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HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Washington Heights Dialysis
Street Address: 10620 South Halsted Street
City and Zip Code: Chicago, Illinois 60628
County: Cook Health Service Area: 6 Health Planning Area: 6

Applicant /Co-Applicant Identification

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

Exact Legal Name: DaVita HealthCare Partners Inc.
Address: 2000 16th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16th 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

- 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: 1600 West 13th Street, Suite 3, Chicago, IL 60608
Telephone Number: 312-243-9286 Ext. 230
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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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Street Address: 10620 South Halsted Street
City and Zip Code: Chicago, Illinois 60628
County: Cook Health Service Area: 6 Health Planning Area:6

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

Exact Legal Name: Total Renal Care Inc.
Address: 2000 16th Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16th 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.**
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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: Novogroder/Franklin & Halsted, LLC

Address of Site Owner: c/o Novogroder Companies, Inc., 875 North Michigan Avenue, Suite 3612, Chicago, Illinois 60611

Street Address or Legal Description of Site: 10620 South Halsted Street, Chicago, Illinois 60628

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

Lots 1 to 9 (except the East 17 feet thereof) both inclusive, and the North 15 feet of Lot 10, (except the East 17 feet thereof) in E. A. Warfield's Subdivision of Block 9 in Section 17 addition to Washington Heights, a Subdivision of the South ½ of the Northeast ¼ and the South East ¼ of the Northeast ¼ of Section 17, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois together with the tenements and appurtenances thereunto belonging.

Property Address: 10620 S. Halsted, Chicago, IL
Permanent Tax Number: 25-17-230-071-0000

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 16th 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. (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 16-station dialysis facility located at 10620 South Halsted Street, Chicago, Illinois 60628. The proposed dialysis facility will include a total of 7,540 contiguous rentable square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$1,293,997		$1,293,997
Contingencies	$90,000		$90,000
Architectural/Engineering Fees	$125,400		$125,400
Consulting and Other Fees	$122,500		$122,500
Movable or Other Equipment (not in construction contracts)	$599,377		$599,377
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$1,668,363		$1,668,363
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$3,899,637**	**N/A**	**$3,899,637**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**CLINICAL**
Cash and Securities	$2,231,274		$2,231,274
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$1,668,363		$1,668,363
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$3,899,637**		**$3,899,637**

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 $ **1,704,337**.

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): September 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.**

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

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

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

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

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

SIGNATURE

Arturo Sida
PRINTED NAME

Assistant Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of November, 2015

Signature of Notary 5/1/18

Seal

TRACEY J. LYONS
STATE OF TENNESSEE
NOTARY PUBLIC
MARSHALL COUNTY

SIGNATURE

Javier J. Rodriguez
PRINTED NAME

Chief Executive Officer – Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of November, 2015

Signature of Notary 5/1/18

Seal

TRACEY J. LYONS
STATE OF TENNESSEE
NOTARY PUBLIC
MARSHALL COUNTY

*Insert EXACT legal name of the applicant

CERTIFICATION

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SIGNATURE

Arturo Sida
PRINTED NAME

Assistant Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of November, 2015

Signature of Notary 5/1/18

Seal

TRACEY J. LYONS STATE OF TENNESSEE NOTARY PUBLIC MARSHALL COUNTY

SIGNATURE

Javier J. Rodriguez
PRINTED NAME

Chief Executive Officer – Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of November, 2015

Signature of Notary 5/1/18

Seal

TRACEY J. LYONS STATE OF TENNESSEE NOTARY PUBLIC MARSHALL COUNTY

*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

   c. The project involves the conversion of existing space that results in excess square footage.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;

2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;

3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

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

$2,231,274	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$1,668,363 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,899,637	**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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita HealthCare Partners Inc. and Total Renal Care Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care Inc. will be the operator of Washington Heights Dialysis. Washington Heights 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

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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015.

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

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.

Jeffrey W. Bullock, Secretary of State

2391269 8300

SR# 20151041024

Authentication: 10475571

Date: 11-23-15

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

File Number 5823-002-2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* NOVEMBER *A.D.* 2015 .

Authentication #: 1532702232 verifiable until 11/23/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Attachment - 1

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

The letter of intent between The Novogroder Companies Inc. and Total Renal Care Inc. to lease the facility located at 10620 South Halsted Street, Chicago, Illinois 60628 is attached at Attachment – 2.

Attachment - 2

JOHNSON CONTROLS REAL ESTATE SERVICES INC.
A JOHNSON CONTROLS COMPANY

September 29, 2015

Mr. Doug Renner & Mr. Trevor Jack
Baum Realty Group, LLC
1030 W. Chicago Ave. Suite 200
Chicago, IL 60642

RE: LOI – 10620 S Halsted St, Chicago, IL 60628

Dear Doug & Trevor:

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

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	**10620 S Halsted St, Chicago, IL 60628** *(please verify the legal description provided in Exhibit B is accurate)*
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	The Novogroder Companies, Inc.
SPACE REQUIREMENTS:	Requirement is for approximately 7,540 SF of contiguous rentable square feet as indicated in the preliminary floor plan labeled as Exhibit C. Tenant shall have the right to measure space based on most recent BOMA standards. *Please indicate both rentable and useable square footage for Premises.*
PRIMARY TERM:	Fifteen (15) years
BASE RENT:	*$24.00/psf NNN Y1-Y5;* *$26.40/psf NNN Y6-Y10.* *$29.04/psf NNN Y11-15.*
ADDITIONAL EXPENSES:	*Real Estate Taxes:* *$61,000.00 annually* *Common Area Maintenance:* *$11,000.00 annually* *Insurance:* *$ 4,500.00 annually* *Tenant's pro rata share percentage of operating expenses shall be approximately 64% based upon a GLA of approximately 11,850 SF.* *Landlord to provide an estimate of annual pro-rated costs for fire suppression and alarm control panel maintenance and monitoring. $2,500/year for entire building.* Landlord to limit the cumulative operating expense costs to no greater than 3% increases annually thereafter not to include parking lot repairs/resurfacing, real

estate taxes and snow removal that are considered as uncontrollable expenses to the Tenant

Tenant to pay all utility costs for the Premises, and water is submetered. Tenant will pay for all utilities until the remaining space is leased.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural (roof and structure) for the Property.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant within 90 days upon the later of completion of Landlord's required work (if applicable), mutual lease execution, and waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

DUE DILLIGENCE: Tenant shall have the right to obtain Tenant's executive committee approval within 90 days following Lease execution. If Tenant does not receive executive committee approval during such 90 day period, Tenant may elect to terminate the Lease by written notice given not later than the 90th day following lease execution. Before work begins, all contingencies must be waived.

LEASE FORM: Tenant's standard lease form, subject to negotiations and modified as required by both parties.

USE: The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, 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 or for any other lawful purpose. To Landlord's best knowledge, it will be permitted. Tenant shall be responsible for confirming during DD.

Please verify that the Use is permitted within the building's zoning.

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

PARKING: Landlord shall provide undedicated and unrestricted parking to Tenant. In the event of a parking conflict, Tenant will be allocated sixty-percent (60%) of the parking spaces currently serving the Premises and provide two (2) handicapped stalls or such greater number as is required by applicable law or regulation to be further defined in lease agreement.

BASE BUILDING:

Landlord, at Landlord's expense, shall deliver the premises by creating a demising wall (per applicable sections of Schedule A) and pulling in new utilities to the demised premises (water line, sanitary line, gas line, and electrical service per applicable sections in Schedule A). Location of demising wall and utilities subject to tenant's architect and project manager approval and Landlord to verify Tenant's utilities will be separately metered. Water is sub-metered.

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than current HVAC and what is designated for reuse by Tenant), remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "Raw shell" condition (per applicable sections in Schedule A).

Landlord will be responsible for delivering the parking lot newly resealed and stripe (including any patching of bad asphalt) per the specifications in Schedule A.

Landlord will be responsible for painting the exterior of the building.

Landlord will be responsible for delivering the premises with existing site and building lighting per specifications in Schedule A.

Landlord will make reasonable efforts to coordinate tenant improvements with Tenant's project manager.

Premises shall be broom clean and ready for interior improvements specific to the build-out of a dialysis facility; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards (per Section 4 of Schedule A).

Landlord to provide Tenant "Early Access" to Tenant's contractors in order begin Tenant's work prior to completion of Landlord's work. Landlord and Tenant shall determine a mutually agreeable schedule to coordinate this access.

Landlord shall utilize the Tenant's architect to coordinate build out under one building permit obtained by Tenant.

TENANT IMPROVEMENTS:

None.

OPTION TO RENEW:

Tenant desires five, five-year options to renew the lease. Option rent shall be increased by 10% after the initial term and following each successive five-year option period.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

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

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by 90 days from Tenant's waiver of all contingencies

and Landlord's receipt of the building permit, Tenant shall receive two days of rent abatement for every day of delay beyond the 90 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% for the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations and per Section 29 of Schedule A.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week.

Please indicate building hours for HVAC and utility services.

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval. No assignment or sublease will release the tenant.

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

HVAC: *Please provide general description of HVAC systems (i.e. ground units, tonnage, age) Landlord will do an HVAC survey to determine the condition of units.*

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

Please indicate use of alley is permissible.

OTHER CONCESSIONS: *Please indicate any other concessions the Landlord is willing to offer.*

LANDLORD AND TENANT ACKNOWELDGEMENT: Landlord and Tenant acknowledge that the existing Walgreens lease at the Premises must be terminated within ninety (90) days of lease execution, and all parties obligations under the lease are contingent upon Landlord negotiating that lease termination in its sole discretion.

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

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health

Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. 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 within seven (7) months from the latter of an executed LOI or subsequent filing date, 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 ten dollars ($10.00) per square foot of leased space, 50% shall be due upon the later of lease execution or waiver of CON contingency and 50% shall be due upon ~~occupancy~~ opening of CLINIC. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS: *Please provide copies of site and construction plans or drawings.*

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,

John Steffens

Cc: DaVita Team Genesis Real Estate
DaVita Regional Operational Leadership
Matthew J. Gramlich, Johnson Controls Real Estate Services, Inc.

SIGNATURE PAGE

LETTER OF INTENT: **10620 S Halsted St, Chicago, IL 60628**

AGREED TO AND ACCEPTED THIS 2nd DAY OF ~~SEPTEMBER~~ October 2015

By: _____ LL

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

AGREED TO AND ACCEPTED THIS 6 DAY OF ~~SEPTEMBER~~ October 2015

By: Jenny Davis

TOTAL RENAL CARE

~~("Landlord")~~

EXHIBIT A

NON-BINDING NOTICE

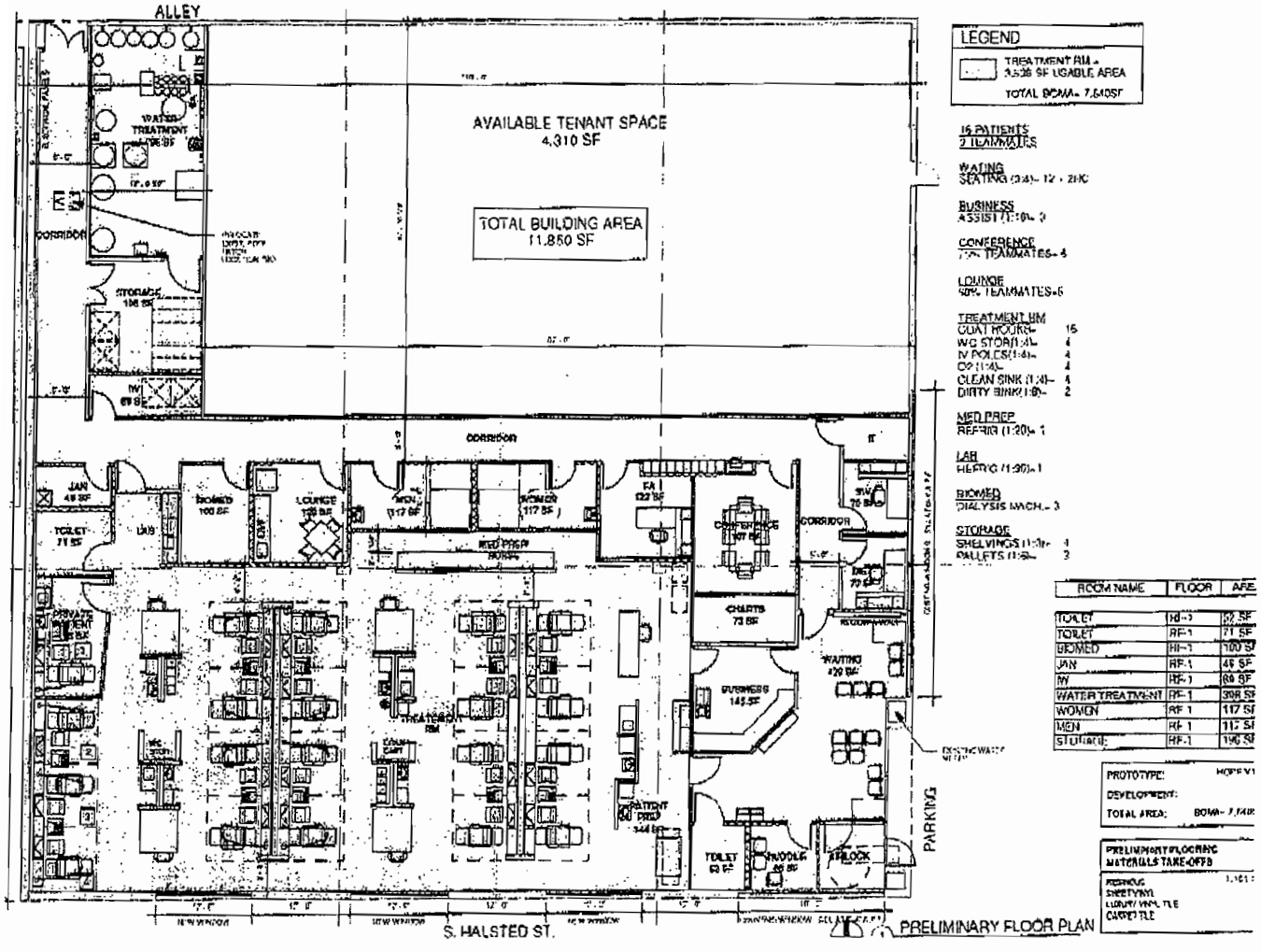
NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR 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 NOR 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

Lots 1 to 9 (except the East 17 feet thereof) both inclusive, and the North 15 feet of Lot 10, (except the East 17 feet thereof) in E. A. Warfield's Subdivision of Block 9 in Section 17 addition to Washington Heights, a Subdivision of the South ½ of the Northeast ¼ and the South East ¼ of the Northeast ¼ of Section 17, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois together with the tenements and appurtenances thereunto belonging.

Property Address: 10620 S. Halsted, Chicago, IL
Permanent Tax Number: 25-17-230-071-0000

EXHIBIT C


ALLEY
AVAILABLE TENANT SPACE
4,310 SF
TOTAL BUILDING AREA
11,850 SF
CORRIDOR
S. HALSTED ST.
PARKING
LEGEND
16 PATIENTS
7 TEAMMATES
PRELIMINARY FLOOR PLAN

DaVita.

[OPTION 2: FOR EXISTING BUILDING]
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for 1 1.2 in California and other select States – see end of document for changes to that section)

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

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

1.0 - Building Codes & Design *

All Minimum Base Building Improvements (MBBI) are to be performed in accordance with all local, state, and federal building codes including any related amendments, fire and life safety codes, barrier-free regulations, energy codes State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Landlord'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.

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

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

3.0 - Common Areas

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

4.0 - Demolition

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Tenant) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean and ready for interior improvements specific to the buildout of a dialysis facility. Building to be free and clear of any components,

asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

5.0 - Foundation and Floor *

Existing Foundations and Slab on Grade in Tenant space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the lease. Landlord to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

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

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 4,000-psi with wire or fiber mesh, and/or rebar reinforcement over 10mil vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4 bars or greater x 16" long or as designed per higher standards by Tenant's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results. Means and methods to achieve this level will be sole responsibility of the Landlord.

6.0 - Structural *

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

Landlord shall supply Tenant (if available) structural engineering drawings of space

7.0 – Existing Exterior Walls

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

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

8.0 – Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 – 2000) whichever is more stringent. If it does not meet this, Landlord will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

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

9.0- Roof Covering *

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Landlord will provide Tenant the information on the Roof and Contractor holding warranty. Landlord to provide minimum of

R30 roof insulation at roof deck. If the R30 value is not meet, Landlord to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

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

10.0 – Canopy "

Landlord shall allow Tenant to design and construct a canopy structure for patient arrival and if allowed local code.

11.0 – Waterproofing and Weatherproofing

Landlord 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. Landlord 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. Landlord shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

12.0 – Windows

Any single pane window systems must be replaced by Landlord with code compliant Energy efficient thermal pane windows with Low -E thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Landlord. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent film to the existing windows (per manufactures recommendations) per Tenant's tenant improvement design.

13.0 – Thermal Insulation

Landlord to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation. Any new roof deck insulation is to be installed to the underside of the roof deck.

14.0 – Exterior Doors

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

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

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

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset.

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

15.0 – Utilities

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

16.0 – Plumbing *

Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

Where suitable building water already exists, Landlord to provide Tenant with a potable water supply to meet the above minimum requirements. Water flow and pressure to Tenant's space to be unaffected by any other building water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to Tenant's space, leaving off with a valve and cap for Tenant extension per Tenant direction or Tenant design plans.

Potable water supply to be provided with water meter and two (2) reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand. Backflow devices to be provided with adequate drainage per code and local authority. Meter to be per municipality or water provider standards.

Any existing hose bibs will be in proper working condition prior to Tenants possession of space.

Building sanitary drain size will be determined by Tenant'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 Tenant 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 Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary drain to be stubbed into Tenant's space with a minimum invert level of 42 inches below finished slab. Sanitary drain to be sized based on the calculated drainage fixture unit (DFU) method in accordance to code for both the Tenant's DFU's combined with any other tenant DFU's sharing the drain however, in no case less than 4 inch diameter. Ejectors or lift stations are prohibited. Landlord to clean, power jet and televise existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

Landlord to provide a plumbing vent no less than 4 inch diameter stubbed into Tenant's space as high as possible with an elevation no less than the bottom of the lowest structural element of the framing to the deck above. Where deck above is the roof, Landlord to provide roof termination and all required roof flashing and waterproofing. Plumbing roof terminations to maintain a minimum separation of 15 feet, or more if required by local code, from any mechanical rooftop equipment with fresh air intake. Where required separation does not exist, Landlord to relocate to be within compliance at Landlord's cost.

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

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

17.0 - Fire Suppression and Alarm System

Fire Sprinkler Systems and building fire alarm control panel shall be maintained by Landlord. Landlord to provide pertinent information on systems for Tenant Engineers for design. Landlord to provide current vendor for system and monitoring company.

A Sprinkler system will be installed if required by AHU or if required by Tenant. Any single story standalone building or that could expand to greater than 10,000 will require a sprinkler system. Landlord to provide cost, to be included in lease rate, for the design and installation of a complete turnkey sprinkler system (less drops and heads in Tenant space) that meets all local building, fire prevention and life safety codes for the entire building. This system to be on a dedicated water line independent of Tenant's potable water line requirements. Landlord to include all municipal approved shop drawings, service drops and sprinkler heads at heights per Tenant'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.

18.0 – Electrical;

Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include utility metering, tenant service feeder, and distribution panel board with main and branch circuit breakers. Tenant will not accept multiple services to obtain the necessary capacity. Should this not be available Landlord to upgrade electrical service to meet the following criteria:

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

Tenant'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 panel board. If 480V power is supplied, Landlord to provide step down transformer to Tenant requirements above.

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

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

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

Existing electrical raceway, wire, and cable extending through the Tenant's space but serving areas outside the Tenant's space shall be re-routed outside the Tenant's space and reconnected as required at the Landlord's cost.

Fire Alarm system shall be maintained and in good working order by Landlord prior to Tenant acceptance of space. Landlord to provide pertinent information on systems for Tenant's design. Landlord to provide current vendor for system and monitoring company. Landlord'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. If lease space is in a multi-tenant building then Landlord to provide an empty conduit stub in Tenant space from Landlord's Fire Alarm panel. If Fire Alarm system is unable to accommodate Tenant requirements and/or FA system is not within applicable code compliance, Landlord to upgrade panel at Landlord's cost.

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

19.0 - Gas Service

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

20.0 - Mechanical /Heating Ventilation Air Conditioning *

Landlord to provide a detailed report from a HVAC company on all existing HVAC units i.e. age, CFM's, cooling capacity, service records etc. for review by Tenant. HVAC Units, components and equipment that Tenant intends to reuse shall be left in place 'as is' by Landlord. Landlord shall allow Tenant, at Tenant's discretion to remove, relocate, replace or modify existing unit(s) as needed to meet HVAC code requirements and design layout requirements.

If determined by Tenant that the units need to be replaced and or additional units are needed, Landlord will be responsible for the cost of the replacement/additional HVAC units, Tenant will complete the all work with the replacement/additional HVAC Units. Units replaced or added will meet the design requirements as stated below.

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 Tenant's demands for a dialysis facility and the base building Shell loads.
- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-outAll 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 high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode
-

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

21.0 - Telephone

If in a multi-tenant building Landlord to provide a 1" conduit from Building Demark location to phone room location in Tenant space.

22.0 – Cable or Satellite TV

Tenant 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. Landlord shall reasonably cooperate and grant "right of access" with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.

23.0 - Handicap Accessibility *

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

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

24.0 - Generator

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

25.0 – Existing Site Lighting

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

26.0 – Exterior Building Lighting

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

27.0 – Parking Lot

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

28.0 – Refuse Enclosure *

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

29.0 - Signage

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

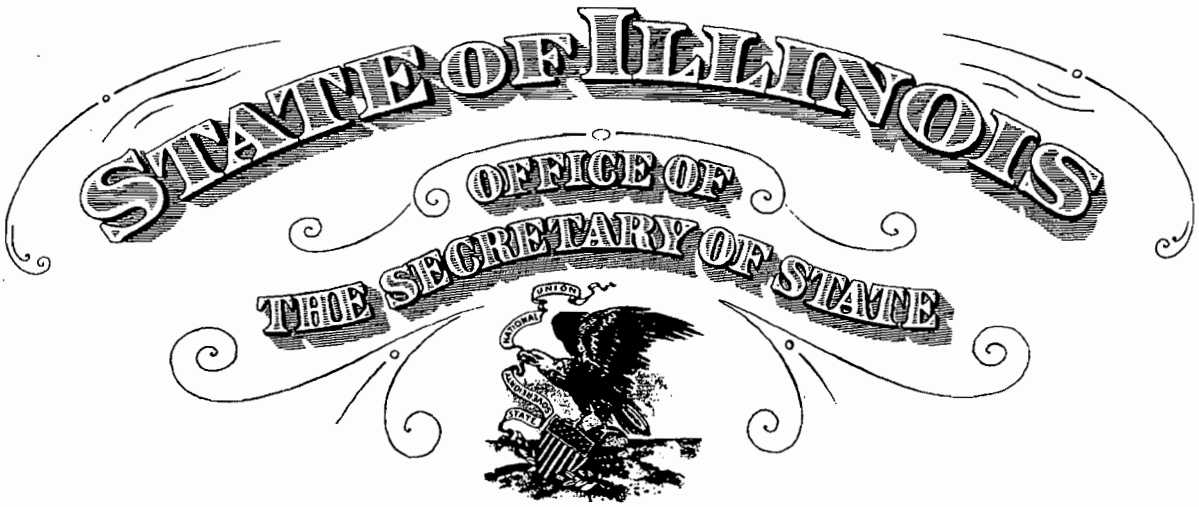
Should Tenant request, Landlord to provide allowance of $ 4,500 for an illuminated monument/pylon site sign with base and a $ 7,000 allowance for a facade mounted sign which will include electrical to both. Final sign layout to be provided and approved by Tenant and City

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.

Attachment - 3

File Number 5823-002-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 23RD *day of* NOVEMBER *A.D.* 2015 .

Authentication #: 1532702232 verifiable until 11/23/2016
Authenticate at: http://www.cyberdriveillinois.com

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 Washington Heights Dialysis is attached at Attachment – 4.

Washington Heights 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 10620 South Halsted Street, Chicago, Illinois 60628. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5, there is no flood map printed for 10620 South Halsted Street, Chicago, Illinois 60628, panel 17031C0635J. The interactive map for Panel 17031C0635J reveals that it is an Area of Minimal Flood Hazard. Therefore, the site of the proposed dialysis facility is located outside of a flood plain.

Attachment - 5

Flood Map Service Center

Search by Address

Enter an address, place, or coordinates:

10620 South Halsted Street, C

This locator map shows flood map boundaries with the map for your location selected. You can choose a new flood map by changing the view and selecting a point or entering a new location in the search box. The buttons to the left let you view and print the selected flood map, download the flood map image, open an interactive flood map (if available), or expand the search to all products to view effective, preliminary, pending, or historic maps, and risk products for the community.

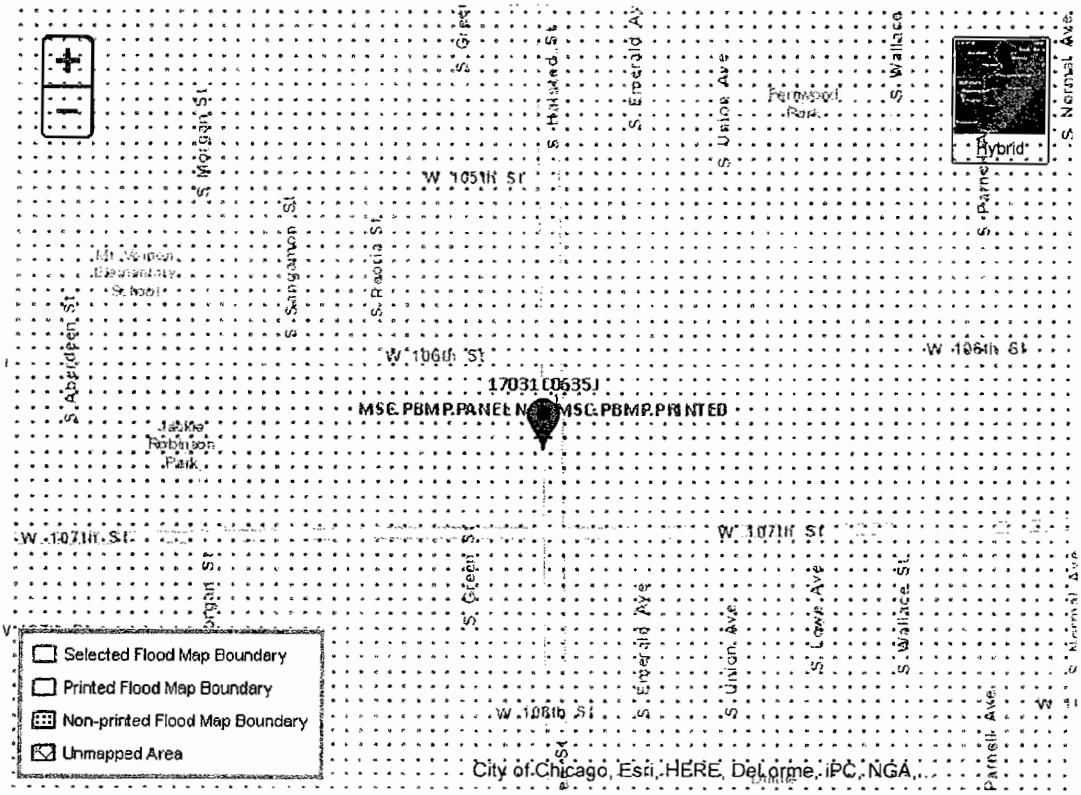
You have selected a location in

COOK CO UNINC & INC AREAS

There is no flood map printed for the selected location. A digital version of the map panel for the selected location in the National Flood Hazard Layer (NFHL) can be viewed by clicking the "Interactive Map" icon below. Here you can track the status of effective Letters of Map Revision (LOMR) and Amendment (LOMA), and search details regarding individual map panels. You can view or download the FIRM Panel Index by selecting the "Show all products for this area" link at the bottom of this section.

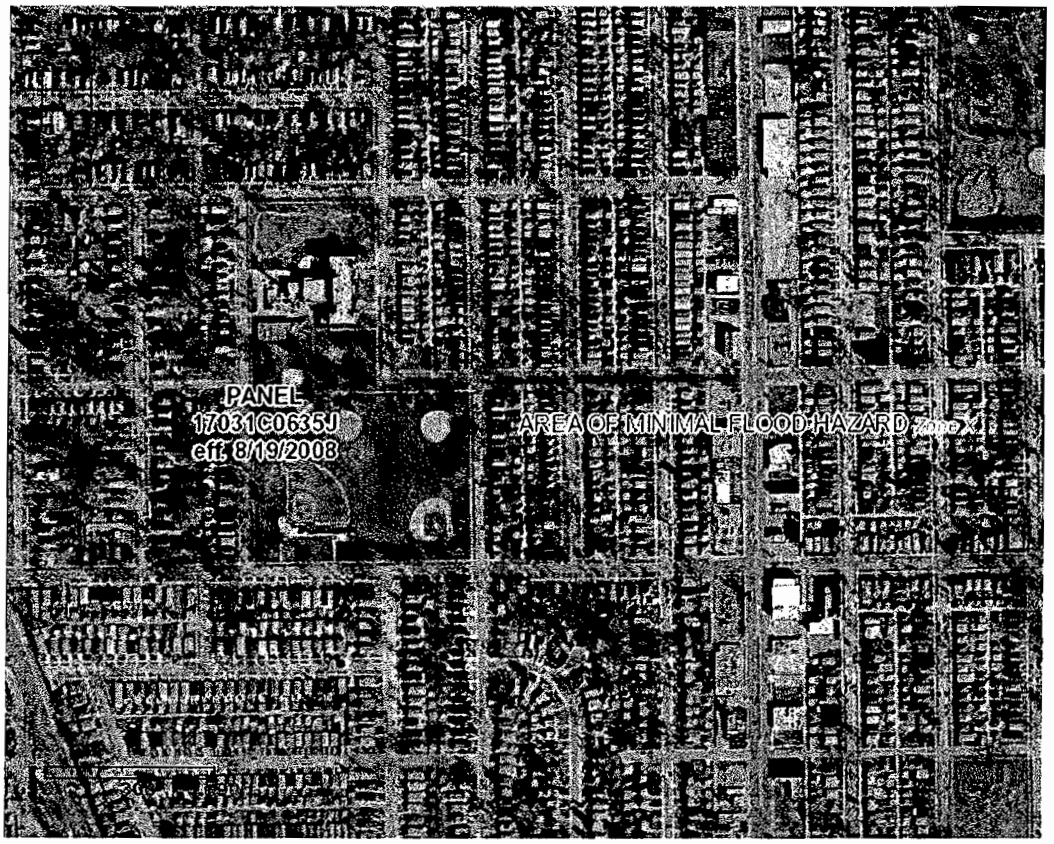
INTERACTIVE MAP

Show **all products** for this area



HOME FEMA's National Flood Hazard Layer (Official)

Details | Basemap | Share Print | Measure



Legend

NFHL (click to expand)

LOMRs
- Effective

LOMAs

FIRM Panels

Cross-Sections

Base Flood Elevations

Flood Hazard Boundaries
- Limit Lines
- SFHA / Flood Zone Boundary
- Other Boundaries

Flood Hazard Zones
- 1% Annual Chance Flood Hazard

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Attachment - 5

FIRM Panel: 17031C0635J

Map Effective Date: August 18, 2008

Map is Countywide, Not Printed

Download a graphic of the map (available if map panel is printed)

Download county GIS data

If Panel is not printed, the reason why:
NO SPECIAL FLOOD HAZARD AREAS

Version: 1.1.1.0
Source Citation: 17031C_FIRM1

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

The applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.

Timothy V Tincknell, FACHE
(312) 243-9286 x230
timothy.tincknell@davita.com

1600 W 13th St, Ste 3
Chicago, IL 60608
Fax: (866) 586-3214
www.davita.com

November 2, 2015

Ms. Rachel Leibowitz, PhD
Deputy State Historic Preservation Officer
Preservation Services Division
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination

Dear Dr. Leibowitz:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita HealthCare Partners Inc. ("Requestor") seeks a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 16-station dialysis facility at 10620 South Halsted Street, Chicago, Illinois 60628 ("Proposed Project") affects historic resources. For reference, the legal description for this site is:

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

Lots 1 to 9 (except the East 17 feet thereof) both inclusive, and the North 15 feet of Lot 10, (except the East 17 feet thereof) in E. A. Warfield's Subdivision of Block 9 in Section 17 addition to Washington Heights, a Subdivision of the South ½ of the Northeast ¼ and the South East ¼ of the Northeast ¼ of Section 17, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois together with the tenements and appurtenances thereunto belonging.

Property Address: 10620 S. Halsted, Chicago, IL
Permanent Tax Number: 25-17-230-071-0000

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 16-station dialysis facility at 10620 South Halsted Street, Chicago, Illinois 60628.

2. Topographical or Metropolitan Map

Metropolitan maps showing the location of the Proposed Project are attached at Attachment 1.

3. Historic Architectural Resources Geographic Information System

Maps from the Historic Architectural Resources Geographic Information System are attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

4. Address for Building/Structure

The proposed project will be located at 10620 South Halsted Street, Chicago, Illinois 60628.

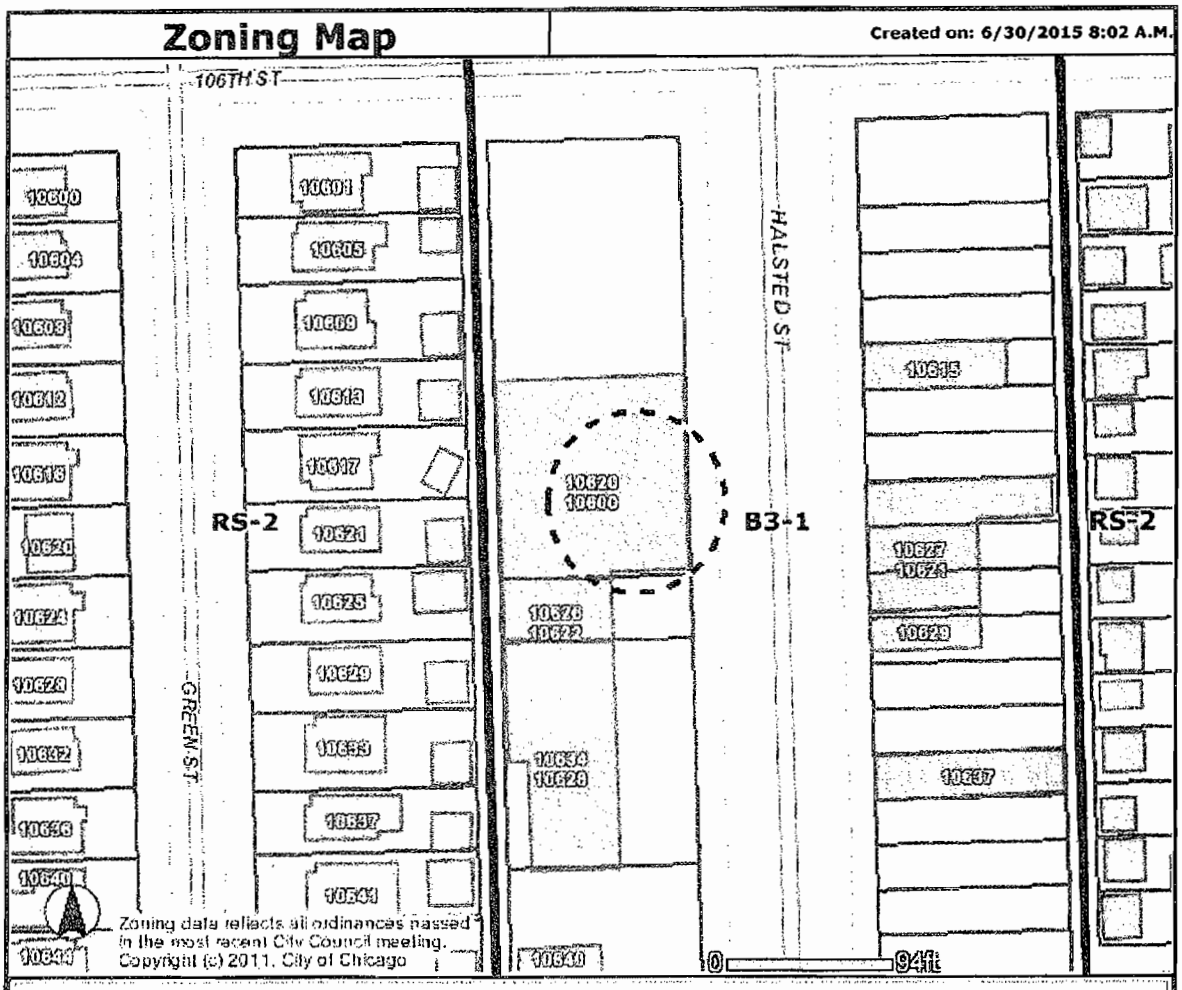
Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-243-9286 x230 or timothy.tincknell@davita.com.

Sincerely,

Timothy V Tincknell
Administrator

Enclosure

TVT:



Address

10620 S HALSTED ST

Zoning
- Business
- Commercial
- Manufacturing
- Residential
- Planned Development
- Planned Manufacturing
- Downtown Core
- Downtown Service
- Downtown Mixed
- Downtown Residential
- Transportation
- Parks & Open Space
- Zoning Boundaries

Historic Preservation
CHICAGO LANDMARKS
- Chicago Landmarks
- Landmark Districts

Chicago Historic Resources Survey - Buildings subject to Demolition-Delay Ordinance
- Red
- Orange

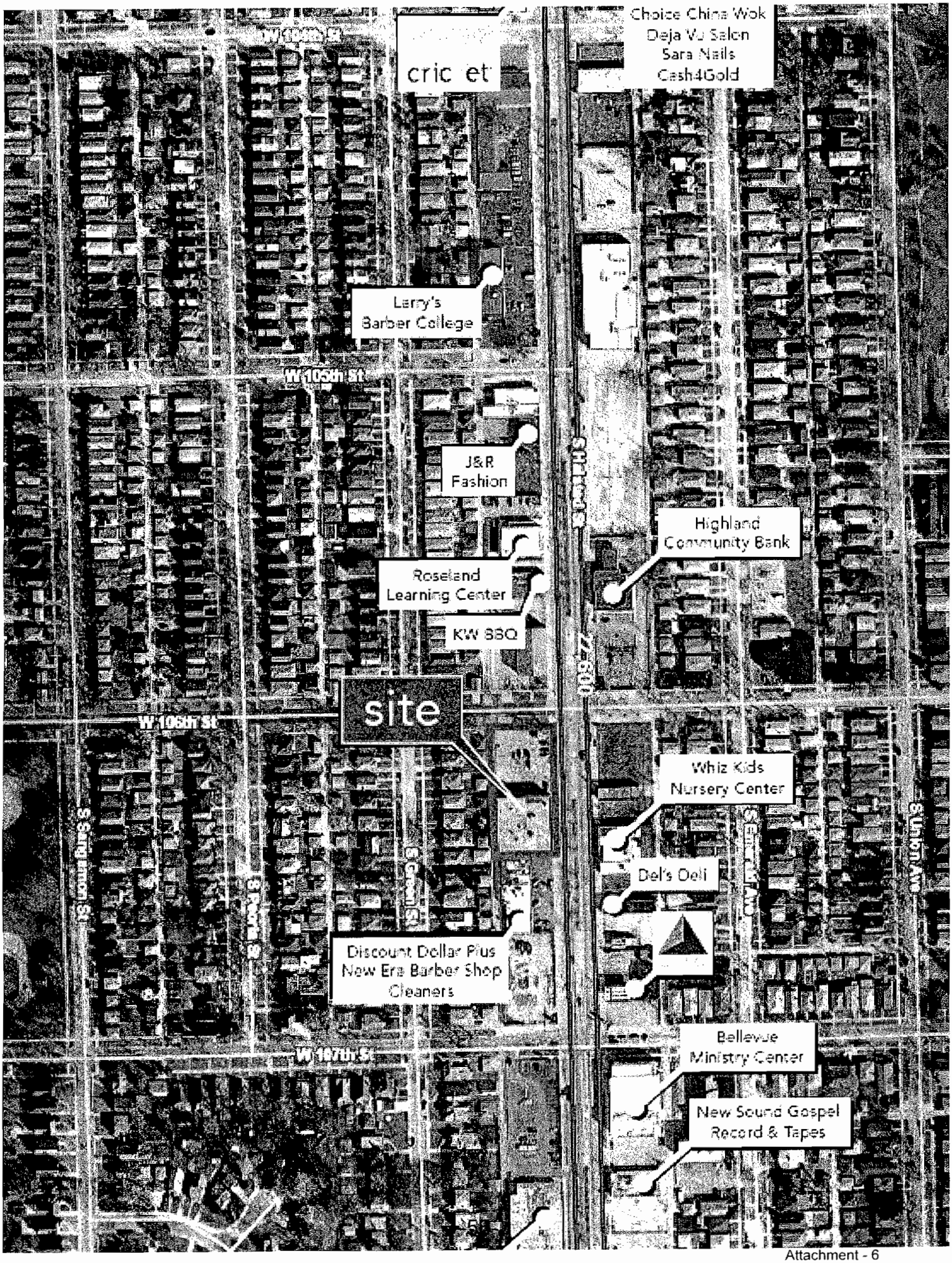
Water

Cemetery

Municipalities

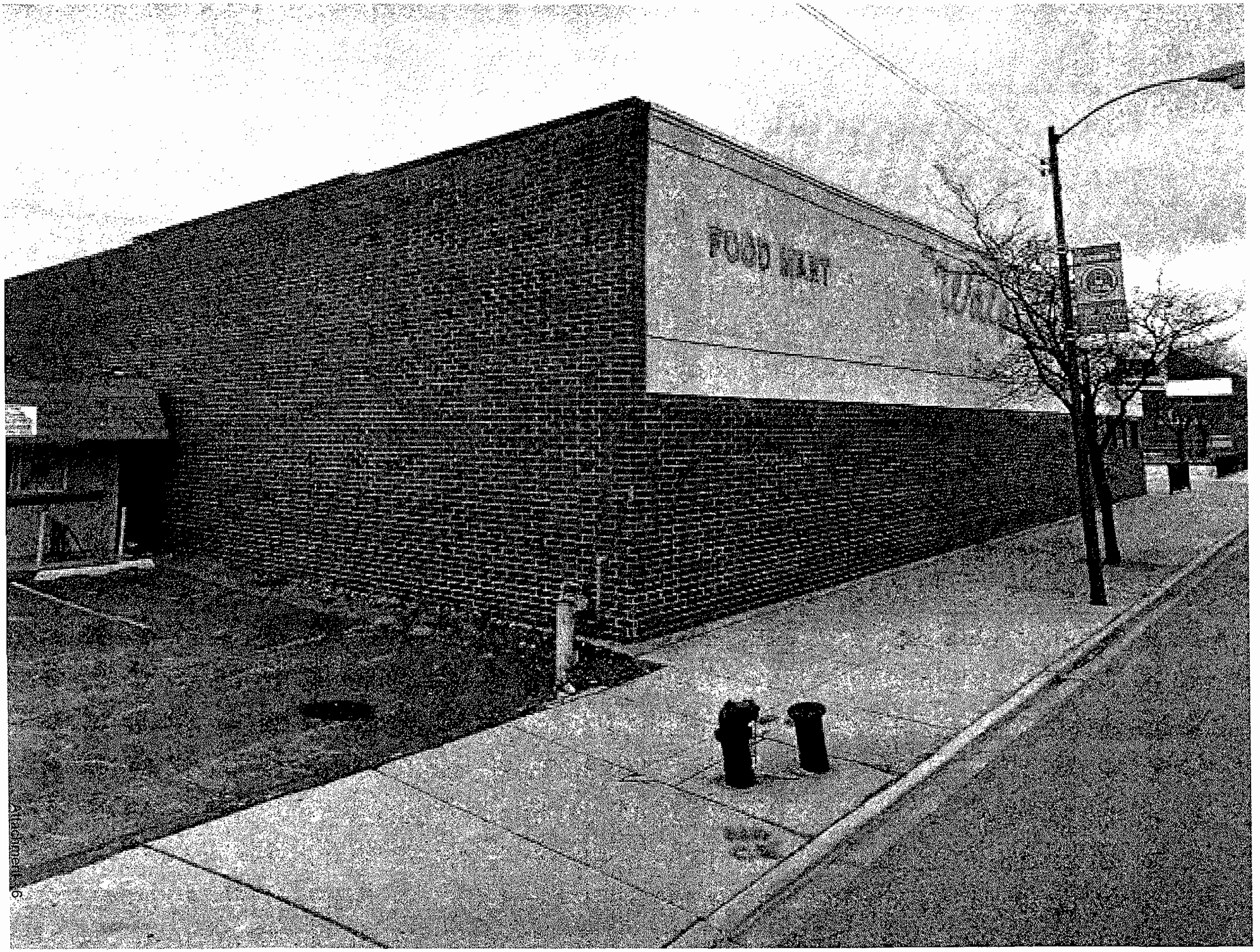
- Lakefront
- Pedestrian Streets
- Buildings
- Parcels
- Streets
- Curbs
- Forest Preserve
- City Boundary

JPMorgan Chase
10620 S Halsted St
S Halsted St



Attachment - 6

Attachment 6



Attachment 9

Attachment - 6

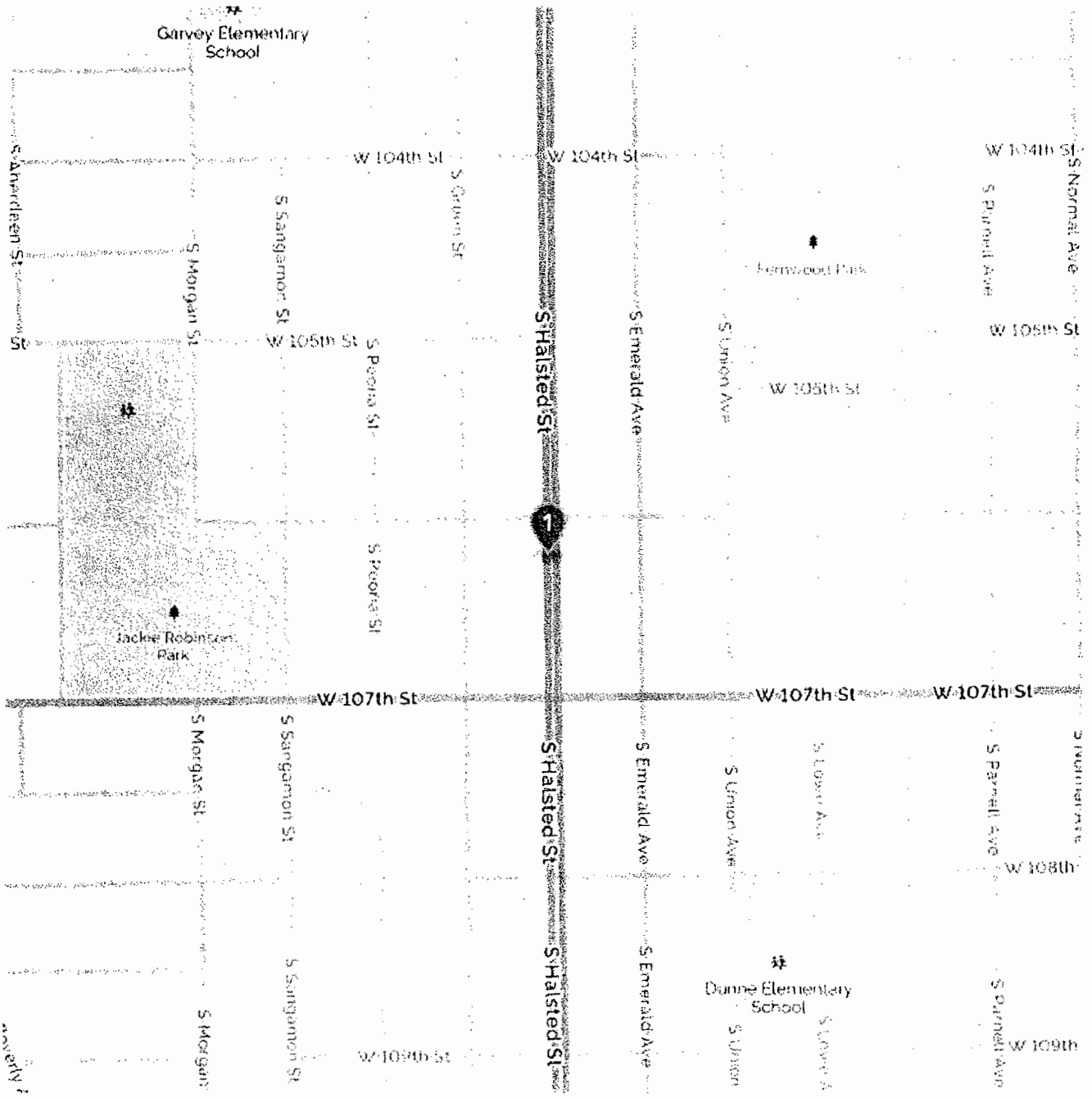
Search Results for "10620 S Halsted St, Chicago, IL 60628-2310"

mapquest

page 1 of 1

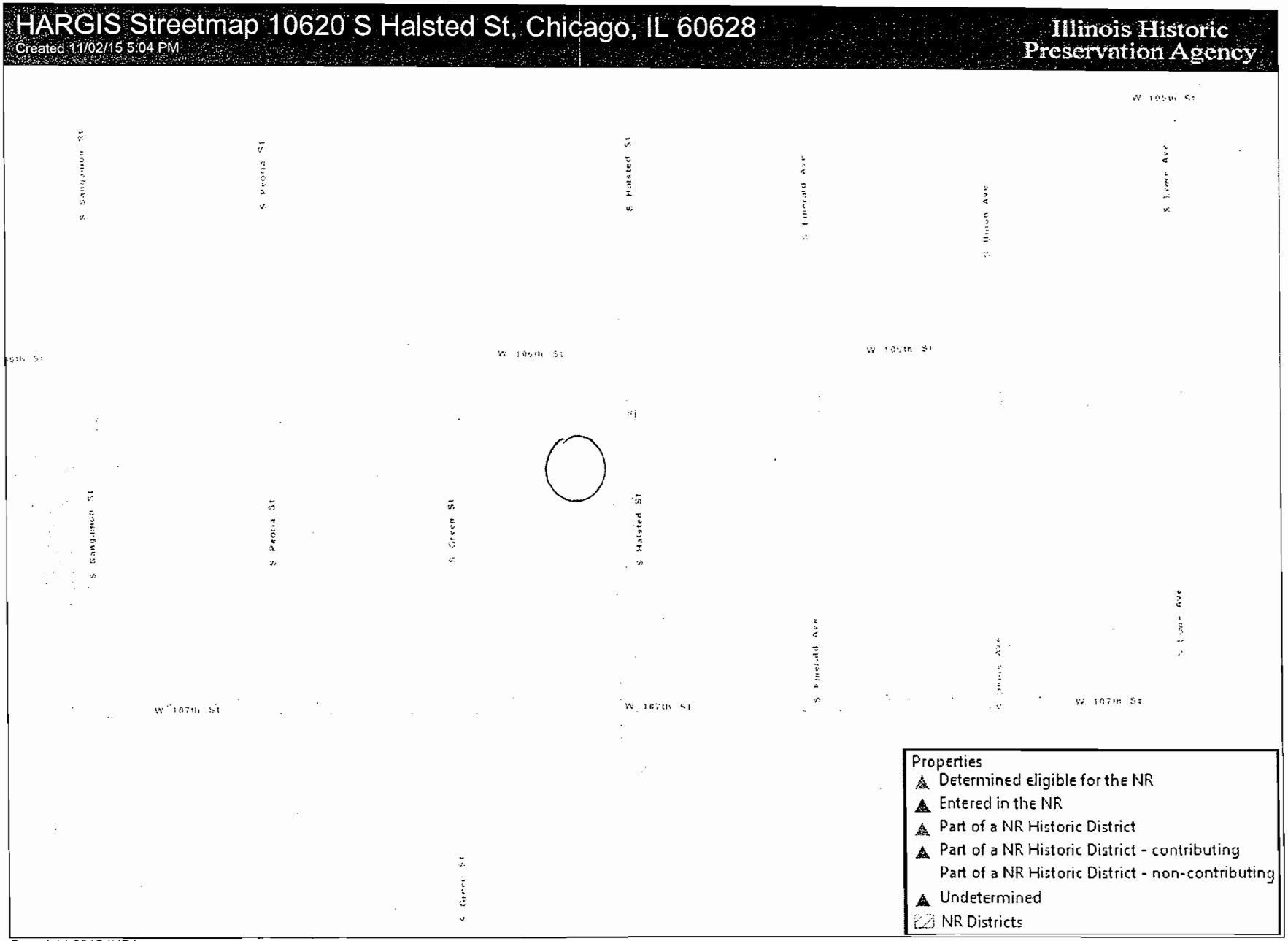
1. 10620 S Halsted St

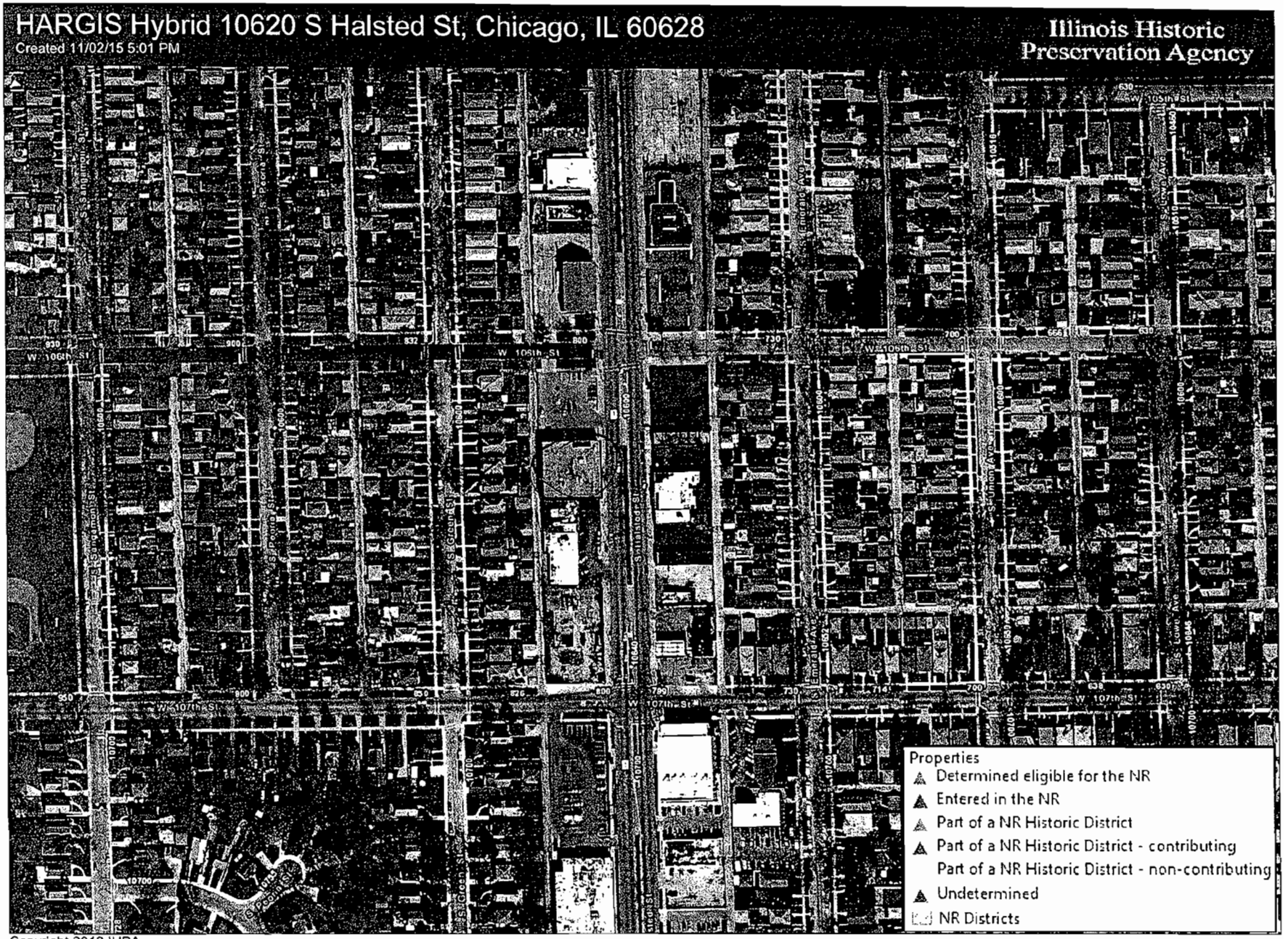
10620 S Halsted St,
Chicago, IL 60628-2310

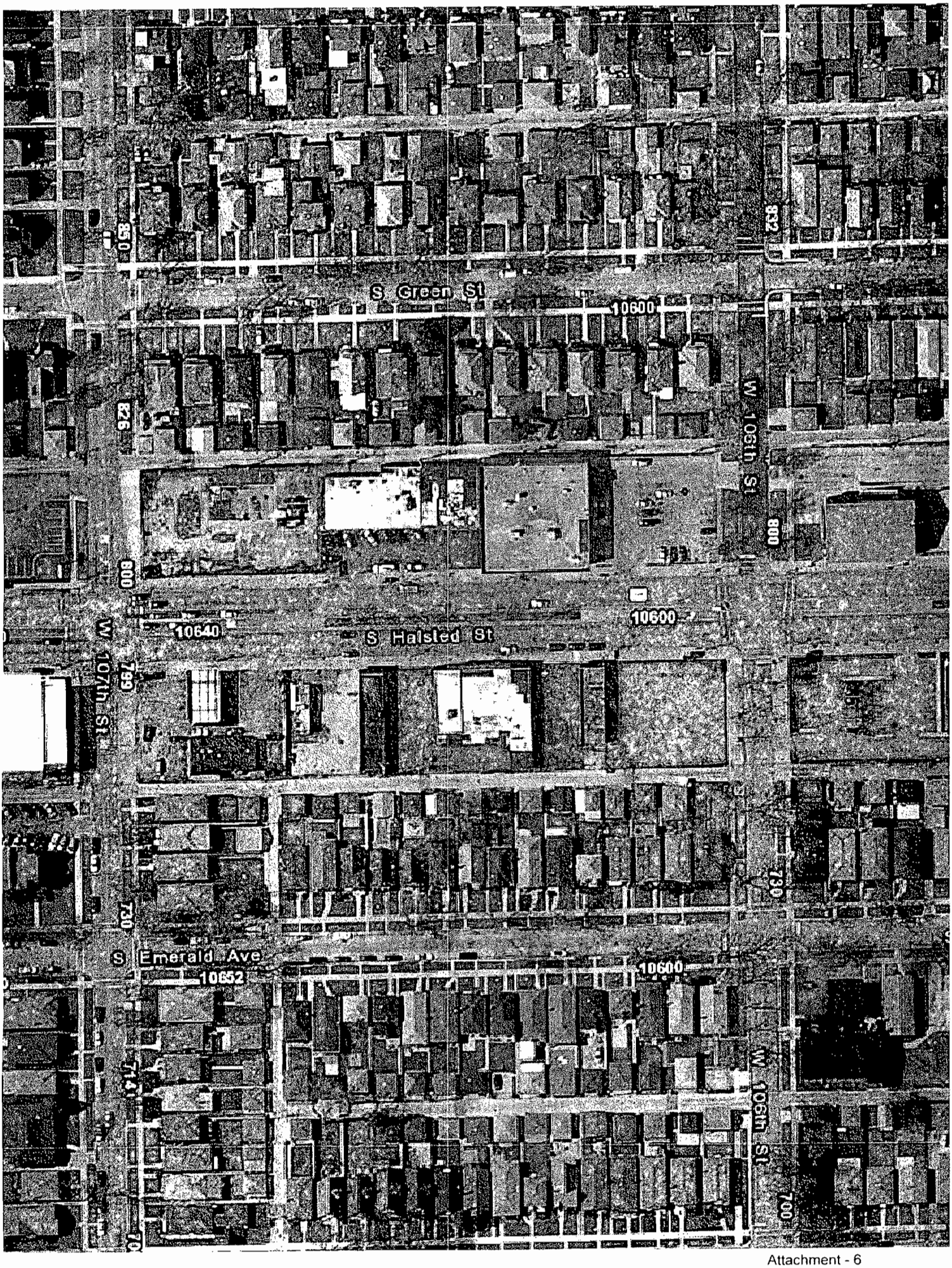


Attachment - 6

Attachment - 6







Attachment - 6

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

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

From: trackingupdates@fedex.com
Sent: Wednesday, November 4, 2015 9:33 AM
To: Timothy Tincknell
Subject: FedEx Shipment 774892392242 Delivered

Your package has been delivered

Tracking # 774892392242

Ship date:
Tue, 11/3/2015

Tim Tincknell
DaVita
CHICAGO, IL 60608
US

Delivered

Delivery date:
Wed, 11/4/2015 9:29 am

Ms. Rachel Leibowitz, PhD
IL Historic Preservation Agency
1 Old State Capitol Plaza
Preservation Services Division
SPRINGFIELD, IL 62701
US

Shipment Facts

Our records indicate that the following package has been delivered.

Tracking number:	774892392242
Status:	Delivered: 11/04/2015 09:29 AM Signed for By: J.SHOURD
Signed for by:	J.SHOURD
Delivery location:	SPRINGFIELD, IL
Delivered to:	Receptionist/Front Desk
Service type:	FedEx Priority Overnight
Packaging type:	FedEx Envelope
Number of pieces:	1
Weight:	0.50 lb.
Special handling/Services:	Deliver Weekday

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			
Modernization Contracts	$1,293,997		$1,293,997
Site Survey and Soil Investigation			
Contingencies	$90,000		$90,000
Architectural/Engineering Fees	$125,400		$125,400
Consulting and Other Fees	$122,500		$122,500
Moveable and Other Equipment			
Communications	$97,150		$97,150
Water Treatment	$141,675		$141,675
Bio-Medical Equipment	$10,885		$10,885
Clinical Equipment	$247,755		$247,755
Clinical Furniture/Fixtures	$22,745		$22,745
Lounge Furniture/Fixtures	$3,265		$3,265
Storage Furniture/Fixtures	$7,037		$7,037
Business Office Fixtures	$29,865		$29,865
General Furniture/Fixtures	$29,000		$29,000
Signage	$10,000		$10,000
Total Moveable and Other Equipment	$599,377		$599,377
Fair Market Value of Leased Space	$1,668,363		$1,668,363
Total Project Costs	**$3,899,637**		**$3,899,637**

Section I, Identification, General Information, and Certification
Current Projects

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
13-070	Belvidere Dialysis	Establishment	3/31/2016
14-020	Chicago Ridge Dialysis	Establishment	1/31/2016
14-042	Tinley Park Dialysis	Establishment	10/31/2016
14-058	Alton Dialysis	Relocation	7/31/2016
14-069	Stony Creek Dialysis	Relocation	6/30/2016
15-004	Machesney Park Dialysis	Establishment	4/30/2017
15-003	Vermillion County Dialysis	Establishment	4/30/2017
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017
15-033	Lincoln Park Dialysis	Relocation	4/30/2017

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

The Applicants anticipate project completion within **18** 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							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	$3,899,637		7,540		7,540		
Total Clinical	**$3,899,637**		**7,540**		7,540		
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	**$3,899,637**		**7,540**		**7,540**		

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

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. This project is for the establishment of a 16 station in-center hemodialysis facility, to be named Washington Heights Dialysis, and to be located at 10620 South Halsted Street, Chicago, Illinois 60628.

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 2014 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in the application for Proj. No. 15-025.

On October 8, 2015, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the second year in a row, DaVita outperformed its competitors. See Attachment – 11A. As referenced in the report, DaVita led the industry in quality. Of the 586 dialysis facilities awarded five stars, DaVita owned 202 (or 34 percent).

On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCO's are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCO's encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications. See Attachment – 11B.

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 these programs was previously included in the application for Proj. No. 15-025.

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]

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[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). Forty-one 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.

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. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident

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[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.

dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

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 NAVII 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 worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

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. By March 15, 2014 DaVita achieved 100 percent compliance with its teammate immunization-or-mask directive, with more than 86 percent of teammates choosing vaccination. As of the same date, 92.2 percent of patients were vaccinated for the flu, marking the fourth consecutive year that DaVita's patient vaccination rates exceeded the U.S. Department of Health and Human Services Healthy People 2020 recommendations.

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. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11%. 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. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. 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 $204 million 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. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

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. G.I. Jobs has recognized DaVita as a Military Friendly Employer for six consecutive years. The ranking is based on a survey assessing companies' long-term commitment to hiring those with military service, recruiting and hiring efforts and results, policies for Reserve and National Guard members called to active duty, military spouse programs, and the presence of special military recruitment programs. DaVita was also named as a Civilianjobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2015, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eighth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the fourth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. 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 one of Fortune® Magazine's Most Admired Companies in 2015 – for the tenth consecutive year.

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. Newsweek Green Rankings

recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita 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 has 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," assist in these initiatives and have raised more than $6 million since 2007, thus far, through the annual Tour DaVita bicycle ride. DaVita continued its "DaVita Way of Giving" program in 2014 with teammates at clinics across the nation selecting more than 950 nonprofits and community organizations to receive more than $1.6 million in contributions. Nearly $4 million has been donated through the DaVita Way of Giving since the program began.

DaVita does not limit its community engagement to the U.S. alone. In 2014, DaVita Village Trust completed 21 medical missions in 7 countries, bringing life-saving dialysis treatment to more than 250 patients around the world. Through its first primary care medical mission, it provided care and health education to more than 70 kidney donors and individuals. It provided CKD rapid-screenings for over 8,500 people through 38 domestic and two international CKD screening events. 32 screening events are planned for 2015 for people in at-risk and underserved communities in the U.S. and abroad.

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") 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.

2. A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11C. Dialysis facilities are currently not subject to State Licensure in Illinois.

   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 – 11D.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and 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 – 11D.

CMS ratings of dialysis providers show most remain mediocre

By Sabriya Rice | October 8, 2015

For the second year in a row, the nation's top two kidney-care providers performed at significantly different levels of quality, according to CMS data released Thursday. DaVita beat out competitor Fresenius in the four- and five-star categories.

The CMS began publicly posting one- to five-star ratings for nearly 6,000 U.S. dialysis facilities in January after a delay as providers including DaVita and Fresenius continue to battle CMS' methodology in achieving the ratings.

The scale is meant to help dialysis patients evaluate quality at treatment centers. But experts say the ratings are difficult to understand and are not consistent with other online public-rating systems.

Patients whose kidneys stop working require dialysis—a process to filter toxins from their body—three times a week for several hours at a time. Studies and ratings such as those released Thursday show that hemodialysis patients in the U.S. continue to receive substandard care despite longstanding best practices.

A total of 5,841 dialysis facilities received a star rating from the CMS, 261 more facilities than the previous report, a Modern Healthcare analysis of the newly released data found. Of the 586 top performers in the five-star category, DaVita owned 202 while Fresenius owned 110. On the low end of the rating scale, Fresenius had 279 facilities of the 575 total in the one-star category, compared with DaVita, which had only 38. The disparity is consistent with previous findings.

A total of 1,169 U.S. facilities fell into the two-star range, 2,339 in the three-star range and 1,172 in the four-star range. This is consistent with the CMS' methodology, which structures the ratings so that only facilities in the top and bottom deciles would receive five stars and one star respectively. Those in the next highest 20% received four stars, the middle 40% got three stars and those in the next 20% were given two stars.

Kidney-care providers continue to challenge this structure, which they say does not offer fair competition. No matter how well facilities do, they argue, the curve will always force facilities into the lower-star categories.

An 18-member panel met this spring to discuss the rating program and make recommendations.

A report released Tuesday summarized their findings. A panel member agreed with statements made by former HHS Secretary Kathleen Sebelius, who said using a bell curve has "inherent flaws," according to the report."The last thing we want to do is have an arbitrary bell curve just for the sake of having a system."

While not perfect, the federal push to report publicly their performance in some areas and to provide transparency should be encouraging facilities to step up to the plate, advocates have said.

Sabriya Rice

Sabriya Rice reports on quality of care and patient-safety issues. Rice previously wrote and produced for the medical unit of CNN, where she contributed to the Empowered Patient column and the weekly medical program formerly called "Housecall with Dr. Sanjay Gupta." She earned a bachelor's degree in film and television from the University of Notre Dame and a master's in communication studies from the University of Miami in Coral Gables, Fla. She joined Modern Healthcare in 2014.

CMS announces first shared-risk program for kidney care

By Sabriya Rice | October 8, 2015

The CMS announced on Wednesday the first suite of accountable care organization models specifically geared toward treatment of end-stage renal disease (ESRD). More than 600,000 people in the U.S. live with the condition, which requires patients to undergo costly, but life-sustaining dialysis treatments each week that account for nearly 6% of Medicare spending.

The 13 ESRD seamless care organizations, called ESCOs, began to share this month the financial risks for treating Medicare beneficiaries with kidney failure in 11 U.S. states. The models are meant to encourage dialysis providers to "think beyond their traditional roles" and provide patient-centered care, the CMS announcement said.

DaVita and Fresenius, the nation's two largest dialysis providers, both won bids to participate. DaVita HealthCare Partners will have three ESCOs located in Phoenix, Miami and Philadelphia. Fresenius Medical Care will have six, located in San Diego, Chicago, Charlotte, N.C., Philadelphia, Columbia (S.C.) and Dallas. Both providers expressed enthusiasm for participation in the program, and agree it is a step in the right direction. Still, both providers also expressed reservations.

"Deciding whether or not to participate has been a huge challenge," said Robert Sepucha, senior vice president of corporate affairs for Fresenius. Some of the measurements are not barometers of good quality care specifically for dialysis providers, he said, and the economic incentives "are not perfect." He added, "There are flaws that could prevent it from becoming the large-scale, new payment system a lot of us have hoped for."

The CMS began taking applications for the ESCO initiative in April 2014, but the plan drew early criticism. Kidney providers supported the concept, but questioned the application process and the metrics selected. Some thought the models should expand to target patients in earlier stages of the disease to slow its progression and subsequent costs.

"If you're not doing good upstream management of the patient, you're not going to be able to address the health needs and costs that could be avoided," said Todd Ezrine, general manager for VillageHealth, the DaVita program that will host that organization's ESCO.

He also said DaVita "scoured the country" to find markets where the shared saving program would be successful. CMS' benchmarking standards would be difficult to reach in markets where DaVita already achieves good outcomes, as participants may not understand the level of additional improvement needed to avoid penalties, he said.

Over the past year, the two providers have not necessarily seen eye-to-eye on the kidney care metrics used by federal programs.

For example, for the second time in nearly two years, DaVita beat its competitor on a five-star rating system posted publicly on the Dialysis Facility Compare website. Of 586 top performers in the five-star category, DaVita owned 202 facilities, while Fresenius owned only 110, according to data released Thursday. Alternatively, Fresenius had 279 facilities of the 575 that appeared in the one-star category, compared with DaVita, which had only 38.

Though kidney providers originally seemed united in their skittishness about that program, DaVita made a pivot following the first round of results. Fresenius, on the other hand, continues to express hesitation.

Fresenius made changes to the way data are collected, and to its clinical programs, but that will change nothing because of the forced bell curve the CMS uses on the five-star rating system, Sepucha said. "As one clinic moves up, another clinic has to move down," he said. "You could get rid of all one- and two-star clinics today, and tomorrow there would be a whole new set."

The CMS star ratings are consumer-facing initiatives that focus on quality of care inside medical facilities. The ESCOs are alternative payment models designed to encourage dialysis providers to take responsibility for the quality and cost of care for a population of patients. It includes the patient's total care, like managing other comorbidities and multiple medications, and is not just limited to care inside of dialysis facilities

It remains to be seen if concerns about the metrics specific to dialysis care will create disparities in the ESCO programs as well. The other two organizations participating include Dialysis Clinic, which will have programs in Newark, N.J., Spartanburg, S.C., and Nashville; and the Rogosin Institute, with an ESCO in New York.

In the meantime, health economists say providers can expect more bundling. Programs like ESCO are a reflection of a national focus on encouraging health providers from all specialties to put the patient first.

"Shouldn't the person taking care of a patient already be doing everything they could? Of course," said health economist, Dr. Peter Ubel, of Duke University's Fuqua School of Business. But bundled-payment models with shared financial risks do help reduce the tendency of for-profit industries to pay attention only to those products and services for which they get the biggest payments, he said.

Other payment and delivery experiments the CMS has launched under the Affordable Care Act have yielded mixed results so far. Last January, the first results for Medicare's shared-savings program for ACOs showed uneven progress among hospitals and physicians. The CMS Innovation Center's Pioneer ACO Model, meanwhile, saw nine of

32 Pioneer organizations exit the program after its first year. Several of them switched to the less financially risky shared-savings program.

Sabriya Rice

Sabriya Rice reports on quality of care and patient-safety issues. Rice previously wrote and produced for the medical unit of CNN, where she contributed to the Empowered Patient column and the weekly medical program formerly called "Housecall with Dr. Sanjay Gupta." She earned a bachelor's degree in film and television from the University of Notre Dame and a master's in communication studies from the University of Miami in Coral Gables, Fla. She joined Modern Healthcare in 2014.

News Releases

DaVita Kidney Care Launches the First Ever Medicare Disease-Specific ACO

Thousands of Medicare Beneficiaries will Receive Integrated Kidney Care

DENVER, Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita HealthCare Partners Inc. (NYSE: DVA) announces the launch of End Stage Renal Disease (ESRD) Seamless Care Organizations (ESCOs) in conjunction with other dialysis organizations in select markets across the country.

ESRD patients are a uniquely vulnerable, chronically ill population who, in addition to having kidney failure, may also be frail, disabled, low income and are likely to suffer from other complex medical conditions.

The Centers for Medicare & Medicaid Services (CMS) recognizes that ESRD patients would benefit greatly from specialized integrated care. The ESCO model enables this specialized care and requires that participating dialysis providers like DaVita partner with nephrologists to take full accountability for the clinical and financial outcomes of patients participating in the program.

"ESRD patients are unique and the dialysis center is their natural medical home," said Dr. Stephen McMurray, vice president of clinical integrated care management services for DaVita. "We believe in the potential of the specialized ESRD care model to shape the delivery of care to chronically ill populations more broadly in the future."

DaVita, in conjunction with pioneering nephrologist and health system partners, began serving patients in this model on October 1, 2015 in Arizona, Florida, New Jersey and Pennsylvania.

"This is the beginning of a transformative model. Our goal is to partner with the government to create a long-term model that allows all patients to receive the gift of integrated care," said Javier Rodriguez, CEO for DaVita Kidney Care. "We are committed to this vision and are dedicated to being an innovative partner to make that vision a reality."

DaVita has proven experience in managing the full risk and care for broad populations across multiple geographies including specialized programs designed for ESRD patients and patients with other chronic needs. Additionally, DaVita is recognized as the clinical leader in two government quality programs, the CMS Dialysis Facility Compare Five-Star Rating System and the CMS ESRD Quality Incentive Program.

The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document

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 June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 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.

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 June 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,210 outpatient dialysis centers located in the United States serving approximately 176,000 patients. The company also operated 96 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, Florida and Colorado in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of June 30, 2015 HealthCare Partners provided integrated care management for approximately 826,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

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DaVita HealthCare Partners

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SOURCE DaVita HealthCare Partners Inc.

News Releases

DaVita Kidney Care Launches the Only Medicare Disease-Specific ACO In Phoenix and Tucson, AZ

PHOENIX, Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita HealthCare Partners Inc. (NYSE: DVA), with its partner provider organizations, announces the launch of an End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO) in Phoenix and Tucson, AZ.

DaVita and Southwest Kidney Institute, along with Banner Health, a leading health care system and Pioneer ACO, have created this unique partnership – the first of its kind in the nation.

"We are excited to be the first in Arizona to bring the gift of true integrated kidney care to our patients," said Sean Graham, division vice president for DaVita. "Our joint venture with pioneering nephrologists and a leading health system will facilitate seamless care delivery resulting in better patient outcomes."

The ESCO is a kidney disease-specific accountable care organization (ACO) developed by the Centers for Medicare and Medicaid Services (CMS) that will allow kidney care providers to take accountability for the clinical and financial outcomes of ESRD patients.

"Value-based arrangements like ESCOs are not only the basis for more cost-effective health care, they also drive the best quality care for our members," said Dr. Nishant Anand, chief medical officer for Banner Health Network, Banner Health's accountable care organization. "Through this partnership, we believe patients will get the right care in the right setting and many crises can be averted or de-escalated, allowing a greater quality of life for those with ESRD."

The ESCO will leverage its access to the patient, its relationship with nephrologists and substantial clinical data to address the totality of each patient's healthcare needs inside and outside of the dialysis clinic.

"Southwest Kidney Institute is committed to high-quality, cost-effective population health. But most importantly, we want to provide care that enhances the individual patient experience and improves their quality of life," said Dr. Rajiv Poduval, President of Southwest Kidney Institute. "The ESCO platform and the unique opportunity to partner with two progressive health care organizations that share our vision, provide us with an opportunity to do both."

DaVita has proven experience in managing the full risk and care for broad populations across multiple geographies including specialized programs designed for ESRD patients and patients with other chronic needs. Additionally, DaVita is recognized as the clinical leader in two government quality programs, the CMS Dialysis Facility Compare Five-Star Rating System and the CMS ESRD Quality Incentive Program.

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

About Southwest Kidney Institute

Southwest Kidney Institute (SKI) is one of the leading private nephrology practices in the country, with over 50 board-certified/eligible physicians and 10 mid-level providers, offering comprehensive renal services to patients with kidney disease.

Through its "Continuum of Caring" model that focuses on prevention, timely intervention, and innovation throughout all stages of Chronic Kidney and End Stage Renal Disease, SKI providers place emphasis on healthy transitions concentrating on outcomes and quality of life.

The company practices out of 35 office locations with 3 vascular centers, an innovative research division, and a thriving kidney transplant program. The SKI-Davita Partnership offers dialysis services in over 30 dialysis facilities in Arizona.

For further information, visit www.swkidney.com.

About Banner Health

Headquartered in Arizona, Banner Health is one of the largest nonprofit health care systems in the country. The system owns and operates 28 acute-care hospitals, Banner Health Network, Banner – University Medicine, Banner Medical Group, long-term care centers, outpatient surgery centers and an array of other services, including family clinics, home care and hospice services, pharmacies and a

nursing registry. Banner Health is in seven states: Alaska, Arizona, California, Colorado, Nebraska, Nevada and Wyoming. For more information, visit www.BannerHealth.com.

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SOURCE DaVita HealthCare Partners Inc.

News Releases

DaVita Kidney Care Launches the First Ever Medicare Disease-Specific ACO In South Florida

FT. LAUDERDALE, Fla., Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita HealthCare Partners Inc. (NYSE: DVA)), along with partner provider organizations, announces the launch of an End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO) in Broward and Palm Beach counties.

DaVita's ESCO partners include: Coastal Nephrology & Hypertension Center led by Dr. Abbas Rabiei, Fort Lauderdale Nephrology and Hypertension led by Drs. Jorge Barrero Sr. and Jr., Mark Kaylin MD, Nephrology Associates of South Broward led by Dr. Alexander Markovich and Dr. James Reich, Renal Electrolyte & Hypertension Consultants led by Dr. Alberto Casaretto, Richard S. Sandler MD and Steven Zeig MD.

"We are excited to bring the gift of integrated care to our patients," said Bryan Gregory, division vice president for DaVita. "Our joint venture with pioneering nephrologists will facilitate seamless care delivery resulting in better patient outcomes."

The ESCO is a kidney disease-specific accountable care organization (ACO) developed by the Centers for Medicare and Medicaid Services (CMS) that will allow kidney care providers to take accountability for the clinical and financial outcomes of ESRD patients.

Dialysis clinics have frequent contact with ESRD patients. They receive dialysis therapy three times a week for an average of four hours per treatment. Patients who use home-based therapies (e.g., peritoneal dialysis, home hemodialysis) visit a dialysis clinic and engage with its staff multiple times per month. The dialysis center is their natural medical home.

"We're pleased that CMS is recognizing that kidney care is unique and that dialysis centers are a medical home for chronically ill patients," said Dr. Stephen McMurray, vice president of clinical integrated care management services for DaVita. "We hope that in the future, integrated kidney care will be available to all patients."

The ESCO will leverage its access to the patient, its relationship with nephrologists and substantial clinical data to address the totality of each patient's healthcare needs inside and outside of the dialysis clinic.

DaVita has proven experience in managing the full risk and care for broad populations across multiple geographies including specialized programs designed for ESRD patients and patients with other chronic needs. Additionally, DaVita is recognized as the clinical leader in two government quality programs, the CMS Dialysis Facility Compare Five-Star Rating System and the CMS ESRD Quality Incentive Program.

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News Releases

DaVita Kidney Care Launches the First Ever Medicare Disease-Specific ACO In Philadelphia, PA and Camden, NJ

PHILADELPHIA, Oct. 7, 2015 /PRNewswire/ -- In a step toward providing integrated care for all Medicare patients with kidney failure, DaVita HealthCare Partners Inc. (NYSE: DVA), along with partner provider organizations, announces the launch of an End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO) in Philadelphia, PA and Camden, NJ.

DaVita's ESCO partners include: Clinical Renal Associates, Cooper University Physician Nephrology Group, Haddon Renal Medical Specialists, Hypertension Nephrology Associates, Nephrology Medical Associates and the University of Pennsylvania Health System.

"We are excited to bring the gift of integrated care to our patients," said Brett Cohen, group regional operations director for DaVita. "Our joint venture with pioneering nephrologists and leading health systems will facilitate seamless care delivery resulting in better patient outcomes."

The ESCO is a kidney disease-specific accountable care organization (ACO) developed by the Centers for Medicare and Medicaid Services (CMS) that will allow kidney care providers to take accountability for the clinical and financial outcomes of ESRD patients.

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News Releases

DaVita is Clinical Leader in Government Five-Star Ratings

DENVER, Oct. 8, 2015 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA), the leading independent provider of integrated health and kidney care services in the United States, today announced that for the second year in a row, it has been recognized as the clinical leader among dialysis providers by the Centers for Medicare and Medicaid Services (CMS), in its just released Five-Star Rating System.

According to the latest government ratings, DaVita Kidney Care operates the highest percentage of four-and five-star centers among all major dialysis providers by nearly two times.

"Five-Star ratings are about providing transparency for patients to make informed decisions on where to receive the highest quality care," said Javier Rodriguez, CEO for DaVita Kidney Care. "I am honored that DaVita is being recognized by the government as the clinical leader. I want to thank our clinical professionals for their commitment to excellence."

Within the CMS' Five-Star Rating System, each dialysis center that provides in-center hemodialysis (excluding centers in hospital settings) receives a rating between one and five based on clinical performance and patient outcomes. Ratings can be found on the Dialysis Facility Compare website.

Data is collected and analyzed from seven quality measures:

- Standardized Transfusion Ratio (STrR)
- Standardized Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- Percentage of adult hemodialysis (HD) patients who had enough waste removed from their blood during dialysis
- Percentage of adult dialysis patients who had hypercalcemia
- Percentage of adult dialysis patients who received treatment through arteriovenous fistula
- Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment

In the other key government quality measure, Medicare's Quality Incentive Program, released in January of each year, DaVita Kidney Care outperformed other major dialysis providers with over 98 percent of the company's centers ranking in the top clinical performance tier compared to an average of 93 percent for the rest of the industry.

In 2013, DaVita Kidney Care developed the Patient-Focused Quality Pyramid to help provide direction for improving patient care and outcomes. The Pyramid focuses on the fundamentals of dialysis care – dialysis access, blood-level monitoring, dialysis adequacy, target weight and parathyroid hormone – and next-generation clinical initiatives that focus on fluid reduction, diabetes management, medication management and infection reduction.

- **FluidWise®** – Our FluidWise program focuses on educating our physicians, patients and teammates on the importance of fluid management, sodium intake and weight management. Early efforts at fluid management have led to greater than a 10 percentage point decrease in interdialytic weight gain.

- **Step Ahead™** – This program helps coordinate care for dialysis patients who have diabetes, which is a leading cause of kidney disease.
- **MedsMatter™** – MedsMatter, DaVita's medication management program, focuses on completing timely and effective home medication reviews as well as providing tools and services to reduce medication-related patient hospitalization.
- **WipeOut Infection™** – The Wipeout Infection program aims to lower the risk of infection for dialysis patients by educating physicians, teammates and patients on the importance of habits and procedures to prevent infections. DaVita's vaccination campaign, as part of the WipeOut Program, led to a 92 percent patient influenza vaccination rate.

To learn more about DaVita Kidney Care's commitment to quality, visit DaVita.com/Five-Star.

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SOURCE DaVita Kidney Care

News Releases

Recipients of Bio-specimen Grant Program BioReG Announced During Kidney Week

MINNEAPOLIS, Nov. 6, 2015 /PRNewswire-USNewswire/ -- DaVita Clinical Research (DCR), a specialty contract research organization with services spanning the full spectrum of drug and device development, today announced the recipients of the **B**iospecimen **R**esearch **G**rant Program, a grant program to award clinical-trial-quality biospecimens and annotated de-identified data to qualifying academic medical centers involved in kidney research.

The goal of the program is for recipients to utilize biospecimens and associated de-identified data to research common factors or characteristics that contribute to morbidity and mortality in individuals with chronic kidney disease. Four recipients have been selected for grant awards, subject to the terms of the grant program:

- Brigham and Women's Hospital: Dr. Sushrut Waikar
- Johns Hopkins University: Dr. Tariq Shafi
- University of California-Irvine: Dr. Kamyar Kalantar-Zadeh
- University of Tennessee-Memphis: Dr. Csaba P. Kovesdy

Qualifying applications were selected based on the following established criteria: scientific and medical significance, investigator qualifications, innovation, approach and design, research environment and institutional support.

"DCR is committed to advancing the evidence-based practice of medicine in chronic kidney disease," said Steven M. Brunelli, M.D., vice president of health outcomes research for DCR. "We recognize the significant contributions made by academic medical organizations toward that end and we look forward to seeing the results of these research projects as we continue to work with other organizations to improve the collective knowledge of chronic kidney disease."

DCR created the biorepository using IRB approved protocol and consent with rigorous clinical trial procedures for the collection and storage of samples. This resulted in whole blood, plasma and serum samples collected longitudinally from more than 4,000 individuals receiving dialysis. These samples are linked with de-identified data sets, including demographics, co-morbidities, hospitalizations, lab values, medication data and cause of death (if available/applicable).

About DaVita Clinical Research (DCR)
DaVita Clinical Research (DCR), a wholly owned subsidiary of DaVita HealthCare Partners Inc. (NYSE: DVA), uses its extensive, applied database and real-world health care experience to assist pharmaceutical and medical device companies in the design, recruitment and completion of retrospective, prospective and pragmatic clinical trials. DCR's scientific and clinical expertise spans the lifecycle of product development with more than 175 client companies. DCR's early clinical research unit (Phase I-IIa) and late phase clinical research (Phase IIb through post-marketing) network of physicians and investigative sites, real-world health care data, health economics and outcomes research, and medical communications are focused on providing world-class research in both complex/specialty populations and therapeutic areas, and especially in CKD and ESRD populations. To learn more about DCR, visit www.davitaclinicalresearch.com.

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DaVita Clinical Research

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SOURCE DaVita Clinical Research

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
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
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

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
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
Machesney Park Dialysis	6950 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	
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
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
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

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell 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	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
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

DaVita. | HealthCare Partners.

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 § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 10th day of November, 2015

Notary Public 3/7/18

TRACEY D. RYANS
NOTARY PUBLIC
STATE OF TENNESSEE
MARSHALL COUNTY

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 Southside of Chicago. There are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the Affordable Care Act (or ACA), the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals.

   Washington Heights is a predominantly African-American community, and 29.4% of residents live below the federal poverty level, which is over twice the State-wide average.[10] As a result, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension, the two leading causes of CKD and ESRD. Notably, African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites.

   Additionally, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) designated the Washington Heights zip code (60628) as a primary care health professional shortage area. (See Attachment – 12A). Access to primary care is critical to screening at risk patients for CKD and implementing care plans in the early stages of CKD to preserve kidney function. Many patients may have CKD and do not know it until the late stages when it can be too late to head off kidney failure. Without access to vital primary care services, the incidence and prevalence of CKD and ESRD in Washington Heights will continue to rise.

   Data from the Renal Network supports this. As of September 30, 2015, there were 5,883 ESRD patients residing within 30 minutes of the proposed Washington Heights Dialysis. Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,[11] and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the or ACA[12] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[13] more individuals in high risk groups will have better access to primary

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[10] U.S. Census Bureau, American Fact Finder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Nov. 23, 2015).

[11] CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

[12] According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report (last visited Nov. 23, 2015).

[13] 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.

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

Mohamad Barakat's practice, Kidney & Hypertension Associates, is currently treating 207 Stage 3, 4, and 5 CKD patients. 160 patients reside within 30 minutes of the proposed Washington Heights Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Barakat anticipates that at least 80 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 on the Southside of Chicago 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 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 25 minutes normal travel time to Soldier Field (Chicago, IL).
- Northeast approximately 25 minutes normal travel time to Jackson Park (Chicago, IL).
- East approximately 30 minutes normal travel time to the IN state border.
- Southeast approximately 30 minutes normal travel time to Calumet City, IL.
- South approximately 30 minutes normal travel time to East Hazel Crest, IL.
- Southwest approximately 30 minutes normal travel time to Crestwood, IL.
- West approximately 30 minutes normal travel time to Chicago Ridge, IL.
- Northwest approximately 30 minutes normal travel time to Burbank, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of the Southside of Chicago and the immediately surrounding areas.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility. The proposed facility is located in Chicago, Illinois. Dr. Barakat expects at least 80 of the current 160 CKD patients that reside within 30 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

US Renal Data System, USRDS 2013 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 (2013).

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 (2014).

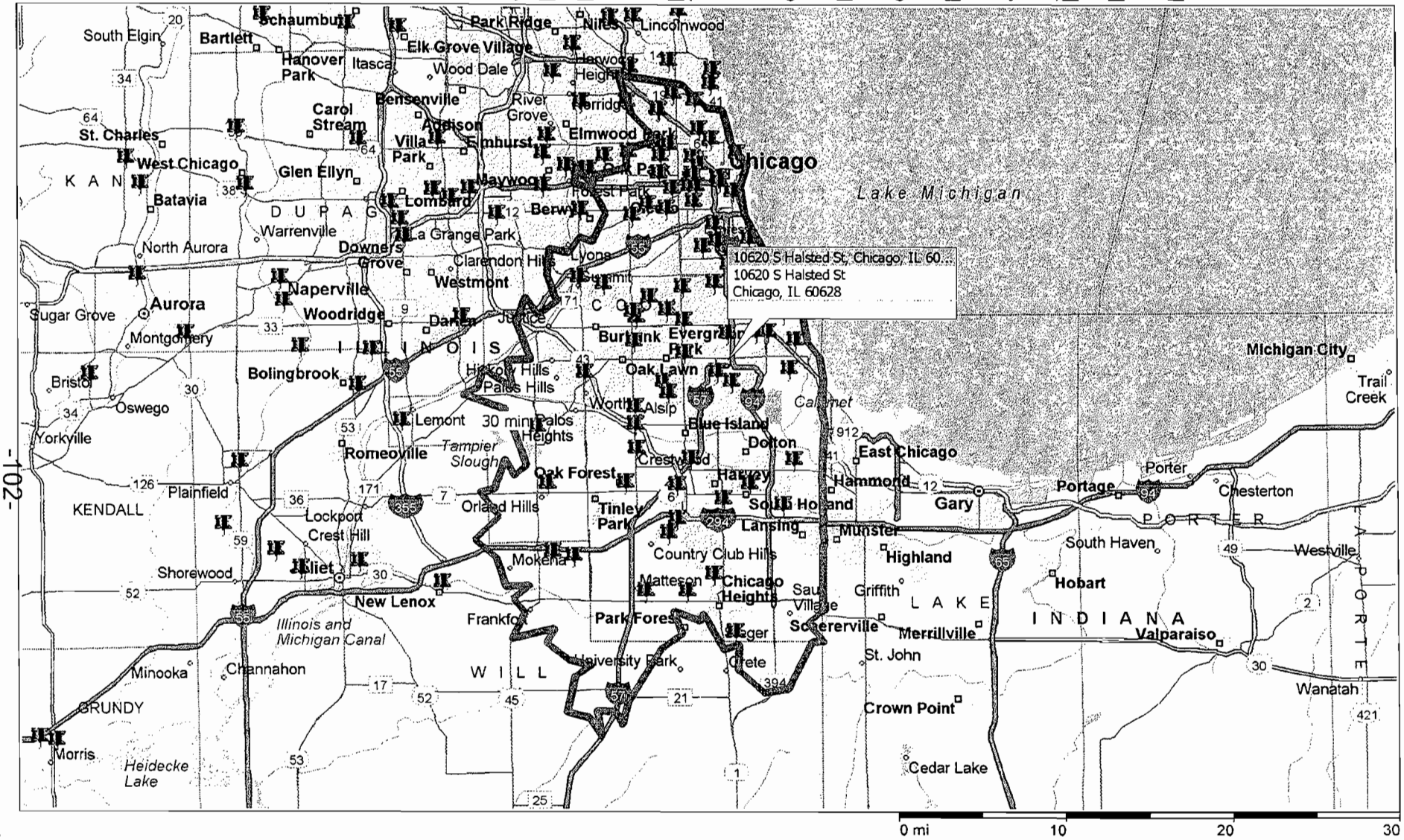
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* http://aspe.hhs. gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report (last visited Nov. 23, 2015).

5. The proposed facility will improve access to dialysis services to the residents of the Southside of Chicago and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA, 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, generating an estimated $204 million in net savings to the American healthcare system in 2013.

10620_S_Halsted_St_Chicago_IL_60628_(Washington_Heights_Dialysis)_30_Min_GSA



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Attachment - 12A

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

There are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the ACA, the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals.

Washington Heights is a predominantly African-American community, and 29.4% of residents live below the federal poverty level, which is over twice the State-wide average.[14] As a result, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension, the two leading causes of CKD and ESRD. Notably, African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites.

Additionally, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) designated the Washington Heights zip code (60628) as a primary care health professional shortage area. (See Attachment – 12A). Access to primary care is critical to screening at risk patients for CKD and implementing care plans in the early stages of CKD to preserve kidney function. Many patients may have CKD and do not know it until the late stages when it can be too late to head off kidney failure. Without access to vital primary care services, the incidence and prevalence of CKD and ESRD in Washington Heights will continue to rise.

Data from the Renal Network supports this. As of September 30, 2015, there were 5,883 ESRD patients residing within 30 minutes of the proposed Washington Heights Dialysis. Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,[15] and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and

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14 U.S. Census Bureau, American Fact Finder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Nov. 23, 2015).

15 CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

most do not know it. As more working families obtain health insurance through the ACA[16] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[17] more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Mohamad Barakat's practice, Kidney & Hypertension Associates, is currently treating 207 Stage 3, 4, and 5 CKD patients. 160 patients reside within 30 minutes of the proposed Washington Heights Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Barakat anticipates that at least 80 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion..

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the GSA will not have sufficient capacity to accommodate Dr. Barakat's projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

As noted above, there are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the Affordable Care Act (or ACA), the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals..

As noted above, Washington Heights is a predominantly African-American community, and 29.4% of residents live below the federal poverty level, which is over twice the State-wide average.[18] As a result, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension, the two leading causes of CKD and ESRD. Notably, African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites.

Additionally, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) designated the Washington Heights zip code (60628) as a primary care health professional shortage area. (See Attachment – 12A). Access to primary care is critical to screening

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[16] According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report (last visited Nov. 23, 2015).

[17] 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.

[18] U.S. Census Bureau, American Fact Finder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Nov. 23, 2015).

at risk patients for CKD and implementing care plans in the early stages of CKD to preserve kidney function. Many patients may have CKD and do not know it until the late stages when it can be too late to head off kidney failure. Without access to vital primary care services, the incidence and prevalence of CKD and ESRD in Washington Heights will continue to rise.

The establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for those individuals on the Southside of Chicago who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **$3,899,637**.

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 360-520 gross square feet per dialysis station for a total of 5,760 – 8,320 gross square feet for 16 dialysis stations. The total gross square footage of the clinical space of the proposed Washington Heights Dialysis is 7,540 gross square feet (or 471.25 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	7,540	5,760 – 8,320	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. Barakat is currently treating 160 CKD patients that reside within 30 minutes of the proposed facility, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 80 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	12,480	11,980	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 10620 South Halsted Street, Chicago, Illinois 60628. As shown in Attachment – 26A, there are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the ACA the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals.

Washington Heights is a predominantly African-American community, and 29.4% of residents live below the federal poverty level, which is over twice the State-wide average.[19] As a result, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension, the two leading causes of CKD and ESRD. Notably, African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites.

Additionally, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) designated the Washington Heights zip code (60628) as a primary care health professional shortage area. (See Attachment – 12A). Access to primary care is critical to screening at risk patients for CKD and implementing care plans in the early stages of CKD to preserve kidney function. Many patients may have CKD and do not know it until the late stages when it can be too late to head off kidney failure. Without access to vital primary care services, the incidence and prevalence of CKD and ESRD in Washington Heights will continue to rise.

Data from the Renal Network supports this. As of September 30, 2015, there were 5,883 ESRD patients residing within 30 minutes of the proposed Washington Heights Dialysis. Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,[20] and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the ACA[21] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[22] more individuals in high risk groups will have better access to primary care and kidney

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19 U.S. Census Bureau, American Fact Finder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Nov. 23, 2015).

20 CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

21 According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report (last visited Nov. 23, 2015).

22 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.

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

Mohamad Barakat's practice, Kidney & Hypertension Associates, is currently treating 207 Stage 3, 4, and 5 CKD patients. 160 patients reside within 30 minutes of the proposed Washington Heights Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Barakat anticipates that at least 80 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 on the Southside of Chicago who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the Southside of Chicago. As evidenced in the physician referral letter attached at Appendix - 1, 160 pre-ESRD patients reside within 30 minutes of the proposed facility.

3. Service Demand

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

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
60406	10
60409	1
60411	1
60415	6
60419	2
60425	1
60426	1
60428	1
60430	2
60438	1
60445	5
60452	4
60453	15

60461	1
60463	2
60472	2
60477	3
60482	3
60612	1
60615	1
60616	1
60617	2
60619	3
60620	17
60621	2
60628	22
60629	6
60636	3
60643	21
60655	5
60670	1
60803	5
60805	4
60827	5
Total	**160**

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the Southside of Chicago. Currently, there are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the ACA the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals.

End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	09-30-2015 Stations	09-30-2015_Patients	09-30-2015 Utilization
Fresenius Medical Care of Mokena	8910 W. 192nd Street	Mokena	18.9	23	28.75	12	52	72.22%
Olympia Fields Dialysis Center	4557-B West Lincoln Highway	Matteson	18.7	23	28.75	24	94	65.28%
Fresenius Medical Care Oak Forest	5340 West 159th Street	Oak Forest	12.7	17	21.25	12	43	59.72%
Direct Dialysis - Crestwood Care Centre	14255 S. Cicero Ave.	Crestwood	11.4	19	23.75	9	38	70.37%
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	9.7	22	27.5	24	100	69.44%
Alsip Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	6.6	15	18.75	20	80	66.67%
Stoney Creek Dialysis	9115 S. Cicero	Oak Lawn	7	19	23.75	12	71	98.61%
RCG-Scottsdale	4651 W. 79th Street	Chicago	8.1	24	30	36	146	67.59%
West Lawn Dialysis	7000 S. Pulaski Road	Chicago	8.3	24	30	12	65	90.28%
Hazel Crest Renal Center	3470 West 183rd Street	Hazel Crest	14.9	22	27.5	19	95	83.33%
Fresenius Medical Care Hazel Crest	17524 Carriageway	Hazel Crest	13.1	21	26.25	16	77	80.21%
Country Hills Dialysis	4215 West 167 Street	Country Club Hills	12.5	16	20	24	110	76.39%
FMC - Blue Island Dialysis Ctr	12200 South Western Avenue	Blue Island	9.4	14	17.5	28	128	76.19%
Community Dialysis of Harvey	16641 S. Halsted St #1	Harvey	8	22	27.5	18	65	60.19%
South Holland Renal Center	16136 South Park Avenue	South Holland	13.3	23	28.75	24	116	80.56%
Fresenius Medical Care Far South Holland	17225 South Paxton Avenue	South Holland	13.4	22	27.5	24	97	67.36%
Calumet City Dialysis*	1200 Sibley Boulevard	Calumet City	9.5	18	22.5	16	0	0.00%
FMC - Merrionette Park	11630 S. Kedzie Avenue	Merrionette Park	4.4	11	13.75	24	107	74.31%
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	3.9	11	13.75	16	101	105.21%
Fresenius Medical Care Evergreen Park	9730 South Western Avenue	Evergreen Park	3.4	8	10	30	164	91.11%
Beverly Dialysis	8111 South Western Avenue	Chicago	4.9	16	20	16	92	95.83%
Fresenius Medical Care Chatham	8710 S. Holland Road	Chicago	3.6	12	15	16	79	82.29%
FMC - Southside	3134 West 76th Street	Chicago	7.2	21	26.25	39	199	85.04%
FMC - Neomedica - Marquette Park	6535 South Western Avenue	Chicago	8.4	21	26.25	16	84	87.50%
FMC - Ross Dialysis - Englewood	6333 South Green Street	Chicago	6.8	18	22.5	16	89	92.71%
FMC New City*	4622 South Bishop Street	Chicago	9	24	30	16	0	0.00%
FMC - Garfield	5401 South Wentworth Avenue #18	Chicago	7.7	22	27.5	22	105	79.55%
Fresenius Medical Care of Roseland	132 W. 111th Street	Chicago	1.5	5	6.25	12	71	98.61%
Greenwood Dialysis Center	1111 East 87th Street, Suite 700	Chicago	5	14	17.5	28	135	80.36%
Stony Island Dialysis	8721 S. Stony Island Avenue	Chicago	5.6	15	18.75	32	136	70.83%
Fresenius Medical Care South Deering	10559 S. Torrence Avenue	Chicago	6.1	14	17.5	20	47	39.17%
Fresenius Medical Care - Neomedica South	9200 S. South Chicago Avenue	Chicago	6.7	19	23.75	36	169	78.24%
Grand Crossing Dialysis	7319 S. Cottage Grove Ave.	Chicago	7.3	20	25	12	61	84.72%
Jackson Park Dialysis	7531 South Stony Island avenue	Chicago	6.8	19	23.75	24	103	71.53%
Woodlawn Dialysis	5060 S State Street	Chicago	7.9	23	28.75	32	124	64.58%
Fresenius Medical Care South Shore	2420 East 79th Street	Chicago	7.5	19	23.75	16	66	68.75%
TOTAL						753	3309	**73.24%**
TOTAL excluding Facilities Operational < 2 Yrs*						721	3309	**76.49%**

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 10620 South Halsted Street, Chicago, Illinois 60628. A map of the proposed facility's market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A)
Population of Zip Codes within
30 Minutes of Proposed Facility

ZIP Code	City	Population
60471	RICHTON PARK	14,101
60417	CRETE	15,547
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
60482	WORTH	11,063
60415	CHICAGO RIDGE	14,139
60803	ALSIP	22,285
60453	OAK LAWN	56,855
60456	HOMETOWN	4,349
60461	OLYMPIA FIELDS	4,836
60422	FLOSSMOOR	9,403
60430	HOMEWOOD	20,094
60429	HAZEL CREST	15,630
60428	MARKHAM	12,203
60472	ROBBINS	5,390
60469	POSEN	5,930
60406	BLUE ISLAND	25,460
60426	HARVEY	29,594
60411	CHICAGO HEIGHTS	58,136
60425	GLENWOOD	9,117
60476	THORNTON	2,391
60438	LANSING	28,884
60473	SOUTH HOLLAND	22,439
60419	DOLTON	22,788

Attachment – 26

60827	RIVERDALE	27,946
60409	CALUMET CITY	37,186
60655	CHICAGO	28,550
60805	EVERGREEN PARK	19,852
60652	CHICAGO	40,959
60643	CHICAGO	49,952
60620	CHICAGO	72,216
60629	CHICAGO	113,916
60632	CHICAGO	91,326
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
60623	CHICAGO	92,108
60624	CHICAGO	38,105
60641	CHICAGO	71,663
60608	CHICAGO	82,739
60612	CHICAGO	33,472
60622	CHICAGO	52,548
60607	CHICAGO	23,897
60616	CHICAGO	48,433
60642	CHICAGO	18,480
60661	CHICAGO	7,792
60654	CHICAGO	14,875
60606	CHICAGO	2,308
60602	CHICAGO	1,204
60610	CHICAGO	37,726
60605	CHICAGO	24,668
60604	CHICAGO	570
60603	CHICAGO	493
60601	CHICAGO	11,110
60611	CHICAGO	28,718
Total		**2,169,789**

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 November 11, 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 – 26A.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 105% of the State average, and the average utilization of existing dialysis facilities within the GSA is 73.24%. Importantly, average 09/30/2015 utilization of facilities operational for less than 2 years was 76.5%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(d)(2)(A) the ratio of stations to population is 105% of the State Average.

Table 1110.1430(d)(2)(A)
Ratio of Stations to Population

	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	2,169,789	753	1:2,882	Yes
State	12,830,632	4,239	1:3,027	

a. Historic Utilization of Existing Facilities

There are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the Affordable Care Act (or ACA), the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals.

b. Sufficient Population to Achieve Target Utilization

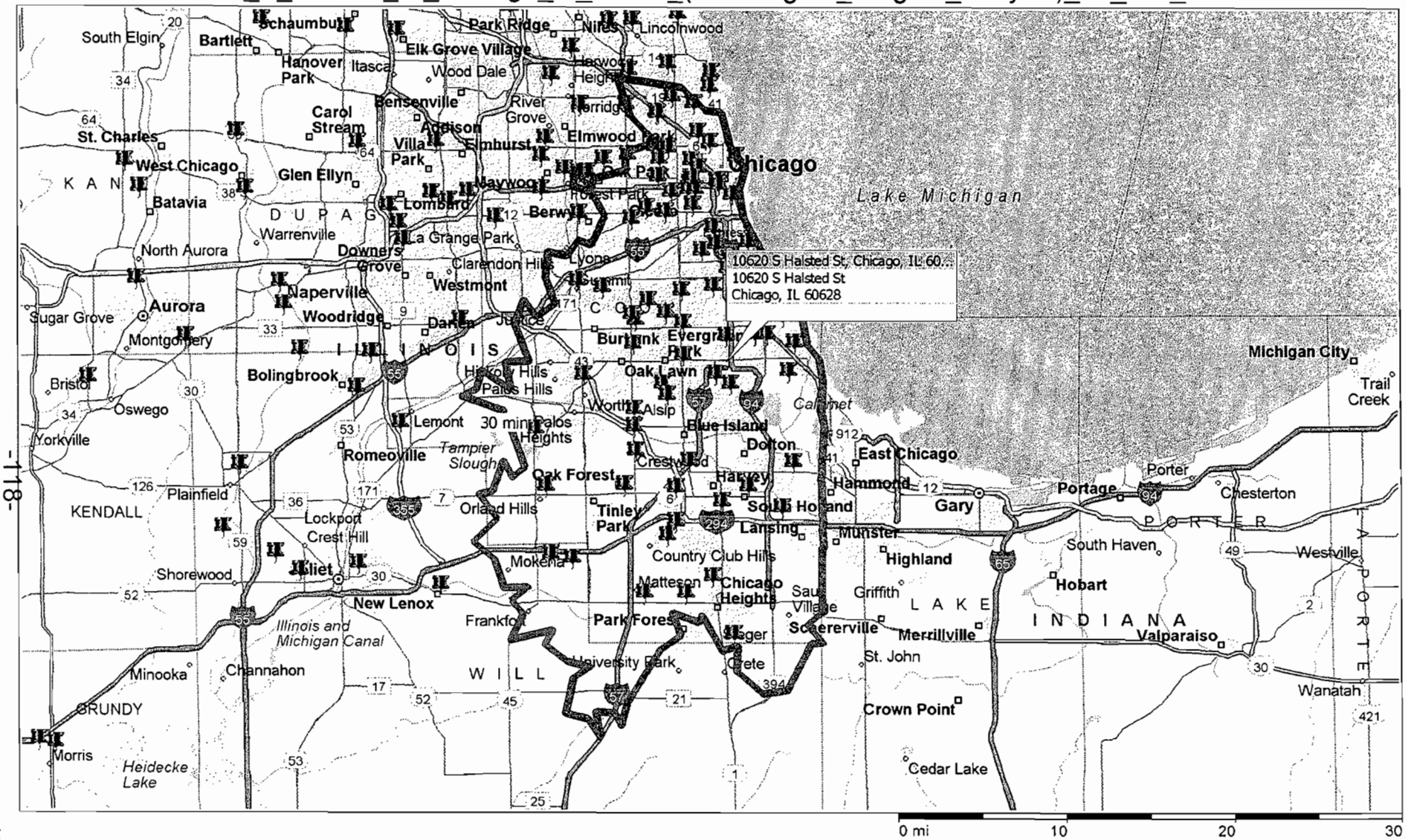
The Applicants propose to establish a 16-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 77 patient referrals. Dr. Barakat is currently treating 160 CKD patients that reside within a 30 minute commute to the proposed facility. See Appendix – 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Barakat anticipates that at least 80 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

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 utilization of dialysis facilities operating for over 2 years and within 30 minutes of the proposed Washington Heights Dialysis is 76.5%. No patients are expected to transfer from the existing dialysis facilities to the proposed Washington Heights Dialysis.

b. There are 36 dialysis facilities within 30 minutes of the proposed Washington Heights Dialysis; collectively these facilities were operating at 73.24% as of September 30, 2015. Excluding recently approved facilities and facilities that have been operational less than 2 years, utilization increases to 76.5%. Due to socioeconomic conditions in Washington Heights, lack of primary care services, and more individuals obtaining insurance through the Affordable Care Act (or ACA), the need for dialysis services in Washington Heights is projected to increase in the coming years. Accordingly, there will be insufficient capacity for Dr. Barakat's projected referrals.

10620_S_Halsted_St_Chicago_IL_60628_(Washington_Heights_Dialysis)_30_Min_GSA



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: Mohamad Barakat, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Barakat'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 (3.3 FTE)
      Patient Care Technician (6.5 FTE)
      Biomedical Technician (0.32 FTE)
      Social Worker (licensed MSW) (0.62 FTE)
      Registered Dietitian (0.63 FTE)
      Administrative Assistant 0.91 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, Washington Heights Dialysis will maintain an open medical staff.

CURRICULUM VITAE

Mohamad Barakat, M.D.

Date of Birth	October 8, 1955
Office Address & Phone Number	3913 W. 95th, Evergreen Park, IL, 60805 708-570-4461
Education: 1974—1977 1977—1980	 B.S. Degree Damascus University M.D. Degree Damascus School of Medicine Damascus, Syria
Internship: 1980—1981 1981—1983 1983—1965	 Mouassat Hospital Children's Hospital & Maternity Hospital Damascus, Syria Rotating Internship Resident at Tichrin Hospital Damascus, Syria Resident at Al-Ghazil Hospital Damascus, Syria
Residency: 1987—1990	Resident in Internal Medicine Mercy Hospital & Medical Center Chicago, Illinois
Fellowship: 1990—1992	Fellow to Nephrology Loyola University Stritch School of Medicine Maywood, Illinois

CURRICULUM VITAE

Mohamad Barakat, M.D.

Post-Graduate Study: **1986**	**Master's Degree Candidate in Public Health** **University of Illinois at Chicago** **Chicaco, Illinois**
Examination: **1986** **1986** **1990** **1992**	 **F.M.G.E.M.S** **F.L.E.X.** **Board Certified, Internal Medicine** **Board Certified, Nephrology**
Licensures:	**State of Illinois #036-078010** **State of Indiana #01042962A**
Membership:	**American Society of Nephrology**
Research 1986:	**Nephrology/Pharmacology Departments** **University of Illinois at Chicago** **Chicago, Illinois**
Publications: **1980** **1986**	**Graduation letter in "The application of sympathetic and parasympathetic drugs in treatment." Damascus School of Medicine** **"The hazardous effects of lead on the CNS, genitourinary tract, blood, and circulation." School of Public Health, University of Illinois**

CURRICULUM VITAE

Mohamad Barakat, M.D.

Articles:	**Kronfol N, Lau A., Barakat M. Binding of aminiglycosides of polyacrylonitrile membrane filters during CAVH. Trans Am.**
Hospital Affiliations:	**1. RML Specialty Hospital 2. Christ Hospital 3. South Suburban Hospital 4. Good Samaritan Hospital 5. Trinity Hospital 6. Little Company Hospital 7. Metro South 8. St. James Hospital 9. Palos Community Hospital 10. Silver Cross Hospital 11. Provenia St. Joseph Hospital 12. Morris Hospital**
Work History: March 1995—July 2003	**Fall time nephrology position with Associate's in Nephrology Covering chronic patients in: Evergreen Park, South Holland & South Chicago Clinics**
1998—2003	**Medical Director of Munster Dialysis Clinic**
2005—present	**Medical Director of Davita MT Greenwood Clinic**

pd

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 ICHD Outline (TR1-01-02A)
- Basic Training Nursing Fundamentals ICHD 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 Training Nursing Fundamentals ICHD 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)

Origination Date: 1995
Revision Date: March 2014

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.

Origination Date: 1995
Revision Date: Aug 2014, Oct 2014, Jul 2015, Sept 2015

"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

- 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. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online (DVU2069-EXAM). The new teammate's preceptor will proctor the online exam. DVU2069-EXAM is part of the new teammate's new hire curriculum in the LMS. If the exam is administered in class and the teammate attains a passing score, The LMS curriculum will show that training has been completed.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in a classroom setting, or be completed online. For online completion, if DVU2069-EXAM has not yet been taken in the teammate's curriculum no additional enrollment into the exam is necessary. If the new teammate took DVU2069-EXAM as the initial exam, the CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in the LMS DaVita Basic Training Final Exam (DVU2069-EXAM) and the teammate's preceptor will proctor the exam. 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. **Note:** FA teammate enrollment in DVU2069-EXAM is limited to one time.

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 *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *DaVita Basic Training Final 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. The new teammate with experience will be auto-enrolled in the *DaVita Basic Training Final Exam* (DVU2069-EXAM) in the LMS as part of their new hire curriculum. The new teammate's preceptor will proctor the exam.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam*, this teammate will be required to attend Basic Training Class. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online. If it is completed online, the CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in the LMS *DaVita Basic Training Final Exam* (DVU2069-EXAM) and the teammate's preceptor will proctor the exam. If the new teammate receives a score of less than 80% on the *DaVita Basic Training Final Exam* after class, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. **Note:** FA teammate enrollment in DVU2069-EXAM is limited to one time.

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 exam or the *Initial Competency Exam*. Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

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.

DaVita. | HealthCare Partners.

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 Washington Heights Dialysis will maintain an open medical staff.

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

DaVita utilizes an electronic dialysis data system;

Washington Heights 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.
Total Renal Care, Inc.

Subscribed and sworn to me
This 10th day of November, 2015

Notary Public

GRACE L. LYONS
NOTARY PUBLIC STATE OF TENNESSEE
TENNESSEE NOTARY PUBLIC
MARSHALL COUNTY
5/1/18

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 the University of Chicago Medical Center to provide inpatient care and other hospital services. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

FOR COMPANY USE ONLY:
Clinic #: 5578, 5579, 5580

EXECUTION VERSION

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the 1st day of August, 2010 (the "Effective Date"), by and between **University of Chicago Medical Center** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a wholly owned corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

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

Lake Park Dialysis #5578
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039

Stony Island Dialysis # 5579
8725 S. Stony Island
Chicago, Illinois 60617-2709

Woodlawn Dialysis #5580
1164 E. 55th Street
Chicago, Illinois 60615

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

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

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

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

1. **JOINT RESPONSIBILITIES.** In accordance with Company's policies and procedures and upon the recommendation of the patient's attending physician that such a transfer is medically appropriate, a patient of Company may be transferred to Hospital as long as Hospital has bed availability, staff availability, is able to provide the services requested by Company, including on-call specialty physician availability, and the transfer is consistent with current patient transfer laws. In such cases, Hospital and Company agree to exercise their best efforts to provide for prompt admission of the patient. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, including but not limited to, the

Emergency Medical Treatment and Active Labor Act, the standards of the Joint Commission and any other applicable accrediting bodies, and policies and procedures of the facilities. Hospital and Company further acknowledge and agree that neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

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

(a) Hospital agrees to exercise its best efforts to ensure the prompt admission of patients as necessary, provided that Hospital has the capacity to treat the patient and all usual conditions of admission are met. In doing so, Hospital agrees to accept and treat patients in emergency situations requiring transfer of a patient from Company to Hospital.

(b) Hospital shall designate an individual to coordinate with Company in order to establish acceptable and efficient transfer guidelines.

3. **COMPANY OBLIGATIONS.**

(a) Upon transfer of a patient to Hospital pursuant to the criteria set forth in Section 1, Company agrees:

i. That is shall transfer patients to Hospital for medical treatment only where such transfer has been determined to be medically appropriate;

ii. That transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution;

iii. That it shall obtain the informed consent for the transfer to Hospital from the patient, if medically possible, or from the legal guardian, legal representative or other surrogate decision maker of a patient who is determined to be unable to give informed consent to transfer;

iv. To notify Hospital as far in advance as possible of the impending transfer;

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

vi. That it shall, to the extent possible, stabilize patients prior to transfer and initiate treatment to insure that the transfer will not, within reasonable medical probability, result in harm to the patient or jeopardize survival. The parties recognize that the responsibility to arrange for transfer to Hospital rests with Company in emergency situation. Should a patient require transfer to Hospital

upon request of patient's attending physician in a non-emergency situation, the patient, or the patient through a relative or guardian, shall be responsible for transportation. Hospital's responsibility for the patient's care shall begin when the patient is admitted to Hospital;

vii. Original medical records kept by each of the parties shall remain the property of that institution; and

viii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

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

i. contact information for the referring physician;
ii. name of physician(s) at Hospital contacted with regard to the patient (and to whom the patient is to be transferred);
iii. medical, nursing and other care plans;
iv. current medical and lab findings;
v. diagnosis;
vi. rehabilitation potential;
vii. discharge summary;
viii. a brief summary of the course of treatment followed at Company;
ix. medications administered;
x. known allergies;
xi. nursing and dietary information;
xii. ambulating status;
xiii. advanced medical directives; and
xiv. pertinent administrative, third party billing and social information.

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

4. NON-DISCRIMINATION. The parties hereby acknowledge that nothing in this Agreement shall be construed to permit discrimination by either party in the transfer process set forth herein based on race, color, national origin, handicap, religion, age, sex or any characteristic protected by Illinois state laws, Title VI of the Civil Rights Act of 1964, as amended or any other applicable state or federal laws. Further, Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act require that no otherwise qualified individual with a handicap shall, solely by reason of the handicap be excluded from participation in, or denied the benefits of, or be subjected to discrimination in a facility certified under the Medicare or Medicaid programs.

5. BILLING, PAYMENT, AND FEES. Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital. Hospital and Company agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. Hospital and Company will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

6. HIPAA. Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations at 45 C.F.R. Parts 160 and 164 promulgated by the United States Department of Health and Human Services, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations (collectively, "HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

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

9. INDEMNIFICATION.

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

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

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

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

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

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

prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

11. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

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

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

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

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

If to Hospital: The University of Chicago Medical Center
5841 S. Maryland Avenue
Chicago, Illinois 60637-1670
Attention: Executive Administrator, Department of Medicine

With a copy to: The University of Chicago Medical Center
5841 S. Maryland Avenue, Room O130
Chicago, Illinois 60637-1670
Attention: General Counsel

If to Company: Lake Park Dialysis
DaVita Inc.
1531 E. Hyde Park Boulevard
Chicago, Illinois 60615-3039
Attention: Facility Administrator

Stony Island Dialysis
DaVita Inc.
8725 S. Stony Island
Chicago, Illinois 60617-2709
Attention: Facility Administrator

Woodlawn Dialysis
DaVita Inc.
1164 E. 55th Street
Chicago, Illinois 60615
Attention: Facility Administrator

With copies to: Total Renal Care, Inc.
DaVita Inc.
c/o TRC Children's Dialysis
2611 N. Halsted Street
Chicago, Illinois 60614
Attention: Group General Counsel

DaVita Inc.
601 Hawaii Street
El Segundo, California 90245
Attention: General Counsel

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

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

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

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

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

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

4978245v.3

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

Hospital:

UNIVERSITY OF CHICAGO MEDICAL CENTER

By: Carolyn S. Wilson

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: _____

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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

Hospital:

UNIVERSITY OF CHICAGO MEDICAL CENTER

By:_____

Name: Carolyn S. Wilson

Its: Chief Operating Officer

Company:

TOTAL RENAL CARE, INC.

By: Kelly B Ladd

Name: Kelly Ladd

Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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

Hospital:	**Company:**
UNIVERSITY OF CHICAGO MEDICAL CENTER	**TOTAL RENAL CARE, INC.**
By:_____	By:_____
Name: Carolyn S. Wilson	Name: Kelly Ladd
Its: Chief Operating Officer	Its: Regional Operations Director

APPROVED AS TO FORM ONLY:

By: _____

Name: Steven E. Lieb

Its: Group General Counsel

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(j), 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.

DaVita. | HealthCare Partners.

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, Washington Heights Dialysis expects to achieve and maintain 80% target utilization; and

Washington Heights Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:

≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65%
and
≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Total Renal Care, Inc.

Subscribed and sworn to me
This 10th day of November, 2015

Notary Public 5/1/18

TRACEY J. LYONS
STATE OF TENNESSEE
NOTARY PUBLIC
MARSHALL COUNTY

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with The Novogroder Companies, Inc. A copy of DaVita's 2014 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with the application 15-020. A letter of intent to lease the facility is attached at Attachment – 36.

Attachment – 36

JOHNSON CONTROLS REAL ESTATE SERVICES INC.
A JOHNSON CONTROLS COMPANY

September 29, 2015

Mr. Doug Renner & Mr. Trevor Jack
Baum Realty Group, LLC
1030 W. Chicago Ave. Suite 200
Chicago, IL 60642

RE: LOI – 10620 S Halsted St, Chicago, IL 60628

Dear Doug & Trevor:

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

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	**10620 S Halsted St, Chicago, IL 60628** *(please verify the legal description provided in Exhibit B is accurate)*
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	The Novogroder Companies, Inc.
SPACE REQUIREMENTS:	Requirement is for approximately 7,540 SF of contiguous rentable square feet as indicated in the preliminary floor plan labeled as Exhibit C. Tenant shall have the right to measure space based on most recent BOMA standards. *Please indicate both rentable and useable square footage for Premises.*
PRIMARY TERM:	Fifteen (15) years
BASE RENT:	*$24.00/psf NNN Y1-Y5;* *$26.40/psf NNN Y6-Y10.* *$29.04/psf NNN Y11-15.*
ADDITIONAL EXPENSES:	*Real Estate Taxes:* *$61,000.00 annually* *Common Area Maintenance:* *$11,000.00 annually* *Insurance:* *$ 4,500.00 annually* *Tenant's pro rata share percentage of operating expenses shall be approximately 64% based upon a GLA of approximately 11,850 SF.* *Landlord to provide an estimate of annual pro-rated costs for fire suppression and alarm control panel maintenance and monitoring. $2,500/year for entire building.* Landlord to limit the cumulative operating expense costs to no greater than 3% increases annually thereafter not to include parking lot repairs/resurfacing, real

1

estate taxes and snow removal that are considered as uncontrollable expenses to the Tenant

Tenant to pay all utility costs for the Premises, and water is submetered. Tenant will pay for all utilities until the remaining space is leased.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural (roof and structure) for the Property.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant within 90 days upon the later of completion of Landlord's required work (if applicable), mutual lease execution, and waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

DUE DILLIGENCE: Tenant shall have the right to obtain Tenant's executive committee approval within 90 days following Lease execution. If Tenant does not receive executive committee approval during such 90 day period, Tenant may elect to terminate the Lease by written notice given not later than the 90th day following lease execution. Before work begins, all contingencies must be waived.

LEASE FORM: Tenant's standard lease form, subject to negotiations and modified as required by both parties.

USE: The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, 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 or for any other lawful purpose. To Landlord's best knowledge, it will be permitted. Tenant shall be responsible for confirming during DD.

Please verify that the Use is permitted within the building's zoning.

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

PARKING: Landlord shall provide undedicated and unrestricted parking to Tenant. In the event of a parking conflict, Tenant will be allocated sixty-percent (60%) of the parking spaces currently serving the Premises and provide two (2) handicapped stalls or such greater number as is required by applicable law or regulation to be further defined in lease agreement.

BASE BUILDING:

Landlord, at Landlord's expense, shall deliver the premises by creating a demising wall (per applicable sections of Schedule A) and pulling in new utilities to the demised premises (water line, sanitary line, gas line, and electrical service per applicable sections in Schedule A). Location of demising wall and utilities subject to tenant's architect and project manager approval and Landlord to verify Tenant's utilities will be separately metered. Water is sub-metered.

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than current HVAC and what is designated for reuse by Tenant), remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "Raw shell" condition (per applicable sections in Schedule A).

Landlord will be responsible for delivering the parking lot newly resealed and stripe (including any patching of bad asphalt) per the specifications in Schedule A.

Landlord will be responsible for painting the exterior of the building.

Landlord will be responsible for delivering the premises with existing site and building lighting per specifications in Schedule A.

Landlord will make reasonable efforts to coordinate tenant improvements with Tenant's project manager.

Premises shall be broom clean and ready for interior improvements specific to the build-out of a dialysis facility; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards (per Section 4 of Schedule A).

Landlord to provide Tenant "Early Access" to Tenant's contractors in order begin Tenant's work prior to completion of Landlord's work. Landlord and Tenant shall determine a mutually agreeable schedule to coordinate this access.

Landlord shall utilize the Tenant's architect to coordinate build out under one building permit obtained by Tenant.

TENANT IMPROVEMENTS:

None.

OPTION TO RENEW:

Tenant desires five, five-year options to renew the lease. Option rent shall be increased by 10% after the initial term and following each successive five-year option period.

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

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

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by 90 days from Tenant's waiver of all contingencies

and Landlord's receipt of the building permit, Tenant shall receive two days of rent abatement for every day of delay beyond the 90 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% for the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations and per Section 29 of Schedule A.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week.

Please indicate building hours for HVAC and utility services.

SUBLEASE/ASSIGNMENT: Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval. No assignment or sublease will release the tenant.

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

HVAC: *Please provide general description of HVAC systems (i.e. ground units, tonnage, age) Landlord will do an HVAC survey to determine the condition of units.*

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

Please indicate use of alley is permissible.

OTHER CONCESSIONS: *Please indicate any other concessions the Landlord is willing to offer.*

LANDLORD AND TENANT ACKNOWELDGEMENT: Landlord and Tenant acknowledge that the existing Walgreens lease at the Premises must be terminated within ninety (90) days of lease execution, and all parties obligations under the lease are contingent upon Landlord negotiating that lease termination in its sole discretion.

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

CERTIFICATE OF NEED: Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health

Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. 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 within seven (7) months from the latter of an executed LOI or subsequent filing date, 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 ten dollars ($10.00) per square foot of leased space, 50% shall be due upon the later of lease execution or waiver of CON contingency and 50% shall be due upon ~~occupancy~~ Opening of Clinic. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS: *Please provide copies of site and construction plans or drawings.*

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,

John Steffens

Cc: DaVita Team Genesis Real Estate
DaVita Regional Operational Leadership
Matthew J. Gramlich, Johnson Controls Real Estate Services, Inc.

SIGNATURE PAGE

LETTER OF INTENT: **10620 S Halsted St, Chicago, IL 60628**

AGREED TO AND ACCEPTED THIS 2ND DAY OF ~~SEPTEMBER~~ October 2015

By: _____ LL

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

AGREED TO AND ACCEPTED THIS 6 DAY OF ~~SEPTEMBER~~ October 2015

By: Jenny Davis

TOTAL RENAL CARE

~~("Landlord").~~

EXHIBIT A

NON-BINDING NOTICE

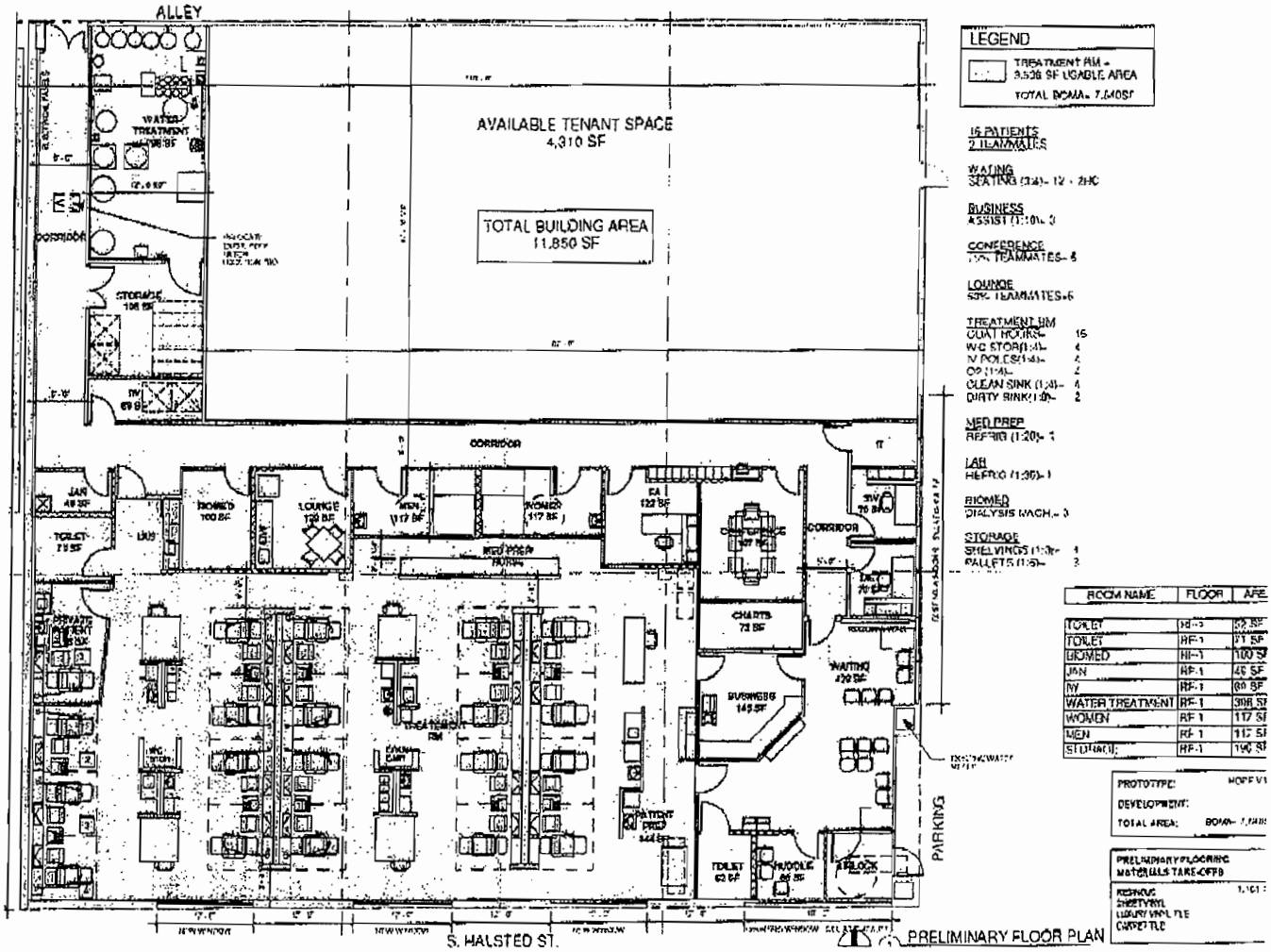
NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR 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 NOR 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

Lots 1 to 9 (except the East 17 feet thereof) both inclusive, and the North 15 feet of Lot 10, (except the East 17 feet thereof) in E. A. Warfield's Subdivision of Block 9 in Section 17 addition to Washington Heights, a Subdivision of the South ½ of the Northeast ¼ and the South East ¼ of the Northeast ¼ of Section 17, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois together with the tenements and appurtenances thereunto belonging.

Property Address: 10620 S. Halsted, Chicago, IL
Permanent Tax Number: 25-17-230-071-0000

EXHIBIT C



PRELIMINARY FLOOR PLAN

DaVita.

[OPTION 2: FOR EXISTING BUILDING]
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS
(Note: Sections with an Asterisk (*) have specific requirements for 1 1.2 in California and other select States – see end of document for changes to that section)

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

All MBBI work completed by the Landlord will need to be coordinated and approved by the Tenant and there Consultants prior to any work being completed. including shop drawings and submittals reviews.

1.0 - Building Codes & Design *

All Minimum Base Building Improvements (MBBI) are to be performed in accordance with all local, state, and federal building codes including any related amendments, fire and life safety codes, barrier-free regulations, energy codes State Department of Public Health, and other applicable and codes as it pertains to Dialysis. All Landlord'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.

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

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

3.0 - Common Areas

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

4.0 - Demolition

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Tenant) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean and ready for interior improvements specific to the buildout of a dialysis facility. Building to be free and clear of any components,

asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

5.0 - Foundation and Floor *

Existing Foundations and Slab on Grade in Tenant space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the lease. Landlord to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

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

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 4,000-psi with wire or fiber mesh, and/or rebar reinforcement over 10mil vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4 bars or greater x 16" long or as designed per higher standards by Tenant's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 3-lbs. of moisture per 1,000sf/24 hours is emitted per completed calcium chloride testing results. Means and methods to achieve this level will be sole responsibility of the Landlord.

6.0 - Structural *

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

Landlord shall supply Tenant (if available) structural engineering drawings of space

7.0 – Existing Exterior Walls

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

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

8.0 – Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 – 2000) whichever is more stringent. If it does not meet this, Landlord will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

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

9.0- Roof Covering *

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Landlord will provide Tenant the information on the Roof and Contractor holding warranty. Landlord to provide minimum of

R30 roof insulation at roof deck. If the R30 value is not meet, Landlord to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

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

10.0 – Canopy *

Landlord shall allow Tenant to design and construct a canopy structure for patient arrival and if allowed local code.

11.0 – Waterproofing and Weatherproofing

Landlord 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. Landlord 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. Landlord shall be responsible for replacing any damaged items and repairing any deficiencies exposed during / after construction of tenant improvement.

12.0 – Windows

Any single pane window systems must be replaced by Landlord with code compliant Energy efficient thermal pane windows with Low -E thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Landlord. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent film to the existing windows (per manufactures recommendations) per Tenant's tenant improvement design.

13.0 – Thermal Insulation

Landlord to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation. Any new roof deck insulation is to be installed to the underside of the roof deck.

14.0 – Exterior Doors

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

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

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

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset.

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

15.0 – Utilities

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

16.0 – Plumbing *

Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

Where suitable building water already exists, Landlord to provide Tenant with a potable water supply to meet the above minimum requirements. Water flow and pressure to Tenant's space to be unaffected by any other building water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to Tenant's space, leaving off with a valve and cap for Tenant extension per Tenant direction or Tenant design plans.

Potable water supply to be provided with water meter and two (2) reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand. Backflow devices to be provided with adequate drainage per code and local authority. Meter to be per municipality or water provider standards.

Any existing hose bibs will be in proper working condition prior to Tenants possession of space.

Building sanitary drain size will be determined by Tenant'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 Tenant 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 Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary drain to be stubbed into Tenant's space with a minimum invert level of 42 inches below finished slab. Sanitary drain to be sized based on the calculated drainage fixture unit (DFU) method in accordance to code for both the Tenant's DFU's combined with any other tenant DFU's sharing the drain however, in no case less than 4 inch diameter. Ejectors or lift stations are prohibited. Landlord to clean, power jet and televise existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

Landlord to provide a plumbing vent no less than 4 inch diameter stubbed into Tenant's space as high as possible with an elevation no less than the bottom of the lowest structural element of the framing to the deck above. Where deck above is the roof, Landlord to provide roof termination and all required roof flashing and waterproofing. Plumbing roof terminations to maintain a minimum separation of 15 feet, or more if required by local code, from any mechanical rooftop equipment with fresh air intake. Where required separation does not exist, Landlord to relocate to be within compliance at Landlord's cost.

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

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

17.0 - Fire Suppression and Alarm System

Fire Sprinkler Systems and building fire alarm control panel shall be maintained by Landlord. Landlord to provide pertinent information on systems for Tenant Engineers for design. Landlord to provide current vendor for system and monitoring company.

A Sprinkler system will be installed if required by AHU or if required by Tenant. Any single story standalone building or that could expand to greater than 10,000 will require a sprinkler system. Landlord to provide cost, to be included in lease rate, for the design and installation of a complete turnkey sprinkler system (less drops and heads in Tenant space) that meets all local building, fire prevention and life safety codes for the entire building. This system to be on a dedicated water line independent of Tenant's potable water line requirements. Landlord to include all municipal approved shop drawings, service drops and sprinkler heads at heights per Tenant'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.

18.0 – Electrical;

Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 1,000amp service) 120/208 volt, 3 phase, 4 wire derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include utility metering, tenant service feeder, and distribution panel board with main and branch circuit breakers. Tenant will not accept multiple services to obtain the necessary capacity. Should this not be available Landlord to upgrade electrical service to meet the following criteria:

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

Tenant'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 panel board. If 480V power is supplied, Landlord to provide step down transformer to Tenant requirements above.

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

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

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

Existing electrical raceway, wire, and cable extending through the Tenant's space but serving areas outside the Tenant's space shall be re-routed outside the Tenant's space and reconnected as required at the Landlord's cost.

Fire Alarm system shall be maintained and in good working order by Landlord prior to Tenant acceptance of space. Landlord to provide pertinent information on systems for Tenant's design. Landlord to provide current vendor for system and monitoring company. Landlord'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. If lease space is in a multi-tenant building then Landlord to provide an empty conduit stub in Tenant space from Landlord's Fire Alarm panel. If Fire Alarm system is unable to accommodate Tenant requirements and/or FA system is not within applicable code compliance, Landlord to upgrade panel at Landlord's cost.

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

19.0 - Gas Service

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

20.0 - Mechanical /Heating Ventilation Air Conditioning *

Landlord to provide a detailed report from a HVAC company on all existing HVAC units i.e. age, CFM's, cooling capacity, service records etc. for review by Tenant. HVAC Units, components and equipment that Tenant intends to reuse shall be left in place 'as is' by Landlord. Landlord shall allow Tenant, at Tenant's discretion to remove, relocate, replace or modify existing unit(s) as needed to meet HVAC code requirements and design layout requirements.

If determined by Tenant that the units need to be replaced and or additional units are needed, Landlord will be responsible for the cost of the replacement/additional HVAC units, Tenant will complete the all work with the replacement/additional HVAC Units. Units replaced or added will meet the design requirements as stated below.

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 Tenant's demands for a dialysis facility and the base building Shell loads.
- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-outAll 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 high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode
-

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

21.0 - Telephone

If in a multi-tenant building Landlord to provide a 1" conduit from Building Demark location to phone room location in Tenant space.

22.0 – Cable or Satellite TV

Tenant 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. Landlord shall reasonably cooperate and grant "right of access" with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.

23.0 - Handicap Accessibility *

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

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

24.0 - Generator

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

25.0 – Existing Site Lighting

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

26.0 – Exterior Building Lighting

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

27.0 – Parking Lot

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

28.0 – Refuse Enclosure *

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

29.0 - Signage

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

Should Tenant request, Landlord to provide allowance of $ 4,500 for an illuminated monument/pylon site sign with base and a $ 7,000 allowance for a facade mounted sign which will include electrical to both. Final sign layout to be provided and approved by Tenant and City

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 was previously submitted with the application for Project No. 15-020.

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.

Attachment – 39A

DaVita. | HealthCare Partners.

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.
Total Renal Care, Inc.

Subscribed and sworn to me
This 10th day of November, 2015

Notary Public 5/7/18

TRACEY J. LYONS
STATE
OF
TENNESSEE
NOTARY
PUBLIC
MARSHALL COUNTY

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) CLINICAL	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)	
CLINICAL									
ESRD		$171.62			7,540			$1,293,997	$1,293,997
Contingency		$11.93			7,540			$90,000	$90,000
TOTAL CLINICAL		$183.55			7,540			$1,383,997	$1,383,997
NON-CLINICAL									
ESRD									
Contingency									
TOTAL NON-CLINICAL									
TOTAL		**$183.55**			**7,540**			**$1,383,997**	**$1,383,997**
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Construction Contracts & Contingencies	$1,383,997	$183.68 x 7,540 GSF =$1,384,947	Meets State Standard
Contingencies	$90,000	10% - 15% of Modernization Construction Contracts 10% - 15% x $1,293,997 = $129,399 - $194,100	Below State Standard
Architectural/Engineering Fees	$125,400	6.76% - 10.16% of Modernization Construction Contracts + Contingencies) = 6.76% - 10.16% x ($1,293,997 + $90,000) =	Meets State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		6.76% - 10.16% x $1,383,997 = $93,558 - $140,614	
Consulting and Other Fees	$122,500	No State Standard	No State Standard
Moveable Equipment	$599,377	$50,601.13 per station x 16 stations $50,601.13 x 16 = $809,618	Below State Standard
Fair Market Value of Leased Space or Equipment	$1,668,363	No State Standard	No State Standard

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

Operating Expenses: $2,797,297

Treatments: 12,480

Operating Expense per Treatment: $224.14

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

Capital Costs:

Depreciation:	$202,347
Amortization:	$ 9,201
Total Capital Costs:	$211,548

Treatments: 12,480

Capital Costs per Treatment: $16.95

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 2014 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously included as part of Applicants' application for Proj. No. 15-025. As referenced in the report, DaVita led the industry in quality, with 50 percent of its dialysis centers earning four or five stars in the federal Five-Star Ratings, compared to the 21 percent industry average. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. 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 has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. 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), the utilization of dialysis facilities operating for over 2 years and within 30 minutes of the proposed Washington Heights Dialysis is 76.5%. There are 207 patients from Dr. Barakat's practice suffering from Stage 3, 4, or 5 CKD. 160 of the mid-to-late stage CKD patients reside within a 30 minute commute of the proposed facility. At least 80 of these patients will be referred to the proposed Washington Heights Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facility to operate at its 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.

   Washington Heights is a predominantly African-American community, and 29.4% of residents live below the federal poverty level, which is over twice the State-wide average.[23] As a result, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension, the two leading causes of CKD and ESRD. Notably, African Americans are at an increased risk of ESRD compared to the general population due to the higher prevalence of these conditions in the African American community. In fact, the ESRD incident rate among African Americans is 3.6 times greater than whites.

   Additionally, the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) designated the Washington Heights zip code (60628) as a primary care health professional shortage area. (See Attachment – 12A). Access to primary care is critical to screening at risk patients for CKD and implementing care plans in the early stages of CKD to preserve kidney function. Many patients may have CKD and do not know it until the late stages when it can be too late to head off kidney failure. Without access to vital primary care services, the incidence and prevalence of CKD and ESRD in Washington Heights will continue to rise.

   Data from the Renal Network supports this. As of September 30, 2015, there were 5,883 ESRD patients residing within 30 minutes of the proposed Washington Heights Dialysis. Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of

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[23] U.S. Census Bureau, American Fact Finder *available at* http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Nov. 23, 2015).

CKD,[24] and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the or ACA[25] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[26] more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

3. The proposed project is for the establishment of Washington Heights Dialysis. As such, this criterion is not applicable.

4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

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)	661	679	708
Medicaid (revenue)	$11,387,229	$10,371,416	$8,603,971

[24] CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

[25] According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) *available at* http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report (last visited Nov. 23, 2015).

[26] 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.

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**	**$228,115,132**	**$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. Barakat projecting 80 pre-ESRD patients will be referred to Washington Heights Dialysis within 12 to 24 months of project completion.

Mohamad Barakat, M.D.
Kidney & Hypertension Associates
3913 West 95th Street
Evergreen Park, Illinois 60805

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 Washington Heights Dialysis. The proposed 16-station chronic renal dialysis facility, to be located at 10620 South Halsted Street, Chicago, Illinois 60628 will directly benefit my patients.

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

The site of the proposed facility is close to Interstates 57, 94, and 90 (I-57, I-94, and I-90) and will provide better access to patients residing on Chicago's south side. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 76.5%, according to September 30, 2015 reported census data.

I have identified 207 patients from my practice who are suffering from Stage 3, 4, or 5 CKD. 160 patients reside within 30 minutes of the proposed facility. Conservatively, I predict at least 80 of these patients will progress to dialysis within 12 to 24 months of completion of Washington Heights Dialysis. My large patient base, the significant utilization at nearby facilities, and the present 104-station need identified in Health Service Area 6 demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, for the most recent 3 years and at the end of the most recent quarter, is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 3/4 years is provided at Attachment – 2. The list of zip codes for the 160 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 Washington Heights Dialysis.

Sincerely,

M. Barakat

Mohamad Barakat, M.D.
Kidney & Hypertension Associates
3913 West 95th Street
Evergreen Park, Illinois 60805

Subscribed and sworn to me
This 23 day of November 2015

Notary Public:

OFFICIAL SEAL
DANIEL G BAER
Notary Public - State of Illinois
My Commission Expires Jan 10, 2016

Attachment 1
Historical Patient Utilization

Mount Greenwood Dialysis							
2012		2013		2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60178	1	60178	1	60406	2	60406	3
60406	3	60406	2	60409	1	60409	1
60409	1	60409	1	60419	1	60419	1
60415	1	60419	1	60453	3	60445	1
60419	1	60453	3	60459	1	60453	4
60453	2	60455	1	60469	1	60469	1
60459	1	60459	1	60477	1	60472	1
60465	1	60477	1	60617	1	60477	1
60477	1	60619	1	60619	1	60617	2
60617	1	60620	3	60620	3	60619	1
60619	1	60628	17	60628	17	60620	5
60620	4	60636	1	60636	1	60628	18
60628	16	60643	11	60643	14	60636	1
60636	1	60655	2	60655	1	60643	19
60643	8	60803	4	60803	4	60652	1
60655	1	60805	2	60805	2	60655	3
60803	2					60803	5
60805	1					60805	2
85338	1					60827	1

Historical Patient Utilization

Hazel Crest Renal Center							
2012		2013		2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	NA	NA	60628	1

Historical Patient Utilization

Olympia Fields Dialysis							
2012		2013		2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60429	2	60441	1	60426	1	60447	1
60449	1	60443	1	60449	1	60475	1
60471	2					60827	1
60619	1						

Historical Patient Utilization

Palos Park Dialysis							
2012		2013		2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60415	1	60415	1	60451	1
		60462	2	60451	1	60455	1
		60465	1	60455	1	60458	1
				60458	1	60462	2
				60462	3	60480	1
						60487	1
						60655	1

Historical Patient Utilization

Stony Creek Dialysis							
2012		2013		2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60459	1	60453	1	60453	2
60445	1	60643	1	60455	1	60459	1
60453	1			60643	1	60628	1
60459	1					60636	1
60462	1						
60609	1						
60617	1						
60629	1						
60805	1						

Attachment 2
New Patients

Mount Greenwood Dialysis			
2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count
60469	1	60406	2
60617	1	60445	1
60620	1	60453	1
60628	5	60472	1
60643	3	60617	1
		60620	2
		60628	2
		60643	6
		60652	1
		60655	2
		60803	1
		60827	1

New Patients

Hazel Crest Renal Center			
2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60628	1

New Patients

Olympia Fields Dialysis			
2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count
60426	1	60447	1
60449	1	60475	1
		60827	1

New Patients

Palos Park Dialysis			
2014		2015 YTD 9/30	
Zip Code	Pt Count	Zip Code	Pt Count
60451	1	60462	1
60455	1	60480	1
60458	1	60487	1
60462	1	60665	1

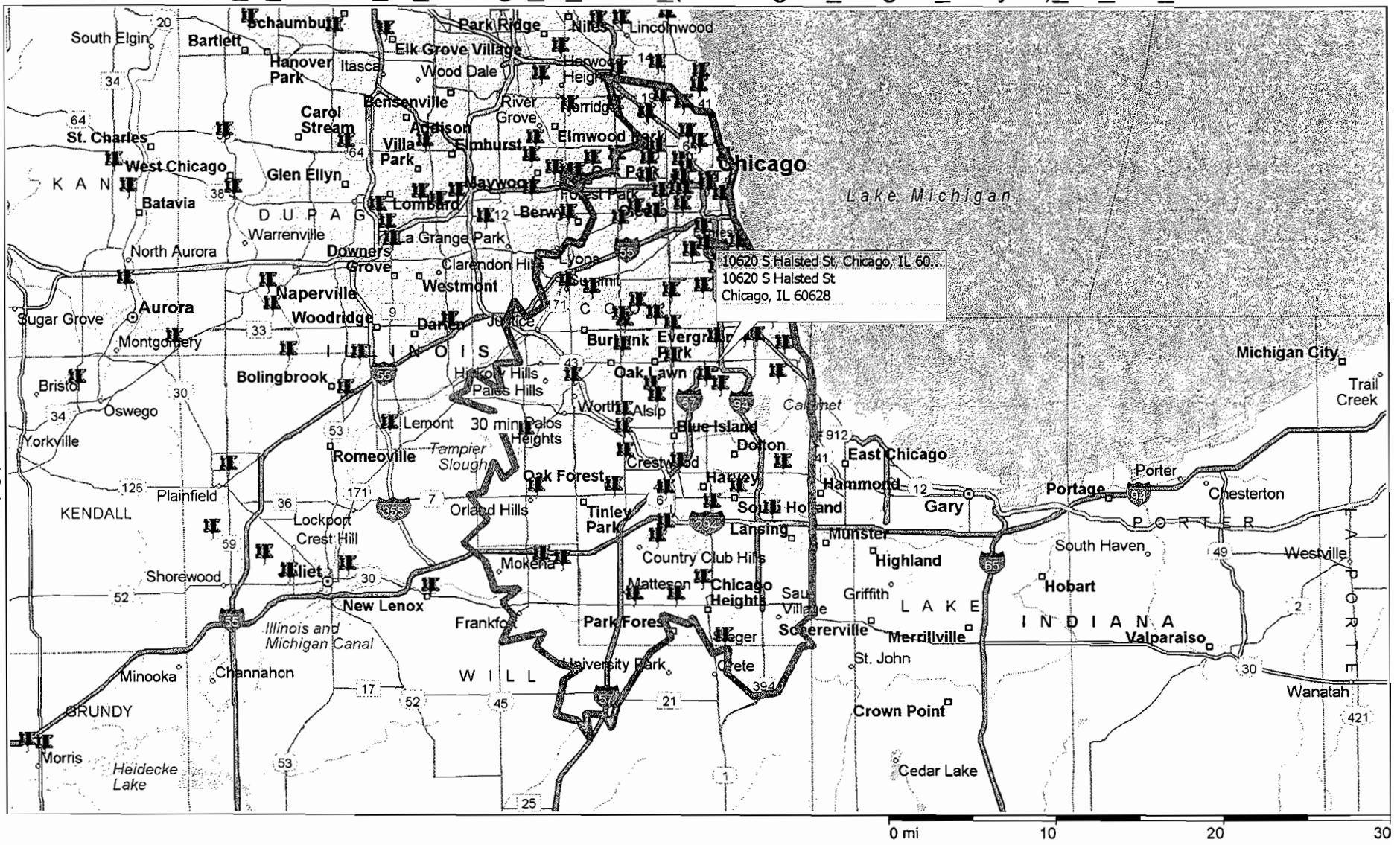
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60406	10
60409	1
60411	1
60415	6
60419	2
60425	1
60426	1
60428	1
60430	2
60438	1
60445	5
60452	4
60453	15
60461	1
60463	2
60472	2
60477	3
60482	3
60612	1
60615	1
60616	1
60617	2
60619	3
60620	17
60621	2
60628	22
60629	6
60636	3
60643	21
60655	5
60670	1
60803	5
60805	4
60827	5
Total	**160**

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.

10620_S_Halsted_St_Chicago_IL_60628_(Washington_Heights_Dialysis)_30_Min_GSA



FROM FMC MOKENA

YOUR TRIP TO:

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

23 MIN | 18.9 MI

Trip time based on traffic conditions as of 3:28 PM on November 2, 2015. Current Traffic:

Start out going east on W 192nd St toward 88th Ave.

Then 0.11 miles

Turn left onto 88th Ave.

Breakfast Nook is on the left.

Then 0.18 miles

Take the 1st right onto W 191st St/County Hwy-84.

If you reach Spring Lake Dr you've gone about 0.4 miles too far.

Then 2.03 miles

Turn left onto IL-43/S Harlem Ave.

IL-43 is 0.5 miles past 76th Ave.

Tinley Park TGI Fridays is on the corner.

If you are on Prosperi Dr and reach Oak Park Ave you've gone about 0.6 miles too far.

Then 0.16 miles

Merge onto I-80 E toward Gary Indiana.

Then 2.79 miles

Merge onto I-57 N via EXIT 151B on the left toward Chicago.

Then 12.51 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

FROM OLYMPIA FIELDS DIALYSIS

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310

23 MIN | 18.7 MI

Trip time based on traffic conditions as of 3:33 PM on November 2, 2015. Current Traffic:

Start out going east on Lincoln Hwy/US-30 E toward Lincoln Mall Dr.

Then 0.22 miles

Make a U-turn at Kostner Ave onto Lincoln Hwy/US-30 W.

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

Then 0.74 miles

Merge onto I-57 N toward Chicago.

Then 16.56 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

FROM FMC OAK FOREST

YOUR TRIP TO:

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

17 MIN | 12.7 MI

Trip time based on traffic conditions as of 3:35 PM on November 2, 2015. Current Traffic:

Start out going west on 159th St/US-6 W toward Lorel Ave.

Then 0.01 miles

Make a U-turn at Lorel Ave onto 159th St/US-6 E.

If you reach Long Ave you've gone a little too far.

Then 2.18 miles

Merge onto I-57 N.

Then 9.41 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO: FROM DIRECT DIALYSIS CRESTWOOD CARE CENTRE

10620 S Halsted St, Chicago, IL 60628-2310

19 MIN | 11.4 MI

Trip time based on traffic conditions as of 3:38 PM on November 2, 2015. Current Traffic:

Start out going south on Cicero Ave/IL-50/IL-83 toward 147th St.

Then 0.24 miles

Take the 1st left onto 147th St/IL-83.

Subway is on the corner.

If you reach 148th St you've gone about 0.1 miles too far.

Then 3.08 miles

Merge onto I-57 N via the ramp on the left.

If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.

Then 6.96 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

FROM PMC - ATHLETIC CENTER OF AMERICA - CRESTWOOD

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310

mapquest

22 MIN | 9.7 MI

Trip time based on traffic conditions as of 3:41 PM on November 2, 2015. Current Traffic:

Start out going southeast on Cal Sag Rd/IL-83 toward Cicero Ave/IL-50.

Then 0.14 miles

Turn sharp left onto Cicero Ave/IL-50/IL-83. Continue to follow Cicero Ave/IL-50.

Portillo's Hot Dogs is on the corner.

Then 0.57 miles

Turn right onto W 127th St.

W 127th St is 0.1 miles past W 128th St.

Then 1.52 miles

W 127th St becomes Burr Oak Ave.

Then 2.07 miles

Burr Oak Ave becomes W 127th St.

Then 0.37 miles

Turn left onto S Marshfield Ave.

S Marshfield Ave is just past S Paulina St.

If you reach S Justine St you've gone about 0.1 miles too far.

Then 0.07 miles

Merge onto I-57 N via the ramp on the left.

Then 3.82 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.
Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO: From FMC SUMMIT

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

36 MIN | 27.9 MI

Trip time based on traffic conditions as of 3:44 PM on November 2, 2015. Current Traffic:

Start out going east on Archer Ave toward S 73rd Ave.

Then 0.03 miles

Make a U-turn at S 73rd Ave onto Archer Ave.

If you reach S 72nd Ct you've gone a little too far.

Then 0.33 miles

Stay straight to go onto IL-171/IL Route 171.

Then 0.63 miles

Merge onto I-55 S/Adlai E Stevenson Expy S toward St Louis.

Then 3.16 miles

Merge onto US-45 S/US-20 E/US-12 E/S La Grange Rd via EXIT 279A.

Then 2.19 miles

Merge onto I-294 S/Tri State Tollway S via the ramp on the left toward Indiana (Portions toll).

Then 12.55 miles

EXIT Take the IL-83/147th St exit, EXIT 9, toward Sibley Blvd (Electronic toll collection only).

Then 0.15 miles

Turn left onto IL-83/W 147th St.

Taqueria El Supremo is on the corner.

Then 0.76 miles

Merge onto I-57 N via the ramp on the left.

If you are on W 147th St and reach Dixie Hwy you've gone about 0.2 miles too far.

Then 6.96 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Then 0.05 miles

Turn right onto S Halsted St/IL-1.
BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.
Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

FROM CHICAGO RIDGE DIALYSIS

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310

27 MIN | 10.5 MI

Trip time based on traffic conditions as of 3:47 PM on November 2, 2015. Current Traffic:

Start out going north on S Harlem Ave/IL-43 toward W 105th St.

Then 0.03 miles

Make a U-turn at W 105th St onto S Harlem Ave/IL-43.

If you reach 103rd St you've gone about 0.2 miles too far.

Then 0.28 miles

Turn left onto W 107th St.

W 107th St is just past Southwest Hwy.

Schmaedeke Funeral Home is on the corner.

If you reach W 108th St you've gone about 0.1 miles too far.

Then 0.97 miles

Turn right onto S Ridgeland Ave.

S Ridgeland Ave is just past S Nagle Ave.

7-ELEVEN #30100 is on the corner.

If you reach Oxford Ave you've gone a little too far.

Then 1.02 miles

Turn left onto W 115th St.

W 115th St is 0.1 miles past W 114th St.

If you reach W Wood Ave you've gone about 0.1 miles too far.

Then 5.06 miles

Turn left onto S Western Ave.

S Western Ave is just past S Artesian Ave.

Nicky's Drive Through is on the corner.

If you reach S Oakley Ave you've gone a little too far.

Then 1.01 miles

W 107th St is just past W 107th Pl.

If you reach W 106th St you've gone about 0.1 miles too far.

Then 2.01 miles

Turn left onto S Halsted St/IL-1.
S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.
If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.
If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

From FMC ALSIP

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

15 MIN | 6.6 MI

Trip time based on traffic conditions as of 3:49 PM on November 2, 2015. Current Traffic:

Start out going south on S Cicero Ave/IL-50 toward W 123rd St.

Then 0.07 miles

Turn left onto W 123rd St.

Wright's Furniture Warehouse is on the corner.

If you reach W 123rd Pl you've gone a little too far.

Then 3.31 miles

Turn left onto Vincennes Rd.

Vincennes Rd is just past Irving Ave.

If you are on 123rd St and reach Washington Ave you've gone a little too far.

Then 0.53 miles

Vincennes Rd becomes S Vincennes Ave.

Then 1.67 miles

Turn right onto W 107th St.

W 107th St is 0.2 miles past W 108th Pl.

Apostolic Assembly of the Lord Jesus Christ is on the left.

If you reach W 105th Pl you've gone about 0.1 miles too far.

Then 0.84 miles

Turn left onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

If you reach W 107th St you've gone a little too far.

PALM STONY CREEK DIALYSIS

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310

19 MIN | 7.0 MI

Trip time based on traffic conditions as of 3:51 PM on November 2, 2015. Current Traffic:

Start out going north on S Cicero Ave/IL-50 toward W 91st St.

Then 0.03 miles

Make a U-turn at W 91st St onto S Cicero Ave/IL-50.

If you reach W 90th St you've gone about 0.1 miles too far.

Then 0.52 miles

Turn left onto W 95th St/US-20 E/US-12 E.

W 95th St is 0.1 miles past W 94th St.

Andy's Frozen Custard is on the corner.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 2.02 miles

Turn right onto S Kedzie Ave.

S Kedzie Ave is just past S Sawyer Ave.

La Cocina Jalisciense is on the corner.

If you reach S Troy Ave you've gone a little too far.

Then 0.50 miles

Turn left onto W 99th St.

W 99th St is 0.1 miles past W 98th St.

If you reach W 100th St you've gone about 0.1 miles too far.

Then 2.57 miles

W 99th St becomes S Genoa Ave.

Then 0.08 miles

Turn left onto W 99th St.

Then 0.42 miles

S Halsted St is just past S Green St.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

FROM RCG-ASI - SCOTTSDALE

mapquest

10620 S Halsted St Chicago, IL 60628-2310

24 MIN | 8.1 MI

Trip time based on traffic conditions as of 3:55 PM on November 2, 2015. Current Traffic:

Start out going east on W 79th Pl toward S Knox Ave.

Then 0.13 miles

Take the 1st left onto S Kilbourn Ave.

S Kilbourn Ave is 0.1 miles past S Knox Ave.

If you are on S Kenneth Ave and reach S Kenneth Ct you've gone about 0.1 miles too far.

Then 0.03 miles

Turn right onto W 79th St.

Then 1.01 miles

Turn right onto S Lawndale Ave.

S Lawndale Ave is just past S Ridgeway Ave.

CITGO Gas Station is on the corner.

If you reach S Central Park Ave you've gone about 0.1 miles too far.

Then 1.01 miles

Turn left onto W 87th St.

Then 0.60 miles

Turn right onto S Kedzie Ave.

Walgreens is on the right.

Then 1.51 miles

Turn left onto W 99th St.

W 99th St is 0.1 miles past W 98th St.

If you reach W 100th St you've gone about 0.1 miles too far.

Then 2.17 miles

S Beverly Ave is just past S Malta St.

If you reach S Winston Ave you've gone a little too far.

Then 0.53 miles

Turn left onto W 103rd St.

W 103rd St is 0.3 miles past W 100th Pl.

If you are on S Vincennes Ave and reach W 104th St you've gone about 0.1 miles too far.

Then 0.68 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

Beggars Pizza is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.40 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

FROM WESTLAWN DIALYSIS

YOUR TRIP TO:

mapquest

10620 S Halsted St Chicago, IL 60628-2310

24 MIN | 8.3 MI

Trip time based on traffic conditions as of 4:01 PM on November 2, 2015. Current Traffic:

Start out going south on S Pulaski Rd toward W 70th Pl.

Then 0.08 miles

Turn left onto W 71st St.

W 71st St is just past W 70th Pl.

Chase ATM is on the corner.

If you reach W 74th St you've gone about 0.4 miles too far.

Then 2.53 miles

Turn right onto S Damen Ave.

S Damen Ave is just past S Seeley Ave.

If you reach S Winchester Ave you've gone a little too far.

Then 1.51 miles

Turn left onto W 83rd St.

W 83rd St is just past W 82nd Pl.

If you reach W 84th St you've gone about 0.1 miles too far.

Then 0.50 miles

Turn right onto S Ashland Ave.

S Ashland Ave is just past S Marshfield Ave.

Wendy's is on the right.

If you reach S Justine St you've gone a little too far.

Then 1.51 miles

S Ashland Ave becomes S Beverly Ave.

Then 1.05 miles

W 103rd St is 0.3 miles past W 100th Pl.

If you are on S Vincennes Ave and reach W 104th St you've gone about 0.1 miles too far.

Then 0.68 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

Beggars Pizza is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.40 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

FROM HAZEL CREST RENAL CENTER

mapquest

10620 S Halsted St Chicago, IL 60628-2310

22 MIN | 14.9 MI

Trip time based on traffic conditions as of 4:06 PM on November 2, 2015. Current Traffic:

Start out going west on 183rd St toward Village West Dr.

Then 0.73 miles

Turn right onto Crawford Ave.

Crawford Ave is 0.1 miles past Springfield Ave.

CITGO Country Club is on the right.

If you are on 183rd St and reach Soleri Dr you've gone about 0.2 miles too far.

Then 2.01 miles

Turn left onto 167th St.

167th St is just past W 167th St.

Chase Bank is on the corner.

If you reach W 166th Pl you've gone about 0.1 miles too far.

Then 0.45 miles

Merge onto I-57 N.

Then 10.58 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

From FMC Hazel Crest

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

21 MIN | 13.1 MI

Trip time based on traffic conditions as of 4:09 PM on November 2, 2015. Current Traffic:

Start out going north on E Carriageway Dr toward 175th St.

Then 0.05 miles

Turn left onto 175th St.

Ican Dream Ctr is on the left.

Then 0.20 miles

Take the 2nd right onto Kedzie Ave.

Kedzie Ave is 0.1 miles past Longfellow Ave.

HAZEL CREST CITGO is on the corner.

Then 2.00 miles

Turn left onto W 159th St/US-6 W.

W 159th St is 0.1 miles past W 160th St.

Harold's Chicken Shack is on the corner.

If you reach W 158th St you've gone about 0.1 miles too far.

Then 0.54 miles

Merge onto I-57 N.

Then 9.16 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

FROM COUNTRY HILLS DIALYSIS

YOUR TRIP TO:

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

16 MIN | 12.5 MI

Trip time based on traffic conditions as of 4:16 PM on November 2, 2015. Current Traffic:

Start out going east on W 167th St toward Briargate Dr.

Then 0.12 miles

Make a U-turn at Briargate Dr onto W 167th St.

If you reach Hamlin Ave you've gone a little too far.

Then 0.65 miles

Merge onto I-57 N.

Then 10.58 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

FROM FMC BLUE ISLAND

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

14 MIN | 9.4 MI

Trip time based on traffic conditions as of 4:18 PM on November 2, 2015. Current Traffic:

Start out going south on Western Ave toward W 140th Pl.

Then 1.10 miles

Turn right onto W 147th St/IL-83.

W 147th St is just past Joliet St.

If you are on Dixie Hwy and reach W 148th St you've gone about 0.1 miles too far.

Then 0.14 miles

Merge onto I-57 N.

Then 7.01 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 99th St.

Then 0.05 miles

Turn right onto S Halsted St/IL-1.

BHAGATS BP is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.91 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

FROM COMMUNITY DIALYSIS OF HARVEY

YOUR TRIP TO:

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

22 MIN | 8.0 MI

Trip time based on traffic conditions as of 4:22 PM on November 2, 2015. Current Traffic:

Start out going north on Halsted St/IL-1 toward E 166th St.

Then 1.76 miles

Turn left onto Vincennes Rd/IL-1. Continue to follow IL-1.

Smitty's Lounge is on the corner.

Then 6.18 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

From South Holland Regional Center

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

23 MIN | 13.3 MI

Trip time based on traffic conditions as of 4:24 PM on November 2, 2015. Current Traffic:

Start out going south on S Park Ave toward E 161st Pl.

Then 0.08 miles

Turn left onto E 162nd St/US-6 E.

E 162nd St is just past E 161st Pl.

Chase ATM is on the corner.

If you reach E 163rd St you've gone about 0.1 miles too far.

Then 1.28 miles

Merge onto I-94 W/Bishop Ford Fwy N.

Then 9.42 miles

Merge onto I-57 S via EXIT 63 on the left toward Memphis.

Then 1.29 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

From Fmc Far South Holland

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

22 MIN | 13.4 MI

Trip time based on traffic conditions as of 4:27 PM on November 2, 2015. Current Traffic:

Start out going south on Paxton Ave toward Parkview Dr.

Then 0.20 miles

Take the 3rd left onto Bernice Rd.

Bernice Rd is just past E 173rd Pl.

If you reach the end of Paxton Ave you've gone a little too far.

Then 0.43 miles

Bernice Rd becomes Dekker St.

Then 0.12 miles

Turn right onto 173rd St.

Then 0.06 miles

Take the 1st right onto Torrence Ave/US-6 E/IL-83.

Fisher Steak & Lemonade is on the right.

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

Then 0.15 miles

Merge onto I-94 W.

Then 8.94 miles

Take the 111th St exit, EXIT 66A.

Then 0.41 miles

Turn left onto E 111th St.

If you reach I-94 W you've gone about 0.2 miles too far.

Then 0.64 miles

Turn right onto S Cottage Grove Ave.

S Cottage Grove Ave is just past S Forrestville Ave.

If you reach S Eberhart Ave you've gone a little too far.

Then 0.51 miles

E 107th St is 0.1 miles past E 108th St.

If you reach E 106th St you've gone about 0.1 miles too far.

Then 1.78 miles

Turn right onto S Halsted St/IL-1.
S Halsted St is just past S Emerald Ave.

CITGO Gas Station is on the right.

If you reach S Green St you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.
If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.
If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

FROM CALUMET CITY DIALYSIS

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310

18 MIN | 9.5 MI

Trip time based on traffic conditions as of 4:28 PM on November 2, 2015. Current Traffic:

Start out going west on Sibley Blvd toward Manistee Ave.

Then 1.14 miles

Merge onto I-94 W/Bishop Ford Fwy N toward Chicago.

Then 4.82 miles

Take the 111th St exit, EXIT 66A.

Then 0.41 miles

Turn left onto E 111th St.

If you reach I-94 W you've gone about 0.2 miles too far.

Then 0.64 miles

Turn right onto S Cottage Grove Ave.

S Cottage Grove Ave is just past S Forrestville Ave.

If you reach S Eberhart Ave you've gone a little too far.

Then 0.51 miles

Take the 2nd left onto E 107th St.

E 107th St is 0.1 miles past E 108th St.

If you reach E 106th St you've gone about 0.1 miles too far.

Then 1.78 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Emerald Ave.

CITGO Gas Station is on the right.

If you reach S Green St you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

FROM FMC MERRIONETTE PARK

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310

11 MIN | 4.4 MI

Trip time based on traffic conditions as of 4:31 PM on November 2, 2015. Current Traffic:

Start out going north on S Kedzie Ave toward W 116th Pl.

Then 0.20 miles

Turn right onto W 115th St.

W 115th St is just past W Meadow Lane Dr.

MOBIL is on the right.

If you reach W 114th Pl you've gone a little too far.

Then 1.02 miles

Turn left onto S Western Ave.

S Western Ave is just past S Artesian Ave.

Nicky's Drive Through is on the corner.

If you reach S Oakley Ave you've gone a little too far.

Then 1.01 miles

Turn right onto W 107th St.

W 107th St is just past W 107th Pl.

If you reach W 106th St you've gone about 0.1 miles too far.

Then 2.01 miles

Turn left onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

From Mount Greenwood Dialysis

10620 S Halsted St, Chicago, IL 60628-2310

mapquest

11 MIN | 3.9 MI

Trip time based on traffic conditions as of 4:33 PM on November 2, 2015. Current Traffic:

Start out going east on W 111th St toward S Homan Ave.

Then 1.28 miles

Turn left onto S Western Ave.

S Western Ave is just past S Artesian Ave.

Pacific Sub is on the corner.

If you reach S Bell Ave you've gone about 0.1 miles too far.

Then 0.50 miles

Turn right onto W 107th St.

W 107th St is just past W 107th Pl.

If you reach W 106th St you've gone about 0.1 miles too far.

Then 2.01 miles

Turn left onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

YOUR TRIP TO:

FROM FMC EVERGREEN PARK

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

8 MIN | 3.4 MI

Trip time based on traffic conditions as of 4:34 PM on November 2, 2015. Current Traffic:

Start out going south on S Western Ave toward W 98th St.

Then 0.21 miles

Turn left onto W 99th St.

W 99th St is 0.1 miles past W 98th St.

Pizza Hut is on the right.

If you reach W 100th St you've gone about 0.1 miles too far.

Then 0.73 miles

Turn right onto S Walden Pkwy.

S Walden Pkwy is just past S Longwood Dr.

All Day Montessori is on the right.

If you reach S Wood St you've gone a little too far.

Then 0.13 miles

Turn left onto W 100th St.

Then 0.02 miles

Take the 1st right onto S Wood St.

If you reach S Prospect Ave you've gone about 0.2 miles too far.

Then 0.88 miles

Turn left onto W 107th St.

W 107th St is just past W 106th Pl.

If you are on S Wood St and reach W 107th Pl you've gone a little too far.

Then 1.26 miles

S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

updates, and reviews of local businesses along the way.

FROM BEVERLY DIALYSIS

YOUR TRIP TO:

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

16 MIN | 4.9 MI

Trip time based on traffic conditions as of 4:38 PM on November 2, 2015. Current Traffic:

Start out going north on S Western Ave toward W 81st St.

Then 0.00 miles

Make a U-turn at W 81st St onto S Western Ave.

If you reach W 80th Pl you've gone a little too far.

Then 0.26 miles

Turn left onto W 83rd St.

W 83rd St is 0.1 miles past W 82nd Pl.

If you reach W 87th St you've gone about 0.4 miles too far.

Then 1.00 miles

Turn right onto S Ashland Ave.

S Ashland Ave is just past S Marshfield Ave.

Wendy's is on the right.

If you reach S Justine St you've gone a little too far.

Then 1.51 miles

S Ashland Ave becomes S Beverly Ave.

Then 1.05 miles

Turn left onto W 103rd St.

W 103rd St is 0.3 miles past W 100th Pl.

If you are on S Vincennes Ave and reach W 104th St you've gone about 0.1 miles too far.

Then 0.68 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

Beggars Pizza is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.40 miles

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FROM FMC CHATHAM

10620 S Halsted St, Chicago, IL 60628-2310

12 MIN | 3.6 MI

Trip time based on traffic conditions as of 3:58 PM on November 3, 2015. Current Traffic:

Start out going northwest on S Holland Rd toward W 87th St.

Then 0.02 miles

Take the 1st right onto W 87th St.

Then 0.38 miles

Turn right onto S Lafayette Ave.

If you reach S State St you've gone a little too far.

Then 0.04 miles

Merge onto I-94 E/Dan Ryan Expy S via the ramp on the left.

Then 1.07 miles

Keep right to take I-57 S via EXIT 63 toward Memphis.

Then 0.85 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO: From FMC Smith Rd

10620 S Halsted St, Chicago, IL 60628-2310

21 MIN | 7.2 MI

Trip time based on traffic conditions as of 4:01 PM on November 3, 2015. Current Traffic:

Start out going west on W 76th St toward S Troy St.

Then 0.08 miles

Turn left onto S Kedzie Ave.

Then 0.88 miles

Turn left onto W 83rd St.

W 83rd St is 0.1 miles past W 82nd St.

Starlight Restaurant is on the corner.

If you reach W 83rd Pl you've gone a little too far.

Then 0.51 miles

Turn right onto S California Ave.

S California Ave is just past S Mozart St.

If you reach S Fairfield Ave you've gone a little too far.

Then 2.01 miles

Turn left onto W 99th St.

W 99th St is just past W 98th Pl.

If you reach W 99th Pl you've gone a little too far.

Then 0.51 miles

Turn right onto S Western Ave.

S Western Ave is just past S Artesian Ave.

Pizza Hut is on the corner.

If you reach S Claremont Ave you've gone a little too far.

Then 1.01 miles

Turn left onto W 107th St.

W 107th St is 0.1 miles past W 106th St.

If you are on S Western Ave and reach W 107th Pl you've gone a little too far.

Then 2.01 miles

S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FROM FMC-NEPHROLOGY - MARQUETTE PARK

10620 S Halsted St, Chicago, IL 60628-2310

21 MIN | 8.4 MI

Trip time based on traffic conditions as of 4:02 PM on November 3, 2015. Current Traffic:

Start out going north on S Western Ave toward W 65th St.

Then 0.04 miles

Take the 1st right onto W 65th St.

Metro Ford is on the corner.

If you reach W 64th St you've gone about 0.1 miles too far.

Then 0.13 miles

Turn right onto S Oakley Ave.

S Oakley Ave is just past S Claremont Ave.

If you reach S Bell Ave you've gone a little too far.

Then 0.25 miles

Take the 2nd left onto W Marquette Rd.

W Marquette Rd is 0.1 miles past W 66th St.

Winston Child Care is on the corner.

Then 0.37 miles

Turn right onto S Damen Ave.

S Damen Ave is just past S Seeley Ave.

Marquette Marathon Inc is on the left.

If you reach S Winchester Ave you've gone a little too far.

Then 0.88 miles

Turn left onto W 74th St.

W 74th St is 0.1 miles past W 73rd St.

If you reach W 76th St you've gone about 0.2 miles too far.

Then 1.26 miles

S Morgan St is just past S Carpenter St.

If you reach S Sangamon St you've gone a little too far.

Then 1.64 miles

Turn left onto W 87th St.
W 87th St is 0.1 miles past W 86th St.

Pepes Mexican Restaurant is on the corner.

Then 0.17 miles

Turn right onto S Vincennes Ave.
S Vincennes Ave is just past S Peoria St.

Shark's Fish & Chicken is on the right.

If you reach S Halsted St you've gone a little too far.

Then 2.62 miles

Turn left onto W 107th St.
W 107th St is 0.1 miles past W 105th Pl.

Apostolic Assembly of the Lord Jesus Christ is on the corner.

If you reach W 108th Pl you've gone about 0.2 miles too far.

Then 0.84 miles

Turn left onto S Halsted St/IL-1.
S Halsted St is just past S Green St.

CITGO Gas Station is on the corner.

If you reach S Emerald Ave you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.
If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.
If you reach W 107th St you've gone a little too far.

YOUR TRIP TO: FROM FMC-ROSS DIALYSIS - ENGLEWOOD

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

18 MIN | 6.8 MI

Trip time based on traffic conditions as of 4:05 PM on November 3, 2015. Current Traffic:

Start out going south on S Green St toward W 65th St.

Then 0.11 miles

Take the 1st right onto W 65th St.

Then 0.19 miles

Turn left onto S Morgan St.

S Morgan St is just past S Sangamon St.

If you reach S Carpenter St you've gone a little too far.

Then 2.77 miles

Turn left onto W 87th St.

W 87th St is 0.1 miles past W 86th St.

Pepes Mexican Restaurant is on the corner.

Then 0.17 miles

Turn right onto S Vincennes Ave.

S Vincennes Ave is just past S Peoria St.

Shark's Fish & Chicken is on the right.

If you reach S Halsted St you've gone a little too far.

Then 2.62 miles

Turn left onto W 107th St.

W 107th St is 0.1 miles past W 105th Pl.

Apostolic Assembly of the Lord Jesus Christ is on the corner.

If you reach W 108th Pl you've gone about 0.2 miles too far.

Then 0.71 miles

Turn left onto S Peoria St.

S Peoria St is just past S Sangamon St.

If you reach S Green St you've gone a little too far.

Then 0.13 miles

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.12 miles

Take the 2nd right onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

Learning Legacy Child Care Ctr is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

From FMC New City

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

24 MIN | 9.0 MI

Trip time based on traffic conditions as of 4:07 PM on November 3, 2015. Current Traffic:

Start out going south on S Bishop St toward W 47th St.

Then 0.07 miles

Turn left onto W 47th St.

Walmart Neighborhood Market is on the left.

If you reach W 48th St you've gone about 0.1 miles too far.

Then 0.06 miles

Turn right onto S Loomis Blvd.

Little Caesars Pizza is on the corner.

If you reach S Ada St you've gone a little too far.

Then 3.65 miles

Turn left onto W 76th St.

W 76th St is 0.2 miles past W 74th St.

If you reach W 77th St you've gone about 0.1 miles too far.

Then 0.50 miles

Turn right onto S Morgan St.

S Morgan St is just past S Carpenter St.

If you reach S Sangamon St you've gone a little too far.

Then 1.39 miles

Turn left onto W 87th St.

W 87th St is 0.1 miles past W 86th St.

Pepes Mexican Restaurant is on the corner.

Then 0.17 miles

S Vincennes Ave is just past S Peoria St.

Shark's Fish & Chicken is on the right.

If you reach S Halsted St you've gone a little too far.

Then 2.09 miles

Turn left onto W 103rd St.

W 103rd St is just past W 102nd Pl.

If you reach W 104th St you've gone about 0.1 miles too far.

Then 0.68 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Green St.

Beggars Pizza is on the right.

If you reach S Emerald Ave you've gone a little too far.

Then 0.40 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FROM FMC GARFIELD

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

22 MIN | 7.7 MI

Trip time based on traffic conditions as of 4:08 PM on November 3, 2015. Current Traffic:

Start out going north on S Wentworth Ave toward W 54th St.

Then 0.00 miles

Take the 1st right onto W 54th St.

Baskin-Robbins is on the right.

If you reach W 53rd St you've gone about 0.1 miles too far.

Then 0.05 miles

Turn right onto S La Salle St.

Then 0.16 miles

Turn left onto W Garfield Blvd.

Then 0.20 miles

Turn right onto S State St.

S State St is just past S Lafayette Ave.

If you are on E Garfield Blvd and reach S Wabash Ave you've gone a little too far.

Then 1.73 miles

Turn right onto W 69th St.

W 69th St is 0.1 miles past E 68th St.

If you are on E 69th St and reach S Wabash Ave you've gone a little too far.

Then 0.08 miles

Take the 1st left onto S Lafayette Ave.

If you reach S Perry Ave you've gone a little too far.

Then 2.33 miles

Merge onto I-94 E/Dan Ryan Expy S via the ramp on the left.

Then 1.07 miles

Keep right to take I-57 S via EXIT 63 toward Memphis.

Then 0.85 miles

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO: FROM FMC RUSSLAND

10620 S Halsted St, Chicago, IL 60628-2310

5 MIN | 1.5 MI

Trip time based on traffic conditions as of 4:11 PM on November 3, 2015. Current Traffic:

Start out going west on W 111th St toward S Wentworth Ave.

Then 0.07 miles

Take the 1st right onto S Wentworth Ave.

If you reach S Princeton Ave you've gone about 0.1 miles too far.

Then 0.50 miles

Turn left onto W 107th St.

W 107th St is just past W 107th Pl.

Fat Tony's Submarine is on the corner.

If you reach W 106th Pl you've gone a little too far.

Then 0.75 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Emerald Ave.

CITGO Gas Station is on the right.

If you reach S Green St you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

From PNC Greenwood

10620 S Halsted St, Chicago, IL 60628-2310

14 MIN | 5.0 MI

Trip time based on traffic conditions as of 4:14 PM on November 3, 2015. Current Traffic:

Start out going west on E 87th St toward S Greenwood Ave.

Then 0.44 miles

Turn left onto S Cottage Grove Ave.

S Cottage Grove Ave is just past S Maryland Ave.

PNC Bank is on the corner.

If you reach S Langley Ave you've gone about 0.1 miles too far.

Then 1.01 miles

Turn left onto E 95th St/US-20 E/US-12 E.

AMM MART is on the corner.

Then 0.06 miles

Take the 1st right onto S Cottage Grove Ave.

If you reach S Dobson Ave you've gone about 0.2 miles too far.

Then 1.54 miles

Turn right onto E 107th St.

E 107th St is 0.1 miles past E 106th St.

If you reach E 108th St you've gone about 0.1 miles too far.

Then 1.78 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Emerald Ave.

CITGO Gas Station is on the right.

If you reach S Green St you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FROM STONY ISLAND DIALYSIS

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

15 MIN | 5.6 MI

Trip time based on traffic conditions as of 4:16 PM on November 3, 2015. Current Traffic:

1. **Start out going north on S Stony Island Ave toward E 87th St.**

   Then 0.05 miles

2. **Make a U-turn at E 87th St onto S Stony Island Ave.**

   If you reach E 86th Pl you've gone a little too far.

   Then 1.31 miles

3. **Merge onto I-94 W/Bishop Ford Fwy N.**

   Then 1.72 miles

4. **Merge onto I-57 S via EXIT 63 on the left toward Memphis.**

   Then 1.29 miles

5. **Take EXIT 357 toward IL-1/Halsted St.**

   Then 0.17 miles

6. **Merge onto W 98th Pl.**

   Then 0.13 miles

7. **Turn left onto S Halsted St/IL-1.**

   Shell is on the corner.

   If you reach S Green St you've gone a little too far.

   Then 0.97 miles

8. **10620 S HALSTED ST is on the right.**

   Your destination is just past W 106th St.

   If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FROM FMC SMITH DEERING

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

14 MIN | 6.1 MI

Trip time based on traffic conditions as of 4:19 PM on November 3, 2015. Current Traffic:

Start out going north on S Torrence Ave toward E 105th St.

Then 0.34 miles

Turn left onto E 103rd St.

E 103rd St is 0.1 miles past E 104th St.

JAMIESS BP is on the left.

If you reach E 102nd St you've gone about 0.1 miles too far.

Then 1.14 miles

Merge onto I-94 W/Bishop Ford Fwy N toward Chicago Loop.

Then 2.03 miles

Merge onto I-57 S via EXIT 63 on the left toward Memphis.

Then 1.29 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FMC NEMEDICA SMITH

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

19 MIN | 6.7 MI

Trip time based on traffic conditions as of 4:23 PM on November 3, 2015. Current Traffic:

Start out going southeast on S South Chicago Ave toward S Exchange Ave.

Then 0.15 miles

Turn slight right onto S Commercial Ave.

S Commercial Ave is 0.1 miles past S Exchange Ave.

Roma's Restaurant and Lounge is on the corner.

If you reach S Baltimore Ave you've gone about 0.1 miles too far.

Then 0.27 miles

Take the 2nd right onto E 95th St/US-20 W/US-12 W.

E 95th St is 0.1 miles past S Anthony Ave.

If you reach E 96th St you've gone about 0.1 miles too far.

Then 1.77 miles

Turn left onto S Stony Island Ave.

If you reach S Dorchester Ave you've gone about 0.2 miles too far.

Then 0.28 miles

Merge onto I-94 W/Bishop Ford Fwy N.

Then 1.72 miles

Merge onto I-57 S via EXIT 63 on the left toward Memphis.

Then 1.29 miles

EXIT Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Appendix - 2

Then 0.97 miles

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

From Grand Crossing Dialysis

10620 S Halsted St, Chicago, IL 60628-2310

20 MIN | 7.3 MI

Trip time based on traffic conditions as of 4:30 PM on November 3, 2015. Current Traffic:

Start out going north on S Stony Island Ave toward E 73rd St.

Then 0.10 miles

Make a U-turn at E 72nd Pl onto S Stony Island Ave.

If you reach E 72nd St you've gone a little too far.

Then 0.46 miles

Turn right onto E 76th St.

E 76th St is just past E 75th Pl.

Walgreens is on the right.

If you reach E 76th Pl you've gone a little too far.

Then 0.58 miles

Turn right to stay on E 76th St.

Then 1.52 miles

Turn left onto S Lafayette Ave.

S Lafayette Ave is just past S State St.

If you are on W 76th St and reach S Perry Ave you've gone a little too far.

Then 0.39 miles

Merge onto I-94 E/Dan Ryan Expy S via the ramp on the left.

Then 2.12 miles

Keep right to take I-57 S via EXIT 63 toward Memphis.

Then 0.85 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

10620 S Halsted St, Chicago, IL 60628-2310 FROM FMC JACKSON PARK

19 MIN | 6.8 MI

Trip time based on traffic conditions as of 4:36 PM on November 3, 2015. Current Traffic:

Start out going north on S Stony Island Ave toward E 75th Pl.

Make a U-turn at E 75th Pl onto S Stony Island Ave.

If you reach E 75th St you've gone a little too far.

Then 0.08 miles

Turn right onto E 76th St.

E 76th St is just past S Stony Island Ave.

Walgreens is on the right.

If you reach E 76th Pl you've gone a little too far.

Then 0.58 miles

Turn right to stay on E 76th St.

Then 1.52 miles

Turn left onto S Lafayette Ave.

S Lafayette Ave is just past S State St.

If you are on W 76th St and reach S Perry Ave you've gone a little too far.

Then 0.03 miles

Merge onto I-94 E/Dan Ryan Expy S via the ramp on the left.

Then 2.49 miles

Keep right to take I-57 S via EXIT 63 toward Memphis.

Then 0.85 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

FROM WILLIAM DAVIS JR

mapquest

10620 S Halsted St, Chicago, IL 60628-2310

23 MIN | 7.9 MI

Trip time based on traffic conditions as of 4:38 PM on November 3, 2015. Current Traffic:

Start out going south on S State St toward W 51st St.

Then 2.06 miles

Turn right onto W Marquette Rd.

W Marquette Rd is just past E 66th Pl.

AMIR CITGO is on the corner.

If you reach E 68th St you've gone about 0.1 miles too far.

Then 0.08 miles

Turn left onto S Lafayette Ave.

If you reach S Perry Ave you've gone a little too far.

Then 0.03 miles

Merge onto I-94 E/Dan Ryan Expy S.

Then 1.04 miles

Merge onto I-94 E/Dan Ryan Expy S via EXIT 60C toward 79th St.

Then 2.58 miles

Keep right to take I-57 S via EXIT 63 toward Memphis.

Then 0.85 miles

Take EXIT 357 toward IL-1/Halsted St.

Then 0.17 miles

Merge onto W 98th Pl.

Then 0.13 miles

Turn left onto S Halsted St/IL-1.

Shell is on the corner.

If you reach S Green St you've gone a little too far.

Then 0.97 miles

10620 S HALSTED ST is on the right.

Your destination is just past W 106th St.

If you reach W 107th St you've gone a little too far.

YOUR TRIP TO:

From FMC South Store

10620 S Halsted St, Chicago, IL 60628-2310

19 MIN | 7.5 MI

Trip time based on traffic conditions as of 4:41 PM on November 3, 2015. Current Traffic:

Start out going west on E 79th St toward S Yates Blvd.

Then 0.04 miles

Take the 1st left onto S Yates Blvd.

SUBWAY is on the left.

If you reach S Oglesby Ave you've gone a little too far.

Then 0.50 miles

Turn right onto E 83rd St.

E 83rd St is 0.1 miles past E 82nd St.

If you reach E 84th St you've gone about 0.1 miles too far.

Then 0.50 miles

Turn left onto S Jeffery Blvd.

KFC - Kentucky Fried Chicken is on the corner.

Then 1.01 miles

S Jeffery Blvd becomes S Jeffery Ave.

Then 0.25 miles

Turn right onto E 93rd St.

E 93rd St is 0.1 miles past E 92nd St.

If you reach E 94th St you've gone about 0.1 miles too far.

Appendix - 2

Then 0.52 miles

Turn left onto S Stony Island Ave.

S Stony Island Ave is just past S Cornell Ave.

If you reach S Harper Ave you've gone a little too far.

Then 0.89 miles

RAMP **Take the 103rd St ramp.**

Then 0.30 miles

RAMP Keep right to take the 103rd St W ramp.

Then 0.17 miles

Merge onto E 103rd St.

Then 0.90 miles

Turn left onto S Cottage Grove Ave.

S Cottage Grove Ave is 0.1 miles past S Corliss Ave.

CITGO is on the left.

If you reach S Dauphin Ave you've gone a little too far.

Then 0.52 miles

Take the 2nd right onto E 107th St.

E 107th St is 0.1 miles past E 106th St.

If you reach E 108th St you've gone about 0.1 miles too far.

Then 1.78 miles

Turn right onto S Halsted St/IL-1.

S Halsted St is just past S Emerald Ave.

CITGO Gas Station is on the right.

If you reach S Green St you've gone a little too far.

Then 0.13 miles

Make a U-turn at W 106th St onto S Halsted St/IL-1.

If you reach W 105th St you've gone about 0.1 miles too far.

Then 0.03 miles

10620 S HALSTED ST is on the right.

If you reach W 107th St you've gone a little too far.

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