	
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126	
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201	11%
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805	
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609	16%
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139	13%
Glenview	14-2551	4248 Commercial Way	Glenview	60025	11%
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619	19%
Gurnee	14-2549	101 Greenleaf	Gurnee	60031	21%
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429	
Highland Park		1657 Old Skokie Road	Highland Park	60035	
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195	14%
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649	26%
Joliet	14-2739	721 E. Jackson Street	Joliet	60432	
Kewanee	14-2578	230 W. South Street	Kewanee	61443	
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044	11%
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613	13%
Lemont		16177 W. 127th Street	Lemont	60439	
Logan Square	14-2766	2721 N. Spalding	Chicago	60647	
Lombard	14-2722	1940 Springer Drive	Lombard	60148	
Macomb	14-2591	523 E. Grant Street	Macomb	61455	
Marquette Park	14-2566	6515 S. Western	Chicago	60636	14%
McHenry	14-2672	4312 W. Elm St.	McHenry	60050	
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704	
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160	21%
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803	
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960	15%
Midway	14-2713	6201 W. 63rd Street	Chicago	60638	11%
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448	
Monmouth(Maple City)		1225 N. Main Street	Monmouth	61462	
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450	
Mundelein	14-2731	1400 Townline Road	Mundelein	60060	
Naperbrook	14-2765	2451 S Washington	Naperville	60565	
Naperville	14-2543	100 Spalding Drive Ste. 108	Naperville	60566	

Clinic	Provider #	Address	City	Zip	Fac > 10% Medicaid Treatments
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563	
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714	
Normal	14-2778	1531 E. College Avenue	Normal	61761	
Norridge	14-2521	4701 N. Cumberland	Norridge	60656	13%
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160	
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630	18%
Northcenter	14-2531	2620 W. Addison	Chicago	60618	27%
Northfield	14-2771	480 Central Avenue	Northfield	60093	11%
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611	
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452	
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302	
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462	
Oswego	14-2677	1051 Station Drive	Oswego	60543	
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350	
Palatine	14-2723	691 E. Dundee Road	Palatine	60074	
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554	
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605	
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615	
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544	
Polk	14-2502	557 W. Polk St.	Chicago	60607	19%
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764	
Prairie	14-2569	1717 S. Wabash	Chicago	60616	
Randolph County	14-2589	102 Memorial Drive	Chester	62233	
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269	
River Forest	14-2735	103 Forest Avenue	River Forest	60305	
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645	19%
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008	12%
Roseland	14-2690	135 W. 111th Street	Chicago	60628	27%
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621	22%
Round Lake	14-2616	401 Nippersink	Round Lake	60073	11%
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946	
Sandwich	14-2700	1310 Main Street	Sandwich	60548	
Skokie	14-2618	9801 Wood Dr.	Skokie	60077	
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617	15%
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617	
South Holland	14-2542	17225 S. Paxton	South Holland	60473	
South Shore	14-2572	2420 E. 79th Street	Chicago	60649	10%
Southside	14-2508	3134 W. 76th St.	Chicago	60652	19%
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461	
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002	
Spoon River	14-2565	340 S. Avenue B	Canton	61520	
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362	
Steger	14-2725	219 E. 34th Street	Steger	60475	
Streator	14-2695	2356 N. Bloomington Street	Streator	61364	
Summit		7319-7322 Archer Avenue	Summit	60501	
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640	24%
Waterloo		513-535 Hamacher Street	Waterloo	62298	
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085	
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510	
West Belmont	14-2523	4943 W. Belmont	Chicago	60641	35%
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185	11%
West Metro	14-2536	1044 North Mozart Street	Chicago	60622	25%
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302	13%
West Willow	14-2730	1444 W. Willow	Chicago	60620	
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154	
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959	
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527	

*Medicaid percentages are reflected in treatments, not patients. Any patient can have more than one type of coverage in any given year, therefore treatment numbers reflects more accurately the clinic's % of coverage. Only clinics above 10% Medicaid are reported here to show those facilities with significant Medicaid numbers.

All Illinois Clinics are Medicare certified, and do not discriminate against patients based on their ability to pay or payor source.

All clinics are open to all physicians who meet credentialing requirements.

Facility List
ATTACHMENT - 11

Treatment Options Program

For People with
Chronic Kidney Disease



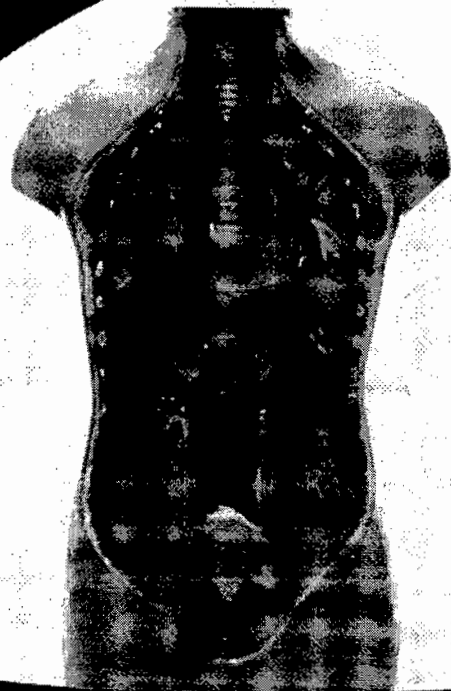
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Welcome to the Treatment Options Program

Over the next hour you will learn:

- What your kidneys do to keep you healthy
- What gradually or suddenly may happen to you if your kidneys stop working properly
- What you need to know if you are diagnosed by your physician with Chronic Kidney Disease (CKD)
- What you need to know if you develop "kidney failure"
- How you can live with "kidney failure" and lead a productive life
- The treatment options available to make living with "kidney failure" a good fit with your lifestyle





Your Kidneys and What They Do

- Kidneys are two bean-shaped organs about the size of your fist.
- They are located on either side of the spine, just below the rib cage.
- Your kidneys perform several important functions:
 - Filter your blood to remove waste and excess fluid;
 - Control the making of red blood cells;
 - Help control blood pressure;
 - Help control the amounts of calcium, potassium, and phosphorus in the body.



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What is Chronic Kidney Disease (CKD)?

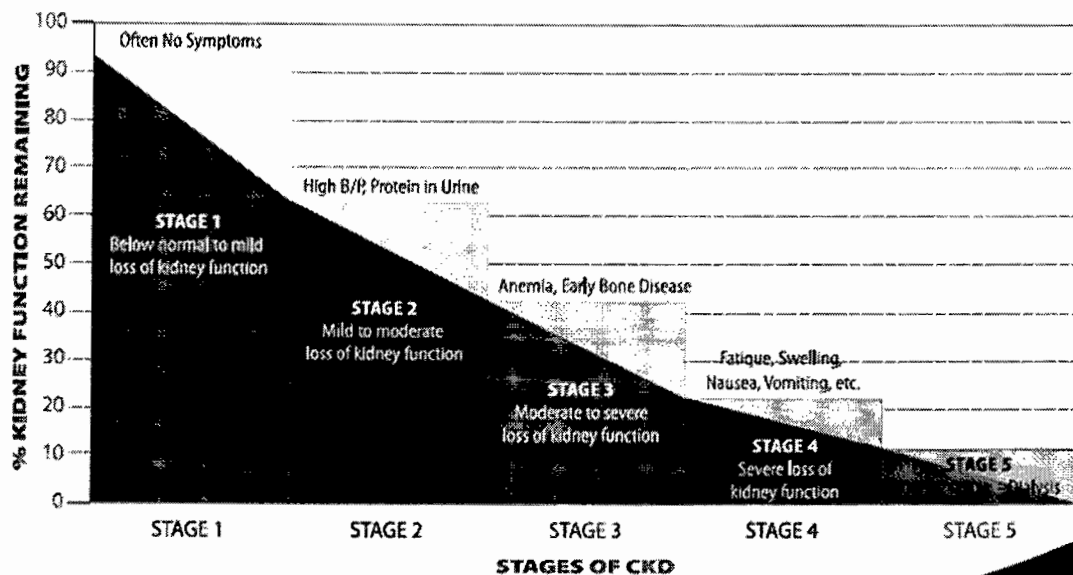
CKD is a progressive disease that advances from Stage I through Stage V.

Stage V CKD or End-Stage Renal Disease (ESRD) is commonly referred to as "kidney failure."

Kidney failure is when your kidneys no longer work well enough to keep you alive, and where death will occur if treatment is not provided.



The progression of CKD

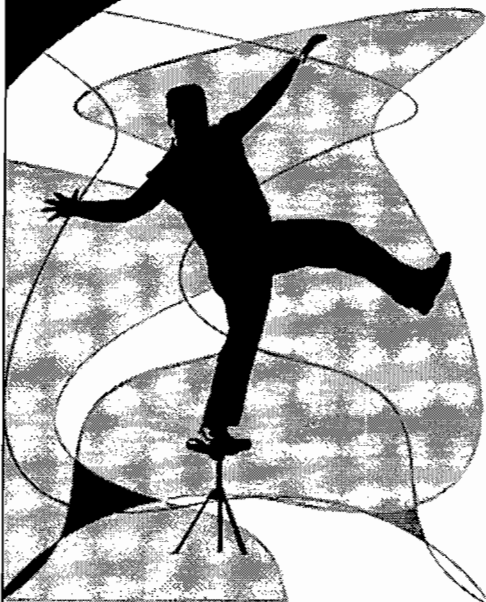


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Common Causes of Chronic Kidney Disease (CKD):



- A history of diabetes, especially if poorly controlled
- A history of high blood pressure, especially if poorly controlled
- Repeated kidney infections
- Immune diseases of the kidney (like glomerulonephritis)
- Heredity (like polycystic kidneys)
- Others, including unknown



What Happens to Your Body with Chronic Kidney Disease?

- Build up of fluid (water) and waste products in your blood
 - Causes swelling and generally not feeling well
- Chemical imbalances
 - Potassium, sodium, phosphorus and calcium
- Loss of hormone production that helps:
 - Control your blood pressure
 - Build red blood cells
 - Keep your bones strong



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Symptoms of Chronic Kidney Disease (CKD)

Common symptoms of CKD include:

- Nausea, poor appetite, and weight loss
- Trouble sleeping
- Loss of concentration
- Dry, itchy skin
- Swelling of face, hands, and feet
- Cramping at night
- Difficulty breathing
- Tiredness and weakness





If Your Doctor has Told You that You Have (CKD), YOU ARE NOT ALONE

- People are often unaware of their kidney disease.
- One in nearly seven adult Americans (13%) have kidney disease*.
- A recent study reported over 358,000 people in the US were on dialysis.
- Roughly 16,000 (or 5%) of these people received a kidney transplant***
- The remaining 342,000 people (or 95%) needed to choose one of the types of dialysis treatments that you will learn about in this presentation**

* NHANES (1999-2004)

** USRDS (2005 data report)

*** 2007 OPTN/SRTR Annual Report 1997-2006.
HHS/HRSA/HSB/DOT



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People Like You

- Prior to 1960 people with kidney failure had little hope for survival.
- Today many people have not only survived on dialysis for over 25 years, but continue leading productive lives.
- A growing number of people performing their dialysis treatments at home are finding it possible to continue pursuing their careers and life aspirations.
- Many patients have also received kidney transplants and are alive and well 30 to 40 years later.
- If your kidneys stop working that doesn't mean that you have to; treatment options are available for you.

If You Have CKD You Need to Know:

- Early diagnosis & treatment helps slow the disease process.
- It's important to learn about the available treatments now before therapy is needed.
- You can take an active role in deciding with your doctor the best choice to meet your medical needs and lifestyle preferences.
- Managing your disease well helps determine the quality of your life.
- You have the right not to accept treatment for your kidney failure (ESRD).



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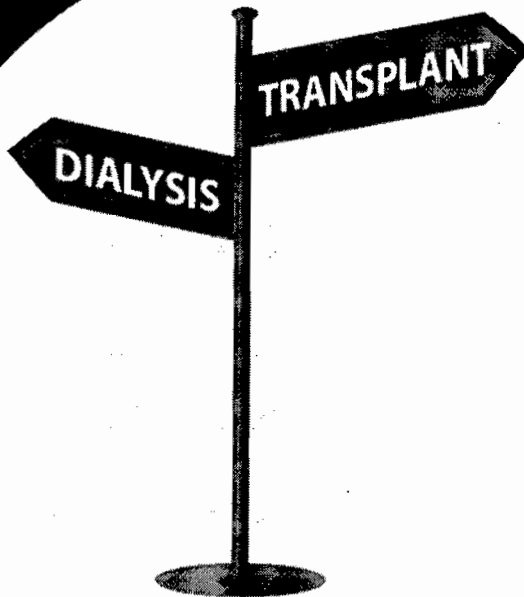
Managing Your CKD

Diet & Medication



- Dietary changes help decrease the fluid and waste build-up that the kidneys can no longer remove.
- Medications replace some of the functions that the kidneys can no longer do:
 - Control blood pressure
 - Make red blood cells
 - Keep bones healthy and strong
- Be prepared, before you become sick, to treat your CKD with one of the methods outlined in this training.

Treatments for Kidney Failure or ESRD



- Kidney Transplant: considered the "Gold Standard"
- Kidney Dialysis
 Two types of treatments to remove excess fluid and waste from your blood
 - Peritoneal Dialysis (PD)
 - Hemodialysis (HD)



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The Transplant Option

- A kidney transplant is not a cure. It is a treatment option that requires life long commitments (taking medications and being followed by a kidney specialist).
- A transplant is considered the "Gold Standard" because it is the treatment that comes closest to "normal" kidney function.
- A transplant is a major surgical procedure that places a healthy kidney from another person into your lower abdomen.
- Usually it is not necessary to remove your kidneys, however it is the donated kidney that performs the functions yours once did.
- It is possible to have a kidney transplant without going on dialysis.



A Kidney Transplant is Not for Everyone

Several factors determine if a transplant is an option for you:

- General health
- Emotional health
- Health insurance and financial resources
- Treatment compliance

The benefits of a transplant should outweigh the risks associated with surgery and life long medications.



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Finding a donor kidney

- Your body tissues must "match" the tissues of the donor
 - Living donor:
 - Relatives (usually the closest match)
 - Non-relative (spouse, friend)
 - Non-Living donor:
 - A person that donates their organs when he/she dies
- A non-living donor kidney may not be immediately available
- The waiting list may extend beyond a year or two





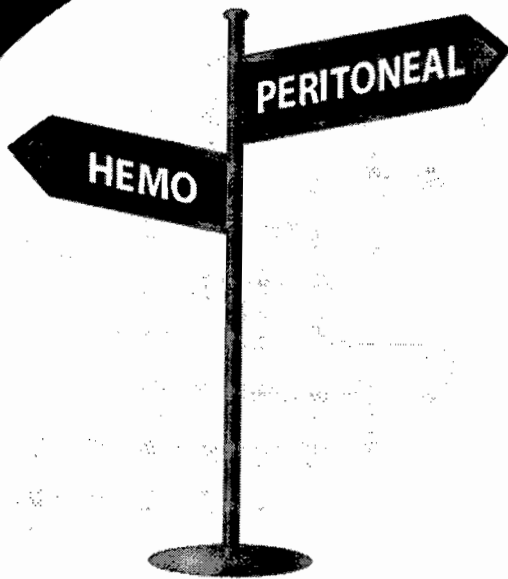
Caring for the Donated Kidney

- Daily, lifelong medication is usually required to prevent rejection.
- Regular follow-up with your physician is required.
- Follow all other physician guidelines:
 - Diet
 - Activity
- Watch for signs of potential problems.

Kidney Transplant Option

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Closest treatment to "normal" kidney function • Fewer dietary and fluid restrictions • Allows you to maintain your normal schedule & activities | | <ul style="list-style-type: none"> • Risks associated with surgery and kidney rejection • Daily medications may have side effects and can be costly • Must take medications and follow up with physician for life of the kidney • May be placed on a waiting list for an extended period of time |
|---|--|--|

The Dialysis Options

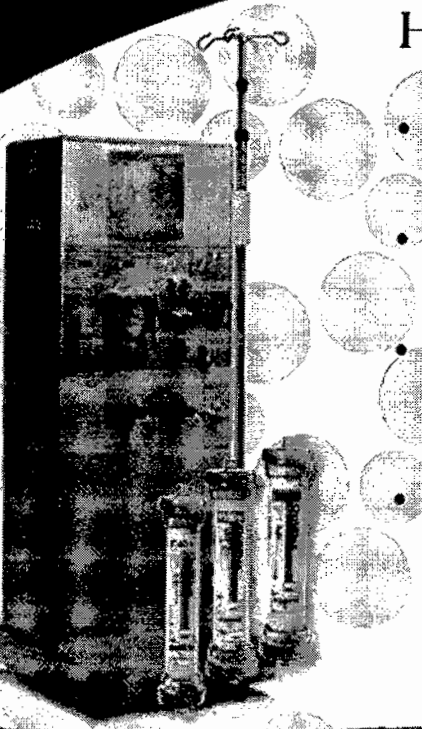


- There are two types of dialysis:
 - Peritoneal dialysis
 - Hemodialysis
- Both remove excess fluid and wastes from the body
- Hemodialysis is routinely done in a dialysis facility, and can be done at home with training.
- Peritoneal Dialysis is typically done at home.



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Hemodialysis

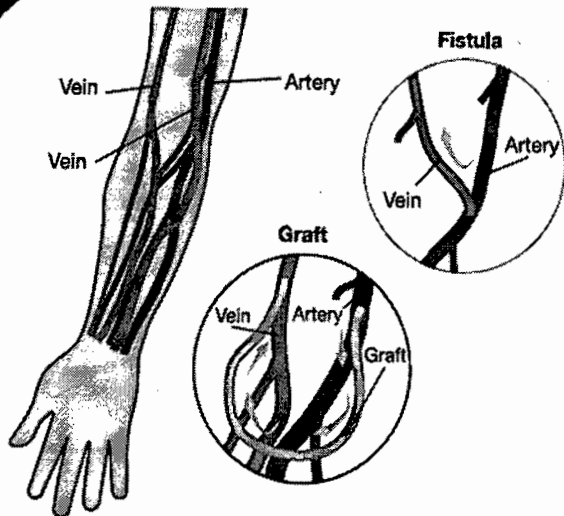


- Blood is cleaned by an "artificial kidney" or dialyzer and a machine
- Tubing allows blood to flow from your body to the machine and back to your body
- Two needles are required for each treatment if you have a fistula or graft; one to remove the blood, one to return the blood
- Only a small amount of blood is out of your body at any time



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Hemodialysis Access



- Your blood must flow out and back to your body through a blood vessel that can be used repeatedly. This is called an access.
- A **fistula**, the 1st choice, is a surgical connection of your artery and your vein.
- A **graft**, 2nd choice, is a surgical insertion of a special tube which is used like a vein.
- A **catheter** is a temporary tubing inserted through the skin and sutured into place.



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In-Center Hemodialysis Option



- Treatments are done by trained dialysis nurses and technicians.
- You are on a fixed schedule for your treatments, and changes may be difficult.
- You must travel to/from the dialysis center.
- Treatments are usually done 3 times each week.
- No equipment or supplies needed at home.
- Opportunity for regular social interaction with other dialysis patients.
- Treatments usually last 3.5-4.0 hours each.



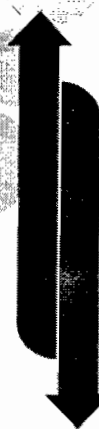
In-Center Nocturnal (night-time) Hemodialysis Option

- Treatments are done by dialysis nurses and technicians
- Treatment occurs during the night while you sleep at the dialysis center; usually 3 times a week for about 8 hours each treatment
 - Allows you to work, go to school, or participate in other activities during the day
 - Provides more treatment over a longer period of time
 - Useful when needing to remove large amounts of fluid
 - Helpful when removing fluid is difficult with regular hemodialysis
- You must travel to the dialysis facility for treatment and are away from home 3 nights each week
- May not be offered in your area



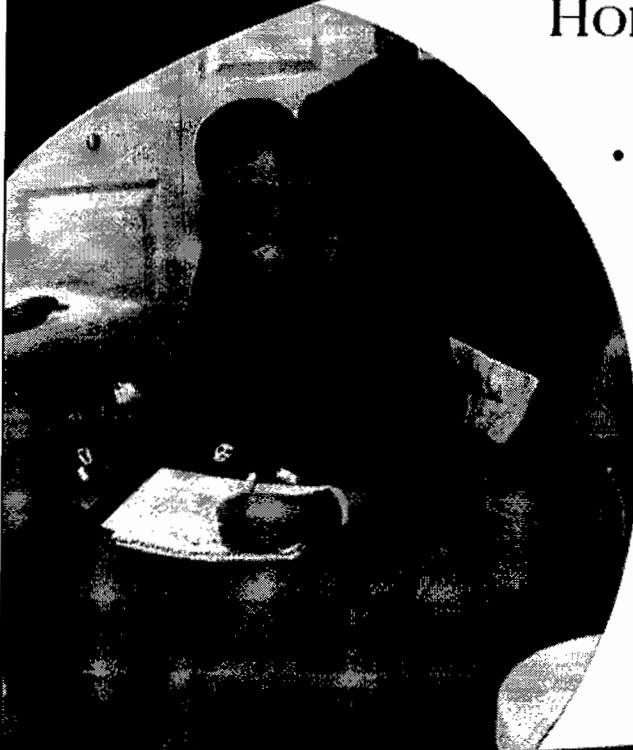
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In-Center Hemodialysis Considerations

- 
- Therapy performed by trained clinicians
 - No equipment or supplies needed at home
 - Opportunity for more frequent social interaction with other dialysis patients
 - Patient must travel to the clinic usually 3 times per week
 - Patients are on a fixed schedule to receive their therapy



Home Hemodialysis Option

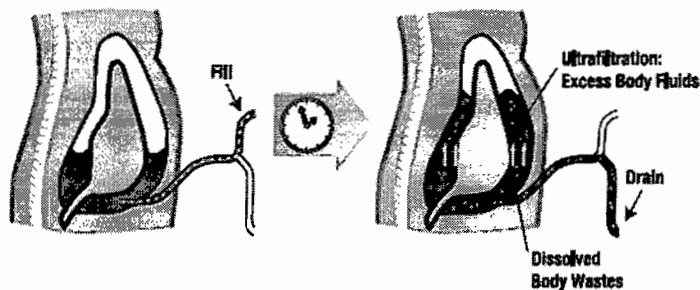


- Easier to fit into your daily or nightly schedule
- No travel to clinic needed
- Comfort and privacy of your own home
- Easier to keep working if you have a job
- Must have a trained helper or partner
- Must have space in home for supplies and equipment
- Home may need changes and plumbing or wiring
- Less social interaction with other dialysis patients than at a dialysis center



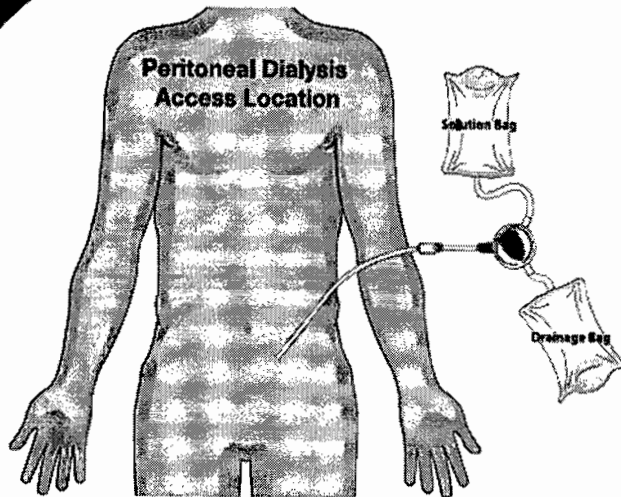
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Peritoneal Dialysis (PD)



- Blood is cleansed inside the body by using the peritoneum; a filter-like membrane located in the lower abdomen.
- Solution is inserted into the abdomen where it is in contact with the peritoneum.
- Excess fluid and waste products in the nearby blood vessels are filtered through the peritoneum and collect in the solution in the abdomen.
- The solution is allowed to dwell for a period of time, then is drained out of the abdomen and replaced with fresh solution.

Peritoneal Dialysis Access



- PD solution flows in and out of your body through a catheter
- A PD catheter is surgically inserted into the lower abdomen and secured in place
- The catheter extends several inches out of your body
- Your clothes cover the catheter when it is not being used



Fresenius Medical Care

Two types of PD



1. Continuous Ambulatory Peritoneal Dialysis (CAPD)

- A manual process usually done during the day
- Can be done in any clean location at home, work or while traveling
- Average 4 to 5 exchanges each day
- About 30-45 minutes for each exchange



Two types of PD

2. Continuous Cycling Peritoneal Dialysis (CCPD)

- A machine-controlled process usually done overnight while sleeping, for about 9-10 hours
- Solution remains in the peritoneum during the day until you go to bed and hook up to the machine
- Occasionally some patients require an additional exchange during the daytime

Peritoneal Dialysis Option

- A partner is not required, but may be needed by some
- More flexible dialysis treatment schedule
- Allows independence and a more normal (working) lifestyle
- Gentle treatment more like "normal" kidney function
- A bloodless form of treatment with no needles required



- Treatment needs to be performed every day
- Risk of infection
- External catheter
- Need storage space in home for supplies
- Larger people may need to do more exchanges

Dialysis Options Comparison

Advantages	IN-CENTER		HOME		Advantages	IN-CENTER		HOME	
	HD	NHD	HD	PD		HD	NHD	HD	PD
Treatment Time Flexibility			✓	✓	Perform treatments during nightly sleep		✓	✓	✓
Treatment Location Flexibility			✓	✓	Improved availability during work hours		✓	✓	✓
Treatment Duration Flexibility				✓	Bloodless access				✓
Reduced Clinic Visit Time			✓	✓	More independent lifestyle			✓	✓
Reduced Clinic Travel Time			✓	✓	Greater treatment supervision	✓	✓		
Reduced Clinic Travel Costs			✓	✓	No supply delivery & storage needs	✓	✓		
No treatment partner needed	✓	✓		✓	No routine needle sticks				✓
Greater Privacy			✓	✓	Greater Travel options				✓
Greater Social Interaction with Other Dialysis Patients	✓				No additional electrical/plumbing	✓	✓		✓

Note: Together with your nephrologist, who will advise you based on your medical condition, you should seek a treatment option which best suits your medical and lifestyle needs.



Fresenius Medical Care

People Like You

Shad Ireland's kidneys failed in 1983 at age 10.

On July 25th, 2004 Shad became the first dialysis patient to complete an Ironman triathlon.



Shad continues to compete, and has also created the Shad Ireland Foundation to help people with renal disease improve their lives through physical activity.

Mickey Sledge developed kidney failure in 2000 at age 46. He has developed a passion for taking care of himself as a result of his disease. As a volunteer for treadmill manufacturers he enjoys demonstrating his fitness at major dialysis conferences around the country. "Working helps me stay in tune with reality," says Mickey, who continues his job of 23 years. Apart from routine appointments, Mickey takes pride in never having had to take time off work because of his kidney disease.

Lori Hartwell, a kidney patient since the age of two, founded the Renal Support Network to instill "health, happiness, and hope" into the lives of fellow patients. Lori travels throughout the country educating and inspiring patients and healthcare professionals with her stories, insight, and humor. She was named "2005 Woman of the Year" by California State Senator Jack Scott and continues to be widely recognized for her contributions to improving the lives of people with Chronic Kidney Disease.

Criterion 1110.230 – Purpose of Project

The purpose of this project is to address maldistribution in HSA 9, specifically; Morris, Illinois by relocating the RCG Morris 10-station underutilized (at 23%) facility to another area of HSA 9 where there is limited access and overutilization.

Morris is located in Grundy County in HSA 9. The RCG Morris facility serves a rural area with patients mostly residing in the immediate Morris area and to the west towards Plainfield. The selected relocation site is located in Plainfield which is in Will County and also in HSA 9. Its service area overlaps with where the Morris facility patients reside.

There are two dialysis clinics in Morris and one of them always operates below target utilization.

Historical and supporting patient data was obtained from Dr. Alausa and Dr. Shafi's practice, Kidney Care Center. Clinic utilization was obtained from quarterly utilization reports received from the Illinois Health Facilities & Services Review Board.

The relocation of the RCG Morris facility will even out the distribution of stations in the Morris/Plainfield area of HSA 9. It will provide access to dialysis services in Plainfield where the only facility is operating at 82% utilization as of the September 2014 utilization data. It will allow better use of the 10 RCG-Morris stations by relocating them where they will reach their potential of 80% utilization rather than remaining highly underutilized.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The quality outcomes for Illinois Fresenius facilities for the past year have been above the State standard and the same are expected for the relocated Morris/Plainfield North facility.

- 94% of patients had a URR $\geq$ 65%
- 96% of patients had a Kt/V $\geq$ 1.2

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost

Three alternatives were considered that would entail a lesser scope and cost than the project proposed in this application, however they were determined not to be feasible options.

- The alternative of doing nothing was rejected. The RCG-Morris facility has seen a continual decline in utilization in recent years and doing nothing will not solve the maldistribution in Morris. It would also not address the overutilization in the Plainfield area. There is no monetary cost to this alternative.
- The alternative of reducing stations was rejected. The facility is now at 23% with 14 patients. Even if the stations were reduced to 6, the facility would still only be operating at 38%. There is no monetary cost to this alternative.
- The alternative of closing the facility was considered however while there is no station need in HSA 9, there is a need for additional access in the Plainfield area which is also in HSA 9 where the same physician group has a large patient base and facilities are operating at high utilization. Relocating the stations to where there additional access is needed while not impacting the station inventory of the HSA seemed more responsible to area healthcare needs than eliminating the stations altogether. There is no monetary cost to closing the facility.

B. Pursuing a joint venture

This facility is not currently a joint venture and it does not make sense to enter into a joint venture only for the purposes of relocating. The preferred Fresenius model of ownership is for our facilities to be wholly owned, however we do enter into joint ventures on occasion. Fresenius Medical Care always maintains control of the governance, assets and operations of a facility it enters into a joint venture agreement with. There is not monetary cost to this alternative.

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

The RCG-Morris facility has already had many patients transfer to the DaVita Morris facility. Utilizing other facilities is not generally an alternative when the facility is underutilized. The current Plainfield facility is operating at 83% and there are no reasonable nearby facilities for patients to go to. The closest facility, DaVita West Joliet is operating at 75%, which still limits patient schedule times. There is no monetary cost to using other resources.

D. Project as outlined in the application

The most desirable alternative to address maldistribution and duplication of services in Morris and to address needed access in Plainfield is to relocate the 10-station RCG-Morris facility. The cost of this project is \$3,644,650.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	The Morris area access will remain the same and the Plainfield area access will continue to diminish as utilization continues to climb.	Both facility's quality would remain above standards, however if access to treatment declines further in Plainfield, patients could have more missed treatments lowering individual quality.	No additional cost.
Reduce the stations at the Fresenius Morris facility.	\$0	Patient access would remain the same in Morris and access would continue decline in Plainfield.	Both facility's quality would remain above standards, however if access to treatment declines further in Plainfield, patients could have more missed treatments lowering individual quality.	No additional cost.
Close the Fresenius Morris facility.	\$0	Patients in Morris will still have access at other area providers however; closing Morris will not address overutilization in Plainfield.	Fresenius facility's quality would remain above standards, however if access to treatment declines further in Plainfield, patients could have more missed treatments lowering individual quality.	No additional cost.
Form a Joint Venture	\$3,644,650	A joint venture would have no effect on patient access.	Facility quality would remain above standards.	Less cost to Fresenius, however Fresenius Medical Care is capable of meeting its financial obligations and does not require assistance.
Relocate the 10-station Morris facility	\$3,644,650	Morris patients will still have similar access to dialysis services through transfers to other area providers and Plainfield area patients will have needed access and treatment time schedule options.	Patient clinical quality would remain above standards.	The cost of relocation is necessary to keep dialysis services accessible in the Plainfield area where high utilization of facilities is creating a need. This is a cost only to Fresenius Medical Care.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care facilities in Illinois have had above standard quality outcomes.

- 94% of patients had a URR $\geq$ 65%
- 96% of patients had a Kt/V $\geq$ 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	6,500 (10 Stations)	4,500 – 6,500 BGSF	None	Yes

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 4,500 – 6,500 BGSF for 10 stations. The proposed BGSF falls within the State Standard thereby meeting this criterion.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	IN-CENTER HEMODIALYSIS	3% upon opening	38%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		83%	80%	Yes

There are a total of 103 pre-ESRD patients from the Plainfield area who are expected to begin dialysis within two years after the facility relocates. Accounting for patient attrition, it is estimated that approximately 53 will begin dialysis at the relocated RCG-Morris/Plainfield North facility. There will probably only be 2 current Morris patients who will transfer to the relocated facility resulting in a 3% utilization upon opening. There will also likely be a shift of patients between the relocated facility and the current Plainfield facility as shift availability opens up. The facility is expected to reach 80% utilization by the end of the second year of operation.

Planning Area Need – Formula Need Calculation:

The current and proposed relocation site of RCG Morris dialysis facility is located In HSA 9. HSA 9 is comprised of Will, Kendall, Grundy and Kankakee Counties. According to the November 2014 Inventory there is an excess of 23 stations in this HSA. The “relocation” of the 10 stations at the Morris facility will not impact the inventory.

Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to the residents of HSA 9 in the Plainfield area of HSA 9 and accommodate current patients of the RCG Morris facility. 100% of the pre-ESRD and transfer patients identified for the relocated RCG Morris/Plainfield North facility reside in HSA 9.

County	HSA	Pre-ESRD Patients who will be referred to the relocated RCG Morris/Plainfield North facility and current Fresenius Morris Patients
Will	9	103 – 88%
Grundy	9	14 – 12%



KIDNEY CARE CENTER

812 Campus Drive • Joliet, IL 60435
Tel.: (815) 741-6830 • Fax: (815) 741-6832

Tunji Alausa, M.D.

M.S. Shafi, M.D.

Stella Awua-Larbi, M.D.

December 9, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

We are writing to support Fresenius Medical Care's proposal to relocate the 10-station Morris dialysis facility to Plainfield. We serve as Medical Directors of the Fresenius/RCG Morris, Plainfield & Joliet dialysis centers and the Joliet Home Dialysis Network facility. We are part of the Kidney Care Center practice in Joliet.

We continue to see very few patients in Morris and have seen the census at the Morris facility decline and remain low while we are aware the DaVita facility in Morris is operating at a higher utilization. However, in Plainfield our practice has been continually increasing. The Plainfield facility has been open five years and added 4 stations two years ago. It has remained heavily utilized and there is no more room to expand at this location. Relocating ten severely underutilized stations from Morris to Plainfield where they can better accommodate the patient population in HSA 9 would be a better use of resources. Arrangements will be made for the Morris patients to transfer to DaVita Morris, Fresenius Plainfield or the relocated Morris facility upon its opening.

We were treating 89 in-center hemodialysis patients at the end of 2011, 113 at the end of 2012 and 163 at the end of 2013 as reported to The Renal Network. At the end of the 2nd quarter 2014 we had 166 in-center hemodialysis patients. Over the past twelve months, we have referred 82 patients for in-center hemodialysis. We currently have 109 pre-ESRD patients from the Plainfield area that would be expected to be referred to the relocated Morris facility in the first two years after beginning operation. After accounting for patient attrition, we expect approximately 53 of these patients to actually begin dialysis at the relocated Morris/Plainfield North facility. We will continue to refer patients to the other area facilities per the patient's place of residence and choice. We also strongly support home dialysis through our Joliet and Plainfield home therapies programs and will continue to refer those patients who are good candidates for home dialysis services.



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Tunji Alausa, M.D.

M.S. Shafi, M.D.

Stella Awua-Larbi, M.D.

We respectfully ask you to consider the constant growth of ESRD in Plainfield and vote to approve to relocation of the RCG Morris facility to Plainfield to meet this growing need and address an uneven distribution of stations in HSA 9.

Thank you for your consideration.

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other CON application.

Sincerely,

Morufu Alausa, M.D.

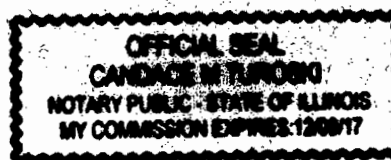
M. Sameer Shafi, M.D.

Notarization:

Subscribed and sworn to before me
this 10th day of December 2014

Signature of Notary

Seal



**PRE - ESRD PATIENTS KIDNEY CARE IDENTIFIED TO BE REFERRED TO
THE RELOCATED MORRIS FACILITY (PLAINFIELD NORTH)**

Zip Code	Pre ESRD
60446	32
60447	13
60543	1
60544	13
60585	2
60586	48
Total	109

CURRENT PATIENTS OF THE RCG MORRIS FACILITY

Zip Code	Patients
60410	1
60416	2
60444	2
60447	3
60450	5
61341	1
Total	14

Current patients will be transferred to either the DaVita Morris, Fresenius Plainfield or relocated Morris facility.

ADMISSIONS OF KIDNEY CARE FOR THE TWELVE MONTH PERIOD OF
9/1/2013 THROUGH 8/31/2014

Zip Code	Fresenius Medical Care					DaVita					Total
	Burbank	Joliet	Mokena	Morris	Plainfield	Chicago Heights	Markham	New Lenox	Olympia Fields	Palos Park	
60403		1			2						3
60404					2						2
60406					1						1
60411						1					1
60416				1							1
60425						1			1		2
60426				1			1				2
60429									1		1
60430										1	1
60432		8			2			1			11
60433		2									2
60435		3			1			1			5
60436		2			3			3			8
60441		1									1
60444				1							1
60446					1						1
60447					1						1
60450					1						1
60451		1	1					1			3
60457										1	1
60459	3										3
60462										4	4
60463										1	1
60464										1	1
60465										2	2
60467										1	1
60471						1					1
60482										1	1
60487								1			1
60491					1						1
60515		1									1
60544					2						2
60563		1									1
60585					1						1
60586					6						6
60620	1										1
60623	1	1									2
60628	1										1
60629	1										1
60652	1										1
Total	8	21	1	3	24	3	1	7	2	12	82

IN-CENTER HEMODIALYSIS PATIENTS OF KIDNEY CARE
FOR 12/31/2011

Zip Code	Fresenius Medical Care					DaVita			Sun Health	Total
	Bolingbrook	Mokena	Morris	Naperville	Plainfield	Morris	New Lenox	West Joliet		
60133				1						1
60403					5			3		8
60404					1			1		2
60407					1					1
60408								1		1
60412								1		1
60424			1							1
60431					1					1
60432					2			8		10
60433		1					3	5		9
60435					8		1	3		12
60436							1	5	1	7
60441					1			1		2
60442							1			1
60443					2					2
60446	2				1			1		4
60447					1			1	1	3
60448		3								3
60450			1							1
60451		1								1
60467							1			1
60544					3	1		1		5
60586					10		1	1		12
Total	2	5	2	1	36	1	8	32	2	89

IN-CENTER PATIENTS OF KIDNEY CARE
FOR 12/31/2012

Zip Code	Fresenius Medical Care						DaVita			Sun Health	Total
	Bolingbrook	Joliet	Mokena	Naperville	Plainfield	Morris	Morris	New Lenox	West Joliet		
60133				1							1
60403					4				2		6
60404					2						2
60412		1									1
60423			1								1
60424						1	1				2
60429					1						1
60431					2						2
60432		4	1		1				6		12
60433		3			8				1		12
60434		1									1
60435		2			11				5	1	19
60436		1			1				4	2	8
60440									1		1
60441		3			4						7
60442								1			1
60445		1									1
60446	1				1				1		3
60447					1				1		2
60448			2								2
60450						1					1
60451			1					2			3
60466					1						1
60467			1					1			2
60506					1						1
60527					1						1
60544					3				1		4
60563					1						1
60565					1						1
60586					11				1		12
60649			1								1
Total	1	16	7	1	55	2	1	4	23	3	113

IN-CENTER PATIENTS OF KIDNEY CARE
FOR 12/31/2013

Zip	Fresenius Medical Care							DaVita					Sun	
Code	Bolingbrook	Burbank	Joliet	Mokena	Morris	Naperville	Plainfield	Chicago Heights	Olympia Fields	Palos Park	New Lenox	West Joliet	Health	Total
60133						1								1
60453										1				1
60403			2				5					1		8
60404							2					1		3
60406							1							1
60411								1						1
60416					1									1
60423				1										1
60425								1	1					2
60426										1				1
60428									1					1
60429							1							1
60431							2							2
60432			10				3					4		17
60433			14				2			1				17
60434			1											1
60435			4				6	1				4		15
60436			5									3	2	10
60441			2				1							3
60442											1			1
60445										1				1
60446	1						1					1		3
60447					2		1					1		4
60448				3										3
60450							1							1
60451			2	1							2			5
60452										1				1
60453										2				2
60457										1				1
60462										4				4
60463										2				2
60465										2				2
60466								1						1
60467										1	2			3
60471								1						1
60477									1				1	2
60482										1				1
60491			1				1							2
60527							1							1
60534			1											1
60544			1				2					1		4
60563			1				1							2
60565							1							1
60586			2				14							16
60609										1				1
60619								1						1
60632		1												1
60638										1				1
60639		1					1							2
60643		1												1
60649				1						1				2
60652		1												1
60677				1										1
Total	1	4	46	7	3	1	47	6	3	21	5	16	3	163

IN-CENTER PATIENTS OF KIDNEY CARE
FOR 2ND QUARTER 2014

	Fresenius Medical Care							DaVita						Total
	Bolingbrook	Burbank	Joliet	Mokena	Morris	Naperville	Plainfield	Chicago Heights	Joliet West	New Lenox	Olympia Fields	Palos Park	Sun Health	
60133					1									1
60403			1											1
60404						1								1
60406			3				3		1					7
60411							3							3
60423							1							1
60425								1						1
60426			1											1
60429								1			1			2
60430												1		1
60431							1				1			2
60432												1		1
60433							2							2
60434			11				2		3					16
60435			14				1							15
60436			1											1
60441			5				6	1	4				1	17
60444			5				1		3				2	11
60446			4											4
60447					1									1
60448	1						3		1					5
60450					2		1		1					4
60451				1						1				2
60453							2							2
60457			3	1						1				5
60459							1					2		3
60462												1		1
60463		5												5
60464												4		4
60465												1		1
60466												1		1
60467		1										2		3
60471	1													1
60482										2		1		3
60487								1						1
60491		1										1		2
60544										1				1
60563			1											1
60565			1				4		1					6
60586			1											1
60620							1							1
60623							13							13
60628		2												2
60629		1												1
60632		1												1
60639		3												3
60652		1												1
60677				1			1							2
61801		1												1
Total	2	16	51	3	4	1	46	4	14	5	2	15	3	166

Service Accessibility – Service Restrictions

The proposed relocation of the RCG-Morris 10-station ESRD facility approximately 30 minutes away in HSA 9 will address two areas of concern. One is an issue of maldistribution/duplication of services currently in Morris and the second will address high utilization and need for access in another, Plainfield. Both of these will occur without impact to the current station inventory. While there are two facilities operating in Morris, where there are not enough patients for two clinics to operate efficiently, the Plainfield area has experienced continued high utilization at its only ESRD facility. The proposed relocation will improve access for residents of Plainfield where there is a disproportionate ratio of stations to population (one station per 5,565 residents) demonstrating need and facilities operating at high utilization rates. It will also adjust the balance of stations in HSA 9 by eliminating duplicated services in Morris.

Existing Facilities

The two facilities serving Morris, one Fresenius and one DaVita are not able to both operate at Board target utilization. Either one is at target while the other is underutilized or vice versa. The Medical Director of this facility is part of a large practice with an ever growing patient population in Plainfield, also in HSA 9. The Plainfield facility, open 5 years, has already expanded as much as possible. The physicians need additional access in the Plainfield area to accommodate the 103 identified pre-ESRD patients who will potentially be requiring dialysis services there in the next 2-3 years.

Population Demographics

The Village of Plainfield was considered to be one of the fastest growing cities in the United States between 2000 and 2010 according to the U.S. Census Bureau. In 2000 Morris and Plainfield had approximately the same number of residents (12,000 for Morris and 13,000 for Plainfield). As of 2010 Morris added an additional 1,600 residents while Plainfield added 26,500 new residents.

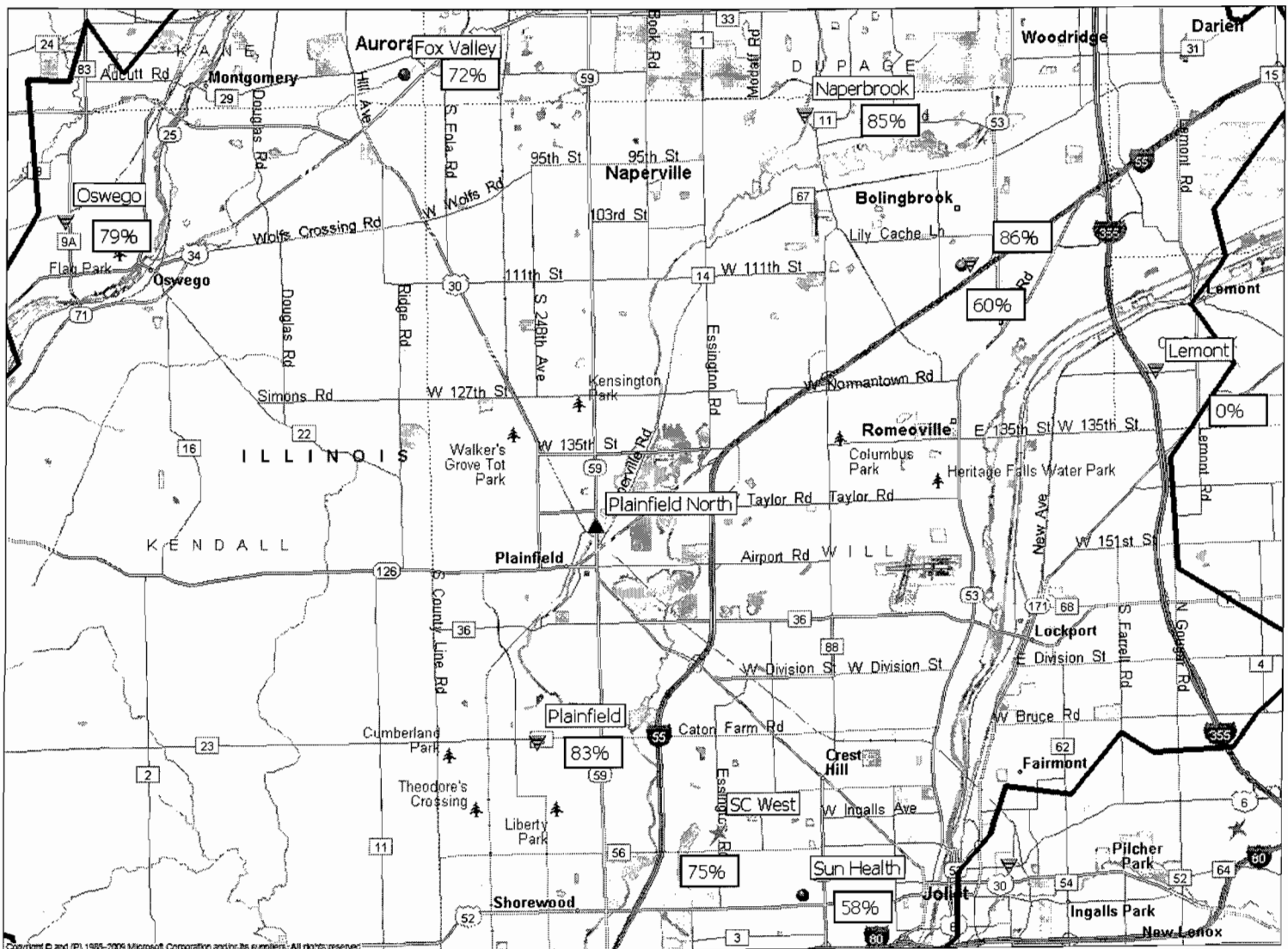
While the population as a whole more than doubled the Hispanic and African American populations grew at a drastically higher rate than the white population. Also, 27% of the residents are over the age of 45 when rates of diabetes and hypertension leading to kidney disease increase.

Population Growth for Village of Plainfield	2000		2010		2010 vs 2000	
	Population	% of Total Population	Population	% of Total Population	Total Growth	Growth Percent
Total Population	13,038	100%	39,581	100%	26,543	204%
White	12,497	96%	32,347	82%	19,850	159%
Hispanic	504	4%	4,247	11%	3,743	743%
African American	110	1%	2,202	6%	2,092	1902%
Age 65 and older	818	6%	2,079	5%	1,261	154%
Age 45 and older	3,343	26%	10,674	27%	7,331	219%

**Facilities Within 30 Minutes Travel Time of Fresenius Plainfield North
(relocated RCG-Morris)**

Facility	Address	City	ZIP Code	Ind Travel Study*	Stations	Sep-14	
						Patients	Utilization
Fresenius Plainfield	2320 Michas Drive	Plainfield	60586	11	16	80	83.33%
DaVita West Joliet	1051 Essington Rd	Joliet	60435	17.7	29	86	75.44%
USR Bolingbrook	396 Remington Blvd	Bolingbrook	60440	19.2	13	47	60.26%
Fox Valley Dialysis	1300 Waterford Dr	Aurora	60504	19.7	29	125	71.84%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	20.2	24	124	86.11%
Fresenius Lemont	16177 W 127th Street	Lemont	60439	20.2	12	0	0.00%
Fresenius Naperville	2451 S. Washington	Naperville	60565	21.3	16	82	85.42%
Sun Health Dialysis	2121 W Oneida St	Joliet	60435	24.3	17	59	57.84%
Fresenius Oswego	1051 Station Drive	Oswego	60543	27	11	52	78.79%

*An independent travel study was performed by a Professional Traffic Operations Engineer per 1110.510e on all facilities within 30 minutes travel time via MapQuest. Those above are the clinics that fell within 30 minutes according to the study which is at the end of this attachment.



Existing RCG-Morris Patients and Pre-ESRD Patients of Kidney Care

Zip Code	Patients
60410	1
60416	2
60444	2
60447	3
60450	5
61341	1
Total	14

There are currently 14 patients being served at the RCG-Morris facility, 4 of which are patients of Kidney Care. These patients can be served at the DaVita Morris facility or the relocated RCG-Morris, Fresenius Plainfield or Ottawa facilities. (Note that Kidney Care only has 8 pre-ESRD patients who reside in the Morris area that will require dialysis services in the next 1-3 years versus the 103 identified in the Plainfield area.)

Pre-ESRD Patients Identified For The Relocated RCG-Morris/ Fresenius Plainfield North Facility

Zip Code	Pre ESRD
60446	32
60447	13
60543	1
60544	13
60585	2
60586	48
Total	109

MEMORANDUM

To: Ms. Lori Wright
Fresenius Medical Care

From: Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering

Date: December 11, 2014

Re: Travel Time Surveys
Proposed Fresenius Medical Facility
24030 Riverwalk Court
Plainfield, Illinois



This memorandum summarizes the travel time surveys conducted for a proposed Fresenius Medical facility to be located at 24030 Riverwalk Court in Plainfield, Illinois. The purpose of the study was to determine the average one-way travel times between existing/planned dialysis centers and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys were to and from 17 facilities.

The surveys were conducted between the hours of 6:30 AM and 6:30 PM. Three travel runs were conducted for each facility with two runs occurring in the midday period from 9:30 AM to 3:30 PM. The third run was conducted in the evening peak period from 3:30 PM to 6:30 PM.

The average one-way travel times for each facility are summarized in **Table 1** (attached) and **Tables 2 and 3** provides a detailed listing of each individual travel run.

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois. License No. 062.046487, and Expiration Date: November 30, 2015.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2017.


Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering

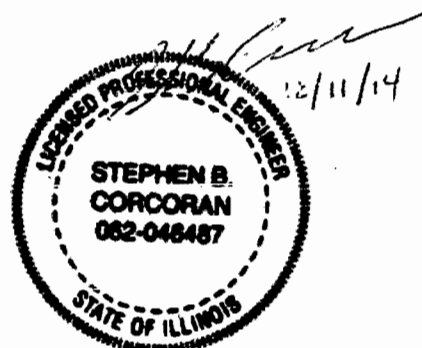


Table 1
Fresenius Medical Care - Plainfield Travel Run Summary

Site	Name	Address	City	Average One-Way Travel Times (minutes)
1	Fresenius Plainfield	2320 Michas Drive	Plainfield	11.0
2	DaVita West Joliet	1051 Essington Road	Joliet	17.7
3	USR Bolingbrook	396 Remington Boulevard	Bolingbrook	19.2
4	Fresenius Bolingbrook	329 Remington Boulevard	Bolingbrook	20.2
5	Fox Valley Dialysis	1300 Waterford Drive	Aurora	19.7
6	Fresenius Naperville	2451 S. Washington Street	Naperville	21.3
7	Sun Health Dialysis	2121 W. Oneida Street	Joliet	24.3
8	Fresenius Oswego	1051 Station Drive	Oswego	27.0
9	USR Oak Brook	1201 Butterfield Road	Downers Grove	31.3
10	Fresenius Naperville North	514 W. 5th Avenue	Naperville	31.0
11	Yorkville Dialysis	1400 Beecher Road	Yorkville	33.0
12	Fresenius Joliet	721 E. Jackson Street	Joliet	31.3
13	Fresenius Willowbrook	6300 Kingery Highway	Willowbrook	31.5
14	DaVita New Lenox	1890 Silver Cross Boulevard	New Lenox	31.0
15	Fresenius Aurora	455 Mercy Lane	Aurora	36.2
16	Fresenius Downers Grove	3825 Highland Avenue	Downers Grove	35.5
17	Fresenius Lemont	16177 W. 127th Street	Lemont	20.2
Average Time for All Locations				26.0 minutes



24030 Riverwalk Court

Table 2
Plainfield Travel Runs

One-Way Travel Times (minutes)						One-Way Travel Times (minutes)					
Direction	Date	Day	Time Start	Time End	Run Average	Direction	Date	Day	Time Start	Time End	Run Average
1 - Fresenius Plainfield											
To FMC Plainfield (existing)	8/3/2012	Wednesday	9:30 AM	9:39 AM	9	To FMC Naperville	8/9/2012	Thursday	10:10 AM	10:32 AM	22
To FMC Plainfield (proposed)	8/3/2012	Wednesday	9:40 AM	9:49 PM	9	To FMC Plainfield (proposed)	8/9/2012	Thursday	10:33 AM	10:55 AM	22
To FMC Plainfield (existing)	8/3/2012	Wednesday	12:06 PM	12:20 PM	14	To FMC Naperville	8/9/2012	Thursday	1:27 PM	1:51 PM	24
To FMC Plainfield (proposed)	8/3/2012	Wednesday	12:22 PM	12:35 PM	13	To FMC Plainfield (proposed)	8/9/2012	Thursday	1:52 PM	2:12 PM	20
To FMC Plainfield (existing)	8/3/2012	Wednesday	3:42 PM	3:53 PM	11	To FMC Naperville	8/14/2012	Tuesday	5:38 PM	5:58 PM	20
To FMC Plainfield (proposed)	8/3/2012	Wednesday	3:54 PM	4:04 PM	10	To FMC Plainfield (proposed)	8/14/2012	Tuesday	5:59 PM	6:19 PM	20
2 - DaVita West Joliet											
To DaVita West Joliet	8/3/2012	Wednesday	9:51 AM	10:08 AM	17	7 - Sun Health Dialysis					
To FMC Plainfield (proposed)	8/3/2012	Wednesday	10:09 AM	10:26 AM	17	To Sun Health Dialysis	8/9/2012	Thursday	10:56 AM	11:17 AM	21
To DaVita West Joliet	8/3/2012	Wednesday	12:36 PM	12:53 PM	17	To FMC Plainfield (proposed)	8/9/2012	Thursday	11:18 AM	11:39 AM	21
To FMC Plainfield (proposed)	8/3/2012	Wednesday	12:54 PM	1:11 PM	17	To Sun Health Dialysis	8/10/2012	Friday	12:20 PM	12:45 PM	25
To DaVita West Joliet	8/3/2012	Wednesday	4:05 PM	4:25 PM	20	To FMC Plainfield (proposed)	8/10/2012	Friday	12:49 PM	1:16 PM	27
To FMC Plainfield (proposed)	8/3/2012	Wednesday	4:26 PM	4:44 PM	18	To Sun Health Dialysis	8/15/2012	Wednesday	5:26 PM	5:52 PM	26
3 - USR Bolingbrook											
To USR Bolingbrook	8/3/2012	Wednesday	10:29 AM	10:47 AM	18	To FMC Plainfield (proposed)	8/15/2012	Wednesday	5:54 PM	6:20 PM	26
To FMC Plainfield (proposed)	8/3/2012	Wednesday	10:48 AM	11:04 AM	16	8 - FMC Oswego					
To USR Bolingbrook	8/3/2012	Wednesday	1:12 PM	1:34 PM	22	To FMC Oswego	8/9/2012	Thursday	11:40 AM	12:07 PM	27
To FMC Plainfield (proposed)	8/3/2012	Wednesday	1:35 PM	1:54 PM	19	To FMC Plainfield (proposed)	8/9/2012	Thursday	12:12 PM	12:41 PM	29
To USR Bolingbrook	8/3/2012	Wednesday	4:45 PM	5:07 PM	22	To FMC Oswego	8/10/2012	Friday	1:18 PM	1:43 PM	25
To FMC Plainfield (proposed)	8/3/2012	Wednesday	5:08 PM	5:26 PM	18	To FMC Plainfield (proposed)	8/10/2012	Friday	1:49 PM	2:12 PM	23
4 - FMC Bolingbrook											
To FMC Bolingbrook	8/3/2012	Wednesday	11:06 AM	11:25 AM	19	To FMC Oswego	8/13/2012	Monday	3:32 PM	4:01 PM	29
To FMC Plainfield (proposed)	8/3/2012	Wednesday	11:26 AM	11:41 AM	15	To FMC Plainfield (proposed)	8/13/2012	Monday	4:04 PM	4:33 PM	29
To FMC Bolingbrook	8/3/2012	Wednesday	1:55 PM	2:15 PM	20	9 - USR Oak Brook					
To FMC Plainfield (proposed)	8/3/2012	Wednesday	2:16 PM	2:36 PM	20	To USR Oak Brook	12/4/2014	Thursday	10:03 AM	10:33 AM	30
To FMC Bolingbrook	8/3/2012	Wednesday	5:28 PM	5:53 PM	25	To FMC Plainfield (proposed)	12/4/2014	Thursday	9:31 AM	10:01 AM	30
To FMC Plainfield (proposed)	8/3/2012	Wednesday	5:54 PM	6:16 PM	22	To USR Oak Brook	12/4/2014	Thursday	2:00 PM	2:32 PM	32
5 - Fox Valley Dialysis											
To Fox Valley Dialysis	8/9/2012	Thursday	9:30 AM	9:50 AM	20	To FMC Plainfield (proposed)	12/4/2014	Thursday	2:40 PM	3:09 PM	29
To FMC Plainfield (proposed)	8/9/2012	Thursday	9:51 AM	10:08 AM	17	To USR Oak Brook	12/4/2014	Thursday	3:31 PM	4:03 PM	31
To Fox Valley Dialysis	8/9/2012	Thursday	12:42 PM	1:05 PM	23	To FMC Plainfield (proposed)	12/4/2014	Thursday	4:04 PM	4:40 PM	36
To FMC Plainfield (proposed)	8/9/2012	Thursday	1:06 PM	1:26 PM	20	10 - FMC Naperville North					
To Fox Valley Dialysis	8/14/2012	Tuesday	4:58 PM	5:16 PM	18	To FMC Naperville North	8/13/2012	Monday	9:53 AM	10:20 AM	27
To FMC Plainfield (proposed)	8/14/2012	Tuesday	5:17 PM	5:37 PM	20	To FMC Plainfield (proposed)	8/13/2012	Monday	10:21 AM	10:50 AM	29
6 - FMC Naperville											
To FMC Plainfield (proposed)	8/14/2012	Tuesday	4:27 PM	4:57 PM	30	To FMC Naperville North	8/13/2012	Monday	1:06 PM	1:42 PM	36
7 - Sun Health Dialysis											
To Sun Health Dialysis	8/14/2012	Tuesday	4:27 PM	4:57 PM	30	To FMC Plainfield (proposed)	8/13/2012	Monday	1:46 PM	2:21 PM	35
To FMC Plainfield (proposed)	8/14/2012	Tuesday	4:57 PM	5:27 PM	30	To FMC Naperville North	8/14/2012	Tuesday	3:57 PM	4:26 PM	29
8 - FMC Naperville											
To FMC Plainfield (proposed)	8/14/2012	Tuesday	4:57 PM	5:27 PM	30	To FMC Plainfield (proposed)	8/14/2012	Tuesday	4:27 PM	4:57 PM	30



Table 3

Plainfield Travel Runs

24030 Riverwalk Court

One-Way Travel Times (minutes)							One-Way Travel Times (minutes)		
Direction	Date	Day	Time		End	Run	Average		
			Start						
11 - Yorkville Dialysis									
To Yorkville Dialysis	12/4/2014	Thursday	12:43 PM		1:13 PM	30			
To FMC Plainfield (proposed)	12/4/2014	Thursday	1:16 PM		1:48 PM	32			
To Yorkville Dialysis	12/9/2014	Tuesday	10:56 AM		11:25 AM	29			
To FMC Plainfield (proposed)	12/9/2014	Tuesday	11:27 AM		11:56 AM	29			
To Yorkville Dialysis	12/9/2014	Tuesday	4:17 PM		4:53 PM	46			
To FMC Plainfield (proposed)	12/9/2014	Tuesday	4:55 PM		5:27 PM	32	33.0		
12 - FMC Joliet									
To FMC Joliet	8/14/2012	Tuesday	1:00 PM		1:30 PM	30			
To FMC Plainfield (proposed)	8/14/2012	Tuesday	1:30 PM		2:03 PM	33			
To FMC Joliet	8/14/2012	Tuesday	2:03 PM		2:34 PM	31			
To FMC Plainfield (proposed)	8/14/2012	Tuesday	2:38 PM		3:08 PM	30			
To FMC Joliet	8/14/2012	Tuesday	4:06 PM		4:39 PM	33			
To FMC Plainfield (proposed)	8/14/2012	Tuesday	4:39 PM		5:10 PM	31	31.3		
13 - FMC Willowbrook									
To FMC Willowbrook	8/13/2012	Monday	1:27 PM		1:59 PM	32			
To FMC Plainfield (proposed)	8/13/2012	Monday	1:59 PM		2:27 PM	28			
To FMC Willowbrook	8/13/2012	Monday	2:27 PM		2:53 PM	26			
To FMC Plainfield (proposed)	8/13/2012	Monday	2:59 PM		3:32 PM	33			
To FMC Willowbrook	8/13/2012	Monday	5:02 PM		5:33 PM	31			
To FMC Plainfield (proposed)	8/13/2012	Monday	5:33 PM		6:12 PM	39	31.5		
14 - DaVita New Lenox									
To DaVita New Lenox	8/13/2012	Monday	11:03 AM		11:32 AM	29			
To FMC Plainfield (proposed)	8/13/2012	Monday	11:32 AM		1:05 PM	33			
To DaVita New Lenox	8/13/2012	Monday	12:26 PM		12:54 PM	28			
To FMC Plainfield (proposed)	8/13/2012	Monday	12:54 PM		1:25 PM	29			
To DaVita New Lenox	8/13/2012	Monday	3:55 PM		4:24 PM	29			
To FMC Plainfield (proposed)	8/13/2012	Monday	4:24 PM		5:02 PM	38	31.0		
15 - Fresenius Aurora									
To FMC Aurora	12/4/2014	Thursday	11:18 AM		11:55 AM	37			
To FMC Plainfield (proposed)	12/4/2014	Thursday	12:03 PM		12:38 PM	35			
To FMC Aurora	12/9/2014	Tuesday	12:41 PM		1:12 PM	31			
To FMC Plainfield (proposed)	12/9/2014	Tuesday	1:13 PM		1:45 PM	32			
To FMC Aurora	12/10/2014	Wednesday	5:45 PM		6:26 PM	41			
To FMC Plainfield (proposed)	12/10/2014	Wednesday	5:02 PM		5:43 PM	41	36.2		
16 - Fresenius Downers Grove									
To FMC Downers Grove	12/9/2014	Tuesday	2:52 PM		3:24 PM	32			
To FMC Plainfield (proposed)	12/4/2014	Thursday	10:45 AM		11:18 AM	33			
To FMC Downers Grove	12/4/2014	Thursday	4:41 PM		5:21 PM	40			
To FMC Plainfield (proposed)	12/4/2014	Thursday	5:23 PM		6:05 PM	42			
To FMC Downers Grove	12/9/2014	Tuesday	1:46 PM		2:17 PM	31			
To FMC Plainfield (proposed)	12/9/2014	Tuesday	9:31 AM		10:06 AM	35	35.5		
17 - Fresenius Lemont									
To FMC Lemont	12/4/2014	Thursday	10:08 AM		10:29 AM	21			
To FMC Plainfield (proposed)	12/4/2014	Thursday	10:31 AM		10:50 AM	19			
To FMC Lemont	12/4/2014	Thursday	12:03 PM		12:20 PM	17			
To FMC Plainfield (proposed)	12/4/2014	Thursday	12:21 PM		12:40 PM	19			
To FMC Lemont	12/4/2014	Thursday	3:52 PM		4:16 PM	24			
To FMC Plainfield (proposed)	12/4/2014	Thursday	5:36 PM		5:57 PM	21	20.2		

Unnecessary Duplication/Maldistribution

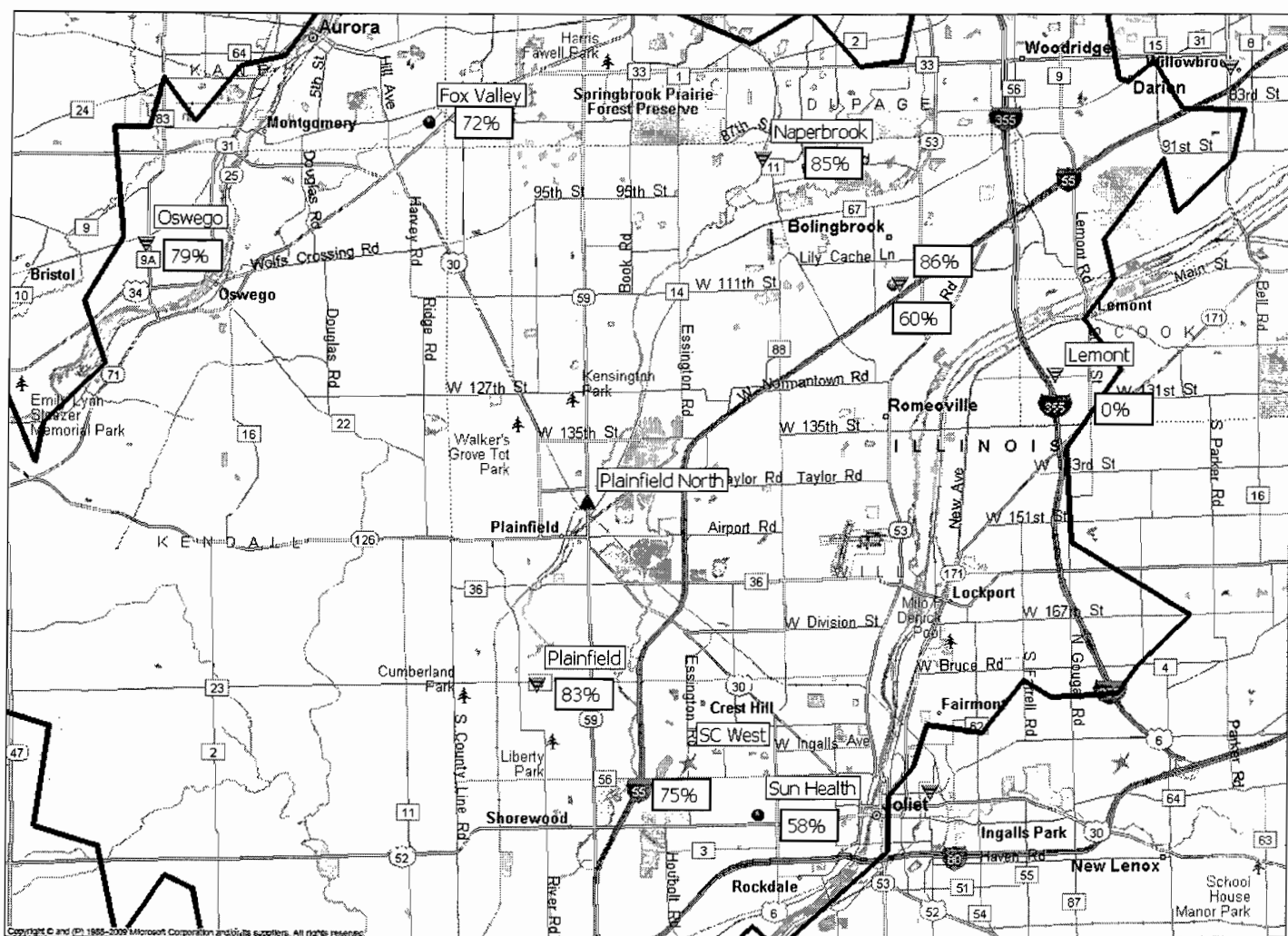
Zip Code	Population
60403	17,529
60404	17,395
60410	12,687
60431	22,577
60435	48,899
60436	18,315
60439	22,919
60440	52,911
60441	36,869
60446	39,807
60447	13,709
60490	20,463
60502	21,873
60503	16,717
60504	37,919
60505	76,573
60515	27,503
60516	29,084
60517	32,038
60538	26,619
60540	42,910
60543	36,156
60544	25,959
60560	22,415
60561	23,115
60563	35,922
60564	41,312
60565	40,524
60585	22,311
60586	46,251
Total	929,281

- 1.(A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of the RCG-Morris relocation site in Plainfield is 1 station per 5,565 residents which supports the need for this project. The State ratio is 1 station per 3,102 residents. There is nearly twice the access in the State overall as there is in Plainfield.
2. The ratio of stations to population in the Plainfield area, which is more than 1 ½ times lower than the State average, displays a need for additional stations. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Medical Care Plainfield North will not create a maldistribution of services in regard to there being excess availability. The average utilization of those clinics in operation within 30 minutes travel time are operating at an average utilization rate of 74.88%.

Facilities Within 30 Minutes Travel Time of Plainfield North (relocated RCG-Morris)

Facility	Address	City	ZIP Code	Ind Travel Study	Stations	Sep-14	
						Patients	Utilization
Fresenius Plainfield	2320 Michas Drive	Plainfield	60586	11	16	80	83.33%
DaVita West Joliet	1051 Essington Rd	Joliet	60435	17.7	29	86	75.44%
USR Bolingbrook	396 Remington Blvd	Bolingbrook	60440	19.2	13	47	60.26%
Fox Valley Dialysis	1300 Waterford Dr	Aurora	60504	19.7	29	125	71.84%
Fresenius Bolingbrook	329 Remington Blvd	Bolingbrook	60440	20.2	24	124	86.11%
Fresenius Lemont	16177 W 127th Street	Lemont	60439	20.2	12	0	0.00%
Fresenius Naperville	2451 S. Washington	Naperville	60565	21.3	16	82	85.42%
Sun Health Dialysis	2121 W Oneida St	Joliet	60435	24.3	17	59	57.84%
Fresenius Oswego	1051 Station Drive	Oswego	60543	27	11	52	78.79%

(see map on following page)



2. The relocated RCG-Morris/Fresenius Medical Care Plainfield North facility will not have an adverse effect on any other area ESRD provider in the area. Plainfield is currently served by only one other clinic, the Fresenius Medical Care Plainfield clinic of which Dr. Alausa is the Medical Director. The relocated facility will in fact have a positive effect on the current Plainfield clinic by alleviating over-utilization. It will also have a positive effect on patients by creating access to additional treatment times. Expected referrals are new pre-ESRD patients who would have otherwise been referred to the current Plainfield facility, which is not able to accommodate all of these patients. Any future patients from the Morris area will be referred to area facilities based on location of home residence.

Misdistribution that currently exists in Morris will be eliminated.

3. Not applicable – applicant is not a hospital; however the utilization will not be lowered below target utilization at any other ESRD facility due to the establishment of the facility.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Alausa is a nephrologist in practice with Kidney Care Centers and is Medical Director of the Fresenius Plainfield, Joliet and Joliet Home dialysis clinics. His partner Dr. Shafi is the Medical Director of the Fresenius Morris facility. Attached are their curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company. The current RCG Morris staff, consisting of 2 patient care technicians and the social worker, are expected to transfer to the new location.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- Two Additional Registered Nurses
- Five Additional Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

Mohammad Sameer Shafi MD

Email: mosashafimd@hotmail.com

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 as 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 Southern 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 Barn 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

Tunji M. Alausa M.D

Phone (630) 257-0469

Pager: (815) 851-0030

Fax: (630) 257-0469

EXPERIENCE

7/2004 – Present	Attending Nephrologist Germane Nephrology Associates Joliet, Illinois
7/2002 – 6/2004	Nephrology Fellow Medical College of Wisconsin Milwaukee, Wisconsin
7/2001 - 6/2002	Attending Physician Department Of Medicine Cook County Hospital Chicago, Illinois
6/2000 – 6/2001	Chief Medical Resident Department Of Medicine Cook County Hospital Chicago, Illinois
7/97 – 5/2000	Residency in Internal Medicine Cook County Hospital Chicago, Illinois
2/96 – 6/97	Residency in Internal Medicine Sunderland District General Hospital University of Newcastle Sunderland, United Kingdom
11/95 – 1/96	Senior House Officer Bolton General Hospital Bolton, United Kingdom
11/94 – 9/95	Clinical Clerkship for the United Kingdom Professional and Linguistic Assessment Board (PLAB) Examination
4/93 – 10/94	Senior House Officer San Fernando General Hospital Trinidad, and Tobago West Indies

EDUCATION

10/86 – 4/93	University of Lagos, Lagos, Nigeria Bachelor of Medicine and Bachelor of Surgery (M.D)
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CERTIFICATIONS

Board Eligible in Nephrology
Board Certified, American Board of Internal Medicine
Membership examination, Royal College of Physician (MRCP part 1)
United Kingdom medical Licensing exam (PLAB) Certification
Radiation Protection and Safety Certification
United States Medical Licensing Examination Steps I, II, III
Advanced Cardiac Life Support (ACLS) Certificate
Pediatric Advanced Life Support (PALS) Certificate

PUBLICATIONS

Kidney Transplants After A Previous Bone Marrow Transplant
(Abstract presented at the National Kidney Foundation Meeting in
April 2002). **Tunji Morufu Alausa et al**

Characterization of persistently altered gene expression in rat kidney
after recovery from ischemic ARF. **Tunji Morufu Alausa et al**

Refractory Acute Kidney Transplant Rejection with CD20 Graft
Infiltrates and Successful Therapy with Rituximab. **Tunji Morufu
Alausa et al**

Identification of Persistently Altered Gene Expression in Kidney
Following Functional Recovery From Ischemic Acute Renal Failure
David P. Basile, **Tunji M. Alausa et al**

Effusion That Won't Go Away (New England Journal Of Medicine
Volume 345 Number 10) P. Muthuswamy, **Tunji M. Alausa et al**

A Comparative Study of Celecoxib versus Diclofenac Sodium On
Blood Pressure Control and Renal Function in Hypertensive African
Americans / Hispanics (Abstract presented at the American Society of
Nephrology Annual Scientific Meeting 2002)

The Impact of Evidence on Physicians' Inpatient Treatment Decisions
Brian Lucas, **Tunji M. Alausa et al**

RESEARCH

Peritubular Capillary Loss following Recovery from Ischemic Acute
Tubular Necrosis.

Identification of Persistently Altered Gene Expression in Kidney
Following Functional Recovery From Ischemic Acute Renal Failure

Effects of Celecoxib versus Diclofenac Sodium on Blood pressure
Control / Renal Function in Hypertensive African Americans and
Hispanics (Randomized cross-over study)

Is Treatment of Medical Inpatients Evidence- Based? (A Study of
Impact of Evidence Based Medicine on Treatment Decisions)

Project Brotherhood (A Community- Based Project on Health and
Social needs of Minority Males in an Inner City Low Income
Neighborhood)

HONORS

Lagos State Medical Student Association Outstanding Medical Student
Award for Community Service and Development Programs

Nominated for the Best Teaching Attending in Primary Care Medicine -
Cook County Hospital 2002 Academic Year

Physiology Distinction (viva): Basic Medical Sciences, College of
Medicine, University of Lagos

**PROFESSIONAL
MEMBERSHIPS**

American Society of Nephrology
Renal Physician Association
American Society of Transplantation
American College of Physician
American Medical Association
British Medical Association
Trinidad and Tobago Medical Association
Nigeria Medical Association

**PERSONAL
INFORMATION**

Married
American Citizen
Date of Birth – 04/16/1967

REFERENCE

Available upon request

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Medical Care who will oversee the Plainfield North facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

Fresenius Medical Care Plainfield North will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Plainfield North facility, just as they currently are able to at all Fresenius Medical Care facilities.



Signature

Coleen Muldoon

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me
this 16th day of Sept, 2014



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice at Fresenius Medical Care who will oversee the Fresenius Medical Care Plainfield North facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

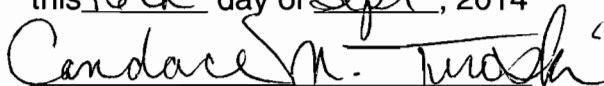
- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services will be available at Fresenius Medical Care Plainfield North during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Edward Hospital, Naperville:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

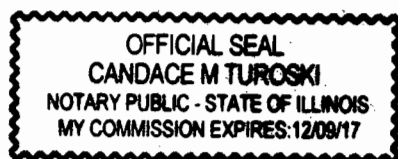
Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 16th day of Sept, 2014



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

The RCG Morris relocation site in Plainfield is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. Fresenius Medical Care Plainfield North will have 10 dialysis stations thereby meeting this requirement.

**PATIENT TRANSFER AGREEMENT BETWEEN
EDWARD HOSPITAL AND FRESENIUS MEDICAL CARE
OF PLAINFIELD NORTH**

This Agreement is made and is effective as of the 12th day of April, 2012 by and between **Fresenius Medical Care Plainfield North** ("**Fresenius-Plainfield North**") and **Edward Hospital** ("**Hospital**"), located at 801 S. Washington Street, Naperville, IL 60540.

Whereas, **Fresenius-Plainfield North** has submitted a Certificate of Need application to the Illinois Health Facilities Planning Board for approval of a free standing renal dialysis center (the "Center") for treatment of patients with end-stage renal disease to be located in Plainfield, Illinois;

Whereas, **Edward Hospital** operates an Illinois licensed acute care hospital (the "Hospital") located in Naperville, Illinois; and

Whereas, in connections with the above Certificate of Need approval, **Fresenius-Plainfield North** and **Edward Hospital** desire to enter into this transfer agreement to assure continuity of care and treatment appropriate for patients receiving dialysis services at the Center (the "Center Patients") who are determined to be in need of emergent evaluation, treatment, and possible admission as an inpatient at the Hospital.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, Fresenius-Plainfield North and the Hospital hereby agree as follows:

1. When it is determined by the Center that a Center Patient is in need of emergent evaluation, treatment, and possible admission as an inpatient at the Hospital, and when a Hospital physician accepts transfer of a Center Patient, then Hospital agrees to accept such a patient transfer as promptly as possible provided that transfer requirements are met and adequate staff and bed space to accommodate such a patient are available. Fresenius-Naperville North will be responsible for the transfer of the Center Patient, including arranging for appropriate transportation and care of the patient during the transfer.
2. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in rendering services hereunder, to foster the prompt effective evaluation, treatment and continuing care of recipients of these services.
3. The parties agree that that services provided by each party in connection with this Agreement will be provided in conformity with all applicable federal, state, and local laws, standards, rulings, ore regulations. This shall include the obligation to comply with all State of Illinois and federal laws and regulations governing the confidentiality and release of patient medical record and health information, including, but not limited to, the privacy standards of Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") and the regulations promulgated thereunder. The parties also agree to comply with the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").
4. Charges for services performed by either institution in connection with this Agreement shall be collected by the institution rendering such services directly from the patient, third party payor or other sources normally billed by the institution. Neither party shall have any liability to the other party for such charges.
5. Each party acknowledges the non-exclusive nature of the Agreement, and nothing in this agreement shall be construed as limited the right of either party to contract under similar agreements with any other institution while this Agreement is in effect.

6. The relationship between Fresenius-Plainfield North and the Hospital shall be that of independent contractors. The governing body of each institution shall have exclusive control of policies, management, assets, and affairs of its respective institution. Neither institution shall assume any liability by virtue of this Agreement for any debts or other obligations of a financial or legal nature incurred by the other institution. Each party will maintain professional and general liability insurance as will fully protect it from any and all claims of any nature for damage to property or from personal injury including death, made by anyone which may arise from operations carried on by either party under this Agreement, or from the acts or omissions of any of their respective officers, directors, employees or agents. Such insurance shall be maintained at such minimum levels as are determined to be mutually acceptable. In the event that such insurance is not on an "occurrence basis" and is canceled or terminated, the party cancelling or terminating such insurance shall at all times, including without limitation, after the expiration and termination of this Agreement for any reason, maintain continuing insurance coverage for such cancelled policy of insurance through the purchase of "prior acts" coverage with a subsequent policy of insurance, which provides for a retroactive date of coverage equal to the retroactive date of the insurance policy that was cancelled or terminated, the purchase of an extended reporting endorsement or "tail coverage" for the policy that was cancelled or terminated, or such other method which assures continuing coverage. Each party shall provide the other party with a certificate of insurance or other reasonable evidence that the insurance coverage requirements of this Agreement have been met. Such evidence shall be provided upon the execution of this Agreement, and thereafter in the event of any modification or change in coverage, or upon the other party's request. Each party shall notify the other party in writing at least thirty (30) days prior to cancellation, modification, or non-renewal of its liability coverage. Each party shall notify the other in writing within fifteen (15) days after any notice is received of cancellation or non-renewal of its liability coverage.
7. The parties agree to assume the risk of liability for and to indemnify and hold each other and their respective officers, agents, and employees harmless from and against all claims, causes of action, damages, suits, judgments, liabilities, losses, and expenses, including damages for the death of any person or persons and damages to any property ("Losses"), resulting from, arising out of, or connected with the negligent acts or omissions of their respective employees and agents. This covenant shall survive any termination of this Agreement.
8. **The term of the Agreement shall be one year from the date of execution, and shall automatically renew for successive one (1) year periods thereafter unless terminated as follows:**
- i. Either party may terminate this Agreement at any time, without cause, upon ninety (90) days advance written notice to the other party;
 - ii. In the event that either party notifies the other party in writing that the other party has materially defaulted in the performance of any obligation under this Agreement, and the other party fails to cure such default within thirty (30) days following the receipt of such written notice, or such other longer time as may be mutually agreed to by the parties in writing. Any such notice of default shall include a reasonable description or explanation of the nature of the default. All notices, requests, demands, and other communications required or permitted hereunder shall be in writing and shall be deemed to have been duly delivered then (10) days after date of mailing via regular mail, or sooner upon presentation of adequate proof of earlier delivery, if delivered in person or if sent via overnight courier or by registered, or certified, first class mail, postage prepaid. Notices shall be sent to the signatories to this Agreement, with a copy to the Pediatric Intensive Care Medical Director at the respective institutions.
9. This Agreement shall automatically terminate without regard to notice upon the date that either party to this Agreement:
- a) Ceases to have a valid provider agreement with the Secretary of the Department of Health and Human Services;
 - b) Fails to renew, has suspended, or revoked any necessary licensure to provide health care services in the State of Illinois; or

- c) Either party dissolves or ceases its operations as an acute care hospital in the State of Illinois or files a petition in bankruptcy or is adjudicated bankrupt.
10. In providing services under this Agreement, each party agrees not to discriminate on the basis of race, color, sex, age, religion, national origin, handicap or any other legally prohibited factor.
11. This Agreement constitutes the entire agreement between the parties hereto, and there are no representations, warranties, or prior understandings except as expressly set forth herein. Neither this Agreement nor any term or provision hereof may be changed, waived, discharged, terminated or otherwise modified, except in writing executed with the same formalities as this Agreement. This Agreement shall be deemed to have been made and shall be construed and interpreted in accordance with the laws of the State of Illinois.
12. Neither party to this Agreement may assign any of the rights or obligation under this Agreement without the express written consent of the other party. Any attempt to assign this Agreement without consent shall be void.
13. The waiver by any party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provisions.
14. If any provision of this Agreement, or the application of such provision to any person or circumstance, shall be held invalid, the remainder of this Agreement or the application of such provision to any person or circumstance other than those to which it is held invalid, shall not be affected thereby, each of such provisions being severable in any such instance.

IN WITNESS WHEREOF, the Agreement has been executed by the parties on the date first written above.

EDWARD HOSPITAL

By: _____

Signature

Name Printed: _____

Title: _____

Pamela Davis
President & CEO

**FRESENIUS-PLAINFIELD
NORTH**

By: _____

Signature

Name Printed: _____

Title: _____

Coleen Muldoon
Regional Vice President

RELOCATION OF FACILITIES

- 1) The existing RCG-Morris Dialysis Center was operating at 20% utilization serving 12 patients at the end of the 3rdst quarter of 2014. There are two dialysis facilities in Morris, the other one being the Davita Morris facility. Historically either one facility operated above target utilization while the other remained severely underutilized. Two years ago the RCG Morris facility was above 80% utilization but has seen a dramatic decrease and currently has only 14 patients. There are simply not enough patients in this rural area to efficiently support two facilities.
- 2) The relocation of the RCG-Morris 10-station facility will provide a more equitable access to care for the Morris/Plainfield area of HSA 9. Not only will it address the current duplicated services in Morris but will provide access in Plainfield where there is a need evidenced by high utilization of the current Plainfield facility at 83% with 16 stations.

The existing patient population in Morris will be accommodated at the relocated facility, the current Plainfield or Ottawa facilities or the DaVita Morris facility prior to discontinuation. Pre-ESRD patients in the Plainfield area will be referred to the relocated RCG Morris/Fresenius Plainfield North clinic. Kidney Care has identified 103 potential patients for this location after it opens.

Kidney Care currently only has 8 pre-ESRD patients in the Morris area who will begin dialysis in the next 1-3 years. These patients can be referred to the same area facilities.

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President Fresenius Medical Care who will oversee the Plainfield North facility. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Plainfield North, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Plainfield North in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care Illinois hemodialysis patients have achieved adequacy outcomes of:
 - o 94% of patients had a URR $\geq$ 65%
 - o 96% of patients had a Kt/V $\geq$ 1.2

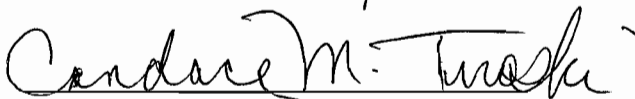
and same is expected for Fresenius Medical Care Plainfield North.



Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 16th day of Sept, 2014



Signature of Notary

Seal





Cushman & Wakefield of
Illinois, Inc.
200 S Wacker Drive
Suite 2800
Chicago, IL 60606
(312) 470-1800 Tel
(312) 470-3800 Fax
www.cushwake.com

October 14, 2014

Chad Middendorf
10531 Timberwood Circle, Suite D
Louisville, KY 40223

RE: **Fresenius Medical Care**
Letter of Intent
24030 Riverwalk Ct
Plainfield, IL

Dear Chad,

Fresenius Medical Care is pleased to provide the following Letter of Intent to lease space.

LANDLORD:

Riverwalk LLC
10531 Timberwood Circle, Suite D
Louisville, KY 40223

TENANT:

Fresenius Medical Care Plainfield North, LLC.

LOCATION:

24030 Riverwalk Ct.
Plainfield, IL

INITIAL SPACE
REQUIREMENTS:

Approximately 6,500 contiguous rentable square feet.

FRESENIUS MEDICAL CARE may have the need and therefore must have the option to increase or decrease the area by up to ten percent (10%) until approval of final construction drawings.

PRIMARY TERM:

An initial lease term of fifteen (15) years. For purposes of establishing an actual occupancy date, both parties will execute a Commencement Date Certificate after occupancy has occurred, setting forth dates for purposes of calculations, notices, or other events in the Lease that may be tied to a commencement date.

DELIVERY OF PREMISES:

Landlord shall deliver the Premises to FRESENIUS MEDICAL CARE for completion of the Tenant Improvements after the Landlord Work, as described herein, is complete. The date all Landlord's Work is substantially complete and delivered to, and accepted by, Tenant shall be the Possession Date.

OPTIONS TO RENEW:

Three (3), five (5) year options to renew the Lease. Option rental rates shall be based upon the lower of Fair Market Value or the

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

increase in the Consumer Price Index over the previous five years, capped at 3.0% per year. FRESENIUS MEDICAL CARE shall provide sixty (60) days' prior written notification of its desire to exercise the option.

RENTAL RATE:

\$26.00 Net per rentable square foot.

RENT COMMENCEMENT:

Three Months after the Possession Date

ESCALATIONS:

\$.50 per year beginning in the second lease year.

LANDLORD WORK:

Landlord to construct, per Tenant's Plans and Specs (to be provided by Tenant) the core and shell of the Premises and shall perform all site work including demolition of the current structure. The Shell, delivered by Landlord, shall have all utilities brought to the Premises and HVAC mounted (to roof) but not distributed. All tenant finishes will be performed by Tenant.

CONCESSIONS:

A rent free period of (3) three months from Possession Date.

USE:

FRESENIUS MEDICAL CARE shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. FRESENIUS MEDICAL CARE may operate on the Premises, at FRESENIUS MEDICAL CARE 's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

**CONTRACTOR FOR
TENANT IMPROVEMENTS:**

FRESENIUS MEDICAL CARE will hire a contractor and/or subcontractors of their choosing to complete their tenant improvements. FRESENIUS MEDICAL CARE shall be responsible for the implementation and management of the tenant improvement construction and will not be responsible to pay for Landlord's project manager, if any.

HVAC:

All new systems will be provided. FRESENIUS MEDICAL CARE requires HVAC service 24 hours per day, 7 days per week.

DELIVERIES:

FRESENIUS MEDICAL CARE requires delivery access to the Premises 24 hours per day, 7 days per week.

EMERGENCY GENERATOR:

FRESENIUS MEDICAL CARE shall have the right, at its cost, to install an emergency generator to service the Premises in a location to be mutually agreed upon between the parties.

**PACE PLANNING/
ARCHITECTURAL AND
MECHANICAL DRAWINGS:**

FRESENIUS MEDICAL CARE will provide all space planning and architectural and mechanical drawings required to build the Premises, including construction drawings stamped by a licensed architect and submitted for approvals and permits. All building permits pertaining to the base building and site work shall be the Landlord's responsibility. All permits for Tenant's finishes shall be the responsibility of Tenant.

PARKING:

Landlord will provide designated handicapped spaces plus one ambulance space (cost to designate parking spaces to be at Landlord's sole cost and expense).

BUILDING CODES:

FRESENIUS MEDICAL CARE requires that the site, shell and all interior structures constructed or provided by the Landlord to meet all local, State, and Federal building code requirements, including all provisions of ADA.

**CORPORATE
IDENTIFICATION:**

Tenant shall have signage rights in accordance with local code.

**COMMON AREA EXPENSES
AND REAL ESTATE TAXES:**

Tenant shall be responsible for all Real Estate Taxes and Operating Expenses associated with its premises. The lease shall be a double net lease, with Landlord only responsible for roof and structure.

**ASSIGNMENT/
SUBLETTING:**

FRESENIUS MEDICAL CARE requires the right to assign or sublet all or a portion of the demised premises to any subsidiary or affiliate without Landlord's consent, provided Guarantor remains liable. Any other assignment or subletting will be subject to Landlord's prior consent, which shall not be unreasonably withheld or delayed.

MAINTENANCE:

Landlord shall, without expense to Tenant, maintain and make all necessary repairs and replacements to all portions of the structure of the Premises, and replace the roof when needed.

With respect to all other maintenance, repairs and replacements, Landlord shall perform such at Tenant's expense, as part of Tenant's common area maintenance charges. All such work to be performed to good and accepted business practices throughout the term, including: repainting the exterior surfaces of the building when necessary, repairing, resurfacing, repaving, re-striping, and resealing, of the parking areas; repair of all curbing, sidewalks and directional markers; removal of snow and ice; landscaping; and provision of adequate lighting during all hours of darkness that Tenant shall be open for business.

Tenant shall maintain and keep the interior of the Premises in good repair, free of refuse and rubbish and shall return the same at the expiration or termination of the Lease in as good condition as received by Tenant, ordinary wear and tear, and damage or destruction by fire, flood, storm, civil commotion or other unavoidable causes excepted. Tenant shall be responsible for maintenance and repair of Tenant's equipment in the Premises.

UTILITIES:

Tenant shall pay all charges for water, electricity, gas, telephone and other utility services furnished to the Premises. Tenant shall receive all savings, credits, allowances, rebates or other incentives granted or awarded by any third party as a result of any of Tenant's utility specifications in the Premises. Landlord agrees to bring water, electricity, gas and sanitary sewer to the Premises in sizes and to the location specified by Tenant and pay for the cost of meters to meter their use. Landlord shall pay for all impact fees and tapping fees associated with such utilities.

SURRENDER:

At any time prior to the expiration or earlier termination of the Lease, Tenant may remove any or all the alterations, additions or installations, installed by or on behalf of Tenant, in such a manner as will not substantially injure the Premises. Tenant agrees to restore the portion of the Premises affected by Tenant's removal of such alterations, additions or installations to the same condition as existed prior to the making of such alterations, additions, or installations. Upon the expiration or earlier termination of the Lease, Tenant shall turn over the Premises to Landlord in good condition, ordinary wear and tear, damage or destruction by fire, flood, storm, civil commotion, or other unavoidable cause excepted. All alterations, additions, or installations not so removed by Tenant shall become the property of Landlord without liability on Landlord's part to pay for the same.

**ZONING AND
RESTRICTIVE COVENANTS:**

Landlord confirms that the current property zoning is acceptable for the proposed use as an outpatient kidney dialysis clinic. There are no restrictive covenants imposed by the development, owner, and/or municipality that would in any way limit or restrict the operation of FRESENIUS MEDICAL CARE's dialysis clinic

FLOOD PLAIN:

Landlord confirms that the property and premises is not in a Flood Plain.

CAPITALIZATION TEST:

Landlord will complete the attached Accounting Classification Form to ensure FRESENIUS MEDICAL CARE is not entering into a capitalized lease arrangement.

FINANCING:

Landlord will provide a non-disturbance agreement.

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

EXCLUSIVITY

Landlord will not, during the term of the Lease and any option terms, lease space in a 3 mile radius to any other provider of hemodialysis services.

ENVIRONMENTAL:

An acceptable Phase One Environmental Study will be required.

DRAFT LEASE:

FRESENIUS MEDICAL CARE requires the use of its Standard Form Lease.

LEASE CONTINGENCY:

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to March 2015. 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 the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit 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 Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by March 2015, 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.

LEASE EXECUTION:

Both parties agree that they will make best efforts to reach a fully executed lease document within thirty days of the execution of this letter of intent.

LEASE SECURITY:

Fresenius Medical Holdings Corp shall fully guarantee the lease.

CONFIDENTIAL:

The material contained herein is confidential. It is intended for use of Landlord and Tenant solely in determining whether they desire to enter into a Lease, and it is not to be copied or discussed with any other person.

NON-BINDING NATURE:

This proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein

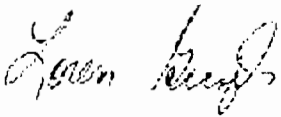
No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

unless and until a definitive Lease agreement has been fully executed and delivered by the parties. The parties agree that this proposal is not intended to create any agreement or obligation by either party to negotiate a definitive Lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive, fully executed agreement, and without any liability to the other party, either party may (i) propose different terms from those summarized herein, (ii) enter into negotiations with other parties and/or (iii) unilaterally terminate all negotiations with the other party hereto.

If you are in agreement with these terms, please execute the document below and return a copy for our records.

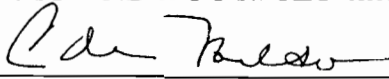
You may email the proposal to loren.guzik@cushwake.com. Thank you for your time and cooperation in this matter, should you have any questions please call me at 312.470.1897.

Sincerely,



Loren Guzik
Senior Director
Office Group
Phone: 312-470-1897
Fax: 312-470-3800
e-mail: loren_guzik@cushwake.com

AGREED AND ACCEPTED this 9th day of December, 2014

By 

Title: Regional Vice President

AGREED AND ACCEPTED this ____ day of _____, 2014

By: _____

Title: _____

No warranty or representation, express or implied, is made as to the accuracy of the information contained herein, and same is submitted subject to errors, omissions, change of price, rental or other conditions, withdrawal without notice, and to any special listing conditions, imposed by our principals.

Letter of Intent for Leased Space
ATTACHMENT 36

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2012 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #13-040, Fresenius Medical Care Lemont.

2013 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #14-029, Fresenius Medical Care Grayslake and are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310(a) Reasonableness of Financing Arrangements

WSKC Dialysis Services, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: [Signature]
Title: Paul Colantonio
Assistant Treasurer

By: [Signature]
Title: Bryan Mello
Assistant Treasurer

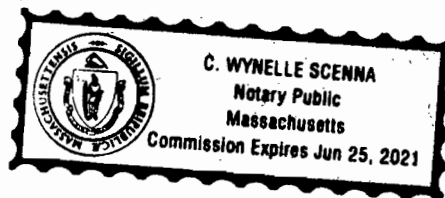
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2014

Notarization:
Subscribed and sworn to before me
this 9 day of Dec, 2014

Signature of Notary C. Wynelle Scenna Signature of Notary

Seal

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

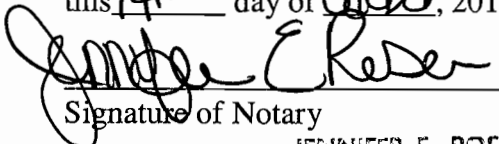
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By: 
Title: Mark Fawcett
Vice President & Treasurer

By: 
Title: Bryan Mello
Assistant Treasurer

Notarization:

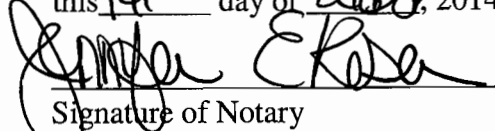
Subscribed and sworn to before me
this 14th day of October, 2014


Signature of Notary

Seal  JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

Notarization:

Subscribed and sworn to before me
this 14th day of October, 2014


Signature of Notary

Seal  JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

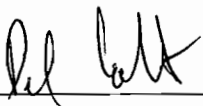
Criterion 1120.310(b) Conditions of Debt Financing

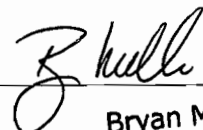
WSKC Dialysis Services, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

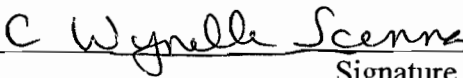
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Paul Colantonio
Assistant Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2014

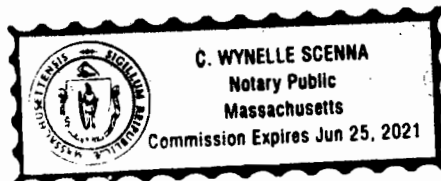
Notarization:
Subscribed and sworn to before me
this 9 day of Dec, 2014


Signature of Notary

Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

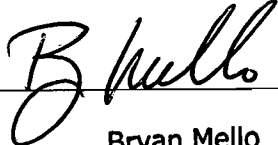
Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

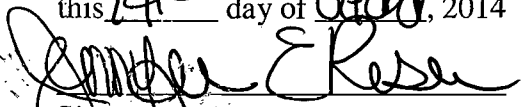
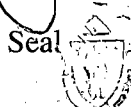
The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: 
ITS: Mark Fawcett
Vice President & Treasurer

By: 
ITS: Bryan Mello
Assistant Treasurer

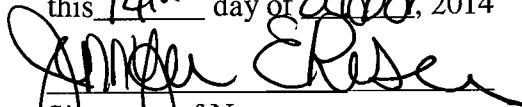
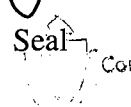
Notarization:

Subscribed and sworn to before me
this 14th day of October, 2014


Signature of Notary
JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016


Notarization:

Subscribed and sworn to before me
this 14th day of October, 2014


Signature of Notary
JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016


Safety Net Impact Statement

The establishment (relocation) of the RCG Morris/Fresenius Plainfield North dialysis facility will not have any impact on safety net services in the Morris/Plainfield area of Will and Grundy Counties. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation.

The table on the following page shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Fresenius Medical Care facilities in Illinois.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Net Revenue	\$362,977,407	\$387,393,758	\$398,570,288
	2011	2012	2013
Charity * (# of self-pay patients)	93	203	642
Charity (cost in dollars)	\$642,947	\$1,536,372	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%
MEDICAID			
	2011	2012	2013
Medicaid (# of patients)	1,865	1,705	1,660
Medicaid (revenue)	\$42,367,328	\$36,254,633	\$31,373,534
Ratio Medicaid to Net Patient Revenue	12%	9.36%	7.87%

Note:

A new billing procedure was put into place in late 2012 to reduce the amount of voids and rebilling. Previously patients with Medicaid pending were considered only under Medicaid and after the procedure change, Medicaid pending patients are considered under self-pay. This has resulted in the increase in "charity" (self-pay) patients and costs.

Medicaid number of patients appears to be going down, however this is due to the reassignment of the "charity" (self-pay) patients associated with the billing change.

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented and/or who do not qualify for Medicare, and who otherwise qualify for public assistance. Also, the American Kidney Fund provides low cost insurance coverage for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage through the AKF. The applicants donate to the AKF to support its initiatives.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2011	2012	2013
Net Patient Revenue	\$362,977,407	\$387,393,758	\$398,570,288
Amount of Charity Care (charges)	\$642,947	\$1,566,380	\$5,346,976
Cost of Charity Care	\$642,947	\$1,566,380	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	.40%	1.34%

Fresenius Medical Care North America - Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a “last resort” program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers connect patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient’s insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.

In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering “free” or “discounted” medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient’s obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical

emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

MEMORANDUM

To: Ms. Lori Wright
Fresenius Medical Care

From: Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering

Date: December 11, 2014

Re: Travel Time Surveys
Proposed Fresenius Medical Facility
24030 Riverwalk Court
Plainfield, Illinois



This memorandum summarizes the travel time surveys conducted for a proposed Fresenius Medical facility to be located at 24030 Riverwalk Court in Plainfield, Illinois. The purpose of the study was to determine the average one-way travel times between existing/planned dialysis centers and the proposed location pursuant to the methodology required by the Illinois Health Facilities & Services Review Board. The travel surveys were to and from 17 facilities.

The surveys were conducted between the hours of 6:30 AM and 6:30 PM. Three travel runs were conducted for each facility with two runs occurring in the midday period from 9:30 AM to 3:30 PM. The third run was conducted in the evening peak period from 3:30 PM to 6:30 PM.

The average one-way travel times for each facility are summarized in **Table 1** (attached) and **Tables 2 and 3** provides a detailed listing of each individual travel run.

Professional Certification

I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Illinois. License No. 062.046487, and Expiration Date: November 30, 2015.

I am Professional Traffic Operations Engineer - No. 380 Expiration Date: November 2017.


Stephen B. Corcoran, P.E., PTOE
Director of Traffic Engineering





Table 1
Fresenius Medical Care - Plainfield Travel Run Summary

Site	Name	Address	City	Average One-Way Travel Times (minutes)
1	Fresenius Plainfield	2320 Michas Drive	Plainfield	11.0
2	DaVita West Joliet	1051 Essington Road	Joliet	17.7
3	USR Bolingbrook	396 Remington Boulevard	Bolingbrook	19.2
4	Fresenius Bolingbrook	329 Remington Boulevard	Bolingbrook	20.2
5	Fox Valley Dialysis	1300 Waterford Drive	Aurora	19.7
6	Fresenius Naperville	2451 S. Washington Street	Naperville	21.3
7	Sun Health Dialysis	2121 W. Oneida Street	Joliet	24.3
8	Fresenius Oswego	1051 Station Drive	Oswego	27.0
9	USR Oak Brook	1201 Butterfield Road	Downers Grove	31.3
10	Fresenius Naperville North	514 W. 5th Avenue	Naperville	31.0
11	Yorkville Dialysis	1400 Beecher Road	Yorkville	33.0
12	Fresenius Joliet	721 E. Jackson Street	Joliet	31.3
13	Fresenius Willowbrook	6300 Kingery Highway	Willowbrook	31.5
14	DaVita New Lenox	1890 Silver Cross Boulevard	New Lenox	31.0
15	Fresenius Aurora	455 Mercy Lane	Aurora	36.2
16	Fresenius Downers Grove	3825 Highland Avenue	Downers Grove	35.5
17	Fresenius Lemont	16177 W. 127th Street	Lemont	20.2
Average Time for All Locations				26.0 minutes



Table 2

Plainfield Travel Runs

24030 Riverwalk Court

One-Way Travel Times (minutes)											One-Way Travel Times (minutes)																																		
Direction					Time			End			Run					Time					End			Run					Average																
Direction					Date			Day			Start			End			Run					Date					Day			Start			End			Run					Average				
1- Fresenius Plainfield											6 - FMC Naperbrook																																		
To FMC Plainfield (existing)					8/3/2012			Wednesday			9:30 AM			9:39 AM			9					8/9/2012					Thursday			10:10 AM			10:32 AM			22									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			9:40 AM			9:49 PM			9					8/9/2012					Thursday			10:33 AM			10:55 AM			22									
To FMC Plainfield (existing)					8/3/2012			Wednesday			12:06 PM			12:20 PM			14					8/9/2012					Thursday			1:27 PM			1:51 PM			24									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			12:22 PM			12:35 PM			13					8/9/2012					Thursday			1:52 PM			2:12 PM			20									
To FMC Plainfield (existing)					8/3/2012			Wednesday			3:42 PM			3:53 PM			11					8/14/2012					Tuesday			5:38 PM			5:58 PM			20									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			3:54 PM			4:04 PM			10					8/14/2012					Tuesday			5:59 PM			6:19 PM			20									
2- DaVita West Joliet											7 - Sun Health Dialysis																																		
To DaVita West Joliet					8/3/2012			Wednesday			9:51 AM			10:08 AM			17					8/9/2012					Thursday			10:56 AM			11:17 AM			21									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			10:09 AM			10:26 AM			17					8/9/2012					Thursday			11:18 AM			11:39 AM			21									
To DaVita West Joliet					8/3/2012			Wednesday			12:36 PM			12:53 PM			17					8/10/2012					Friday			12:20 PM			12:45 PM			25									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			12:54 PM			1:11 PM			17					8/10/2012					Friday			12:49 PM			1:16 PM			27									
To DaVita West Joliet					8/3/2012			Wednesday			4:05 PM			4:25 PM			20					8/15/2012					Wednesday			5:26 PM			5:52 PM			26									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			4:26 PM			4:44 PM			18					8/15/2012					Wednesday			5:54 PM			6:20 PM			26									
3 - USR Bellingbrook											8 - FMC Oswego																																		
To USR Bellingbrook					8/3/2012			Wednesday			10:29 AM			10:47 AM			18					8/9/2012					Thursday			11:40 AM			12:07 PM			27									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			10:48 AM			11:04 AM			16					8/9/2012					Thursday			12:12 PM			12:41 PM			29									
To USR Bellingbrook					8/3/2012			Wednesday			1:12 PM			1:34 PM			22					8/10/2012					Friday			1:18 PM			1:43 PM			25									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			1:35 PM			1:54 PM			19					8/10/2012					Friday			1:49 PM			2:12 PM			23									
To USR Bellingbrook					8/3/2012			Wednesday			4:45 PM			5:07 PM			22					8/13/2012					Monday			3:32 PM			4:01 PM			29									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			5:08 PM			5:26 PM			18					8/13/2012					Monday			4:04 PM			4:33 PM			29									
4 - FMC Bellingbrook											9 - USR Oak Brook																																		
To FMC Bellingbrook					8/3/2012			Wednesday			11:06 AM			11:25 AM			19					12/4/2014					Thursday			10:03 AM			10:33 AM			30									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			11:26 AM			11:41 AM			15					12/4/2014					Thursday			9:31 AM			10:01 AM			30									
To FMC Bellingbrook					8/3/2012			Wednesday			1:55 PM			2:15 PM			20					12/4/2014					Thursday			2:00 PM			2:32 PM			32									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			2:16 PM			2:36 PM			20					12/4/2014					Thursday			2:40 PM			3:09 PM			29									
To FMC Bellingbrook					8/3/2012			Wednesday			5:28 PM			5:53 PM			25					12/4/2014					Thursday			3:31 PM			4:03 PM			31									
To FMC Plainfield (proposed)					8/3/2012			Wednesday			5:54 PM			6:16 PM			22					12/4/2014					Thursday			4:04 PM			4:40 PM			36									
5 - Fox Valley Dialysis											10 - FMC Naperville North																																		
To Fox Valley Dialysis					8/9/2012			Thursday			9:30 AM			9:50 AM			20					8/13/2012					Monday			9:53 AM			10:20 AM			27									
To FMC Plainfield (proposed)					8/9/2012			Thursday			9:51 AM			10:08 AM			17					8/13/2012					Monday			10:21 AM			10:50 AM			29									
To Fox Valley Dialysis					8/9/2012			Thursday			12:42 PM			1:05 PM			23					8/13/2012					Monday			1:06 PM			1:42 PM			36									
To FMC Plainfield (proposed)					8/9/2012			Thursday			1:06 PM			1:26 PM			20					8/13/2012					Monday			1:46 PM			2:21 PM			35									
To Fox Valley Dialysis					8/14/2012			Tuesday			4:58 PM			5:16 PM			18					8/14/2012					Tuesday			3:57 PM			4:26 PM			29									
To FMC Plainfield (proposed)					8/14/2012			Tuesday			5:17 PM			5:37 PM			20					8/14/2012					Tuesday			4:27 PM			4:57 PM			30									



Table 3

Plainfield Travel Runs

24030 Riverwalk Court

One-Way Travel Times (minutes)										One-Way Travel Times (minutes)																													
Time					Time					Time					Time																								
Start					Start					Start					Start																								
End					End					End					End																								
Run					Run					Run					Run																								
Average					Average					Average					Average																								
Direction										Direction																													
Date										Date																													
Day										Day																													
Time										Time																													
Start										Start																													
End										End																													
Run										Run																													
Average										Average																													
11 - Yorkville Dialysis																				15 - Fresenius Aurora																			
To Yorkville Dialysis																				To FMC Aurora																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
To Yorkville Dialysis																				To FMC Aurora																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
To Yorkville Dialysis																				To FMC Aurora																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
12:43 PM																				11:18 AM																			
1:13 PM																				11:55 AM																			
30																				37																			
12/4/2014																				12/4/2014																			
Thursday																				Thursday																			
12/4/2014																				12/4/2014																			
1:16 PM																				12:03 PM																			
1:48 PM																				12:38 PM																			
32																				35																			
12/9/2014																				12/9/2014																			
Tuesday																				Tuesday																			
10:56 AM																				12:41 PM																			
11:25 AM																				1:12 PM																			
29																				31																			
12/9/2014																				12/9/2014																			
Tuesday																				Tuesday																			
11:27 AM																				1:13 PM																			
11:56 AM																				1:45 PM																			
29																				32																			
12/9/2014																				12/10/2014																			
Tuesday																				Wednesday																			
4:17 PM																				5:45 PM																			
4:53 PM																				6:26 PM																			
46																				41																			
12/9/2014																				12/10/2014																			
Tuesday																				Wednesday																			
4:55 PM																				5:02 PM																			
5:27 PM																				5:43 PM																			
32																				41																			
33.0																				36.2																			
12 - FMC Joliet																				16 - Fresenius Downers Grove																			
To FMC Joliet																				To FMC Downers Grove																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
To FMC Joliet																				To FMC Downers Grove																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
To FMC Joliet																				To FMC Downers Grove																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
1:00 PM																				2:52 PM																			
1:30 PM																				3:24 PM																			
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1:30 PM																				10:45 AM																			
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8/14/2012																				12/4/2014																			
Tuesday																				Thursday																			
2:03 PM																				4:41 PM																			
2:34 PM																				5:21 PM																			
31																				40																			
8/14/2012																				12/4/2014																			
Tuesday																				Thursday																			
2:38 PM																				5:23 PM																			
3:08 PM																				6:05 PM																			
30																				42																			
8/14/2012																				12/9/2014																			
Tuesday																				Tuesday																			
4:06 PM																				1:46 PM																			
4:39 PM																				2:17 PM																			
33																				31																			
8/14/2012																				12/9/2014																			
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5:10 PM																				10:06 AM																			
31																				35																			
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13 - FMC Willowbrook																				17 - Fresenius Lemont																			
To FMC Willowbrook																				To FMC Lemont																			
To FMC Plainfield (proposed)																				To FMC Plainfield (proposed)																			
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8/13/2012																				12/4/2014																			
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Monday																				Thursday																			
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6:12 PM																				5:57 PM																			
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31.5																				20.2																			
14 - DaVita New Lenox																																							
To DaVita New Lenox																																							
To FMC Plainfield (proposed)																																							
To DaVita New Lenox																																							
To FMC Plainfield (proposed)																																							
To DaVita New Lenox																																							
To FMC Plainfield (proposed)																																							
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29																																							
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Monday																																							
4:24 PM																																							
5:02 PM																																							
38																																							
31.0																																							



Trip to:

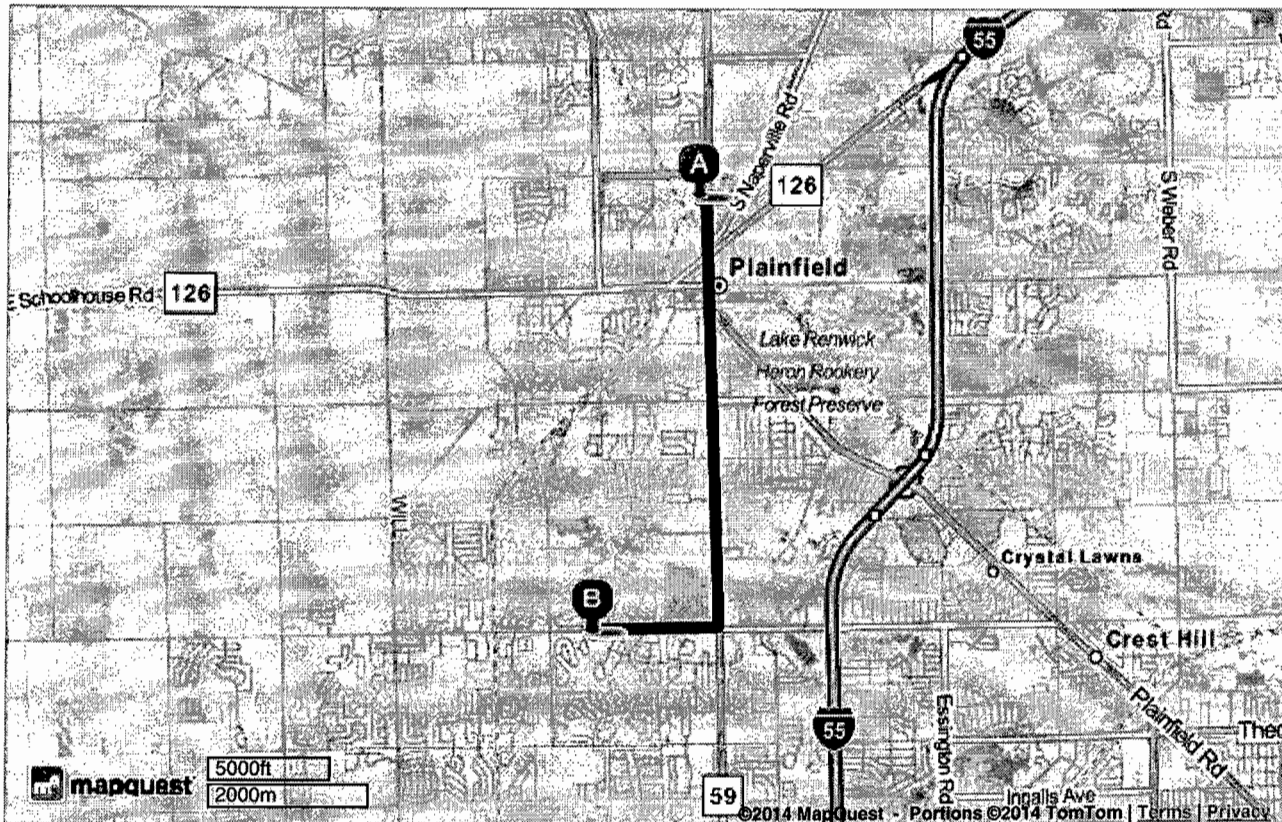
2320 Michas Dr

Plainfield, IL 60586-5045

4.98 miles / 8 minutes

Notes

TO FRESNIUS MEDICAL CARE
PLAINFIELD



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134



Trip to:

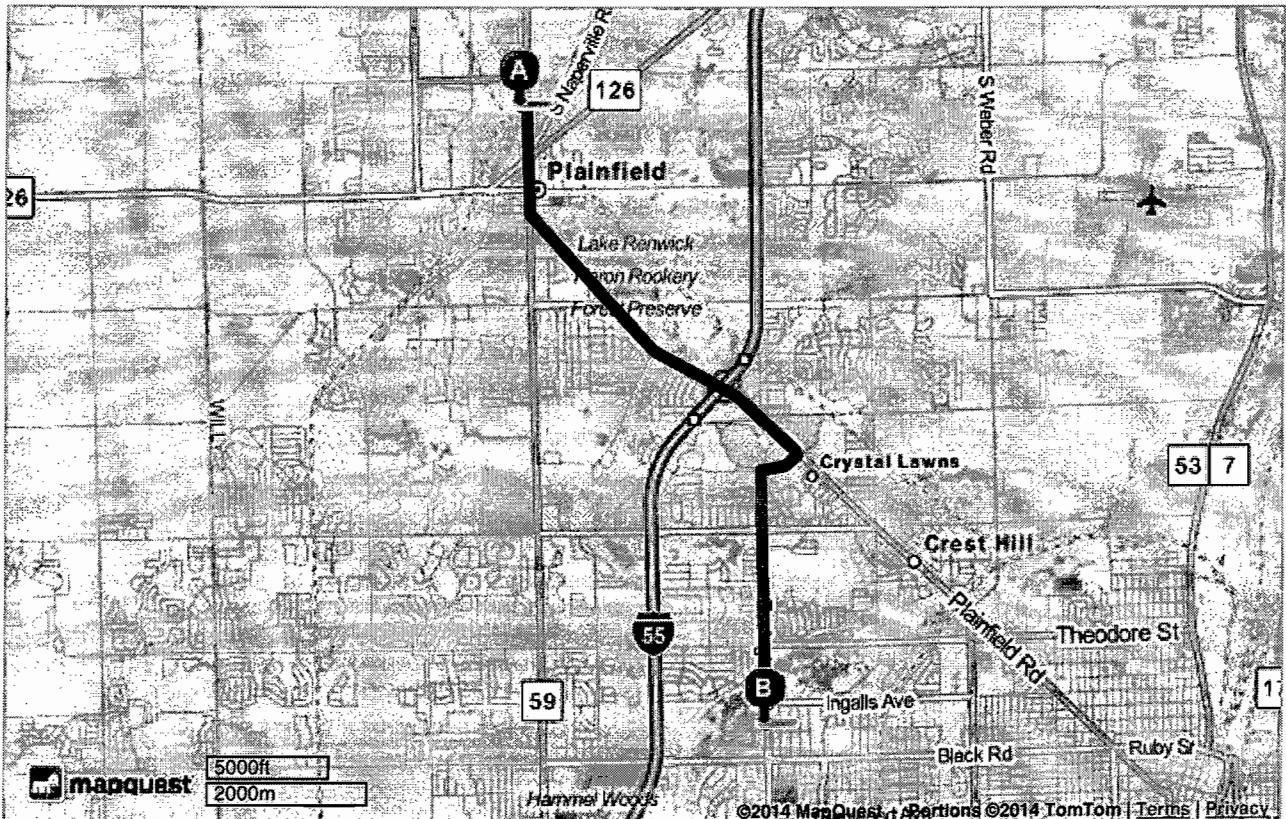
1051 Essington Rd

Joliet, IL 60435-2869

6.86 miles / 13 minutes

Notes

TO DAVITA WEST JOLIET



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135



Trip to:

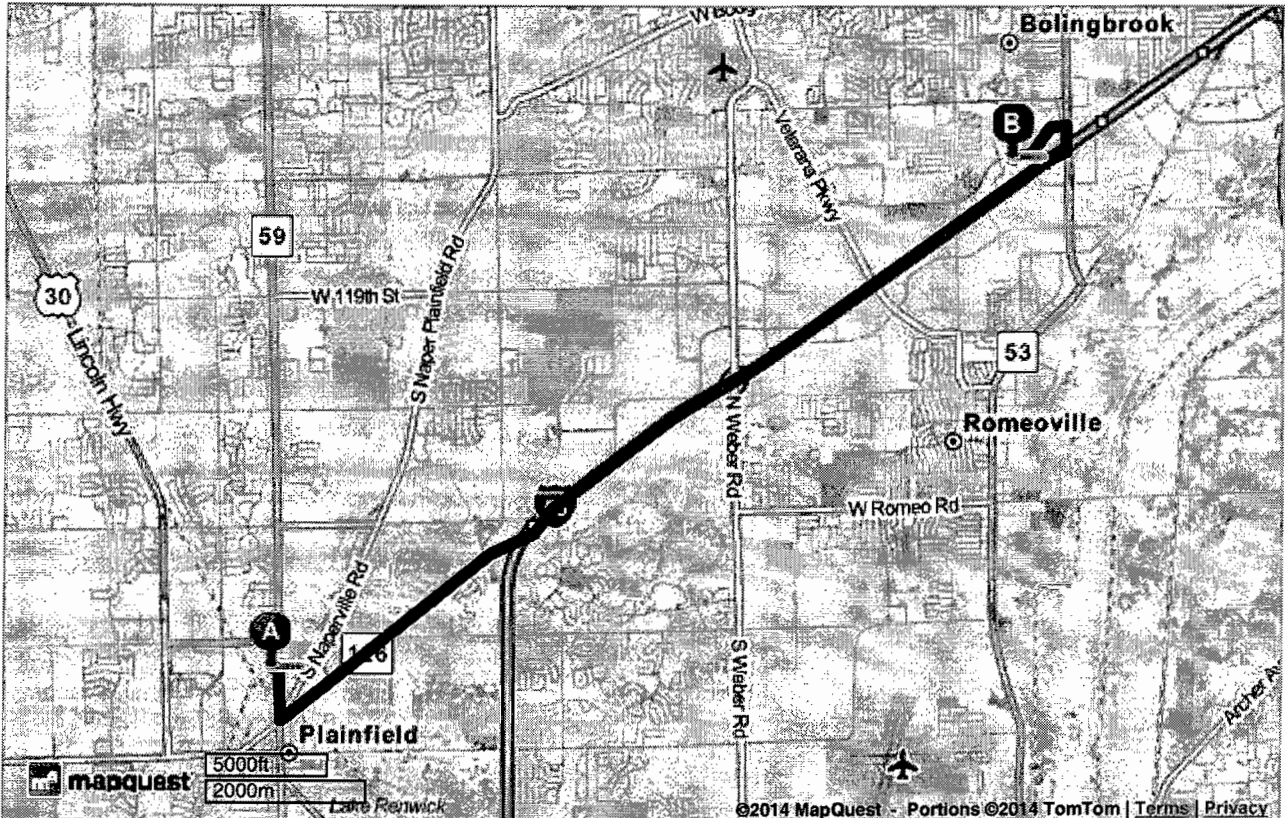
396 Remington Blvd

Bolingbrook, IL 60440-4923

10.02 miles / 13 minutes

Notes

TO US RENAL BOLINGBROOK



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136

MAPQUEST TRAVEL TIMES

APPENDIX - 1



Trip to:

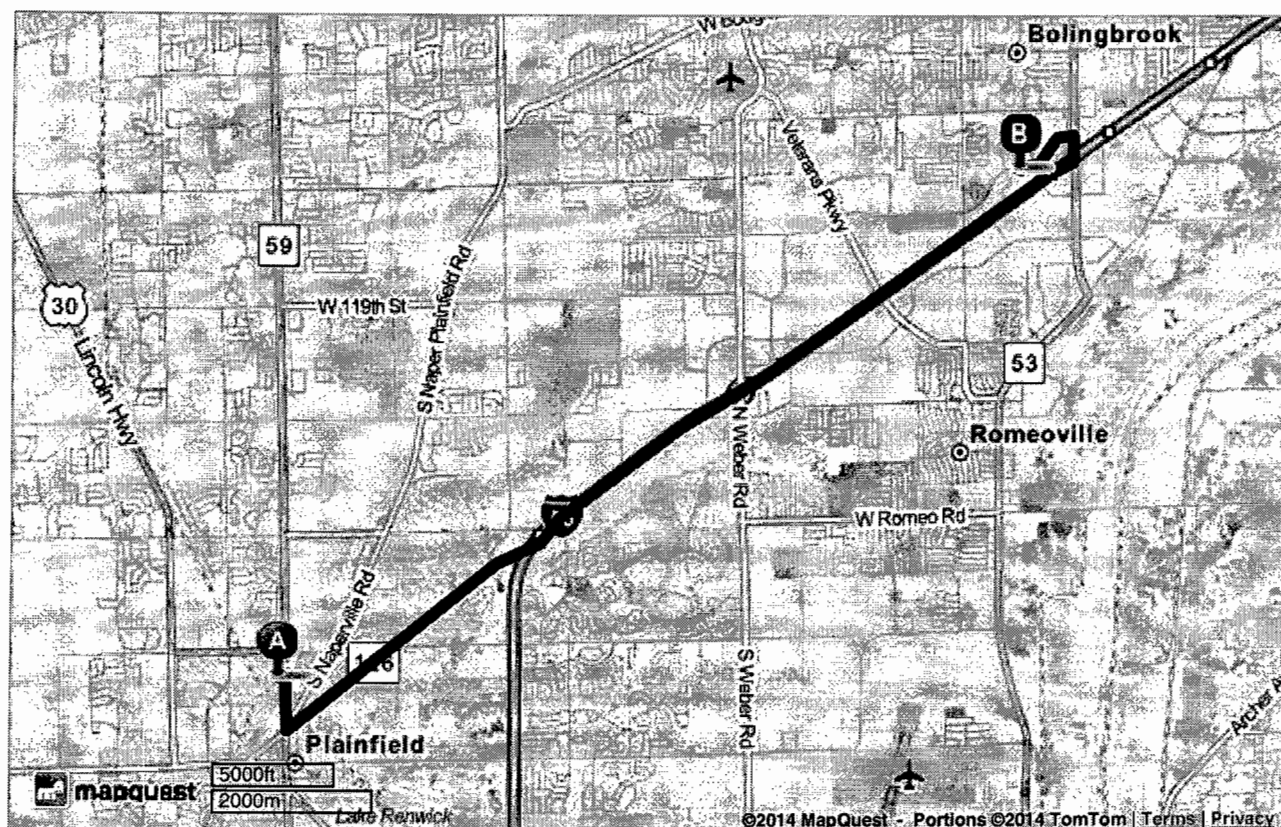
329 Remington Blvd

Bolingbrook, IL 60440-4921

10.02 miles / 13 minutes

Notes

TO FRESENIUS MEDICAL CARE
BOLINGBROOK



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MAPQUEST TRAVEL TIMES

APPENDIX - 1
10/15/2014



Trip to:

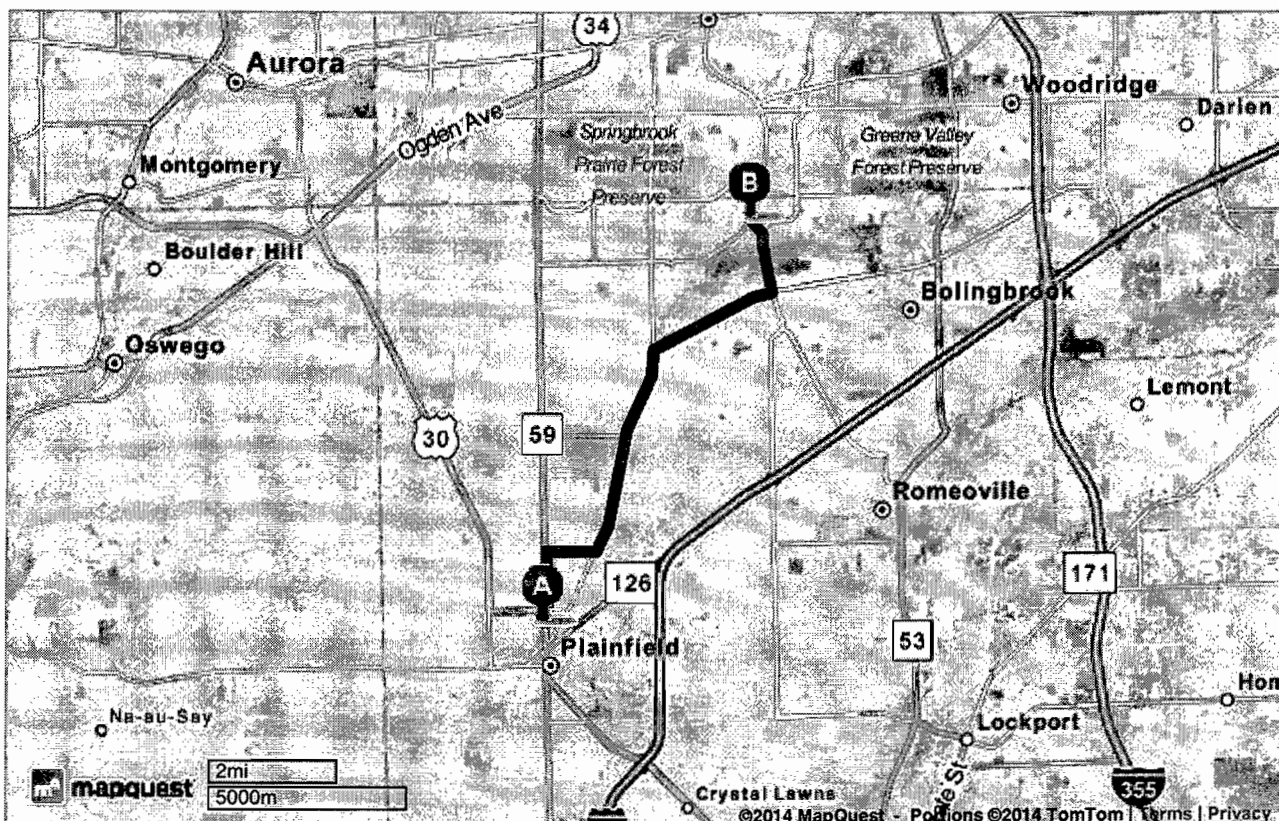
2451 S Washington St

Naperville, IL 60565-5419

9.68 miles / 15 minutes

Notes

TO FRESENIUS MEDICAL CARE
NAPERBROOK



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138

MAPQUEST TRAVEL TIMES
APPENDIX - 1
10/13/2014



Trip to:

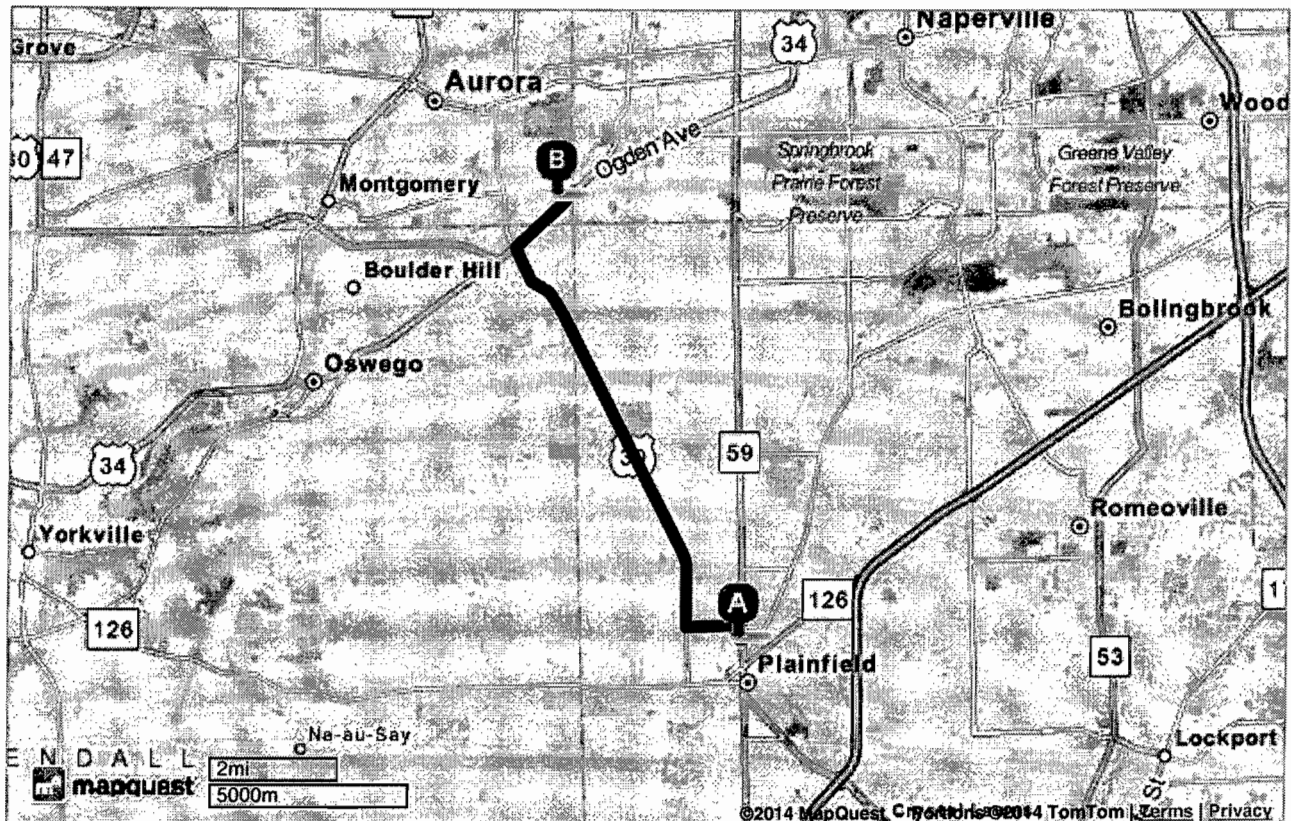
1300 Waterford Dr

Aurora, IL 60504-5502

10.20 miles / 15 minutes

Notes

TO FOX VALLEY DIALYSIS



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/13/2014



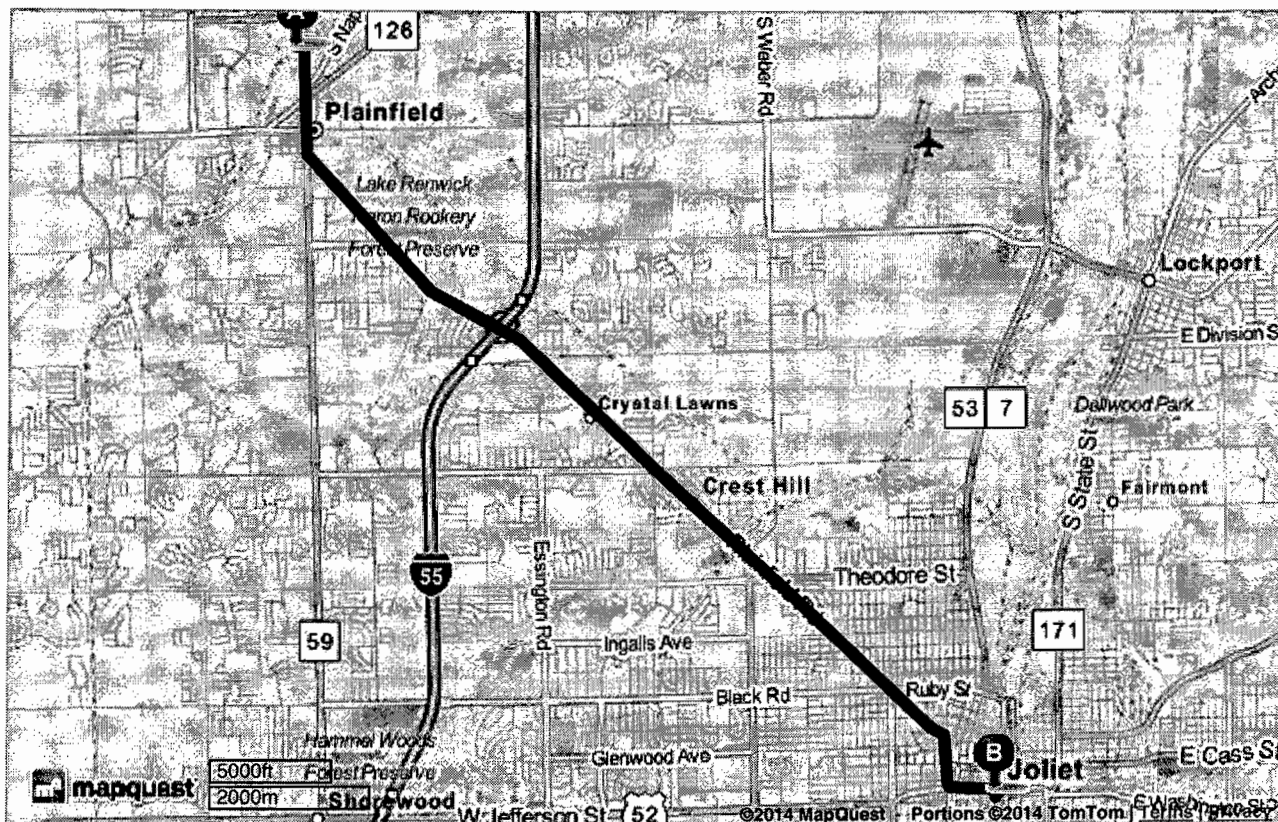
Trip to:

Joliet, IL

9.65 miles / 18 minutes

Notes

TO SUN HEALTH DIALYSIS



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/15/2014



Trip to:

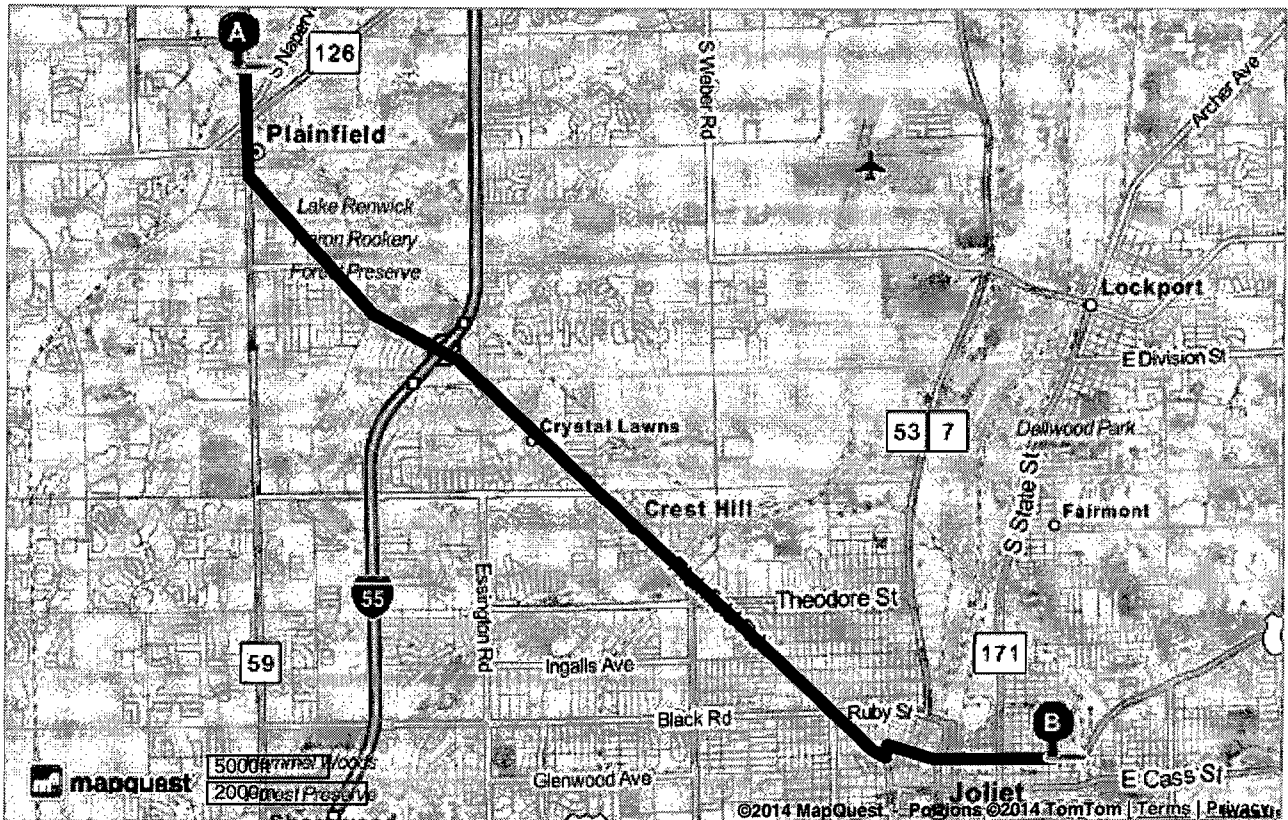
721 E Jackson St

Joliet, IL 60432-2560

10.31 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE JOLIET



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MAPQUEST TRAVEL TIMES

APPENDIX - 1



Trip to:

Fresenius Medical Care
1051 Station Dr

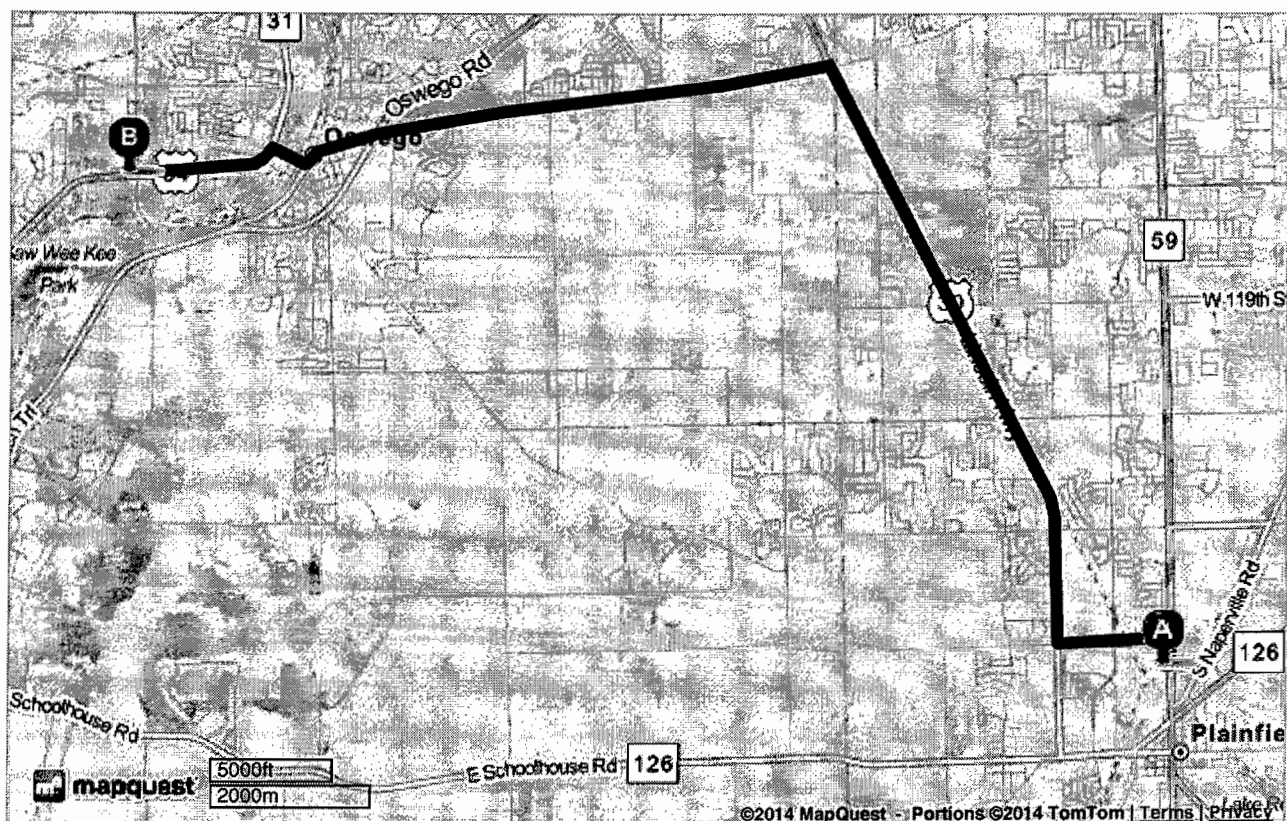
Oswego, IL 60543

(866) 434-2597

13.32 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE OSWEGO



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/13/2014



Trip to:

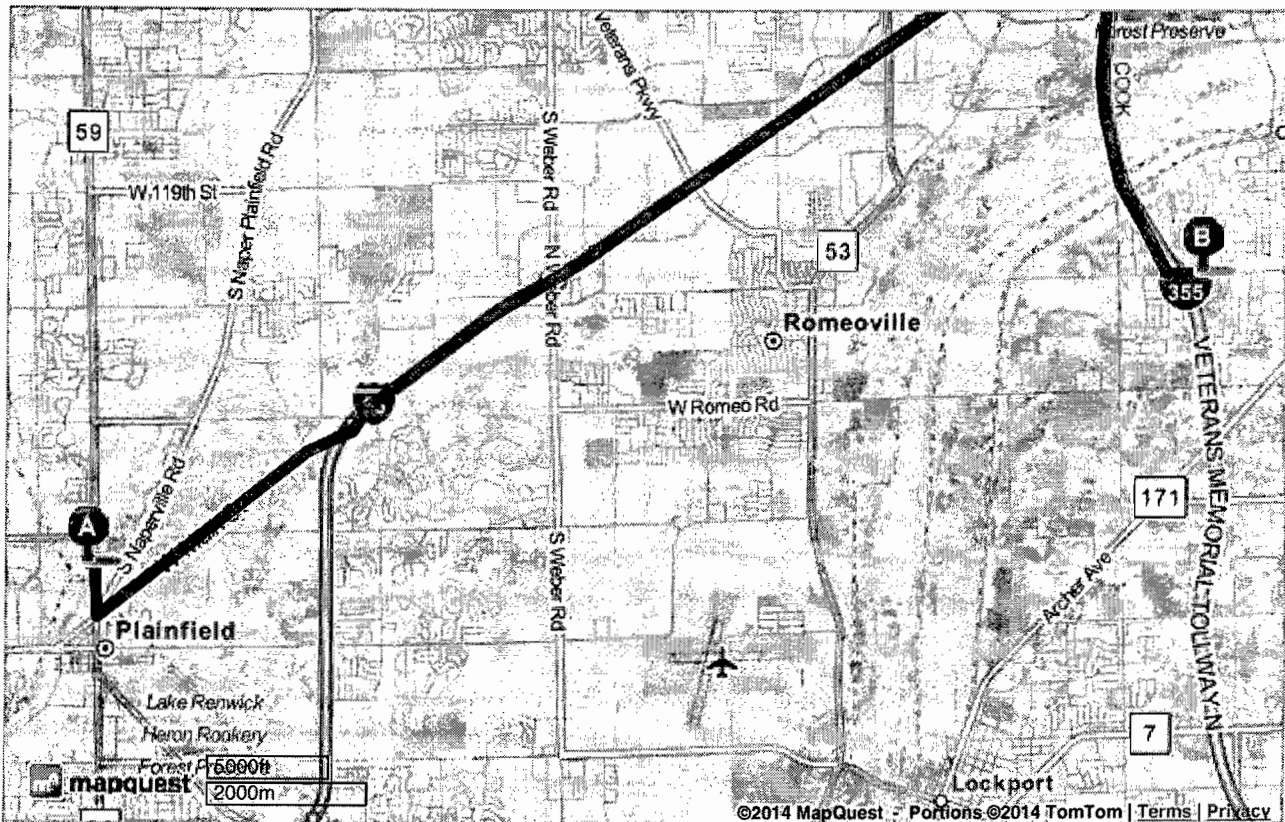
16177 W 127th St

Lemont, IL 60439-7501

14.86 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE LEMONT



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143

MapQuest Travel Times

APPENDIX - 1

12/5/2014



Trip to:

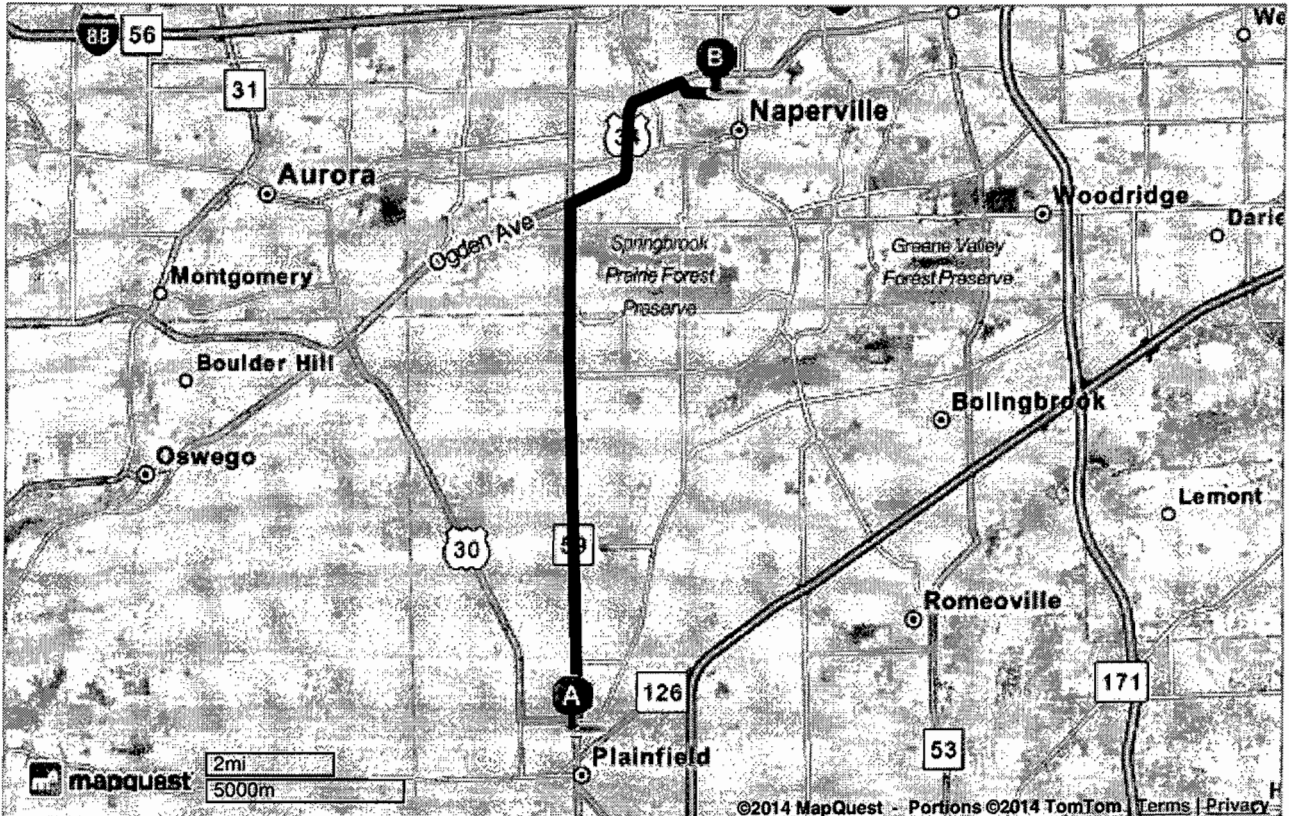
516 W 5th Ave

Naperville, IL 60563-2901

13.49 miles / 23 minutes

Notes

TO FRESNIUS MEDICAL CARE
NAPERVILLE NORTH



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/13/2014



Trip to:

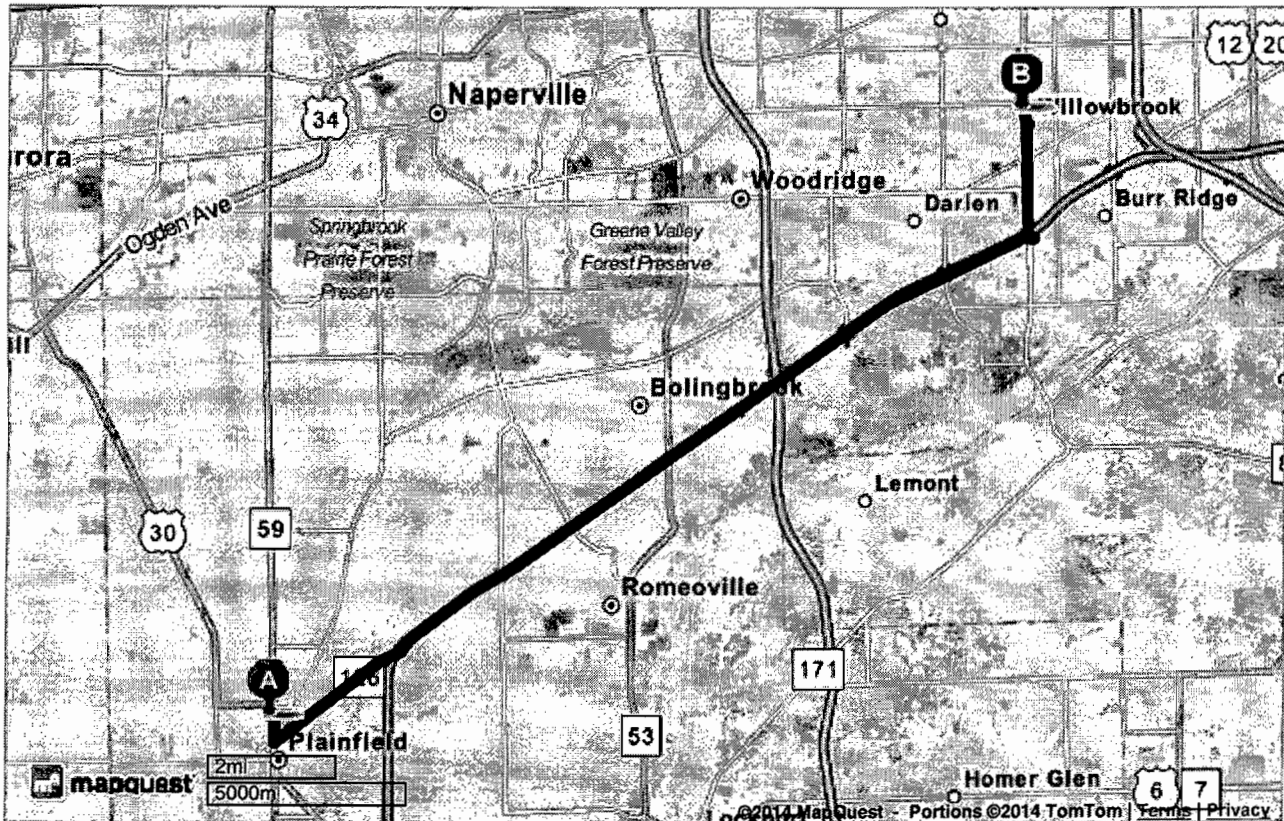
6300 Kingery Hwy

Willowbrook, IL 60527-2203

19.34 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE
WILLOWBROOK



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MAPQUEST TRAVEL TIMES

APPENDIX - 1
10/15/2014



Trip to:

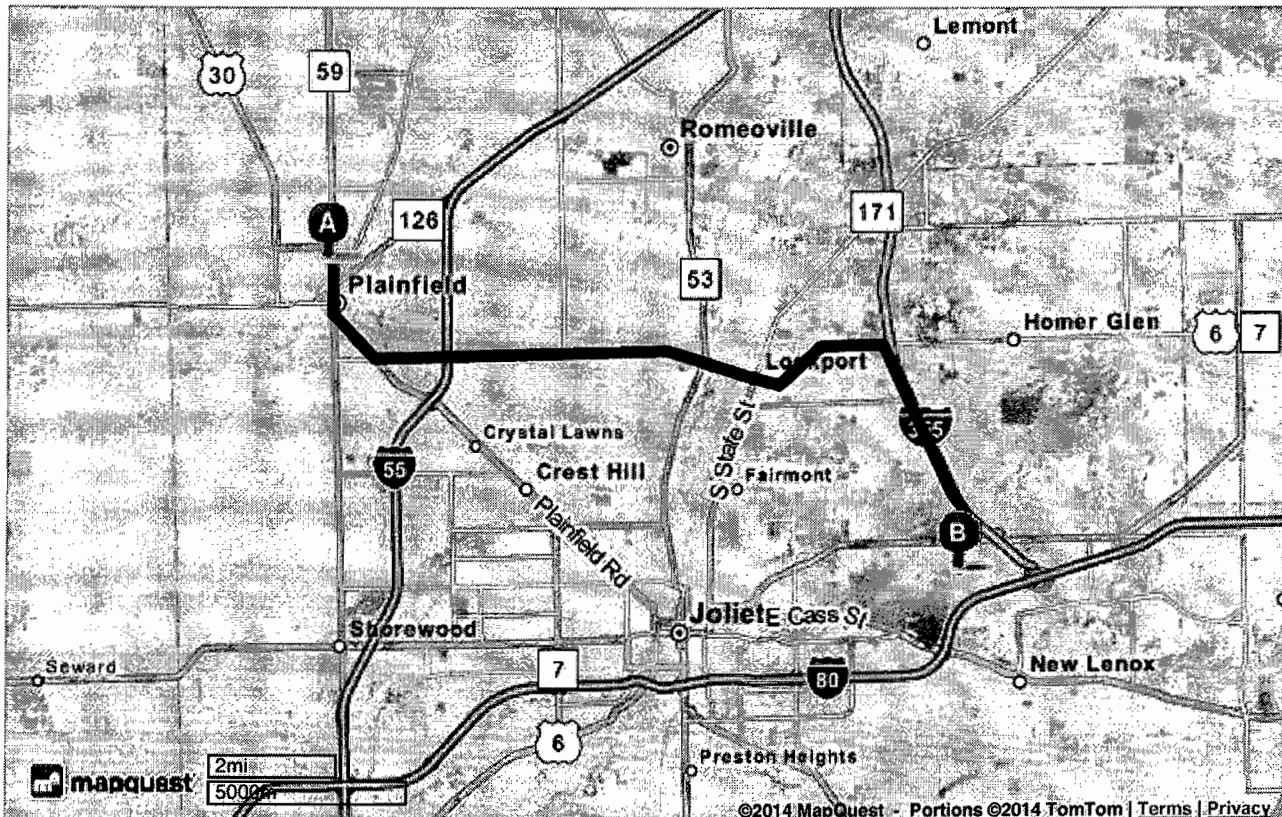
1890 Silver Cross Blvd

New Lenox, IL 60451-9508

16.22 miles / 25 minutes

Notes

TO DAVITA NEW LENOX



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/13/2014



Trip to:

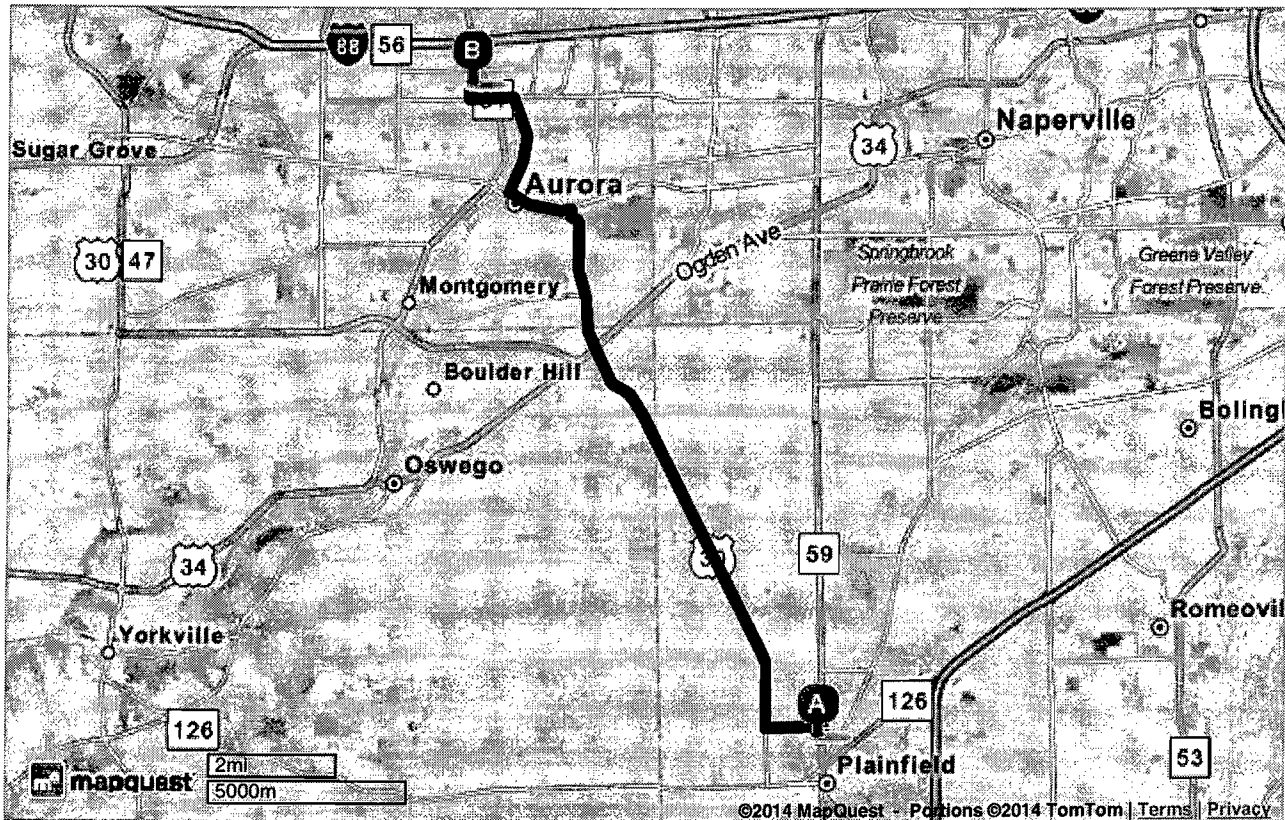
455 Mercy Ln

Aurora, IL 60506-2462

15.43 miles / 26 minutes

Notes

TO FRESNIUS MEDICAL CARE AURORA



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MAPQUEST TRAVEL TIMES



Trip to:

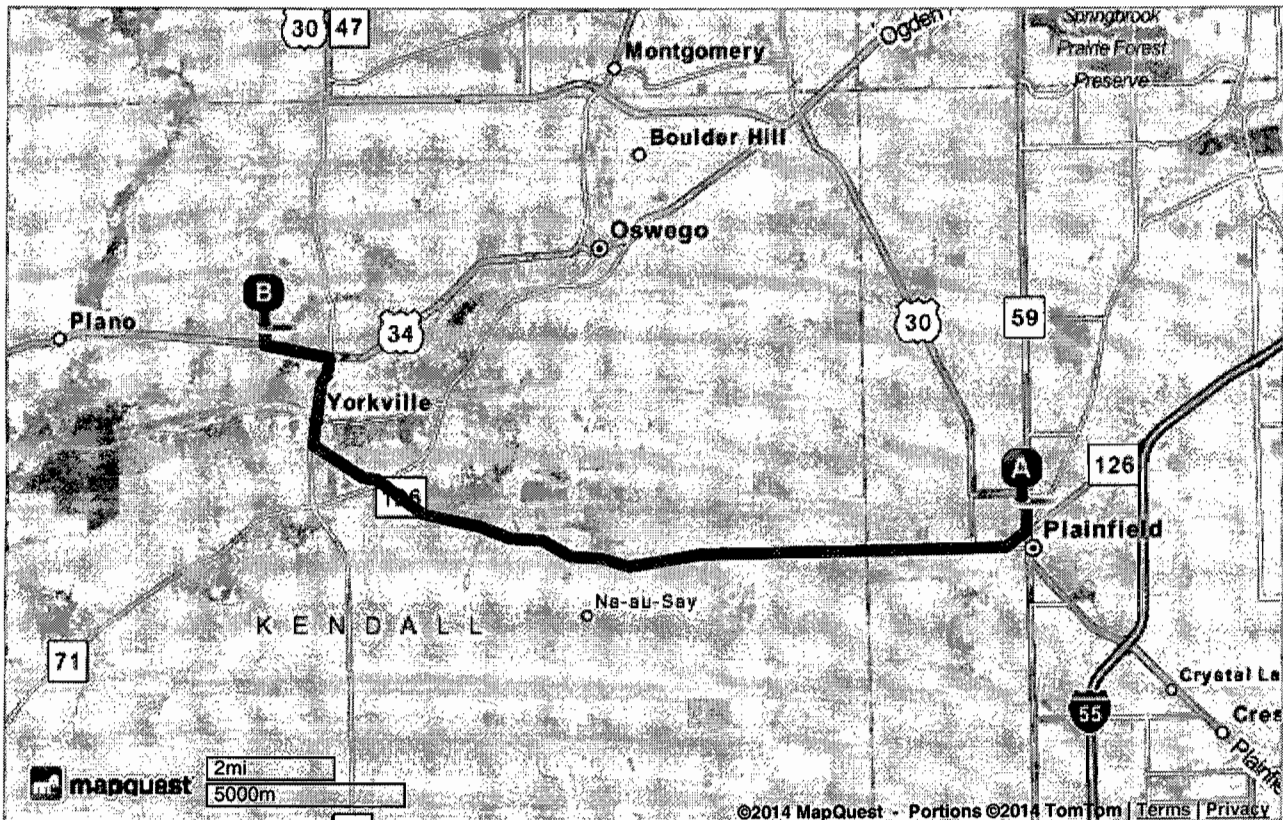
1400 Beecher Rd

Yorkville, IL 60560-5600

17.04 miles / 26 minutes

Notes

TO YORKVILLE DIALYSIS



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/15/2014



Trip to:

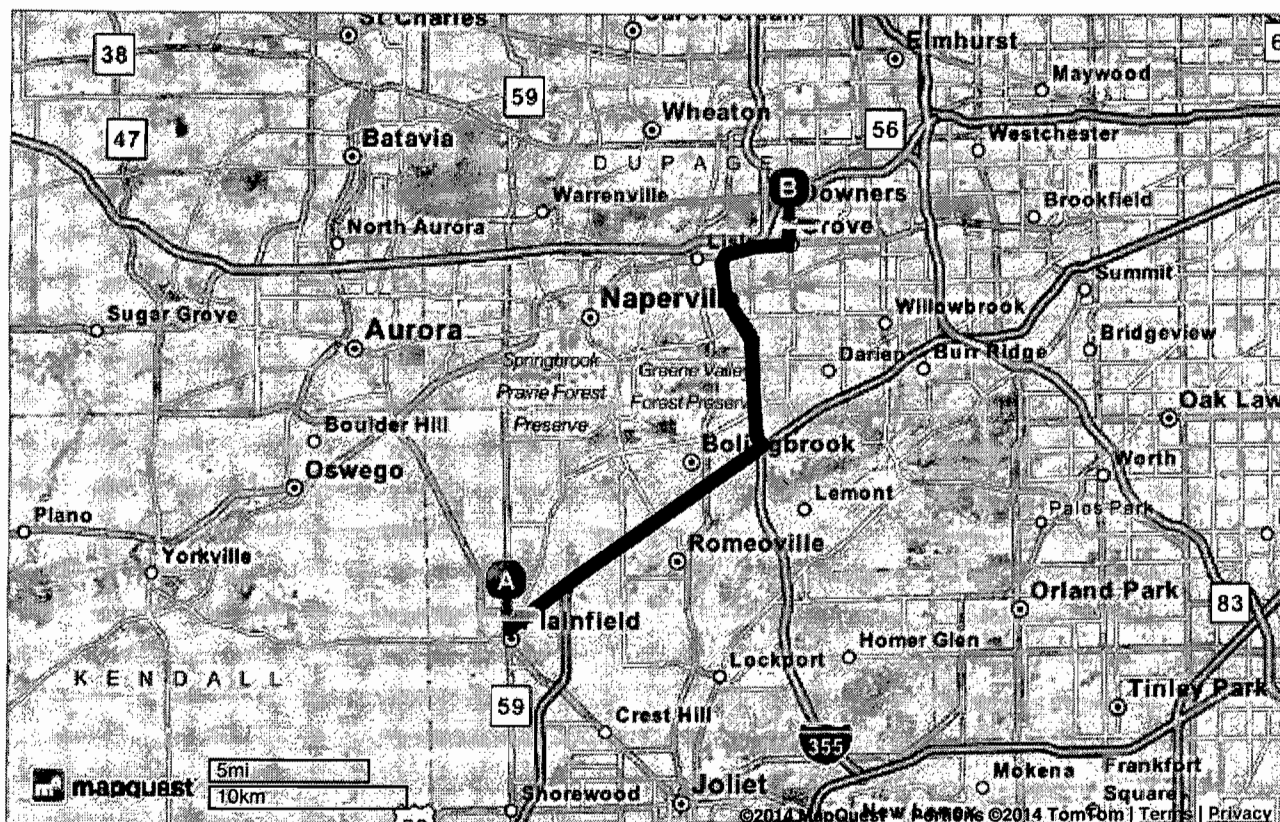
3825 Highland Ave

Downers Grove, IL 60515

21.78 miles / 26 minutes

Notes

TO FRESENIUS MEDICAL CARE DOWNERS GROVE



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/15/2014



Trip to:

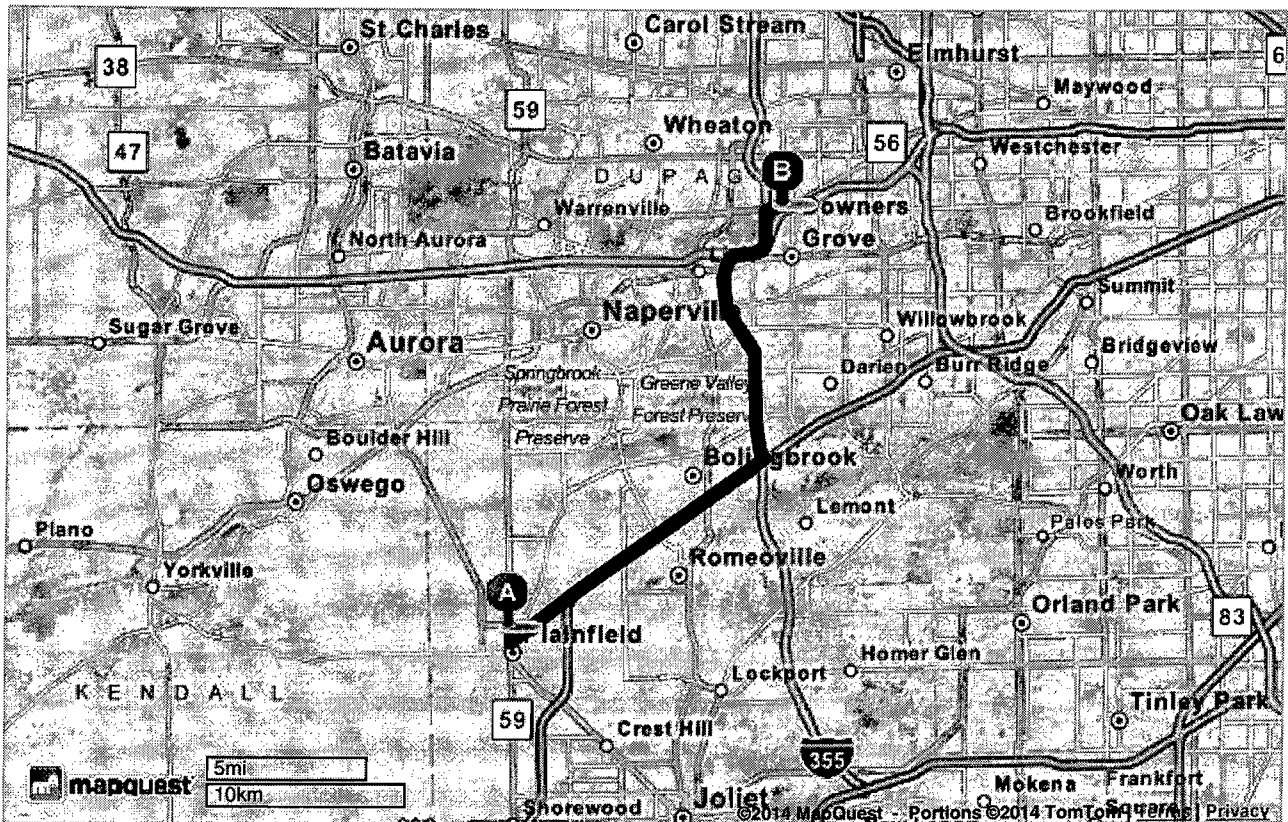
1201 Butterfield Rd

Downers Grove, IL 60515-1007

22.50 miles / 26 minutes

Notes

TO US RENAL OAK BROOK



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/13/2014



Trip to:
1940 Springer Dr
Lombard, IL 60148-6402
23.14 miles / 27 minutes

Notes

TO FRESenius MEDICAL CARE LOMBARD
OVER 30 MINUTES ADJUSTED



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/15/2014



Trip to:

450 E Roosevelt Rd

West Chicago, IL 60185-3905

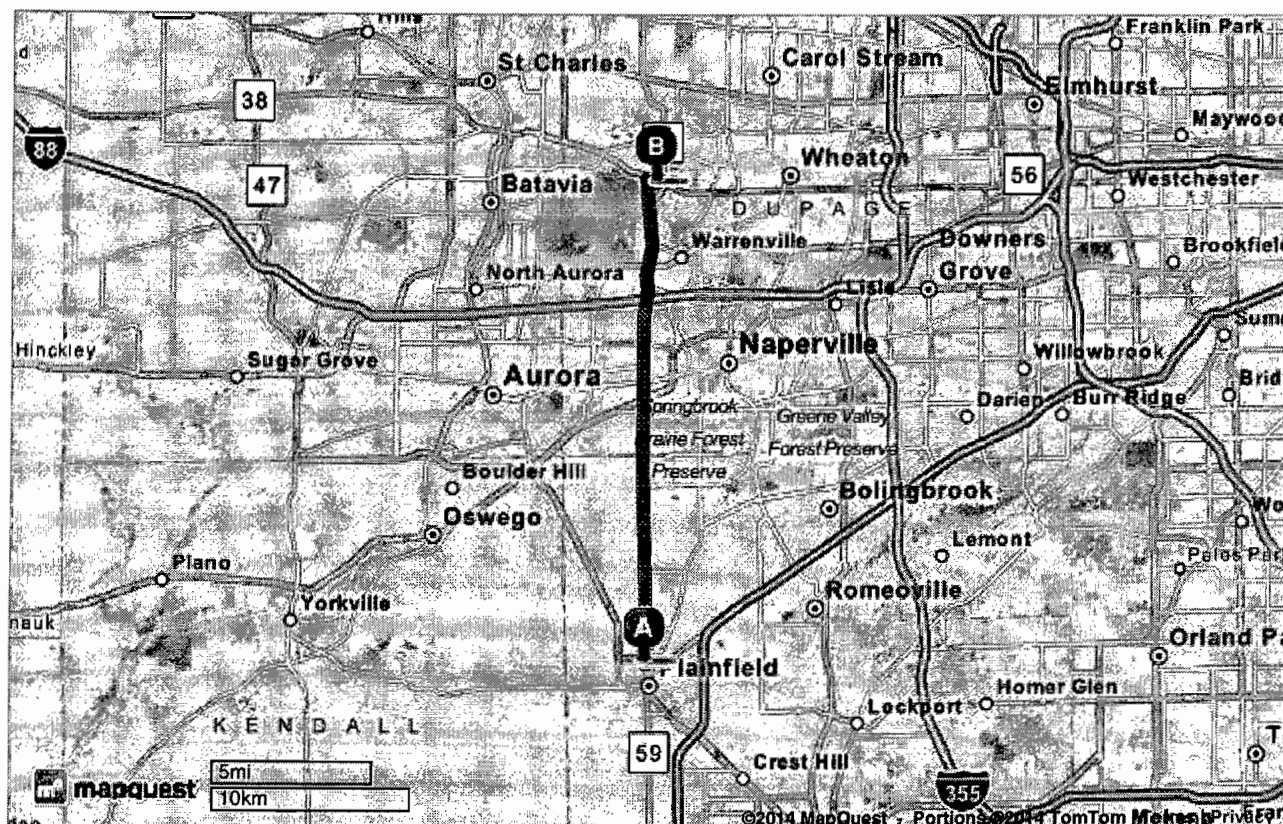
17.47 miles / 29 minutes

Notes

TO FRESenius MEDICAL CARE

DuPage West

Over 30 minutes adjusted



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MAPQUEST TRAVEL TIMES

APPENDIX - 1

10/13/2014



Trip to:

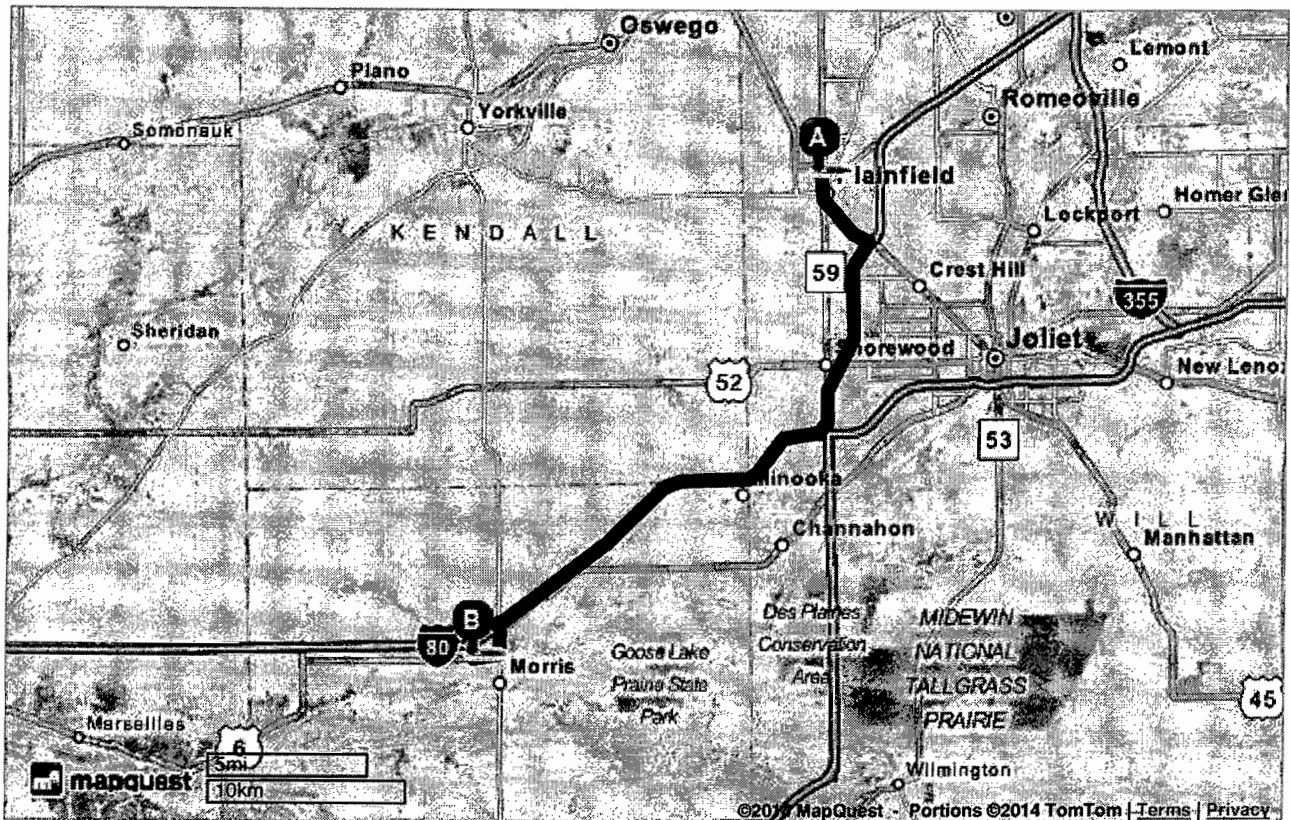
1547 Creek Dr

Morris, IL 60450-6857

26.52 miles / 31 minutes

Notes

TO DAVITA MORRIS



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153

MapQuest Travel Times

APPENDIX - 1
12/5/2014



Trip to:

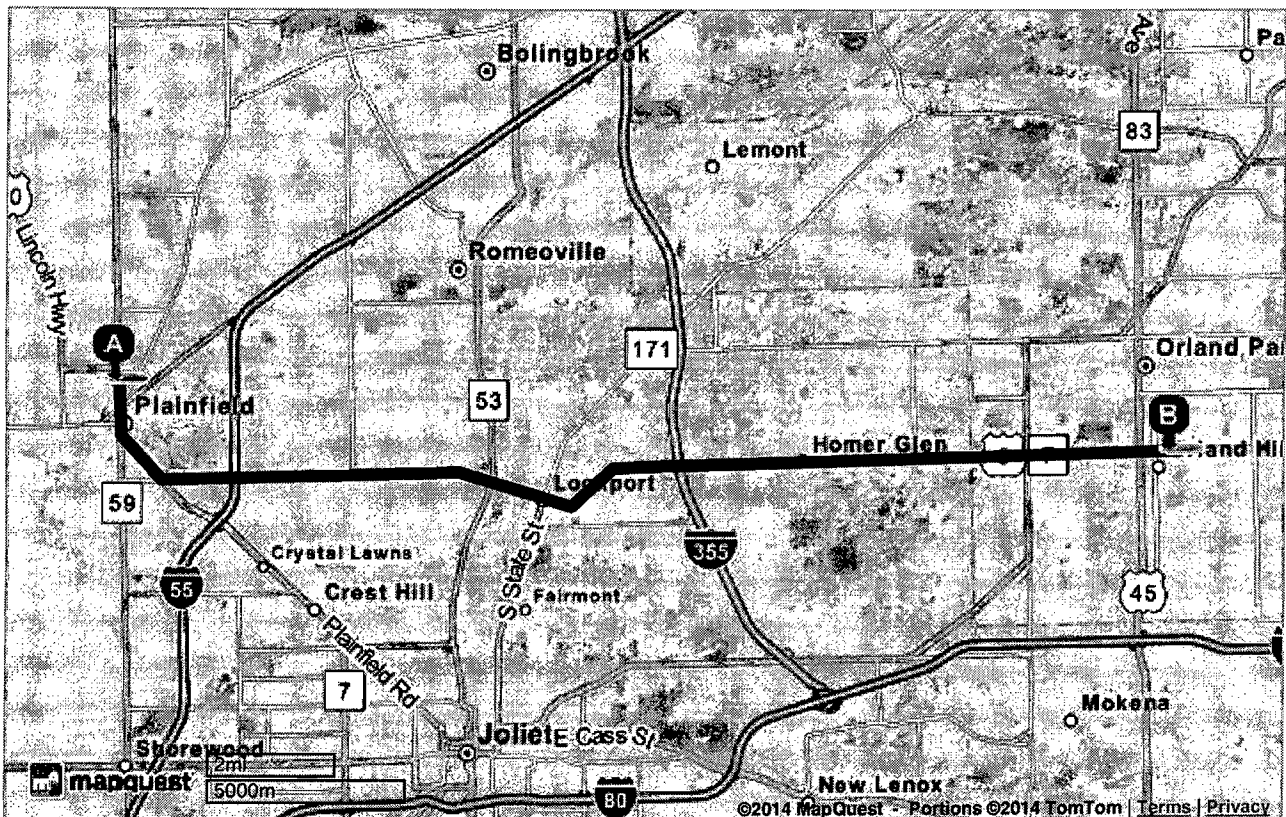
9160 W 159th St

Orland Park, IL 60462-5648

20.58 miles / 34 minutes

Notes

TO FRESENIUS MEDICAL CARE ORLAND
PARK



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154

MapQuest Travel Times
APPENDIX - 1
12/5/2014



Trip to:

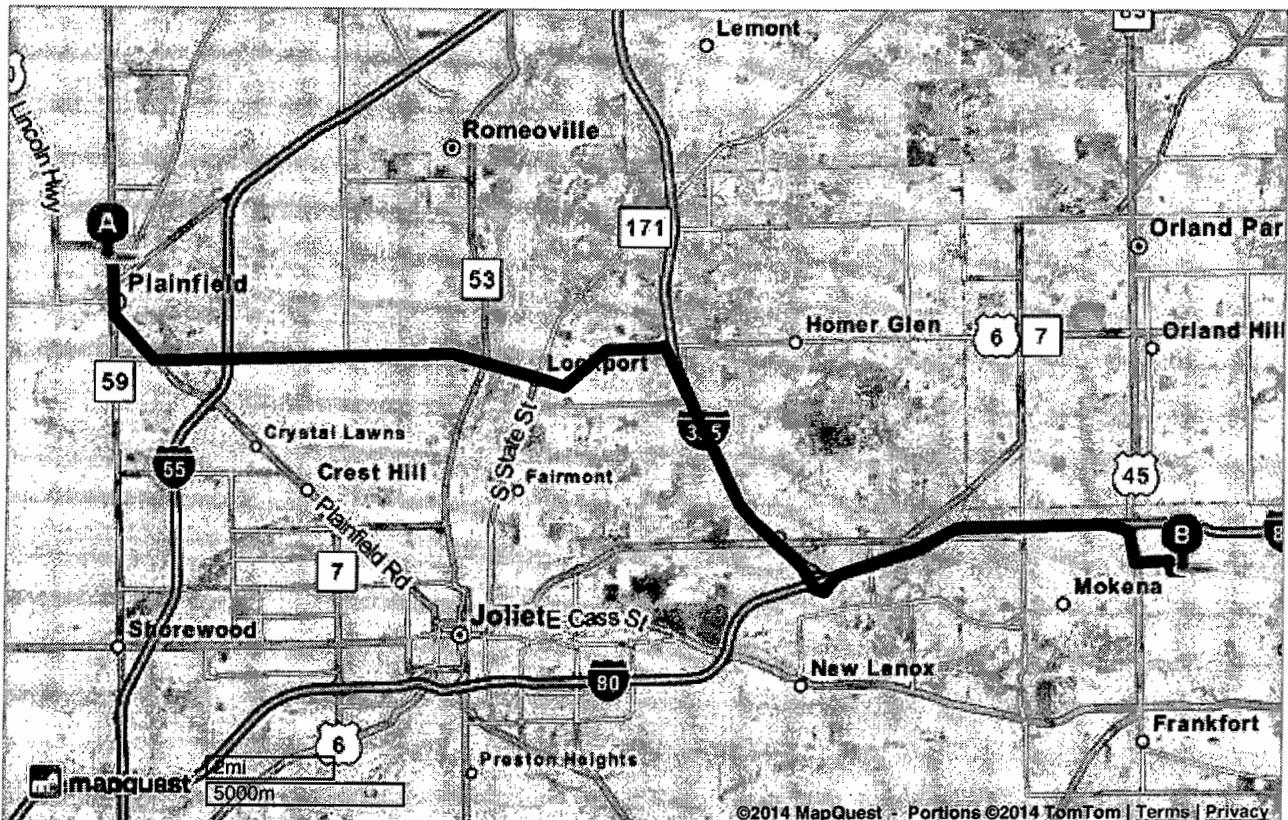
8910 W 192nd St

Mokena, IL 60448-8109

24.24 miles / 34 minutes

Notes

TO FRESenius MEDICAL CARE MOKENA



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KIDNEY CARE CENTER

812 Campus Drive • Joliet, IL 60435
Tel.: (815) 741-6830 • Fax: (815) 741-6832

Tunji Alausa, M.D.

M.S. Shafi, M.D.

Stella Awua-Larbi, M.D.

December 9, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

We are writing to support Fresenius Medical Care's proposal to relocate the 10-station Morris dialysis facility to Plainfield. We serve as Medical Directors of the Fresenius/RCG Morris, Plainfield & Joliet dialysis centers and the Joliet Home Dialysis Network facility. We are part of the Kidney Care Center practice in Joliet.

We continue to see very few patients in Morris and have seen the census at the Morris facility decline and remain low while we are aware the DaVita facility in Morris is operating at a higher utilization. However, in Plainfield our practice has been continually increasing. The Plainfield facility has been open five years and added 4 stations two years ago. It has remained heavily utilized and there is no more room to expand at this location. Relocating ten severely underutilized stations from Morris to Plainfield where they can better accommodate the patient population in HSA 9 would be a better use of resources. Arrangements will be made for the Morris patients to transfer to DaVita Morris, Fresenius Plainfield or the relocated Morris facility upon its opening.

We were treating 89 in-center hemodialysis patients at the end of 2011, 113 at the end of 2012 and 163 at the end of 2013 as reported to The Renal Network. At the end of the 2nd quarter 2014 we had 166 in-center hemodialysis patients. Over the past twelve months, we have referred 82 patients for in-center hemodialysis. We currently have 109 pre-ESRD patients from the Plainfield area that would be expected to be referred to the relocated Morris facility in the first two years after beginning operation. After accounting for patient attrition, we expect approximately 53 of these patients to actually begin dialysis at the relocated Morris/Plainfield North facility. We will continue to refer patients to the other area facilities per the patient's place of residence and choice. We also strongly support home dialysis through our Joliet and Plainfield home therapies programs and will continue to refer those patients who are good candidates for home dialysis services.

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KIDNEY CARE CENTER

812 Campus Drive • Joliet, IL 60435
Tel.: (815) 741-6830 • Fax: (815) 741-6832

Tunji Alausa, M.D.

M.S. Shafi, M.D.

Stella Awua-Larbi, M.D.

We respectfully ask you to consider the constant growth of ESRD in Plainfield and vote to approve to relocation of the RCG Morris facility to Plainfield to meet this growing need and address an uneven distribution of stations in HSA 9.

Thank you for your consideration.

I attest that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected patient referrals listed in this document have not been used to support any other CON application.

Sincerely,

Morufu Alausa, M.D.

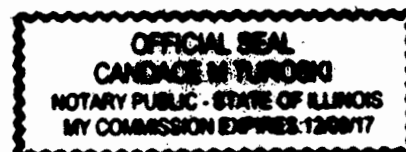
M. Sameer Shafi, M.D.

Notarization:

Subscribed and sworn to before me
this 10th day of December 2014

Signature of Notary

Seal



Physician Referral Letter
APPENDIX - 2

**PRE - ESRD PATIENTS KIDNEY CARE IDENTIFIED TO BE REFERRED TO
THE RELOCATED MORRIS FACILITY (PLAINFIELD NORTH)**

Zip Code	Pre ESRD
60446	32
60447	13
60543	1
60544	13
60585	2
60586	48
Total	109

CURRENT PATIENTS OF THE RCG MORRIS FACILITY

Zip Code	Patients
60410	1
60416	2
60444	2
60447	3
60450	5
61341	1
Total	14

Current patients will be transferred to either the DaVita Morris, Fresenius Plainfield or relocated Morris facility.

ADMISSIONS OF KIDNEY CARE FOR THE TWELVE MONTH PERIOD OF
9/1/2013 THROUGH 8/31/2014

Zip Code	Fresenius Medical Care					DaVita					Total
	Burbank	Joliet	Mokena	Morris	Plainfield	Chicago Heights	Markham	New Lenox	Olympia Fields	Palos Park	
60403		1			2						3
60404					2						2
60406					1						1
60411						1					1
60416				1							1
60425						1			1		2
60426				1			1				2
60429									1		1
60430										1	1
60432		8			2			1			11
60433		2									2
60435		3			1			1			5
60436		2			3			3			8
60441		1									1
60444				1							1
60446					1						1
60447					1						1
60450					1						1
60451		1	1					1			3
60457										1	1
60459	3										3
60462										4	4
60463										1	1
60464										1	1
60465										2	2
60467										1	1
60471						1					1
60482										1	1
60487								1			1
60491					1						1
60515		1									1
60544					2						2
60563		1									1
60585					1						1
60586					6						6
60620	1										1
60623	1	1									2
60628	1										1
60629	1										1
60652	1										1
Total	8	21	1	3	24	3	1	7	2	12	82

IN-CENTER HEMODIALYSIS PATIENTS OF KIDNEY CARE
FOR 12/31/2011

Zip Code	Fresenius Medical Care					DaVita			Sun Health	Total
	Bolingbrook	Mokena	Morris	Naperville	Plainfield	Morris	New Lenox	West Joliet		
60133				1						1
60403					5			3		8
60404					1			1		2
60407					1					1
60408								1		1
60412								1		1
60424			1							1
60431					1					1
60432					2			8		10
60433		1					3	5		9
60435					8		1	3		12
60436							1	5	1	7
60441					1			1		2
60442							1			1
60443					2					2
60446	2				1			1		4
60447					1			1	1	3
60448		3								3
60450			1							1
60451		1								1
60467							1			1
60544					3	1		1		5
60586					10		1	1		12
Total	2	5	2	1	36	1	8	32	2	89

IN-CENTER PATIENTS OF KIDNEY CARE
FOR 12/31/2012

Zip Code	Fresenius Medical Care						DaVita			Sun Health	Total
	Bolingbrook	Joliet	Mokena	Naperville	Plainfield	Morris	Morris	New Lenox	West Joliet		
60133				1							1
60403					4				2		6
60404					2						2
60412		1									1
60423			1								1
60424						1	1				2
60429					1						1
60431					2						2
60432		4	1		1				6		12
60433		3			8				1		12
60434		1									1
60435		2			11				5	1	19
60436		1			1				4	2	8
60440									1		1
60441		3			4						7
60442								1			1
60445		1									1
60446	1				1				1		3
60447					1				1		2
60448			2								2
60450						1					1
60451			1					2			3
60466					1						1
60467			1					1			2
60506					1						1
60527					1						1
60544					3				1		4
60563					1						1
60565					1						1
60586					11				1		12
60649			1								1
Total	1	16	7	1	55	2	1	4	23	3	113

IN-CENTER PATIENTS OF KIDNEY CARE
FOR 12/31/2013

Zip	Fresenius Medical Care							DaVita					Sun	Total
Code	Bolingbrook	Burbank	Joliet	Mokena	Morris	Naperville	Plainfield	Chicago Heights	Olympia Fields	Palos Park	New Lenox	West Joliet	Health	
60133						1								1
60453										1				1
60403			2				5					1		8
60404							2					1		3
60406							1							1
60411								1						1
60416					1									1
60423				1										1
60425								1	1					2
60426										1				1
60428									1					1
60429							1							1
60431							2							2
60432			10				3					4		17
60433			14				2			1				17
60434			1											1
60435			4				6	1				4		15
60436			5									3	2	10
60441			2				1							3
60442											1			1
60445										1				1
60446	1						1					1		3
60447					2		1					1		4
60448				3										3
60450							1							1
60451			2	1							2			5
60452										1				1
60453										2				2
60457										1				1
60462										4				4
60463										2				2
60465										2				2
60466								1						1
60467										1	2			3
60471								1						1
60477									1				1	2
60482										1				1
60491			1				1							2
60527							1							1
60534			1											1
60544			1				2					1		4
60563			1				1							2
60565							1							1
60586			2				14							16
60609										1				1
60619								1						1
60632		1												1
60638										1				1
60639		1					1							2
60643		1												1
60649				1						1				2
60652		1												1
60677				1										1
Total	1	4	46	7	3	1	47	6	3	21	5	16	3	163

Physician Referral Letter

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IN-CENTER PATIENTS OF KIDNEY CARE
FOR 2ND QUARTER 2014

	Fresenius Medical Care							DaVita						Total
	Bolingbrook	Burbank	Joliet	Mokena	Morris	Naperville	Plainfield	Chicago Heights	Joliet West	New Lenox	Olympia Fields	Palos Park	Sun Health	
60133					1									1
60403			1											1
60404						1								1
60406			3				3		1					7
60411							3							3
60423							1							1
60425								1						1
60426			1											1
60429								1			1			2
60430												1		1
60431							1				1			2
60432												1		1
60433							2							2
60434			11				2		3					16
60435			14				1							15
60436			1											1
60441			5				6	1	4				1	17
60444			5				1		3				2	11
60446			4											4
60447					1									1
60448	1						3		1					5
60450					2		1		1					4
60451				1						1				2
60453							2							2
60457			3	1						1				5
60459							1					2		3
60462												1		1
60463		5												5
60464												4		4
60465												1		1
60466												1		1
60467		1										2		3
60471	1													1
60482										2		1		3
60487								1						1
60491		1										1		2
60544										1				1
60563			1											1
60565			1				4		1					6
60586			1											1
60620							1							1
60623							13							13
60628		2												2
60629		1												1
60632		1												1
60639		3												3
60652		1												1
60677				1			1							2
61801		1												1
Total	2	16	51	3	4	1	46	4	14	5	2	15	3	166