

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

15-020

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

APR 22 2015

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Calumet City Dialysis		
Street Address: 1200 Sibley Boulevard		
City and Zip Code: Calumet City, Illinois 60409		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Applicant /Co-Applicant Identification

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

Exact Legal Name: DaVita HealthCare Partners Inc.	
Address: 2000 16 th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16 th Street, Denver, CO 80202	
Telephone Number: (303) 405-2100	

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ Other

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

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

Additional Contact

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

Name: Ronny Philip
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 13155 South LaGrange Road, Orland Park, Illinois 60462-1162
Telephone Number: 708-923-0928
E-mail Address: ronny.philip@davita.com
Fax Number: 855-871-6348

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

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Facility/Project Identification

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City and Zip Code: Calumet City, Illinois 60409		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Applicant /Co-Applicant Identification

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

Exact Legal Name: Total Renal Care, Inc.	
Address: 2000 16 th Street, Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Name of Chief Executive Officer: Kent Thiry	
CEO Address: 2000 16 th Street, Denver, CO 80202	
Telephone Number: (303) 405-2100	

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation ☒ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ Other	
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.	
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E-mail Address: ronny.philip@davita.com
Fax Number: 855-871-6348

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: National Shopping Plazas, Inc. (as leasing agent)
Address of Site Owner: 200 West Madison Street, Suite 4200, Chicago, IL 60606
Street Address or Legal Description of Site:
See Attachment – 2 for Legal Descriptions of Site

APPEND DOCUMENTATION AS **ATTACHMENT-2**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc.			
Address: 2000 16 th Street, Denver, CO 80202			
☐	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.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

2. Narrative Description

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

DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to establish a 16-station dialysis facility located at 1200 Sibley Boulevard, Calumet City, Illinois 60409. The proposed dialysis facility will include a total of 7,500 gross square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$1,232,500		\$1,232,500
Modernization Contracts			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$97,500		\$97,500
Consulting and Other Fees	\$75,000		\$75,000
Movable or Other Equipment (not in construction contracts)	\$588,942		\$588,942
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$2,015,025		\$2,015,025
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,118,967		\$4,118,967
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	CLINICAL
Cash and Securities	\$2,103,942		\$2,103,942
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$2,015,025		\$2,015,025
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,118,967		\$4,118,967
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ **1,529,798**.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): July 30, 2017

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

- ☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

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

Cost Space Requirements

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

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

Facility Bed Capacity and Utilization NOT APPLICABLE

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

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

CERTIFICATION

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

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

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

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer, Kidney Care

PRINTED TITLE

STATE OF COLORADO

COUNTY OF DENVER

Notarization:

Subscribed and sworn to before me

this 19th day of MARCH 2015

Signature of Notary

Seal

RHONDA R. CORRICK
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19964010321
MY COMMISSION EXPIRES NOVEMBER 13, 2016

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On March 18, 2015 before me, Kimberly Ann K. Burgo,
(here insert name and title of the officer)

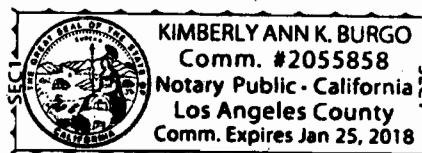
personally appeared Arturo Sida

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification - DaVita HealthCare Partners Inc. (Calumet City)

Document Date: March 18, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: Assistant Corporate Secretary

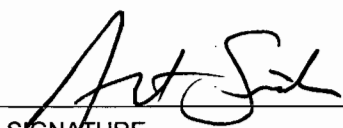
SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

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



SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal



SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer, Kidney Care

PRINTED TITLE

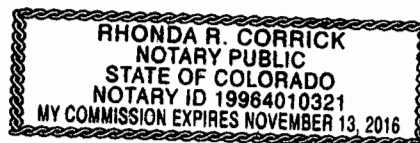
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COUNTY OF DENVER

Notarization:

Subscribed and sworn to before me
this 19th day of MARCH 2015

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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State of California

County of Los Angeles

On March 18, 2015 before me, Kimberly Ann K. Burgo
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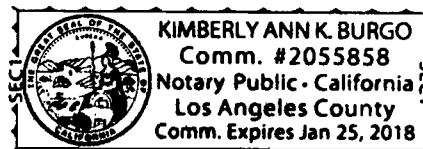
personally appeared Arturo Sida

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification - Total Renal Care, Inc. (Calumet City)

Document Date: March 18, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: Assistant Secretary

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc.

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	16

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$2,103,942	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$2,015,025 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$4,118,967	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

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

Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care, Inc. will be the operator of Calumet City Dialysis. Calumet City Dialysis is a trade name of Total Renal Care, Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

Delaware

PAGE 1

The First State

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

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

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

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

2391269 8300

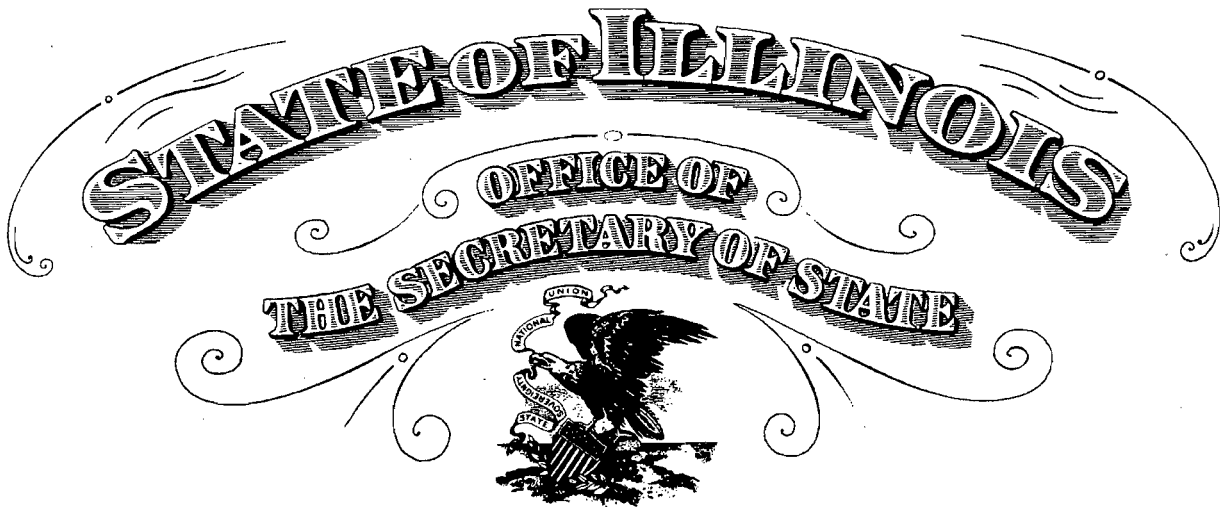
140958293

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1537962

DATE: 07-15-14



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 1409000508

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 31ST day of MARCH A.D. 2014 .*

Jesse White

SECRETARY OF STATE

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

The letter of intent between National Shopping Plazas, Inc. and Total Renal Care, Inc. to lease the facility located at 1200 Sibley Boulevard, Calumet City, Illinois 60409 is attached at Attachment – 2A.

The Legal Descriptions for the site are provided below, and a map of the lots is attached at Attachment – 2B.

Legal Descriptions
Lots 12 - 21

Lot 12 (30-07-129-023):

LOT 12 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 13 (30-07-129-024):

LOT 13 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 14 (30-07-129-025):

LOT 14 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 15 (30-07-129-026):

LOT 15 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 16 (30-07-129-027):

LOT 16 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 17 (30-07-129-028):

LOT 17 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 18 (30-07-129-029):

LOT 18 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 19 (30-07-129-030):

LOT 19 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 20 (30-07-129-031):

LOT 20 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Lot 21 (30-07-129-032):

LOT 21 IN BLOCK 4 IN FORD HOMES, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.

A JOHNSON CONTROLS COMPANY

1783 ROSEMARY ROAD
HIGHLAND PARK, IL 60035

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

April 17, 2015

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

**RE: Request for Proposal – New DaVita Clinic
1200 – 1232 Sibley Boulevard
Calumet City, IL 60409**

Dear Jon:

Johnson Controls Real Estate Services, Inc. has been authorized by Total Renal Care, Inc. – a subsidiary of DaVita HealthCare Partners, Inc. (“DaVita”) to assist in securing a lease requirement. DaVita is a Fortune 500 company with more than 2,000 locations across the US and revenues of approximately \$11.5 billion.

PREMISES: 1200 – 1232 Sibley Boulevard, Calumet City, IL 60409 [street address to be confirmed]

A building (the “Building” or the “Premises”) to be constructed by Tenant at the northeast corner of Sibley Boulevard and Manistee Avenue in Calumet City, IL.

TENANT: Total Renal Care, Inc. or related entity to be named with DaVita HealthCare Partners, Inc. as lease guarantor.

LANDLORD: National Shopping Plazas, Inc., as leasing agent

SPACE REQUIREMENTS: Approximately 7,500 rentable square feet.

PRIMARY TERM: 15 years

BASE RENT: \$28/psf NNN for the first lease year; increasing 2% per year.

OPTION TO RENEW: Three (3), five (5) year options to renew the lease. Rent shall continue to increase 2% per year during the first and each subsequent option year.

ADDITIONAL EXPENSES: Additional operating expenses for the payment of which Tenant will be responsible including Taxes, CAM and Insurance are estimated at \$6.00 (Taxes), \$1.50 (CAM) and \$0.30 (Insurance) per square foot for the first lease year.

Tenant’s pro rata share percentage of operating expenses will be 100%.

Tenant will be responsible for paying for all utilities from use of the Premises (although water may be billed under a submeter or as part of CAM if there is no separate meter or submeter).

MAINTENANCE:

Landlord shall maintain, repair and replace the common areas of the site, and Tenant shall reimburse Landlord for the cost of such work. Landlord, at its sole cost and expense, shall be responsible for the maintenance, repair and replacement of the structural portions (excluding the roof) of, and foundations for, the Premises, and Tenant, at its sole cost and expense, shall be responsible for the maintenance, repair and replacement of the roof, the non-structural portions and the HVAC system of the Premises.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the site, zoned to permit use as a dialysis clinic (but Landlord shall not be obligated to obtain building or other permits or approvals), within ninety (90) days from the State of Illinois Certificate of Need permit date (see below). Rent Commencement shall be on the earlier of when Tenant opens for business at the Premises or two hundred (200) days after the aforesaid Certificate of Need permit date (assuming that Landlord has obtained the aforesaid zoning permitting use of the Premises as a dialysis clinic).

DUE DILIGENCE:

Intentionally omitted.

LEASE FORM:

The lease form that was most recently used between affiliates of Landlord and Tenant, with revisions to be consistent with this letter.

USE:

Tenant may operate the Premises for the use as an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses, and for no other lawful purpose(s) without Landlord's consent.

PARKING:

Tenant shall receive such number of parking stalls as is required by applicable law or regulation.

LANDLORD/TENANT WORK:

Landlord shall deliver the site to Tenant in "AS IS" condition.

Landlord will be solely responsible to obtain all entitlements and approvals from the city of Calumet City, IL as are necessary for use of the Building as a dialysis clinic to be a permitted zoning use. Landlord will coordinate its efforts with DaVita and DaVita's architect and engineers.

Landlord will be solely responsible for and will pay all impact fees, charges, costs, assessments, and exactions charged, imposed or assessed in connection with the development and construction of the Building or Premises, except that, notwithstanding the foregoing, Tenant shall be responsible for and will pay all building permit fees and expenses.

Tenant's work ("**Tenant's Work**") shall include the construction of the Building, the completion of all site work related thereto (e.g., sidewalks, driveways,

parking areas, landscaping, common area lighting, etc.) and the other work described on Exhibit B attached hereto, in each case in a good, workmanlike and lien free manner and in compliance with all applicable laws. Tenant's plans and specifications for Tenant's Work shall be subject to the approval of Landlord, which approval shall not be unreasonably withheld.

TENANT IMPROVEMENTS:

Landlord will pay to Tenant an allowance ("Tenant Allowance") for costs incurred by Tenant in connection with the construction of the Building and completion of the other Tenant's Work. The Tenant Allowance will be an amount equal to \$170.00 per square foot of the Building. The Tenant Allowance will be payable by Landlord to Tenant at such time as (1) Tenant has completed Tenant's Work, (2) Tenant has delivered final lien waivers from the contractors and subcontractors who or which performed lienable work as part of Tenant's Work, (3) Tenant has delivered to a title company selected by Landlord such documentation as such title company requires in order to deliver to Landlord and its lender title insurance policies, or endorsement to existing policies, insuring against lien claims on account of Tenant's Work, (4) Tenant has delivered to Landlord a certificate of Tenant's architect certifying that Tenant's Work has been completed in accordance with the plans and specifications therefor which were approved by Landlord, (5) Tenant has delivered to Landlord a certificate of occupancy for Tenant's operation of its business at the Premises, (6) Tenant's rent has commenced and (7) Tenant has delivered to Landlord an estoppel in accordance with the terms of the lease. At such time as Certificate of Need and all other lease contingencies have been satisfied and as security for Landlord's payment of the Tenant Allowance, Landlord shall cause to be delivered to Tenant a letter of credit that is in the amount of the Tenant Allowance and is otherwise in form and substance reasonably satisfactory to Landlord and Tenant. If Landlord does not timely deliver such letter of credit or fails to make any payment of the Tenant Allowance on a timely basis and such breach is not cured within thirty (30) days after written notice thereof from Tenant to Landlord, Tenant will have the right to terminate the Lease and/or offset any unpaid amounts against Rent.

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

None.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the site to Tenant with all local zoning approvals and entitlements necessary to permit use of the Building as a dialysis clinic in place within one hundred twenty (120) days from CON permit date (subject to extension due to force majeure), Tenant may elect to terminate the lease by written notice delivered to Landlord after such date and prior to the obtaining of such approvals and entitlements.

HOLDING OVER:

Tenant shall be obligated to pay 135% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations.

BUILDING HOURS:

If permitted by applicable laws and codes, Tenant may operate 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

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

NON-COMPETE:

None.

OTHER CONCESSIONS:

None.

GOVERNMENTAL COMPLIANCE:

Landlord shall deliver the site to Tenant in "AS IS" condition.

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). It is Tenant's intention to appear on the CON meeting agenda for the July 14, 2015 meeting. However, based on the length of the HFSRB review process, Tenant may not receive a CON permit prior to August 25, 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 approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by August 25, 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.

BROKERAGE FEE:

Landlord recognizes as the Tenant's sole representative Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee equal to \$1.05 per square foot per year of the initial lease term per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Upon full execution of this Letter of Intent, Landlord shall order a Phase I environmental report, a geotechnical report and an ALTA survey, all for review by Landlord and Tenant. The cost for these items (and any subsequent due diligence reports, if required) shall be part of, and be credited against the amount owed for, the tenant allowance unless the project does not proceed. If the project does not proceed for any reason, the cost for these reports will be the responsibility of the Landlord.

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

Edgar Levin
edgar.l.levin@jci.com

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

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

Sincerely,

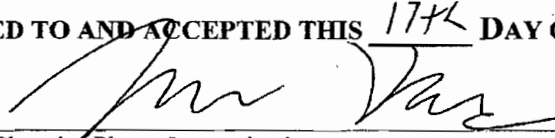


Edgar Levin

Cc: Matthew Lieberman
Chris Maese
Emmett Purcell
John Steffens

LETTER OF INTENT: 1200-1232 SIBLEY BOULEVARD, CALUMET CITY, IL

AGREED TO AND ACCEPTED THIS 17th DAY OF APRIL, 2015

By: 

National Shopping Plazas, Inc., as leasing agent
("Landlord")

Attachment - 2A

AGREED TO AND ACCEPTED THIS _____ DAY OF APRIL, 2015

By: _____

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

Edgar Levin
edgar.l.levin@jci.com

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By: _____
National Shopping Plazas, Inc., as leasing agent
("Landlord")

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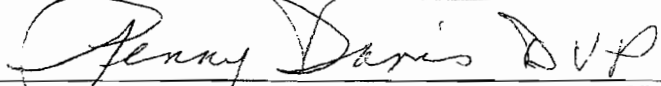
By:  _____
On behalf of Total Renal Care, Inc., a wholly owned subsidiary of DaVita HealthCare Partners, Inc.
("Tenant")

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B

Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

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

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

Lessee will be constructing the following Base Building and Site Development Improvements to meet Lessee's Building and Site Development specifications. **Any reference to Lessor/Landlord completing the work shall mean Lessee/Tenant completing the work as outlined earlier in this agreement.**

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

1.0 - Building Codes & Design

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

2.0 - Zoning & Permitting

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

3.0 - Common Areas

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

4.0 Foundation and Floor

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

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

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

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

5.0 - Structural

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

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

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

6.0 - Exterior walls

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

7.0 - Demising walls

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

8.0 - Roof Covering

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

9.0 – Parapet

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

10.0 - Façade

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

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

Or

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

Or

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

11.0 - Canopy

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

12.0 – Waterproofing and Weatherproofing

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

13.0 - Windows

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

14.0 - Thermal Insulation

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

15.0 - Exterior Doors

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

floor plan and shall be coordinate with Lessee's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Lessor:

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

16.0 - Utilities

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

17.0 - Plumbing

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

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

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

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

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

18.0 - Fire Suppression System

Single story stand alone buildings under 10,000 sf will not require a Sprinkler System unless requested by Lessee, or if required by code or local authority. Single story stand alone buildings greater than 10,000 will require a sprinkler system. Lessor shall design and install a complete turnkey sprinkler system (less drops and heads in Lessee's space) that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a dedicated water line independent of Lessee's potable water line requirements, or as required by local municipality or water provider. Lessor shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

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

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

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

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

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

20.0 - Gas

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

21.0 - Mechanical /Heating Ventilation Air Conditioning

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

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

The criteria is as follows:

- Equipment to be Lennox RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Lessee's demands for a dialysis facility and the base building Shell loads.
- Ductwork shall be extended 5' into the space for supply and return air.
- System to be a fully ducted return air design
- All ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section.
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol. Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode
- Provide factory installed UV lights.

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5 yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, thermostats start-up and commissioning.. Anticipate minimum up to five (5) through a BACnet compatible controller (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's,. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location, curb sizes (heights) and number of HVAC units based on Lessee's design criteria and local and state codes. RTU's (or AHU's as needed) to be purchased using DaVita national contract pricing/ Furnish By Owner (FBO) program.

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

22.0 - Telephone

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

23.0 - Cable TV

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee. Lessee shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Lessor shall reasonably cooperate and grant "right of access" with Lessee's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility

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

stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

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

25.0 - Exiting

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

26.0 - Site Development Scope of Requirements

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

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

27.0 - Refuse Enclosure

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

28.0 - Generator

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

29.0 - Site Lighting

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

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

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

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

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

32.0 - Site Signage

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

Exhibit C1 -- Preliminary Site Plan
(to be modified for a 7,500 square foot building)

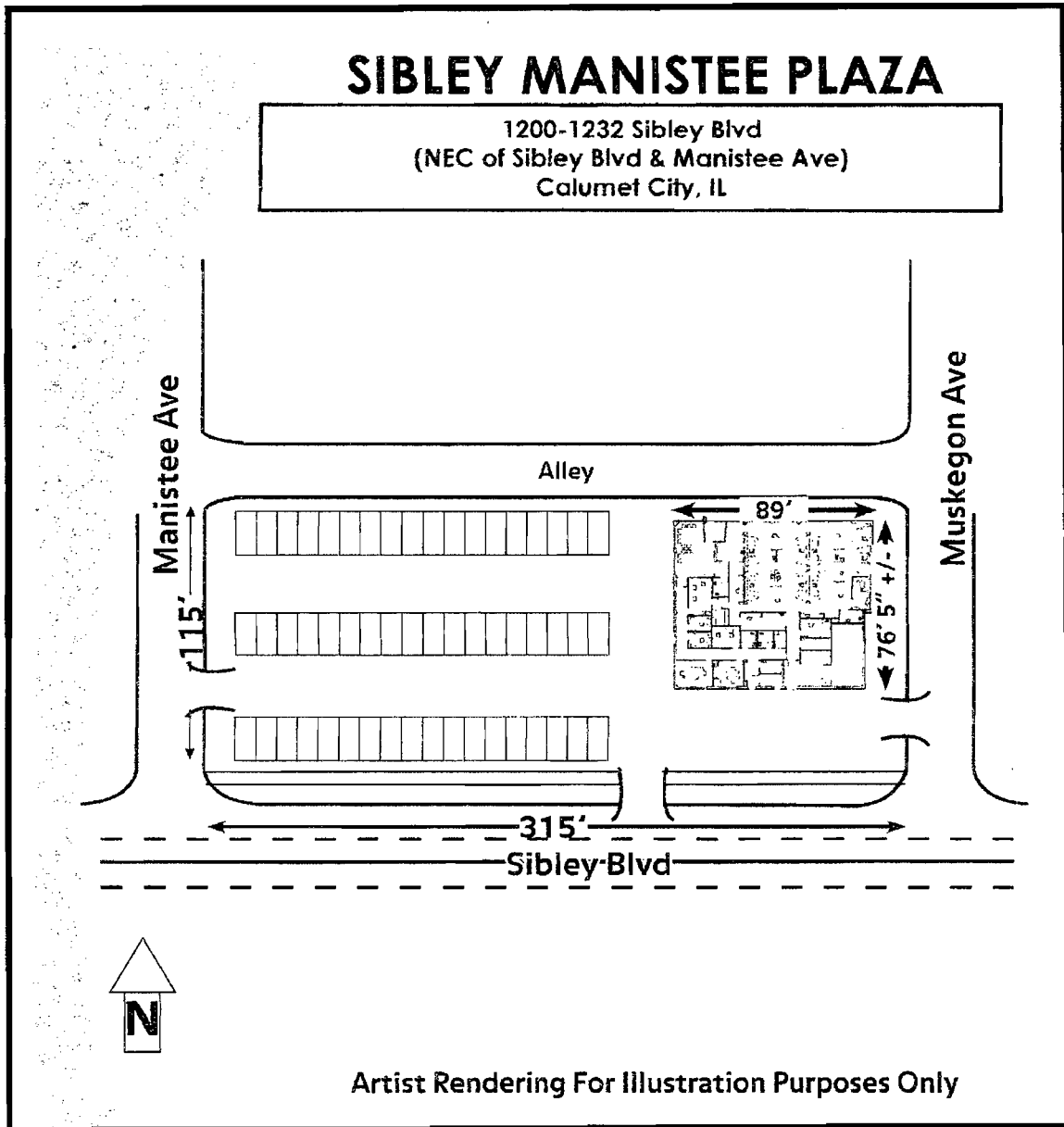
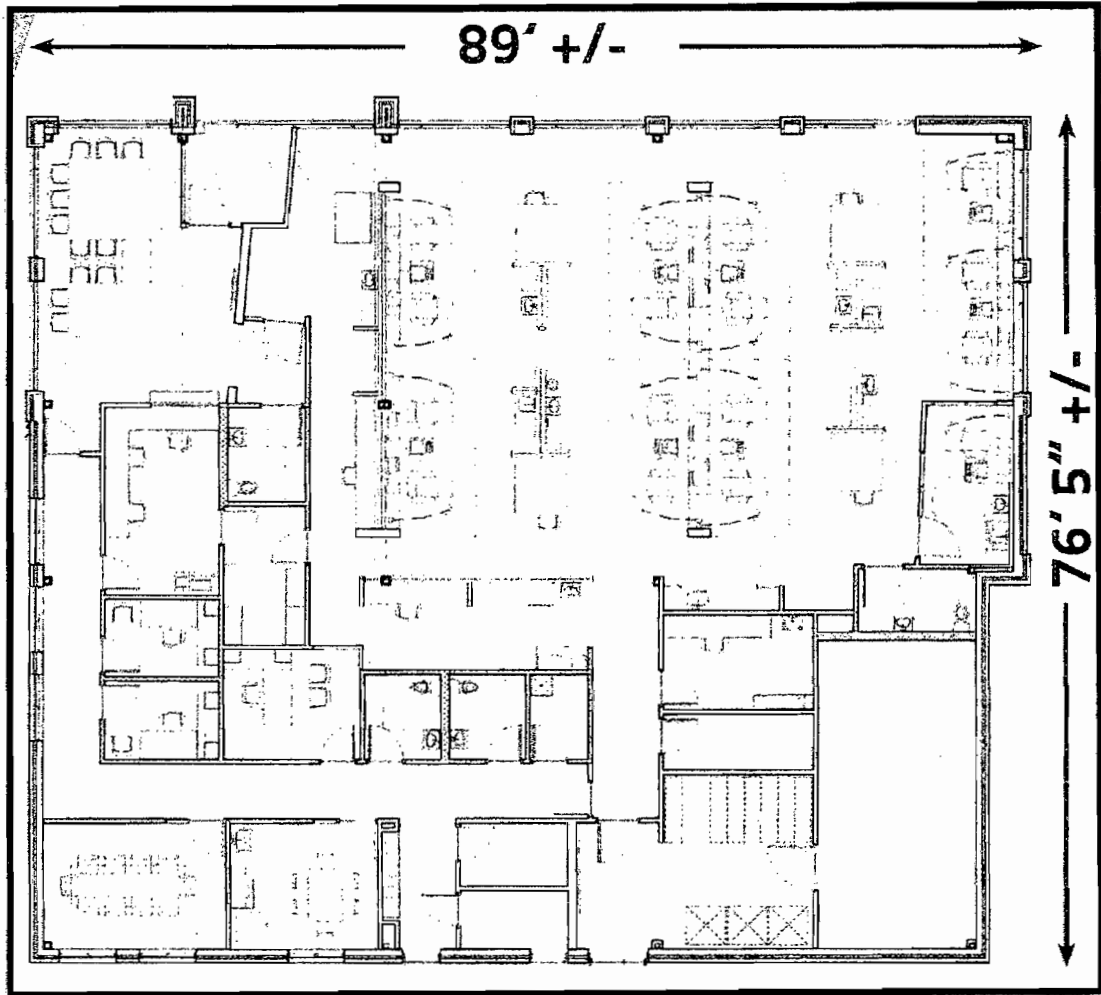


Exhibit C2 -- Preliminary Floor Plan
(to be modified for a 7,500 square foot building)





Muskegon Ave

30-07-129-037

30-07-129-031

30-07-129-030

30-07-129-028

30-07-129-024

30-07-129-027

30-07-129-026

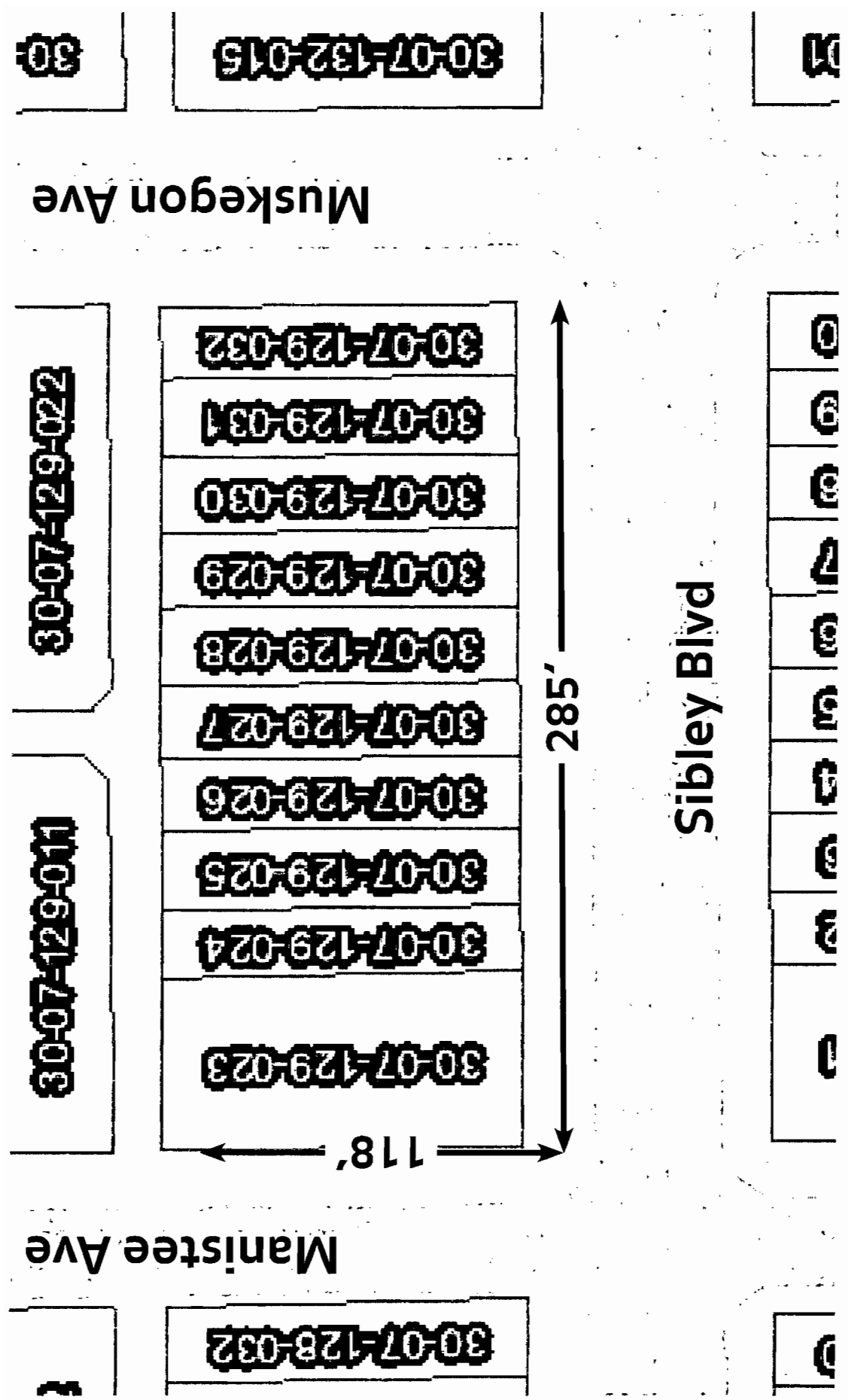
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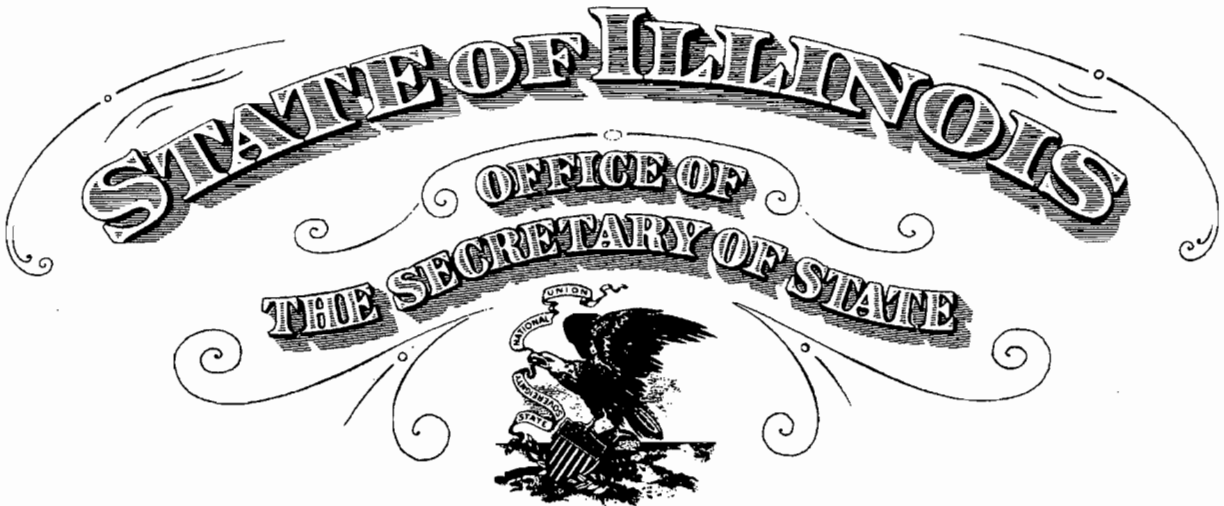
Sibley Blvd

Manistee Ave



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

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



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 1409000508

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 31ST day of MARCH A.D. 2014 .

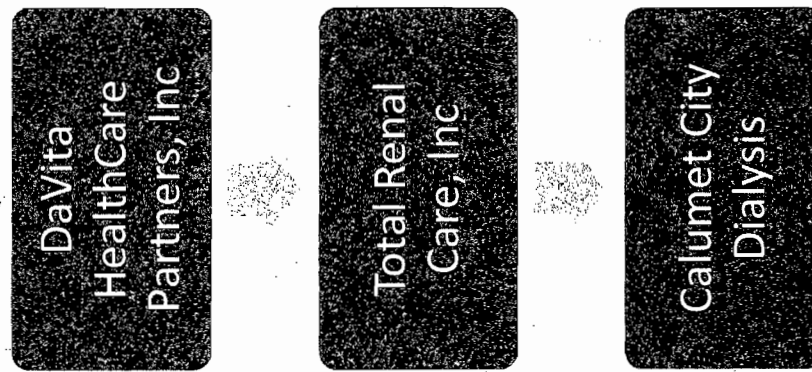
Jesse White

SECRETARY OF STATE

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

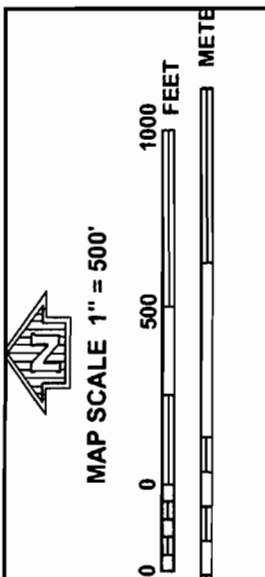
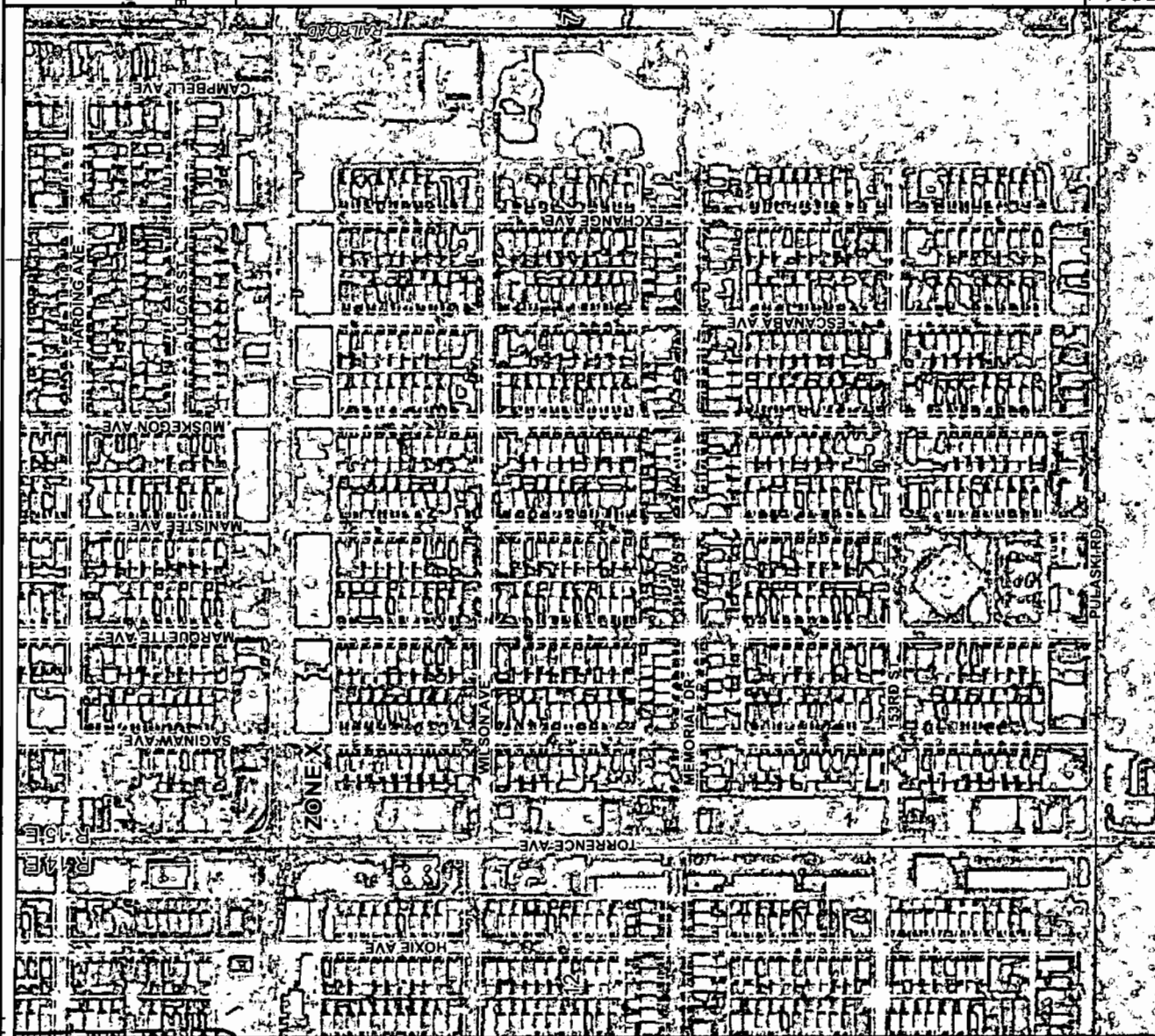
The organizational chart for DaVita HealthCare Partners Inc., Total Renal Care, Inc., and Calumet City Dialysis is attached at Attachment – 4.

Calumet City Dialysis Organizational Chart



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 1200 Sibley Boulevard, Calumet City, Illinois 60409. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0756J

FIRM

FLOOD INSURANCE RATE MAP
COOK COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 756 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SIZES
CALUMET CITY, CITY OF	170072	0756	J
COOK COUNTY	170054	0756	J
LANSING, VILLAGE OF	170116	0756	J

Notes to Users: The Map Number shown below should be used when ordering maps. The Community Name and Panel Number should be used on insurance applications for the subject community.



MAP NUMBER
17031C0756J
MAP REVISED
AUGUST 19, 2008

Federal Emergency Management Agency

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

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

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



FAX 217/524-7525

PLEASE REFER TO: IHPA LOG #011032415

Cook County
Calumet City
1200 Sibley Blvd.
Section:7-Township:36N-Range:15E
IHFSRB
New construction, 16-station dialysis facility

April 2, 2015

Timothy Tincknell
DaVita Healthcare Partners, Inc.
1333 N. Kingsbury St., Suite 305
Chicago, IL 60642

Dear Mr. Tincknell:

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,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts	\$1,232,500		\$1,232,500
Site Survey and Soil Investigation			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$97,500		\$97,500
Consulting and Other Fees	\$75,000		\$75,000
Moveable and Other Equipment			
Communications	\$98,500		\$98,500
Water Treatment	\$134,375		\$134,375
Bio-Medical Equipment	\$10,885		\$10,885
Clinical Equipment	\$244,920		\$244,920
Clinical Furniture/Fixtures	\$23,495		\$23,495
Lounge Furniture/Fixtures	\$3,265		\$3,265
Storage Furniture/Fixtures	\$7,037		\$7,037
Business Office Fixtures	\$23,465		\$23,465
General Furniture/Fixtures	\$29,000		\$29,000
Signage	\$14,000		\$14,000
Total Moveable and Other Equipment	\$588,942		\$588,942
Fair Market Value of Leased Space	\$2,015,025		\$2,015,025
Total Project Costs	\$4,118,967		\$4,118,967

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

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

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

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$4,118,967		7,500	7,500			
Total Clinical	\$4,118,967		7,500	7,500			
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	\$4,118,967		7,500	7,500			

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

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. For this project, DaVita HealthCare Partners Inc. has partnered with Total Renal Care, Inc. in their commitment to the Calumet City community. The proposed project involves the establishment of a 16-station dialysis facility to be located at 1200 Sibley Boulevard, Calumet City, Illinois 60409.

DaVita HealthCare Partners Inc is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2013 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment – 11A.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on the Kidney Smart, IMPACT and CathAway programs are attached at Attachment – 11B. Recent press releases: "DaVita Rx Celebrates Tenth Anniversary," "DaVita Ranks First in Clinical Outcomes According to Government Reports," "DaVita Kidney Care Leads in Immunizations for 2014-2015 Season," "DaVita HealthCare Partners Ranked 38th Among 2015 Training Top 125," "DaVita HealthCare Partners Celebrates 10 Years Among FORTUNE Magazine's World's Most Admired Companies," "DaVita HealthCare Partners to Work With Achievement First to Build Culture Between School and Parents," "DaVita Encourages People to Get to Know Their Kidneys During National Kidney Month," "DaVita Kidney Care Hosts Google+ Hangout on Air to Educate about Kidney Disease," "DaVita HealthCare Partners Sets Standard for Healthy Workplaces," "DaVita Kidney Care Dietitians and Social Workers Celebrated for Distinctive Roles in Patient Care," "DaVita HealthCare Partners Recognized as Top Workplace by The Denver Post," "DaVita Kidney Care Receives ERE Recruiting Excellence Awards for Military Talent Program and Best Employee Referral Program," are attached at Attachment – 11C.

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

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.²
- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).³
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).⁴
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.⁵

¹ US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 15 (2014).

² Id.

³ Id. at 79

⁴ Id.

- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.⁶
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁷
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). 41 percent of new ESRD patients in 2012, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 49 percent of those on hemodialysis began therapy with a catheter, compared to 21 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 54 percent began therapy with a fistula – five times higher than the rate among non-referred patients.⁸

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.⁹ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

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

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

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

⁵ US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 160 (2013).

⁶ Id.

⁷ Id. at 161.

⁸ US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 107 (2014).

⁹ Id. at 4.

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

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. Since the inception of the program, DaVita has achieved a 45 percent reduction in the number of "Day 90+" catheter patients. As of November 2013, DaVita's catheter use rate is at an all-time low with 13 percent of patients dialyzing at DaVita for 90 days or more with a catheter in place. DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers.

DaVita was recognized at the National Adult and Influenza Immunization Summit (NAIIS) as the national winner in the "Healthcare Personnel Campaign" category of the 2014 Immunization Excellence Awards. In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. As of December 31, 2014, over 92 percent of teammates were immunized for seasonal influenza. As of the same date, over 92 percent of patients were vaccinated for the flu.

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

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

Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. In 2012 alone, the Patient Pathways program reduced renal-related readmission rates by more than 73 percent and saved partnering hospitals a total of 40,800 bed days and 18,500 acute dialysis treatments. Combined, these efficiencies reduced the country's 2012 health care costs by more than \$50 million. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a

better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

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

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

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204M in net savings to the American healthcare system in 2013.

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. As of 2012, DaVita Rx patients have an 82% adherence rate, compared to those who use chain pharmacies and have a 32% adherence rate, and those who use independent pharmacies and have a 36% adherence rate. In addition, better adherence may lead to fewer hospitalizations for patients using DaVita Rx versus those patients not on this service. Hospitalizations (per member per 1000) was 1.4 for Non-DaVita Rx patients versus 1.0 for DaVita Rx patients in 2012.

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

In April 2014, DaVita received three major national and local awards for its focus on its teammates: WorldBlu Most Democratic Workplaces, Top Workplaces Colorado and LearningElite Silver. For the seventh consecutive year, DaVita appeared on WorldBlu's list of most democratic work places. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the third consecutive year, WorkplaceDynamics also recognized DaVita as one of the top workplaces in Colorado, based on employee input. DaVita was named a Silver LearningElite organization for 2014 by *Chief Learning Officer* magazine for creating and implementing exemplary teammate development practices that deliver measurable business value. DaVita ranked No. 29 in a record breaking field of more than 200 companies. Finally, DaVita has been recognized as a one of *Fortune*® Magazine's Most Admired Companies in 2014. DaVita ranked first overall among health care facilities and was the second highest-rated company in Colorado.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Furthermore, it annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease-awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assisted in these initiatives and have raised approximately \$5 million, thus far, through the annual Tour DaVita bicycle ride, with \$1 million coming in 2013 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. DaVita continued its "DaVita Way of Giving" program in 2013 with teammates at clinics across DaVita's 43-state footprint selecting more than 1100 charities from Ronald McDonald House to small community-support entities in their local areas, to receive approximately \$1.2 million in contributions.

DaVita does not limit its community engagement to the U.S. alone. It founded Bridge of Life, a 501(c)(3) nonprofit organization that operates on donations to bring care to those for whom it is out of reach. In 2013, nearly 50 volunteers from Bridge of Life- DaVita Medical Missions™ worked to complete 15 missions in 11 countries, during which volunteers and partners helped to install or repair 77 dialysis machines and train more than 50 kidney care professionals, bringing treatment and quality care to an additional 420 people around the world.

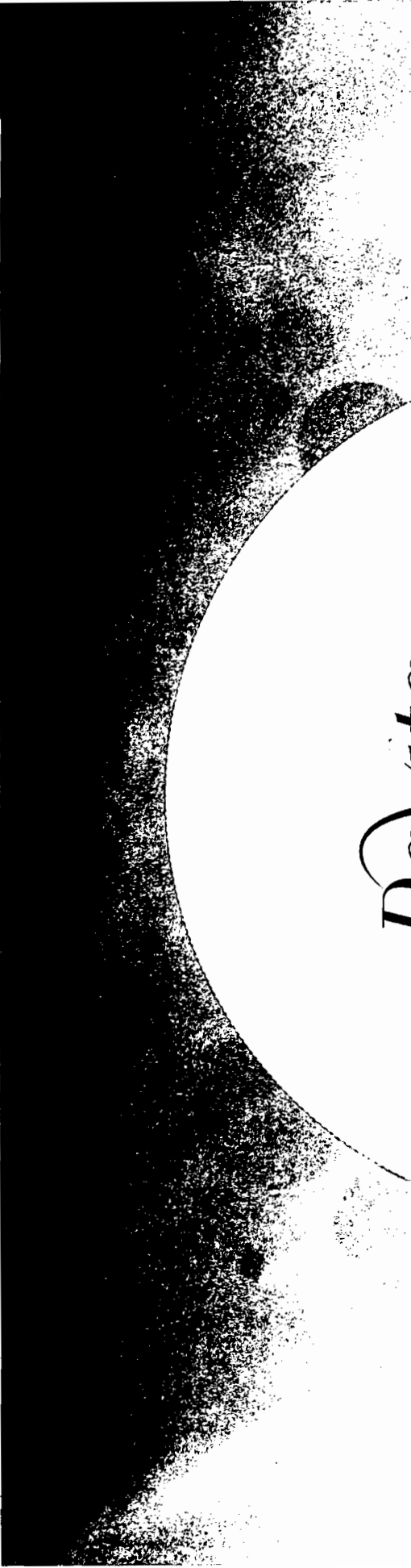
1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois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

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

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

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11E.
3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to

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



DaVita.

COMMUNITY CARE

The DaVita Vision for Global Citizenship





bringing quality to life™

A COMMUNITY FIRST, A COMPANY SECOND

At DaVita Kidney Care, we do dialysis, but we are not about dialysis. We are about the lives of our patients, teammates (employees) and partners, and the communities in which we operate around the globe.

We believe that if we create a thriving, sustainable community for our teammates, they in turn will create a special clinical and caring community for our patients and their families, and be inspired to help others. We call this vision for corporate social responsibility (CSR) our Trilogy of Care: *Caring for Our Patients, Caring for Each Other and Caring for Our World*. This trilogy is at the heart of our industry-leading clinical outcomes, our goodwill initiatives and our environmental commitment.

ABOUT CHRONIC KIDNEY DISEASE (CKD)

Chronic kidney disease (CKD), a silent epidemic, affects 1 in 10 U.S. adults¹, many of whom are unaware of the condition until it progresses to kidney failure, or end stage renal disease (ESRD). More than 600,000 people in the U.S. have ESRD and require a transplant or dialysis to survive².

Anyone can be affected by ESRD, but African Americans, Hispanic Americans and Native Americans are affected disproportionately. Diabetes and hypertension are the two leading causes of CKD, which is recognized as a major public-health problem that reduces the quality and length of life³.

Our integrated and individualized approach to kidney care offers patients choice, comfort and convenience to help them continue to lead the lives they knew before dialysis.

OUR VISION

To Build the Greatest Healthcare Community the World Has Ever Seen

OUR MISSION

To Be the Provider, Partner and Employer of Choice

OUR CORE VALUES

Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment, Fun

OUR TRILOGY OF CARE

- Caring for Our Patients
- Caring for Each Other
- Caring for Our World

Contributed to clinical research since 2005

9,700 teammates

trained in award-winning

DaVita University

professional development classes in 2013

14% reduction

in water

consumption

per treatment

since 2010

Paul H., DaVita dialysis patient.

COMMUNITY CARE | The DaVita Vision for Global Citizenship

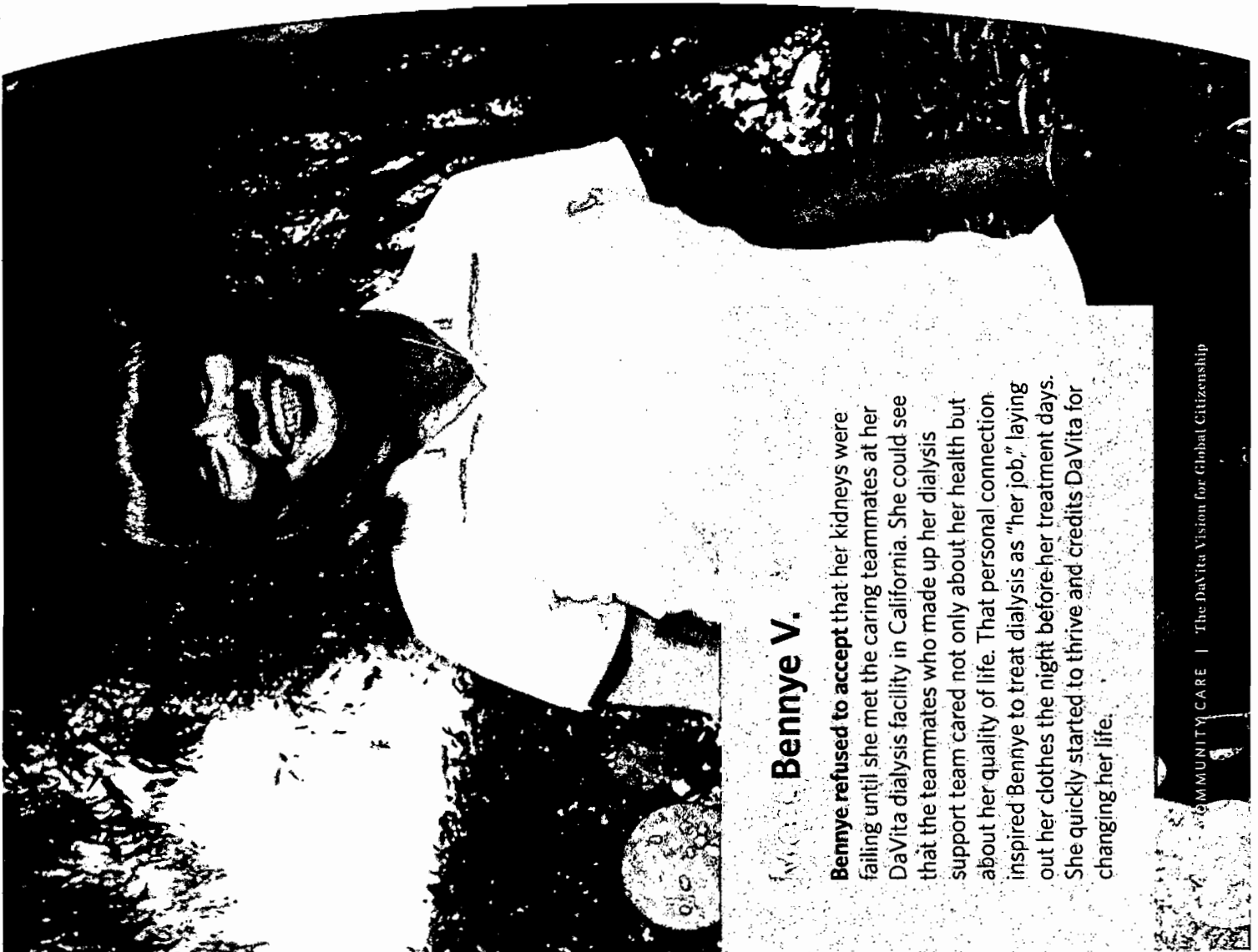
CARING FOR OUR PATIENTS

Innovating Care, Improving Lives

DaVita's vision To Build the Greatest Healthcare Community the World Has Ever Seen means continuously evolving the way we treat our more than 163,000 kidney care patients. Through our integrated, personalized approach to care that focuses on innovation, education and empowerment, we are improving our patients' health, healthcare experience and quality of life. Some of our initiatives to set a new standard for kidney care are highlighted here.

IMPACT™, DaVita's IMPACT care management program improves outcomes and reduces mortality rates by focusing on the first 90 days of dialysis, when patients are at highest risk for serious and potentially fatal complications. The program has helped improve DaVita's overall gross mortality rate, which has fallen by 28 percent over the last 13 years.

CathAway™, DaVita's CathAway program helps transition patients from central venous catheters (CVCs) to arteriovenous fistulas, reducing the risk of hospitalization from infections and blood clots. Since 2000, our fistula adoption rate has improved by 102 percent, and CVC use was at an all-time low of 13 percent at the end of 2013. DaVita received the Renal Physicians Association's 2013 Patient Safety Improvement Award for adherence to access monitoring and surveillance procedures, which resulted in reducing fistula and graft thromboses, the leading cause of reversion to infection-prone catheters.



Benny V.

Benny refused to accept that her kidneys were failing until she met the caring teammates at her DaVita dialysis facility in California. She could see that the teammates who made up her dialysis support team cared not only about her health but about her quality of life. That personal connection inspired Benny to treat dialysis as "her job," laying out her clothes the night before her treatment days. She quickly started to thrive and credits DaVita for changing her life.

Vaccinations. DaVita's pneumococcal pneumonia and influenza vaccination initiatives lead the industry and help foster a safe environment for our patients and clinical teams. In 2013, DaVita vaccinated 92 percent of patients for each. Since undertaking the initiative, patient flu vaccinations have improved by 4.1 percent, teammate flu vaccinations by 43.5 percent and patient pneumonia vaccinations by 26.9 percent.

Lifeline Vascular Access. Lifeline Vascular Access, the nation's largest network of outpatient vascular access centers for patients with end stage renal disease (ESRD), has performed more than 750,000 procedures, and in 2013 achieved an overall success rate of 98.6 percent.

VillageHealth. One of the nation's leading integrated kidney care management organizations, VillageHealth now touches more than 20,000 lives a month. The integrated care management results are most visible in VillageHealth's ESRD special needs plan (SNP) program, where it has achieved:

- :: 30 percent fewer hospital readmissions compared to the Medicare benchmark.¹
- :: 15 percent lower year-one mortality rate over a three-year period.²
- :: 15 percent lower non-dialysis costs for ESRD care.³

DaVita Rx. As the first and largest renal pharmacy, DaVita Rx focuses on improving patients' ability to access and stay adherent to their medications. Studies suggest that patients that use DaVita Rx spend 14 percent fewer days in the hospital each year and are 21 percent more likely to live longer than patients that use a different pharmacy.⁴

Dedication to Working Patients. Studies have proven that when patients continue working after they go on dialysis, they generally experience a lower rate of depression⁵, have fewer hospitalizations⁶ and score higher on general health and vitality tests.⁷ DaVita provides flexible treatment shifts and a variety of home-treatment options to accommodate working patients as well as information to help patients make the right choice for them.

Compliance. Our compliance program is essential to ensure ethical business practices. By maintaining an environment of integrity through our robust compliance program, DaVita is able to provide quality care to our patients and be the employer of choice to our teammates. In 2013, DaVita earned the Health Ethics Trust's Best Practice Award for our compliance training program.

KIDNEY HEALTH TOOLS

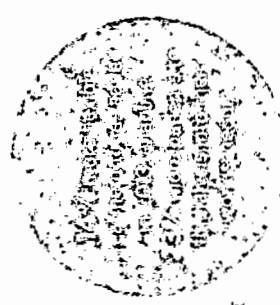
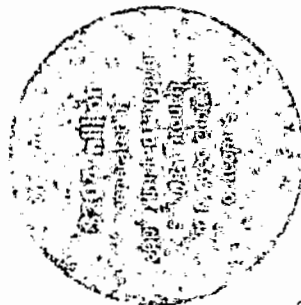
DaVita provides some of the most-comprehensive kidney disease education tools available to help patients take control of their health and make better choices to enrich their lives. Millions of people visit **DaVita.com** for free information on kidney disease.

myDaVita.com. myDaVita.com allows people to connect with a social support community and share their experiences on any of their online devices.

DaVita Diet Helper. The most robust diet-planning tool for kidney care patients, DaVita Diet Helper lets users access 1,000-plus kidney-friendly recipes for pre-planned daily menus, create their own meals and recipes, save their favorites and track their nutrition levels with ease.

Kidney Smart. DaVita aims to empower people diagnosed with chronic kidney disease who have not yet started dialysis to make healthy choices and slow the progression of their disease. Kidney Smart offers early- and late-stage CKD patients and their caregivers no-cost, instructor-led classes in neighborhoods across the country—or via interactive online courses at KidneySmart.org.

DaVita Health Portal. The DaVita Health Portal lets DaVita patients track their health by accessing, printing and sharing their lab values, nutrition reports and more online.



The DaVita Village Network (DVN) gives teammates the opportunity to help each other during times of crisis, such as a natural disaster, accident or illness. Teammates can make payroll contributions, which DaVita provides funding to match up to \$250,000 per year.

DaVita teammates' children and grandchildren who excel in leadership, community service and academics can earn scholarships of \$1,000 to \$3,000 from the **DaVita Children's Foundation** (DCF) and the **KT Family Foundation** (KTF), respectively. The KTF, funded by Chairman and CEO Kent Thiry and his wife, Denise O'Leary, and the DCF together have awarded more than \$1.6 million to 807 students since inception in 2001.

In 2012, DaVita launched the **Woody Brittain Scholarship** to honor a past DaVita board member. Woody had a lifetime of success in the business world and donated many hours to community service. Three African-American high school seniors each year receive this scholarship and these students will receive exposure to DaVita's culture and mentor opportunities through college.

DaVita's Little Star Gift of \$2,500 helps new DaVita birth and adoptive parents provide essentials for their little ones. More than **24,000 teammates** and **6,500 spouses** and domestic partners participated in DaVita's Village Vitality program in 2013. Dedicated to creating and

sustaining a culture of health awareness and improvement among teammates, our **Village Vitality program** offers teammates multiple tools for making healthy choices, such as free biometric screenings, stress-management and tobacco-cessation programs, and the six-week **Match the Mayor** exercise competition with Chairman and CEO Kent Thiry.

In the spirit of producing most what we honor most, DaVita presents the **We Are Well Award** and the opportunity to earn free health insurance to teammates who have made the commitment to achieving their health goals.

SUPPORT FOR OUR TROOPS

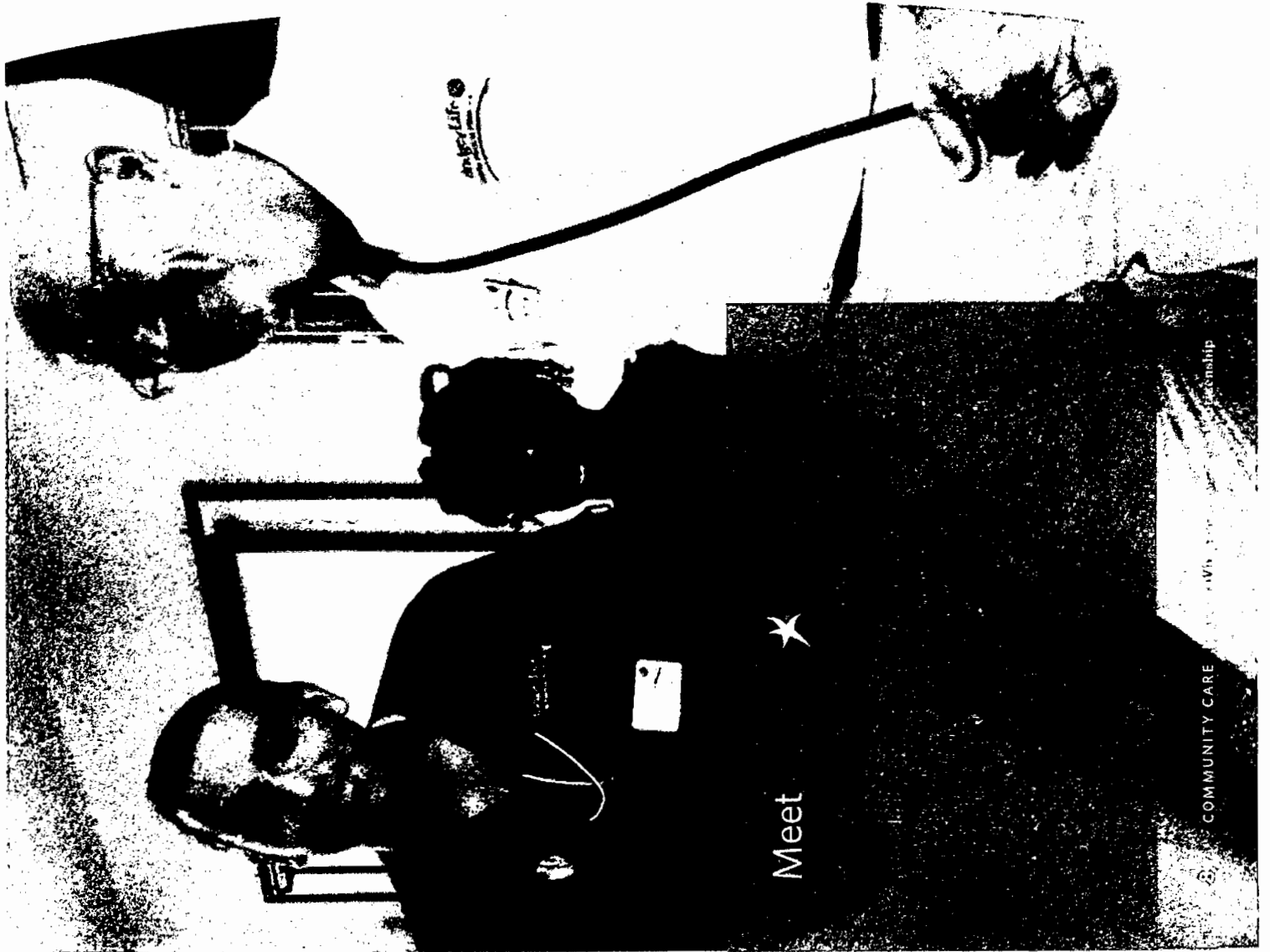
DaVita honors our more than 1,800 teammates who have served in the United States Armed Forces by extending healthcare coverage and life insurance during new deployments lasting 30-plus days and contributing up to \$5,000 per year to each deployed teammate.

In 2013, DaVita was recognized with 11 military awards, including the Freedom Award, the Department of Defense's highest military-friendly employer award. DaVita is the first kidney care provider to earn this distinction.

\$2.42M in crisis assistance awarded to 492 teammates through the DaVita Village Network

24,050 DaVita University learning and development experiences offered in 2013

\$1.6M in educational assistance granted to 807 children and grandchildren of DaVita teammates through DaVita Children's Foundation and KT Family Foundation



DAVITA FOR OUR WORLD

Improving Lives, Sustainably

It is our duty to give back to the neighborhoods in which we operate through environmental, philanthropic and educational means. We work hard to raise awareness about kidney disease, to bring treatment to people who need it most and to be good neighbors in communities around the world.

Extending Access to Dialysis. Bridge of Life—DaVita Medical Missions brings kidney care, education and hope to underserved global communities. In 2013, the organization completed 15 medical missions in 11 countries, which will bring treatment to more than 420 dialysis patients around the world. In the last six years, Bridge of Life has provided an estimated 147,000 treatments to more than 1,400 patients.

Raising Awareness of a Silent Disease. The Kidney TRUST provides rapid screening to identify signs of kidney impairment. Since 2007, more than 40,000 people have received screenings—12 percent of whom showed evidence of kidney disease. In 2013, The Kidney TRUST partnered with the National Alliance for Hispanic Health and the Congressional Black Caucus to provide free screening for almost 3,000 people.

Philanthropy. Through the DaVita Way of Giving, teammates at our 2,000-plus clinics were invited to give to charities in their communities. In 2013, they chose more than 760 local nonprofit organizations such as food banks, shelters and disaster relief organizations to receive \$1.2 million through the 2013 campaign.

Meet

COMMUNITY CARE

DaVita Kidney Care also made cash contributions totaling more than \$1.362 million to kidney disease-awareness organizations and provided financial support to 117 nonprofit organizations in our hometown of Denver, Colorado.

Community Service. Chairman and CEO Kent Thiry and his wife, Denise O'Leary, created the KT Community Foundation in 2006 to help support hands-on community service projects benefiting 501(c)(3) charities. In 2013, the KT Community Foundation awarded its 100th grant, and to date has funded a total of \$312,000 toward teammate-led projects. In 2013, DaVita Kidney Care teammates and their family and friends participated in 369 Village Service Days, volunteering 15,913 hours to community service.

Tour DaVita. Tour DaVita is an annual 250-mile bicycle ride to raise awareness about kidney disease. Since it started in 2007, Tour DaVita participants have collectively ridden 533,000 miles and raised more than \$5 million in the fight against kidney disease.

Home-State Engagement. DaVita has partnered with dozens of organizations to launch community-enrichment initiatives in our home state. After devastating floods hit Colorado in 2013, more than 50 DaVita teammates and Village Service Partners flew out from across the country to help with relief efforts.

In 2013, more than 900,000 pounds of sharps container plastic diverted from the landfill, by purchasing containers with recycled content.

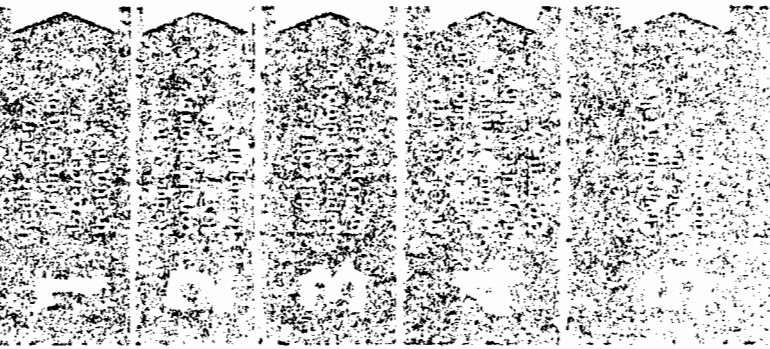
\$5M raised to fight kidney disease since 2007 through the annual 250-mile Tour DaVita bicycle ride.

\$1.2M donated to more than 760 organizations nationwide through the DaVita Way of Giving in 2013.

GOAL

PROGRESS

At DaVita, we aggressively pursue ways to reduce our environmental footprint without compromising patient care. In 2010, we established environmental goals to achieve by the end of 2015:



DaVita has reduced energy consumption by 14 percent per treatment since 2010 in targeted pilot areas through the installation of energy management systems (EMS). Due to the success of this program, we are rolling out EMS installation in every facility across the Village.

DaVita has driven a 14 percent reduction in water usage, projecting a savings of 350 million gallons of water per year from operational changes. We are pursuing additional water-conservation measures in 2014 and beyond.

DaVita has made significant progress in reducing paper consumption through initiatives such as transitioning our policies and procedures manuals to a digital format and implementing print-to-PDF capabilities.

On average, **DaVita has developed three new education programs per year** for teammates since 2010, including cell phone and toner recycling and empowering 800 "green champions" at DaVita centers and business offices across the country to engage with our sustainability programs at a local/clinical level.

DaVita has increased environmentally preferable procurement through partnerships with vendors and purchases environmentally friendly products when available.

- Approximately 450 facilities recycle solid waste, diverting 7.8 million pounds from landfills in 2013.
- By recycling/refurbishing parts from end-of-life dialysis machines, 147,000 pounds were diverted from landfills in 2013.

"By their nature, dialysis operations use a large amount of resources. We aim to reduce our environmental footprint while continuously improving the care provided to dialysis patients each day."

— Kent Thiry, Chairman and CEO of DaVita HealthCare Partners Inc.

LOOKING AHEAD

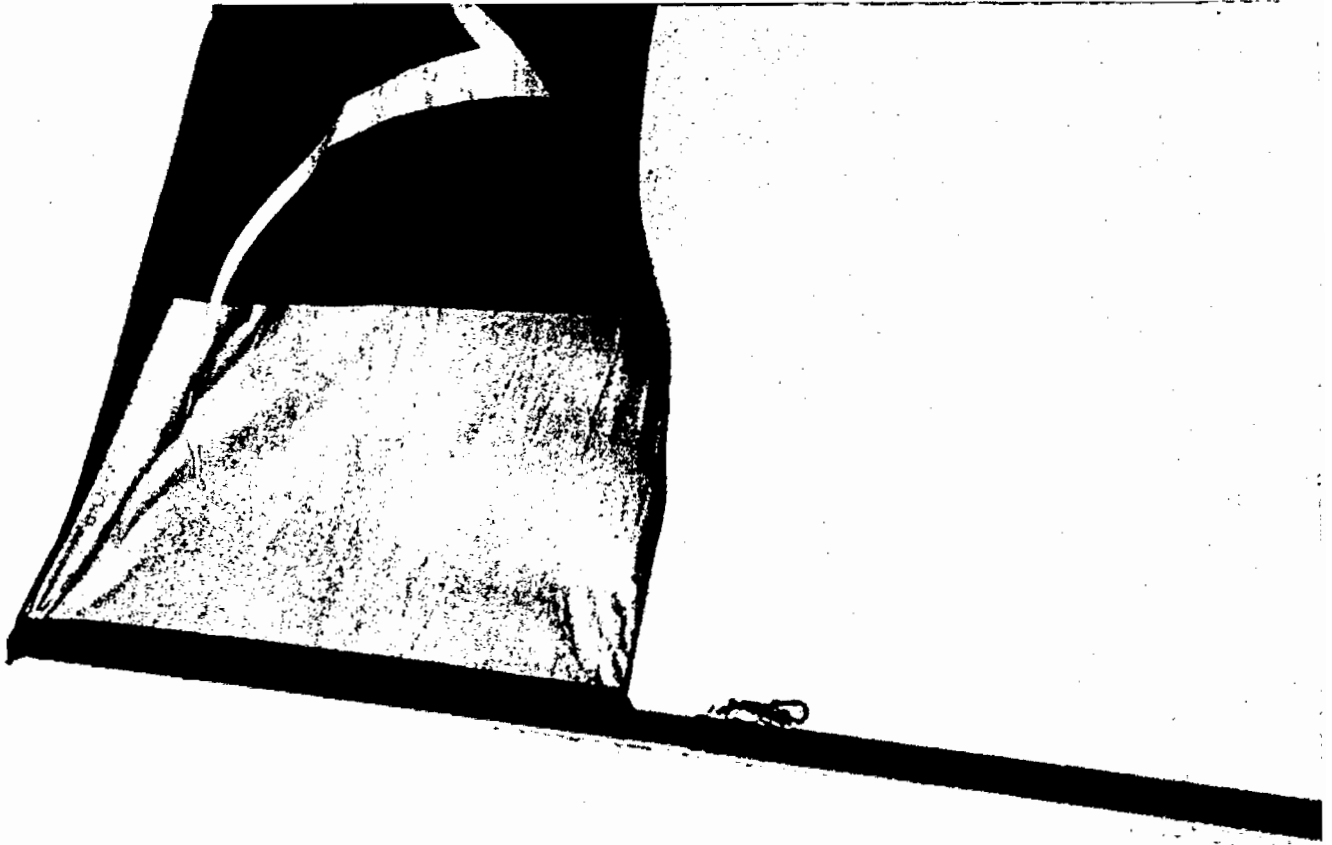
Every new year presents new opportunities to move closer to achieving our goals of improving quality of life for our patients, supporting our teammates and partners and helping improve the communities in which we live.

Caring for Our Patients. Building on our foundation of continuously improved patient outcomes, DaVita recently launched several new clinical initiatives to improve fluid, infection and medication management. These initiatives take the fundamentals of kidney care to the next level and focus on the complex factors that affect patients' quality of life. This year, DaVita will be working with our physician partners and teammates to roll out these initiatives across the Village.

Caring for Each Other. Among our ongoing efforts to promote healthy and balanced lifestyles, DaVita University has launched new programs aimed at achieving life alignment and balance.

The new Thriving After Military Service program honors and supports our teammates who have served or are currently serving in the military. Camp Courage is a way to provide support for our teammates who are battling or have survived cancer. We are always finding new ways to build management and leadership skills through programs like the DaVita University webinars and Leadership Essentials.

Caring for Our World. In 2014, DaVita will bring two prominent kidney care non-profit organizations, Bridge of Life and The Kidney TRUST, under one umbrella called DaVita Village Trust. The new entity aspires to improve community health, wellness and vitality by providing chronic kidney disease education, prevention and treatment. In its first year, DaVita Village Trust plans to complete 18 international medical missions that will expand access to quality dialysis treatment for more than 330 new patients around the world. Additionally, DaVita Village Trust aims to provide free rapid-screenings for more than 12,000 people in at-risk and underserved communities.



2013 HIGHLIGHTS

Caring for Our Patients

- ∴ DaVita Kidney Care has improved clinical outcomes each year since 2000, generating an estimated \$204M in net savings to the American healthcare system in 2013.
- ∴ By the end of 2013, DaVita had improved patient use of fistulas, the preferred method of vascular access, by 102 percent since 2002.
- ∴ An independent study showed that dialysis patients using DaVita Rx as their pharmacy are 21 percent more likely to live longer and experience 14 percent fewer days in the hospital than patients who do not use DaVita Rx¹.

Caring for Each Other

- ∴ DaVita was recognized for the 10th consecutive year as the No. 1 national healthcare services provider for employee training programs on Training Magazine's Top 125 list.
- ∴ For its fourth consecutive year since moving to the state, DaVita was voted among the Best Companies to Work For Colorado, ranking No. 5 in the large company category.
- ∴ Starting in 2012, more than 4,500 teammates organized 7,300 letters, care packages and Veterans Day celebrations to honor military veteran patients and teammates serving overseas.

Caring for Our World

- ∴ By the end of 2013, Bridge of Life—DaVita Medical Missions™ installed or repaired 257 dialysis machines to enable 1,400-plus people to receive life-saving care in underserved communities around the world.
- ∴ DaVita Kidney Care had a record-breaking year for volunteerism. DaVita volunteers helped complete 369 community service events around the country, dedicating more than 15,900 hours through Village Service Days.
- ∴ Through DaVita Way of Giving, DaVita donated \$1.2M to 760 nonprofits across the country.

¹ Weirich and ED. Arneson TJ. St. Peter WL. Clinical Outcomes Associated with Receipt of Integrated Pharmacy Services: Potential Quality Improvement in Hemodialysis Patient Care. Am J of Kidney Dis.

2013 AWARDS

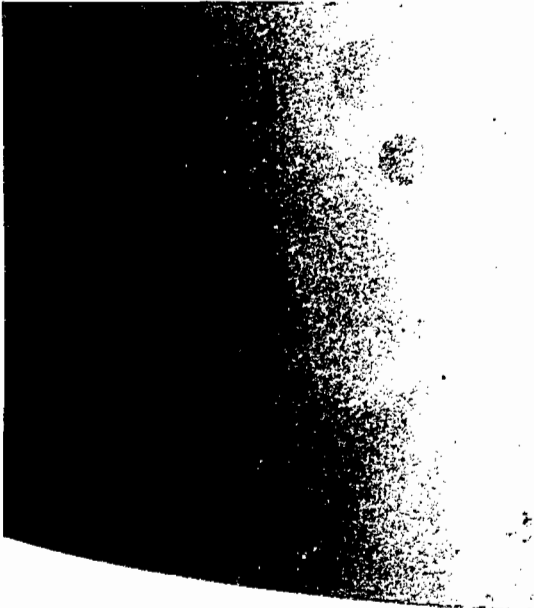
- » Fortune World's Most Admired Companies
- » Training Top 125
- » LearningElite
- » WorldBlu Most Democratic Workplaces
- » Case In Point Best Discharge Planning Program
- » Communitas Community Service
- » Health Ethics Trust Best Practice
- » Renal Physician Association's Patient Safety Improvement
- » Secretary of Defense Employer Support Freedom Award
- » Military Friendly Top 100 Employer (GI Jobs)
- » Web Health
- » eHealthcare Leadership
- » Denver Post Top Workplaces Colorado
- » Best Companies to Work For Colorado
- » Metro Denver's Healthiest Employer

DaVita Kidney Care
is a
Fortune World's Most
Admired Company

7 years as the only
kidney care provider
among the WorldBlu
Most Democratic
Workplaces

12,915 pairs of
new shoes donated
to children in
167 schools
nationwide

30,500 teammates
and family members
in DaVita's
health-promoting
Vitality Points
program



DaVita®

DAVITA.COM/COMMUNITYCARE



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

601 Highway Street, E. Berkeley, CA 94710 | 415-833-4572 | www.ocmo.com

April 30, 2009

Dear Medical Directors:

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



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



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

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

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

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DaVita.

Launch Kits:

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

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

Sincerely,



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

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





Davita.



Dear Physician Partners:

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

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

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

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

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

How was IMPACT developed? What are the initial results?

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

Your support of this effort is crucial.

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

Sincerely,

Dennis Kogod
Chief Operating Officer

Allen R. Nissenson, MD, FACP
Chief Medical Officer



FOR IMMEDIATE RELEASE

DaVita's IMPACT Program Reduces Mortality for New Dialysis Patients

Study Shows New Patient Care Model Significantly Improves Patient Outcomes

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

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

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

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

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

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

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

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

Incident Management of Hemodialysis Patients: Managing the First 90 Days

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

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

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

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

Data as of July, 2008 is reported. Patients in the IMPACT group were 60.6 $\pm$ 15.1 years old (mean $\pm$ 3SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p < 0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p \leq 0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33 \leq 3xHb \leq 36$) vs. 23.4% for controls ($p < 0.10$); some IMPACT patients may still have >36 -level Hcts. Mean calculated Kt/V was 1.54 for IMPACT patients vs. 1.58 for nonIMPACT patients ($p \leq 0.05$).

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

IMPACT Tools

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

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

PERSONAL AND ADMINISTRATIVE DATA

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

PHYSICAL INFORMATION

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____

HEART RATE: _____

TEMPERATURE: _____

LABORATORY DATA

HAEMOGLOBIN: _____

HAEMATOCRIT: _____

ALBUMIN: _____

UREA: _____

CREATININE: _____

CLINICAL INFORMATION

DIAGNOSIS: _____

PREVIOUS DIALYSIS: _____

TRANSFUSION: _____

ALLERGIES: _____

PHYSICIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

INTAKE CHECKLIST

Patient Information

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Physical Information

HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____

HEART RATE: _____

TEMPERATURE: _____

Laboratory Data

HAEMOGLOBIN: _____

HAEMATOCRIT: _____

ALBUMIN: _____

UREA: _____

CREATININE: _____

CLINICAL INFORMATION

DIAGNOSIS: _____

PREVIOUS DIALYSIS: _____

TRANSFUSION: _____

ALLERGIES: _____

PHYSICIAN INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Attention, teammates!
A new IMPACT patient is about to step up to the plate.

Let's become their biggest fans.
Let's cheer and encourage them.
And let's cheer them along every step of their first 90 days.

Go _____

IMPACT



IMPACT SCORECARD

Legend

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

61-120 Days IMPACT Scorecard

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

21-60 Days IMPACT Scorecard

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

0-20 Days IMPACT Scorecard

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

IMPACT Education Checklist

Legend

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

61-120 Days IMPACT Education Checklist

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

21-60 Days IMPACT Education Checklist

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____

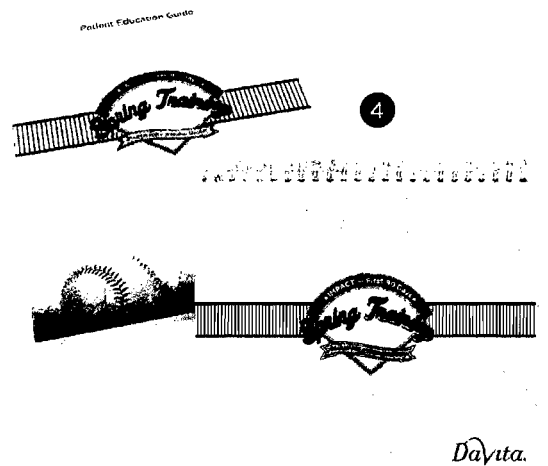
0-20 Days IMPACT Education Checklist

ACCESS: _____

ALBUMIN: _____

ADEQUACY: _____

ANEMIA: _____





Headquarters
1627 Cole Blvd, Bldg 18
Lakewood CO 80401
1-888-200-1041

IMPACT

For more information, contact
1-800-400-8331

DaVita.com

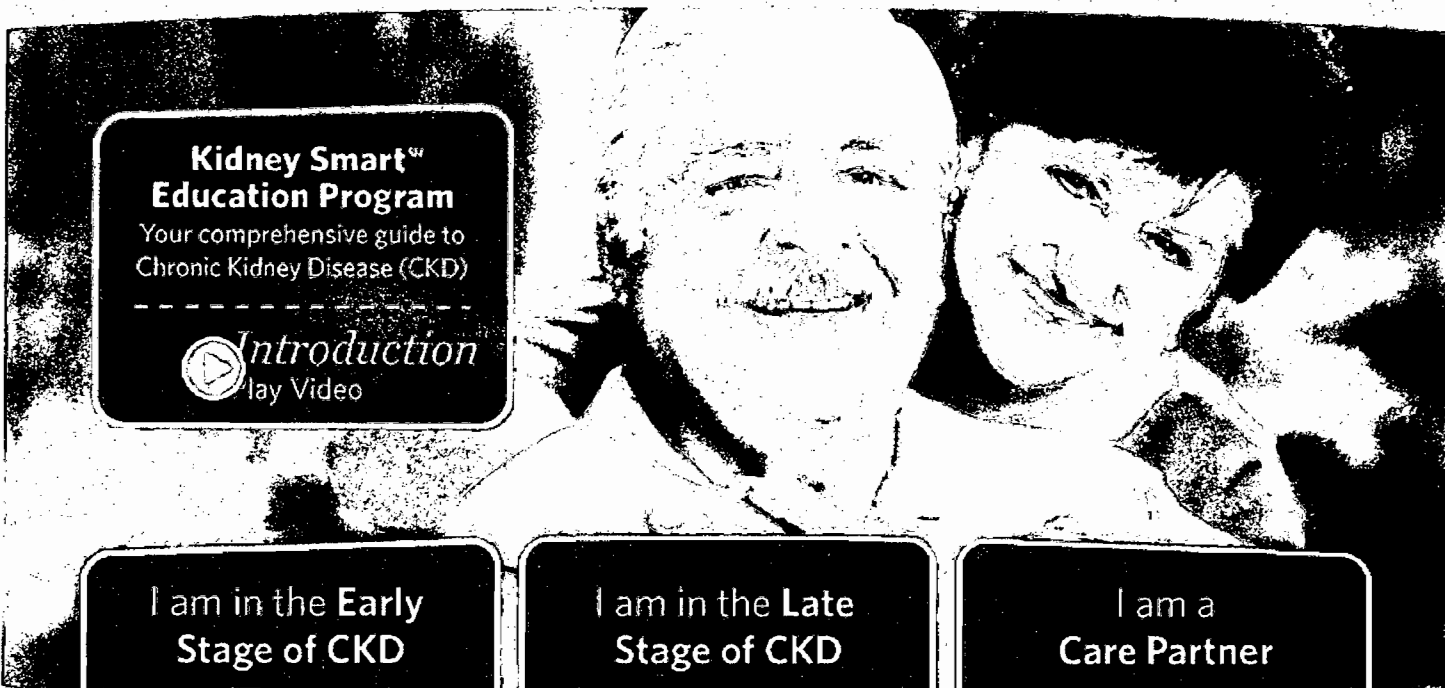
Our Mission

To be the Provider,
Partner and Employer
of Choice

Core Values

Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

Welcome



Kidney Smart™ Education Program
 Your comprehensive guide to Chronic Kidney Disease (CKD)

 **Introduction**
 Play Video

I am in the Early Stage of CKD

Start

 **Not sure?**
 Play Section Guide

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

I am in the Late Stage of CKD

Start

 **Not sure?**
 Play Section Guide

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

I am a Care Partner

Start

 **Not sure?**
 Play Section Guide

Family and friends of people
 with chronic kidney disease




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


Content Guide

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

Living

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

Learning

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

Choices

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

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

Living

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

Learning

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

Choices

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

I am a Care Partner

Caring for Someone with CKD

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

Caring for Yourself

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

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

I Have Early-Stage
Kidney Disease

I Have Late-Stage
Kidney Disease

DaVita.

bringing quality to life™

DAVITA ESPAÑOL

EMAIL
☐ REMEMBER ME

PASSWORD
[FORGOT PASSWORD?](#) [REGISTER NOW](#)

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[KIDNEY-FRIENDLY
RECIPES](#)

[DAVITA
TOOLS](#)

[DISCUSSION
FORUMS](#)

[MY DAVITA](#)

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

[Search](#)

Find a Kidney Smart™ Class

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

Find by State

STATE

OR

Find by ZIP Code

ZIP CODE WITHIN

Include:

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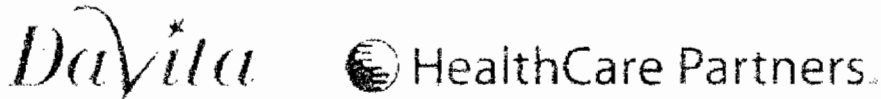
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DaVita Rx Celebrates Tenth Anniversary

Kidney Care Pharmacy Drives Fewer Hospitalizations, Lower Mortality

DALLAS, Jan. 19, 2015 /PRNewswire/ -- [DaVita Rx](#), a full-service pharmacy created for patients with chronic conditions such as those with kidney disease, is celebrating a decade of accomplishments as an integrated pharmacy for patients with complex conditions across the country.

"Ten years ago, DaVita Rx started as a small pharmacy in California dedicated to helping kidney care patients manage their complicated medication regimen," said Josh Golomb, president of DaVita Rx. "Today, we have pharmacies in three states, employ more than 1,300 teammates and serve over 135,000 patients in all 50 states."

DaVita Rx has had a significant impact on the patients who use the service. In fact, a study published in the [American Journal of Kidney Diseases](#) in 2013 found that dialysis patients who use DaVita Rx spend 14 percent fewer days in the hospital and have a 21 percent lower risk of death compared to patients not using DaVita Rx.[1]

"Medication management is critical to preserving the health of patients," said Dr. David Van Wyck, M.D., vice president of clinical services at DaVita Kidney Care. "DaVita Rx offers a combination of services that is uniquely tuned to the needs of our patients. The DaVita Rx team works to break down barriers so that we can help get our patients the medications they are prescribed, when they need them. That work is a gift to our patients and makes a real difference in their lives."

Following is a timeline of key milestones in DaVita Rx's 10 years of service:

- 2005 – DaVita Rx fills first prescription
- 2008 – 1 millionth prescription delivered
- 2009 – DaVita Clinical Research shows DaVita Rx improves clinical outcomes
- 2011 – 5 millionth prescription delivered
- 2013 – Published study shows DaVita Rx patients have significant reductions in hospitalizations and mortality
- 2014 – 15 millionth prescription delivered

About DaVita Rx

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

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc. (NYSE: DVA), a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Sept. 30, 2014, DaVita Kidney Care operated or provided administrative services at 2,152 outpatient dialysis centers located in the United States serving approximately 170,000 patients. The company also operated 87 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, and Florida in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of Sept. 30, 2014, HealthCare Partners provided integrated care management for approximately 836,000 patients. For more information, please visit [DaVitaHealthCarePartners.com](#).

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

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SOURCE DaVita HealthCare Partners



DaVita Ranks First in Clinical Outcomes According to Government Reports

Company leads all kidney care providers in federal Quality Incentive Program and Five-Star ranking system
DENVER, Jan. 26, 2015 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced that it ranked first in outcomes in two recently released reports issued by the Center for Medicare and Medicaid Services (CMS) – the 2015 end stage renal disease (ESRD) Quality Incentive Program (QIP) and the newly created Five-Star ranking program.

"For 15 years clinical quality has always been the first order of business at DaVita," said DaVita HealthCare Partners Co-Chairman and CEO Kent Thiry. "It's gratifying to see those efforts positively reflected in the two government reports showing our national leadership in dialysis patient outcomes."

CMS Quality Incentive Program

According to the QIP results, released by CMS in mid-January, DaVita ranked first in three of four clinical measures in the ESRD program. This is the second straight year that DaVita has been a leader in QIP results.

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

"We're proud of the focus of our caregivers, which has driven excellent QIP results for the second year in a row," said Thiry. "As a result of our passion for delivering excellent care, we have enhanced the patient experience and reduced the burden on the health care system, saving taxpayer money."

The ESRD QIP reduces payments to ESRD facilities that do not meet or exceed certain performance standards. DaVita outperformed other kidney care providers with 98.5 percent of the company's centers ranking in the top clinical performance tier. DaVita's QIP penalty rate is 73 percent lower than that of the rest of the industry. Additionally, while DaVita's percentage of centers with penalties *decreased*, the percentage of the rest of the industry's centers with penalties *increased* in the last year.

In the 2014 QIP results, in addition to having 98.4 percent of its centers in the top clinical performance tier, DaVita also distinguished itself in reducing the proportion of low-performing centers in rural and low-income counties. At the release of that last report, DaVita had achieved a 21 percent *reduction* in rural and low income centers that missed the top clinical tier since the program's inception in 2012 – the rest of the industry saw a 24 percent *increase* during that same time period. This is a significant measure because rural and low-income areas present the greatest challenges to delivering top-tier clinical results. The full ESRD QIP reports can be downloaded at CMS.gov

CMS Five-Star Ranking System

The new Five-Star ranking system is a mechanism created by CMS to help consumers evaluate dialysis facilities. In the rankings, released to the public on Jan. 22, DaVita leads all providers with the highest number of centers ranked with four and five stars. Stars are awarded for each clinic's performance. DaVita represents 32 percent of all rated facilities and 53 percent of centers that received a rating of four or five stars. When combining all DaVita clinics and comparing them to other providers, DaVita clearly outperformed the rest of the industry.

CMS is using the Five-Star ranking to rank dialysis facilities on quality in order to give consumers a better picture of how their locally delivered health care compares to that of the nation. The Five-Star ranking methodology comes from the distillation of seven data points and uses the data from all facilities to rank centers on an industry-wide bell curve, which will be displayed on the Dialysis Facility Compare (DFC) website. Depending on where dialysis facilities fall on the curve will determine whether they receive a five-, four-, three-, two- or one-star ranking.

Despite DaVita's superior performance, the company shares the concerns of the rest of the kidney care community over significant flaws in the Five-Star ranking system. The Five Star system forces some high-performing clinics into lower rankings due to its use of a bell curve ranking system versus one that is purely objective.

"We are committed to clinical excellence and will continue to invest in our teammates, clinical research and other valuable areas so that our patients get the very best care," said Thiry.

Due to continuous investment in patient care, DaVita Kidney Care has improved clinical outcomes for 15 years in a row, which has driven a reduction in hospitalizations, lowered mortality rates and improved the overall patient experience.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Sept. 30, 2014, DaVita Kidney Care operated or provided administrative services at 2,152 outpatient dialysis centers located in the United States serving approximately 170,000 patients. The company also operated 87 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, and Florida in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of Sept. 30, 2014, HealthCare Partners provided integrated care management for approximately 836,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

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SOURCE DaVita HealthCare Partners Inc.



DaVita Kidney Care Leads in Immunizations for 2014-2015 Season

High Rates of Patient and Teammate Immunization Align with CDC Recommendation

DENVER, Feb. 5, 2015 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced that the company is a leader in immunizations for kidney care providers and has exceeded its own previous immunization rates for both dialysis patients and teammates.

As of Dec. 31, 2014, DaVita Kidney Care achieved the following:

- Over 92 percent of patients immunized for seasonal influenza
- Over 93 percent of patients immunized for pneumococcal pneumonia
- Over 92 percent of teammates immunized for seasonal influenza

DaVita Kidney Care has historically had an intense focus on infection control and prevention. In 2014, DaVita Kidney Care received an Immunization Excellence Award in the "Healthcare Personnel Campaign" category at the National Adult and Influenza Immunization Summit.

"High rates of immunization for both dialysis patients and teammates create the 'herd immunity' recommended by the Centers for Disease Control and Prevention and should result in significant benefits," said David Van Wyck, M.D., vice president of clinical affairs for DaVita Kidney Care. "Achieving high rates of vaccination is consistent with our goal to improve overall quality of life, reduce avoidable hospitalizations and save the taxpayer significant health care costs by focusing on the holistic health needs of patients."

The 2014-2015 flu season is still in full swing and is expanding, according to a recent press release from the Centers for Disease Control and Prevention (CDC). The CDC recommends an annual flu vaccine for everyone 6 months old and older. It also cites documented benefits from flu vaccination on its website, including reductions in illnesses, related doctors' visits and missed work or school. Vaccination also helps prevent flu-related hospitalizations and deaths.

"Our focus on world-class outcomes, coupled with our knowledge of the vulnerability of this patient population to infection, results in a long track record of patient and teammate participation in our vaccination program," said Javier Rodriguez, president and CEO of DaVita Kidney Care.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of Sept. 30, 2014, DaVita Kidney Care operated or provided administrative services at 2,152 outpatient dialysis centers located in the United States serving approximately 170,000 patients. The company also operated 87 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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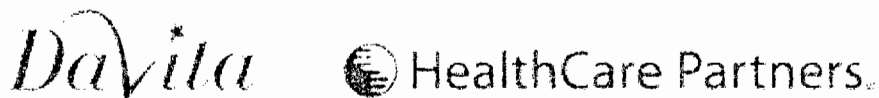
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SOURCE DaVita Kidney Care



DaVita HealthCare Partners Ranked 38th Among 2015 Training Top 125

DENVER, Feb. 11, 2015 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), one of the nation's largest and most innovative health care communities, today announced that the company ranked 38th on *Training* magazine's Top 125 list for offering exemplary employer-sponsored training and development programs.

This is the first year DaVita HealthCare Partners as an integrated company comprising DaVita Kidney Care and HealthCare Partners has been recognized as a Top 125 company. DaVita Kidney Care ranked among the Top 125 for the previous 10 years.

DaVita HealthCare Partners continuously strives to improve its training and development programs to help achieve industry-leading clinical outcomes. These programs focus on whole-person learning which reflects the belief that who people are at work is who they are at home, who they are in their communities and who they are in the world.

"At DaVita HealthCare Partners, training and development helps set the foundation for who we are as a Village," said Steve Priest, chief wisdom officer for DaVita HealthCare Partners. "Investing in our teammates is both the right thing to do and something worth doing right. The more we can support our teammates – helping them grow personally and professionally – the better equipped they will be to care for our patients, each other and the communities we serve."

DaVita HealthCare Partners offers a variety of programs through DaVita University that help teammates build and improve professional, management and life skills. Programs are tailored to meet each teammate's training needs and are offered in classrooms, through hands-on trainings and online. The company also encourages growth through coaching, mentoring and leadership development.

The 2015 Top 125 rankings were announced at the Training 2015 Conference & Expo in Atlanta. According to *Training* magazine, ranking is determined by assessing a range of qualitative and quantitative factors.

For more information about DaVita HealthCare Partners' training and development programs, please visit DaVita.com/CSR.

For more information about *Training* magazine, please visit TrainingMag.com.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Sept. 30, 2014, DaVita Kidney Care operated or provided administrative services at 2,152 outpatient dialysis centers located in the United States serving approximately 170,000 patients. The company also operated 87 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, and Florida in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of Sept. 30, 2014, HealthCare Partners provided integrated care management for approximately 836,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

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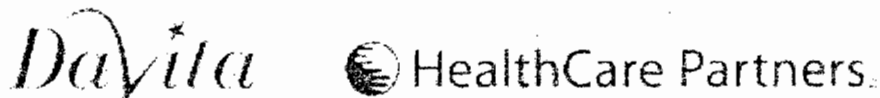
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DaVita HealthCare Partners Celebrates 10 Years Among FORTUNE Magazine's World's Most Admired Companies

Company Attributes Success to Teammates' Dedication, Passion and Service to Patients

DENVER, Feb. 19, 2015 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), one of the nation's largest and most innovative health care communities, today announced that the company has been recognized as one of FORTUNE® Magazine's World's Most Admired Companies in 2015.

This is the first year DaVita HealthCare Partners, as an integrated company comprising DaVita Kidney Care and HealthCare Partners, has been named on the Most Admired list. DaVita Kidney Care appeared on the list for the previous nine years.

"I just want to thank and congratulate our 65,000 teammates and affiliated physicians across 11 countries for creating an environment of exploration and for their dedication to patient care," said Kent Thiry, co-chairman and CEO of DaVita HealthCare Partners. "We work hard, we love trying new things and we are grateful for this honor."

DaVita Kidney Care ranked first in outcomes in two recent reports issued by the Center for Medicare and Medicaid Services – the 2015 end stage renal disease [Quality Incentive Program](#) and the newly created Five-Star ranking program. DaVita Kidney Care leads all providers with 50 percent of its centers receiving four and five stars.

FORTUNE surveys company executives, board members and industry analysts to compile its rankings. Other factors include people management, use of corporate assets, quality of management, financial soundness, long-term investment and global competitiveness.

For more information about DaVita HealthCare Partners' award-winning culture, please visit [DaVita.com/CSR](#).

About DaVita HealthCare Partners

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SOURCE DaVita HealthCare Partners Inc.



DaVita HealthCare Partners to Work With Achievement First to Build Culture Between School and Parents

DENVER, Feb. 25, 2015 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), one of the nation's largest and most innovative health care communities, and New York Achievement First, a network of public charter schools, announced an ongoing partnership to help Achievement First grow its organizational culture.

The first-of-its-kind program for New York kicked off in May 2014 when Dacia M. Toll, co-CEO and president for Achievement First, and Kent Thiry, co-chairman and CEO of DaVita Healthcare Partners, came together to create an intentional culture that would help enhance the relationship between teachers and parents within the school district.

"We wanted to create a special place to work so we asked DaVita HealthCare Partners for help," said Toll. "Our first Leadership Academy included school-based staff and parents and guardians and was so successful that we'll do this with additional schools in 2015."

DaVita HealthCare Partners helped create a two-day program that increased stakeholder engagement, better connected parents to the school culture, and established commitments that participants could bring to life at home and at school.

"Creating a partnership between a for-profit health care company that has a non-profit focus on mission and values and an innovative school system seemed like the right fit for us," said Thiry. "There are many similarities in structure, employee motivation, and service to the broader community and to the world. And, creating a partnership fit into DaVita HealthCare Partners' mission to be solid, contributing citizens in the communities in which we live and work."

Since 2011, DaVita HealthCare Partners has had a unique partnership with Denver Public Schools to design customized leadership and development programs for administrators, principals and teachers. The programs are modeled on longstanding DaVita University training and development courses and initiatives, including DaVita Academy, DaVita Way of Managing, DaVita Way of Team and DaVita Way of Leading.

DaVita HealthCare Partners continues to support Achievement First with strategic advice as they determine how best to scale the program for future offerings.

About Achievement First

Achievement First, a non-profit 501(c)3 organization, currently operates 29 public charter schools in Brooklyn, Connecticut and Rhode Island. The mission of Achievement First is to close the achievement gap and deliver on the promise of equal educational opportunity for all children, regardless of race, economic status or zip code. With its college-preparatory focus, the Achievement First approach is attaining breakthrough academic gains throughout its network of 29 public charter schools. In the 2014-15 academic year, Achievement First is educating more than 9,500 students in historically low-performing and underserved neighborhoods. Achievement First's approach to teaching and learning enables every student to succeed at the highest levels.

For more information, please visit <http://www.AchievementFirst.org>.

About DaVita HealthCare Partners

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To view the original version on PR Newswire, visit: <http://www.prnewswire.com/news-releases/davita-healthcare-partners-to-work-with-achievement-first-to-build-culture-between-school-and-parents-300041044.html>

SOURCE DaVita HealthCare Partners Inc.



DaVita Encourages People to Get to Know Their Kidneys During National Kidney Month

Company provides resources for high risk populations - those with diabetes, high blood pressure and minority populations

DENVER, March 2, 2015 /PRNewswire/ -- [DaVita Kidney Care](#), a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, is encouraging people to take a 60-second quiz to learn about their risk for chronic kidney disease during March, National Kidney Month.

To take the quiz and access other kidney disease resources, please visit DaVita.com/LearnYourRisk.

One in 10 adults age 20 or older in the U.S. has kidney disease, but many may not be aware of their risk because kidney disease is usually symptomless or dismissed as a general health issue like stress or fatigue. When caught early enough, the progression of kidney disease can be slowed down and, in some cases, be prevented altogether. When kidney disease progresses to kidney failure, or end stage renal disease, a person must start dialysis or get a transplant to survive.

"Dialysis isn't an easy thing to go through, but end stage renal disease isn't end stage – it's just another stage in your life," said Robert Gandy, executive chef and nocturnal dialysis patient. "If I knew the risks for kidney disease early on there's a good chance I could've stopped the disease in its tracks. People need to learn their risk, get tested for kidney disease and maybe they won't end up on dialysis like me."

People at the greatest risk for kidney disease include those with diabetes and high blood pressure, as well as older adults. Minority populations – particularly Hispanics, African-Americans and American Indians – are also at a disproportionately higher rate of developing kidney disease. Additional risk factors include people with cardiovascular disease, obesity, high cholesterol, lupus and a family history of the disease.

According to statistics from the Centers for Disease Control and Prevention:

- One in three people with diabetes has kidney disease.
- One in five people with high blood pressure has kidney disease.
- African-Americans are about three and a half times more likely to develop kidney failure than whites.
- Hispanics are one and a half times more likely to develop kidney failure than non-Hispanics.

For those already living with kidney disease, DaVita Kidney Care offers resources to help manage the disease.

Specialized instructors, such as nurses and dietitians, lead no-cost, 90-minute Kidney Smart classes where individuals can learn:

- How to **create an action plan** that's personalized to your lifestyle and will help you manage your kidney health
- What **causes kidney disease** and how to **delay its progression**
- What **diet resources** are available to help you manage your diet and cook a variety of flavorful, kidney-friendly meals
- Why continuing to work may keep you **happier and healthier**
- How **insurance counselors** can help you navigate coverage or financial questions

To find a class near you, please visit KidneySmart.org.

Other resources DaVita Kidney Care offers include:

1. myDaVita – an online community designed to help you manage your health, find support from others, and engage family and friends in an interactive forum. Sign up at DaVita.com/JoinMyDaVita to share stories, gain insights and make connections with others.
2. DaVita Diet Helper – Taking charge of your health through diet management is a critical way to slow down the progression of kidney disease. In addition to 1,000-plus kidney-friendly recipes, DaVita Diet Helper™ offers a way to track potassium, phosphorus and sodium levels. Learn more at DaVita.com/MyDietHelper.
3. Find a Nephrologist – It is important to find the right nephrologist to help you manage your kidney disease. Go to DaVita.com/FAD to locate a nearby nephrologist.

4. Stay Employed – Working while on dialysis can have both physical and emotional benefits, including lower rates of depression, fewer hospitalizations, and higher scores on general health and vitality tests. Find out more about the benefits of working and how to have conversations about kidney disease with your employer at DaVita.com/WorkingBenefits.

This is the first time National Kidney Month has been celebrated since the Center for Medicare and Medicaid Services (CMS) released its Five-Star ranking system, which ranks dialysis centers across the country based on key performance measures. DaVita Kidney Care performed the best in the industry in this initial ranking, having 50 percent of its center with a four- or five-star rating. Additionally, based on results from CMS' [Quality Incentive Program](#) (QIP), DaVita Kidney Care outperformed the industry in every category with 98.5 percent of its centers being among the top clinical performance tiers in the country.

This recognition of CMS' Five-Star and QIP results shows that DaVita Kidney Care's quality of care aligns with providing the resources and education for those with chronic kidney disease and providing dialysis and integrated kidney care services to patients with end stage renal disease.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500(r) company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of Dec. 31, 2014, DaVita Kidney Care operated or provided administrative services at 2,179 outpatient dialysis centers located in the United States serving approximately 170,000 patients. The company also operated 91 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

DaVita, DaVita HealthCare Partners, Kidney Smart and DaVita Diet Helper are trademarks or registered trademarks of DaVita HealthCare Partners Inc.

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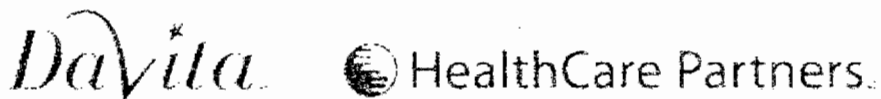
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SOURCE DaVita Kidney Care



DaVita Kidney Care Hosts Google+ Hangout on Air to Educate about Kidney Disease

Event Highlights Global Health Concern on Tenth Annual World Kidney Day

DENVER, March 11, 2015 /PRNewswire/ -- [DaVita Kidney Care](#), a division of [DaVita HealthCare Partners Inc.](#) (NYSE: DVA) and a leading provider of kidney care services, will host a Google+ Hangout on Air to educate individuals about kidney disease on World Kidney Day.

Join the "We're in This Together: Be #KidneyAware on World Kidney Day" Google+ Hangout on Air and be part of a global kidney disease awareness initiative on Thursday, March 12 at 5 p.m. PT/8 p.m. ET by registering at bit.ly/WKDHangout2015.

Panelists for the Google+ Hangout on Air are:

- Mahesh Krishnan, M.D., international chief medical officer and vice president of research and development for DaVita Kidney Care
- Amy McDermott, LMSW, social worker for DaVita Kidney Care
- Lawanda Woods, RN, MSN, Kidney Smart educator

"Kidney disease grows eight percent each year across the globe," said Dr. Krishnan. "The trouble is that many people have kidney disease and don't realize it. Our goal is to help people get to know their kidneys, understand their risk for kidney disease and how a simple blood test can confirm the disease."

According to WorldKidneyDay.org, 600 million people around the world have some form of kidney disease. That number continues to grow and many don't even know they have the disease. When caught early enough, the progression of kidney disease can be slowed down or, in some cases, even prevented with a kidney-friendly diet and help from an integrated care team. If kidney disease continues to progress to end stage renal disease, dialysis or kidney transplantation are the only options for survival. Roughly 1.4 million people worldwide are on dialysis, and that number continues to rise each year.

People at the greatest risk for kidney disease include those with [diabetes](#) and [high blood pressure](#), as well as older adults. Minority populations – particularly Hispanics, African-Americans and American Indians – are also at a disproportionately higher rate of developing [kidney disease](#). Additional risk factors include people with cardiovascular disease, obesity, high cholesterol, lupus and a family history of the disease.

To learn more about kidney disease and take the 60-second risk quiz, visit DaVita.com/LearnYourRisk.

For those already living with kidney disease, DaVita Kidney Care offers resources to help manage the disease.

Specialized instructors, such as nurses and dietitians, lead no-cost, 90-minute Kidney Smart® classes where individuals can learn:

- How to **create an action plan** that's personalized to your lifestyle and will help you manage your kidney health
- What **causes kidney disease** and how to **delay its progression**
- What **diet resources** are available to help you manage your diet and cook a variety of flavorful, kidney-friendly meals
- Why continuing to work may keep you **happier and healthier**
- How **insurance counselors** can help you navigate coverage or financial questions

To find a U.S.-based Kidney Smart class near you, visit KidneySmart.org.

Other resources DaVita Kidney Care offers include:

1. myDaVita – an online community designed to help you manage your health, find support from others, and engage family and friends in an interactive forum. Sign up at DaVita.com/JoinMyDaVita to share stories, gain insights and make connections with others.
2. DaVita Diet Helper – Taking charge of your health through diet management is a critical way to slow down the progression of kidney disease. In addition to 1,000-plus kidney-friendly recipes, DaVita Diet Helper™ offers a way to track potassium, phosphorus and sodium levels. Learn more at DaVita.com/MyDietHelper.
3. Find a Nephrologist – It is important to find the right nephrologist to help you manage your kidney disease. Go to DaVita.com/FAD to locate a nearby nephrologist.

4. Stay Employed – Working while on dialysis can have both physical and emotional benefits, including lower rates of depression, fewer hospitalizations, and higher scores on general health and vitality tests. Find out more about the benefits of working and how to have conversations about kidney disease with your employer at DaVita.com/WorkingBenefits.

DaVita Kidney Care dialysis centers around the world will also be hosting screening to help individuals know their risk. DaVita Kidney Care currently operates centers in China, Colombia, Germany, India, Malaysia, Poland, Portugal, Saudi Arabia, Singapore, Taiwan and the United States.

To learn more about DaVita Kidney Care's commitment to patients worldwide, visit DaVita.com/International.

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SOURCE DaVita Kidney Care



DaVita HealthCare Partners Sets Standard for Healthy Workplaces

The company tops DBJ's Healthiest Employer list for fourth year in a row

DENVER, March 23, 2015 /PRNewswire-USNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), one of the nation's largest and most innovative health care communities, has been recognized by the *Denver Business Journal* as Metro Denver's healthiest extra-large employer. This is the fourth consecutive year the company has topped the list because of its commitment to teammate health and wellness.

"We constantly look for ways to offer new benefits so our teammates can take charge of their health and wellness to build a supportive, healthy place for all of us to come and work," said Javier Rodriguez, CEO of DaVita Kidney Care. "As our teammates take better care of themselves, they can better care for our patients."

DaVita HealthCare Partners' benefits and wellness program, called Village Vitality, offers a variety of programs to improve the health, well-being and satisfaction of DaVita HealthCare Partners teammates including:

Match the Mayor – DaVita HealthCare Partners Co-Chairman, CEO and "Mayor" Kent Thiry champions healthy living through an annual, six-week health campaign that encourages teammates, their families and friends to try to match him in exercise minutes and/or healthy eating. The program is designed to allow participants to learn more about their personal wellness, challenge each other to live healthier, encourage positive change and build new lasting healthy habits.

We Are Well - The We Are Well award is presented to teammates who have made an exemplary commitment to achieving their health goals. Teammates who share a compelling story about doing the right thing for their health have the opportunity to earn free health insurance for one year. Winners are selected based on:

- Committing deeply to achieving better health
- Fulfilling personal goals
- Overcoming challenging health/fitness obstacles
- Inspiring others

For more information about DaVita HealthCare Partners' commitment to promoting healthy lifestyles, visit DaVita.com/CSR.

Key qualifying metrics for the award include a tobacco-free workplace policy, health risk assessment and appraisal, incentives to modify unhealthy behaviors and tracking absenteeism due to sickness.

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Dec. 31, 2014, DaVita Kidney Care operated or provided administrative services at 2,179 outpatient dialysis centers located in the United States serving approximately 170,000 patients. The company also operated 91 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, and Florida in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of Dec. 31, 2014, HealthCare Partners provided integrated care management for approximately 837,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

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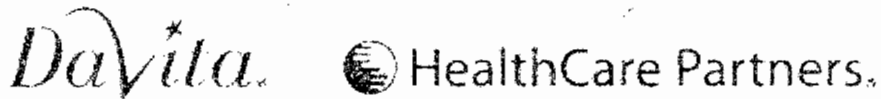
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SOURCE DaVita HealthCare Partners Inc.



DaVita Kidney Care Dietitians and Social Workers Celebrated for Distinctive Roles in Patient Care

DENVER, March 30, 2015 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, is celebrating its more than 3,600 dietitians and social workers during March for their distinctive and important roles in patient care.

March is National Kidney Month and also marks both National Nutrition Month and National Social Work Month.

"Our dietitians and social workers engage, empower and support our patients to help build an environment where we can provide the best clinical outcomes in the industry," said Debbie Benner, registered dietitian and vice president for DaVita Kidney Care. "DaVita is a clinical leader in the new CMS Five Star Rating System and these teammates helped us get there. They continue to help guide our patients through their journeys with kidney disease."

In honor of National Social Work Month, DaVita Kidney Care social workers are celebrating the launch of the Empowering Patients Program. This program is designed to enhance social workers' skill set to further help improve patients' quality of life through behavioral activation, mindfulness and coping skills.

For National Nutrition Month, DaVita Kidney Care dietitians are hosting community education events across the nation to celebrate and encourage healthy eating. Dietitians from Houston provide nine tips for a healthy diet:

Food is not the enemy

Food is actually the body's greatest friend. Use it to your advantage. If you're watching your weight, enjoy breakfast like a king, eat lunch like a prince and have dinner like a pauper to help reach weight goals. Eating five to six small meals per day helps boost your metabolism, which slows down when your body goes too long without food.

Start at the grocery store

When you go to the grocery store, shop the perimeter. This is where the freshest and least processed foods are, including fruits, vegetables, meats, eggs and dairy. The center aisles often carry most of the prepackaged, processed foods.

Slow down

Get in the habit of reading food labels and pay attention to serving sizes detailed on the label compared to what you normally eat. Get back to basics with more home/slow-cooked foods versus fast food fare.

"Healthy and Nutritious" does not mean "Restrictions and Limitations"

Consistency and moderation is key – don't exclude any particular food group. Variety is the spice of life. Contrary to popular belief, carbohydrates are safe to eat and eating healthfully does not have to be boring.

Make it colorful

Make your plate a rainbow of color. Choose a variety of fruits, vegetables, grains and protein sources at each meal. Dietitians call this the "plate method." It can work at home or on-the-go to help maintain a heart-healthy, portion-controlled meal plan for any lifestyle. And don't stress out about that cookie or piece of cake. It's OK to fit in a dessert occasionally in a healthy diet.

Protein, protein, protein

If you need more energy in the morning, try adding protein to your breakfast. A good source of protein at all meals helps maintain fullness during the day. Try low-fat yogurt, high fiber cereal and fruit for breakfast. Another healthy choice is plant-based proteins such as lentils and quinoa which are low-fat and high in fiber.

Drink water

Remember that your diet doesn't just consist of food. Sodas, coffee, sports drinks and other sweetened beverages can add a lot of calories to your daily total. And you might want to limit artificially sweetened beverages. They may have only a few calories, but their sweet taste can entice you to eat other less nutritious foods. Water is a better option.

Get educated

Consult a physician or other health care professional like a registered dietitian before making any changes to your diet. Licensed health professionals can help tailor a plan to meet your nutritional needs. Local Kidney Smart classes can also provide helpful information for kidney diet and nutrition. Find a class near you at DaVita.com/KSClass.

Specialty diets

For those with chronic illnesses – kidney disease, diabetes, heart disease, etc. – diet and nutrition can play an important part in slowing down the progression of disease.

For quick and easy kidney-friendly recipes, download DaVita Kidney Care's new cookbook, Today's Kidney Diet: Healthy Kidney-Friendly Meals in 30 Minutes or Less at DaVita.com/Cookbook.

About DaVita Kidney Care

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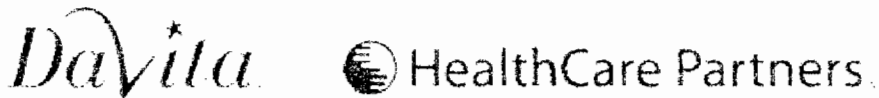
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SOURCE DaVita HealthCare Partners Inc.



DaVita HealthCare Partners Recognized as Top Workplace by The Denver Post

Company celebrates four consecutive years on list

DENVER, April 14, 2015 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), one of the nation's largest and most innovative health care communities, announced that the company was recognized as a 2015 Top Workplace by *The Denver Post*. This is the fourth consecutive year the company has appeared on the list.

"We moved to Denver for two reasons – a better quality of life and community for our teammates," said Javier Rodriguez, CEO of DaVita Kidney Care. "We commend our teammates for the passion and energy devoted to make our work environment unique and special."

Top Workplaces are determined based solely on teammate feedback. The survey is conducted by WorkplaceDynamics, LLP, a leading research firm on organizational health and teammate engagement.

As a Top Workplace, DaVita HealthCare Partners strives to build a welcoming and inviting environment that cares for patients, supports teammates and engages the community. Teammates have the opportunity to live out the DaVita Way through:

Training and development

Teammates have access to award-winning courses and trainings designed for personal and professional development through DaVita University. DaVita University houses the School of Clinical Education, the School of External Degrees and the School of Leadership and Management. Each school focuses on building specific skills to help teammates become better coworkers, family members and citizens.

Mission and core values

DaVita HealthCare Partners honors teammates' commitment to its mission and values which help guide how teammates approach their work on a daily basis. During special ceremonies, awards are given to teammates who exemplify the company's core values of Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment and Fun.

Community engagement

Giving back to the communities in which teammates live and work is part of DaVita HealthCare Partners' vision for corporate social responsibility, called the Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for Our World. Colorado teammates regularly participate in Village Service Days – or community service projects – as well as Village Green initiatives, which encourage sustainable living. A group of teammates also started a unique initiative called Dynamic Volunteerism through which teammates work with nonprofits to help them meet business objectives.

DaVita HealthCare Partners was also recently named as one of the 150 Great Places to Work in Healthcare by *Becker's Hospital Review* for the second year in a row. This list was developed through a combination of nominations and editorial research. The organizations on the list were chosen for their benefits offerings, wellness programs, commitment to diversity and inclusion, professional development opportunities and environments that promote teammate satisfaction and work-life balance.

Learn more about DaVita HealthCare Partners' award-winning culture at DaVita.com/CSR.

About DaVita HealthCare Partners

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SOURCE DaVita HealthCare Partners Inc.



DaVita Kidney Care Receives ERE Recruiting Excellence Awards for Military Talent Program and Best Employee Referral Program

DENVER, April 15, 2015 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, received the ERE Recruiting Excellence Military Talent Program and Best Employee Referral Program Awards for its exemplary recruiting efforts.

"We seek out and are honored to welcome members of the military, veterans and military spouses into our DaVita community," said Javier Rodriguez, CEO of DaVita Kidney Care. "Veterans contribute advanced leadership skills and an alignment and support to a mission and values organization."

Since 2010, DaVita Kidney Care has hired more than 2,000 veterans and offered transitional support for teammates with a military background. Veterans serve in a variety of positions across the entire spectrum of the business – from patient care technicians to executives.

DaVita Kidney Care's Military Stories site highlights teammates' transitions from military service to employment with the company. This interactive site was designed with input from veteran teammates in an effort to best fulfill their needs.

DaVita Kidney Care also continuously looks to improve its company-wide referral program, which has helped teammate retention. Those who are hired through referrals are 20 percent more likely to stay with the company. Referrals continue to increase through a combination of technology, processes and behaviors that encourage teammate involvement and ensure that referrals are top of mind for recruiters.

"This one is nearly perfect," one judge wrote about DaVita's referral program. "Their way of advertising their program to their workers is fantastic and inventive."

To find out more about employment opportunities with DaVita Kidney Care, visit Careers.DaVita.com.

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DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stoncrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAVETTE	IL	62471-2061	14-2693
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310



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

Dear Chair Olson:

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

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1430(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

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

Subscribed and sworn to me

This ____ day of _____, 201__

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On March 18, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Letter to K. Olson (Calumet City)

Document Date: March 18, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the Calumet City community where the March 11, 2015 Inventory of Health Care Facilities and Services and Need Determinations show a need for 24 additional dialysis stations in Health Service Area (HSA) 7 through 2015. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending December 31, 2014, the utilization for all existing and approved facilities within the 30-minute adjusted drive time geographic service area ("GSA") is 71.0%. Excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). (It is important to note that there are no approved, but not yet operational facilities, within the 20-minute GSA.)

Dr. Lourdes Terrado's practice, within Horizon Healthcare Associates, treated 439 CKD patients in 2014, who reside within approximately 20 minutes of Calumet City. 269 of these patients are at Stage 4 or 5 CKD. 142 of these 269 Stage 4 or 5 CKD patients are presented in support of the establishment of Calumet City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Terrado anticipates that at least 92 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Calumet City community who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 20 mile radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 30 minutes normal travel time to I-94 & I-290.
 - Northeast approximately 20 minutes normal travel time to Lake Michigan.
 - East approximately 8 minutes normal travel time to border of Indiana.
 - Southeast approximately 10 minutes normal travel time to Hammond, IN.
 - South approximately 25 minutes normal travel time to Crete, IL.
 - Southwest approximately 30 minutes normal travel time to Matteson, IL.
 - West approximately 30 minutes normal travel time to Oak Forest, IL.
 - Northwest approximately 30 minutes normal travel time to Oak Lawn, IL.

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

3. The minimum size of a GSA is 30 minutes; however, many of the patients reside within the immediate vicinity of the proposed facility. The proposed facility is located in Calumet City, IL. Dr. Terrado expects at least 92 of the of the current 142 Stage 4 and 5 CKD patients that reside within approximately 20 minutes of the proposed site to require dialysis within the next 12 to 24 months.

4. Source Information

Illinois Health Facilities and Services Review Board, Update to Inventory of Other Health Services (03/11/2015) available at http://hfsrb.illinois.gov/hfsrbinvent_data.htm (last visited March 31, 2015).

U.S. Census Bureau, American FactFinder, Fact Sheet, available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited March 24, 2015).

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

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

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

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

Alternatives

The Applicants considered two options prior to determining to establish a 16-station dialysis facility. The options considered are as follows:

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

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 16-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Utilize Existing Facilities

Based upon the latest inventory data of March 11, 2015, there is a need for 24 additional in-center hemodialysis stations in HSA 7 through 2015. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending December 31, 2014, the average utilization for all existing and approved facilities within the 30-minute adjusted drive time GSA is 71.0%. Excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). (It is important to note that there are no approved, but not yet operational facilities, within the 20-minute GSA.)

Dr. Terrado's practice, within Horizon Healthcare Associates, treated 439 CKD patients in 2014, who reside within approximately 20 minutes of Calumet City. 269 of these patients are at Stage 4 or 5 CKD. 142 of these 269 Stage 4 or 5 CKD patients are presented in support of the establishment of Calumet City Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Terrado anticipates that at least 92 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Calumet City community who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

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

There is no capital cost with this alternative.

Establish a New Facility

Based upon current 76.2% utilization of all existing and approved facilities within 20 minutes of the proposed facility, and the projected number of gsa patients that will require in-center hemodialysis within the next 12 to 24 months following project completion, the only feasible option is to establish a 16-station in-center hemodialysis facility. This alternative will ensure residents of the Calumet City community and the surrounding area have continued access to life sustaining dialysis treatment.

The cost of this alternative is **\$4,118,967**.

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

The Applicants propose to establish a 16-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 7,200 – 10,400 gross square feet for 16 dialysis stations. The total gross square footage of the proposed dialysis facility is 7,500 gross square feet (or 468.75 GSF per station). Accordingly, the proposed Facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	7,500	7,200 – 10,400	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Terrado is currently treating 439 CKD patients that reside within approximately 20 minutes of the proposed facility, and whose condition is advancing to ESRD. 269 of these CKD patients are at Stage 4 or 5 CKD. 142 of these 269 Stage 4 or 5 CKD patients are presented in support of the establishment of Calumet City Dialysis. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 92 of these 142 patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 1	ESRD	N/A	8,580	11,981	No
Year 2	ESRD	N/A	14,352	11,981	Yes

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

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

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

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

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 16-station dialysis facility to be located at 1200 Sibley Boulevard, Calumet City, Illinois 60409. Based upon the latest inventory data of March 11, 2015, there is a need for an additional 24 dialysis stations in HSA 7. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending December 31, 2014, the average utilization of all existing and approved facilities within the 30-minute adjusted drive time GSA is 71.0%. Excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). (It is important to note that there are no approved, but not yet operational facilities, within the 20-minute GSA.)

Dr. Terrado's practice, with Horizon Healthcare Associates, is currently treating 439 Stage 3, 4 and 5 CKD patients who all reside within approximately 20 minutes of the proposed facility. 269 of these patients are at Stage 4 or 5 CKD. 142 of these 269 Stage 4 or 5 CKD patients are presented in support of the establishment of Calumet City Dialysis. As shown in A, there are currently 45 existing or approved facilities within 30 minutes normal travel time of the proposed facility.

Dr. Terrado is currently treating 269 combined Stage 4 and 5 CKD patients who reside within approximately 20 minutes of the proposed facility. 142 of these 269 Stage 4 or 5 CKD patients are presented in support of Calumet City Dialysis. See Appendix – 1. Their condition is advancing to ESRD to where they will likely initiate dialysis within 12 to 24 months of project completion. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that at least 92 of these patients will initiate dialysis within 12 to 24 months following project completion. Accordingly, establishment of the proposed facility is necessary to maintain access to life-sustaining dialysis to residents of the Calumet City community and the surrounding area.

Importantly, the prevalence of ESRD will continue to increase for the foreseeable future. Based upon data from the U.S. Centers for Disease Control and Prevention, 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups, like low income African-Americans and Hispanics, will have better access to primary care and kidney screening. As a

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

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

result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of the Calumet City community and the surrounding area. As evidenced in the physician referral letter attached at Appendix - 1, all 142 pre-ESRD patients reside within approximately 20 minutes of the proposed facility.

3. Service Demand

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

Table 1110.1430(b)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60406	3
60409	18
60419	26
60426	35
60429	20
60430	14
60438	5
60469	2
60472	6
60827	13
Total	142

5. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents in the Calumet City community and the surrounding area. Based upon the ESRD Utilization Data reported to the IDPH for the quarter ending December 31, 2014, the average utilization of all existing and approved facilities in the GSA is 71.0%. However, when excluding the facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, the average utilization of existing facilities increases to 74.5%. And within a more reasonable 20-minute adjusted drive time GSA, the utilization rate

is 76.2%. (It is important to note that there are no approved, but not yet operational, facilities within the 20-minute adjusted drive time GSA.) With the prevalence of ESRD and CKD within the immediate area around Calumet City, a new dialysis facility is needed to improve access to dialysis services to residents in the Calumet City community.

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

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at 1200 Sibley Boulevard, Calumet City, Illinois 60409. A map of the proposed facility's market area is attached at Attachment – 26A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60471	RICHTON PARK	14,101
60466	PARK FOREST	22,115
60475	STEGER	9,870
60417	CRETE	15,547
60487	TINLEY PARK	26,928
60477	TINLEY PARK	38,161
60443	MATTESON	21,145
60478	COUNTRY CLUB HILLS	16,833
60452	OAK FOREST	27,969
60463	PALOS HEIGHTS	14,671
60445	MIDLOTHIAN	26,057
60803	ALSIP	22,285
60461	OLYMPIA FIELDS	4,836
60422	FLOSSMOOR	9,403
60430	HOMEWOOD	20,094
60429	HAZEL CREST	15,630
60428	MARKHAM	12,203
60472	ROBBINS	5,390
60469	POSEN	5,930
60406	BLUE ISLAND	25,460
60426	HARVEY	29,594
60411	CHICAGO HEIGHTS	58,136
60425	GLENWOOD	9,117
60476	THORNTON	2,391
60438	LANSING	28,884
60473	SOUTH HOLLAND	22,439
60419	DOLTON	22,788
60827	RIVERDALE	27,946

60409	CALUMET CITY	37,186
60655	CHICAGO	28,550
60805	EVERGREEN PARK	19,852
60643	CHICAGO	49,952
60620	CHICAGO	72,216
60636	CHICAGO	40,916
60621	CHICAGO	35,912
60609	CHICAGO	64,906
60628	CHICAGO	72,202
60619	CHICAGO	63,825
60633	CHICAGO	12,927
60617	CHICAGO	84,155
60637	CHICAGO	49,503
60653	CHICAGO	29,908
60615	CHICAGO	40,603
60649	CHICAGO	46,650
60616	CHICAGO	48,433
60661	CHICAGO	7,792
60605	CHICAGO	24,668
TOTAL		1,386,079

Source: U.S. Census Bureau, Census 2010, American Factfinder
available at
<http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited March 24, 2015).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. The average utilization of existing and approved facilities is 71.0%, and sufficient population exists to achieve target utilization. Excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for

the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). (It is important to note that there are no approved, but not yet operational facilities, within the 20-minute GSA.) Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

Table 1110.1430(d)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	1,386,079	902	1:1,537
State	12,830,632	4,167	1:3,079

b. Historic Utilization of Existing Facilities

The average utilization of existing and approved facilities is 71.0%, and sufficient population exists to achieve target utilization. Importantly, excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). (It is important to note that there are no approved, but not yet operational facilities, within the 20-minute GSA.) There will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 16-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 77 patient referrals. Dr Terrado is presently treating 439 Stage 3, 4, and 5 pre-ESRD patients who all reside within approximately 20 minutes of the proposed facility. 269 of these patients have reached CKD stage 4 or 5. As set forth above in Table 1110.1430(c)(3)(B), 142 of these 269 stage 4 or 5 CKD patients are presented in support of Calumet City Dialysis. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that at least 92 of the 142 Stage 4 and Stage 5 CKD patients will initiate dialysis within 12 to 24 months following project completion.

3. Impact to Other Providers

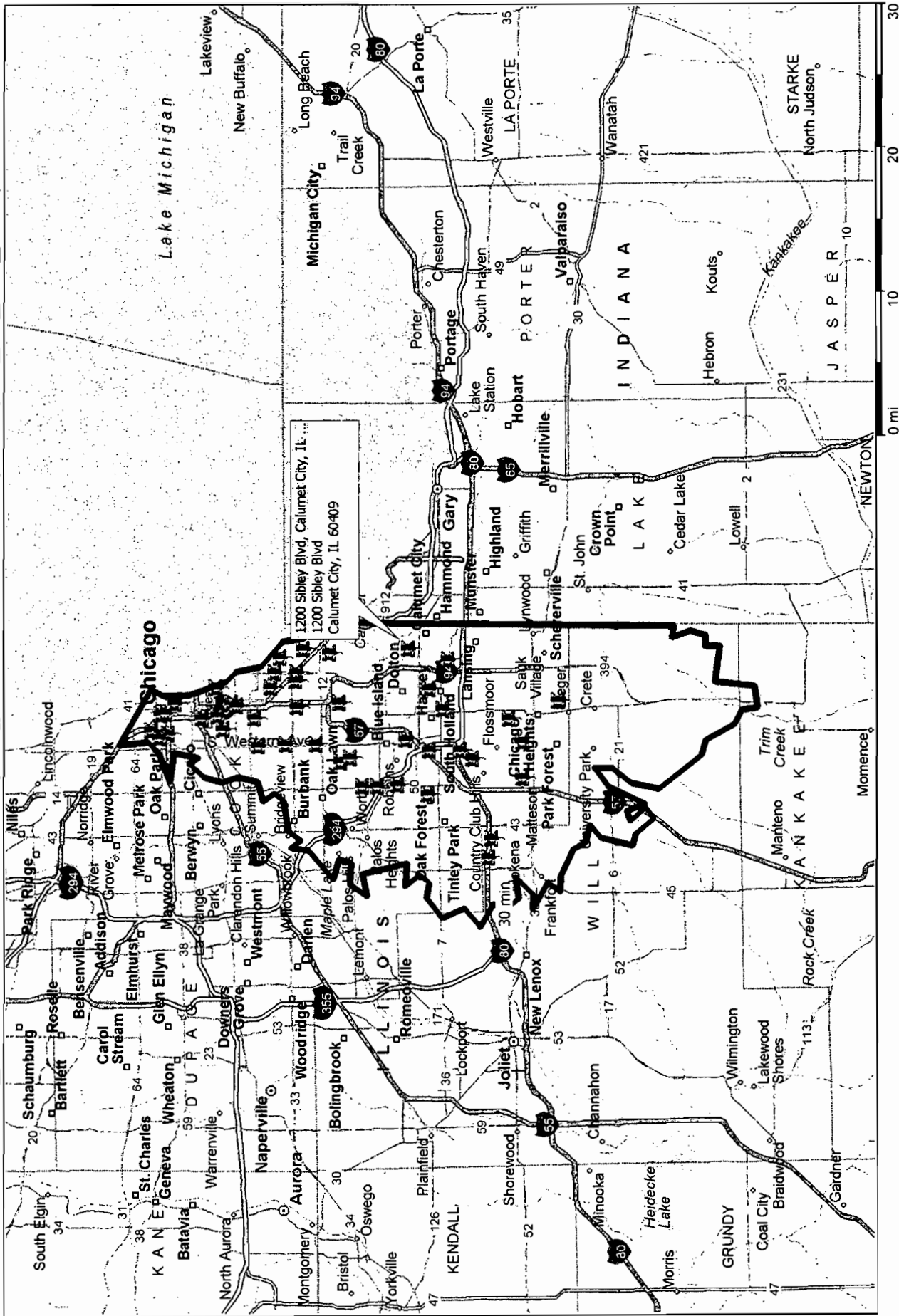
- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the average utilization of the existing and approved facilities within the 30-minute adjusted drive time geographical service area is 71.0%. Excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become

operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). Dr. Terrado is presently treating 439 pre-ESRD patients who all reside within approximately 20 minutes of the proposed facility. With the current high utilization of existing facilities in the GSA, especially within 20 minutes, and the continued growth of CKD in the surrounding community, this warrants the establishment of a new dialysis facility.

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

End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	12-31-2014 Stations	12-31-2014 Patients	12-31-2014 Utilization
Fresenius Medical Care Steger	219 East 34th Street	Steger	14.28	17	19.55	12	69	95.83%
Fresenius Medical Care of Mokena	8910 W. 192nd Street	Mokena	18.67	22	25.3	12	53	73.61%
DaVita Tinley Park*	16767 South 80th Avenue	Tinley Park	18.14	21	24.15	12	0	0.00%
Olympia Fields Dialysis Center	4557-B West Lincoln Highway	Matteson	18.31	22	25.3	24	88	61.11%
Fresenius Medical Care Oak Forest	5340 West 159th Street	Oak Forest	14.39	19	21.85	12	27	37.50%
Direct Dialysis - Crestwood Care Centre	14255 S. Cicero Ave.	Crestwood	9.8	20	23	9	33	61.11%
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	10.33	20	23	24	101	70.14%
Alisp Dialysis Center	12250 S. Cicero Ave. Suite 10S	Alsip	17.11	20	23	20	77	64.17%
Dialysis Center of America - Olympia Fields	2609 West Lincoln Highway	Olympia Fields	15.8	22	25.3	27	137	84.57%
Hazel Crest Renal Center	3470 West 183rd Street	Hazel Crest	11.99	19	21.85	19	103	90.35%
Fresenius Medical Care Hazel Crest	17524 Carriage Way	Hazel Crest	11.13	17	19.55	16	81	84.38%
Chicago Heights Dialysis	177 West Joe Orr Road	Chicago Heights	12.2	16	18.4	16	73	76.04%
Markham Renal Center	3053-3055 West 159th Street	Markham	11.47	14	16.1	24	101	70.14%
FMC - Blue Island Dialysis Ctr	12200 South Western Avenue	Blue Island	7.31	14	16.1	24	133	92.36%
Community Dialysis of Harvey	16641 S. Halsted St #1	Harvey	6.74	12	13.8	18	63	58.33%
South Holland Renal Center	16136 South Park Avenue	South Holland	4.39	7	8.05	113	98	94.17%
Fresenius Medical Care Far South Holland	17225 South Paxton Avenue	South Holland	3.55	7	8.05	19	98	85.96%
FMC - Merrionette Park	11630 S. Kedzie Avenue	Merrionette Park	16.04	20	23	24	96	66.67%
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	15.19	21	24.15	16	89	92.71%
Fresenius Medical Care Evergreen Park	9730 South Western Avenue	Evergreen Park	13.77	20	23	30	161	89.44%
Beverly Dialysis	8111 South Western Avenue	Chicago	15.33	24	27.6	14	81	96.43%
Fresenius Medical Care Chatham	8710 S. Holland Road	Chicago	11.55	14	16.1	16	68	70.83%
FMC - Neomedica - Marquette Park	6535 South Western Avenue	Chicago	16.86	25	28.75	16	83	86.46%
FMC - Ross Dialysis - Englewood	6333 South Green Street	Chicago	14.95	19	21.85	16	90	93.75%
FMC New City*	4622 South Bishop Street	Chicago	17.77	23	26.45	16	0	0.00%
FMC - Garfield	5401 South Wentworth Avenue #18	Chicago	15.51	18	20.7	22	99	75.00%
Emerald Dialysis	710 West 43rd Street	Chicago	17.38	20	23	24	119	82.64%
Fresenius Medical Care Bridgeport	825 West 35th Street	Chicago	18.54	22	25.3	27	144	88.89%
Fresenius Medical Care of Roseland	132 W. 111th Street	Chicago	8.09	11	12.65	12	71	98.61%
Greenwood Dialysis Center	1111 East 87th Street, Suite 700	Chicago	10.03	15	17.25	28	134	79.76%
Stony Island Dialysis	8721 S. Stony Island Avenue	Chicago	10.03	13	14.95	32	137	71.35%
Fresenius Medical Care South Deering	10559 S. Torrence Avenue	Chicago	7.29	15	17.25	20	43	35.83%
Fresenius Medical Care - Neomedica South	9200 S South Chicago Avenue	Chicago	11.14	16	18.4	36	163	75.46%
Grand Crossing Dialysis	7319 S. Cottage Grove Ave.	Chicago	13.93	18	20.7	12	63	87.50%
Jackson Park Dialysis	7531 South Stony Island Avenue	Chicago	11.55	17	19.55	24	103	71.53%
Woodlawn Dialysis	5060 S State Street	Chicago	16.06	19	21.85	32	126	65.63%
Kenwood Dialysis	4253 S Cottage Grove Avenue	Chicago	18.05	22	25.3	32	120	62.50%
Fresenius Medical Care South Shore	2420 East 79th Street	Chicago	12.03	18	20.7	16	77	80.21%
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	22.65	25	28.75	9	31	57.41%
DaVita West Side Dialysis*	1600 West 13th Street	Chicago	21.88	26	29.9	12	2	2.78%
Rush University - St Luke's Medical Center*	1750 West Harrison Street, Suite 735	Chicago	22.66	25	28.75	5	9	30.00%
Loop Renal Center	1101 S Canal St.	Chicago	21.28	24	27.6	28	97	57.74%
Fresenius Medical Care - Polk Street	557 West Polk Street	Chicago	21.28	24	27.6	27	77	53.47%
Circle Medical Management	1426 West Washington Blvd.	Chicago	22.69	26	29.9	27	106	65.43%
FMC - Prairie	1717 South Wabash Avenue	Chicago	19.95	23	26.45	24	101	70.14%
TOTAL						902	3840	70.95%
TOTAL excluding Facilities Operational < 2 Yrs* (as well as RUSH's Pediatric facility)						857	3829	74.47%

1200_Sibley_Bld Calumet_City_IL_60409 (Calumet_City_Dialysis_30_Min_GSA)



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

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

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

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

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

LOURDES TRICIA REYES TERRADO, M.D.
CURRICULUM VITAE

PERSONAL:

Born: March 20, 1970
Cleveland, Ohio

Address: 14107 Ravenswood Drive
Orland Park, IL 60462
708-781-9054

EDUCATION:

9/92 - 6/96 MD - Wright State University School of Medicine
Dayton, Ohio

9/88 - 6/92 BA - Biology, Magna Cum Laude
Kenyon College
Gambier, Ohio

TRAINING:

7/00 - 6/02 Nephrology Fellowship
Ohio State University
Columbus, Ohio

7/97 - 6/99 Residency - Internal Medicine
Thomas Jefferson University Hospitals
Philadelphia, Pennsylvania

7/96 - 6/97 Internship - Internal Medicine
Thomas Jefferson University Hospitals
Philadelphia, Pennsylvania

CERTIFICATION:

1999/2010 American Board of Internal Medicine
2002/2013 American Board of Internal Medicine / Nephrology

LICENSURE: State of Illinois #036-106908

EMPLOYMENT:

7/02 - Present	Horizon Healthcare Associates, S.C. 19550 S Governors Highway - Suite 2000 Flossmoor, Illinois 60422
7/99 - 6/00	Medical Director Executive Health Resources Havertown, Pennsylvania

PROFESSIONAL EXPERIENCE:

6/14 - Present	Medical Director South Suburban Kidney Unit Fresenius Medical Care
9/06 - Present	Medical Director Orland Park Dialysis Unit Fresenius Medical Care

HONORS AND AWARDS:

1993 - 1996	Merit Scholarship Wright State University School of Medicine
1996	Women in Medicine Merit Award
1996	Alpha Omega Alpha

PERSONAL INTERESTS:

Ballroom Dancing, Tennis, Travel

Updated 6/14

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

DaVita's Basic Training Program for Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content

Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

- I. Program Overview (TR1-01-01)
- II. Program Description (TR1-01-02)
 - Basic Training Class Outline (TR1-01-02A)
 - Basic Charge Nurse Training Class Outline (TR1-01-02B)
- III. Education Enrollment Information (TR1-01-03)
- IV. Education Standards (TR1-01-04)
- V. Verification of Competency
 - New teammate without prior experience (TR1-01-05)
 - New teammate with prior experience (TR1-01-06)
 - Medical Director Approval Form (TR1-01-07)
- VI. Evaluation of Education Program
 - Program Evaluation
 - Basic Training Classroom Evaluation (TR1-01-08A)
 - Basic Charge Nurse Training Classroom Evaluation (TR1-01-08B)
 - Curriculum Evaluation
- VII. Additional Educational Forms
 - New Teammate Weekly Progress Report for the PCT (TR1-01-09)
 - New Teammate Weekly Progress Report for Nurses (TR1-01-10)
 - Training hours tracking form (TR1-01-11)
- VIII. State-specific information/forms (as applicable)

**TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM
DESCRIPTION**

Introduction to Program

The Basic Training Program for Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Basic Training Program for Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A non-experienced teammate is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous dialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.

An experienced teammate is defined as:

- A newly hired or rehired teammate who can show proof of completing a dialysis training program and has provided at least 3 months of hands on dialysis care to patients within the past 12 months.

The curriculum of the Basic Training Program for Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

“Day in the Life” is DaVita’s learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the “Basic Training Workbook.”

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Manifestations of Chronic Renal Failure
- Normal Kidney Function vs. Hemodialysis
- Documentation & Flow Sheet Review

**Training Program Manual
Basic Training for Hemodialysis
DaVita HealthCare Partners Inc.**

TR1-01-02

- Patient Self-management
- Motivational Interviewing
- Infection Control
- Data Collection and Assessment
- Water Treatment and Dialyzer Reprocessing
- Fluid Management
- Pharmacology
- Vascular Access
- Renal Nutrition
- Laboratory
- The Hemodialysis Delivery System
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Importance of P&P
- Role of the Renal Social Worker
- Conflict Resolution
- The DaVita Quality Index

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

A final comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

The **didactic phase** for nurses includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P
- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse

- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
 - Culture of Safety, Conducting a Homeroom Meeting
 - Nurse Responsibilities, Time Management
 - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
 - Surfing the VillageWeb – Important sites and departments, finding information

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training workbook for Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic Training Workbook for Hemodialysis and progress at his/her own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level. The *Procedural Skills Verification Checklist* including verification of review of applicable P&P will be completed by the preceptor, and the registered nurse in charge of the training upon demonstration of an acceptable skill-level by the new teammate, and then signed by the new teammate, the RN trainer and the facility administrator.

Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *Initial Competency Exam* with a score of 80% or higher. The CSS or RN Trainer responsible for teaching Basic Training Class will enroll the new teammate with experience in the Initial Competency Exam on the LMS. The new teammate's preceptor will proctor the exam. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *Initial Competency Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom or the *Initial Competency Exam*. If the new teammate receives a score of less than 80% on the *Initial Competency Exam*, this teammate will be required to attend Basic Training Class. If the new teammate receives a score of less than 80% on the final comprehensive classroom exam, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

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

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

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

Attached at Attachment – 26E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Total Renal Care, Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

Re: Certification of Support Services

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Calumet City Dialysis will maintain an open medical staff.

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

- DaVita utilizes a dialysis electronic data system;
- Calumet City Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,



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

Subscribed and sworn to me

This ___ day of ___, 201__

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On March 18, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Letter to K. Olson re Certification of Support Services (Calumet City)

Document Date: March 18, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

(Title(s)) _____

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: _____

Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 16-station dialysis facility. Accordingly, this criterion is met.

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

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

HOSPITAL BACK UP AGREEMENT

THIS HOSPITAL BACK UP AGREEMENT is entered into by and between
"Advocate South Suburban"

effective as of the Effective Date set forth below.

WHEREAS, Hospital is engaged in the planning and delivery of healthcare services to patients primarily in the State of Illinois;

WHEREAS, DSI owns and operates an outpatient dialysis center located in

DSI-Hazel Crest

WHEREAS, DSI and Hospital desire to assist nephrologists in the community in the treatment of patients, by facilitating the timely transfer of patients and medical and other information necessary or useful in the care and treatment of patients;

WHEREAS, DSI wishes to retain Hospital to facilitate the timely transfer of patients from the Facility to Hospital; and

WHEREAS, Hospital wishes to be retained by DSI to facilitate the timely transfer of patients from the Facility to Hospital.

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

1. **Generally.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, who is a member of the medical staff of Hospital that such transfer is medically appropriate; a patient of the Facility may be admitted to Hospital.

(a) Any admissions to Hospital must be made by an authorized member of Hospital's medical staff and consistent with all Hospital admission policies.

(b) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual conditions of admission are met. DSI shall ensure that transfer record forms shall be completed in detail and signed by the physician or nurse in charge at the applicable Facility and must accompany the patient to the receiving institution.

2. **Transfer of Patients.** Upon transfer of a patient to Hospital, DSI agrees:

(a) That it shall transfer any needed personal effects of the patient, including money and valuables, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;

(b) That the clinical records of a patient transferred shall contain evidence that the patient was transferred promptly and safely;

(c) Original medical records kept by each of the parties shall remain the property of that institution; and

(d) That transfer procedure shall be made known to the patient care personnel of each of the parties.

3. **Medical Records and Information.** DSI agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

(a) current medical findings,

(b) diagnosis,

(c) rehabilitation potential,

(d) discharge summary,

(e) a brief summary of the course of treatment followed,

(f) nursing and dietary information,

(g) ambulating status; and

(h) Administrative and pertinent social information.

4. **Billing.** If a patient of DSI is admitted to Hospital as an inpatient at the time a charge is incurred, Hospital shall have sole responsibility for billing and collecting such charges from the patient and/or third party payers. DSI shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

5. **Transfer Back to the Facility.** Hospital agrees to keep the administrator of the Facility advised of the condition of the patients that will affect the anticipated date of transfer back to the Facility and to provide as much notice of the transfer date as possible. DSI agrees to re-admit patients transferred to Hospital for medical care.

6. **Control.** The Board of Directors of Hospital and the Board of Directors of DSI shall have exclusive control of the policies, management, assets, and affairs of their respective facility.

7. **Affiliation.** Nothing herein shall be construed as limiting the right of either party to affiliate or contract with any hospital or facility on either a limited or general basis while this Agreement is in effect.

8. **Use of Name.** Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

9. **Term and Termination.** This Agreement shall commence as July 22, 2008, shall continue in effect indefinitely, except that either party may terminate this Agreement by giving the other party at least thirty (30) days' notice in writing of its intention to terminate this Agreement. Termination shall be effective at the expiration of the thirty (30) day notice period. However, if either party shall have its license to operate its business revoked by the State of Illinois or become ineligible as a provider of service under Medicare or Medicaid law, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. **Compliance with Law.** Hospital and DSI intend to conduct their relationship at all times in full accordance with federal, state, and local laws and regulations, including, without limitation, the Medicare/Medicaid Anti-Kickback Law (42 U.S.C. §1320a - 7b), the Stark Law (42 U.S.C. §1395nn), and the Medicare conditions of participation for ESRD programs. Notwithstanding anything to the contrary herein contained, in the event that counsel of either party, reasonably acceptable to the other party, determines that performance by such party hereto of any term, covenant, condition, or provision of this Agreement or any of the agreements referred to in the preamble of this Agreement may likely (i) jeopardize the licensure of any party, (ii) jeopardize any participation in (a) Medicare, Medicaid, or other governmental reimbursement or payment programs, or (b) any other state or nationally recognized accrediting organization, or (iii) be in violation of any statute, ordinance, or be otherwise deemed illegal, or be deemed unethical by any recognized body, agency, or association in the medical fields, any party shall have the immediate right to initiate the renegotiation of the affected term or terms of this Agreement, upon notice to the other party, to remedy such condition. The parties shall thereafter use their best efforts to negotiate in good faith to restructure this relationship so as to make the same lawful and to the extent possible, to maintain the economic benefits to each party as contemplated hereunder. Should the parties be unable to renegotiate the term or terms so affected so as to bring it/them into compliance with the statute, rule, regulation, principle or interpretation that rendered it/them unlawful or unenforceable within thirty (30) days of the date on which notice of a desired renegotiation is given, then any party shall be entitled, after the expiration of said initial thirty (30) day period, to terminate this Agreement immediately, without penalty.

11. MISCELLANEOUS

(a) Notices. All notices or other communications provided for in this Agreement shall be given to the parties addressed as follows:

If to DSI:

DSI Renal, Inc.
C/o Deborah Hushands
3470 West 183rd Street
Hazel Crest Illinois, 60429
Att: Deborah Hushands

If to Hospital:

Advocate South Suburban
17800 South Kedzie
Hazel Crest IL, 60429
c/o Mr. Timothy Daugherty

Assignment of Contract. Neither this Agreement nor any of the rights, interests, or obligations hereunder shall be assigned or delegated by either of the parties hereto (whether by operation of law or otherwise) without the prior written consent of the other party; provided, however, either party may assign or delegate all or part of this Agreement to another corporation or entity that is owned or controlled by, owns or controls, or is under common ownership and control with, the assigning entity. In addition, DSI may assign this Agreement to an entity which acquires substantially all of its assets or substantially all of DSI's assets used in the operation of the Facility. Subject to the preceding sentence, this Agreement will be binding upon, inure to the benefit of, and be enforceable by the parties and their respective successors and assigns.

(b) Discrimination. In compliance with federal laws, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans Disabilities Act of 1990, the parties hereto will not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, or military service in its administration of its policies, programs, or activities; its admissions policies; other programs; or employment.

(c) Independent Contractor. Each party shall be considered to be an independent party and shall not be construed to be an agent or representative of the other party, and therefore, has no liability for the acts or omissions of the other.

(d) Counterpart Signature. This Agreement may be executed in one or more counterparts (facsimile transmission or otherwise), each of which counterpart shall be deemed an original Agreement and all of which shall constitute but one Agreement.

(e) Headings. The headings used in this Agreement have been prepared for the convenience of reference only and shall not control, affect the meaning, or be taken as an interpretation of any provisions of this Agreement.

(f) Binding Effect. This Agreement shall be binding upon and inure to the benefit of, the parties hereto and their respective successors or assigns.

(g) Governing Law. This Agreement shall be governed in all respects by, and be construed in accordance with, the laws of the State of Illinois.

(h) Force Majeure. The failure by any party to enforce at any time any of the provisions of this Agreement, or any rights with respect thereto, or to exercise any election herein provided, shall in no way be considered to be a waiver of such provisions, rights, or elections, or in any way affect the validity of this Agreement. The exercise by any party of any rights or elections under the terms or covenants of this Agreement shall not preclude or prejudice any party from exercising the same or any other right it may have under this Agreement, irrespective of any previous action or proceeding taken by the parties.

(i) EMTALA. Both parties will agree to conduct any patient transfers in compliance with the Emergency Medical Treatment and Active Labor Act ("EMTALA") Regulations, 42 U.S.C. 1395dd *et seq.* and any amendments thereto, and such other requirements as may be imposed by the Secretary of Health and Human Services, and any applicable State transfer laws.

(j) Survival Clause. It is mutually agreed any duty, obligation or liability of either party assumed by this Agreement or any subsequent extensions or revisions thereto shall continue until such time as the duty, obligation or liability ceases to exist.

(k) Attorney's Fees. In the event that either party initiates legal action to enforce the provisions of this Agreement, the prevailing party shall be entitled to recover from the defaulting party reasonable attorney's fees and court costs attributable to said action.

(l) Complete Agreement. This Agreement contains all the agreements among the parties with respect to the subject matter and supersedes and replaces all agreements, both oral and written, among the parties hereto with respect to the subject matter hereof. No waiver or amendment of any provision of this Agreement shall be valid unless such waiver is in writing signed by the parties hereto.

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

Advocate South Suburban

By: _____
Mr. Timothy Daugherty

Title: _____

DSI RENAL, INC

By: _____
Debbie Taylor
~~Colleen Kasson~~
Debbie Taylor

Title: Senior Vice President

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

The Applicants propose the establishment of a 16-station dialysis facility. Thus, this criterion is not applicable.

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

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

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

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

Sincerely,



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

Subscribed and sworn to me

This ___ day of _____, 201_

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On March 18, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

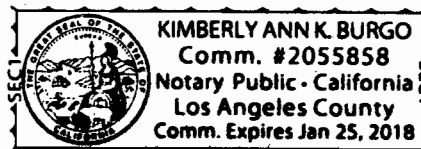
personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Letter to K. Olson re In-Center Hemodialysis Assurances (Calumet City)

Document Date: March 18, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: _____

Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease from National Shopping Plazas, Inc. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project is being submitted with this application. A letter of intent to lease the facility is attached at Attachment – 36.



JOHNSON CONTROLS REAL ESTATE SERVICES, INC.

A JOHNSON CONTROLS COMPANY

1783 ROSEMARY ROAD
HIGHLAND PARK, IL 60035

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

April 17, 2015

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

**RE: Request for Proposal – New DaVita Clinic
1200 – 1232 Sibley Boulevard
Calumet City, IL 60409**

Dear Jon:

Johnson Controls Real Estate Services, Inc. has been authorized by Total Renal Care, Inc. – a subsidiary of DaVita HealthCare Partners, Inc. (“DaVita”) to assist in securing a lease requirement. DaVita is a Fortune 500 company with more than 2,000 locations across the US and revenues of approximately \$11.5 billion.

PREMISES: 1200 – 1232 Sibley Boulevard, Calumet City, IL 60409 [street address to be confirmed]

A building (the “Building” or the “Premises”) to be constructed by Tenant at the northeast corner of Sibley Boulevard and Manistee Avenue in Calumet City, IL.

TENANT: Total Renal Care, Inc. or related entity to be named with DaVita HealthCare Partners, Inc. as lease guarantor.

LANDLORD: National Shopping Plazas, Inc., as leasing agent

SPACE REQUIREMENTS: Approximately 7,500 rentable square feet.

PRIMARY TERM: 15 years

BASE RENT: \$28/psf NNN for the first lease year; increasing 2% per year.

OPTION TO RENEW: Three (3), five (5) year options to renew the lease. Rent shall continue to increase 2% per year during the first and each subsequent option year.

ADDITIONAL EXPENSES: Additional operating expenses for the payment of which Tenant will be responsible including Taxes, CAM and Insurance are estimated at \$6.00 (Taxes), \$1.50 (CAM) and \$0.30 (Insurance) per square foot for the first lease year.

Tenant’s pro rata share percentage of operating expenses will be 100%.

Tenant will be responsible for paying for all utilities from use of the Premises (although water may be billed under a submeter or as part of CAM if there is no separate meter or submeter).

MAINTENANCE:

Landlord shall maintain, repair and replace the common areas of the site, and Tenant shall reimburse Landlord for the cost of such work. Landlord, at its sole cost and expense, shall be responsible for the maintenance, repair and replacement of the structural portions (excluding the roof) of, and foundations for, the Premises, and Tenant, at its sole cost and expense, shall be responsible for the maintenance, repair and replacement of the roof, the non-structural portions and the HVAC system of the Premises.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the site, zoned to permit use as a dialysis clinic (but Landlord shall not be obligated to obtain building or other permits or approvals), within ninety (90) days from the State of Illinois Certificate of Need permit date (see below). Rent Commencement shall be on the earlier of when Tenant opens for business at the Premises or two hundred (200) days after the aforesaid Certificate of Need permit date (assuming that Landlord has obtained the aforesaid zoning permitting use of the Premises as a dialysis clinic).

DUE DILIGENCE:

Intentionally omitted.

LEASE FORM:

The lease form that was most recently used between affiliates of Landlord and Tenant, with revisions to be consistent with this letter.

USE:

Tenant may operate the Premises for the use as an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses, and for no other lawful purpose(s) without Landlord's consent.

PARKING:

Tenant shall receive such number of parking stalls as is required by applicable law or regulation.

LANDLORD/TENANT WORK:

Landlord shall deliver the site to Tenant in "AS IS" condition.

Landlord will be solely responsible to obtain all entitlements and approvals from the city of Calumet City, IL as are necessary for use of the Building as a dialysis clinic to be a permitted zoning use. Landlord will coordinate its efforts with DaVita and DaVita's architect and engineers.

Landlord will be solely responsible for and will pay all impact fees, charges, costs, assessments, and exactions charged, imposed or assessed in connection with the development and construction of the Building or Premises, except that, notwithstanding the foregoing, Tenant shall be responsible for and will pay all building permit fees and expenses.

Tenant's work ("**Tenant's Work**") shall include the construction of the Building, the completion of all site work related thereto (e.g., sidewalks, driveways,

parking areas, landscaping, common area lighting, etc.) and the other work described on Exhibit B attached hereto, in each case in a good, workmanlike and lien free manner and in compliance with all applicable laws. Tenant's plans and specifications for Tenant's Work shall be subject to the approval of Landlord, which approval shall not be unreasonably withheld.

TENANT IMPROVEMENTS:

Landlord will pay to Tenant an allowance ("Tenant Allowance") for costs incurred by Tenant in connection with the construction of the Building and completion of the other Tenant's Work. The Tenant Allowance will be an amount equal to \$170.00 per square foot of the Building. The Tenant Allowance will be payable by Landlord to Tenant at such time as (1) Tenant has completed Tenant's Work, (2) Tenant has delivered final lien waivers from the contractors and subcontractors who or which performed lienable work as part of Tenant's Work, (3) Tenant has delivered to a title company selected by Landlord such documentation as such title company requires in order to deliver to Landlord and its lender title insurance policies, or endorsement to existing policies, insuring against lien claims on account of Tenant's Work, (4) Tenant has delivered to Landlord a certificate of Tenant's architect certifying that Tenant's Work has been completed in accordance with the plans and specifications therefor which were approved by Landlord, (5) Tenant has delivered to Landlord a certificate of occupancy for Tenant's operation of its business at the Premises, (6) Tenant's rent has commenced and (7) Tenant has delivered to Landlord an estoppel in accordance with the terms of the lease. At such time as Certificate of Need and all other lease contingencies have been satisfied and as security for Landlord's payment of the Tenant Allowance, Landlord shall cause to be delivered to Tenant a letter of credit that is in the amount of the Tenant Allowance and is otherwise in form and substance reasonably satisfactory to Landlord and Tenant. If Landlord does not timely deliver such letter of credit or fails to make any payment of the Tenant Allowance on a timely basis and such breach is not cured within thirty (30) days after written notice thereof from Tenant to Landlord, Tenant will have the right to terminate the Lease and/or offset any unpaid amounts against Rent.

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

None.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the site to Tenant with all local zoning approvals and entitlements necessary to permit use of the Building as a dialysis clinic in place within one hundred twenty (120) days from CON permit date (subject to extension due to force majeure), Tenant may elect to terminate the lease by written notice delivered to Landlord after such date and prior to the obtaining of such approvals and entitlements.

HOLDING OVER:

Tenant shall be obligated to pay 135% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations.

BUILDING HOURS:

If permitted by applicable laws and codes, Tenant may operate 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

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

NON-COMPETE:

None.

OTHER CONCESSIONS:

None.

GOVERNMENTAL COMPLIANCE:

Landlord shall deliver the site to Tenant in "AS IS" condition.

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). It is Tenant's intention to appear on the CON meeting agenda for the July 14, 2015 meeting. However, based on the length of the HFSRB review process, Tenant may not receive a CON permit prior to August 25, 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 approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by August 25, 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.

BROKERAGE FEE:

Landlord recognizes as the Tenant's sole representative Johnson Controls Real Estate Services, Inc. and shall pay a brokerage fee equal to \$1.05 per square foot per year of the initial lease term per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Upon full execution of this Letter of Intent, Landlord shall order a Phase I environmental report, a geotechnical report and an ALTA survey, all for review by Landlord and Tenant. The cost for these items (and any subsequent due diligence reports, if required) shall be part of, and be credited against the amount owed for, the tenant allowance unless the project does not proceed. If the project does not proceed for any reason, the cost for these reports will be the responsibility of the Landlord.

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

Edgar Levin
edgar.l.levin@jci.com

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

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

Sincerely,

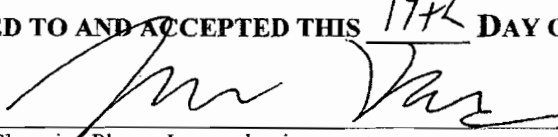


Edgar Levin

Cc: Matthew Lieberman
Chris Maese
Emmett Purcell
John Steffens

LETTER OF INTENT: 1200-1232 SIBLEY BOULEVARD, CALUMET CITY, IL

AGREED TO AND ACCEPTED THIS 17th DAY OF APRIL, 2015

By: 

National Shopping Plazas, Inc., as leasing agent
("Landlord")

AGREED TO AND ACCEPTED THIS _____ DAY OF APRIL, 2015

By: _____

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

Edgar Levin
edgar.l.levin@jci.com

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

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

Sincerely,



Edgar Levin

Cc: Matthew Lieberman
Chris Maese
Emmett Purcell
John Steffens

LETTER OF INTENT: 1200-1232 SIBLEY BOULEVARD, CALUMET CITY, IL

AGREED TO AND ACCEPTED THIS _____ DAY OF APRIL, 2015

By: _____
National Shopping Plazas, Inc., as leasing agent
("Landlord")

AGREED TO AND ACCEPTED THIS 17th DAY OF APRIL, 2015

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

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B

Exhibit B -- MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

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

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

Lessee will be constructing the following Base Building and Site Development Improvements to meet Lessee's Building and Site Development specifications. **Any reference to Lessor/Landlord completing the work shall mean Lessee/Tenant completing the work as outlined earlier in this agreement.**

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

1.0 - Building Codes & Design

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

2.0 - Zoning & Permitting

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

3.0 - Common Areas

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

4.0 Foundation and Floor

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

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

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

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

5.0 - Structural

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

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

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

6.0 - Exterior walls

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

7.0 - Demising walls

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

8.0 - Roof Covering

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

9.0 – Parapet

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

10.0 - Façade

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

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

Or

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

Or

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

11.0 - Canopy

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

12.0 – Waterproofing and Weatherproofing

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

13.0 - Windows

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

14.0 - Thermal Insulation

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

15.0 - Exterior Doors

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

floor plan and shall be coordinate with Lessee's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Lessor:

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

16.0 - Utilities

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

17.0 - Plumbing

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

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

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

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

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

18.0 - Fire Suppression System

Single story stand alone buildings under 10,000 sf will not require a Sprinkler System unless requested by Lessee, or if required by code or local authority. Single story stand alone buildings greater than 10,000 will require a sprinkler system. Lessor shall design and install a complete turnkey sprinkler system (less drops and heads in Lessee's space) that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a dedicated water line independent of Lessee's potable water line requirements, or as required by local municipality or water provider. Lessor shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Lessee's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

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

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

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

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

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

20.0 - Gas

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

21.0 - Mechanical /Heating Ventilation Air Conditioning

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

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

The criteria is as follows:

- Equipment to be Lennox RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Lessee's demands for a dialysis facility and the base building Shell loads.
- Ductwork shall be extended 5' into the space for supply and return air.
- System to be a fully ducted return air design
- All ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section.
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol. Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode
- Provide factory installed UV lights.

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5 yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, thermostats start-up and commissioning.. Anticipate minimum up to five (5) through a BACnet compatible controller (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's. Lessee's engineer shall have the final approval on the sizes, tonnages, zoning, location, curb sizes (heights) and number of HVAC units based on Lessee's design criteria and local and state codes. RTU's (or AHU's as needed) to be purchased using DaVita national contract pricing/ Furnish By Owner (FBO) program.

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

22.0 - Telephone

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

23.0 - Cable TV

Lessor shall provide a single 2" PVC underground conduit entrance into Lessee utility room to serve as chase way for new cable television service. Entrance conduit location shall be coordinated with Lessee. Lessee shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Lessor shall reasonably cooperate and grant "right of access" with Lessee's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility

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

stations handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

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

25.0 - Exiting

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

26.0 - Site Development Scope of Requirements

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

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

27.0 - Refuse Enclosure

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

28.0 - Generator

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

29.0 - Site Lighting

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

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

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

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

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

32.0 - Site Signage

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

Exhibit C1 -- Preliminary Site Plan
(to be modified for a 7,500 square foot building)

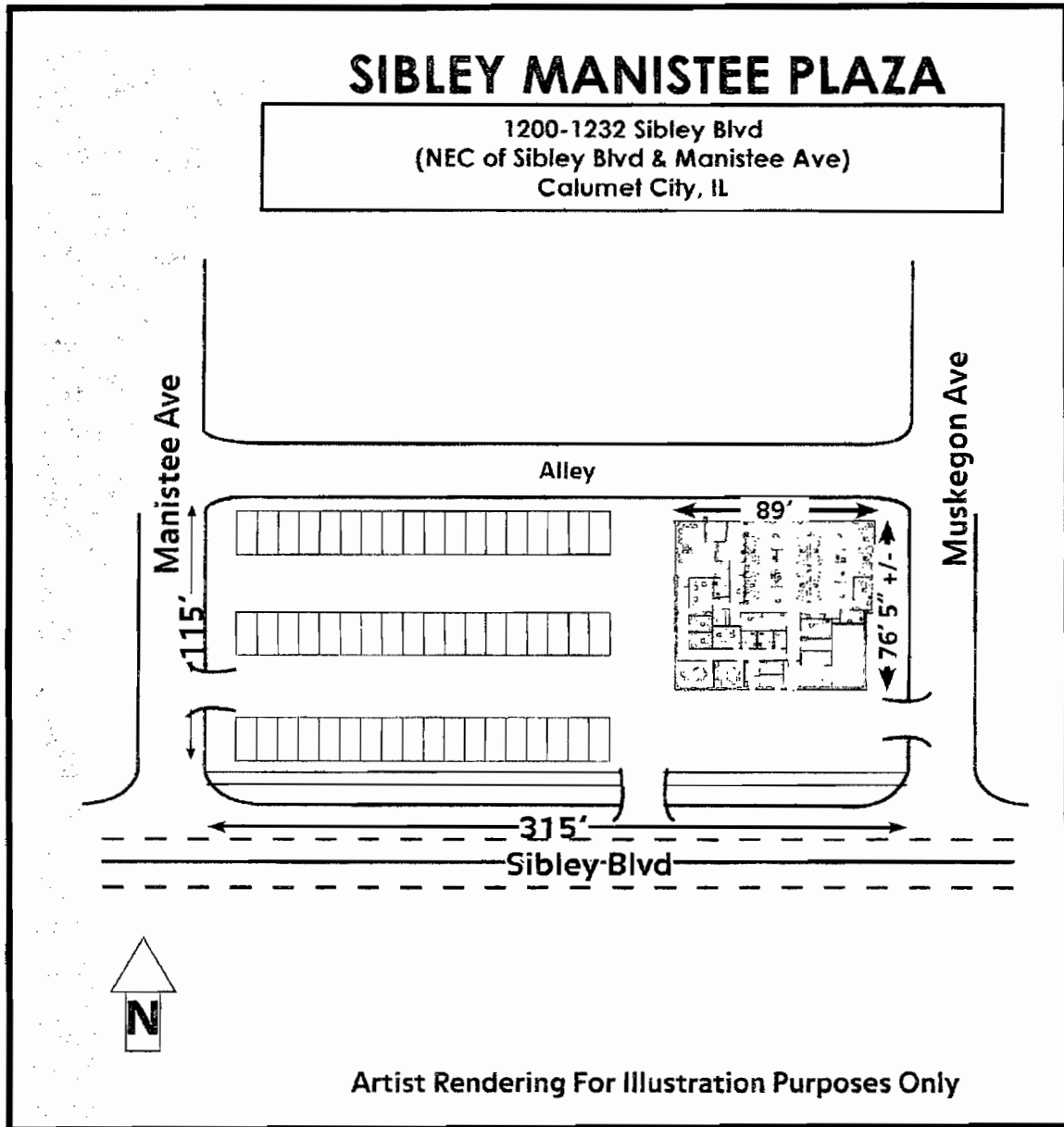
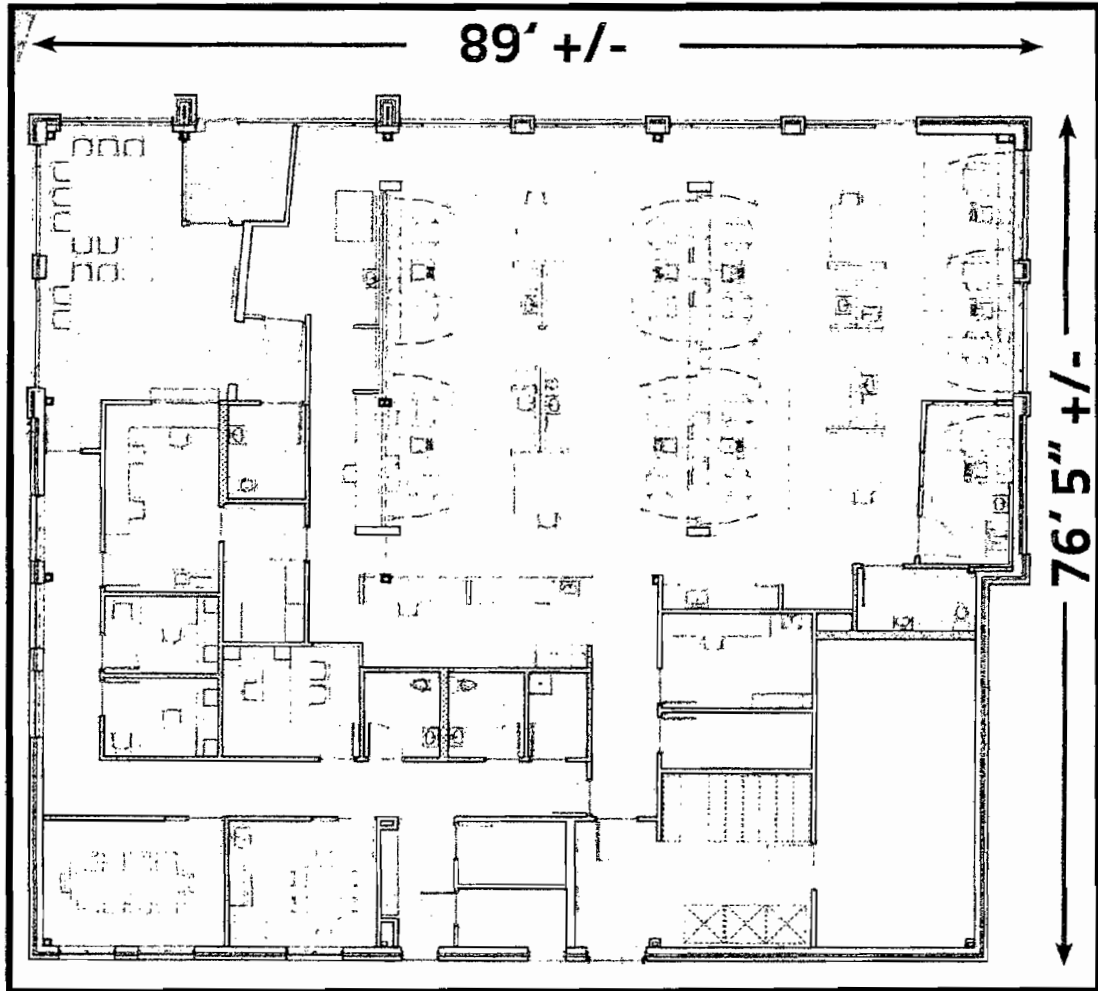


Exhibit C2 -- Preliminary Floor Plan
(to be modified for a 7,500 square foot building)



Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project is being submitted with this application.

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

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

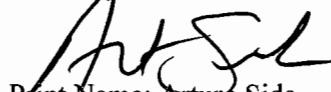
Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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

Sincerely,



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

Subscribed and sworn to me

This ____ day of _____, 201__

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

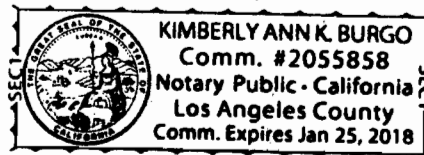
On March 18, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

personally appeared ** Arturo Sida **

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

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

WITNESS my hand and official seal.
Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Letter to K. Olson re Reasonableness of Financing Arrangements (Calumet City)

Document Date: March 18, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☒ Other: Assistant Corporate Secretary

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc.

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD	164.33		7,500				\$1,232,500		\$1,232,500
Contingency	14.67		7,500				\$110,000		\$110,000
TOTALS	179.00		7,500				\$1,342,500		\$1,342,500

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts & Contingencies	\$1,342,500	\$262.22 per gsf x 7,500 gsf = \$262.22 x 7,500 = \$1,966,650	Below State Standard
Contingencies	\$110,000	10% of New Construction Contracts = 10% x \$1,232,500 = \$123,250	Below State Standard
Architectural/Engineering Fees	\$97,500	6.22% - 9.34% x (New Construction Costs + Contingencies) = 6.64% - 9.98% x (\$1,232,500 + \$110,000) = 6.64% - 9.98% x \$1,342,500 = \$89,142 - \$133,981	Meets State Standard
Consulting and Other Fees	\$75,000	No State Standard	No State Standard
Moveable Equipment	\$588,942	\$50,601.13 per station x 16 stations \$50,601.13 x 16 = \$809,618	Below State Standard

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

Operating Expenses: \$2,839,943

Treatments: 14,352

Operating Expense per Treatment: \$197.88

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

Capital Costs:

Depreciation: \$205,647

Amortization: \$ 8,155

Total Capital Costs: \$213,802

Treatments: 14,352

Capital Costs per Treatment: \$14.90

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2013 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment – 11A. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates among large dialysis providers in 2013. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), average utilization of the existing and approved dialysis facility within 30 minutes normal travel time of the Proposed Facility is currently 71.0%. Excluding facilities approved, but not yet operational for 2 years (Tinley Park, FMC New City, and West Side Dialysis), as well as Rush University's pediatric dialysis facility, average utilization of existing facilities increases to 74.5%. Importantly, Tinley Park, FMC New City and West Side Dialysis will accommodate distinct patient bases as each facility has a separate primary referring nephrology group. These facilities are projected to become operational by 2016 at the latest and reach target utilization of 80% by 2018, or approximately 1 year after the proposed Calumet City Dialysis becomes operational. Accordingly, these new facilities will not have sufficient capacity to accommodate Calumet City Dialysis' projected patients. Further, Rush University Dialysis is a pediatric dialysis facility and does not accept adult ESRD patients. Accordingly, it is not an option for the projected Calumet City Dialysis patients. Finally, when considering the primary service area for the proposed Calumet City Dialysis (20 minute GSA), the utilization rate increases to 76.2% (or just below the State Board's 80% utilization standard). Dr. Terrado has identified 439 patients from her practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within an approximate 20 minute commute of the proposed facility. At least 92 of these patients will be referred to the Proposed Facility within 12 to 24 months. This represents a 95.8% utilization rate, which exceeds the State's 80% standard. As such, the proposed facility is necessary to allow existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
6. The proposed project is for the establishment of Calumet City Dialysis. As such, this criterion is not applicable.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2012	2013	2014
Charity (# of patients)	152	187	146
Charity (cost in dollars)	\$1,199,657	\$2,175,940	\$2,477,363
MEDICAID			
	2012	2013	2014
Medicaid (# of patients)	651	679	708
Medicaid (revenue)	\$11,387,229	\$10,371,416	\$8,603,971

Section XII, Charity Care Information

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

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$228,403,979	\$244,115,132	\$266,319,949
Amount of Charity Care (charges)	\$1,199,657	\$2,175,940	\$2,477,363
Cost of Charity Care	\$1,199,657	\$2,175,940	\$2,477,363

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Terrado projecting 92 pre-ESRD patients will be referred to Calumet City Dialysis within the next 12 to 24 months.

Lourdes Tricia R. Terrado, M.D.
Horizon Healthcare Associates
19550 S. Governors Highway, Suite 2000
Flossmoor, Illinois 60422

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Calumet City Dialysis. The proposed 16-station chronic renal dialysis facility, to be located at 1200 Sibley Boulevard, Calumet City, Illinois 60409 will directly benefit my patients.

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

The site of the proposed facility is close to Interstate 94 (I-94) and will provide better access to patients residing in the southeast suburbs of Chicago. Utilization of facilities within 20 minutes of the proposed facility was 76.2%, according to December 31, 2014 reported census data.

I have identified 439 patients from my practice who are suffering from Stage 3, 4 or 5 CKD who all reside within an approximate 20 minute commute of the proposed facility. 269 of these patients are at Stage 4 or 5 CKD. 142 of these 269 Stage 4 or 5 CKD patients are presented in support of the establishment of Calumet City Dialysis. Conservatively, I predict at least 92 of these 142 patients will progress to dialysis within the next 12 to 24 months. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area over the past 4 years is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year is provided at Attachment – 2. The list of zip codes for the 142 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

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

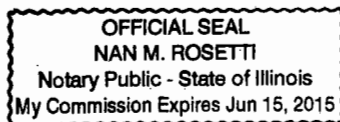
Sincerely,

Louder Tricia, M.D.

Lourdes Tricia R. Terrado, M.D.
Nephrologist
Horizon Healthcare Associates
19550 S. Governors Highway, Suite 2000
Flossmoor, Illinois 60422

Subscribed and sworn to me
This 16th day of April, 2015

Notary Public: *Nan M. Rosetti*



Attachment 1
Historical Patient Utilization

Country Hills Dialysis							
2011		2012		2013		2014	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
46322	1	46322	1	46322	1	46322	1
60406	2	60406	2	60406	1	60406	2
60409	2	60409	3	60409	4	60409	3
60411	3	60411	2	60411	2	60419	5
60419	2	60419	3	60419	4	60426	29
60426	22	60426	23	60426	29	60428	12
60428	11	60428	11	60428	14	60429	2
60429	1	60429	1	60445	1	60471	1
60443	1	60469	1	60469	1	60472	1
60469	3	60471	1	60471	1	60619	1
60472	1	60472	3	60472	1	60621	1
60473	1	60476	1	60473	1	60628	2
60475	1	60477	1	60477	1	60643	1
60476	1	60619	1	60609	1	60803	1
60477	1	60621	1	60619	1	60827	2
60478	1	60628	2	60628	3		
60619	1	60643	1	60803	1		
60621	1	60651	1	60827	5		
60628	2	60803	1				
60643	1	60827	4				
60803	1	90805	1				
60827	3						

Historical Patient Utilization

Hazel Crest Renal Center							
2011		2012		2013		2014	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60404	1	60406	1	60406	2	60406	3
60406	2	60409	1	60409	2	60411	3
60409	1	60411	9	60411	6	60419	2
60411	7	60419	1	60422	3	60422	5
60422	3	60422	1	60425	2	60425	2
60425	1	60425	1	60426	6	60426	6
60426	6	60426	9	60428	3	60428	2
60428	4	60428	3	60429	8	60429	11
60429	10	60429	9	60430	9	60430	8
60430	10	60430	12	60431	1	60438	2
60431	1	60431	1	60438	1	60443	1
60438	1	60438	1	60443	1	60452	3
60443	1	60452	2	60452	3	60466	4
60445	1	60461	2	60461	2	60472	2
60452	2	60466	4	60466	5	60477	2
60461	2	60471	3	60472	3	60478	14
60466	6	60472	2	60477	2	60615	1
60471	4	60473	2	60478	13	60628	1
60472	2	60477	2	60484	1	60649	2
60473	1	60478	16	60620	1	60652	1
60477	1	60615	1	60649	1	72206	1
60478	12	60620	1	60652	1		
60484	1	60628	2	60827	1		
60615	1	60652	1	85132	1		
60620	1	60653	1				
60628	1	85132	1				

Historical Patient Utilization

South Holland Renal Center							
2011		2012		2013		2014	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
46324	2	46324	1	36053	1	30296	1
60409	19	60409	15	46324	1	60409	11
60411	1	60411	1	60409	12	60411	1
60419	13	60419	11	60411	4	60419	14
60425	1	60425	1	60419	15	60426	12
60426	10	60426	5	60425	1	60438	6
60438	5	60438	3	60426	8	60453	1
60453	1	60453	1	60438	5	60466	1
60464	1	60466	1	60453	1	60471	1
60466	1	60471	1	60461	1	60473	10
60471	2	60473	8	60473	9	60476	1
60473	12	60475	1	60476	1	60532	1
60475	1	60476	1	60532	1	60617	3
60476	2	60532	1	60609	1	60628	4
60532	1	60617	4	60617	4	60633	3
60615	1	60628	3	60628	3	60637	1
60617	4	60633	3	60633	3	60643	1
60628	6	60827	6	60637	1	60714	1
60629	1			60643	1	60827	9
60633	2			60803	1		
60827	9			60827	6		
60649	1						

Historical Patient Utilization

FMC Steger							
2011		2012		2013		2014	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60411	3	46373	1	46373	1	46373	1
60417	5	60401	1	60401	1	60401	1
60449	1	60411	8	60411	11	60411	14
60461	1	60417	3	60417	3	60417	3
60466	2	60443	1	60425	3	60425	2
60475	2	60449	2	60443	1	60443	1
60484	1	60461	1	60449	3	60449	2
		60466	1	60466	5	60466	5
		60471	1	60471	1	60471	3
		60473	1	60473	1	60475	10
		60475	8	60475	8	60476	1
		60484	4	60476	1	60484	3
		60628	1	60484	1	60628	1
				60619	1	60950	1
				60628	2		

Historical Patient Utilization

FMC Olympia Fields							
2011		2012		2013		2014	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
46322	1	46322	1	46322	1	46322	1
60401	1	60104	1	60401	1	60401	1
60409	1	60401	1	60404	1	60404	1
60411	48	60404	1	60409	1	60411	32
60417	1	60409	1	60411	36	60419	2
60422	3	60411	44	60417	1	60422	3
60423	1	60417	2	60419	1	60423	1
60425	5	60422	4	60422	5	60425	5
60426	2	60423	2	60425	7	60426	2
60428	1	60425	7	60428	1	60428	1
60429	2	60426	3	60429	2	60429	5
60430	2	60428	1	60430	3	60430	2
60438	1	60429	3	60443	7	60438	1
60443	10	60430	3	60445	2	60443	8
60445	2	60438	1	60449	2	60445	2
60449	3	60443	8	60452	2	60449	3
60452	2	60445	2	60461	5	60461	3
60461	4	60449	5	60466	14	60466	14
60466	18	60452	1	60468	1	60471	7
60471	9	60461	3	60471	8	60473	1
60473	1	60466	16	60473	2	60475	1
60475	4	60471	7	60475	2	60478	3
60476	1	60473	2	60476	1	60484	1
60478	4	60475	2	60478	1	60619	1
60484	2	60476	1	60484	1	60636	1
60636	1	60478	4	60636	1		
		60484	2				
		60619	1				
		60636	1				
		60805	1				

Historical Patient Utilization

FMC Orland Park							
2011		2012		2013		2014	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
38133	1	60411	1	60411	1	60153	1
60423	3	60423	1	60423	1	60411	1
60429	1	60429	1	60429	1	60452	1
60441	1	60452	1	60452	1	60462	5
60443	1	60462	4	60462	4	60477	4
60452	2	60464	1	60464	1		
60462	4	60469	1	60477	5		
60467	1	60477	3	60487	2		
60477	2	60480	1				
60480	1	60487	1				
60487	1						
60827	1						

Attachment 2
New Patients

Country Hills Dialysis

2014	
Zip Code	Pt Count
60419	2
60426	10
60428	3
60429	1
60445	1
60472	1
60617	1
60636	1
60827	1

New Patients

Hazel Crest Renal Center

2014	
Zip Code	Pt Count
46321	1
60411	1
60422	1
60425	1
60426	1
60429	2
60430	2
60452	1
60466	1
60471	1
60477	1
60478	4

New Patients

South Holland Renal Center

2014	
Zip Code	Pt Count
30296	1
60409	2
60419	3
60422	1
60426	5
60438	3
60471	1
60473	5
60629	1
60827	2
60914	1

New Patients

FMC Steger

2014	
Zip Code	Pt Count
46310	1
60411	5
60417	2
60449	1
60471	1
60473	1
60475	2
60706	1

New Patients

FMC Olympia Fields

2014	
Zip Code	Pt Count
14211	1
36603	1
46322	1
60409	1
60411	3
60422	3
60423	1
60425	1
60428	3
60429	3
60443	3
60449	1
60466	7
60471	4
60478	3
60484	1
60619	1
60628	2
60643	1
60803	1

New Patients

FMC Orland Park

2014	
Zip Code	Pt Count
60153	1
60443	1
60446	1
60452	1
60462	3
60477	1
60487	1

Attachment 3
Pre-ESRD Patients

Zip Code	Total
60406	3
60409	18
60419	26
60426	35
60429	20
60430	14
60438	5
60469	2
60472	6
60827	13
Total	142

Appendix 2 – Time & Distance Determination

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



Notes
FMC Steger to proposed site for Calumet City Dialysis

Trip to:
1200 Sibley Blvd
Calumet City, IL 60409-2327
14.28 miles / 17 minutes

**219 E 34th St, Steger, IL 60475-1201**



1. Start out going east on **E 34th St** toward **Loverock Ave**. [Map](#)



2. **E 34th St** becomes **E Steger Rd**. [Map](#)



3. Turn left onto **Bishop Ford Fwy N / IL-394 N**. Continue to follow **Bishop Ford Fwy N**. [Map](#)
Bishop Ford Fwy N is just past IL-394
If you reach S Volbrecht Rd you've gone about 0.1 miles too far



4. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)



5. Merge onto **E Sibley Blvd**. [Map](#)



6. **1200 SIBLEY BLVD** is on the left. [Map](#)
Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far

**1200 Sibley Blvd, Calumet City, IL 60409-2327**

Download
Free App

0.4 Mi

0.4 Mi Total

2.0 Mi

2.4 Mi Total

10.5 Mi

12.9 Mi Total

0.2 Mi

13.1 Mi Total

1.1 Mi

14.3 Mi Total

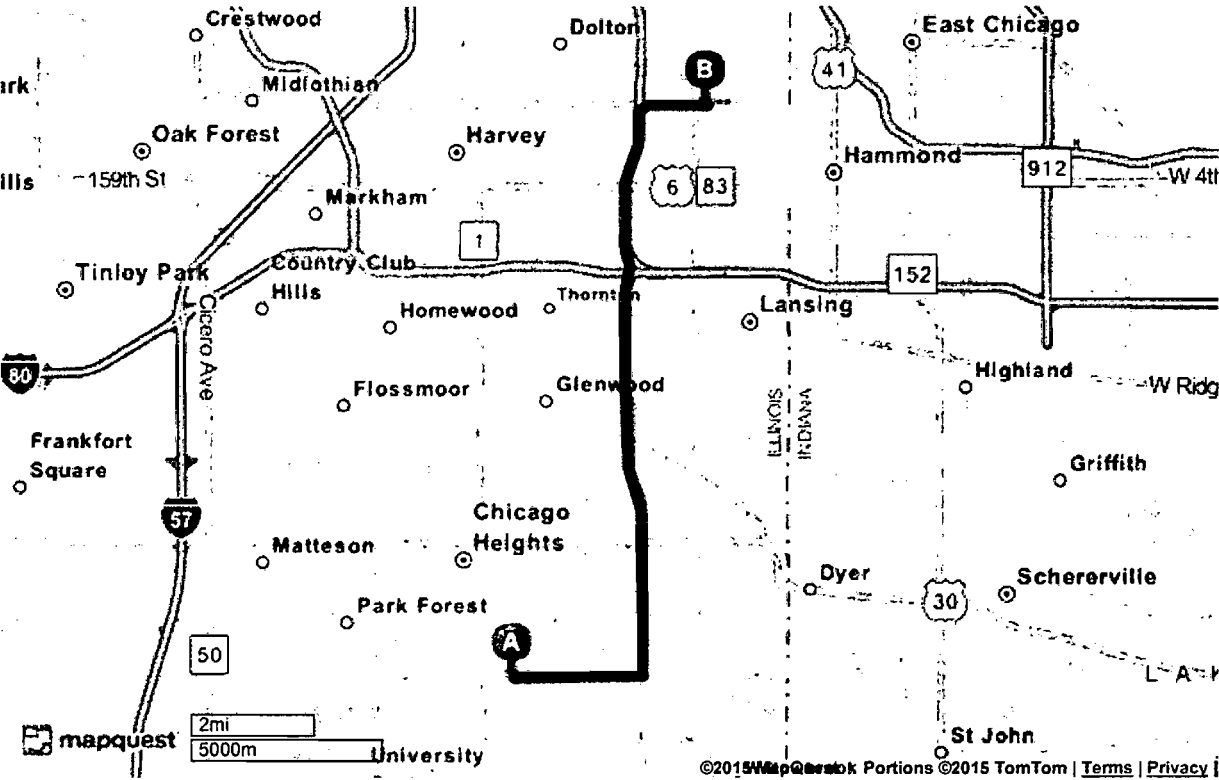
202

Appendix - 2

http://www.mapquest.com/print?a=app.core.cccd015bac9c15e5dec7d8cf

3/12/2015

Total Travel Estimate: 14.28 miles - about 17 minutes



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**mapquest**

Notes

FMC Mokena to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

18.67 miles / 22 minutes

**8910 W 192nd St, Mokena, IL 60448-8109****Download
Free App**1. Start out going **east** on **W 192nd St** toward **88th Ave.** [Map](#)**0.2 Mi**

0.2 Mi Total

2. Turn **left** onto **88th Ave.** [Map](#)**0.2 Mi***The Breakfast Nook is on the left*

0.3 Mi Total

3. Take the 1st **right** onto **W 191st St / County Hwy-84.** [Map](#)**2.0 Mi***If you reach Spring Lake Dr you've gone about 0.4 miles too far*

2.4 Mi Total

4. Turn **left** onto **IL-43 / S Harlem Ave.** [Map](#)**0.2 Mi***IL-43 is just past Harlem Ave*

2.5 Mi Total

*TGI Fridays is on the left**If you are on Prosperi Dr and reach Oak Park Ave you've gone about 0.6 miles too far*5. Merge onto **I-80 E** toward **Gary Indiana** (Portions toll). [Map](#)**11.2 Mi**

13.7 Mi Total

6. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville.** [Map](#)**0.3 Mi**

14.1 Mi Total

7. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago.** [Map](#)**1.1 Mi**

15.2 Mi Total

8. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N.** [Map](#)**2.1 Mi**

17.3 Mi Total

9. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)**0.2 Mi**

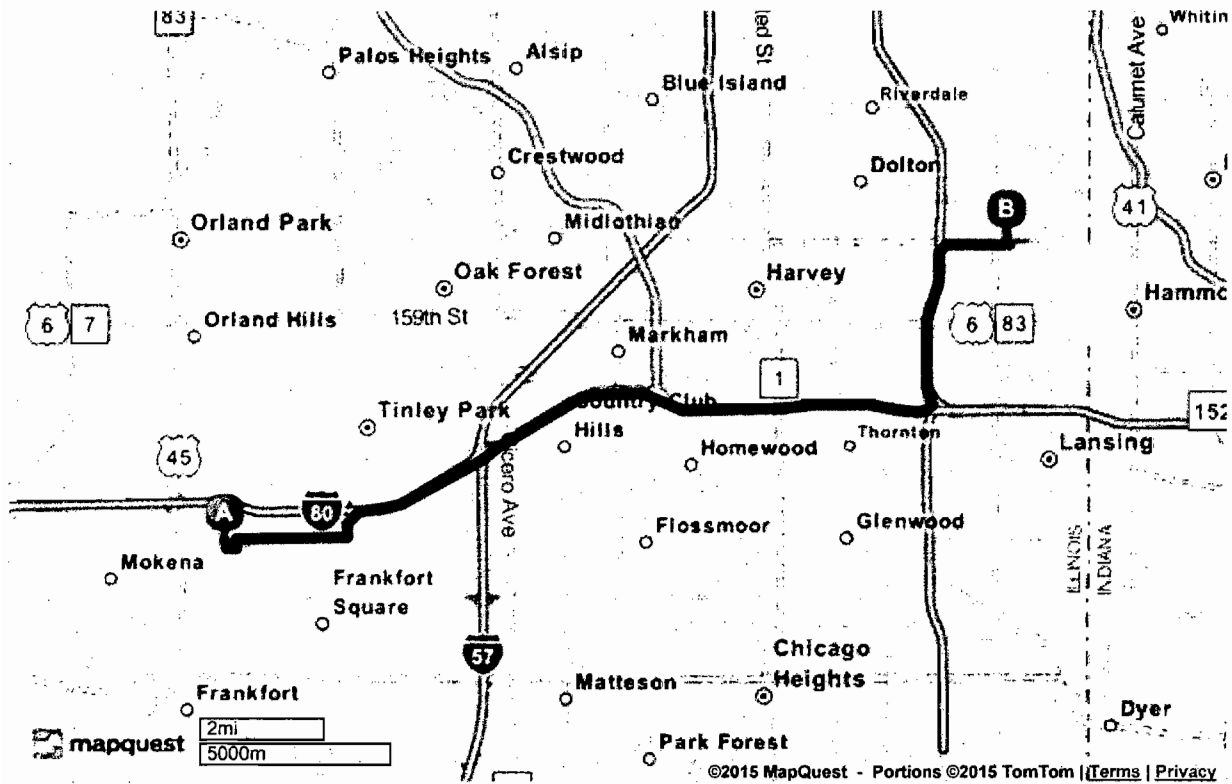
17.5 Mi Total

10. Merge onto **E Sibley Blvd.** [Map](#)**1.1 Mi**

18.7 Mi Total

11. **1200 SIBLEY BLVD** is on the **left.** [Map](#)*Your destination is just past Manistee Ave**If you reach Muskegon Ave you've gone a little too far***1200 Sibley Blvd, Calumet City, IL 60409-2327**

Total Travel Estimate: 18.67 miles - about 22 minutes



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**mapquest**

Notes

Tinley Park Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

18.14 miles / 21 minutes

**[18491 - 18547] S 80th Ave, Tinley Park, IL 60487**Download
Free App1. Start out going **north** on **80th Ave** toward **185th St**. [Map](#)**0.3 Mi**

0.3 Mi Total

2. Take the 2nd **right** onto **183rd St**. [Map](#)**0.9 Mi***183rd St is 0.2 miles past 185th St**Tutor Time is on the corner**If you reach Timber Dr you've gone about 0.2 miles too far*

1.2 Mi Total

3. Turn **right** onto **S Harlem Ave / IL-43**. [Map](#)**0.6 Mi***S Harlem Ave is just past N Creek Dr**La Quinta Inn & Suites Chicago Tinley Park is on the right*

1.8 Mi Total

4. Merge onto **I-80 E** toward **Gary Indiana** (Portions toll). [Map](#)**11.4 Mi**

13.2 Mi Total

5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. [Map](#)**0.3 Mi**

13.5 Mi Total

6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago**. [Map](#)**1.1 Mi**

14.6 Mi Total

7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)**2.1 Mi**

16.8 Mi Total

8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)**0.2 Mi**

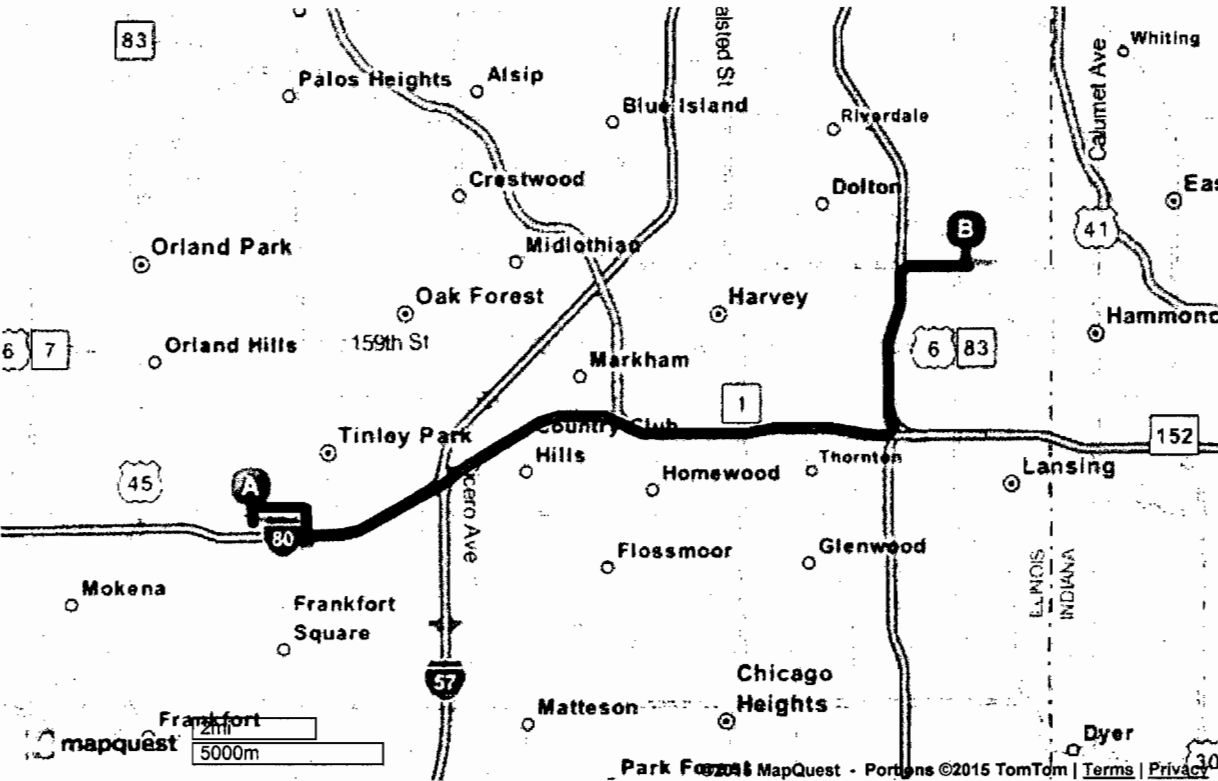
17.0 Mi Total

9. Merge onto **E Sibley Blvd**. [Map](#)**1.1 Mi**

18.1 Mi Total

10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)*Your destination is just past Manistee Ave**If you reach Muskegon Ave you've gone a little too far***1200 Sibley Blvd, Calumet City, IL 60409-2327**

Total Travel Estimate: 18.14 miles - about 21 minutes



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Notes

Olympia Fields Dialysis to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

18.31 miles / 22 minutes



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

**Download
Free App**



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

0.2 Mi

0.2 Mi Total



2. Make a **U-turn** at **Kostner Ave** onto **Lincoln Hwy / US-30 W.** [Map](#)
If you reach Kildare Ave you've gone about 0.1 miles too far

0.7 Mi

1.0 Mi Total



3. Merge onto **I-57 N** toward **Chicago.** [Map](#)

4.0 Mi

5.0 Mi Total



4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** via **EXIT 345A** toward **Indiana**
(Portions toll). [Map](#)

8.4 Mi

13.4 Mi Total



5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville.** [Map](#)

0.3 Mi

13.7 Mi Total



6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago.** [Map](#)

1.1 Mi

14.8 Mi Total



7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N.** [Map](#)

2.1 Mi

16.9 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)

0.2 Mi

17.2 Mi Total



9. Merge onto **E Sibley Blvd.** [Map](#)

1.1 Mi

18.3 Mi Total



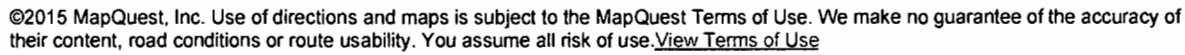
10. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327





Notes

FMC Oak Forest to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

14.39 miles / 19 minutes



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

**Download
Free App**



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

0.01 Mi

0.01 Mi Total



2. Make a U-turn at **Lorel Ave** onto **159th St / US-6 E**. [Map](#)

3.4 Mi

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

3.4 Mi Total



3. Take the **I-294 S / Tri-State Tollway** ramp toward **Indiana**. [Map](#)

1.0 Mi

4.4 Mi Total



4. Merge onto **I-294 S / Tri State Tollway S** via the ramp on the **left** toward **Indiana / I-80 E** (Portions toll). [Map](#)

5.0 Mi

9.5 Mi Total



5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. [Map](#)

0.3 Mi

9.8 Mi Total



6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago**. [Map](#)

1.1 Mi

10.9 Mi Total



7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)

2.1 Mi

13.0 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

13.3 Mi Total



9. Merge onto **E Sibley Blvd**. [Map](#)

1.1 Mi

14.4 Mi Total



10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327



Notes

Direct Dialysis - Crestwood to proposed site for
Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

9.80 miles / 20 minutes



[14500 - 14520] S Cicero Ave, Crestwood, IL 60445-2538

Download
Free App



1. Start out going **south** on **Cicero Ave / IL-50 / IL-83** toward **147th St**. [Map](#)

0.2 Mi

0.2 Mi Total



83

2. Take the 1st **left** onto **147th St / IL-83**. Continue to follow **IL-83**. [Map](#)

9.3 Mi

Subway is on the corner

9.6 Mi Total

If you reach 148th St you've gone about 0.1 miles too far



3. **IL-83** becomes **Sibley Blvd**. [Map](#)

0.2 Mi

9.8 Mi Total



4. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

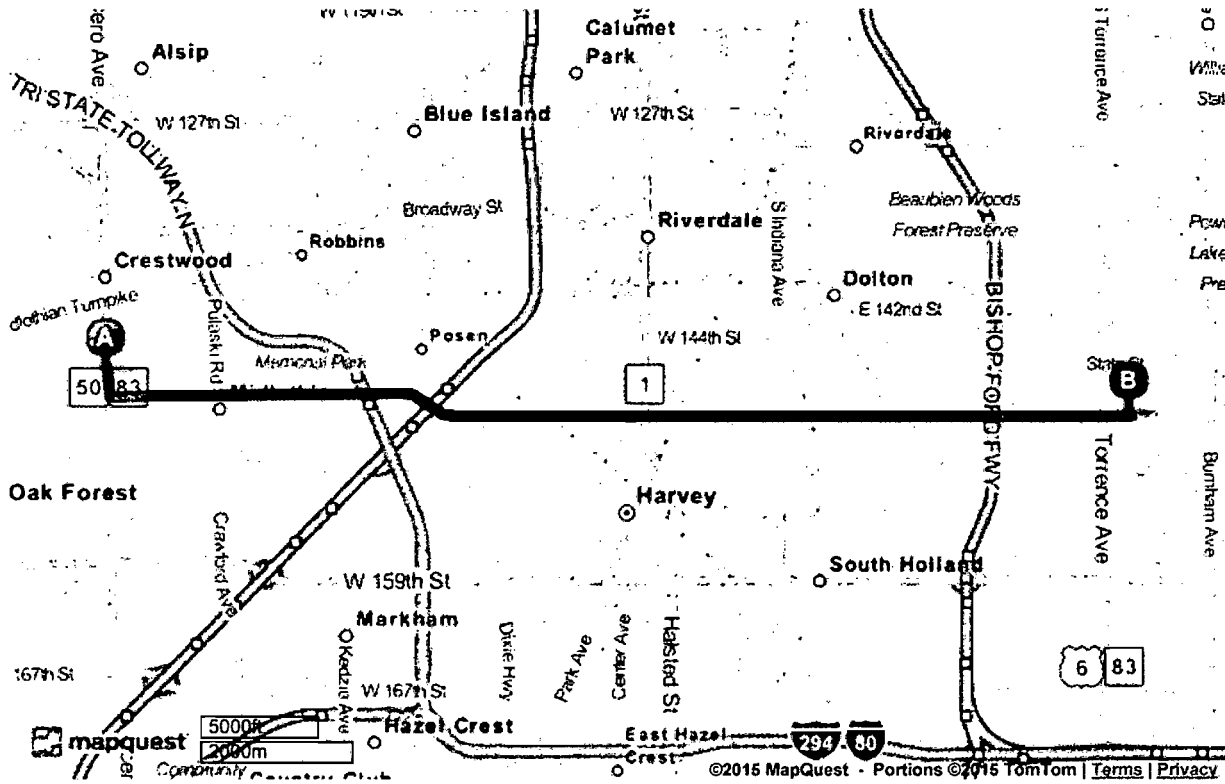
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 9.80 miles - about 20 minutes



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mapquest

Notes

Dialysis Center of America - Crestwood to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

10.33 miles / 20 minutes



Midlothian, IL 60445

**Download
Free App**



1. Start out going **north** on **Kenton Ave** toward **141st St.** [Map](#)

0.3 Mi

0.3 Mi Total



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

0.8 Mi

Midlothian Turnpike is 0.2 miles past 141st St

1.1 Mi Total



3. Turn **right** onto **S Crawford Ave.** [Map](#)

0.1 Mi

S Crawford Ave is 0.1 miles past Karlov Ave

1.2 Mi Total

SHELL is on the right

If you are on W 137th St and reach S Springfield Ave you've gone about 0.1 miles too far



4. Take the **1st left** onto **W 139th St.** [Map](#)

2.8 Mi

If you are on Pulaski Rd and reach 141st St you've gone about 0.2 miles too far

4.0 Mi Total



5. Turn **right** onto **Thornton Rd.** [Map](#)

0.3 Mi

4.3 Mi Total



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

0.01 Mi

4.3 Mi Total



7. Take the **1st left** onto **Thornton Rd.** [Map](#)

0.8 Mi

If you reach W 141st St you've gone about 0.3 miles too far

5.0 Mi Total



8. **Thornton Rd** becomes **Vincennes Rd.** [Map](#)

0.6 Mi

5.6 Mi Total



83

9. Turn **left** onto **E 147th St / IL-83.** Continue to follow **IL-83.** [Map](#)

4.5 Mi

IL-83 is 0.1 miles past E 146th St

10.1 Mi Total

If you are on Broadway Ave and reach E 148th St you've gone about 0.1 miles too far



10. **IL-83** becomes **Sibley Blvd.** [Map](#)

0.2 Mi

10.3 Mi Total



11. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

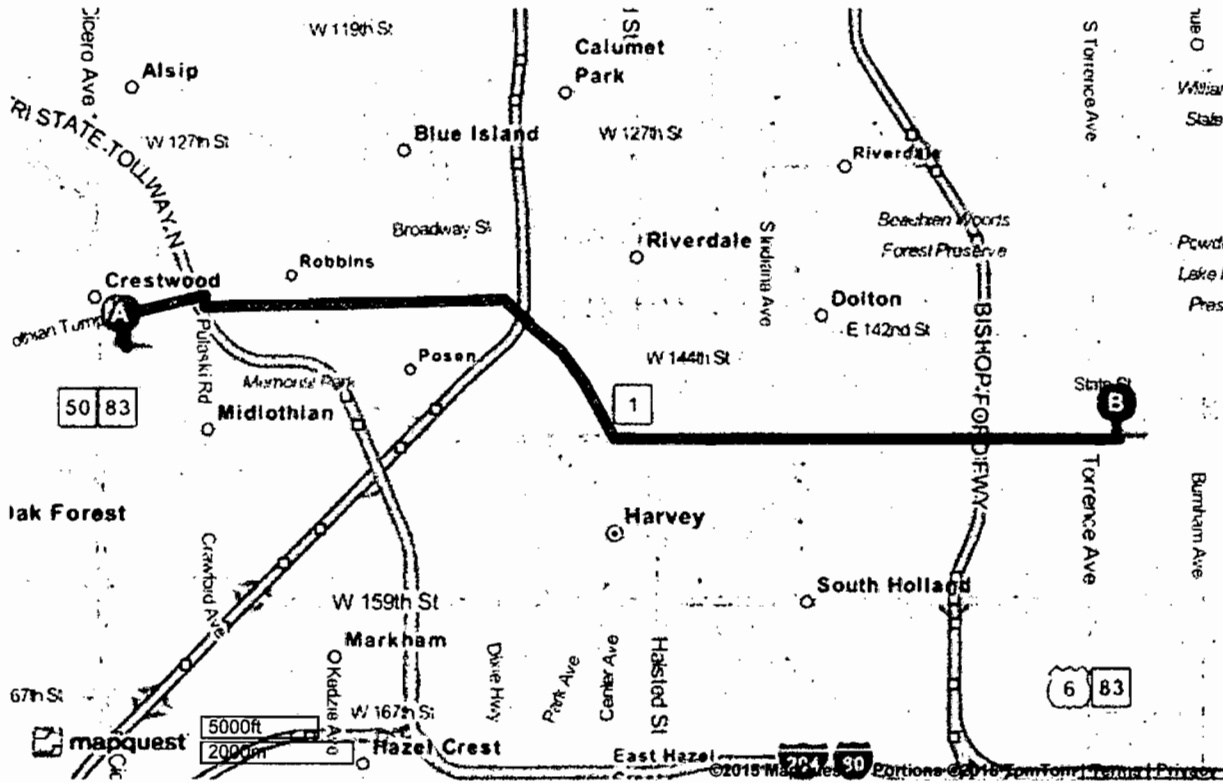
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 10.33 miles - about 20 minutes



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Notes

FMC Alsip to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

17.11 miles / 20 minutes



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

Download
Free App



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

0.5 Mi

0.5 Mi Total



2. Turn **left** onto **W 127th St.** [Map](#)

0.3 Mi

W 127th St is 0.4 miles past W 123rd Pl

0.8 Mi Total

If you are on IL-50 and reach W 128th Pl you've gone about 0.2 miles too far



3. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). [Map](#)

5.9 Mi

If you reach S Kostner Ave you've gone about 0.2 miles too far

6.7 Mi Total



4. Take the exit toward **I-57 / I-80 W / Iowa.** [Map](#)

0.4 Mi

7.2 Mi Total



5. Merge onto **I-294 S / Tri State Tollway S** via the ramp on the **left** toward **I-80 E / Indiana** (Portions toll). [Map](#)

5.0 Mi

12.2 Mi Total



6. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville.** [Map](#)

0.3 Mi

12.5 Mi Total



7. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago.** [Map](#)

1.1 Mi

13.6 Mi Total



8. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N.** [Map](#)

2.1 Mi

15.8 Mi Total



9. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)

0.2 Mi

16.0 Mi Total



10. Merge onto **E Sibley Blvd.** [Map](#)

1.1 Mi

17.1 Mi Total



11. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

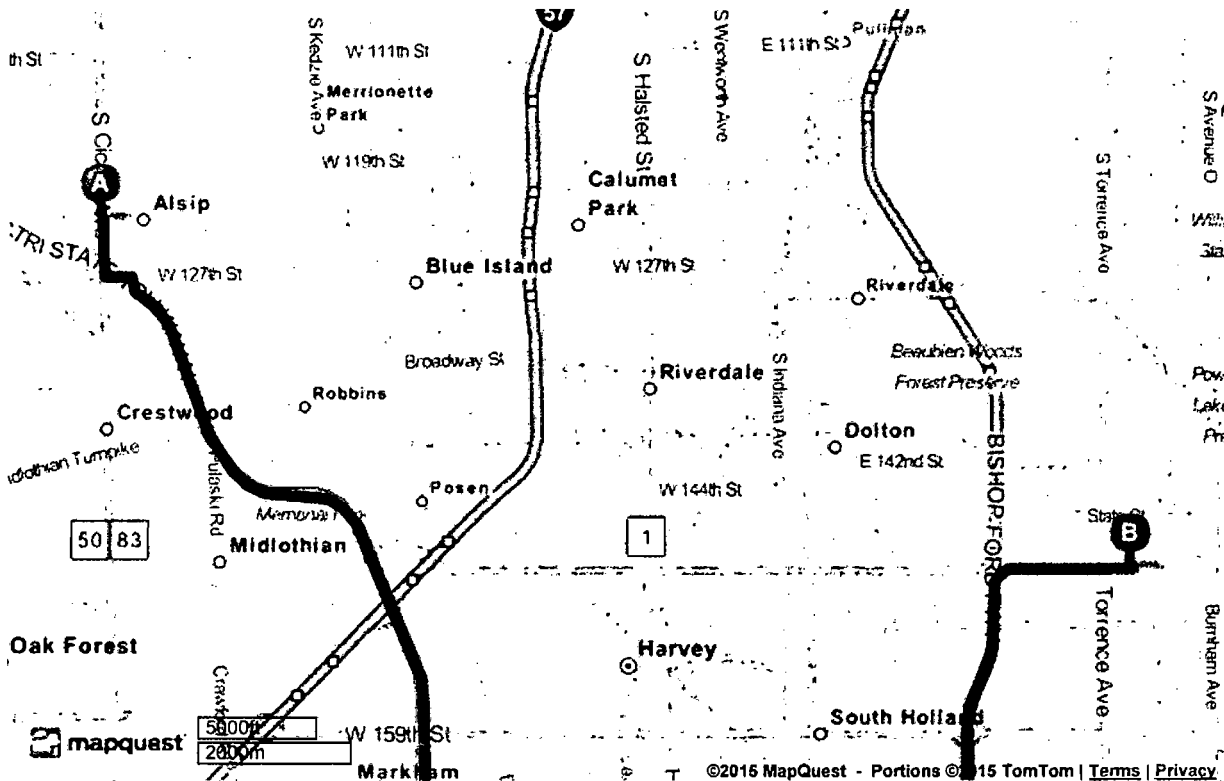
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 17.11 miles - about 20 minutes



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Notes

Dialysis Center of America - Olympia Fields to
proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

15.80 miles / 22 minutes



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

Download
Free App



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

0.4 Mi

0.4 Mi Total



2. Make a **U-turn** at **N Orchard Dr** onto **Lincoln Hwy / US-30 E**. [Map](#)

5.8 Mi

6.2 Mi Total



3. Merge onto **IL-394 N / Bishop Ford Fwy N** toward **Chicago**. [Map](#)

6.1 Mi

12.3 Mi Total



4. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)

2.1 Mi

14.4 Mi Total



5. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

14.7 Mi Total



6. Merge onto **E Sibley Blvd**. [Map](#)

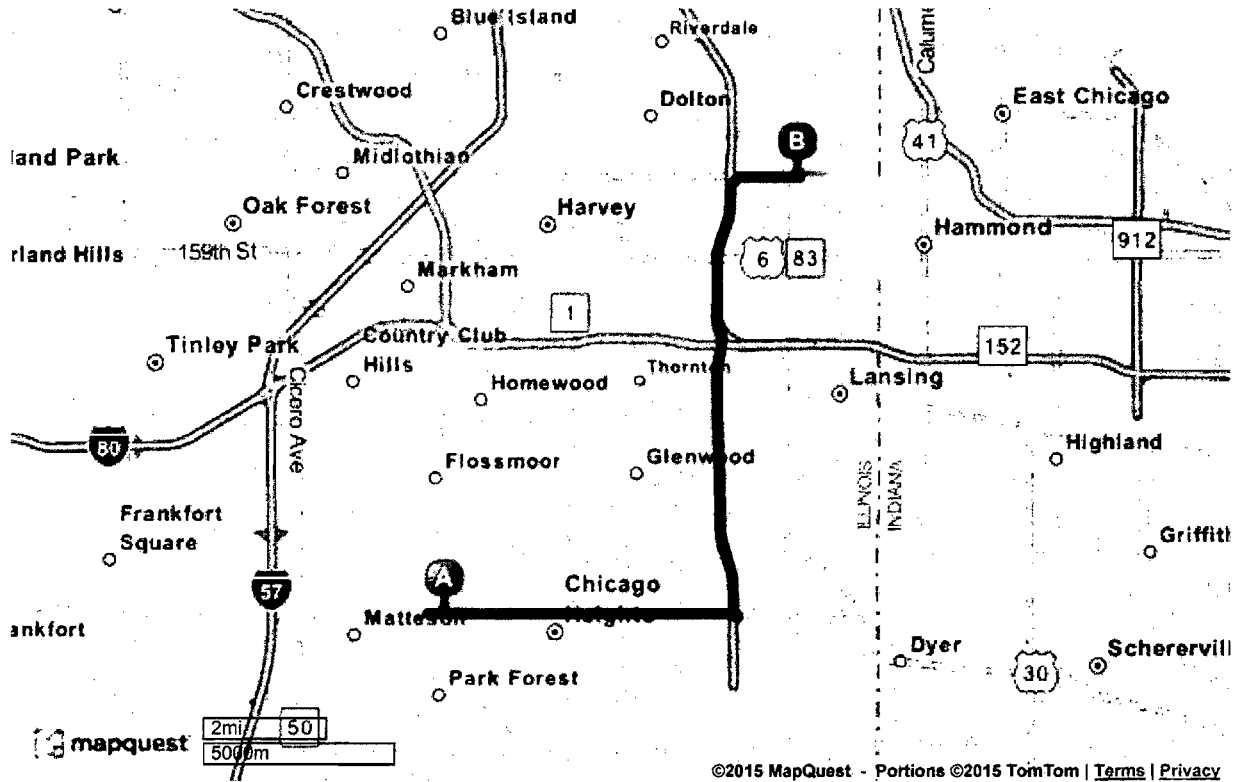
1.1 Mi

15.8 Mi Total



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 15.80 miles - about 22 minutes



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Notes

Hazel Crest Renal Center to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

11.99 miles / 19 minutes



3470 W 183rd St, Hazel Crest, IL 60429-2428

Download
Free App



1. Start out going **west** on **183rd St** toward **Village West Dr**. [Map](#)

0.02 Mi

0.02 Mi Total



2. Make a **U-turn** at **Village West Dr** onto **183rd St**. [Map](#)

3.4 Mi

If you reach Fountainbleau Dr you've gone about 0.1 miles too far

3.4 Mi Total



3. Turn **left** onto **Halsted St / IL-1**. [Map](#)

1.2 Mi

Enterprise Rent-A-Car is on the corner

4.6 Mi Total

If you are on W Arquilla Dr and reach W Sunset Dr you've gone a little too far



4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** toward **I-94 / TRI STATE** (Portions toll). [Map](#)

2.5 Mi

7.1 Mi Total



5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. [Map](#)

0.3 Mi

7.4 Mi Total



6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago**. [Map](#)

1.1 Mi

8.5 Mi Total



7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)

2.1 Mi

10.6 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

10.8 Mi Total



9. Merge onto **E Sibley Blvd**. [Map](#)

1.1 Mi

12.0 Mi Total



10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327



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Notes

FMC Hazel Crest to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

11.13 miles / 17 minutes



17524 Carriage Way, Hazel Crest, IL 60429-2006

**Download
Free App**



1. Start out going **north** on **E Carriageway Dr** toward **175th St**. [Map](#)

0.08 Mi

0.08 Mi Total



2. Turn **right** onto **175th St**. [Map](#)

1.3 Mi

Allstate Insurance - Lindsey Vitkauskas is on the corner

1.4 Mi Total



3. **175th St** becomes **Wood St**. [Map](#)

0.6 Mi

2.0 Mi Total



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

1.4 Mi

171st St is 0.1 miles past 172nd Pl

If you reach 170th St you've gone about 0.1 miles too far

3.4 Mi Total



5. Turn **right** onto **Halsted St / IL-1**. [Map](#)

0.3 Mi

Halsted St is 0.3 miles past Lathrop Ave

If you are on W 172nd St and reach Frontage Rd you've gone a little too far

3.7 Mi Total



6. Merge onto **I-80 E / I-294 S / Tri State Tollway S** toward **I-94** (Portions toll). [Map](#)

2.5 Mi

6.2 Mi Total



7. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. [Map](#)

0.3 Mi

6.5 Mi Total



8. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the left toward **I-94 W / Chicago**. [Map](#)

1.1 Mi

7.6 Mi Total



9. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)

2.1 Mi

9.8 Mi Total



10. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

10.0 Mi Total



11. Merge onto **E Sibley Blvd**. [Map](#)

1.1 Mi

11.1 Mi Total



12. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

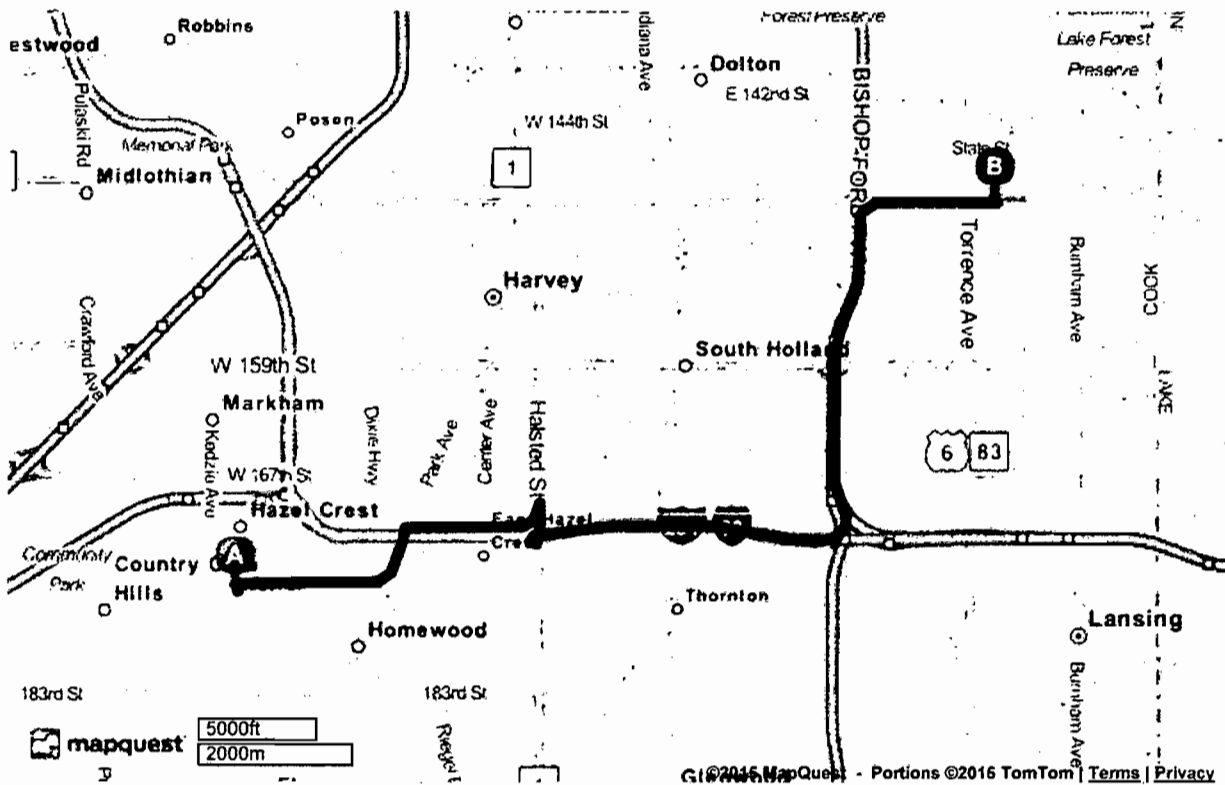
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 11.13 miles - about 17 minutes



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Notes

Chicago Heights Dialysis to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

12.20 miles / 16 minutes



177 W Joe Orr Rd, Chicago Heights, IL 60411-1733

**Download
Free App**



1. Start out going **west** on **W Joe Orr Rd** toward **Dixie Hwy**. [Map](#)

0.03 Mi

0.03 Mi Total



2. Make a **U-turn** at **Dixie Hwy** onto **W Joe Orr Rd**. [Map](#)

3.8 Mi

3.8 Mi Total



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

0.7 Mi

Stoney Island Ave is 0.2 miles past Frontage Rd

4.5 Mi Total



4. Take the **2nd left** onto **Glenwood Dyer Rd**. [Map](#)

0.1 Mi

Glenwood Dyer Rd is 0.2 miles past Vollmer Rd

If you reach Arena Dr you've gone about 0.1 miles too far

4.6 Mi Total



5. Merge onto **IL-394 N / Bishop Ford Fwy N**. [Map](#)

4.0 Mi

8.7 Mi Total



6. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. [Map](#)

2.1 Mi

10.8 Mi Total



7. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

11.1 Mi Total



8. Merge onto **E Sibley Blvd**. [Map](#)

1.1 Mi

12.2 Mi Total



9. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

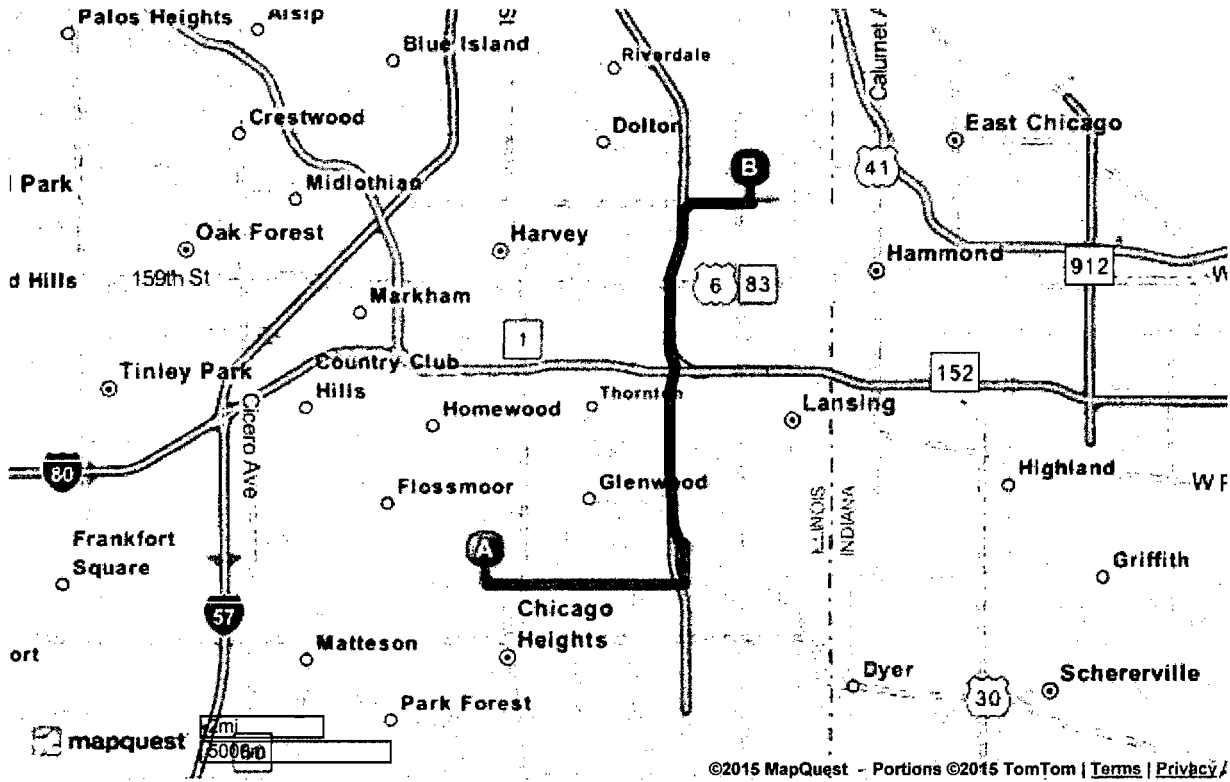
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 12.20 miles - about 16 minutes



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Notes

Markham Renal Center to proposed site for Calumet City Dialysis

Trip to:

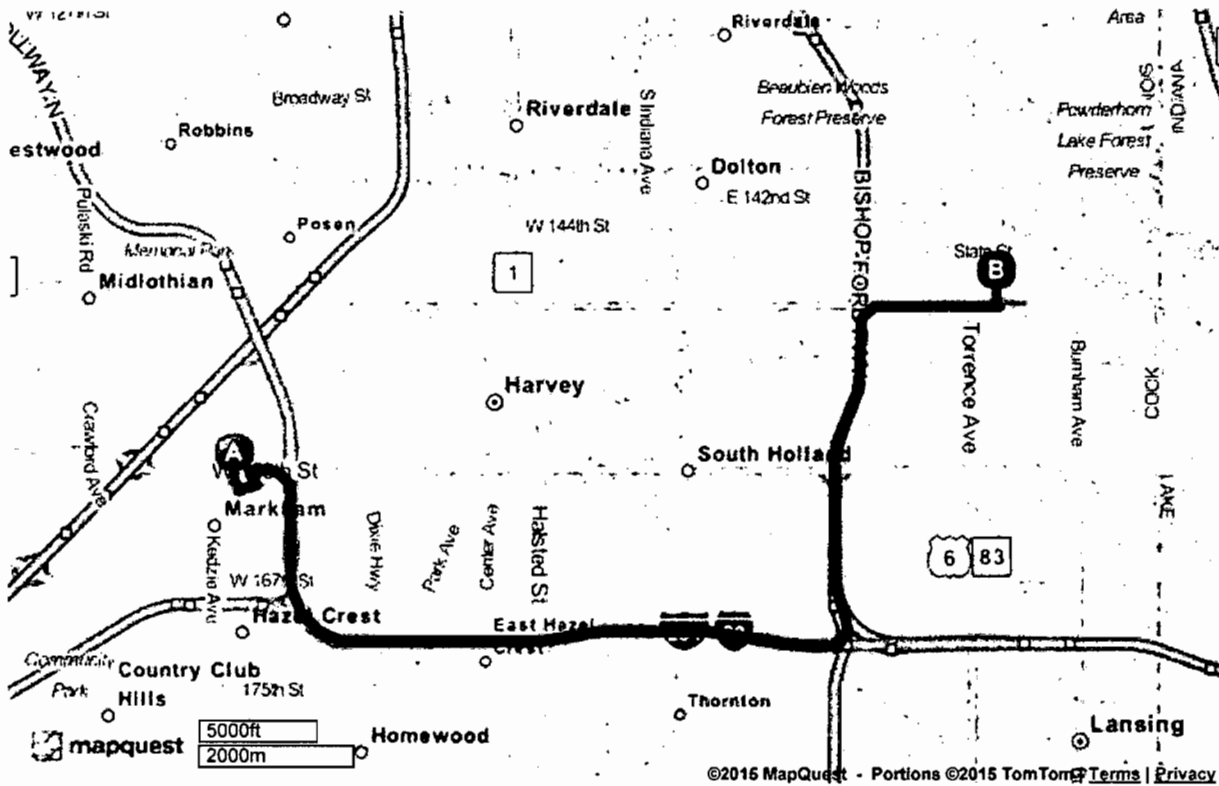
1200 Sibley Blvd

Calumet City, IL 60409-2327

11.47 miles / 14 minutes

	Markham, IL 60428	Download Free App
	1. Start out going east on Sherwood Ave toward Richmond Ave . Map	0.2 Mi 0.2 Mi Total
	2. Turn left onto Richmond Ave . Map	0.1 Mi 0.3 Mi Total
	3. Take the 1st right onto W 159th St / US-6 E . Map <i>Professioanl Training Institute-Markham is on the corner</i>	0.2 Mi 0.5 Mi Total
	4. Take the I-294 S / Tri-State Tollway ramp toward Indiana . Map	1.0 Mi 1.5 Mi Total
	5. Merge onto I-294 S / Tri State Tollway S via the ramp on the left toward Indiana / I-80 E (Portions toll). Map	5.0 Mi 6.5 Mi Total
	6. Take the IL-394 S exit toward I-94 W / Chicago / Danville . Map	0.3 Mi 6.8 Mi Total
	7. Merge onto IL-394 N / Bishop Ford Fwy N via the ramp on the left toward I-94 W / Chicago . Map	1.1 Mi 8.0 Mi Total
	8. IL-394 N / Bishop Ford Fwy N becomes I-94 W / Bishop Ford Fwy N . Map	2.1 Mi 10.1 Mi Total
	9. Take the Sibley Blvd / IL-83 E exit, EXIT 71B . Map	0.2 Mi 10.3 Mi Total
	10. Merge onto E Sibley Blvd . Map	1.1 Mi 11.5 Mi Total
	11. 1200 SIBLEY BLVD is on the left . Map <i>Your destination is just past Manistee Ave If you reach Muskegon Ave you've gone a little too far</i>	
	1200 Sibley Blvd, Calumet City, IL 60409-2327	

Total Travel Estimate: 11.47 miles - about 14 minutes



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Notes

FMC Blue Island to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

7.31 miles / 14 minutes



[14001 - 14019] S Western Ave, Blue Island, IL 60406

**Download
Free App**



1. Start out going **north** on **S Western Ave** toward **W 140th St**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 1st **right** onto **139th St**. [Map](#)

0.7 Mi

139th St is just past 139th Pl

0.9 Mi Total

If you reach 138th St you've gone about 0.1 miles too far



3. Turn **right** onto **Thornton Rd**. [Map](#)

0.3 Mi

1.2 Mi Total



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

0.01 Mi

1.3 Mi Total



5. Take the 1st **left** onto **Thornton Rd**. [Map](#)

0.8 Mi

If you reach W 141st St you've gone about 0.3 miles too far

2.0 Mi Total



6. **Thornton Rd** becomes **Vincennes Rd**. [Map](#)

0.6 Mi

2.6 Mi Total



83

7. Turn **left** onto **E 147th St / IL-83**. Continue to follow **IL-83**. [Map](#)

4.5 Mi

IL-83 is 0.1 miles past E 146th St

7.1 Mi Total

If you are on Broadway Ave and reach E 148th St you've gone about 0.1 miles too far



8. **IL-83** becomes **Sibley Blvd**. [Map](#)

0.2 Mi

7.3 Mi Total



9. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

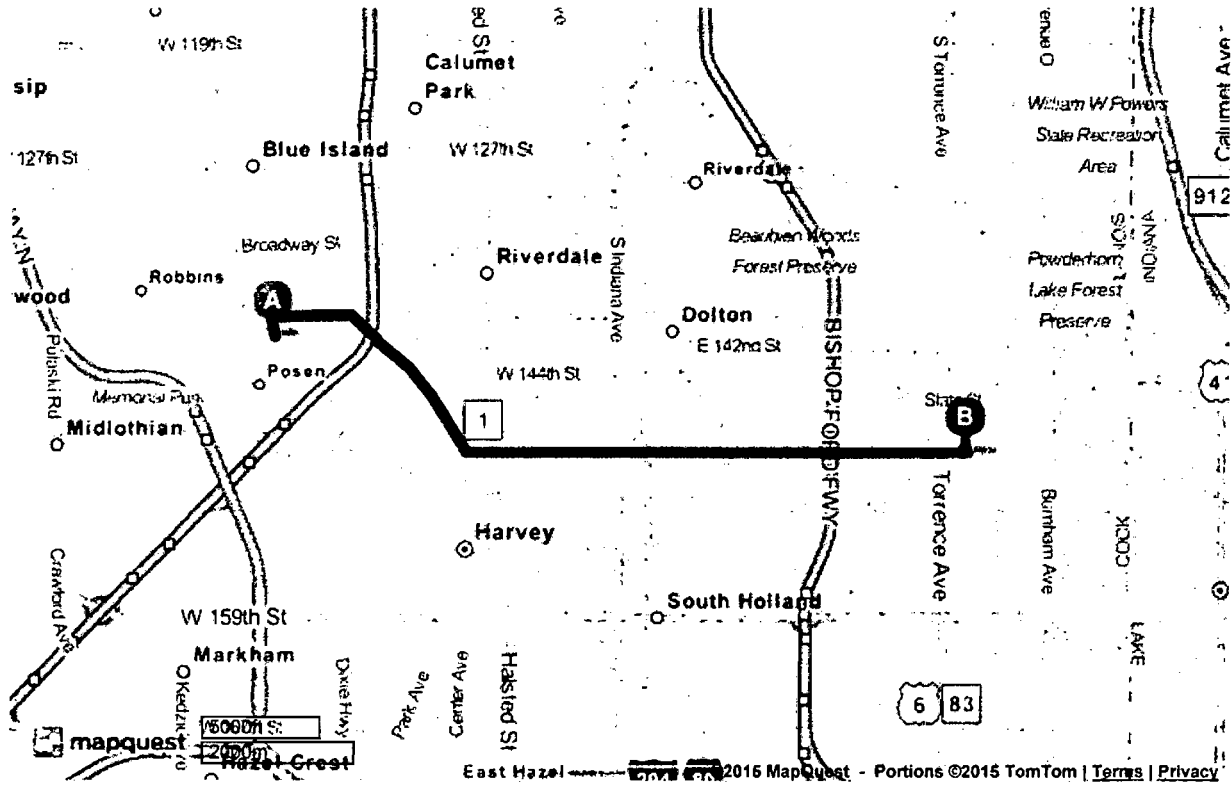
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 7.31 miles - about 14 minutes



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Notes
Community Dialysis of Harvey to proposed site for
Calumet City Dialysis

Trip to:
1200 Sibley Blvd
Calumet City, IL 60409-2327
6.74 miles / 12 minutes

16641 Halsted St, #1, Harvey, IL 60426-6112

1. Start out going **north** on **Halsted St / IL-1** toward **E 166th St**. [Map](#)

EAST

6

2. Turn **right** onto **E 159th St / US-6 E**. Continue to follow **US-6 E**. [Map](#)
US-6 E is 0.1 miles past E 160th St
Happy's Pizza is on the corner
If you reach E 158th St you've gone about 0.1 miles too far

WEST

94

3. Merge onto **I-94 W / Bishop Ford Fwy N**. [Map](#)

71B

EXIT

4. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

5. Merge onto **E Sibley Blvd**. [Map](#)

6. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far

1200 Sibley Blvd, Calumet City, IL 60409-2327

Download
Free App

0.9 Mi

0.9 Mi Total

2.8 Mi

3.7 Mi Total

1.7 Mi

5.4 Mi Total

0.2 Mi

5.6 Mi Total

1.1 Mi

6.7 Mi Total

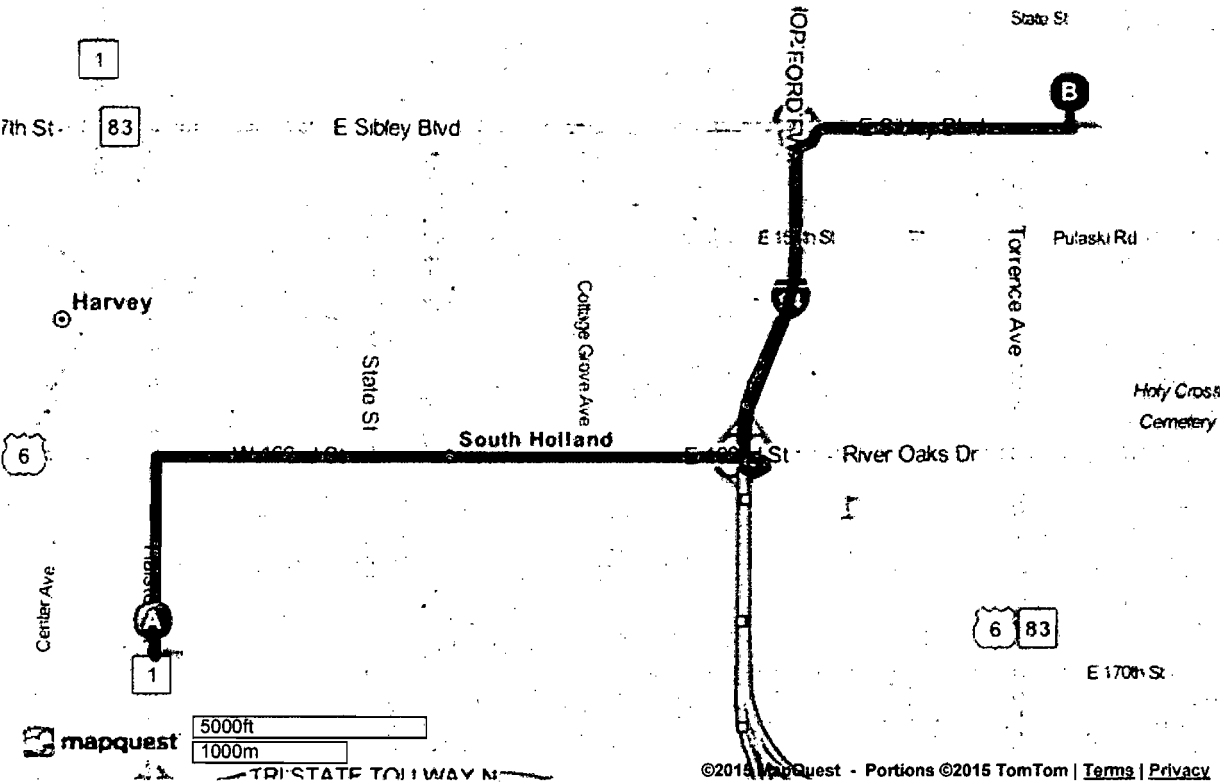
230

Appendix - 2

<http://www.mapquest.com/print?a=app.core.cccd015bac9c15e5dec7d8cf>

3/12/2015

Total Travel Estimate: 6.74 miles - about 12 minutes



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Notes

South Holland Renal Center to proposed site for
Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

4.39 miles / 7 minutes



16136 S Park Ave, South Holland, IL 60473-1511

Download
Free App



1. Start out going **south** on **S Park Ave** toward **E 161st Pl**. [Map](#)

0.08 Mi

0.08 Mi Total



2. Turn **left** onto **E 162nd St / US-6 E**. [Map](#)

1.3 Mi

E 162nd St is just past E 161st Pl

Chase Bank is on the corner

If you reach E 163rd St you've gone about 0.1 miles too far

1.4 Mi Total



3. Merge onto **I-94 W / Bishop Ford Fwy N**. [Map](#)

1.7 Mi

3.0 Mi Total



4. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

3.3 Mi Total



5. Merge onto **E Sibley Blvd**. [Map](#)

1.1 Mi

4.4 Mi Total



6. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

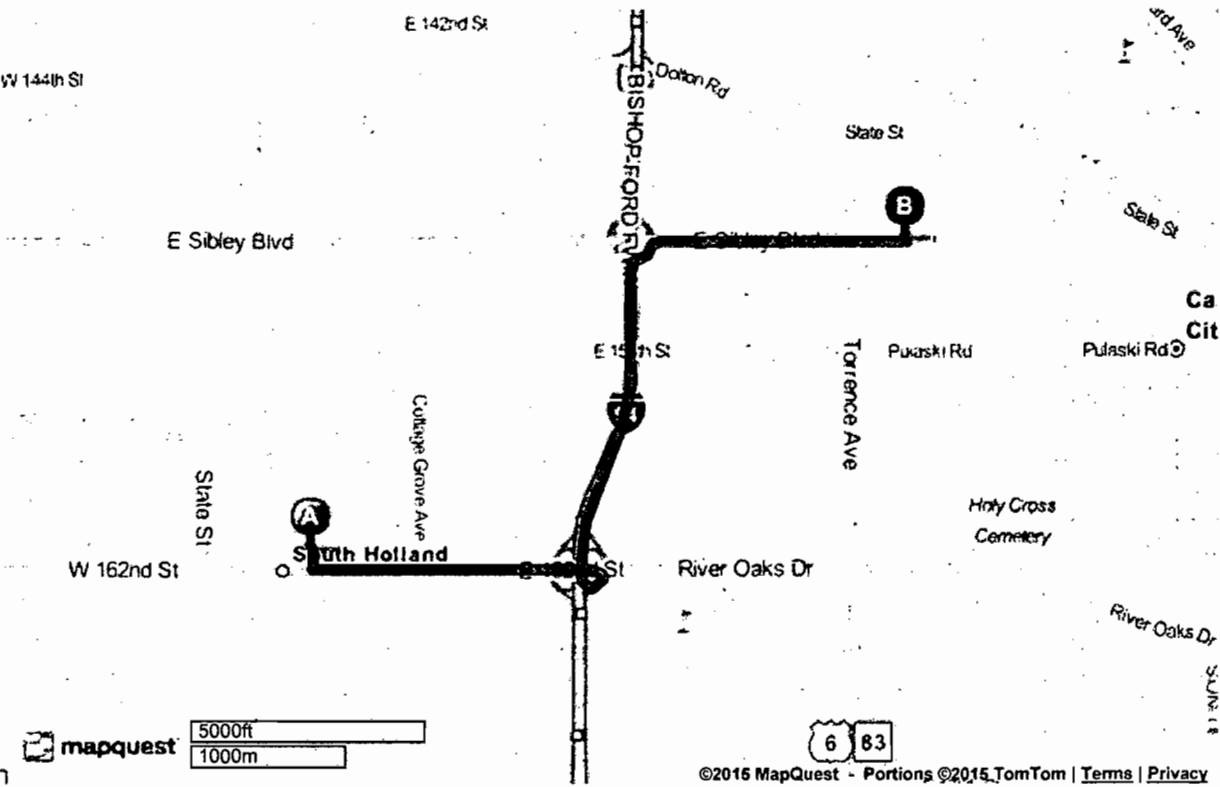
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: **4.39 miles - about 7 minutes**



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Notes
FMC South Holland to proposed site for Calumet City
Dialysis

Trip to:
1200 Sibley Blvd
Calumet City, IL 60409-2327
3.55 miles / 7 minutes

 **17225 Paxton Ave, South Holland, IL 60473-3757**

Download
Free App

- 
1. Start out going **north** on **Paxton Ave** toward **E 172nd St**. [Map](#)

0.3 Mi
0.3 Mi Total
- 
2. Turn **right** onto **E 170th St**. [Map](#)
*E 170th St is just past E 170th Pl
If you reach E 169th Pl you've gone a little too far*

0.5 Mi
0.8 Mi Total
- 
- 

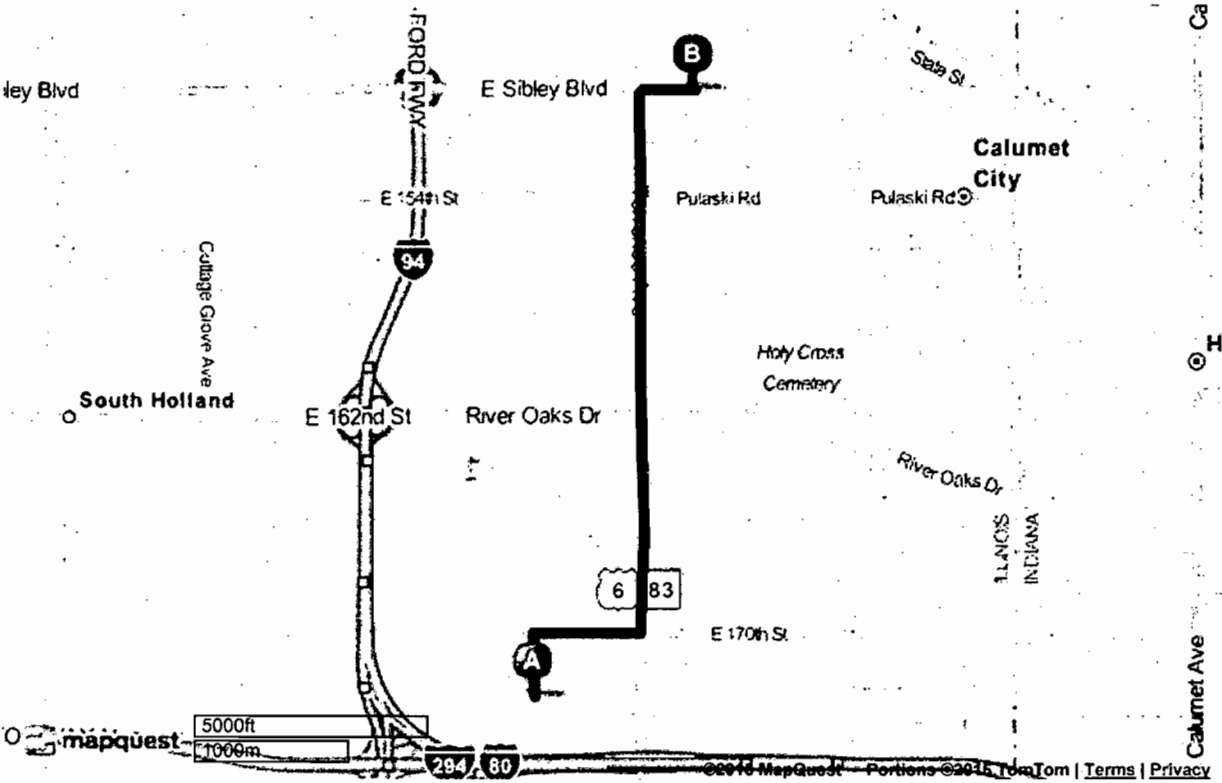
3. Turn **left** onto **Torrence Ave / US-6 W / IL-83**. Continue to follow **Torrence Ave / IL-83**. [Map](#)
*Torrence Ave is 0.1 miles past River Pl
BP is on the corner
If you are on E 170th St and reach Oak Ave you've gone about 0.1 miles too far*

2.5 Mi
3.3 Mi Total
- 
4. Turn **right** onto **Sibley Blvd**. [Map](#)
*Sibley Blvd is 0.1 miles past Wilson Ave
A & A Kiddy Kollege is on the corner
If you reach Harding Ave you've gone about 0.1 miles too far*

0.3 Mi
3.6 Mi Total
- 
5. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
*Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far*

 **1200 Sibley Blvd, Calumet City, IL 60409-2327**

Total Travel Estimate: 3.55 miles - about 7 minutes



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Notes

FMC Merrionette Park to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

16.04 miles / 20 minutes



11630 S Kedzie Ave, Merrionette Park, IL 60803-4516

Download
Free App



1. Start out going **south** on **S Kedzie Ave** toward **W Park Lane Dr.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Take the 3rd **left** onto **W 119th St.** [Map](#)

2.0 Mi

W 119th St is just past W 118th St

Oak Hill Cemetery is on the corner

If you reach W 123rd St you've gone about 0.5 miles too far

2.3 Mi Total



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

0.03 Mi

S Ashland Ave is just past S Marshfield Ave

If you reach S Justine St you've gone a little too far

2.3 Mi Total



4. Merge onto **I-57 N** via the ramp on the **left.** [Map](#)

3.6 Mi

5.9 Mi Total



5. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

8.6 Mi

14.5 Mi Total



6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)

0.2 Mi

14.7 Mi Total



7. Merge onto **E Sibley Blvd.** [Map](#)

1.3 Mi

16.0 Mi Total



8. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

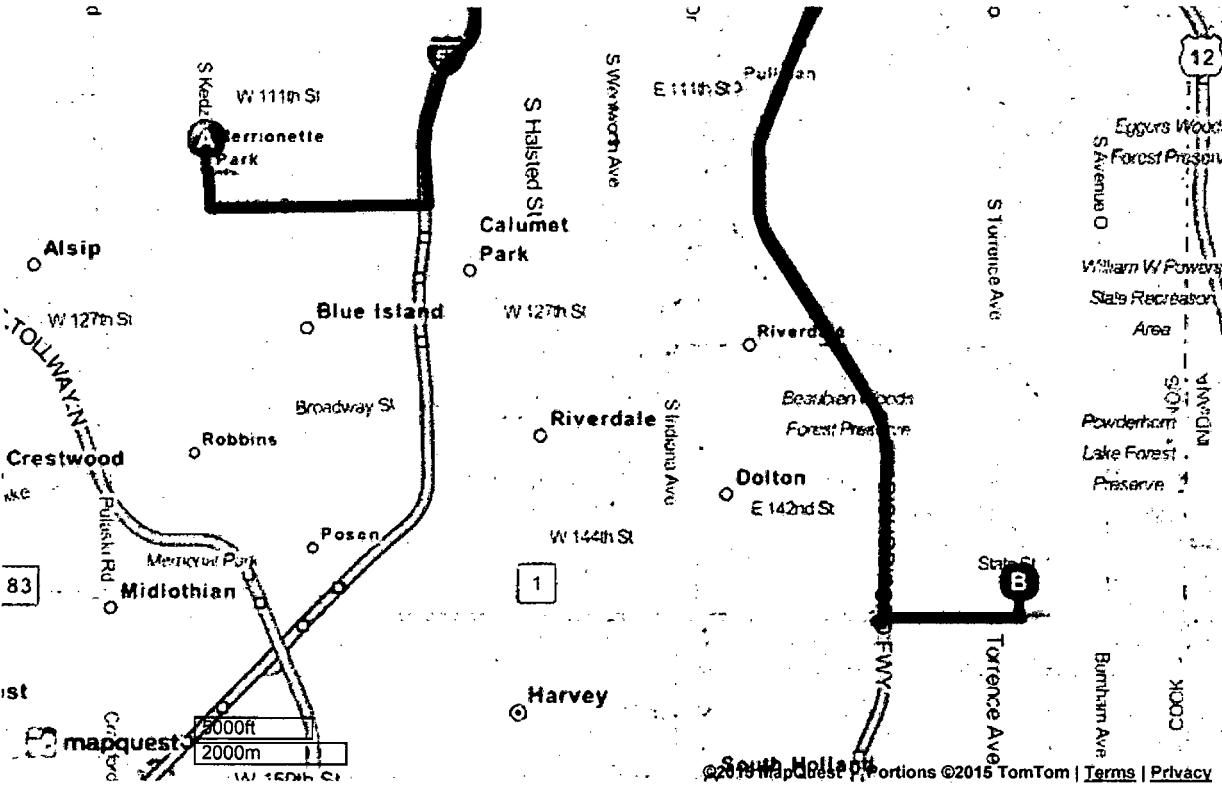
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 16.04 miles - about 20 minutes



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Notes

Mt Greenwood Dialysis to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

15.19 miles / 21 minutes



3401 W 111th St, Chicago, IL 60655-3329

Download
Free App



1. Start out going **east** on **W 111th St** toward **S Homan Ave.** [Map](#)

1.8 Mi

1.8 Mi Total



2. **W 111th St** becomes **W Monterey Ave.** [Map](#)

0.3 Mi

2.2 Mi Total



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

0.2 Mi

*Morgan Park Pentecostal Church is on the corner
If you reach S Ashland Ave you've gone a little too far*

2.3 Mi Total



4. Take the 2nd **right** onto **W 111th St.** [Map](#)

0.2 Mi

*W 111th St is just past W Pryor Ave
The Church of Jesus Christ of Latter-Day Saints is on the corner
If you reach W Chelsea Pl you've gone a little too far*

2.5 Mi Total



5. Merge onto **I-57 N** via the ramp on the **left** toward **Chicago Loop.** [Map](#)

2.6 Mi

If you reach S Bishop St you've gone a little too far

5.1 Mi Total



6. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

8.6 Mi

13.7 Mi Total



7. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)

0.2 Mi

13.9 Mi Total



8. Merge onto **E Sibley Blvd.** [Map](#)

1.3 Mi

15.2 Mi Total



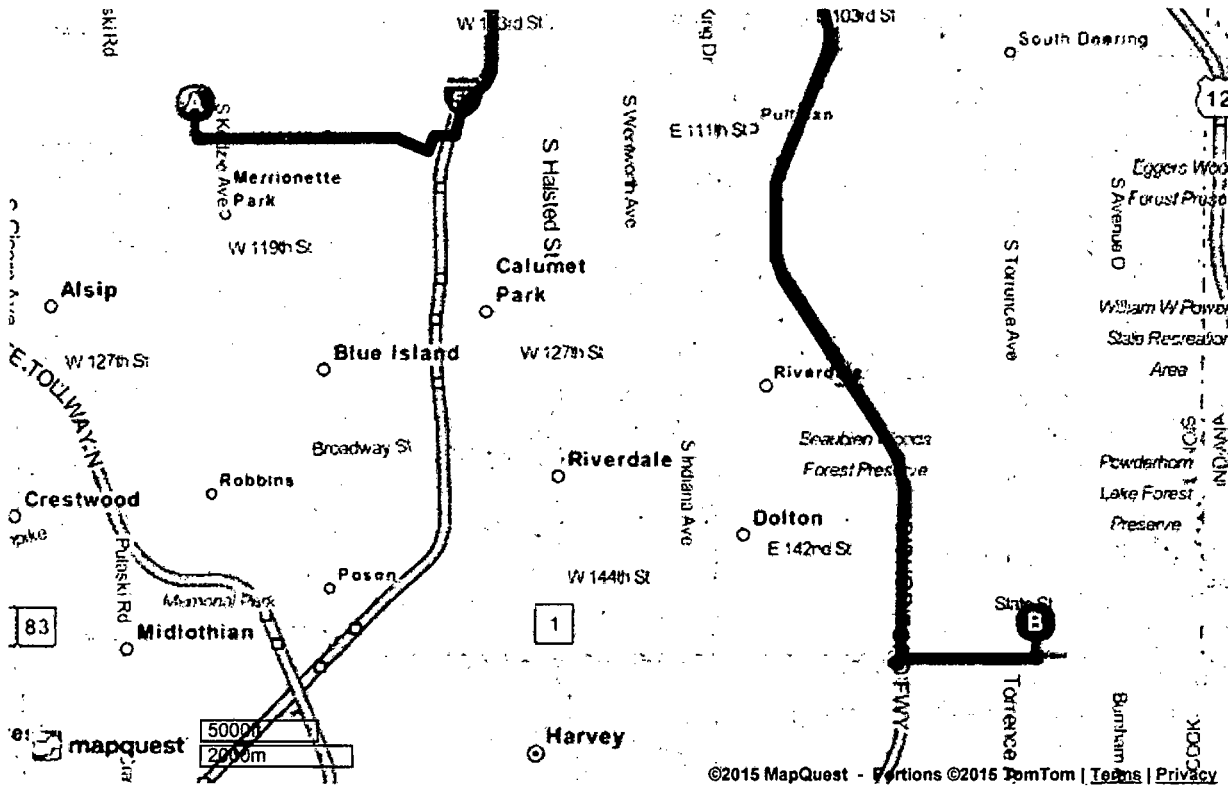
9. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

*Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far*



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 15.19 miles - about 21 minutes



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**mapquest**

Notes

FMC Evergreen Park to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

13.77 miles / 20 minutes

**9730 S Western Ave, Evergreen Park, IL 60805-2813**Download
Free App1. Start out going **south** on **S Western Ave** toward **W 97th St**. [Map](#)**0.3 Mi**

0.3 Mi Total

2. Turn **left** onto **W 99th St**. [Map](#)**1.5 Mi***W 99th St is 0.1 miles past W 98th St*

1.7 Mi Total

If you reach W 100th St you've gone about 0.1 miles too far3. Turn **left** onto **S Vincennes Ave**. [Map](#)**0.5 Mi***S Vincennes Ave is just past S Throop St*

2.3 Mi Total

*VINCENNES CITGO is on the corner**If you reach S Racine Ave you've gone a little too far*4. Take the 2nd **right** onto **W 95th St / US-20 E / US-12 E**. [Map](#)**0.4 Mi***W 95th St is just past W 95th Pl*

2.6 Mi Total

*Pizza Hut is on the corner**If you reach W 94th St you've gone about 0.1 miles too far*5. Turn **right** onto **S Halsted St**. [Map](#)**0.5 Mi***S Halsted St is just past S Green St*

3.1 Mi Total

*Joy Fish is on the right**If you reach S Emerald Ave you've gone a little too far*6. Turn **left** onto **W 99th St**. [Map](#)**0.02 Mi***W 99th St is just past W 98th Pl*

3.2 Mi Total

*BHAGATS BP is on the corner**If you are on S Halsted St and reach W 100th St you've gone about 0.1 miles too far*7. Merge onto **I-57 N** via the ramp on the **left**. [Map](#)**0.5 Mi**

3.7 Mi Total

8. Merge onto **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)**8.6 Mi**

12.3 Mi Total

9. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)**0.2 Mi**

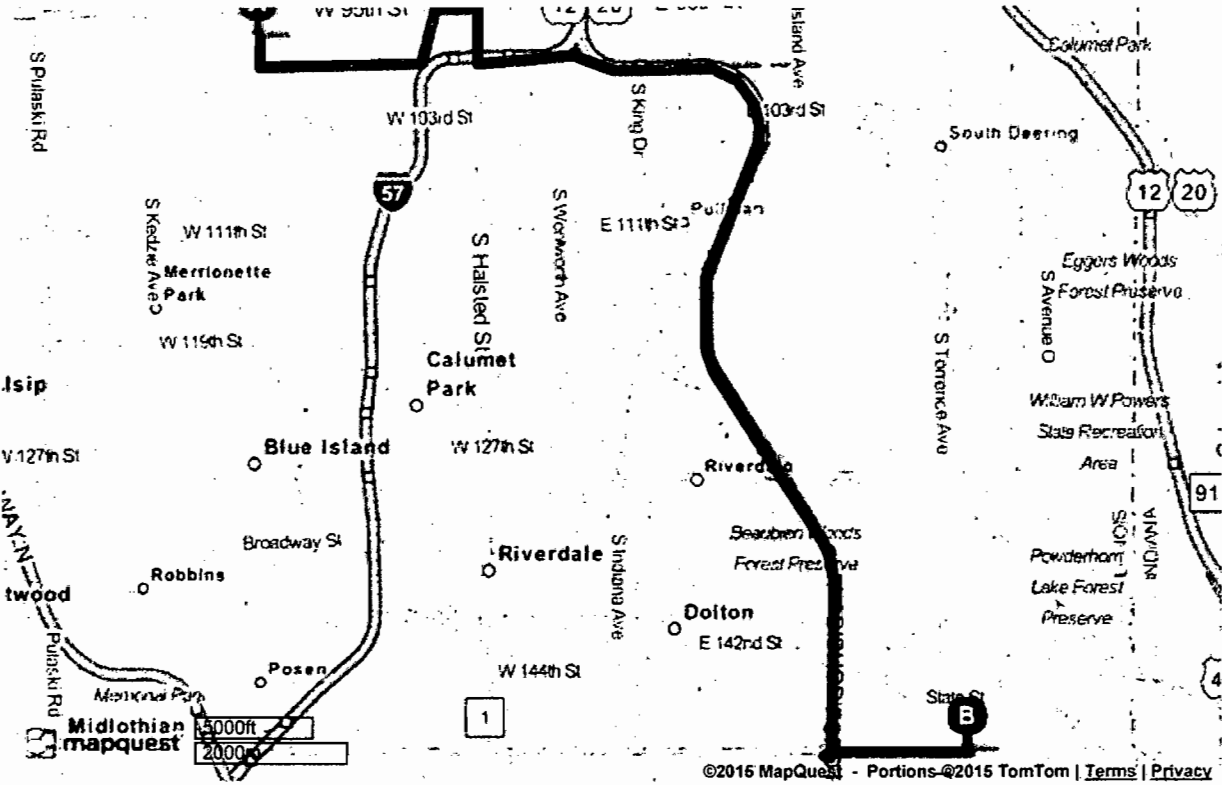
12.5 Mi Total

10. Merge onto **E Sibley Blvd**. [Map](#)**1.3 Mi**

13.8 Mi Total

**1200 Sibley Blvd, Calumet City, IL 60409-2327**

Total Travel Estimate: 13.77 miles - about 20 minutes



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Notes

Beverly Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

15.33 miles / 24 minutes



8111 S Western Ave, Chicago, IL 60620-5939

**Download
Free App**



1. Start out going **north** on **S Western Ave** toward **W 81st St**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **right** onto **W 79th St**. [Map](#)

2.9 Mi

W 79th St is just past W 79th Pl

Chase ATM is on the right

If you reach W 78th St you've gone about 0.1 miles too far

3.2 Mi Total



3. Turn **right** onto **S Lafayette Ave**. [Map](#)

0.01 Mi

S Lafayette Ave is just past S Perry Ave

MARA FOOD STORE is on the right

If you are on 79th St and reach S State St you've gone a little too far

3.2 Mi Total



4. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)

2.0 Mi

5.3 Mi Total



5. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

13.8 Mi Total



6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

14.0 Mi Total



7. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

15.3 Mi Total



8. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

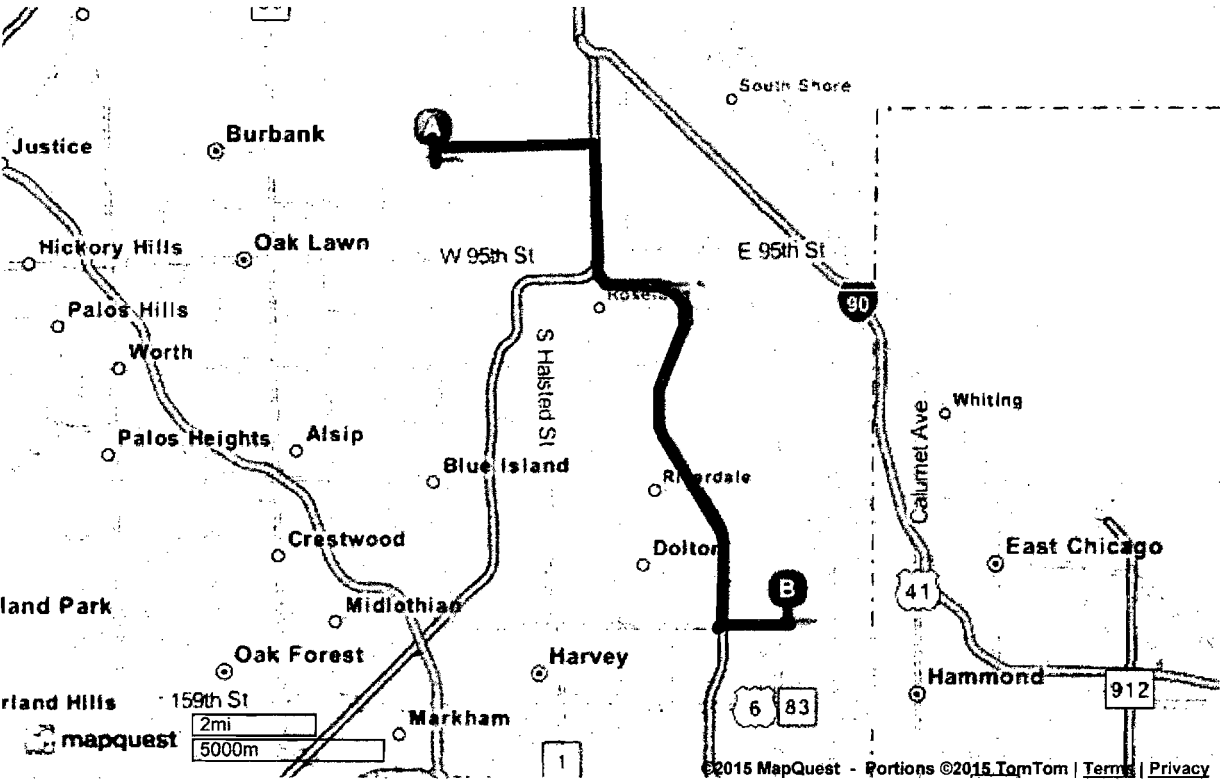
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 15.33 miles - about 24 minutes



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Notes
FMC Chatham to proposed site for Calumet City
Dialysis

Trip to:
1200 Sibley Blvd
Calumet City, IL 60409-2327
11.55 miles / 14 minutes

**8710 S Holland Rd**, Chicago, IL 60620-1332



1. Start out going **northwest** on **S Holland Rd** toward **S Princeton Ave**. [Map](#)



2. Take the 1st **right** onto **W 87th St**. [Map](#)
*W 87th St is just past S Princeton Ave
Reggio's Pizza is on the corner*



3. Turn **right** onto **S Lafayette Ave**. [Map](#)
If you reach S State St you've gone a little too far





4. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)





5. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)





6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)



7. Merge onto **E Sibley Blvd**. [Map](#)



8. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
*Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far*

**1200 Sibley Blvd**, Calumet City, IL 60409-2327

Download
Free App

0.08 Mi

0.08 Mi Total

0.4 Mi

0.5 Mi Total

0.04 Mi

0.5 Mi Total

1.0 Mi

1.5 Mi Total

8.6 Mi

10.0 Mi Total

0.2 Mi

10.2 Mi Total

1.3 Mi

11.6 Mi Total

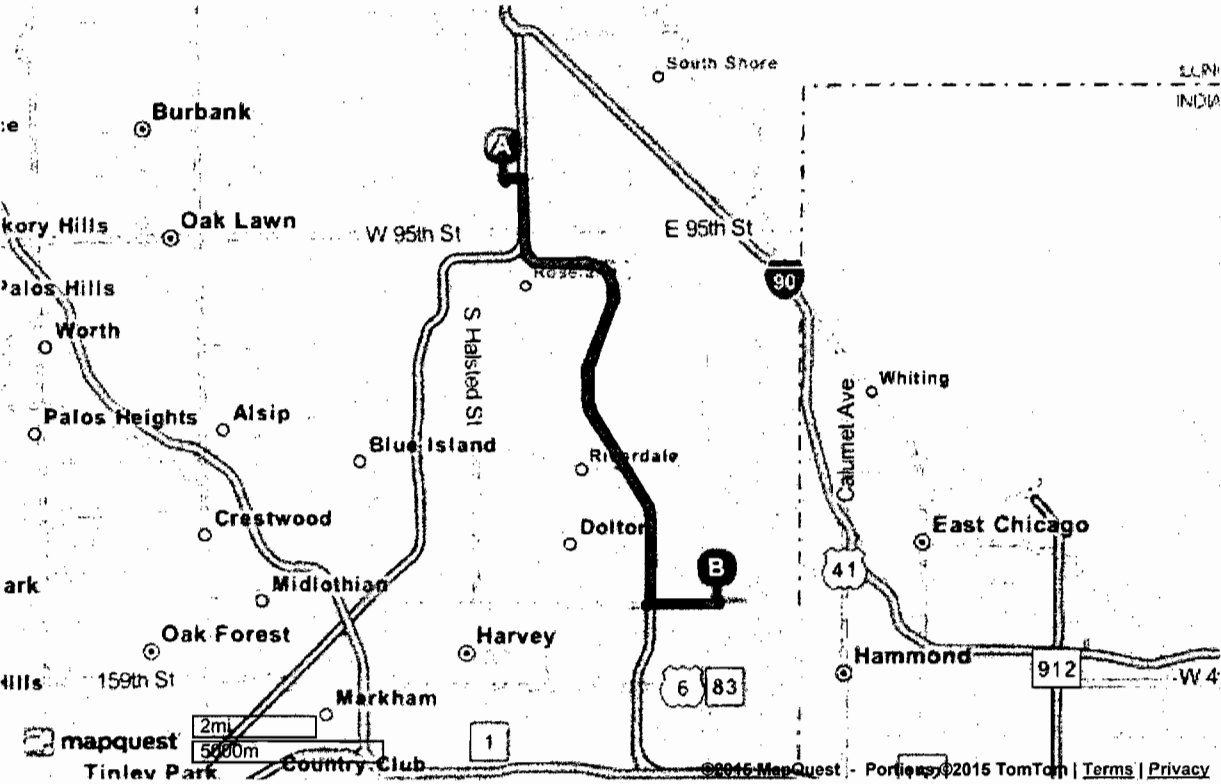
244

http://www.mapquest.com/print?a=app.core.cccd015bac9c15e5dec7d8cf

Appendix - 2

3/12/2015

Total Travel Estimate: 11.55 miles - about 14 minutes



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Notes

FMC - Neomedica - Marquette Park to proposed site
for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

16.86 miles / 25 minutes



6535 S Western Ave, Chicago, IL 60636-2410

Download
Free App



1. Start out going **north** on **S Western Ave** toward **W 65th St**. [Map](#)

0.08 Mi

0.08 Mi Total



2. Take the **1st right** onto **W 65th St**. [Map](#)

0.1 Mi

McDonald's is on the right

0.2 Mi Total

If you reach W 64th St you've gone about 0.1 miles too far



3. Turn **right** onto **S Oakley Ave**. [Map](#)

0.3 Mi

S Oakley Ave is just past S Claremont Ave

0.5 Mi Total

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



4. Take the **2nd left** onto **W Marquette Rd**. [Map](#)

2.8 Mi

W Marquette Rd is 0.1 miles past W 66th St

3.2 Mi Total



5. Turn **slight right** to stay on **W Marquette Rd**. [Map](#)

0.05 Mi

W Marquette Rd is just past S Perry Ave

3.3 Mi Total



6. Turn **right** onto **S Lafayette Ave**. [Map](#)

0.01 Mi

3.3 Mi Total



7. Merge onto **I-94 E / Dan Ryan Expy S**. [Map](#)

3.5 Mi

6.8 Mi Total



8. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

15.4 Mi Total



9. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

15.6 Mi Total



10. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

16.9 Mi Total



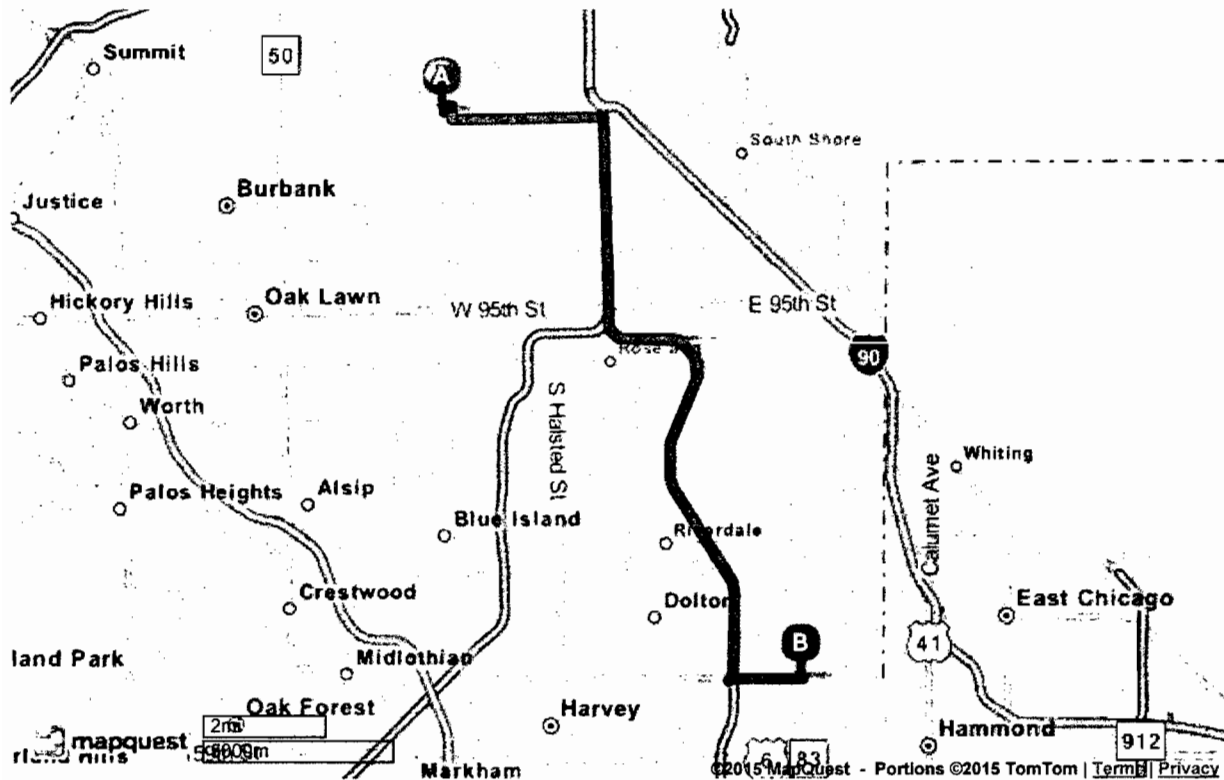
1200 Sibley Blvd, Calumet City, IL 60409-2327

11. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

Your destination is just past Manistee Ave

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

Total Travel Estimate: 16.86 miles - about 25 minutes



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Notes

FMC - Ross Dialysis - Englewood to proposed site for
Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

14.95 miles / 19 minutes



6333 S Green St, Chicago, IL 60621-1921

Download
Free App



1. Start out going **south** on **S Green St** toward **W 65th St**. [Map](#)

0.1 Mi

0.1 Mi Total



2. Take the 1st **left** onto **W 65th St**. [Map](#)

0.06 Mi

0.2 Mi Total



3. Take the 1st **right** onto **S Halsted St**. [Map](#)

0.3 Mi

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

0.4 Mi Total



4. Turn **left** onto **W Marquette Rd**. [Map](#)

0.9 Mi

W Marquette Rd is just past W 66th Pl

Mobil is on the corner

If you reach W 68th St you've gone about 0.1 miles too far

1.3 Mi Total



5. Turn **slight right** to stay on **W Marquette Rd**. [Map](#)

0.05 Mi

W Marquette Rd is just past S Perry Ave

1.3 Mi Total



6. Turn **right** onto **S Lafayette Ave**. [Map](#)

0.01 Mi

1.4 Mi Total



7. Merge onto **I-94 E / Dan Ryan Expy S**. [Map](#)

3.5 Mi

4.9 Mi Total



8. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

13.4 Mi Total



9. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

13.6 Mi Total



10. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

15.0 Mi Total



11. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

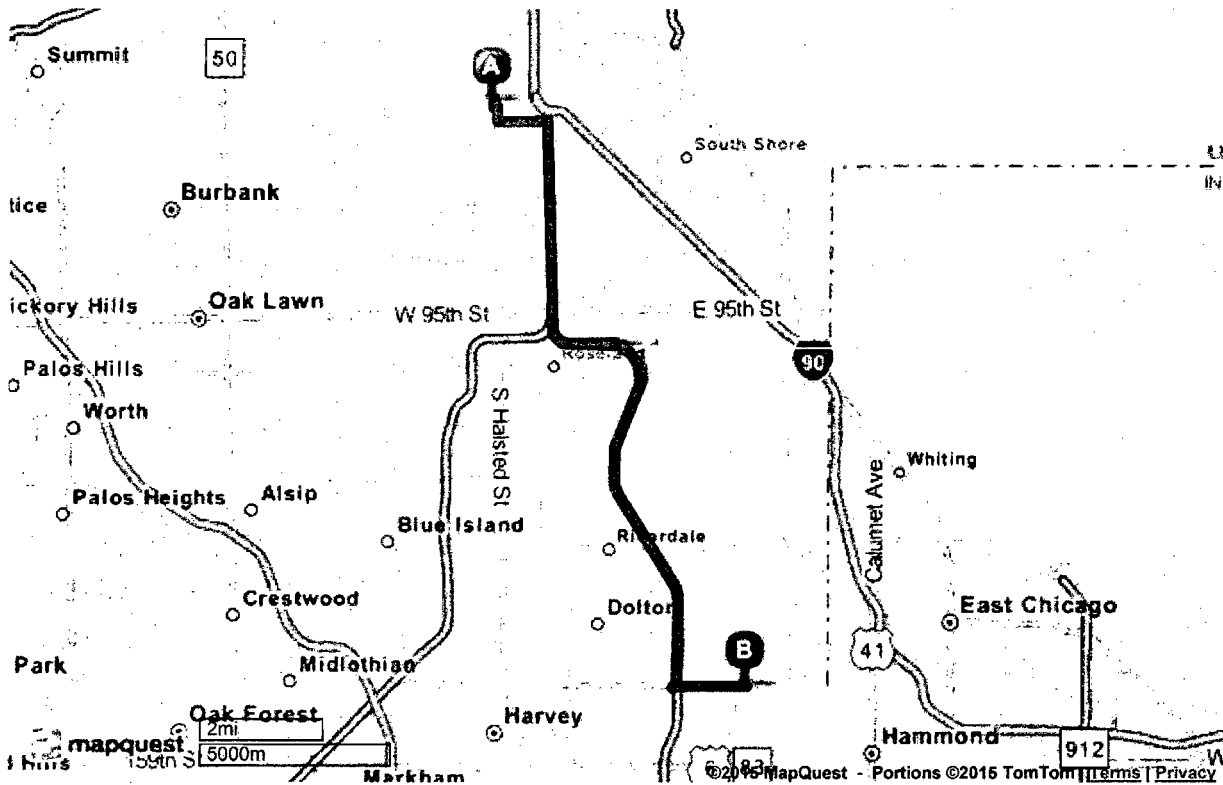
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 14.95 miles - about 19 minutes



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Notes

FMC New City to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

17.77 miles / 23 minutes



4622 S Bishop St, Chicago, IL 60609-3240

Download
Free App



1. Start out going **south** on **S Bishop St** toward **W 47th St**. [Map](#)

0.08 Mi

0.08 Mi Total



2. Turn **left** onto **W 47th St**. [Map](#)

1.5 Mi

Walmart is on the left

1.6 Mi Total

If you reach W 48th St you've gone about 0.1 miles too far



3. Turn **right** onto **S Wells St**. [Map](#)

0.04 Mi

S Wells St is just past S Princeton Ave

Pappy's Restaurant is on the corner

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

1.6 Mi Total



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

2.1 Mi

3.7 Mi Total



5. Merge onto **I-94 (EXPRESS) E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

0.9 Mi

4.6 Mi Total



6. **I-94 (EXPRESS) E / Dan Ryan Expy S** becomes **I-94 E / Dan Ryan Expy S**. [Map](#)

3.1 Mi

7.7 Mi Total



7. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

16.3 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

16.5 Mi Total



9. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

17.8 Mi Total



10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

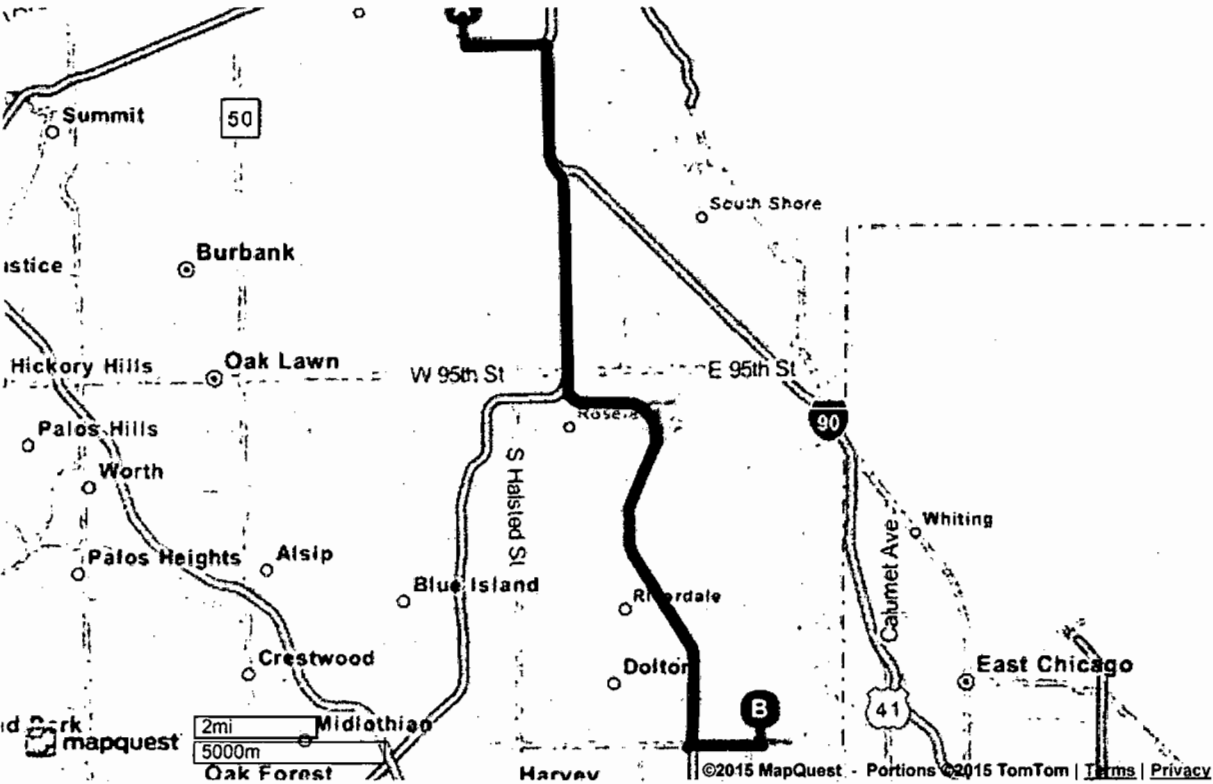
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 17.77 miles - about 23 minutes



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Notes

FMC Garfield to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

15.51 miles / 18 minutes



5401 S Wentworth Ave, #18, Chicago, IL 60609-6300

Download
Free App

- 

1. Start out going **north** on **S Wentworth Ave** toward **W 54th St**. [Map](#)

0.01 Mi
0.01 Mi Total
- 

2. Take the 1st **right** onto **W 54th St**. [Map](#)
If you reach W 53rd St you've gone about 0.1 miles too far

0.05 Mi
0.05 Mi Total
- 

3. Turn **right** onto **S La Salle St**. [Map](#)

0.1 Mi
0.2 Mi Total
- 

4. Take the 1st **right** onto **W Garfield Blvd**. [Map](#)

0.1 Mi
0.3 Mi Total
- 

5. Turn **left** onto **S Wells St**. [Map](#)
*S Wells St is just past S Wentworth Ave
Wendy's is on the corner
If you reach S Princeton Ave you've gone a little too far*

0.06 Mi
0.4 Mi Total
- 


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

1.1 Mi
1.5 Mi Total
- 


7. Merge onto **I-94 (EXPRESS) E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

0.9 Mi
2.3 Mi Total
- 


8. **I-94 (EXPRESS) E / Dan Ryan Expy S** becomes **I-94 E / Dan Ryan Expy S**. [Map](#)

3.1 Mi
5.5 Mi Total
- 


9. Keep left to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi
14.0 Mi Total
- 

10. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi
14.2 Mi Total
- 

11. Merge onto **E Sibley Blvd**. [Map](#)

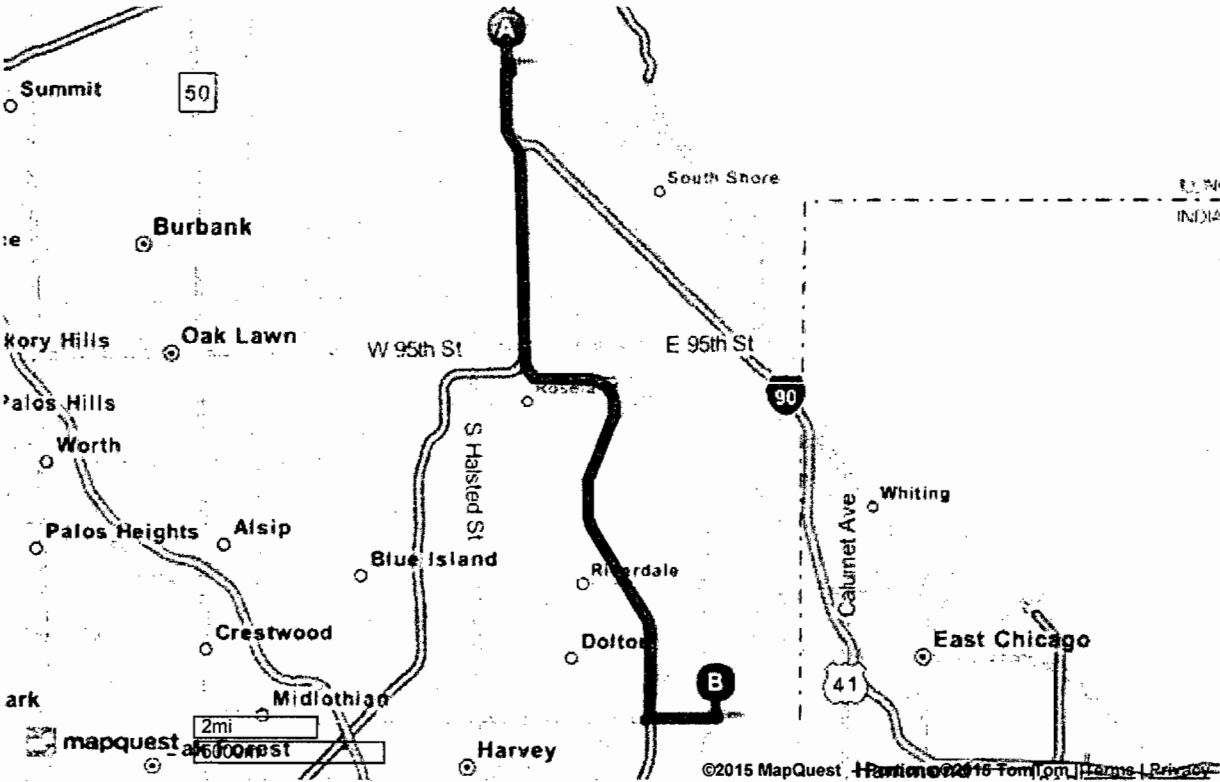
1.3 Mi
15.5 Mi Total
- 

12. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
*Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far*



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 15.51 miles - about 18 minutes



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Notes

Emerald Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

17.38 miles / 20 minutes

**Download
Free App**

- A** **710 W 43rd St, Chicago, IL 60609-3435**
1. Start out going **east** on **W 43rd St** toward **S Union Ave**. [Map](#)
 2. Turn **right** onto **S Wentworth Ave**. [Map](#)
*S Wentworth Ave is just past S Wells St
 DAN RYAN CITGO is on the right
 If you reach S La Salle St you've gone a little too far*
 3. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)
 4. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)
 5. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)
 6. Merge onto **E Sibley Blvd**. [Map](#)
 7. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
*Your destination is just past Manistee Ave
 If you reach Muskegon Ave you've gone a little too far*

0.6 Mi

0.6 Mi Total

0.03 Mi

0.7 Mi Total

6.7 Mi

7.3 Mi Total

8.6 Mi

15.9 Mi Total

0.2 Mi

16.1 Mi Total

1.3 Mi

17.4 Mi Total

B **1200 Sibley Blvd, Calumet City, IL 60409-2327**

Total Travel Estimate: 17.38 miles - about 20 minutes



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Notes

FMC Bridgeport to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

18.54 miles / 22 minutes



825 W 35th St, Chicago, IL 60609-1511

**Download
Free App**



1. Start out going **east** on **W 35th St** toward **S Halsted St**. [Map](#)

0.8 Mi

0.8 Mi Total



2. Turn **right** onto **S Wentworth Ave**. [Map](#)

0.3 Mi

S Wentworth Ave is just past W 35th St

Miller Light Bullpen Sports Bar is on the right

If you reach S La Salle St you've gone a little too far

1.1 Mi Total



3. Turn **slight left** to take the **I-90 W / I-94 W** ramp. [Map](#)

0.2 Mi

1.2 Mi Total



4. Merge onto **I-94 E / Dan Ryan Expy S**. [Map](#)

7.3 Mi

8.5 Mi Total



5. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

17.0 Mi Total



6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

17.2 Mi Total



7. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

18.5 Mi Total



8. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 18.54 miles - about 22 minutes



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Notes
FMC Roseland to proposed site for Calumet City
Dialysis

Trip to:
1200 Sibley Blvd
Calumet City, IL 60409-2327
8.09 miles / 11 minutes

 **132 W 111th St, Chicago, IL 60628-4215**

Download
Free App

 1. Start out going **east** on **W 111th St** toward **S Perry Ave**. [Map](#)

1.4 Mi
1.4 Mi Total

  2. Merge onto **I-94 E / Bishop Ford Fwy S**. [Map](#)

5.2 Mi
6.6 Mi Total

 3. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi
6.8 Mi Total

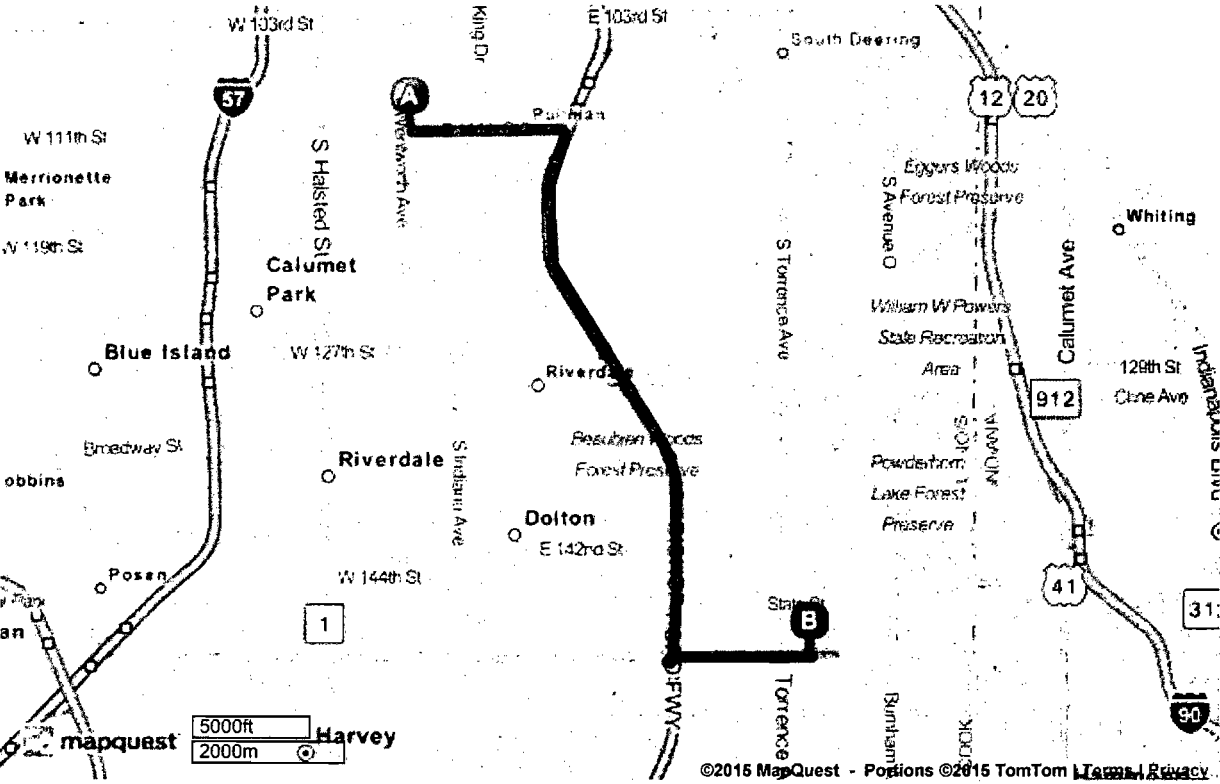
 4. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi
8.1 Mi Total

 5. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far

 **1200 Sibley Blvd, Calumet City, IL 60409-2327**

Total Travel Estimate: 8.09 miles - about 11 minutes



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Notes

Greenwood Dialysis Center to proposed site for
Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

10.53 miles / 15 minutes



1111 E 87th St, STE 700, Chicago, IL 60619-7011

Download
Free App



1. Start out going **east** on **E 87th St** toward **S Avalon Ave**. [Map](#)

0.6 Mi

0.6 Mi Total



2. Turn **right** onto **S Stony Island Ave**. [Map](#)

2.8 Mi

S Stony Island Ave is just past S Harper Ave

CVS Pharmacy is on the right

If you reach S East End Ave you've gone about 0.1 miles too far

3.3 Mi Total



3. Stay **straight** to go onto **I-94 E / Bishop Ford Fwy S**. [Map](#)

5.7 Mi

9.0 Mi Total



4. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

9.2 Mi Total



5. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

10.5 Mi Total



6. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

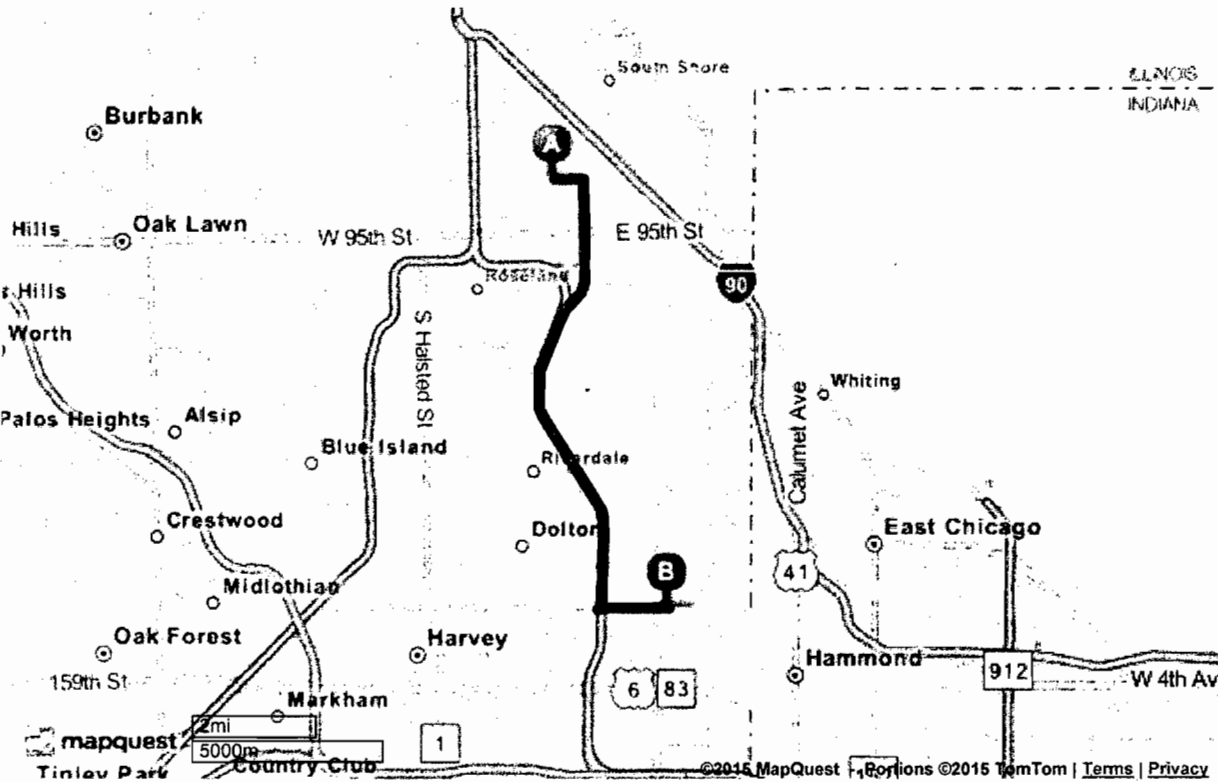
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 10.53 miles - about 15 minutes



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Notes

Stony Island Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

10.03 miles / 13 minutes



8721 S Stony Island Ave, Chicago, IL 60617-2709

**Download
Free App**



1. Start out going **north** on **S Stony Island Ave** toward **E 87th St**. [Map](#)

0.05 Mi

0.05 Mi Total



2. Make a **U-turn** at **E 87th St** onto **S Stony Island Ave**. [Map](#)

2.8 Mi

If you reach E 86th Pl you've gone a little too far

2.8 Mi Total



3. Stay **straight** to go onto **I-94 E / Bishop Ford Fwy S**. [Map](#)

5.7 Mi

8.5 Mi Total



4. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

8.7 Mi Total



5. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

10.0 Mi Total



6. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

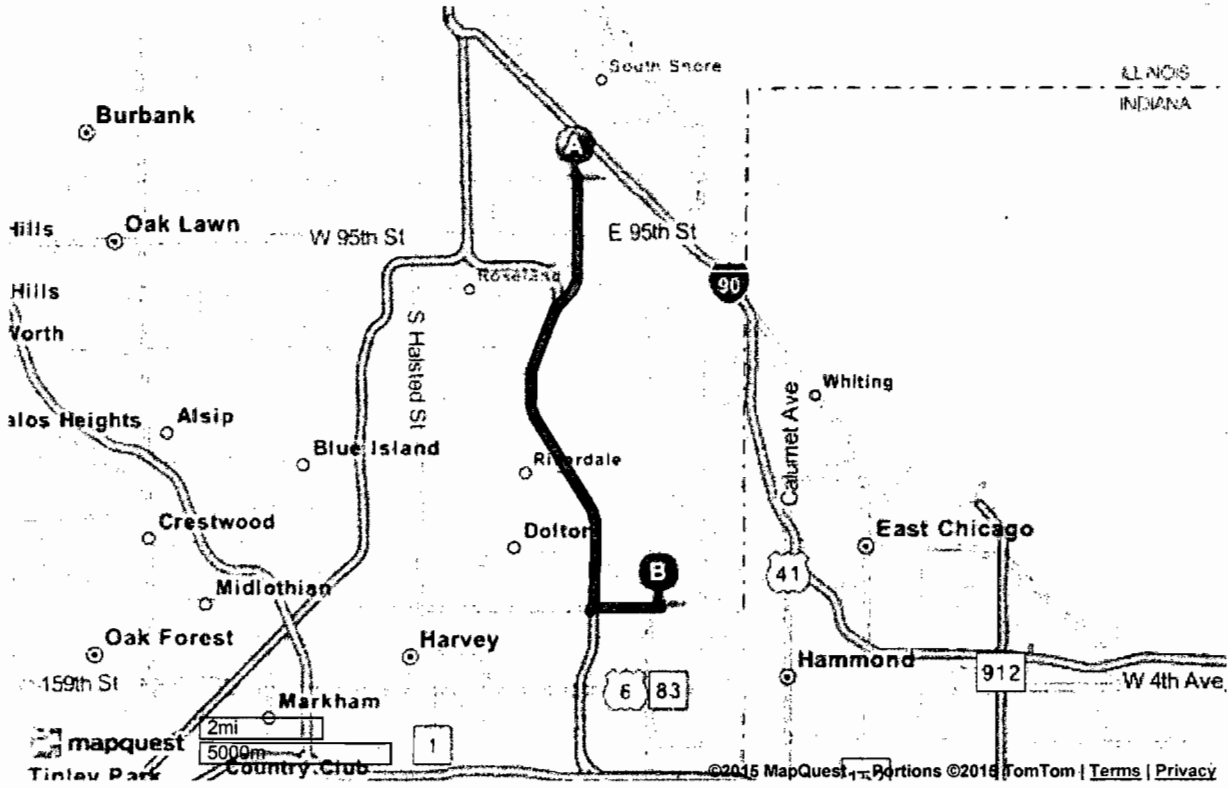
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: **10.03 miles - about 13 minutes**



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Notes
FMC South Deering to proposed site for Calumet City
Dialysis

Trip to:
1200 Sibley Blvd
Calumet City, IL 60409-2327
7.29 miles / 15 minutes

Download
Free App

- **10559 S Torrence Ave**, Chicago, IL 60617-6154
- 

1. Start out going **east** on **E 106th St** toward **S Torrence Ave**. [Map](#)
- 

2. Turn **right** onto **S Avenue O**. [Map](#)
*S Avenue O is just past S Green Bay Ave
Gina's Chicken is on the right
If you reach S Avenue N you've gone a little too far*
- 

3. **S Avenue O** becomes **S Burnham Ave**. [Map](#)
- 

4. Turn **right** onto **Sibley Blvd**. [Map](#)
*Sibley Blvd is 0.4 miles past Riverside Dr
Baba's Philly Steak and Lemonade is on the corner
If you reach Wilson Ave you've gone about 0.1 miles too far*
- 

5. **1200 SIBLEY BLVD** is on the **right**. [Map](#)
*Your destination is just past Escanaba Ave
If you reach Manistee Ave you've gone a little too far*
- **1200 Sibley Blvd**, Calumet City, IL 60409-2327

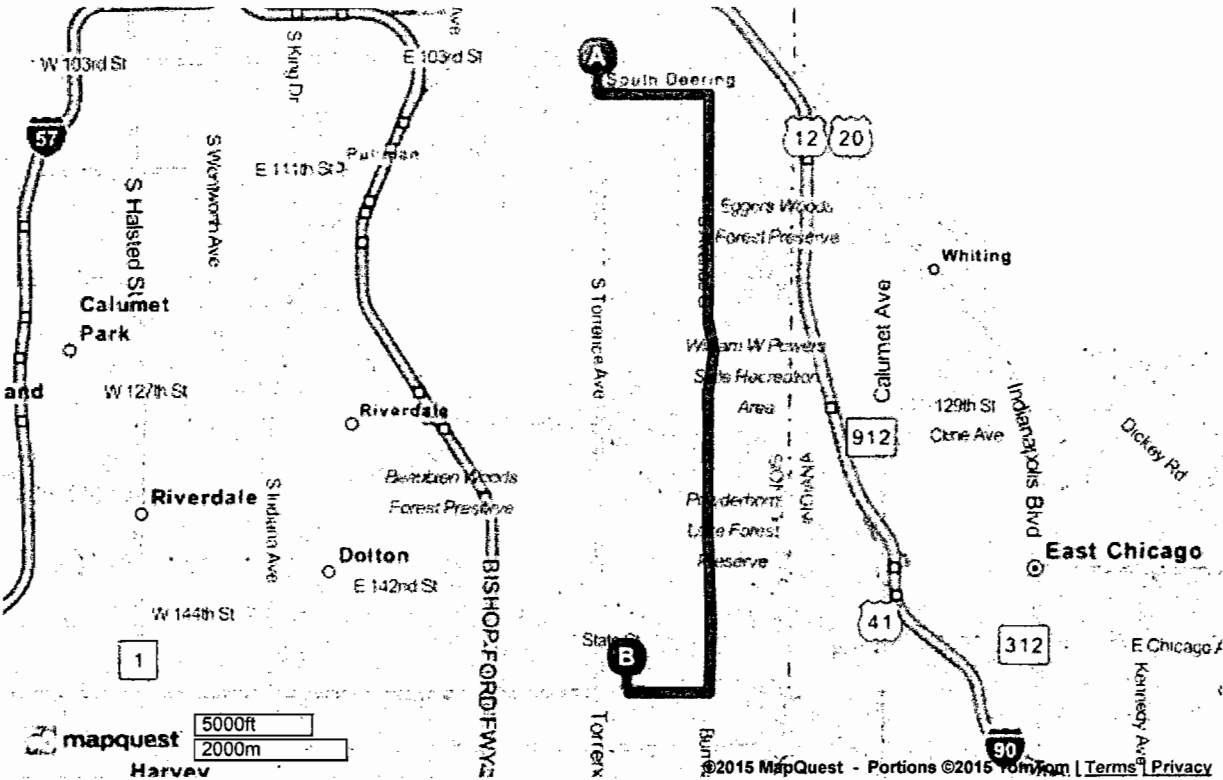
1.0 Mi
1.0 Mi Total

4.1 Mi
5.1 Mi Total

1.5 Mi
6.5 Mi Total

0.7 Mi
7.3 Mi Total

Total Travel Estimate: 7.29 miles - about 15 minutes





Notes

FMC Neomedica South to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

11.14 miles / 16 minutes



9200 S South Chicago Ave, Chicago, IL 60617-4512

**Download
Free App**



1. Start out going **southeast** on **S South Chicago Ave** toward **S Exchange Ave**. [Map](#)

0.1 Mi

0.1 Mi Total



2. Turn **slight right** onto **S Commercial Ave**. [Map](#)

0.3 Mi

S Commercial Ave is 0.1 miles past S Exchange Ave

0.4 Mi Total

Roma's Restaurant and Lounge is on the corner

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



3. Take the 2nd **right** onto **E 95th St / US-20 W / US-12 W**. [Map](#)

1.8 Mi

E 95th St is 0.1 miles past S Anthony Ave

2.2 Mi Total

Praise Tabernacle Deliverance Center is on the corner

If you reach E 96th St you've gone about 0.1 miles too far



4. Turn **left** onto **S Stony Island Ave**. [Map](#)

1.8 Mi

If you reach S Dorchester Ave you've gone about 0.2 miles too far

3.9 Mi Total



5. Stay **straight** to go onto **I-94 E / Bishop Ford Fwy S**. [Map](#)

5.7 Mi

9.6 Mi Total



6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

9.8 Mi Total



7. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

11.1 Mi Total



8. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

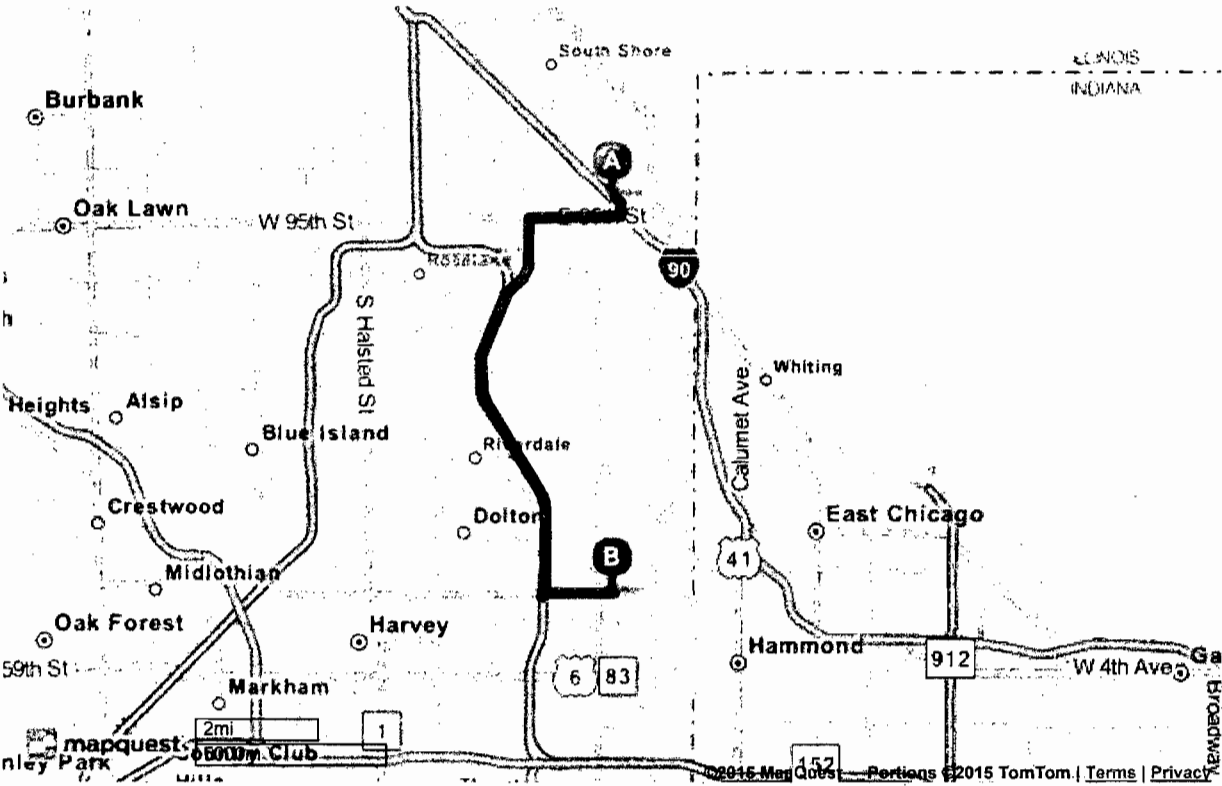
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 11.14 miles - about 16 minutes



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mapquest

Notes

Grand Crossing Dialysis to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

13.93 miles / 18 minutes



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

**Download
Free App**



1. Start out going **south** on **S Cottage Grove Ave** toward **E 74th St**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the 2nd **right** onto **E 75th St**. [Map](#)

1.1 Mi

E 75th St is 0.1 miles past E 74th St

Papa Philly and Fish is on the corner

If you reach E 76th St you've gone about 0.1 miles too far

1.3 Mi Total



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

0.2 Mi

S Lafayette Ave is just past S State St

Kentucky Fried Chicken is on the corner

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

1.5 Mi Total



4. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)

2.4 Mi

3.9 Mi Total



5. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

12.4 Mi Total



6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

12.6 Mi Total



7. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

13.9 Mi Total



8. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

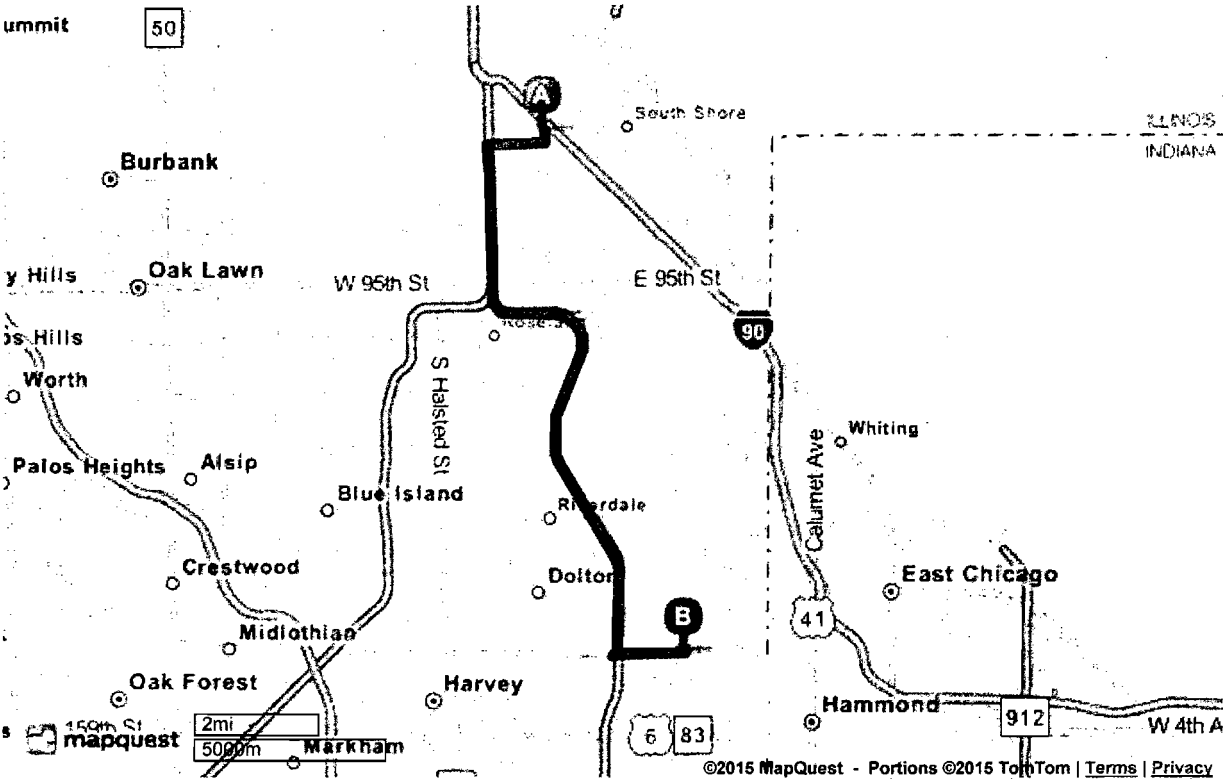
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 13.93 miles - about 18 minutes



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Notes

Jackson Park Dialysis to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

11.55 miles / 17 minutes



7531 S Stony Island Ave, Chicago, IL 60649-3954

Download
Free App



1. Start out going **north** on **S Stony Island Ave** toward **E 75th Pl**. [Map](#)

0.02 Mi

0.02 Mi Total



2. Make a **U-turn** at **E 75th St** onto **S Stony Island Ave**. [Map](#)

0.3 Mi

0.3 Mi Total



3. Keep **left** at the fork to continue on **S Stony Island Ave**. [Map](#)

4.1 Mi

4.4 Mi Total



4. Stay **straight** to go onto **I-94 E / Bishop Ford Fwy S**. [Map](#)

5.7 Mi

10.0 Mi Total



5. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

10.2 Mi Total



6. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

11.6 Mi Total



7. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

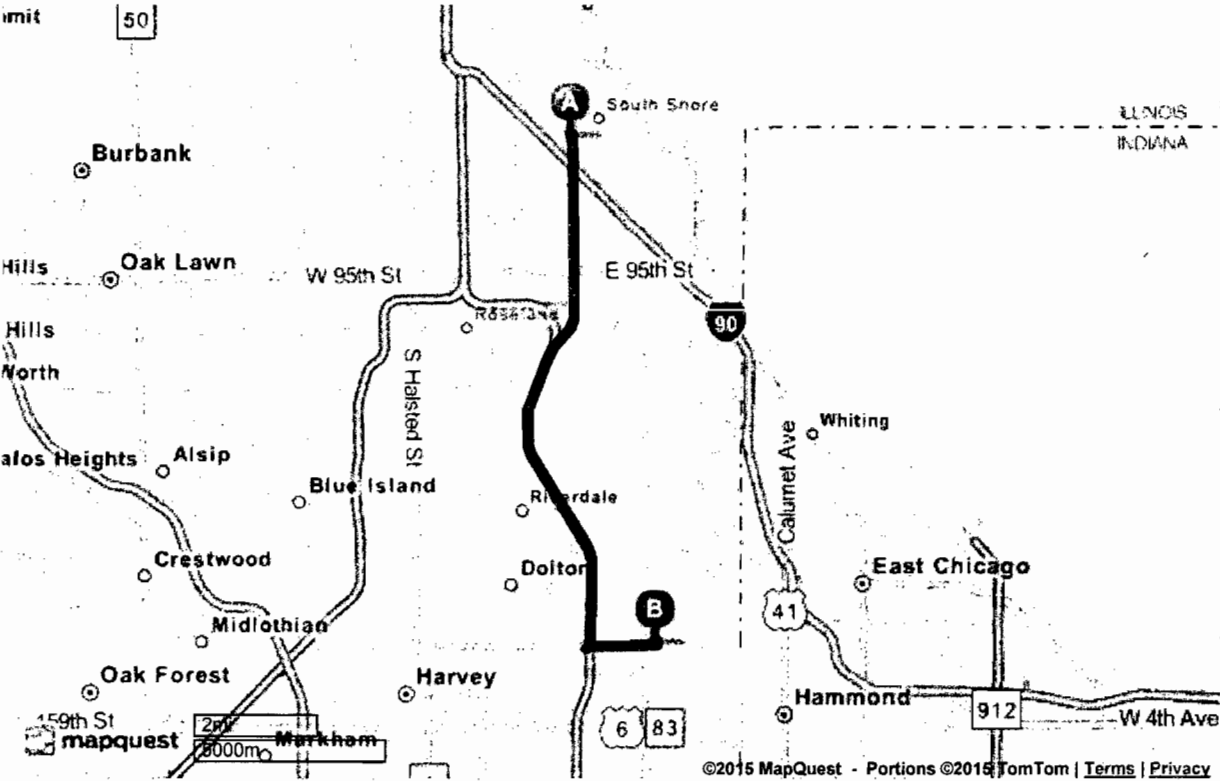
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 11.55 miles - about 17 minutes



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Notes

Woodlawn Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

16.06 miles / 19 minutes



5060 S State St, Chicago, IL 60609-5328

**Download
Free App**



1. Start out going **south** on **S State St** toward **W 51st St**. [Map](#)

0.5 Mi

0.5 Mi Total



2. Turn **right** onto **W Garfield Blvd**. [Map](#)

0.3 Mi

W Garfield Blvd is 0.1 miles past E 54th St

Granderson Temple Church of God In Christ is on the corner

If you reach E 56th St you've gone about 0.1 miles too far

0.9 Mi Total



3. Turn **left** onto **S Wells St**. [Map](#)

0.06 Mi

S Wells St is just past S Wentworth Ave

Wendy's is on the corner

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

0.9 Mi Total



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

1.1 Mi

2.0 Mi Total



5. Merge onto **I-94 (EXPRESS) E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

0.9 Mi

2.9 Mi Total



6. **I-94 (EXPRESS) E / Dan Ryan Expy S** becomes **I-94 E / Dan Ryan Expy S**. [Map](#)

3.1 Mi

6.0 Mi Total



7. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

14.6 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

14.8 Mi Total



9. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

16.1 Mi Total



10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

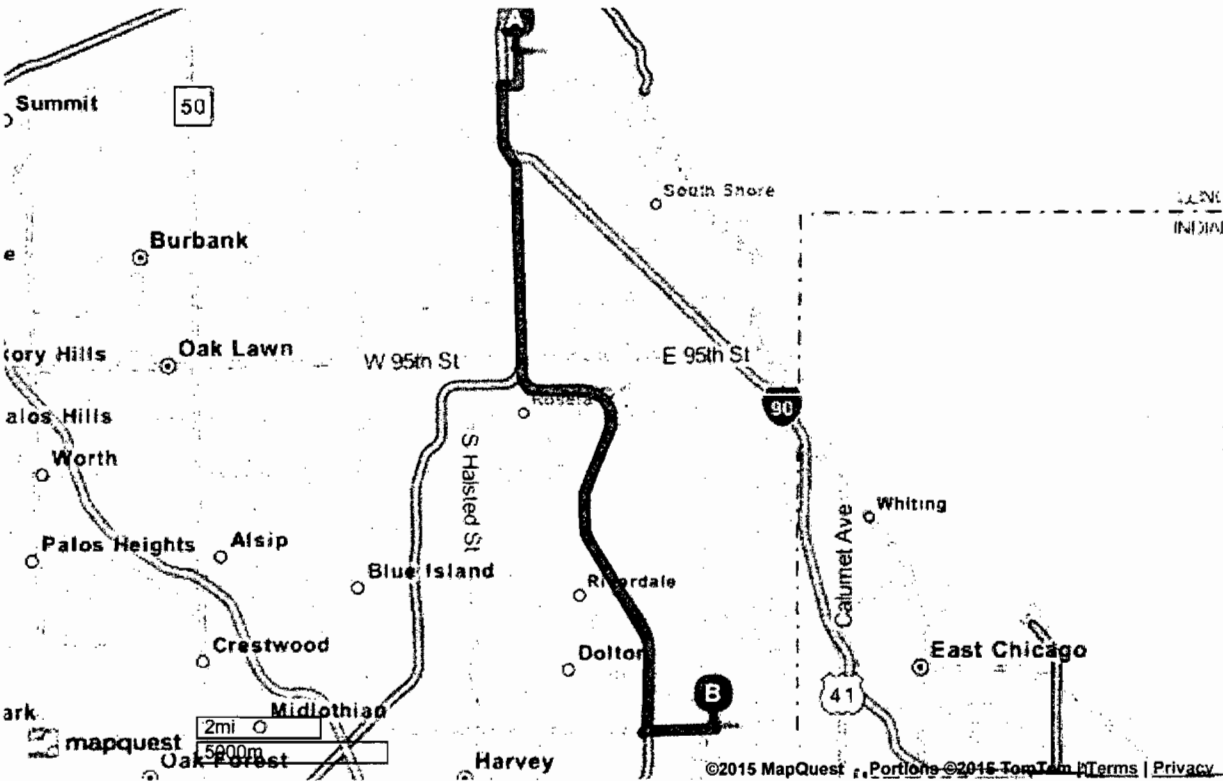
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 16.06 miles - about 19 minutes



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Notes

Kenwood Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

18.05 miles / 22 minutes



4253 S Cottage Grove Ave, Chicago, IL 60653-2929

Download
Free App



1. Start out going **south** on **S Cottage Grove Ave** toward **E 43rd St**. [Map](#)

0.05 Mi

0.05 Mi Total



2. Take the 1st **right** onto **E 43rd St**. [Map](#)
If you reach E 44th St you've gone about 0.1 miles too far

1.3 Mi

1.3 Mi Total



3. Turn **left** onto **S Wentworth Ave**. [Map](#)
*S Wentworth Ave is just past S La Salle St
DAN RYAN CITGO is on the corner
If you reach S Wells St you've gone a little too far*

0.03 Mi

1.3 Mi Total



4. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left**. [Map](#)

6.7 Mi

8.0 Mi Total



5. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

16.5 Mi Total



6. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

16.7 Mi Total



7. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

18.0 Mi Total



8. **1200 SIBLEY BLVD** is on the **left**. [Map](#)
*Your destination is just past Manistee Ave
If you reach Muskegon Ave you've gone a little too far*



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 18.05 miles - about 22 minutes



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Notes

FMC South Shore to proposed site for Calumet City
Dailysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

12.03 miles / 18 minutes



2420 E 79th St, Chicago, IL 60649-5112

Download
Free App



1. Start out going **west** on **E 79th St** toward **S Yates Blvd**. [Map](#)

1.1 Mi

1.1 Mi Total



2. Turn **left** onto **S Stony Island Ave**. [Map](#)

3.8 Mi

*S Stony Island Ave is just past S South Chicago Ave
Taco Bell is on the corner*

4.8 Mi Total



3. Stay **straight** to go onto **I-94 E / Bishop Ford Fwy S**. [Map](#)

5.7 Mi

10.5 Mi Total



4. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

10.7 Mi Total



5. Merge onto **E Sibley Blvd**. [Map](#)

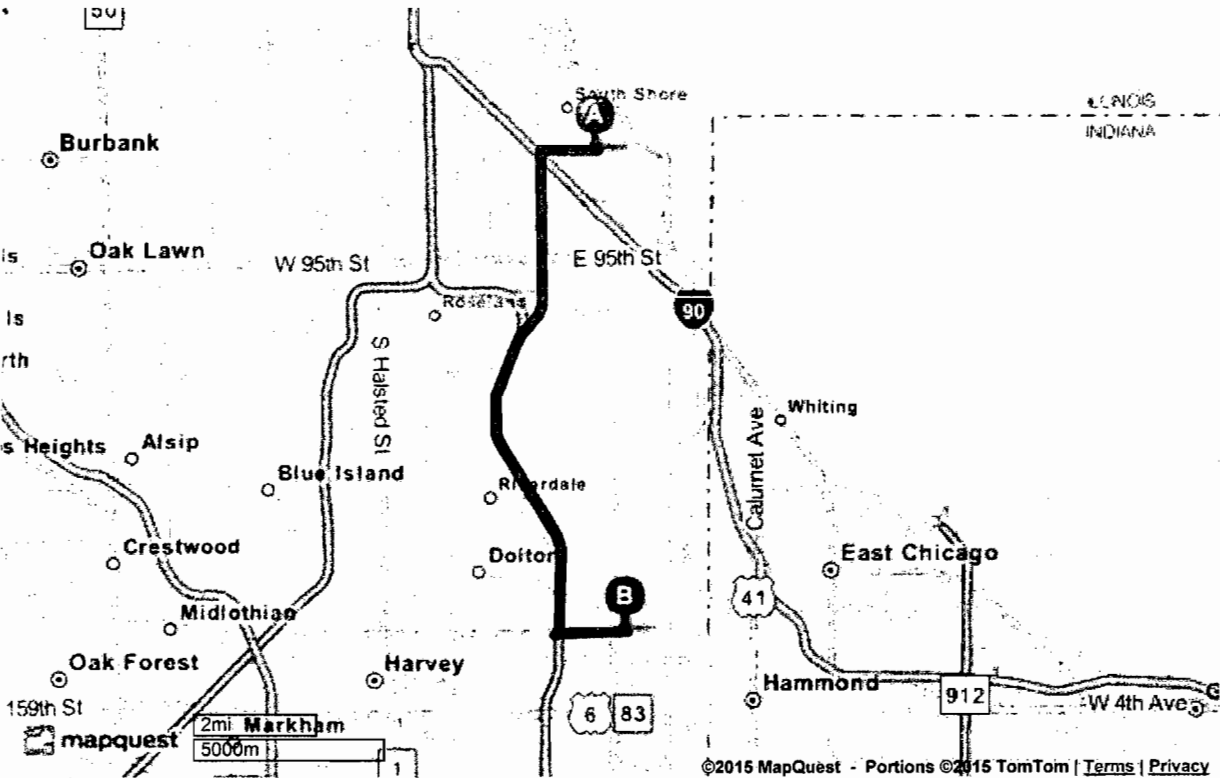
1.3 Mi

12.0 Mi Total



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 12.03 miles - about 18 minutes



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Notes

Stroger Hospital to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

22.65 miles / 25 minutes



1835 W Harrison St, Chicago, IL 60612-3701

**Download
Free App**



1. Start out going **east** on **W Harrison St** toward **S Wood St**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **left** onto **S Ashland Ave**. [Map](#)

0.07 Mi

S Ashland Ave is 0.1 miles past S Paulina St

0.4 Mi Total

Chicago Marriott at Medical District/UIC is on the corner



3. Take the 1st **right** onto **W Congress Pkwy**. [Map](#)

0.01 Mi

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

0.4 Mi Total



4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**. [Map](#)

0.9 Mi

1.3 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

2.5 Mi

3.8 Mi Total



6. Keep **left** to take **I-94 E / Dan Ryan Expy S** toward **55th St**. [Map](#)

8.8 Mi

12.6 Mi Total



7. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

21.1 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

21.3 Mi Total



9. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

22.6 Mi Total



10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

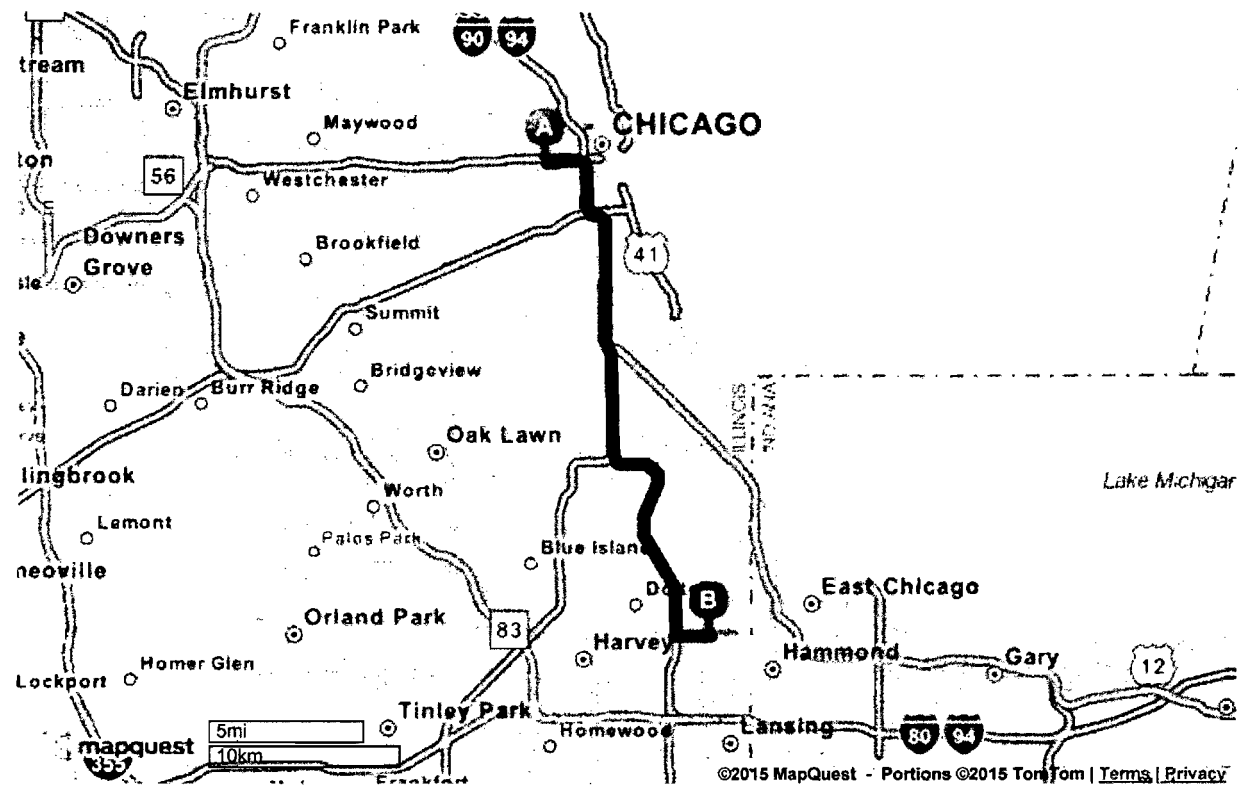
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 22.65 miles - about 25 minutes



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Notes

West Side Dialysis to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

21.88 miles / 26 minutes



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

Download
Free App



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

0.01 Mi

0.01 Mi Total



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

0.1 Mi

Captain Hook's Fish & Chicken is on the left

0.1 Mi Total

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



3. Take the 2nd **right** onto **W Roosevelt Rd.** [Map](#)

1.1 Mi

W Roosevelt Rd is just past W Washburne Ave

1.2 Mi Total

Orange Roughy is on the right

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



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S.** [Map](#)

1.8 Mi

If you reach S Ruble St you've gone a little too far

3.0 Mi Total



5. Keep **left** to take **I-94 E / Dan Ryan Expy S** toward **55th St.** [Map](#)

8.8 Mi

11.8 Mi Total



6. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

8.6 Mi

20.4 Mi Total



7. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)

0.2 Mi

20.6 Mi Total



8. Merge onto **E Sibley Blvd.** [Map](#)

1.3 Mi

21.9 Mi Total



9. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

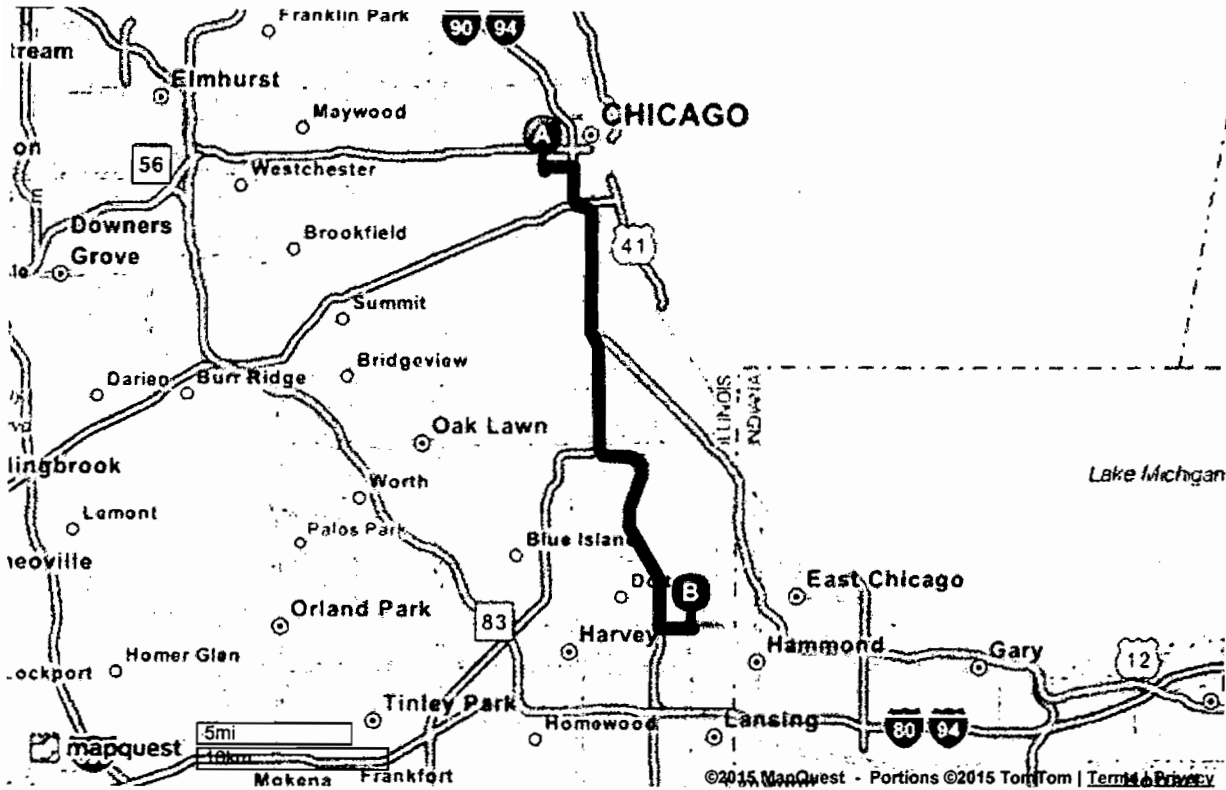
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 21.88 miles - about 26 minutes



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Notes

RUSH to proposed site for Calumet City Dialysis



Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

22.66 miles / 25 minutes



1750 W Harrison St, STE 735, Chicago, IL 60612-3825

Download
Free App



1. Start out going **west** on **W Harrison St** toward **S Hermitage Ave**. [Map](#)

0.10 Mi

0.10 Mi Total



2. Take the 1st **right** onto **S Wood St**. [Map](#)

0.07 Mi

S Wood St is just past S Hermitage Ave

0.2 Mi Total

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



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

0.3 Mi

0.4 Mi Total



4. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E** via the ramp on the **left**. [Map](#)

0.9 Mi

1.3 Mi Total



5. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S** toward **Indiana**. [Map](#)

2.5 Mi

3.8 Mi Total



6. Keep **left** to take **I-94 E / Dan Ryan Expy S** toward **55th St**. [Map](#)

8.8 Mi

12.6 Mi Total



7. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

21.2 Mi Total



8. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

21.4 Mi Total



9. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

22.7 Mi Total



10. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: **22.66 miles - about 25 minutes**



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Notes

Loop Renal Center to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

21.28 miles / 24 minutes



1101 S Canal St, Chicago, IL 60607-4901

**Download
Free App**



1. Start out going **north** on **S Canal St** toward **W Taylor St**. [Map](#)

0.1 Mi

0.1 Mi Total



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

0.3 Mi

0.4 Mi Total

Noodles & Company is on the corner

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



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

0.2 Mi

0.6 Mi Total

S Union Ave is just past S Desplaines St

If you reach S Halsted St you've gone a little too far



4. Merge onto **I-90 E / I-94 E / Dan Ryan Expy S**. [Map](#)

1.8 Mi

2.4 Mi Total



5. Keep **left** to take **I-94 E / Dan Ryan Expy S** toward **55th St**. [Map](#)

8.8 Mi

11.2 Mi Total



6. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

19.8 Mi Total



7. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

20.0 Mi Total



8. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

21.3 Mi Total



9. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327



Notes

FMC Polk Street to proposed site for Calumet City
Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

21.28 miles / 24 minutes



557 W Polk St, Chicago, IL 60607-4314

Download
Free App



1. Start out going **east** on **W Polk St** toward **S Clinton St**. [Map](#)

0.05 Mi

0.05 Mi Total



2. Take the 1st **right** onto **S Clinton St**. [Map](#)

0.3 Mi

Polk Street Pub is on the left

0.4 Mi Total

If you reach S Canal St you've gone a little too far



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

0.2 Mi

W Roosevelt Rd is just past W Grenshaw St

0.6 Mi Total

Bed Bath & Beyond is on the corner

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



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

1.8 Mi

If you reach S Halsted St you've gone a little too far

2.4 Mi Total



5. Keep **left** to take **I-94 E / Dan Ryan Expy S** toward **55th St**. [Map](#)

8.8 Mi

11.2 Mi Total



6. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

19.8 Mi Total



7. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

20.0 Mi Total



8. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

21.3 Mi Total



9. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

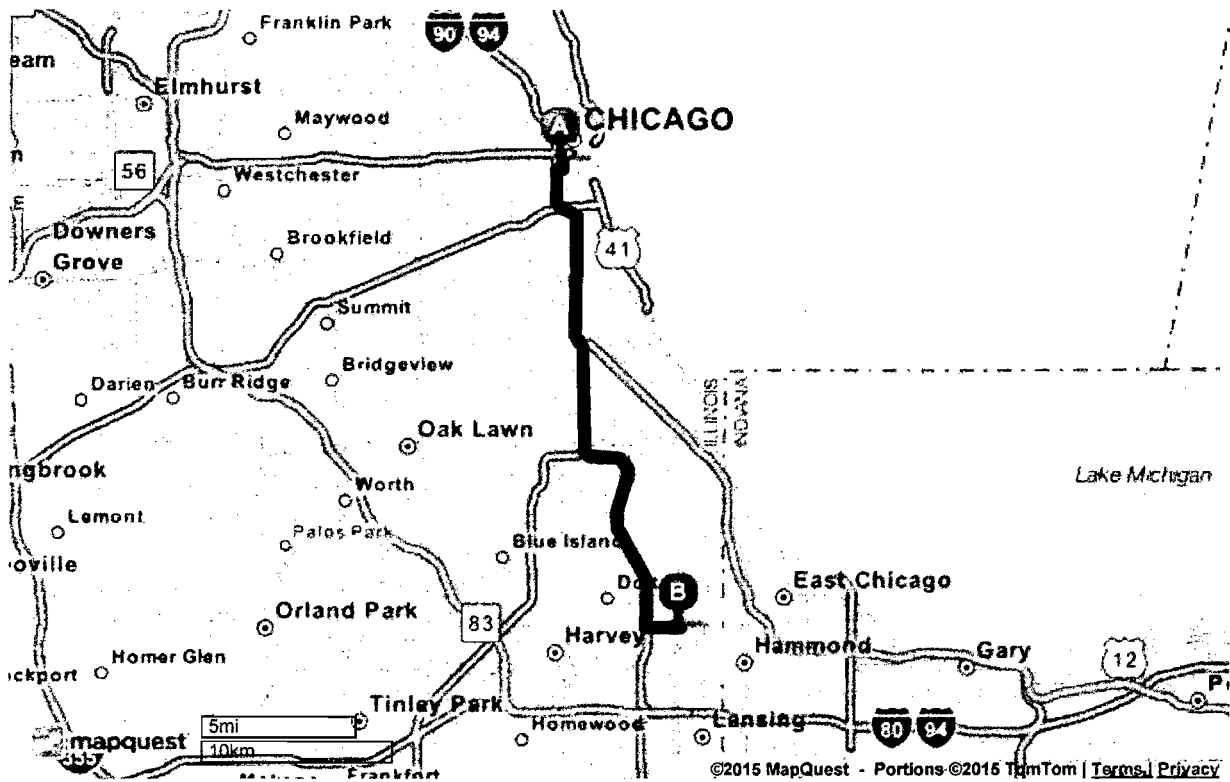
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 21.28 miles - about 24 minutes



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Notes

Circle Medical Management to proposed site for
Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

22.69 miles / 26 minutes



1426 W Washington Blvd, Chicago, IL 60607-1821

**Download
Free App**



1. Start out going **east** on **W Washington Blvd** toward **N Loomis St.** [Map](#)

0.8 Mi

0.8 Mi Total



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

0.10 Mi

N Halsted St is just past N Academy Pl

0.9 Mi Total

Linda Mitchell - State Farm Insurance Agent is on the corner



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

0.08 Mi

Crowne Plaza CHICAGO METRO DOWNTOWN is on the corner

1.0 Mi Total

If you are on S Halsted St and reach W Monroe St you've gone a little too far



4. Merge onto **I-90 E / I-94 E.** [Map](#)

2.8 Mi

If you reach N Desplaines St you've gone a little too far

3.8 Mi Total



5. Keep **left** to take **I-94 E / Dan Ryan Expy S** toward **55th St.** [Map](#)

8.8 Mi

12.6 Mi Total



6. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana.** [Map](#)

8.6 Mi

21.2 Mi Total



7. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B.** [Map](#)

0.2 Mi

21.4 Mi Total



8. Merge onto **E Sibley Blvd.** [Map](#)

1.3 Mi

22.7 Mi Total



9. **1200 SIBLEY BLVD** is on the **left.** [Map](#)

Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: 22.69 miles - about 26 minutes



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Notes

FMC Prairie to proposed site for Calumet City Dialysis

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

19.95 miles / 23 minutes



1717 S Wabash Ave, Chicago, IL 60616-1219

Download
Free App



1. Start out going **south** on **S Wabash Ave** toward **E 18th St**. [Map](#)

0.4 Mi

0.4 Mi Total



2. Turn **right** onto **E Cermak Rd**. [Map](#)

0.3 Mi

E Cermak Rd is just past E 21st St

Gourmet Chicken is on the corner

If you reach E 23rd St you've gone about 0.1 miles too far

0.7 Mi Total



3. Merge onto **I-94 E / Dan Ryan Expy S** via the ramp on the **left** toward **55th St**. [Map](#)

9.2 Mi

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

9.9 Mi Total



4. Keep **left** to take **I-94 E / Bishop Ford Fwy S** toward **Indiana**. [Map](#)

8.6 Mi

18.4 Mi Total



5. Take the **Sibley Blvd / IL-83 E** exit, **EXIT 71B**. [Map](#)

0.2 Mi

18.6 Mi Total



6. Merge onto **E Sibley Blvd**. [Map](#)

1.3 Mi

19.9 Mi Total



7. **1200 SIBLEY BLVD** is on the **left**. [Map](#)

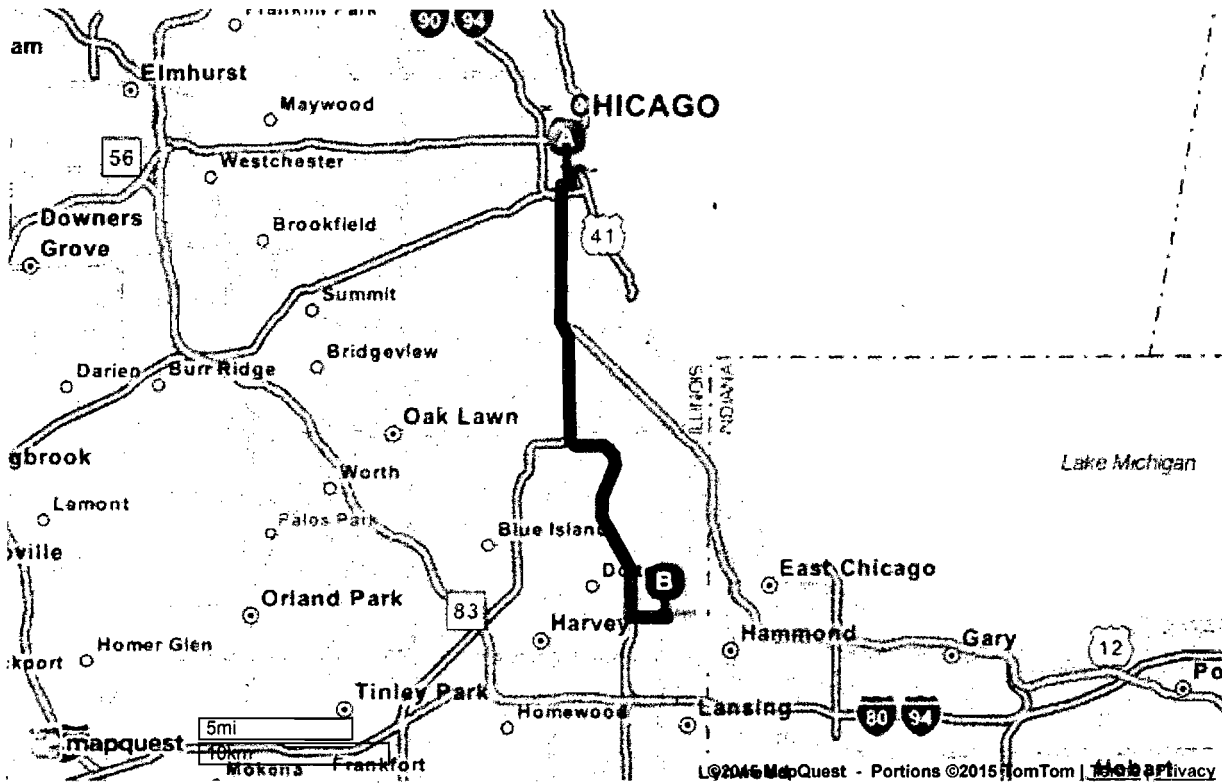
Your destination is just past Manistee Ave

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



1200 Sibley Blvd, Calumet City, IL 60409-2327

Total Travel Estimate: **19.95 miles - about 23 minutes**



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