

16-004

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**ORIGINAL**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JAN 08 2016

Facility/Project Identification

Facility Name: O'Fallon Dialysis	HEALTH FACILITIES &
Street Address: 1941 Frank Scott Parkway E, Suite B	SERVICES REVIEW BOARD
City and Zip Code: O'Fallon, IL 62269	
County: St. Clair	Health Service Area 011 Health Planning Area: 011

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact**[Person to receive ALL correspondence or inquiries]**

Name: Tim Tincknell
Title: Administrator, CON Projects
Company Name: DaVita HealthCare Partners Inc.
Address: 1600 West 13 th Street, Suite 3, Chicago, IL 60608
Telephone Number: 312-243-9286
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

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

Name: Yoni Danieli
Title: Regional Operation, Director, Region 4
Company Name: DaVita HealthCare Partners Inc.
Address: 400 North Lindbergh Blvd, St. Louis, MO 63141
Telephone Number: 224-622-2535
E-mail Address: yoni.danieli@davita.com
Fax Number: 866-586-7903

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: O'Fallon Dialysis			
Street Address: 1941 Frank Scott Pkwy E, Suite B			
City and Zip Code: O'Fallon, IL 62269			
County: St. Clair	Health Service Area	011	Health Planning Area: 011

Applicant /Co-Applicant Identification

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

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

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Telephone Number 224-622-2535
E-mail Address: yoni.danieli@davita.com
Fax Number: 866-586-7903

Post Permit Contact

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

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli P.C.
Address: 161 N. Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site: RLP Development Co Inc.
Address of Site Owner: 514 E. Vandalia Street, Edwardsville, IL 62025
Street Address or Legal Description of Site: 1941 Frank Scott Parkway E, Suite B, O'Fallon, IL 62269
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc.	
Address: 2000 16 th Street, Denver, CO 80202	
☐ Non-profit Corporation ☒ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ Other	
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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

DaVita HealthCare Partners, Inc. and 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 12-station dialysis facility located at 1941 Frank Scott Parkway E, O'Fallon, IL 62269. The proposed dialysis facility will include a total of approximately 5,956 gross square feet in clinical space, 955 gross square feet of non-clinical space for a total of 6,911 gross useable 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	\$995,000	\$160,000	\$1,155,000
Contingencies	\$95,000	\$15,000	\$110,000
Architectural/Engineering Fees	\$70,000	\$12,000	\$82,000
Consulting and Other Fees	\$75,000	\$15,000	\$90,000
Movable or Other Equipment (not in construction contracts)	\$463,585	\$61,992	\$525,577
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	643,537	103,186	746,723
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,342,122	\$367,178	\$746,723
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,698,585	\$263,992	\$1,962,577
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$643,537	\$103,186	\$746,723
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,342,122	\$367,178	\$2,709,300
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 \$ <u>504,772</u>

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): <u>September 30, 2017</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies ☒ Project obligation will occur after permit issuance.
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable: ☐ Cancer Registry ☐ APORS ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
--

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

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

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

CERTIFICATION

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

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

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

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Javier J. Rodriguez

PRINTED NAME

Chief Executive Officer – Kidney Care

PRINTED TITLE

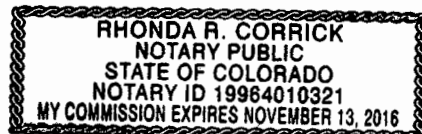
STATE OF COLORADO
COUNTY OF DENVER

Notarization:

Subscribed and sworn to before me
this 18TH day of DECEMBER, 2015

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On December 22, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

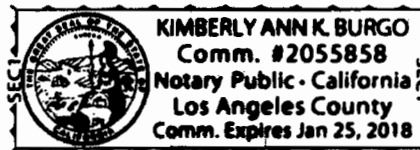
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: CON Application - Certification - O'Fallon Dialysis

Document Date: December 22, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

CERTIFICATION

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

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SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

SIGNATURE

Javier J. Rodriguez

PRINTED NAME

Chief Executive Officer – Kidney Care

PRINTED TITLE

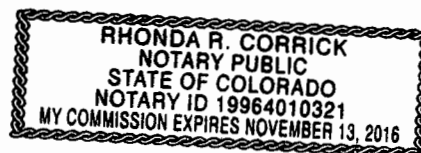
STATE OF COLORADO
COUNTY OF DENVER

Notarization:

Subscribed and sworn to before me
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Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

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County of Los Angeles

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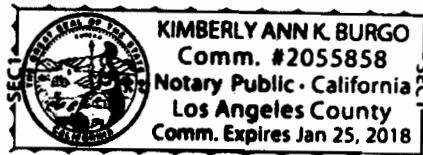
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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Document Date: December 22, 2015

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST

PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

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

- 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:**

<u>\$1,962,577</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	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;
<u>\$746,723</u> (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.
<u>\$2,709,300</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
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
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)
Contingency								
TOTALS								
* Include the percentage (%) of space for circulation								

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

	Outpatient			
	Total			
	Medicaid (revenue)			
	Inpatient			
	Outpatient			
	Total			

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

XII. Charity Care Information

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

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

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

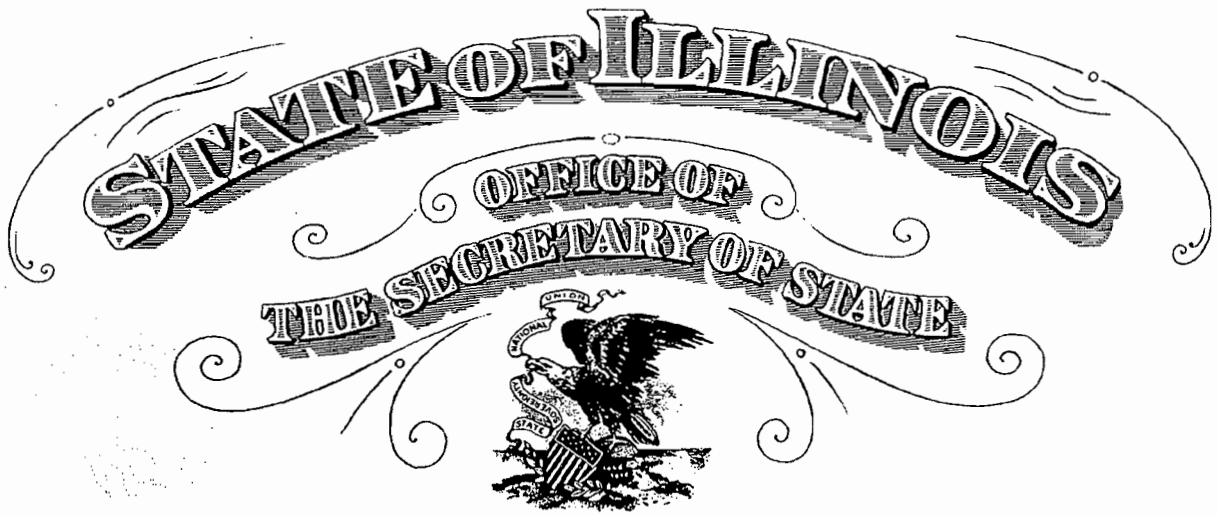
A table in the following format must be provided for all facilities as part of Attachment 44.

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

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

Section I, Identification, General Information, and Certification
Applicants

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



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.



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

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

Jesse White

SECRETARY OF STATE

Attachment - 1

Delaware

The First State

Page 1

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.



2391269 8300

SR# 20151041024

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 10475571

Date: 11-23-15

Attachment - 1

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

The letter of intent between RLP Development Co. Inc. and Total Renal Care Inc. to lease the facility located at 1941 Frank Scott Parkway is attached at Attachment – 2.

January 4, 2016

RLP Development Co Inc
514 E Vandalia St,
Edwardsville, IL 62025

RE: Request for Proposal, PROPERTY: 1941 Frank Scott Parkway, Shiloh, IL 62269

Barber Murphy Group, has been authorized by Total Renal Care, Inc – a subsidiary of DaVita Inc to assist in securing a lease requirement. DaVita Inc. is a Fortune 500 company with more than 1,800 locations across the US and revenues of approximately \$7 billion.

We are currently surveying the O'Fallon, IL market to identify locations that suit DaVita's business and operational needs. Your site has been identified as one that may meet DaVita's requirements.

PREMISES: 1941 Frank Scott Parkway, Shiloh, IL 62269.

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

LANDLORD: RLP Development Co Inc.

SPACE REQUIREMENTS: Approximately, 6,911 USF and 7,800 RSF which includes 889 SF of common area. Tenant shall have the right to measure space based on most recent BOMA standards.

PRIMARY TERM: 10 years

BASE RENT: Base rent for year one equal to \$14.88/SF. Rent shall increase by 2% annually.

ADDITIONAL EXPENSES: Tenant will be responsible for paying standard NNN expenses including Taxes, Insurance and CAM to be further defined in the lease.

Landlord to limit the cumulative operating expense costs to \$4.60 psf in the first full lease year and no greater than 3% increases annually on controllable expenses thereafter.

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

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete within the later of signed lease or 30 days from municipal approval. Rent Commencement shall be the earlier of seven 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.

LEASE FORM: Tenant's standard lease form.

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.

Landlord to provide written verification from the city that the Use is permitted within the building's current zoning.

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

PARKING:

Landlord to provide a minimum of 4 parking stalls per 1,000 RST plus 3 handicapped stalls or such greater number as is required by applicable law or regulation.

BASE BUILDING:

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

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be equal the then current Fair Market Value not to exceed 2% year over the previous term nor 2% annual increases.

**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 with 30 days from lease execution or CON approval, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 30 day delivery period

HOLDING OVER:

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

TENANT SIGNAGE:

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

BUILDING HOURS:

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

SUBLEASE/ASSIGNMENT:

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

**ROOF RIGHTS:
NON COMPETE:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premise.

DELIVERIES:

Tenant will require delivery access for 65 foot tractor trailer. Landlord to provide detail description and/or map showing to manner of deliveries to the Premises.

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 March 30, 2016. 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 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.

**GOVERNMENTAL
COMPLIANCE:**

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

BROKERAGE FEE:

Landlord recognizes Barber Murphy Group as the Tenant's sole representatives and shall pay a brokerage fee equal to 3% of the rental value per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Please provide copies of site and construction plans or drawings.

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

Collin Fischer
Broker Associate
BARBERMURPHY Group
commercial - industrial - investment properties
1173 Fortune Blvd
Shiloh, IL 62269
Office: (618) 277-4400
Fax: (618) 277-4407
Mobile: (618) 420-2376
Email: collinf@barbermurphy.com

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

Approved and Acknowledge by

Landlord: Bruce Reddy, Treasurer

Date 1/6/16

Tenant: Kip M. [Signature]

Date 1/5/16

Encl. 118 Rex L. Estate Director

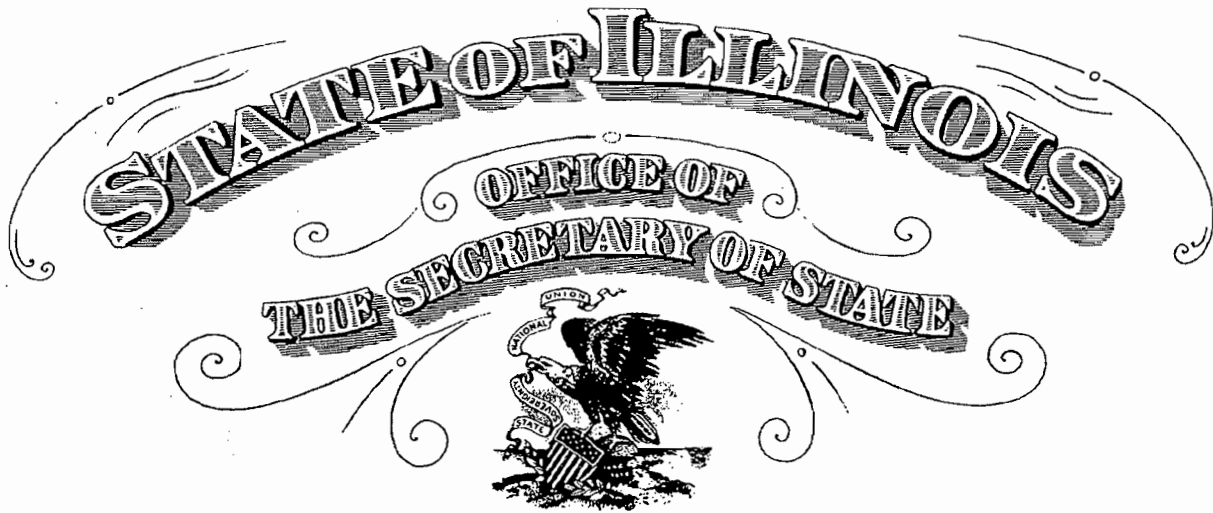
EXHIBIT A

NON-BINDING NOTICE

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

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

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



To all to whom these Presents Shall Come, Greeting:

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



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

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

Jesse White

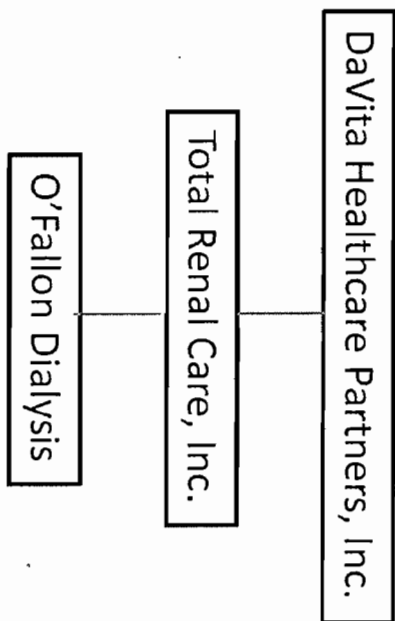
SECRETARY OF STATE

Attachment - 3

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

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

O'Fallon Dialysis
Organizational Structure



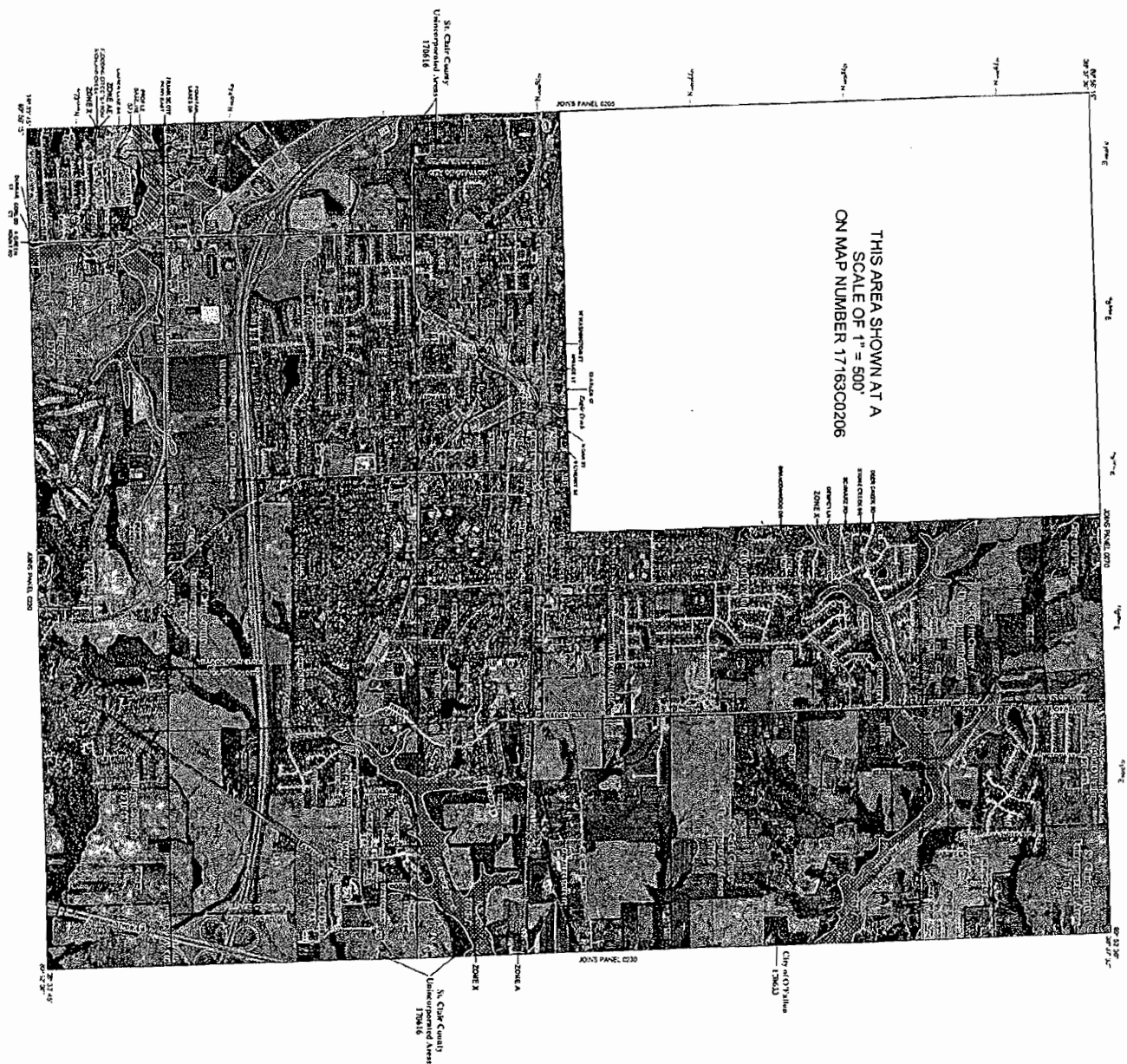
Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 1941 Frank Scott Pkwy E, Suite B, O'Fallon, Illinois 62269. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment - 5, the site of the proposed dialysis facility is outside of a flood plain.

Typical of a lot of sub-structuring, this needs to be fixed straight away. It does not necessarily compromise the whole section if building control say you lack a few bricks in one area. This emergency may not matter at all, but the chances for growth and/or structural loads to limit it is greater.

[illegible]

Dr. J. H. W. Lam, M.D., FRCPC, is a professor of medicine and a senior advisor to the chief of the Department of Medicine, University of Toronto, and is also a senior advisor to the chief of the Department of Medicine, St. Michael's Hospital, Toronto, Ontario, Canada. He is also a senior advisor to the chief of the Department of Medicine, St. Michael's Hospital, Toronto, Ontario, Canada. He is also a senior advisor to the chief of the Department of Medicine, St. Michael's Hospital, Toronto, Ontario, Canada.



SPECIAL ADJUDICATED STATUS (SAS); SUBJECT TO
INVESTIGATION BY THE 15 ANNUAL CHOICE RUDO

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For information on the location of a document, see the subject heading under "Call for an action" in the "Index." For information on the location of a document, see the subject heading under "Call for an action" in the "Index."

OPHIDR FLOOD AT LUG

Zone 1

Area of 1.75 km² (about 1.5 km²) is covered by flood water. The water is about 1 m deep. The flood is caused by the heavy rain.

OTHER AREAS

1. **CONTRACT NO.** 6540-0025 5701PM(GPO) AUGUST 1997
 2. **DATE OF ORDER** 08/01/97
 3. **DATE OF DELIVERY** 08/01/97
 4. **DATE OF INVOICE** 08/01/97
 5. **DATE OF PAYMENT** 08/01/97
 6. **DATE OF CANCELLATION** 08/01/97
 7. **DATE OF REVISION** 08/01/97
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On the 10th June 1887, the following was received from the
Hon. Secy. of the Navy, London:

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Based on the following information, determine the number of units produced in the month of May.

See *Exposition Universelle*, 1889, Paris, France, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567

What interval is the largest among the following? (Interval of 120)

 One interval is 0

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Editor's Comment: In this Special Focus feature, we are pleased to see that the authors of the special issue have taken the opportunity to provide a summary of the current state of the field. The authors of the special issue have also provided a list of references for further reading. This is a very helpful and informative contribution to the field.

For interesting new evidence linking guns to violence, see the *Christchurch* study, which followed the lives of 2,200 children born in 1977 in New Zealand. The study found that children who owned guns in the home were more likely to be violent than those who did not.

→

MAP SCALE 1" = 1000'

Panel 02 of 06

EIBM

FLOOD INSURANCE RATE:

ST. CLAIR COUNTY
ILLINOIS

AND INCORPORATED DATA
PANEL 210 OF 525

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MAP N
7152



AMERICAN MEDICAL ASSOCIATION
535 N. Dearborn Ave., Chicago, Ill. 60610
202-638-5600

Federal Highway Administration
 Washington, D.C. 20590

Attachment - 5

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.

ORIGIN ID: CHIA (312) 819-1900
 OFFICE SERVICES
 POLSINELLI PC
 161 N. CLARK STREET
 SUITE 4200
 CHICAGO, IL 60601
 UNITED STATES US

SHIP DATE: 14DEC15
 ACTWGT: 1.00 LB
 CAD: 9383503/INET3670

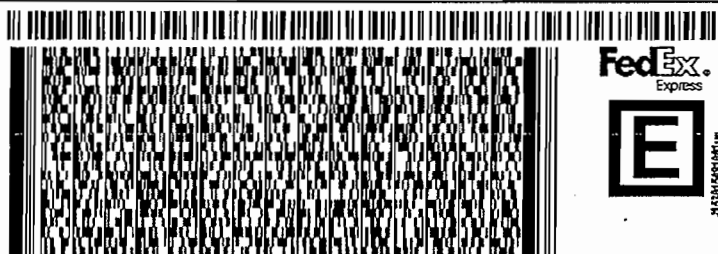
BILL SENDER

TO RACHEL LEIBOWITZ, PH.D.
 IL HISTORIC PRESERVATION AGENCY
 PRESERVATION SERVICES DIVISION
 1 OLD STATE CAPITOL PLAZA
 SPRINGFIELD IL 62701

(217) 588-8970
 INV:
 PO:

REF: 064628-503323

DEPT:



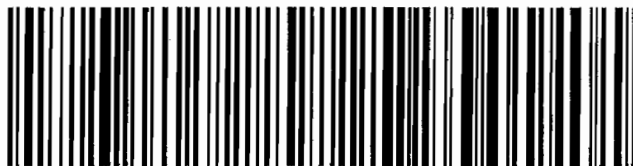
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161 N. Clark Street, Suite 4200, Chicago, IL 60601-3316 • 312.819.1900

December 14, 2015

Via Federal Express

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Rachel Leibowitz, Ph.D.
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 – O’Fallon Dialysis

Dear Ms. Leibowitz:

This office represents DaVita HealthCare Partners Inc. and Total Renal Care, Inc. (the “Requestors”). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestors seek a formal determination from the Illinois Historic Preservation Agency as to whether Requestors’ proposed project to establish a twelve station dialysis center located at 1941 Frank Scott Pkwy E, O’Fallon, IL 62269 (“Proposed Project”) affects historic resources.

1. Project Description and Address

The Requesters are seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 12-Station dialysis center located at 1941 Frank Scott Pkwy E, O’Fallon, IL 62269. This project will involve the internal modernization of an existing building. No demolition or physical alteration of the exterior of any existing buildings will occur as a result of the Proposed Project.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.

polsinelli.com

Atlanta Chicago Dallas Denver Kansas City Los Angeles New York Phoenix St. Louis San Francisco Washington, D.C. Wilmington
Polsinelli PC, Polsinelli LLP in California

51826673.1

Attachment - 6



Ms. Rachel Liebowitz
December 14, 2015
Page 2

3. Historic Architectural Resources Geographic Information System

A map from the Historic Architectural Resources Geographic Information System is 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. Photographs of Standing Buildings/Structure

Photograph of the site of the proposed facility is attached at Attachment 3.

5. Addresses for Buildings/Structures

The Proposed Project is located at 1941 Frank Scott Pkwy E, O'Fallon, IL 62269.

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 312-873-3606 or acooper@polsinelli.com

Sincerely,

A handwritten signature in cursive script that reads "Anne M. Cooper".

Anne M. Cooper

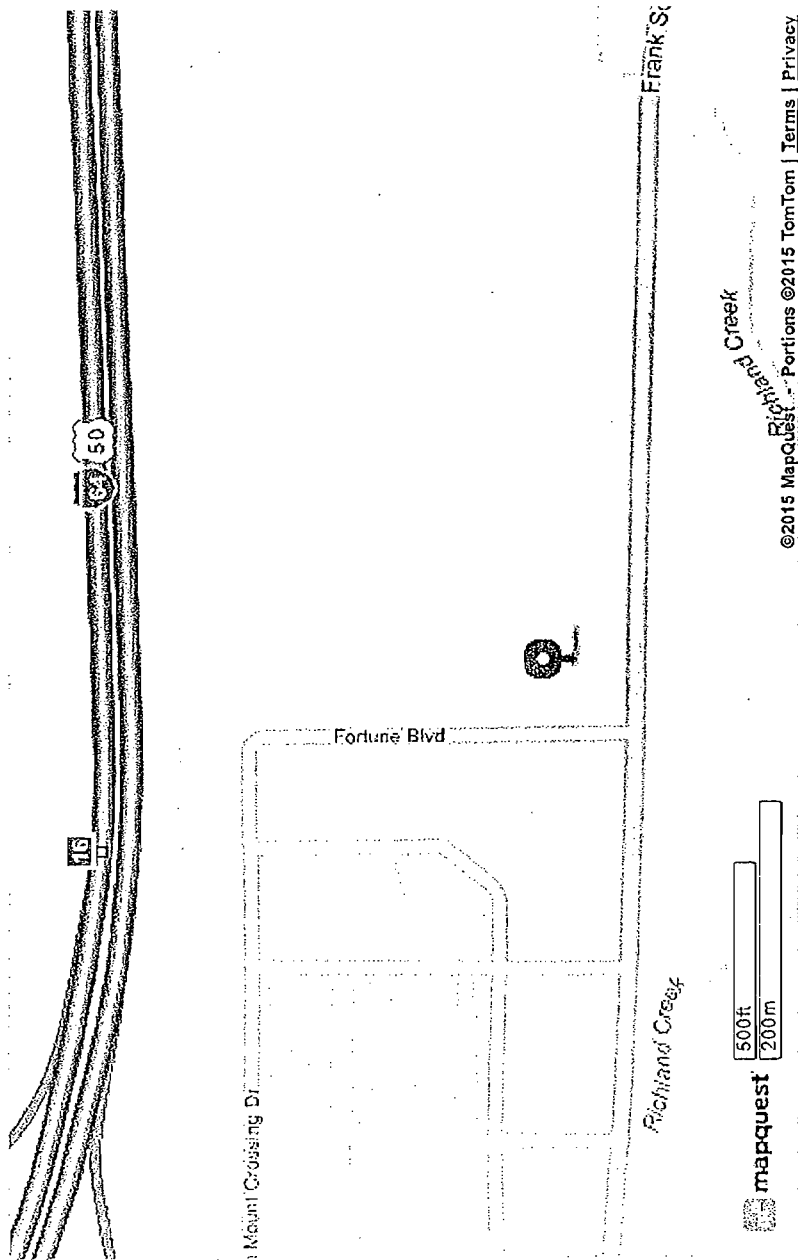
Attachments

ATTACHMENT 1



1941 Frank Scott Pkwy E
Shiloh, IL 62269-7387

Notes



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ATTACHMENT 2

Frank Scott Pky E

1858

Fortune Blvd

Frank Scott Pky E

1792

50 m
100 ft

Attachment - 6

ATTACHMENT 3

Notes



Map of:

1941 Frank Scott Pkwy E

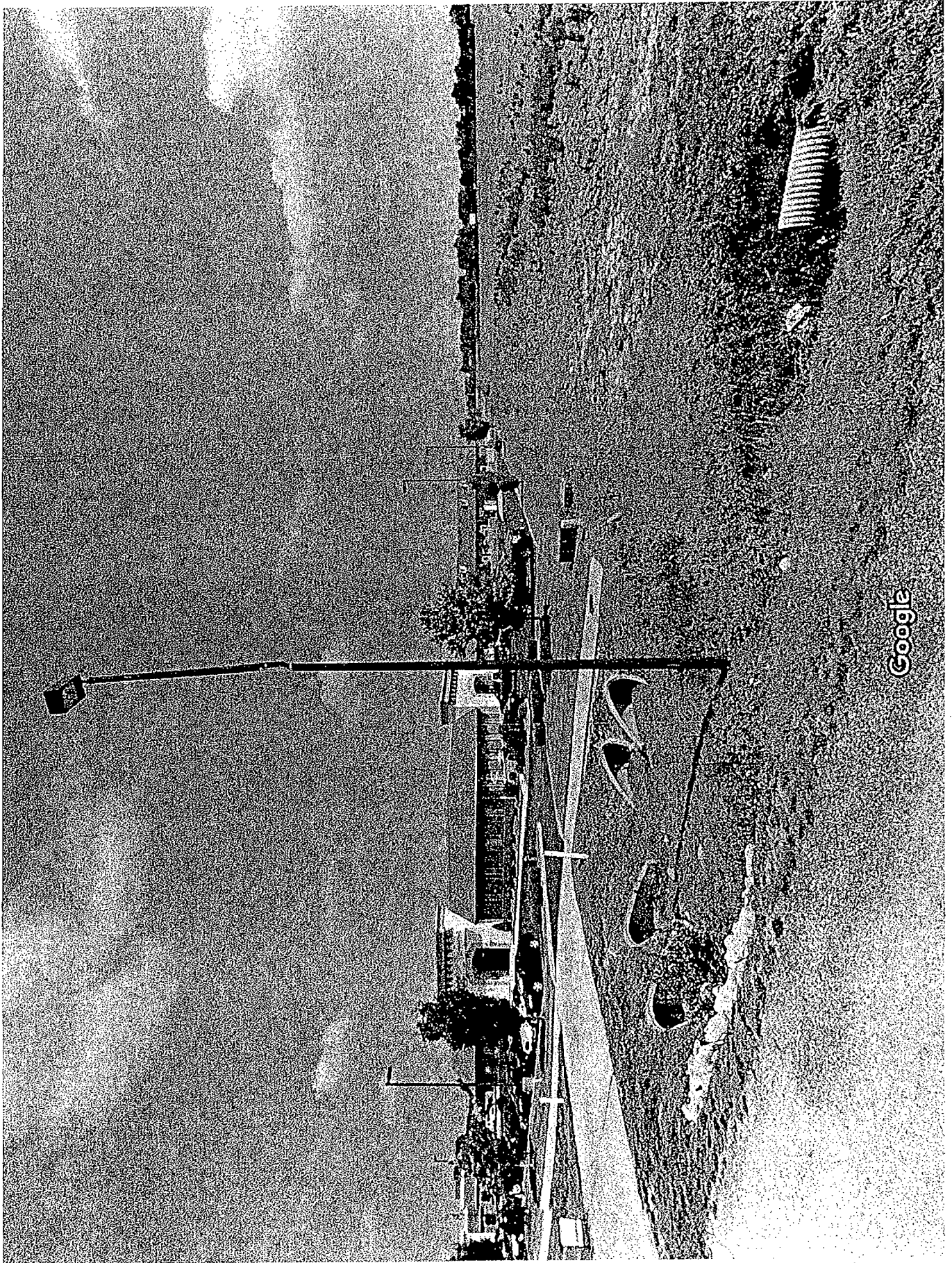
O Fallon, IL 62269-7387



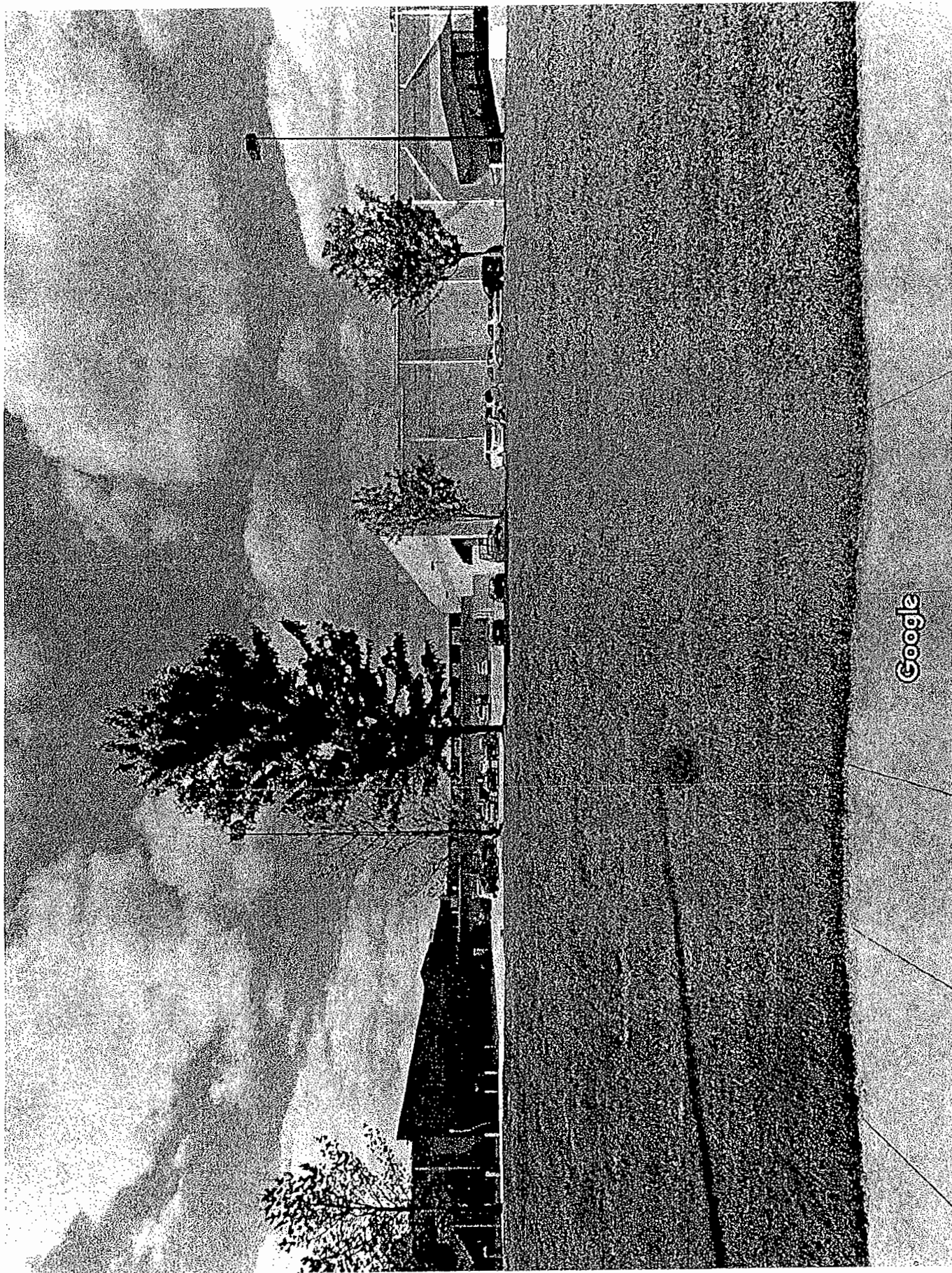
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12/11/2015

2013 Frank Scott Pkwy E - Google Maps



Attachment - 6



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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Modernization Contracts	\$995,000	\$160,000	\$1,155,000
Contingencies	\$95,000	\$15,000	\$110,000
Architectural/Engineering Fees	\$70,000	\$12,000	\$82,000
Consulting and Other Fees	\$75,000	\$15,000	\$90,000
Moveable and Other Equipment			
Communications	\$80,350		\$80,350
Water Treatment	\$139,175		\$139,175
Bio-Medical Equipment	\$8,885		\$8,885
Clinical Equipment	\$206,145		\$206,145
Clinical Furniture/Fixtures	\$18,030		\$18,030
Lounge Furniture/Fixtures		\$3,065	\$3,065
Storage Furniture/Fixtures		\$5,862	\$5,862
Business Office Fixtures		\$26,065	\$26,065
General Furniture/Fixtures		\$27,000	\$27,000
Signage	\$11,000	0	\$11,000
Total Moveable and Other Equipment	\$463,585	\$61,992	\$525,577
Fair Market Value of Leased Space	\$643,537	\$103,186	\$746,723
Total Project Costs	\$2,342,122	\$367,178	\$2,709,300

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
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
Cost Space Requirements

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ESRD	\$2,342,122	5,956 GSF			5,956 GSF		
Total Reviewable	\$2,342,122	5,956 GSF			5,956 GSF		
NON REVIEWABLE							
NON-CLINICAL							
Administrator Offices	\$46,138	120 GSF			120 GSF		
Dietitian & Social Worker Offices	\$53,827	140 GSF			140 GSF		
Conference Room	\$65,361	170 GSF			170 GSF		
Teammate Lounge	\$67,284	175 GSF			175 GSF		
Waiting Room	\$134,568	350 GSF			350 GSF		
Total Non-Reviewable	\$367,178	955 GSF			955GSF		
TOTAL	\$2,709,300	6,911 GSF			6,911 GSF		

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 12-station in-center hemodialysis facility, to be named O'Fallon Dialysis, and to be located at 1941 Frank Scott Pkwy E, Suite B, O'Fallon, Illinois 62269.

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. 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). Information on the five star ratings was previously included in the application for Project No. 15-054.

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. Information on the five star ratings was previously included in the application for Project No. 15-054.

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

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

- 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
- 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

⁴ Id.

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.

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 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 NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. Since the inception of the program, DaVita has 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. Victory Media, publisher of *GI Jobs®* and *Military Spouse Magazine*, recently recognized DaVita as the best 2016 Military Friendly Employer in the health care industry and 34th among all industries. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service. See Attachment-11A. 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.

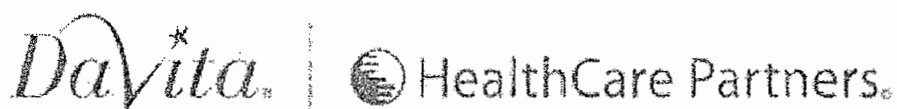
DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, 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 – 11B. 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 – 11C.

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 – 11C.



DaVita HealthCare Partners Named Best Military Friendly® Employer in Health Care Industry

DENVER, Dec. 1, 2015 /PRNewswire/ -- DaVita HealthCare Partners (NYSE: DVA), a leading independent medical group in America and leading provider of kidney care services, announced today that it has been named the best 2016 Military Friendly® Employer in the health care industry by Victory Media, publisher of G.I. Jobs® and *Military Spouse Magazine*. Of the top 100 Military Friendly® employers across industries, DaVita HealthCare Partners was ranked 34th.

"DaVita HealthCare Partners recognizes the invaluable skills of those who defend the United States at home and abroad," said Mike Blackburn, DaVita HealthCare Partners' military recruiter. "Hiring those who have gained leadership experience and operational expertise through military service not only makes good business sense, but also expresses our gratitude to those who serve and sacrifice in uniform."

DaVita HealthCare Partners offers a variety of support options and programming for current and potential veteran and military teammates. For example, DaVita's dedicated Military Recruiter reaches out to all military referrals within 24 hours by either phone or email. In addition, the Veterans 2 Village program (V2V) offers formal mentoring for veteran teammates joining DaVita HealthCare Partners (referred to internally as The Village) to seamlessly integrate and retain veterans.

For teammates deployed to active military duty, DaVita HealthCare Partners created Operation Homefront. Operation Homefront offers differential pay and quarterly subsidy pay, as well as continuation of benefits and structured reintroduction support following deployment. Additionally, DaVita HealthCare Partners keeps deployed military teammates connected with The Village throughout deployment through encouraging cards, letters, care packages or email messages.

Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.

"Companies that have earned the 2016 Military Friendly® Employer award have exceptionally strong hiring programs and meaningful careers for transitioning service members and spouses," said Daniel Nichols, chief product officer of Victory Media and Navy Reserve veteran. "Our Military Friendly® Employers are moving the needle beyond answering 'why hire military' – they are truly aligning their jobs and recruiting efforts with Military Friendly® educators to translate military competencies into civilian jobs."

DaVita HealthCare Partners will be showcased along with other 2016 Military Friendly® Employers in the December issue of G.I. Jobs® and the January 2016 issue of *Military Spouse Magazine*, as well as on MilitaryFriendly.com.

About DaVita HealthCare Partners:

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of Sept. 30, 2015, DaVita Kidney Care operated or provided administrative services at 2,225 outpatient dialysis centers located in the United States serving approximately 177,000 patients. The company also operated 104 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 Sept. 30, 2015, HealthCare Partners provided integrated care management for approximately 808,000 patients. For more information, please visit DaVitaHealthCarePartners.com.

Contact Information:

DaVita HealthCare Partners
Betsy Hart
303-876-7347
ehart@healthcarepartners.com

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SOURCE DaVita HealthCare Partners

**Davita HealthCare Partners Inc.
Illinois Facility Listing**

Regulatory Name	Address 1	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 TOLUHY 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
County Hills Dialysis	4215 W 167TH ST	COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	1720 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	FREEDPORT	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	60201-4507	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	3260 WEST FRANKLIN BLVD	CHICAGO	COOK	IL	606244509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG	GRANITE CITY	MADISON	IL	62040-3706	14-2537
Harvey Dialysis	16641 S HALSTED ST	HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET	HAZEL CREST	COOK	IL	60429-2428	14-2622
Illini Renal Dialysis	507 E UNIVERSITY AVE	CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Jacksonville Dialysis	1515 W WALNUT ST	JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST	JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR, STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 5 COTTAGE GROVE AVENUE	CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	566 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 LOT 4 IN 1ST ADDITION OF EAST	PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	INDUSTRIAL PARK	RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST, STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE	ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD	ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE	RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD	SAUGET	SAINT CLAIR	IL	62206-2822	14-2661
Schaumburg Renal Center	1156 S ROSELLE ROAD	SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD	SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE	MORRIS	GRUNDY	IL	60450	14-2740

Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD	NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD	JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE	SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST	SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR, STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET	SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stoncrest Dialysis	1302 E STATE ST	ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE	OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE	CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR	SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST	TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET	PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD	DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE	TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST	CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE	VANDALIA	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

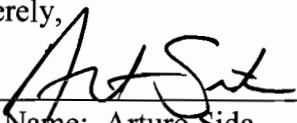
Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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 ____ day of _____, 2015

See Attached

Notary Public

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

State of California

County of Los Angeles

On December 22, 2015 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

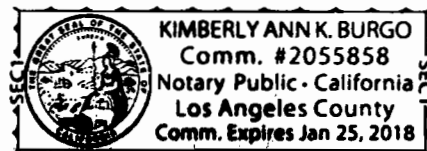
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application (O'Fallon Dialysis)

Document Date: December 22, 2015 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Southern Illinois. There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Three of the existing facilities are operating below the State Board's 80% standard and cannot accommodate all of Dr. Dalal's projected referrals. Furthermore, over the past three years, patient census at existing facilities within the proposed O'Fallon Dialysis' GSA has increased nearly 13% (or 4.3% annually) from 490 patients as of September 30, 2012 to 553 patients as of September 30, 2015. Due to health reform initiatives, this growth is expected to continue as more high risk individuals obtain better access to primary care and kidney screening. Accordingly, additional stations are needed to maintain access to dialysis for this new influx of patients.

Dr. Rashid Dalal's practice, St. Louis Nephrology and Hypertension, is currently treating 245 pre-ESRD patients that reside in and around O'Fallon and its surrounding communities. He has identified 99 patients reside within 20 minutes of the proposed O'Fallon Dialysis. See Appendix – 1. Conservatively, that based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Dalal anticipates that at least 59 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is insufficient capacity within the GSA to accommodate Dr. Dalal's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in O'Fallon and the surrounding communities 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 30 minutes normal travel time to Edwardsville, IL.
- Northeast approximately 30 minutes normal travel time to Highland, IL.
- East approximately 30 minutes normal travel time to Germantown, IL.
- Southeast approximately 30 minutes normal travel time to Marissa, IL.
- South approximately 30 minutes normal travel time to Lenzburg, IL.
- Southwest approximately 30 minutes normal travel time to Columbia, IL.
- West approximately 18 minutes normal travel time to the Mississippi River.
- Northwest approximately 30 minutes normal travel time to Granite City, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of O'Fallon 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 O'Fallon, Illinois. Dr. Dalal expects at least 59 of the current 99 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).

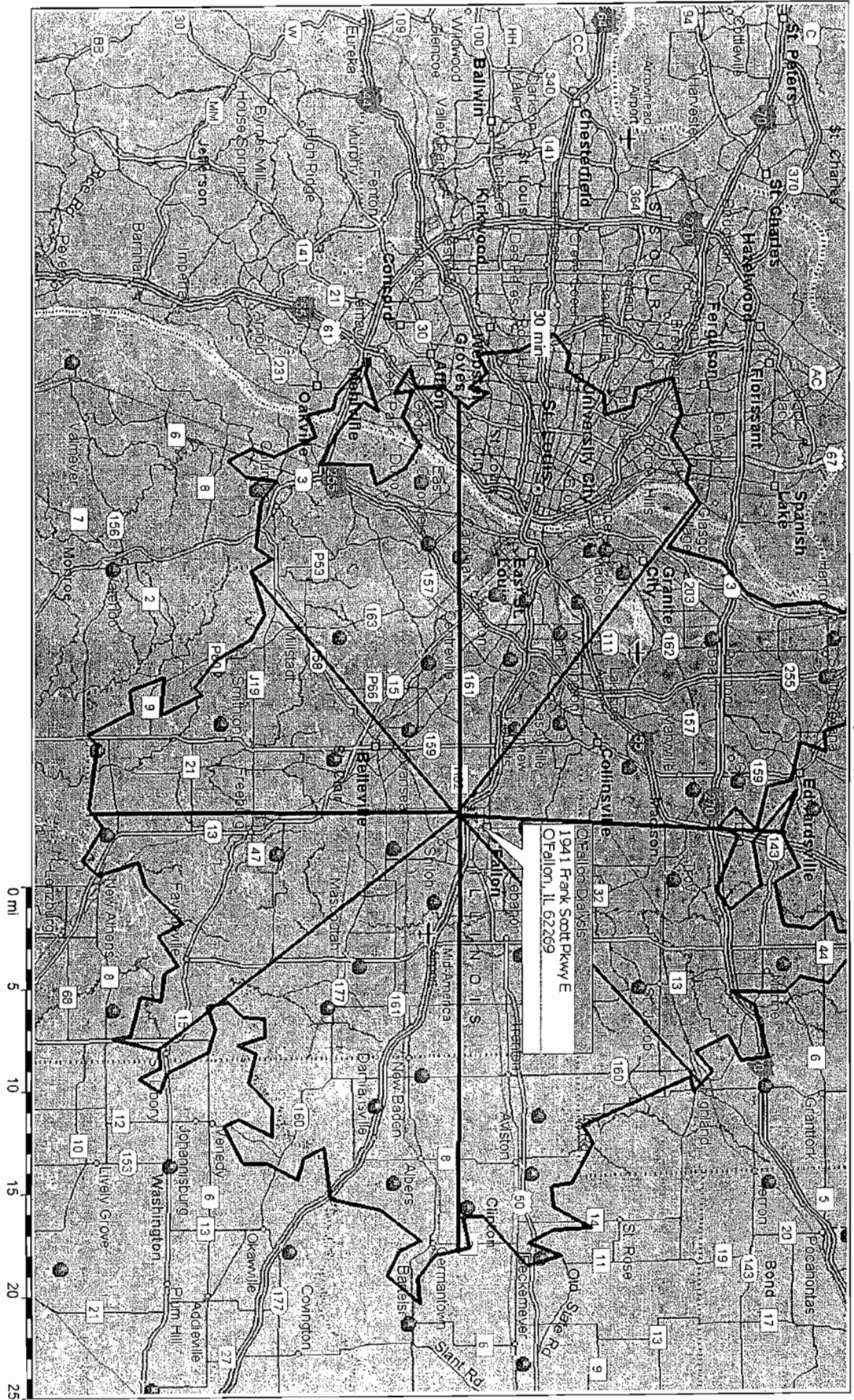
US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD (2014).

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 O'Fallon 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.

Illinois Population by Zip Code Map



1941 Frank Scott Pkwy E
O'Fallon, IL 62269

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

Alternatives

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

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

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

Utilize Existing Facilities

There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Three of the existing facilities are operating below the State Board's 80% standard and cannot accommodate all of Dr. Dalal's projected referrals. Furthermore, over the past three years, patient census at existing facilities within the proposed O'Fallon Dialysis' GSA has increased nearly 13% (or 4.3% annually) from 490 patients as of September 30, 2012 to 553 patients as of September 30, 2015. Due to health reform initiatives, this growth is expected to continue as more high risk individuals obtain better access to primary care and kidney screening. Accordingly, additional stations are needed to maintain access to dialysis for this new influx of patients.

Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹⁰ 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 ACA¹¹ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹² 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.

¹⁰ 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.

¹¹ 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).

¹² 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.

Dr. Rashid Dalal's practice, St. Louis Nephrology and Hypertension, is currently treating 245 pre-ESRD patients that reside in and around O'Fallon and its surrounding communities. He has identified 99 patients that reside within 20 minutes of the proposed O'Fallon Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Dalal anticipates that at least 59 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. Dalal's projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Further patient census at existing facilities has increased 13% over the past three years, and is projected to continue as more high risk individuals obtain better access to primary care and kidney screening through health reform initiatives. Without additional stations, there will be insufficient capacity in the GSA to accommodate this new influx of patients and Dr. Dalal's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals living in O'Fallon and its surrounding communities 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 **\$2,709,300.**

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

The Applicants propose to establish an 12-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 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed O'Fallon Dialysis is 5956 gross square feet (or 496 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	5,956	4,320-6,240	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. Dalal is currently treating 99 CKD patients that reside within 20 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 59 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	9,204	8,986	Yes

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

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

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

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

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 1941 Frank Scott Pkwy E, Suite B, O'Fallon, Illinois 62269. There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Importantly, the proposed O'Fallon Dialysis GSA has experienced significant growth over the past 3 years. Patient census has increased nearly 13% from September 2012 to September 2015 or (4.3% annually) and this growth is projected to continue for the foreseeable future due to health reform initiatives.

Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹³ 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 ACA¹⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁵ 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.

Dr. Rashid Dalal's practice, Midwest Nephrology & Hypertension Associates, is currently treating 245 Stage 3, 4, and 5 CKD patients. 99 patients reside within 20 minutes of the proposed O'Fallon Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Dalal anticipates that at least 59 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals residing in O'Fallon and the surrounding communities 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 O'Fallon and its surrounding communities. As evidenced in the physician referral

¹³ 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.

¹⁴ 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).

¹⁵ 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.

letter attached at Appendix - 1, 99 pre-ESRD patients reside within 20 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Dalal 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
62226	22
62208	5
62232	6
62220	11
62243	5
62269	14
62221	18
62225	2
62258	6
62254	3
62234	7
Total	99

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of O'Fallon and its surrounding communities. There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Importantly, the proposed O'Fallon Dialysis GSA has experienced significant growth over the past 3 years. Patient census has increased nearly 13% from September 2012 to September 2015 or (4.3% annually) and this growth is projected to continue for the foreseeable future due to health reform initiatives.

Facility	Ownership	Medicare #	Address	City	HSA	Number of Stations 06/30/2015	Number of Patients 9/30/2015	Utilization % 9/30/2015
Sauget Dialysis	Davita	142561	2300 Goose Lake Road	Sauget	11	16	90	0.9375
Renal Care Of Illinois	Davita	142527	5105 West Main Street	Belleville	11	36	153	0.708333333
Granite City Dialysis	Davita	142537	9 American Village	Granite City	11	20	84	0.7
Shiloh Dialysis	Davita	142753	1095 North Green Mount Road	Shiloh	11	12	58	0.805555556
Fresenius Medical Care Regency Park	Fresenius	142558	124 Regency Park Drive	O'Fallon	11	20	106	0.883333333
Maryville Dialysis- Renal Treatment Ctrs	Davita	142634	2130 Vadalaberne Drive	Maryville	11	14	62	0.738095238

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 1941 Frank Scott Pkwy E, Suite B, O'Fallon, Illinois 62269. 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
62240	Eat Cardondelet	1966
62260	Millstadt	7290
62285	Smithton	4484
62239	Dupo	4954
62206	East St. Louis	16509
62059	Brooklyn	746
62090	Venice	1189
62207	East St. Louis	8750
62205	East St. Louis	9329
62207	East St. Louis	7547
62204	East St. Louis	7960
62223	Belleville	17560
62226	Belleville	29744
62203	East St. Louis	8209
62208	Fairview Heights	17376
62232	Caseyville	7260
62060	Madison	4847
62040	Granite City	43735
62048	Hartford	1459
62087	South Roxana	2087
62084	Roxana	1606
62095	Wood River	11237
62220	Belleville	20504
62243	Freeburg	5910
62269	O'Fallon	31348
62221	Belleville	27858
62225	Scott Air Force Base	5381
62282	St. Libory	471
62258	Mascoutah	9199

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
62289	Summerfield	350
62254	Lebanon	6089
62266	New Memphis	254
62265	New Baden	4353
62293	Trenton	4748
62215	Damiansville	1872
62245	Germantown	1794
62216	Aviston	2526
62230	Breese	6197
62234	Collinsville	33430
62062	Maryville	7658
62034	Glen Carbon	33430
62062	Maryville	7658
62034	Glen Carbon	13819
62294	Troy	14367
62281	St. Jacob	14367
62061	Marine	2155
Total		417,842

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 December 14, 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 85.5% of the State average, and the average utilization of existing dialysis facilities within the GSA is 78.1%. 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 85.5% 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	417,842	118	1:3,541	Yes
State	12,830,632	4,239	1:3,027	

a. Historic Utilization of Existing Facilities

There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Further, patient census of existing facilities in the GSA has increased nearly 13% over the past 3 years (or 4.3% annually). As a result of health reform initiatives, this growth is projected to continue for the foreseeable future. Without additional stations in the GSA, there will not be sufficient capacity to accommodate this influx of patients and Dr. Dalal's projected referrals.

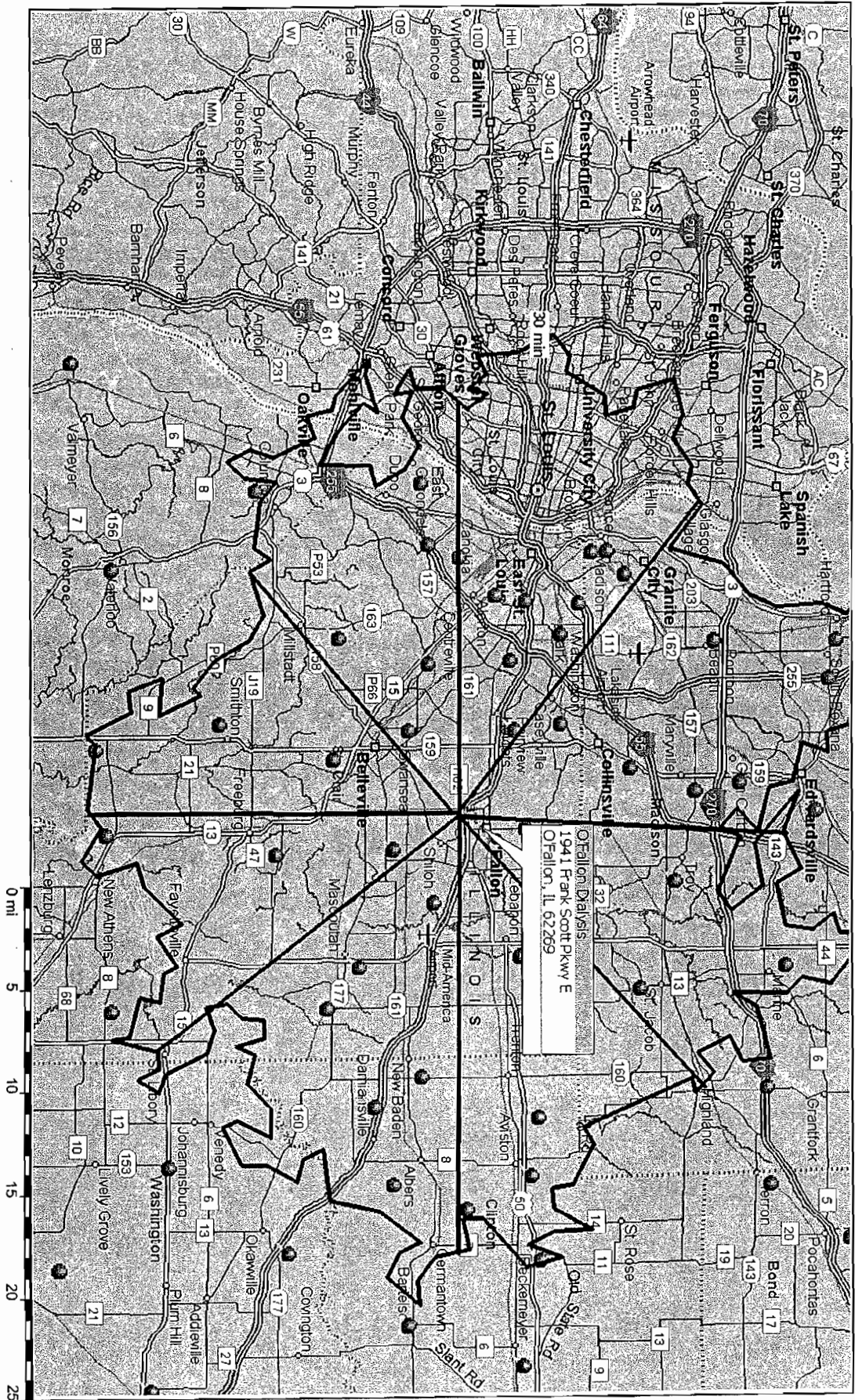
b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Dr. Dalal is currently treating 99 CKD patients that reside within a 20 minute commute to the proposed facility. See Appendix – 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Dalal anticipates that at least 59 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 existing dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis is 78.1%. No patients are expected to transfer from the existing dialysis facilities to the proposed O'Fallon Dialysis.
- b. There are 6 dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis; collectively these facilities were operating at 78.1% as of September 30, 2015. Further, patient census around existing facilities has increased nearly 13% over the past 3 years (or 4.3% annually). As a result of health reform initiatives, this growth is projected to continue for the foreseeable future. Without additional stations in the GSA, there will not be sufficient capacity to accommodate this influx of patients and Dr. Dalal's projected referrals.

Illinois Population by Zip Code Map



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

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

Administrator
Registered Nurse (2.36 FTE)
Patient Care Technician (5.06 FTE)
Biomedical Technician (0.3 FTE)
Social Worker (licensed MSW) (0.55 FTE)
Registered Dietitian (0.55 FTE)
Administrative Assistant (0.70 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, O'Fallon Dialysis will maintain an open medical staff.

Curriculum Vitae
Rashid A. Dalal, M.D.

Employment

Present Employment

Rashid A. Dalal, M.D. PC dba Midwest NHA	June 1998-Present
Nephrology Partner	4550 Memorial Dr., ste 360 Belleville, IL 62226

Davita Sauget Dialysis Unit	November 1997-Present
Medical Director	2061 Gooselake Rd. Sauget, IL. 62206

Davita Metro East Dialysis Unit	June 2010-Present
Medical Director	5105 W. Main Street Belleville, IL. 62226

Davita Shiloh Dialysis Unit	April 2013-Present
Medical Director	1095 Greenmount Rd. Belleville, IL. 62221

Past Employment

Catherine Kasper Center	February 1996-September 1998
Internal Medicine & Nephrology	129 North 8 th Street East St. Louis, IL. 62221

Complete Health Center	October 1995-February 1996
Internal Medicine & Nephrology	129 North 8 th Street

Attachment – 26C

East St. Louis, IL. 62221

Locum Tenens

September 1987- December 1987

General Practice

Lusaka, Zambia

Education

Fellowship

Saint Louis University Hospital

1993-1995

Nephrology

3635 Vista at Grand, St. Louis MO 63110

Residency

Saint Luke's Hospital

1990-1993

Internal Medicine

222 S Woods Mill Rd, Chesterfield MO 63017

Prince Charles and St. Tydfil's Hospitals

1988-1989

Internal Medicine and Geriatric Medicine

Merthyr Tydfil, Wales, United Kingdom

Internship

Ndola Central and Arthur Davison Hospitals

1985-1986

Ndola, Zambia

Professional

University of Zambia School of Medicine

1978-1985

Bachelor of Medicine, Bachelor of Surgery

Lusaka, Zambia

MB ChB

University of Zambia School of Natural Sciences

Lusaka, Zambia

Bachelor of Science on Human Biology

BSc

Attachment – 26C

Current Hospital Privileges

Memorial Hospital	Belleville, IL	Active
St. Elizabeth's Hospital	Belleville, IL	Active
Gateway Regional Hospital	Granite City, IL	Active
Touchette Regional Hospital	Centerville, IL	Active
St. Joseph's Hospital	Highland, IL	Active
Anderson Hospital	Maryville, IL	Active
SSM	St. Louis, MO	Active
Fresenius Dialysis Center	O'Fallon/Breese, IL	Active
Davita Dialysis Centers	Illinois/Missouri	Active

Licensure and Certification**Certification**

Board Certified, Nephrology, American Board of Internal Medicine

Board Certified, Internal Medicine, American Board of Internal Medicine

Licentiate of the Royal College of Physicians (LRCP)

Member of the Royal College of Surgeons (MRCS), UK

FLEX

Active Licenses

Illinois Medical	036.090043
DEA	BD3901724
Illinois Controlled Substance	336.051748
Missouri Medical	103192
Missouri BNDD	14495
NPI	1265434815

Attachment – 26C

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

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

Explanation of Content

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

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

The Table of Contents is as follows:

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

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

Introduction to Program

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

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

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

A non-experienced teammate is defined as:

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

An experienced teammate is defined as:

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

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

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

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

TR1-01-02

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

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

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

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

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

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

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Page 3 of 5

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TR1-01-02

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

TR1-01-02

- 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.

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Page 4 of 5

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TR1-01-02

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

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

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

Process of Program Evaluation

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

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

Re: Certification of Support Services

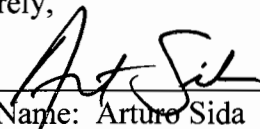
Dear Chair Olson:

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 O'Fallon Dialysis will maintain an open medical staff.

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

- DaVita utilizes a dialysis electronic data system;
- O'Fallon 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 ____ day of _____, 2015

See Attached

Notary Public

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

State of California

County of Los Angeles

On December 22, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application - Certificate of Support Services (O'Fallon Dialysis)

Document Date: December 22, 2015

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

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.

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

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

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

DaVita HealthCare Partners Inc. has an agreement with the Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital to provide inpatient care and other hospital services. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

FOR COMPANY USE ONLY:
Clinic #: 5255

PATIENT TRANSFER AGREEMENT

This PATIENT TRANSFER AGREEMENT (the "Agreement") is made as of the last date of execution of this Agreement (the "Effective Date"), by and between Protestant Memorial Medical Center, Inc. d/b/a Memorial Hospital (hereinafter "Hospital") and Total Renal Care, Inc., a subsidiary of DaVita Inc. ("Company").

RECITALS

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

Shiloh Dialysis
1095 N. Green Mount Rd.
Belleville, IL 62221

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 Hospital and the Center; and

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

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

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

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

(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

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

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

2. COMPANY OBLIGATIONS.

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

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

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

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

(c) Company agrees to readmit to the Center 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 the Center.

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

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

4. HIPAA. Hospital and Company agree to comply with the patient privacy and security requirements set forth in the Health Insurance Portability and Accountability Act of 1996, and attendant regulations at 45 C.F.R. Parts 160 and 164, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations, as may be modified or amended, including future issuance of regulations and guidance by HHS (collectively "HIPAA"), and any applicable state patient privacy and security laws. Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company each agrees to comply with requests by the other party hereto related to HIPAA.

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

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

7. INDEMNIFICATION.

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

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

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

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

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

9. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60)

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

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

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

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

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

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

If to Hospital: Protestant Memorial Medical Center, Inc.

d/b/a Memorial Hospital
500 Memorial Dr.
Belleville, IL 62226
Attention: Chief Nursing Officer

If to Company: Total Renal Care, Inc.
C/o: DaVita Inc.
2000 16th St., 12th Floor
Denver, CO 80202
Attention: Group General Counsel

With copies to: Shiloh Dialysis
c/o: DaVita Inc.
1095 N. Green Mount Rd.
Belleville, IL 62221
Attention: Facility Administrator

DaVita Inc.
2000 16th St., 12th Floor
Denver, CO 80202
Attention: Chief Legal Officer

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

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

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

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

18. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a

waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

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

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

Hospital:

Company:

Protestant Memorial Medical Center, Inc.
d/b/a Memorial Hospital

Total Renal Care, Inc.

By: Nancy Weston

By: [Signature]

Name: Nancy Weston

Name: Yoni Dawson

Its: CNO/VP of Nursing

Its: Regional Operations Director

Date: 11-15-2012

Date: 11/20/2012

APPROVED AS TO FORM ONLY:

By: [Signature]

Name: Marcie Damisch

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 12-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.

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:

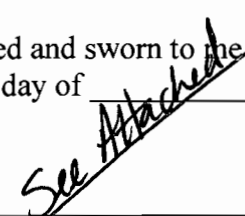
- By the second year after project completion, O'Fallon Dialysis expects to achieve and maintain 80% target utilization; and
- O'Fallon Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves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

Sincerely,



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

Subscribed and sworn to me
This ____ day of _____, 2015



Notary Public

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

State of California

County of Los Angeles

On December 22, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

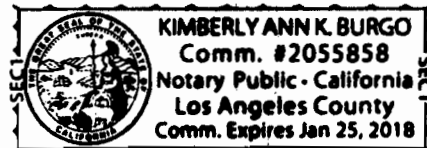
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application - In-Center Hemodialysis Assurances (O'Fallon Dialysis)

Document Date: December 22, 2015

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): _____

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with RLP Development Co Inc. 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. A letter of intent to lease the facility is attached at Attachment – 36.

January 4, 2016

RLP Development Co Inc
514 E Vandalia St,
Edwardsville, IL 62025

RE: Request for Proposal, PROPERTY: 1941 Frank Scott Parkway, Shiloh, IL 62269

Barber Murphy Group, has been authorized by Total Renal Care, Inc – a subsidiary of DaVita Inc to assist in securing a lease requirement. DaVita Inc. is a Fortune 500 company with more than 1,800 locations across the US and revenues of approximately \$7 billion.

We are currently surveying the O'Fallon, IL market to identify locations that suit DaVita's business and operational needs. Your site has been identified as one that may meet DaVita's requirements.

PREMISES: 1941 Frank Scott Parkway, Shiloh, IL 62269.

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

LANDLORD: RLP Development Co Inc.

SPACE REQUIREMENTS: Approximately, 6,911 USF and 7,800 RSF which includes 889 SF of common area. Tenant shall have the right to measure space based on most recent BOMA standards.

PRIMARY TERM: 10 years

BASE RENT: Base rent for year one equal to \$14.88/SF. Rent shall increase by 2% annually.

ADDITIONAL EXPENSES: Tenant will be responsible for paying standard NNN expenses including Taxes, Insurance and CAM to be further defined in the lease.

Landlord to limit the cumulative operating expense costs to \$4.60 psf in the first full lease year and no greater than 3% increases annually on controllable expenses thereafter.

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

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete within the later of signed lease or 30 days from municipal approval. Rent Commencement shall be the earlier of seven 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.

LEASE FORM: Tenant's standard lease form.

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.

Landlord to provide written verification from the city that the Use is permitted within the building's current zoning.

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

PARKING:

Landlord to provide a minimum of 4 parking stalls per 1,000 RST plus 3 handicapped stalls or such greater number as is required by applicable law or regulation.

BASE BUILDING:

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

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be equal the then current Fair Market Value not to exceed 2% year over the previous term nor 2% annual increases.

**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 with 30 days from lease execution or CON approval, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 30 day delivery period

HOLDING OVER:

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

TENANT SIGNAGE:

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

BUILDING HOURS:

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

SUBLEASE/ASSIGNMENT:

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

**ROOF RIGHTS:
NON COMPETE:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premise.

DELIVERIES:

Tenant will require delivery access for 65 foot tractor trailer. Landlord to provide detail description and/or map showing to manner of deliveries to the Premises.

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 March 30, 2016. 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 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.

**GOVERNMENTAL
COMPLIANCE:**

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

BROKERAGE FEE:

Landlord recognizes Barber Murphy Group as the Tenant's sole representatives and shall pay a brokerage fee equal to 3% of the rental value per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS:

Please provide copies of site and construction plans or drawings.

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

Collin Fischer
Broker Associate
BARBERMURPHY Group
commercial - industrial - investment properties
1173 Fortune Blvd
Shiloh, IL 62269
Office: (618) 277-4400
Fax: (618) 277-4407
Mobile: (618) 420-2376
Email: collinf@barbermurphy.com

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

Approved and Acknowledge by:

Landlord:

Bruce Reddy, Treasurer

Date

1/6/16

Tenant:

Kip M...
118 Rex Estate Director

Date

1/5/16

Encl.

EXHIBIT A

NON-BINDING NOTICE

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

Section 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.

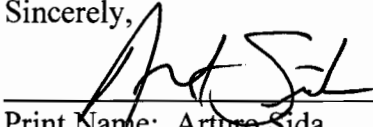
Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

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 ____ day of ____, 2015

Notary Public

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

State of California

County of Los Angeles

On December 22, 2015 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

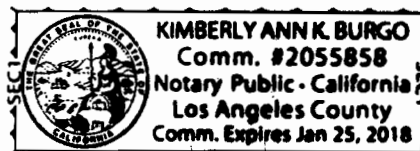
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application - Reasonableness of Financing Arrangements

Document Date: December 22, 2015 Number of Pages: 1 (one) (O'Fallon Dialysis)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity Total Renal Care, Inc./DaVita HealthCare Partners Inc.

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A Cost/Square Foot New	B Mod.	C Gross Sq. Ft. New Circ.*	D	E Gross Sq. Ft. Mod. Circ.*	F	G Const. \$ (A x C)	H Mod. \$ (B x E)	Total Cost (G + H)
CLINICAL									
ESRD	\$167.06				5,956			\$995,000	\$995,000
Contingency	\$15.95				5,956			\$95,000	\$95,000
TOTAL CLINICAL	\$183.01				5,956			1,090,000	1,090,000
NON- CLINICAL									
Administrator Office	\$167.54				120		\$20,105		\$20,105
Dietitian & Social Worker Offices	\$167.54				140		\$23,455		\$23,455
Conference Room	\$167.54				170		\$28,482		\$28,482
Teammate Lounge	\$167.54				175		\$29,319		\$29,319
Waiting Area	\$167.54				350		\$58,639		\$58,639
Contingency	\$15.71				955		\$15,000		\$15,000
TOTAL NON- CLINICAL	\$183.25				955		\$175,000		\$175,000
TOTAL	\$183.04				6,911		\$1,265,000		\$1,265,000
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Construction Contracts & Contingencies	\$1,090,000	$\$183.68 \times 5,956 \text{ GSF} = \$1,093,998.08$	Meets State Standard
Contingencies	\$95,000	10% - 15% of Modernization Construction Contracts $10\% - 15\% \times \$995,000 = \$99,500 - \$149,250$	Below State Standard
Architectural/Engineering Fees	\$70,000	6.90% - 10.36% of Modernization Construction Contracts + Contingencies = $6.90\% - 10.36\% \times (\$995,000 + \$95,000) =$ $6.90\% - 10.36\% \times \$1,090,000 =$ $\$75,210 - \$112,924$	Below State Standard
Consulting and Other Fees	\$90,000	No State Standard	No State Standard
Moveable Equipment	\$463,585	$\$50,601.13 \text{ per station} \times 12 \text{ stations}$ $\$50,601.13 \times 12 = \$607,214$	Below State Standard
Fair Market Value of Leased Space or Equipment	\$643,537	No State Standard	No State Standard

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

Operating Expenses: \$1,952,655

Treatments: 9,204

Operating Expense per Treatment: \$212.15

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

Capital Costs:

Depreciation: \$193,638

Amortization: \$8,680

Total Capital Costs: \$202,318

Treatments: 9,204

Capital Costs per Treatment: \$21.98

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. According to the October 8, 2015 report issued by CMS, DaVita led the industry in quality with 202 DaVita facilities earning 5 stars which represents 34% of all 5 star facilities. 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 existing dialysis facilities within 30 minutes of the proposed O'Fallon Dialysis is 78.1%. There are 245 patients from Dr. Dalal's practice suffering from Stage 3, 4, or 5 CKD. 99 of the mid-to-late stage CKD patients reside within a 30 minute commute of the proposed facility. At least 59 of these patients will be referred to the proposed O'Fallon Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

Further, the U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹⁶ 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 ACA¹⁷ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁸ 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.

¹⁶ 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.

¹⁷ 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).

¹⁸ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

3. The proposed project is for the establishment of O'Fallon 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)	651	679	708
Medicaid (revenue)	\$11,387,229	\$10,371,416	\$8,603,971

Section XII, Charity Care Information

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

CHARITY CARE			
	2012	2013	2014
Net Patient Revenue	\$228,403,979	\$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. Dalal projecting 59 pre-ESRD patients will be referred to O'Fallon Dialysis within 12 to 24 months of project completion.

Midwest Nephrology & Hypertension



Associates

Kathryn J. Olson

Chair

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

Dr. Rashid Dalal

4550 Memorial Drive, Ste. 360

Medical Building One

Belleville, IL 62226

Ph: 618-239-9500

Fax: 618-239-9555

www.midwestnha.com

Dear Chair Olson:

I am please to support DaVita's establishment of O'Fallon Dialysis. The proposed 12 station facility to be located at ^{1941 Frank Scott Pkwy E} Suite B, O'Fallon, Illinois will directly benefit my patients.

DaVita's proposed facility will provide access to necessary dialysis services to patients living in O'Fallon and the surrounding communities. 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.

I have identified 99 patients from my practice who are suffering from Stage 4 or 5 CKD who all reside within an approximate 20 minute commute of the proposed facility. Conservatively, I predict at least 59 of these 99 patients will progress to dialysis within the 12 to 24 months of project completion.

A list of patients who have received care at existing facilities in the area over the past 3 ¼ years is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 ½ years is provided at Attachment – 2. The list of zip codes for the 99 pre-ESRD patients previously referenced is provided at Attachment – 3.

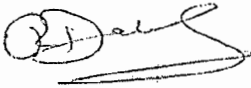
These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

**Midwest Nephrology & Hypertension
Associates**

Dr. Rashid Dalal
4550 Memorial Drive, Ste. 360
Medical Building One
Belleville, IL 62226
Ph: 618-239-9500 Fax: 618-239-9555
www.midwestnha.com

DaVita is a leading provider of dialysis services in the United States and I support the establishment of O'Fallon Dialysis.

Sincerely,



Rashid A. Dalal, M.D.
Midwest Nephrology & Hyertension Associates
4550 Memorial Dr.
Belleville IL. 62226

Subscribed and sworn to me
This 2 day of December 2015



Notary Public: Lauren N. Beishir

ATTACHMENT 1							
Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 06/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt Count	Zip Code	Pt. Count
62206	1	62216	1	62231	1	62219	1
62216	2	62231	1	62249	1	62231	1
62231	1	62249	1	62254	1	62258	1
62258	2	62254	1	62258	1	62293	1
62803	1	62258	1	62293	1		

ATTACHMENT 1					
Historical Patient Data					
GC Dialysis					
2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
		49202	1	62201	1
62203	1	62201	1	62203	1
62220	1	62203	1	62205	1
62221	3	62205	1	62207	3
62223	1	62208	1	62208	5
62226	3	62220	2	62214	1
62269	5	62221	6	62220	3
62298	1	62223	2	62221	8
		62226	5	62222	1
		62243	1	62223	3
		62254	2	62226	3
		62264	1	62243	1
		62266	1	62254	3
		62269	11	62267	1
		62282	1	62269	12
		62298	1	62282	1
				62286	1

ATTACHMENT 1							
Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62040	2	62201	5	62040	1	62201	8
62201	4	62203	14	62201	6	62203	22
62203	11	62204	8	62203	18	62204	11
62204	10	62205	16	62204	10	62205	23
62205	12	62206	8	62205	20	62206	14
62206	9	62207	8	62206	11	62207	13
62207	8	62208	9	62207	13	62208	9
62208	9	62220	9	62208	10	62220	9
62220	12	62221	12	62220	10	62221	10
62221	10	62222	1	62221	11	62223	8
62222	1	62223	9	62222	1	62226	18
62223	13	62225	1	62223	12	62236	1
62225	1	62226	11	62225	1	62239	1
62226	21	62232	1	62226	15	62240	1
62232	3	62234	1	62232	1	62243	1
62234	1	62237	1	62239	1	62254	2
62237	1	62239	1	62243	1	62257	2
62240	1	62240	1	62249	1	62258	1
62243	2	62243	1	62254	2	62264	1
62254	5	62249	1	62257	4	62269	5
62257	4	62254	3	62258	2	62278	1
62258	5	62257	4	62264	2	62292	1
62260	2	62258	3	62265	1	62298	1
62264	4	62264	2	62269	9		
62265	1	62265	2	62278	1		
62269	15	62269	10	62285	2		
62278	1	62278	1	62286	1		
62285	2	62285	1	62294	1		
62286	1	62286	1	62298	1		
62292	1	62294	2	63139	1		
62294	2	62298	1	66205	1		
62298	1						
62919	1						

ATTACHMENT 1							
Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
55445	1	61111	1	61101	1	61111	1
60428	1	62201	2	61111	1	62024	1
62201	3	62202	1	62201	4	62201	4
62202	1	62203	7	62202	1	62202	1
62203	5	62204	8	62203	9	62203	6
62204	14	62205	11	62204	7	62204	6
62205	8	62206	19	62205	16	62205	19
62206	20	62207	7	62206	23	62206	23
62207	11	62221	1	62207	10	62207	14
62221	1	62223	4	62221	2	62208	1
62223	2	62226	4	62223	3	62221	2
62226	4	62232	3	62226	6	62223	1
62232	2	62234	1	62232	3	62226	5
62234	1	62239	3	62234	1	62232	2
62236	1	62254	1	62239	4	62239	4
62239	1	622201	1	62254	1	62254	1
62254	1					63121	1
						66203	1

ATTACHMENT 1							
Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62025	1	62025	1	62025	1	62034	2
62034	3	62034	2	62034	2	62040	2
62060	1	62040	1	62040	2	62204	1
62062	1	62205	1	62204	1	62205	2
62088	1	62234	3	62205	1	62222	1
62208	1	62239	1	62220	1	62232	1
62234	4	62249	1	62232	1	62234	4
62239	1	62294	1	62234	5	62249	2
62249	1			62249	2	62281	1
62281	1			62281	1		
62294	1						
63102	1						

ATTACHMENT 1							
Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62025	1	62040	1	62040	1	62040	1
62040	1	62060	2	62060	2	62060	1
62060	2	62090	1	62090	1	62090	1
62090	1	62201	1	62201	1	62201	1
62201	1	62202	1	62202	1	62202	1
62203	3	62203	3	62203	3	62203	3
62204	4	62204	2	62204	1	62205	5
62205	3	62205	6	62205	7	62206	3
62206	5	62206	5	62206	3	62207	1
62207	3	62207	4	62207	4	62208	4
62208	6	62208	4	62208	5	62217	1
62220	1	62220	2	62220	2	62220	2
62221	5	62221	7	62221	4	62221	2
62223	1	62223	1	62223	1	62222	1
62226	9	62226	9	62226	11	62223	1
62232	2	62232	2	62232	1	62226	10
62234	4	62234	2	62234	3	62232	2
62236	1	62236	1	62236	1	62234	3
62237	1	62254	2	62254	3	62236	1
62254	1	62257	1	62257	1	62254	3
62258	2	62258	2	62258	2	62257	1
62269	4	62269	4	62269	6	62258	2
		62286	1	63116	1	62269	5

ATTACHMENT 1							
Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62040	11	62040	10	62040	9	62040	7
62060	7	62060	6	62060	5	62060	6
62090	1	62090	1	62090	1	62090	2
62201	7	62201	5	62201	4	62201	3
62203	1	62203	1	62203	1	62203	1
62204	3	62204	1	62204	1	62234	1
62205	1	62205	1	62206	2	62260	1
62206	1	62206	1	62234	1		
62208	1	62234	1	62269	1		
62234	1	622206	1				

ATTACHMENT 2			
New Patients			
Sauget Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
61101	1	62203	2
62201	2	62204	1
62203	1	62205	3
62205	5	62206	3
62206	4	62207	2
62207	2	62254	1
62221	1	63121	1
62226	1		
62239	1		

ATTACHMENT 2			
New Patients			
Shiloh Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
62205	1	62214	1
62220	1	62221	1
62221	1	62222	1
		62243	1

ATTACHMENT 2			
New Patients			
Metro East Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
62040	1	62201	2
62201	3	62203	3
62203	5	62204	2
62204	1	62205	5
62205	4	62206	7
62206	4	62207	3
62207	2	62208	2
62220	3	62220	1
62221	3	62221	1
62223	3	62226	5
62226	7	62239	1
62236	1	62240	1
62240	1	62269	2
62285	1		
62292	1		
63139	1		

ATTACHMENT 2			
New Patients			
FVH Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
62205	1	62221	1
62208	1	62226	1
62221	2	62254	1
62226	1	62269	2
62232	1		
62234	1		
62254	1		
63116	1		

ATTACHMENT -3

Zip Code	Total Patients
62226	22
62208	5
62232	6
62220	11
62243	5
62269	14
62221	18
62225	2
62258	6
62254	3
62234	7
Total	99

Appendix 2 – Time & Distance Determination

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

**mapquest**

Trip to:

Granite City, IL

21.52 miles / 30 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387****Download
Free App****1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)** 0.5 Mi**2. Turn right onto N Green Mount Rd / County Hwy-R18. Continue to follow N Green Mount Rd. [Map](#)** 0.5 Mi**3. Merge onto I-64 W / US-50 W via the ramp on the left toward East St Louis. [Map](#)** 3.4 Mi**4. Take the IL-159 exit, EXIT 12, toward Collinsville / Belleville. [Map](#)** 0.3 Mi**5. Merge onto N Illinois St / IL-159 toward Collinsville. [Map](#)** 3.9 Mi**6. Turn left onto S Morrison Ave. [Map](#)** 1.8 Mi**7. Turn left onto Caseyville Rd. [Map](#)** 0.07 Mi**8. Turn right onto S Bluff Rd / IL-157. [Map](#)** 1.1 Mi**9. Turn left onto Collinsville Rd. [Map](#)** 0.7 Mi**10. Merge onto I-255 N / IL-255 N toward Chicago. [Map](#)** 2.0 Mi**11. Take the Horseshoe Lake Road exit, EXIT 26. [Map](#)** 0.6 Mi<http://classic.mapquest.com/print?a=app.core.a40fb92b7f9caff9d6190527>

Appendix - 2

1/2

12/14/2015

Driving Directions from 1941 Frank Scott Pkwy E, O Fallon, Illinois 62269 to Granite City, Illinois | MapQuest



12. Keep right to take the ramp toward Granite City. [Map](#)

0.03 Mi



13. Merge onto Horseshoe Lake Rd. [Map](#)

3.9 Mi



162

14. Turn left onto IL-162 / State Highway 162. Continue to follow IL-162. [Map](#)

1.3 Mi



15. Turn right onto E 23rd St. [Map](#)

1.4 Mi



16. Welcome to GRANITE CITY, IL. [Map](#)



Granite City, IL

Total Travel Estimate: 21.52 miles - about 30 minutes

©2015 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)

<http://classic.mapquest.com/print?a=app.core.a40fb92b7f9caff9d6190527>

Appendix - 2

2/2

**mapquest**

Trip to:

Poplar Street Brg E

East Saint Louis, IL 62201

16.60 miles / 18 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387****Download
Free App****1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)****0.5 Mi****2. Turn right onto N Green Mount Rd / County Hwy-R18. Continue to follow N Green Mount Rd. [Map](#)****0.5 Mi****3. Merge onto I-64 W via the ramp on the left toward East St Louis. [Map](#)****14.3 Mi****4. Take the IL-3 S exit, EXIT 1, toward Great River Road S / Cahokia. [Map](#)****0.3 Mi****5. Keep left to take the I-64 W / US-40 W / I-55 S ramp toward St Louis. [Map](#)****0.2 Mi****6. Merge onto IL-3 S via EXIT 1 toward Great River Road S / Cahokia. [Map](#)****0.7 Mi****7. Make a U-turn onto IL-3. [Map](#)****0.2 Mi****8. POPLAR STREET BRG E. [Map](#)****Poplar Street Brg E, East Saint Louis, IL 6220138.615570, -90.173424**
(Address is approximate)**Total Travel Estimate: 16.60 miles - about 18 minutes**©2015 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. [View Terms of Use](#)<http://classic.mapquest.com/print?z=app.cce.240fb92b7f9caff9d6190527>

Appendix - 2

1/2

<http://classic.mapquest.com/print?a=app.core.a40fb92b7f9caff9d6190527>

Appendix - 2

2/2

**mapquest**

Trip to:

9101 Drive in Rd

Germantown, IL 62245-1807

24.96 miles / 30 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387****Download
Free App****1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)****0.5 Mi****0.5 Mi Total****2. Turn right onto N Green Mount Rd / County Hwy-R18. [Map](#)****0.2 Mi****0.7 Mi Total****3. Merge onto I-64 E toward Mt Vernon. [Map](#)****11.2 Mi****11.8 Mi Total****4. Take the IL-161 exit, EXIT 27, toward New Baden. [Map](#)****0.3 Mi****12.1 Mi Total****5. Keep left to take the ramp toward New Baden. [Map](#)****0.04 Mi****12.1 Mi Total****6. Merge onto IL-161. [Map](#)****11.0 Mi****23.2 Mi Total****7. Turn left onto Hanover St / County Hwy-7. [Map](#)****0.2 Mi****23.4 Mi Total****8. Take the 1st right onto Sycamore St. [Map](#)****0.06 Mi****23.4 Mi Total****9. Take the 1st right onto S Maple St. [Map](#)****0.2 Mi****23.6 Mi Total****10. Turn right onto Lake Park Dr / IL-161. [Map](#)****1.1 Mi****24.7 Mi Total**

Appendix - 2

<http://classic.mapquest.com/print?a=app.core.a15c86fea188bd93d39a3c53>

1/2

12/14/2015

Driving Directions from 1941 Frank Scott Pkwy E, O Fallon, Illinois 62269 to 9101 Drive in Rd, Germantown, Illinois 62245 | MapQuest



11. Turn right onto Drive in Rd. [Map](#)

0.2 Mi

25.0 Mi Total



12. 9101 DRIVE IN RD. [Map](#)



9101 Drive in Rd, Germantown, IL 62245-180738.555644, -89.557689
(Address is approximate)

Total Travel Estimate: 24.96 miles - about 30 minutes

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<http://classic.mapquest.com/print?a=app.core.a15c66fea188bd93d39a3c53>

Appendix - 2

2/2



Trip to:

Highland, IL

24.06 miles / 30 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387**Download
Free App**1. Start outgoing east on Frank Scott Pkwy E toward Parkland Blvd. [Map](#)****1.0 Mi****1.0 Mi Total****2. Turn right onto Cross St / County Hwy-H62. [Map](#)****0.7 Mi****1.7 Mi Total****3. Take the 3rd left onto N Main St / County Hwy-44 / County Hwy-R22. [Map](#)****1.6 Mi****3.3 Mi Total****4. Turn right onto E US Highway 50. [Map](#)****2.8 Mi****6.1 Mi Total****5. E US Highway 50 becomes W McAllister St / US-50 E. [Map](#)****1.4 Mi****7.4 Mi Total****6. Turn left onto S Madison St / US-50 E / IL-4. [Map](#)****0.6 Mi****8.0 Mi Total****7. Turn right onto E Saint Louis St / US-50 E. Continue to follow US-50 E. [Map](#)****6.3 Mi****14.4 Mi Total****8. Take the IL-160 ramp toward Trenton / Highland. [Map](#)****0.3 Mi****14.7 Mi Total****9. Turn left onto State Route 160 / IL-160 / County Hwy-100. Continue to follow IL-160. [Map](#)****8.8 Mi****23.5 Mi Total****10. Turn right onto Broadway / IL-160. [Map](#)****0.6 Mi****24.1 Mi Total**

Appendix - 2

<http://classic.mapquest.com/print?a=app.core.a15c66fe188bd93d39a3c53>

1/2

11. Welcome to HIGHLAND, IL. [Map](#)



Highland, IL

Total Travel Estimate: **24.06 miles - about 30 minutes**

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Appendix - 2

<http://classic.mapquest.com/print?a=app.core.a15c86/ea188bd93d39a3c53>

2/2

**mapquest**

Trip to:

219 S Myrtle St

Edwardsville, IL 62025-1510

26.16 miles / 30 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387****Download
Free App****1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)****0.5 Mi****0.5 Mi Total****2. Turn right onto N Green Mount Rd / County Hwy-R18. Continue to follow N Green Mount Rd. [Map](#)****0.5 Mi****0.9 Mi Total****3. Merge onto I-64 W / US-50 W via the ramp on the left toward East St Louis. [Map](#)****7.8 Mi****8.7 Mi Total****4. Merge onto I-255 N via EXIT 7 toward Chicago. [Map](#)****9.1 Mi****17.9 Mi Total****5. Take the IL-162 exit, EXIT 29, toward Glen Carbon / Granite City. [Map](#)****0.4 Mi****18.3 Mi Total****6. Merge onto State Route 162 / IL-162 toward Glen Carbon. [Map](#)****1.9 Mi****20.2 Mi Total****7. Turn left onto N Bluff Rd / IL-157 / IL-162. Continue to follow N Bluff Rd / IL-157. [Map](#)****1.3 Mi****21.6 Mi Total****8. Turn slight right onto S State Route 157 / IL-157. Continue to follow IL-157. [Map](#)****4.6 Mi****26.2 Mi Total****9. IL-157. [Map](#)****219 S Myrtle St, Edwardsville, IL 62025-151038.809585, -89.963193**
(Address is approximate)

Appendix - 2

<http://classic.mapquest.com/print?a=app.core.a15c86fea188bd93d39a3c53>

1/2

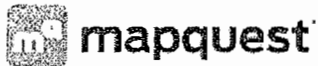
Total Travel Estimate: **26.16 miles - about 30 minutes**

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Appendix - 2

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2/2



Trip to:
Rose Ln
 Marissa, IL 62257
 25.26 miles / 30 minutes

Notes



1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387

Download
Free App



1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)

0.5 Mi
0.5 Mi Total



2. Turn right onto N Green Mount Rd / County Hwy-R18. [Map](#)

0.2 Mi
0.7 Mi Total



3. Merge onto I-64 E toward Mt Vernon. [Map](#)

6.7 Mi
7.3 Mi Total



4. Take the IL-4 exit, EXIT 23, toward Mascoutah / Lebanon. [Map](#)

0.4 Mi
7.7 Mi Total



5. Merge onto IL-4 toward Mascoutah / MidAmerica Airport. [Map](#)

12.3 Mi
20.0 Mi Total



6. Turn left onto Main Ave / IL-4 / IL-15. Continue to follow IL-4 / IL-15. [Map](#)

4.0 Mi
24.0 Mi Total



7. Turn left onto Venedy Rd. [Map](#)

0.1 Mi
24.1 Mi Total



8. Take the 1st right onto Pensoneau Rd. [Map](#)

0.7 Mi
24.8 Mi Total



9. Take the 2nd right onto Sparta St. [Map](#)

0.3 Mi
25.1 Mi Total



10. Take the 1st left onto Barnswallow Rd. [Map](#)

0.2 Mi
25.3 Mi Total

<http://classic.mapquest.com/print?z=app.core.a15c86fea188bd93d39a3c53>

Appendix - 2

1/2

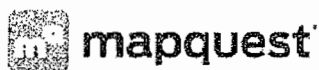
11. ROSE LN. [Map](#)



Rose Ln, Marissa, IL 6225738.365848, -89.706691
(Address is approximate)

Total Travel Estimate: **25.26 miles - about 30 minutes**

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Trip to:

2410 State Route 13

Lenzburg, IL 62255-1402

23.64 miles / 30 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387****Download
Free App****1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)****0.5 Mi****2. Take the 2nd left onto N Green Mount Rd / County Hwy-R18. Continue to follow N Green Mount Rd. [Map](#)****6.5 Mi****3. Turn left onto E State Route 15 / IL-13 / IL-15. Continue to follow IL-13. [Map](#)****16.7 Mi****4. 2410 STATE ROUTE 13. [Map](#)****2410 State Route 13, Lenzburg, IL 62255-140238,298520,-89,822734**
(Address is approximate)**Total Travel Estimate: 23.64 miles - about 30 minutes**

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Trip to:
1205 Centerville Rd
Columbia, IL 62236-3213
20.12 miles / 30 minutes

Notes

**1941 Frank Scott Pkwy E, O Fallon, IL 62269-7387**[Download
Free App](#)**1. Start out going west on Frank Scott Pkwy E toward Fortune Blvd. [Map](#)****0.5 Mi****2. Take the 2nd left onto N Green Mount Rd / County Hwy-R18. Continue to follow N Green Mount Rd. [Map](#)****4.5 Mi****158****3. Turn right onto Mascoutah Ave / IL-158. [Map](#)****2.3 Mi****4. Turn left onto S Belt E / IL-158. Continue to follow S Belt E. [Map](#)****1.8 Mi****158****5. Enter next roundabout and take the 4th exit onto Centreville Ave / IL-158. [Map](#)****0.1 Mi****158****6. Enter the IL-158 / Centreville Ave roundabout. [Map](#)****0.03 Mi****158****7. Turn right onto Centreville Ave / IL-158. Continue to follow IL-158. [Map](#)****10.6 Mi****8. Turn slight right onto Centreville Rd. [Map](#)****0.4 Mi****1205 Centerville Rd, Columbia, IL 62236-3213**
(Address is approximate)**Total Travel Estimate: 20.12 miles - about 30 minutes**

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Appendix - 2

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2/2

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	25-27
2	Site Ownership	28-32
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	33-34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35-36
5	Flood Plain Requirements	37-38
6	Historic Preservation Act Requirements	39-50
7	Project and Sources of Funds Itemization	51
8	Obligation Document if required	52-53
9	Cost Space Requirements	54
10	Discontinuation	--
11	Background of the Applicant	55-67
12	Purpose of the Project	68-70
13	Alternatives to the Project	71
14	Size of the Project	73
15	Project Service Utilization	74
16	Unfinished or Shell Space	75
17	Assurances for Unfinished/Shell Space	76
18	Master Design Project	--
19	Mergers, Consolidations and Acquisitions	--
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	--
21	Comprehensive Physical Rehabilitation	--
22	Acute Mental Illness	--
23	Neonatal Intensive Care	--
24	Open Heart Surgery	--
25	Cardiac Catheterization	--
26	In-Center Hemodialysis	77-110
27	Non-Hospital Based Ambulatory Surgery	--
28	Selected Organ Transplantation	--
29	Kidney Transplantation	--
30	Subacute Care Hospital Model	--
31	Children's Community-Based Health Care Center	--
32	Community-Based Residential Rehabilitation Center	--
33	Long Term Acute Care Hospital	--
34	Clinical Service Areas Other than Categories of Service	--
35	Freestanding Emergency Center Medical Services	--
	Financial and Economic Feasibility:	
36	Availability of Funds	111-115
37	Financial Waiver	116
38	Financial Viability	
39	Economic Feasibility	117-124
40	Safety Net Impact Statement	125-126
41	Charity Care Information	127
Appendix 1	Physician Referral	128-142
Appendix 2	Mapquest 30 minute travel times	143-158