

Original
16-029ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED**

JUN 28 2016

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATIONHEALTH FACILITIES &
SERVICES REVIEW BOARD**This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: <i>Fresenius Medical Care Ross Dialysis - Englewood</i>		
Street Address <i>NW Corner of W. 63rd Street & S. Halsted Street</i>		
City and Zip Code: <i>Chicago 60621</i>		
County: <i>Cook</i>	Health Service Area <i>6</i>	Health Planning Area:

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

Exact Legal Name: <i>Ross Dialysis - Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood</i>	
Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Name of Registered Agent: <i>CT Systems</i>	
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>	
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>	
Telephone Number: <i>800-662-1237</i>	

Type of Ownership of Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

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

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

Co-Applicant Identification

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

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

Type of Ownership of Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">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

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

Additional Contact

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

Name: <i>Teri Gurchiek</i>
Title: <i>Regional Vice President</i>
Company Name: <i>Fresenius Medical Care</i>
Address: <i>3500 Lacey Road, Suite 900, Downers Grove, IL 60515</i>
Telephone Number: <i>630-960-6806</i>
E-mail Address: <i>teri.gurchiek@fmc-na.com</i>
Fax Number: <i>630-960-6812</i>

Post Permit Contact

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

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

Additional Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <i>Englewood Square Development Partners, LP</i>
Address of Site Owner: <i>1050 E. 95th Street, Chicago, IL 60619</i>
Street Address or Legal Description of Site: <i>NW Corner of W. 63rd Street & S. Halsted Street, Chicago, 60621</i>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: <i>Ross Dialysis - Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood</i>			
Address: <i>920 Winter Street, Waltham, MA 02451</i>			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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.

Ross Dialysis - Englewood, LLC proposes to discontinue its 16-station Fresenius Medical Care Ross Dialysis – Engelwood ESRD facility located at 6333 S. Green Street, Chicago in HSA 6. A 24-station replacement facility will be established at the NW corner of W. 63rd Street and S. Halsted Street, Chicago, also in the Englewood neighborhood and 2 minutes from the current facility. The 90 current patients are expected to transfer to the new site upon opening. The Englewood neighborhood is a Federally Designated Medically Underserved Area.

According to the May 2016 Board station inventory there is a determined need for an additional 54 stations in HSA 6.

This project is "substantive" under Planning Board rule 1110.40 as it entails the discontinuation of a health care facility and the establishment of a replacement facility (relocation) along with the addition of 8 ESRD stations.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,482,710	344,883	1,827,593
Contingencies	142,517	33,150	175,667
Architectural/Engineering Fees	162,243	38,057	200,300
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	435,000	185,000	620,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space 2,867,338 or Equipment 530,700	2,853,244	544,794	3,398,038
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	5,075,714	1,145,884	6,221,598
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	2,222,470	601,090	2,823,560
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	2,853,244	544,794	3,398,038
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	5,075,714	1,145,884	6,221,598
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

(Discontinuation/Relocation)

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 \$ 212,428.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): September 30, 2018

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							
In-Center Hemodialysis	\$5,075,714		8,852		8,852		
Total Clinical	\$5,075,714		8,852		8,852		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,145,884		2,059		2,059		
Total Non-clinical	\$1,145,884		2,059		2,059		
TOTAL	\$6,221,598		10,991		10,991		

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.

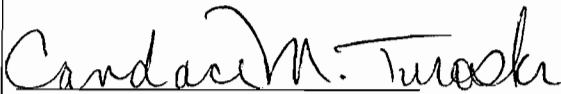
This Application for Permit is filed on the behalf of Ross Dialysis-Englewood, LLC * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf 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

Teri Gurchiek
PRINTED NAMERegional Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of Oct 2015



Signature of Notary

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

Bryan Mello
SIGNATURE

Bryan Mello
PRINTED NAME
Assistant Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of ____ 2015

Mark Fawcett
SIGNATURE

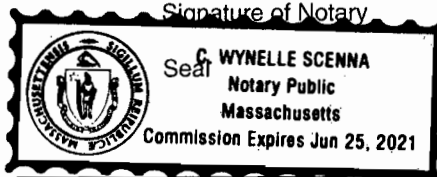
Mark Fawcett
PRINTED NAME
Senior Vice President & Treasurer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27 day of Oct 2015

C Wynelle Scenna
Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE – THERE IS NO UNFINISHED SHELLSPACE

Submit the following:

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

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

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	16	24

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

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

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST

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

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

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

VIII. - 1120.120 - Availability of Funds

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

<u>2,823,560</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>3,398,038</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
<u>N/A</u>	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$6,221,598</u>	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility**This section is applicable to all projects subject to Part 1120.****A. Reasonableness of Financing Arrangements**

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		167.50			8,852			1,482,710	1,482,710
Contingency		16.10			8,852			142,517	142,517
Total Clinical		183.60			8,852			1,625,227	1,625,227
Non Clinical		167.50			2,059			344,883	344,883
Contingency		16.10			2,059			33,150	33,150
Total Non		183.60			2,059			378,033	378,033
TOTALS		\$183.60			10,911			2,003,260	2,003,260

* Include the percentage (%) of space for circulation

*Modernization costs include only plumbing to accommodate the five additional stations.

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2013	2014	2015
Net Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Charity *(# of self-pay patients)	499	251	195
Charity (cost in dollars)	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396
Medicaid (revenue)	\$31,373,534	\$22,027,882	\$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

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

XII. Charity Care Information

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Amount of Charity Care (charges)	\$5,346,976	\$5,211,664	\$2,983,427
Cost of Charity Care	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	22-23
2	Site Ownership	24-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32
6	Historic Preservation Act Requirements	33
7	Project and Sources of Funds Itemization	34
8	Obligation Document if required	35
9	Cost Space Requirements	36
10	Discontinuation	37-57
11	Background of the Applicant	58-63
12	Purpose of the Project	64
13	Alternatives to the Project	65-66
14	Size of the Project	67
15	Project Service Utilization	68
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	69-106
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	107-111
37	Financial Waiver	112
38	Financial Viability	
39	Economic Feasibility	113-117
40	Safety Net Impact Statement	118-119
41	Charity Care Information	120-122
	Appendix 1 – MapQuest Travel Times	123-196
	Appendix 2– Physician Referral Letter	197-200

Applicant Identification

Exact Legal Name: <i>Ross Dialysis – Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> 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
- o is a general or limited partner.

***Certificate of Good Standing for Ross Dialysis - Englewood, LLC on following page.**

Co - Applicant Identification

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

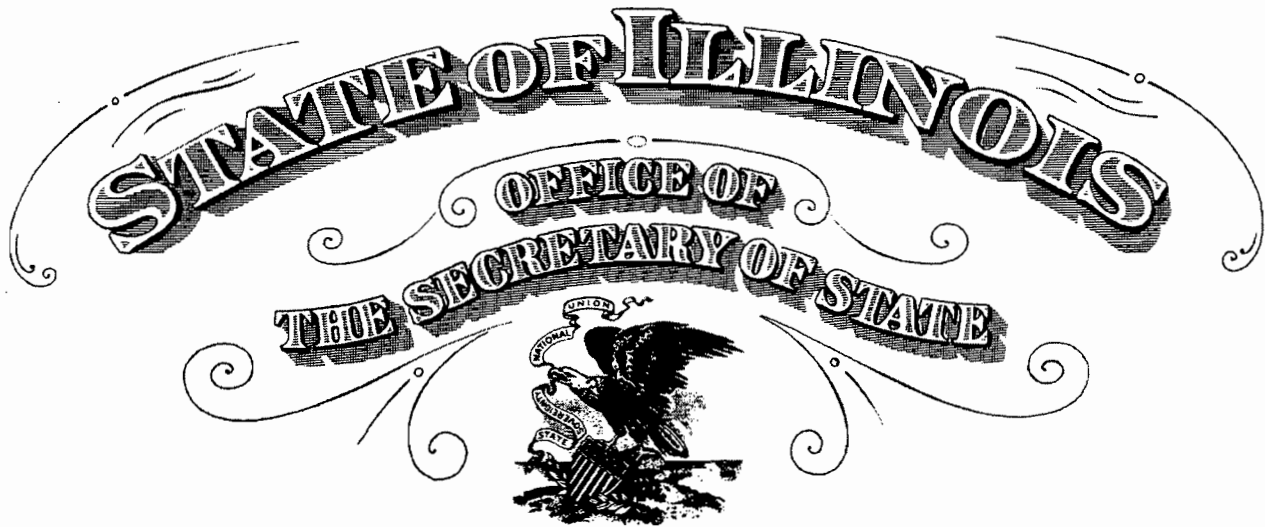
Exact Legal Name: <i>Fresenius Medical Care Holdings, Inc.</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02541</i>
Telephone Number: <i>781-669-9000</i>

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

Type of Ownership – Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> 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.



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

ROSS DIALYSIS-ENGLEWOOD, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 23, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1529203128 verifiable until 10/19/2016

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 19TH
day of OCTOBER A.D. 2015 .***

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT - 1

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: *Englewood Square Development Partners, LP*

Address of Site Owner: *1050 E. 95th Street, Chicago, IL 60619*

Street Address or Legal Description of Site: *NW Corner of W. 63rd Street & S. Halsted Street, Chicago, 60621*

Legal Description

LOTS 6, 7 AND 8 IN HALSTED PARKWAY RESUBDIVISION OF PART OF THE SOUTHEAST ¼ OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 30, 2015, AS DOCUMENT 1508916071, IN COOK COUNTY, ILLINOIS.

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.

Englewood Square Development Partners, LP
1050 E 95th St.
Chicago, Illinois 60619
Office: 773-721-3400
Fax: 773-721-3500
www.engagewoodsquare.com

June 17, 2016

Loren N. Guzik
Senior Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
200 South Wacker Drive
Suite 2800
Chicago, IL 60606

RE: Letter of Intent – Fresenius Medical Care of Illinois Proposed Lease of Space at Englewood Square located at the NWC of 63rd St and Halsted St., Chicago, IL. (the “Shopping Center”).

Dear Mr. Guzik:

Englewood Square Development Partners, LP (“Landlord”) submits the following proposal to lease retail space at the Shopping Center. This proposal is subject to final review and approval by Landlord’s lenders. The terms and conditions of the proposed lease are as follows:

LANDLORD:	Englewood Square Development Partners, LP
TENANT:	Fresenius Medical Care Chicagoland, LLC
SHOPPING CENTER:	The Shopping Center commonly known as Englewood Square located at the NWC of 63 rd St and Halsted St., Chicago, IL, which is legally described on Exhibit A attached hereto.
PREMISES:	The Premises will consist of approximately 10,911 square feet of retail space in the location on the site plan attached as Exhibit B . Tenant may verify the actual size of the Premises upon delivery of possession in accordance with industry standard measurement methodology.
USE:	<p>Tenant will have the right to use the Premises as a dialysis health center. Landlord represents that this permitted use does not violate and is not violated by any use restriction affecting the Shopping Center.</p> <p>Tenant shall not do, or permit to be done, anything in or about the Premises which in any way constitutes a “Prohibited Use” as specified in Exhibit D, or violates an exclusive use granted to any other tenant in the Shopping Center. See Exhibit D.</p>
EXCLUSIVE:	<p>Landlord will not lease space in the Shopping Center to any other tenant for the operation of a dialysis health center.</p> <p>Notwithstanding the foregoing, Tenant’s Exclusive Use shall not apply to Whole Foods Market Chipotle, or Starbucks.</p>
LEASE TERM:	The lease term will consist of a ten (10) year initial term, with two five (5) year renewal terms. Tenant will give Landlord 180 day’s prior written notice of its election to renew the term.
BASE RENT:	\$24.00 psf NNN with 2% annual increases.

ATTACHMENT 2

	Base rent includes all charges other than taxes, insurance and common area maintenance expenses.								
SECURITY DEPOSIT:	One months' rent.								
LEASE CONTINGENCY:	<p>The Lease is conditioned upon Tenant's receipt of a Certificate of Need for the relocation of existing Englewood dialysis clinic pursuant to Illinois Health Services board approval. Satisfaction of this condition must occur on or before August 1, 2016.</p> <p>The Lease is also conditioned upon the "buy out" of the current tenant lease with Oak Street Health. Satisfaction of this condition must occur on or before November 1, 2016.</p>								
TENANT IMPROVEMENT ALLOWANCE	None								
COMMON AREA MAINTENANCE, TAXES AND INSURANCE:	<p>Tenant will pay its pro rata share of Landlord's actual, reasonable, auditable, and out-of-pocket costs for real estate taxes, insurance, and common area maintenance (CAM) based on the leasable area of the Premises compared to the total leasable area of the Shopping Center</p> <p>Tenant's proportionate share of real estate taxes, insurance, and CAM for the first full calendar year is estimated at:</p> <table> <tr> <td>Real estate taxes:</td><td>\$4.00</td></tr> <tr> <td>CAM:</td><td>\$5.50</td></tr> <tr> <td>Insurance:</td><td>\$0.50</td></tr> <tr> <td>Total:</td><td>\$10.00</td></tr> </table> <p>Tenant's Proportionate Share 23.06%</p>	Real estate taxes:	\$4.00	CAM:	\$5.50	Insurance:	\$0.50	Total:	\$10.00
Real estate taxes:	\$4.00								
CAM:	\$5.50								
Insurance:	\$0.50								
Total:	\$10.00								
RENT COMMENCEMENT:	The Rent Commencement Date will be the date that is the earlier of (i) the date Tenant opens for business to the public at the Premises, and (ii) 90 days after the Turnover Date. Based on the Scheduled Turnover Date, defined below, Rent Commencement will be March 1, 2016								
TURNOVER DATE:	<p>The Scheduled Turnover Date is January 1, 2016.</p> <p>The Turnover Date will not occur until Landlord delivers possession of the Premises to Tenant free and clear of all tenancies. The space will be delivered in "as is" condition.</p> <p>The Rent Commencement Date will be postponed by an additional day for each day after the Scheduled Turnover Date that the Turnover Date is delayed.</p>								
CONDITION OF THE PREMISES	Landlord shall deliver the Premises in "as is" condition which is described in the attached Exhibit C . Tenant shall be solely responsible for the costs of constructing Tenant's initial improvements.								
OPERATION AND MAINTENANCE:	Landlord will operate, repair and maintain the Shopping Center and will maintain customary property damage and commercial general liability insurance. Landlord is responsible for all structural conditions of the Shopping Center and Premises, including, but not limited to the roof, and building façade, sidewalks, lighting, landscaping, parking lots, and common areas. All expenditures for such repair and maintenance shall be part of the costs and expenses of operating and								

	maintaining the common areas of the Shopping Center.
COMMON AREAS:	<p>Tenant will have a nonexclusive right to use the common areas, parking lots, appurtenances and easements to support its intended use of the Premises and will have access to such portions of the Shopping Center outside the Premises as are necessary to enable it to exercise its rights under the Lease.</p> <p>Provided, however, Tenant shall not park, nor permit its employees, customers, invitees or agents to park, in the area designated for Whole Foods Market as depicted on Exhibit B.</p>
LANDLORD WORK:	<p>Landlord will deliver the premises in "as is" condition more fully described in Exhibit C.</p> <p>Landlord will provide Tenant with construction drawings of the Premises within five (5) business days after execution of this Letter of Intent.</p> <p>If requested by Tenant, warranties for all improvements including but not limited to mechanical, electrical and plumbing systems will be assigned and provided to Tenant.</p>
HAZARDOUS MATERIALS:	<p>Landlord will remove any hazardous materials as required for issuance of the Final NFR. Landlord will also represent that the Premises and the Shopping Center are in compliance with the Final NFR. Landlord will indemnify, defend and hold harmless Tenant from any and all losses, claims, liabilities, and damages arising out of or relating to a violation of this covenant and representation, excepting any violation that is the result of Tenant's willful or negligent act or omission.</p>
ASSIGNMENT AND SUBLETTING:	<p>Tenant shall not assign, transfer, mortgage or otherwise encumber all or any part of Tenant's interest in this Lease or in the Premises, and shall not sublet or license all or any part of the Premises, without the prior written consent of Landlord in each instance. Any attempted assignment, transfer, mortgage, encumbrance, sublet or license without such consent shall be wholly void.</p> <p>No sublet or assignment, even with the consent of Landlord, shall relieve Tenant of its obligations to pay the Rent and to perform all of the other obligations to be performed by Tenant hereunder. The acceptance of rent by Landlord from any other person shall not be deemed to be a waiver by Landlord of any provision of this Lease or to be a consent to any assignment, subletting or other transfer. Consent to one assignment, subletting or other transfer shall not be deemed to constitute consent to any subsequent assignment, subletting or other transfer. Tenant shall pay to Landlord a \$500 assignment fee and any costs (including attorney's fees) incurred by Landlord in order for Landlord to review any request for permission to assign or sublease.</p>
SIGNAGE:	<p>Tenant will install in and on the Premises its standard sign(s) package as approved by Landlord. Tenant will also have the right at no additional rent to place its sign on any monument/pylon sign.</p> <p>Within 30 days prior to opening for business and during 30 days after opening, Tenant will also be permitted to hang its pre-opening banners, including, but not limited to "Coming Soon", "Now Hiring" and "Finally Open".</p> <p>Tenant will submit sign elevations to Landlord for reasonable approval prior to or concurrent with lease execution.</p> <p>Notwithstanding the foregoing, Tenant shall comply with the Landlord's Signage</p>

	Criteria attached hereto as <u>Exhibit E</u> .
ALTERATION AND TRADE DRESS:	<p>Tenant may construct Landlord approved initial improvements in the Premises, so long as it complies with applicable law and Tenant's then existing design and signage program. Landlord will have approval rights with respect to aspects of Tenant's construction that affect building-wide systems or structural items.</p> <p>Throughout the term, Tenant may make such interior, non-structural alterations, improvements and additions to the Premises including, without limitation, changing color schemes and signage, installing new countertops, flooring, wall covering and modifying the layout of Tenant's fixtures, as Tenant deems necessary or desirable, so long as such alterations do not exceed \$20,000.00, unless Landlord approves in writing.</p> <p>All personal property, furnishings, machinery and trade fixtures, equipment and improvements that Tenant installs in the Premises will remain the property of Tenant. Upon the termination or expiration of the Term, Tenant shall remove such property and such other items and structural characteristics that are indicative of Tenant's brand and otherwise "de-identify" the Premises. Tenant shall repair any damage to the Premises caused by such removal.</p>
UTILITIES:	<p>Landlord shall provide to the Premises adequate utilities required for Tenant's permitted use (including water, sewer, gas, electricity, including electricity for lighting, HVAC, and fire equipment) and separate meters for all such utilities, provided, however, water shall not be separately metered. To the extent that utilities are not separately metered, Tenant shall pay its pro-rata share of utility expenses.</p> <p>Tenant shall pay to Landlord, on a monthly basis, Landlord's monthly estimate of submeter water chargers, which Landlord may adjust quarterly.</p>
TRASH REMOVAL:	Landlord will provide Tenant with a suitable dumpster location sufficient to adequately service the Premises.
RADIUS RESTRICTION:	1 mile. Tenant shall not open another Fresenius Dialysis Center within 1 mile of the Shopping Center.
CONTINUOUS OPERATIONS:	Tenant agrees to operate at least eight (8) hours per day Monday through Friday, during the Lease Term.
NEW MARKETS TAX CREDITS COMPLIANCE	Tenant acknowledges that Landlord has utilized New Markets Tax Credit financing to allow development of the Shopping Center and Tenant hereby agrees to the terms and conditions as specified in Exhibit F attached hereto.
LEASE FORM:	Landlord's standard lease form
BROKER:	<p>Cushman & Wakefield of Illinois, Inc. shall be entitled to a brokerage commission who will be paid by Landlord pursuant to the listing agreement executed with Landlord.</p> <p>Both Landlord and Tenant warrant that no other brokers are involved in this transaction. The parties shall indemnify each other from and against any claims by any 3rd party brokers not identified above.</p>

If the terms outlined in this proposal are acceptable to you, please sign a copy of this letter below under "Agreed and Accepted" and return it to Englewood Square Development Partners, LP.

ATTACHMENT 2

Except for the provisions set forth below, this letter of intent is not intended to be a binding lease agreement between Landlord and Tenant, and there will be no binding agreement to lease unless and until such time as Landlord and Tenant have executed a formal, definitive lease containing the terms set forth herein and such other terms as are mutually acceptable to the parties.

Sincerely,

DRAFT

Leon I. Walker

AGREED AND ACCEPTED TO AS OF 6/23/16.

By: Fresenius Medical Care of Illinois, LLC

Signature: Teri A. Gurchiek

Name: Teri Gurchiek

Title: Regional Vice President

ATTACHMENT 2

Operating Identity/Licensee

Exact Legal Name <i>Ross Dialysis - Englewood, LLC d/b/a Fresenius Medical Care Ross Dialysis - Englewood</i>
Address: <i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent: <i>CT Systems</i>
Name of Chief Executive Officer: <i>Ron Kuerbitz</i>
CEO Address: <i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number: <i>800-662-1237</i>

Type of Ownership of Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

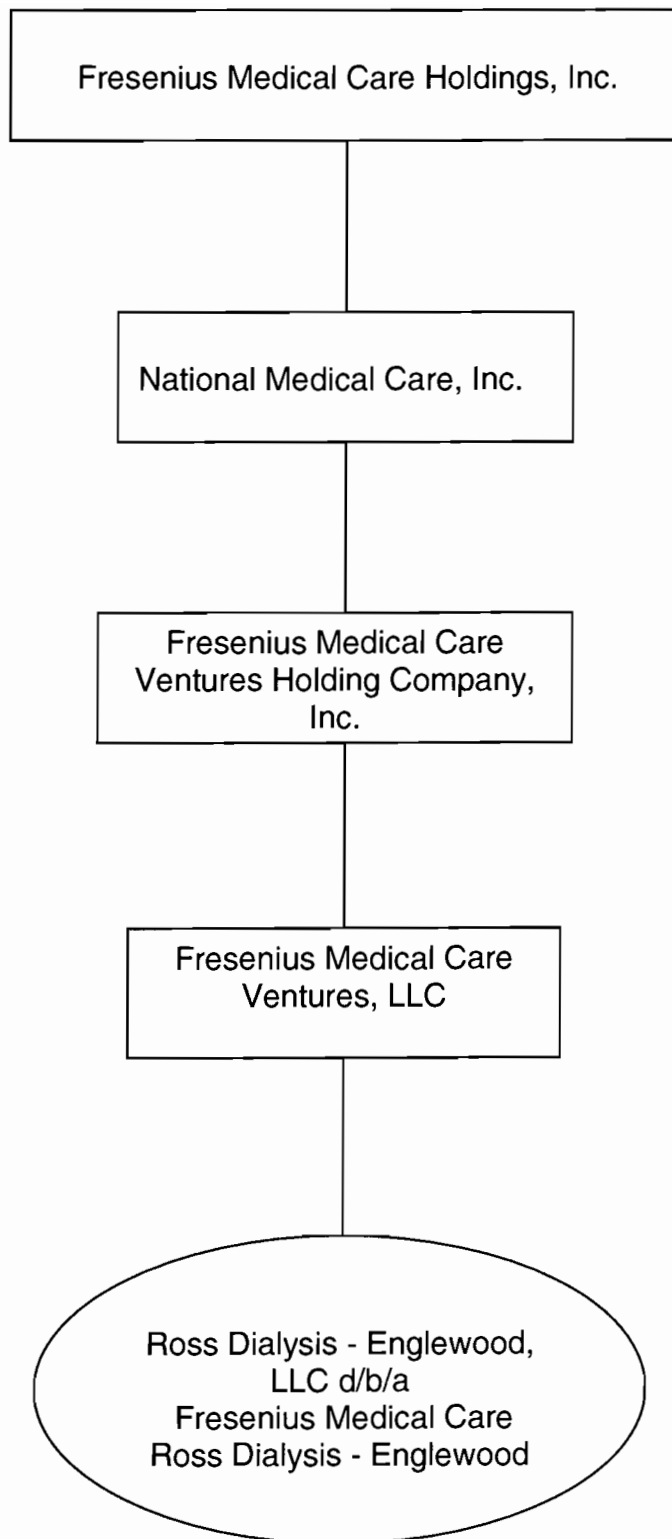
- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- o is a general or limited partner.

*Certificate of Good Standing at Attachment – 1.

Ownership

Fresenius Medical Care Ventures, LLC has a 60% membership interest in Ross Dialysis - Englewood, LLC. Its address is 920 Winter Street, Waltham, MA 02451

AIN Ventures, LLC has a 40% membership interest in Ross Dialysis - Englewood, LLC. Its address is 210 S. Des Plaines Street, Chicago, IL 60661.



Flood Plain Requirements

The proposed site for the relocation of Fresenius Medical Care Ross Dialysis - Englewood complies with the requirements of Illinois Executive Order #2005-5. The site, NW corner of 63rd Street and Halsted Street in Chicago, is not located in a flood plain.





Illinois Historic Preservation Agency

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

FAX 217/524-7525

www.illinoishistory.gov

Cook County
Chicago
NW of W. 63rd Street & S. Halsted Street
IHFSRB
New construction, Ross Dialysis-Englewood Dialysis Facility

PLEASE REFER TO: IHPA LOG #029053116

June 21, 2016

Lori Wright
Fresenius Medical Care
3500 Lacey Road, suite 900
Downers Grove, IL 60515

Dear Ms. Wright:

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

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

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

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

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

Sincerely,

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

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	91,380
Temp Facilities, Controls, Cleaning, Waste Management	4,570
Concrete	23,400
Masonry	27,780
Metal Fabrications	13,700
Carpentry	160,645
Thermal, Moisture & Fire Protection	32,530
Doors, Frames, Hardware, Glass & Glazing	125,190
Walls, Ceilings, Floors, Painting	295,150
Specialities	22,853
Casework, Fl Mats & Window Treatments	10,965
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	584,830
Wiring, Fire Alarm System, Lighting	352,360
Miscellaneous Construction Costs	82,240
Total	1,827,593
Contingencies	\$175,667
Architecture/Engineering Fees	\$200,300
Moveable or Other Equipment	
Dialysis Chairs	60,000
Clinical Furniture & Equipment	35,000
Office Equipment & Other Furniture	45,000
Water Treatment	210,000
TVs & Accessories	80,000
Telephones	30,000
Generator	110,000
Facility Automation	30,000
Other miscellaneous	20,000
Total	620,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (10,911 GSF)	2,867,338
FMV Leased Dialysis Machines	515,700
FMV Leased Office Equipment	15,000
	\$3,398,038
Grand Total	\$6,221,598

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#14-012	Fresenius Medical Care Gurnee	Relo/Expansion	12/31/2016	Open 3/21/16 awaiting CMS certification
#14-019	Fresenius Medical Care Summit	Establishment	12/31/2016	Opening 6/16
#13-040	Fresenius Medical Care Lemont	Establishment	09/30/2016	Opening 6/16
#14-041	Fresenius Medical Care Elgin	Expansion	06/30/2016	Done – Waiting for CMS certification Permit Renewal In
#14-026	Fresenius Medical Care New City	Establishment	06/30/2016	Construction Underway, Permit Renewal In
#14-047	Fresenius Medical Care Humboldt Park	Establishment	12/31/2016	Construction Underway
#14-065	Fresenius Medical Care Plainfield North	Relocation	12/31/2016	Construction End Date 8/16
#15-001	Fresenius Medical Care Steger	Expansion	12/31/2016	Done – Waiting for CMS certification
#15-022	Fresenius Medical Care Blue Island	Expansion	12/31/2016	Construction End Date 6/16
#15-024	Fresenius Medical Care Chicago	Change Ownership	12/31/2016	In Negotiations
#15-034	Fresenius Medical Care South Holland	Expansion	12/31/2015	Construction Underway
#15-028	Fresenius Medical Care Schaumburg	Establishment	02/28/2017	Bidding/Permitting Phase
#15-036	Fresenius Medical Care Zion	Establishment	06/30/2017	Bidding/Permitting Phase
#15-062	Fresenius Medical Care Belleville	Establishment	12/31/2017	Bidding/Permitting Phase

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-Center Hemodialysis	\$5,075,714		8,852		8,852		
Total Clinical	\$5,075,714		8,852		8,852		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,145,884		2,059		2,059		
Total Non-clinical	\$1,145,884		2,059		2,059		
TOTAL	\$6,221,598		10,991		10,991		

1110.130 – DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

Ross Dialysis – Englewood, LLC proposes to discontinue its 16-station ESRD facility located at 6333 S. Green Street, Chicago, operating at 94% utilization as of March 2016. It proposes relocating the existing 16-station facility and establishing a 24-station replacement facility to be located at the NW corner of W. 63rd Street and S. Halsted Street, Chicago within the Englewood Square development. Both sites are located in the Medically Underserved Englewood neighborhood of Chicago in HSA 6. All patients are expected to transfer to the new facility and therefore all medical records will be transferred to the new site as well.

The discontinuation is expected to occur simultaneously with the opening of the new facility, on or before September 30, 2018. There will be no break in service to the patients involved. The evacuated building at 6333 S. Green Street is leased space so will be released back to the landlord.

REASONS FOR DISCONTINUATION

This facility is located in one of the poorest and highest crime neighborhoods of Chicago. In 2007 when the facility was facing closure Fresenius Medical Care acquired it in order to preserve dialysis services in Englewood.

After assuming ownership Fresenius made numerous repairs and renovations to keep the facility in operable condition. Despite these efforts there are ongoing issues that are beyond repair. It is a tri-level building with no emergency exit on the treatment floor level with only one entrance/exit to serve patients, staff and deliveries. The HVAC system, RO/water system, roof and electrical service all need replacing. Even if these repairs were within reason, the location of the clinic poses safety issues for staff and patients.

It is located at the end of an isolated dead-end road surrounded by abandoned boarded up buildings, abandoned parking lot and the “L” tracks. The only available parking is in an abandoned parking lot across the street. A new modern clinic in a more visible and safe area with available parking is desperately needed to serve the ESRD patients in Englewood.

IMPACT ON ACCESS

The “relocation” and addition of eight stations to the Ross facility at an alternate site will not have any impact on any area ESRD providers. Given its current census, the proposed facility will be above 63% utilization after the addition of the eight stations. Only 25 more patients will bring the facility back above 80% utilization. No patients are being transferred from any other facility. The “relocation” and additional stations will have a positive impact for ESRD patients in the medically underserved Englewood neighborhood. Although no longer required, a written request for an impact statement was sent to all non-Fresenius facilities within a 45-minute travel time. No responses were received.

Discontinuation
ATTACHMENT - 10



June 7, 2016

Tim Tincknell
DaVita HealthCare Partners, Inc.
1600 W. 13th Street, Suite 3
Chicago, IL 60608

Dear Tim:

The purpose of this letter is to inform you that Fresenius Medical Care-North America is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

In keeping with the rules of the Illinois Health Facilities & Services Review Board, I am asking for a response from you in the form of an impact statement in regards to our proposed project as it relates to the DaVita facilities within 45-minutes travel time (see list attached). Any response should be received within 15 days of receipt of this letter. Per the rules you are not required to respond, however note that no response will constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for your facilities.

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

Sincerely,

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

Lori Wright
Senior CON Specialist

**DaVita Facilities Within 45-minutes Travel Time of
Fresenius Medical Care Ross Dialysis - Englewood**

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>ZIP Code</u>
DaVita Beverly	8109 S Western Ave	Chicago	60620
DaVita Big Oaks	5623 W Touhy	Niles	60714
DaVita Chicago Heights	177 E Joe Orr Rd	Chicago Heights	60411
DaVita Chicago Ridge	10511 S Harlem	Worth	60482
DaVita Country Hills	4215 W 167th	Country Hills	60478
DaVita Emerald	710 W 43rd St	Chicago	60609
DaVita Evanston	1922 Dempster Street	Evanston	60201
DaVita Garfield	3250 W Franklin Blvd	Chicago	60624
DaVita Grand Crossing	7319 S Cottage Grove Ave	Chicago	60619
DaVita Harvey	16657 Halsted St	Harvey	60426
DaVita Hazel Crest	3470 183rd St	Hazel Crest	60429
DaVita Kenwood	4290 S Cottage Grove	Chicago	60653
DaVita Lawndale	3934 W 24th Street	Chicago	60623
DaVita Lincoln Park	3157 N Lincoln Ave	Chicago	60657
DaVita Little Village	2335 W Cermak Rd	Chicago	60608
DaVita Logan Square	2816 N Kimball	Chicago	60618
DaVita Loop	1101 S Canal St	Chicago	60607
DaVita Lurie Children's	1333 N Kingsbury Street	Chicago	60642
DaVita Montclare	7009 W Belmont Ave	Chicago	60634
DaVita Mt. Greenwood	3401 W 111th St	Chicago	60655
DaVita Olympia Fields	4557 Lincoln Hwy	Matteson	60443
DaVita Palos Park	13155 S La Grange Rd	Orland Park	60462
DaVita Park Manor	95th & Colfax	Chicago	60617
DaVita So Holland	16136 S Park Ave	South Holland	60473
DaVita Stoney Creek	5433 W. 95th St	Oak Lawn	60453
DaVita Stony Island	8725 S Stony Island Ave	Chicago	60617
DaVita Tinley Park	16767 S 80th Avenue	Tinley Park	60477
DaVita Washington Heights	10620 S. Halsted Street	Chicago	60628
DaVita West Lawn	7000 S Pulaski Rd	Chicago	60629
DaVita West Side	1600 W 13th Street	Chicago	60608
DaVita Woodlawn	5060 S State Street	Chicago	60609



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Circle Medical Management Dialysis
1426 W. Washington Blvd.
Chicago, IL 60607

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Concerto Renal Services
14255 S. Cicero Avenue
Crestwood, IL 60445

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Loyola Center for Dialysis
1201 W. Roosevelt Road
Maywood, IL 60153

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Maple Avenue Kidney Center
610 S. Maple Avenue, Suite 4100
Oak Park, IL 60304

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Mt. Sinai Hospital Medical Center Renal Unit
2700 W. 15th Street
Chicago, IL 60608

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Nephron Dialysis Center
5140 N. California Avenue
Chicago, IL 60625

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Nocturnal Spa Dialysis
1634 S. Ardmore Avenue
Villa Park, IL 60181

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Center for Renal Replacement
7301 N. Lincoln Avenue, Suite 205
Lincolnwood, IL 60712

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
Resurrection Medical Center Outpatient Dialysis Center
7435 W. Talcott
Chicago, IL 60631

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

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

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
St. Anthony Hospital Dialysis
3059 W. 26th Street
Chicago, IL 60623

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

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Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
U.S. Renal Care - Scottsdale Dialysis
4651 W. 79th Street, Suite 100
Chicago, IL 60652

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

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Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
John H. Stroger Cook County Hospital Dialysis
1901 W. Harrison Street
Chicago, IL 60612

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

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

Sincerely,

Lori Wright
Senior CON Specialist



**FRESENIUS
MEDICAL CARE**

June 7, 2016

Facility Manager
University of Illinois Hospital Dialysis
1859 W. Taylor Street, Room 1003
Chicago, IL 60612

Dear Facility Manager:

The purpose of this letter is to inform you that Fresenius Kidney Care is in the process of compiling a Certificate of Need application to be submitted to the Illinois Health Facilities & Services Review Board to discontinue its Ross Dialysis – Englewood 16-station dialysis center located at 6333 S. Green Street, Chicago. A replacement facility will be established at a nearby location in the same neighborhood.

The estimated date that this discontinuation/establishment will occur is September 30, 2018. For the past two calendar years (2014 & 2015) the Ross-Englewood dialysis facility has provided 23,707 dialysis treatments to 255 end stage renal disease (ESRD) patients. We do not foresee any break in service to the ESRD patients in this market area during the closure of the Ross facility and subsequent opening of the new facility. Arrangements will be made for all patients prior to discontinuation to transfer to the relocated facility or any other facility in the area of their choosing. We do not expect that there will be any adverse impact to care for patients in this market area, nor to any other area dialysis providers.

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Sincerely,

Lori Wright
Senior CON Specialist



Shipment Receipt

Transaction Date: 07 Jun 2016

Tracking Number:

1ZE3E1451390302765

1 Address Information

Ship To:
DaVita Healthcare Partners
Tim Tinknell
1600 W. 13th Street
Suite 3
CHICAGO IL 606081306
Telephone: 312-243-9286

Ship From:
Fresenius Medical Care NA
Leslie Schatz
3500 Lacey Rd
suite 900
Downers Grove IL 60515
Telephone: 630-960-6701

Return Address:
Fresenius Medical Care NA
Lori Wright
3500 Lacey Rd
suite 900
Downers Grove IL 60515
Telephone: 630-960-6701

2 Package Information

Weight	Dimensions / Packaging	Declared Value	Reference Numbers
1. Letter (Letter billable)	UPS Letter		

3 UPS Shipping Service and Shipping Options

Service: UPS Next Day Air Saver
Guaranteed By: 3:00 PM Wednesday, Jun 8, 2016
Shipping Fees Subtotal: 21.96 USD
Transportation: 21.27 USD
Fuel Surcharge: 0.69 USD

4 Payment Information

Bill Shipping Charges to: Shipper's Account E3E145

Charges: 21.96 USD

A discount has been applied to the Daily rates for this shipment

Negotiated Charges: 5.71 USD

Total Charges: 5.71 USD

Note: Your invoice may vary from the displayed reference rates.

* For delivery and guarantee information, see the UPS Service Guide. To speak to a customer service representative, call 1-800-PICK-UPS for domestic services and 1-800-782-7892 for international services.

Reso Relo

53

Discontinuation – Request for Impact Letter

ATTACHMENT 10

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Circle Medical Management Dialysis
1426 W. Washington Blvd.
Chicago, IL 60607

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0485

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Concerto Renal Services
14255 S. Cicero Avenue
Crestwood, IL 60445

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0478

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Loyola Center for Dialysis
1201 W. Roosevelt Road
Maywood, IL 60153

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0461

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation = Request for Impact Letter

ATTACHMENT 10

54

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
Nephron Dialysis Center
5140 N. California Avenue
Chicago, IL 60625

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0430

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Facility Manager
Center for Renal Replacement
7301 N. Lincoln Avenue, Suite 205
Lincolnwood, IL 60712

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0416

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Facility Manager
Resurrection Medical Center
Outpatient Dialysis Center
7435 W. Talcott
Chicago, IL 60631

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0409

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation Request for Impact Letter

102595-02-M-1540

ATTACHMENT 10

55

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
St. Anthony Hospital Dialysis
3059 W. 26th Street
Chicago, IL 60623

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0393

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *D. Pankaj*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Facility Manager
U.S. Renal Care - Scottsdale Dialysis
4651 W. 79th Street, Suite 100
Chicago, IL 60652

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0386

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Jean Kruse*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Facility Manager
John H. Stroger/Cook County
Hospital Dialysis
1901 W. Harrison Street
Chicago, IL 60612

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0379

PS Form 3811, February 2004

Domestic Return Receipt

Discontinuation - Request for Impact Letter

102595-02-M-1540

ATTACHMENT 10

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece or on the front if space permits.

1. Article Addressed to:

Facility Manager
Nocturnal Spa Dialysis
1634 S. Ardmore Avenue
Villa Park, IL 60181

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*Heather M. Affonso*

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7012 1010 0002 8450 0423

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Fresenius Kidney Care

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

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Kidney Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

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

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

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

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

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

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

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

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

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

Locally, in Illinois, Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Kidney Care employees in Chicago alone raised \$22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Kidney Care also donates another \$25,000 annually to the NKFI and another \$5,000 in downstate Illinois.

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861 W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	-	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Morris	14-2596	1401 Lakewood Dr., Ste. B	Morris	60450
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	-	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	-	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Ross Dialysis - Englewood, LLC

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

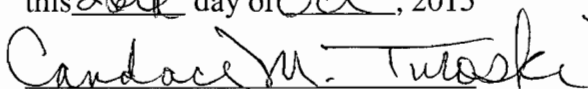
In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this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

By: 

ITS: Regional Vice President

Notarization:

Subscribed and sworn to before me
this 26th day of Oct, 2015


Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

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

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

By: [Signature]

ITS: Bryan Mello
Assistant Treasurer

By: [Signature]

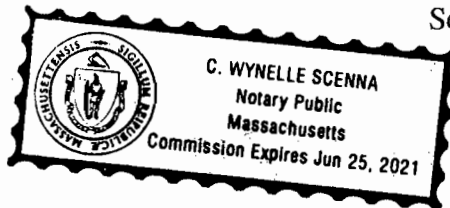
ITS: Mark Fawcett
Senior Vice President & Treasurer

Notarization:

Subscribed and sworn to before me
this _____ day of _____, 2015

Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this 27 day of Oct, 2015

Signature of Notary

Seal

Criterion 1110.230 – Purpose of Project

1. Fresenius Kidney Care acquired the Ross-Dialysis Englewood facility in 2007 when the prior owners could no longer sustain it. The purpose of this project is to maintain access to life-sustaining dialysis treatment in a Federally Designated Medically Underserved area (MUA) in the Englewood neighborhood of Chicago. Fresenius proposes to relocate this facility, operating at 94%, from 6333 S. Green Street to the NW corner of W. 63rd Street & S. Halsted Street also in the Englewood neighborhood and add an additional 8 ESRD stations. Along with the relocation the physicians supporting this project desire to locate a Chronic Kidney Disease (CKD) clinic at this site to help pre-dialysis patients with earlier detection and management of their disease to hold off the need for dialysis as long as possible.
2. The facility's current location and the relocation site are both in the Englewood community in HSA 6, which is made up of the City of Chicago. Fresenius Ross-Englewood currently serves 90 patients who mostly reside within a 2-mile radius of the facility.
3. The Ross-Englewood facility has extensive physical plant issues that are beyond reasonable to repair and also issues due to the layout and location of the building that cannot be corrected. The building is in one of the poorest and highest crime neighborhoods of Chicago located at the end of a dead-end street and is completely isolated. In order to maintain dialysis services in a structure that meets Fresenius standards and to provide a safe environment for patients and staff, a new building and location is necessary. Fresenius Medical Care is willing to invest in the relocation/upgrade of this facility although it is not a financially viable clinic. These patients need and deserve a safe, modern facility to treat at.
4. Not Applicable
5. Relocating the 16-station Ross facility, along with 8 additional stations, to a new building and safer more visible location while remaining in the Englewood neighborhood will allow patients a new, more modern facility along with easier access with improved patient parking. A more aesthetic environment will also make the need for dialysis services a more pleasant experience. There will be no interruption in service to the current patients of the Ross clinic since the "relocation" of the facility will occur on a Sunday when there are no patient treatments scheduled.
6. The goal of Fresenius Kidney Care is to keep dialysis access available to this underserved patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would continue to have similar quality outcomes after the relocation however a new facility with better access may encourage less missed treatments. Currently the Ross-Englewood patients have the quality values below:
 - 92% of patients had a URR \geq 65%
 - 93% of patients had a Kt/V \geq 1.2

Alternatives

1) All Alternatives

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

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

- Due to the extensive physical plant issues as well as safety issues related to the location of the current site and the viability of the clinic it could have met with the fate of closure. However, because Fresenius maintains its commitment to serve all patients and the physician's, who are co-owners, dedication to this community this alternative was never truly an option.
- The next alternative was to relocate only the 16 stations and not add the 8 additional stations. The cost for this would be about \$350,000 less than the current project. While this alternative is feasible, the clinic is operating at 94% utilization causing access issues and reducing treatment shift availability. It will only take 6 more patients before reaching capacity. To address historic utilization and growth, due to high prevalence of ESRD in the area, the additional stations are necessary. This alternative was rejected.

B. Pursuing a joint venture

This facility is currently a joint venture between Fresenius Kidney Care and physicians at Associates in Nephrology who have been dedicated to caring for ESRD patients on the south side of Chicago for over 30 years. Project costs are the same however split between joint venture members.

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

The Associates in Nephrology physicians currently admit patients to many of the area clinics of which all are operating at high utilization rates. Also, due to the economic condition of many Englewood patients travelling to other neighborhoods for treatment would be difficult. There is no cost related to this alternative.

D. Project as outlined in the application

The most desirable alternative to maintain access to dialysis services in the underserved Englewood neighborhood and to address the conditions of the current facility is to relocate the 16-station Ross facility and add 8 stations to address the near capacity utilization. The cost of this project is \$6,221,598.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Clinic would continue to work in an inefficient space, at 94% capacity with no access to treatment schedules for new patients. Building conditions that are beyond repair may force closure.	Facility quality would remain above standards, however if access to treatment declines further patients could have more missed treatments lowering individual quality.	Patients would experience excessive transportation costs if forced to travel outside of market for services.
Relocate only the 16 current stations	\$5,871,598	Clinic would have sufficient physical space, however no access for new patients because of current utilization of 94%.	Facility quality would remain above standards, however if access to treatment declines further patients could have more missed treatments lowering individual quality.	Patients would experience excessive transportation costs if forced to travel outside of market for services.
Relocate the 16-station Ross facility and add eight stations.	\$6,221,598	Improved access in a safe and modern environment with ample parking allowing treatment shift availability.	Patient clinical quality would remain above standards. Patient satisfaction would improve with easier accessibility and a more modern facility.	The cost of relocation is necessary to keep dialysis services accessible in the Englewood neighborhood and to update to current standards. This is a cost only to Fresenius Kidney Care.

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

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

- 92% of patients had a URR \geq 65%
- 93% of patients had a Kt/V \geq 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	8,852 (24 Stations)	10,800 – 15,060 BGSF	None	Yes
Non-clinical	2,059	N/A	N/A	N/A

As seen in the chart above, the State Standard for ESRD is between 450 - 650 BGSF per station or 10,800 – 15,060 BGSF. The proposed 8,852 BGSF for the in-center hemodialysis space meets the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	94% March 2016 16 Stations		80%	Yes
YEAR 1	IN-CENTER HEMODIALYSIS	N/A	24 Stations	83%	Yes
YEAR 2	IN-CENTER HEMODIALYSIS	N/A	24 Stations	88%	Yes

The Fresenius Ross-Englewood facility was treating 90 patients at a utilization rate of 94% as of March 31, 2016 with 16 stations. Dr. Kennedy has identified an additional 68 patients who reside in the immediate Englewood facility who will be requiring dialysis services in the first two years after the relocation/expansion of the facility and will be referred there. After accounting for an estimated 30% patient attrition it is expected that at least 48 of these patients will utilize the Ross-Englewood facility.

This calculation does not account for the overwhelming number of patients whose first contact with the nephrologist is at the point of kidney failure determined in the emergency room.

Planning Area Need – Formula Need Calculation:

The proposed relocation site of Fresenius Medical Care Ross Dialysis - Englewood is located in the Englewood neighborhood of the City of Chicago in HSA 6. HSA 6 is comprised of the City of Chicago. According to the May 2016 Inventory there is a need for an additional 54 stations in this HSA.

2. Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to a Federally Designated Medically Underserved Area (MUA) in the Englewood neighborhood in the City of Chicago (HSA 6). 99% of the current Ross-Englewood patients and 100% of the pre-ESRD patients identified for the relocated and expanded facility reside in Chicago/HSA 6 as shown below.

Current Ross-Englewood Patients

City	Zip Code	Patients
Chicago	60473	1
Chicago	60609	3
Chicago	60615	4
Chicago	60617	2
Chicago	60619	3
Chicago	60620	15
Chicago	60621	21
Chicago	60628	4
Chicago	60629	5
Chicago	60636	17
Chicago	60637	6
Chicago	60649	5
Chicago	60652	1
Chicago	60653	2
Cicero	60804	1
Total		90

Pre-ESRD Patients

City	Zip Code	Patients
Chicago	60621	13
Chicago	60636	38
Chicago	60637	17
Total		68

Service Demand – Expansion of In-center Hemodialysis Service

A. Historical Service Demand

- i) Fresenius Medical Care Ross Dialysis - Englewood 16-station dialysis facility has been operating at an average utilization rate of 93% for the past 12 months and at 94% for the past two years. The clinic is at 94% utilization as of March 2016 with 16-stations and 90 patients.

See physician support/referral letter on following page and at Appendix 1.

ASSOCIATES IN NEPHROLOGY, S.C.
NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street
Chicago, Illinois 60661
(312) 654-2720

PAUL W. CRAWFORD, M.D., F.A.S.N.
AZZA S. SULEIMAN, M.D.
SATYA P. AHUJA, M.D., F.A.S.N.
MARIA I. SOBRERO, M.D.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
EDUARDO J. CREMER, M.D.
RICHARD HONG, M.D.
LO-KU CHIANG, M.D.
HARESH MUNI, M.D.
BOGDAN DERYLO, M.D., M.Sc.
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DONALD CRONIN, M.D.
SEJAL PATEL, M.D.
SUMANTH MULAMALLA, M.D.
MARCO PAGANI, M.D.
JAWAD MUNIR, M.D.

SUDESH K. VOHRA, M.D.
VIJAYKUMAR M. RAO, M.D., F.A.S.N.
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EDGAR V. LERMA, M.D., F.A.S.N.
RAMESH SOUNDARARAJAN, M.D., F.A.S.N.
NEETHA S. DHANANJAYA, M.D.
MARK P. LEISCHNER, M.D.
SREEDEVI CHITTINENI, M.D.
CHIRAG P. PATEL, M.D., F.A.S.N.
MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

June 21, 2016

Ms. Kathy Olson, Chairman
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am writing to convey my utmost support for the relocation and expansion of the Fresenius Medical Care Ross Dialysis – Englewood facility. I am a nephrologist in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Ross-Englewood facility. This facility is severely over utilized and combining that with the building's poor physical condition and undesirable location demands action to keep access to dialysis available to my patients in Englewood as well as providing for their physical safety.

The south Chicago area where I practice has a population that is economically and medically at risk. Englewood is an African American community where nearly half the residents are living below the poverty level. Hypertension and diabetes is rampant in this population resulting in End Stage Renal Disease. These high risk patients need additional access in their community to dialyze in a safe and more modern environment than the current Ross-Englewood facility can offer them.

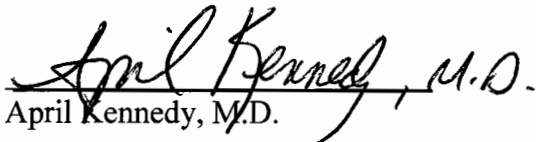
Over the past three years the AIN physicians in the facilities in this area at Fresenius Ross-Englewood, Evergreen Park and Roseland were treating 204 hemodialysis patients at the end of 2013, 206 patients at the end of 2014, 241 patients at the end of 2015, and 227 as of March 2016 as reported to The Renal Network.

Over the past twelve months AIN has referred 46 new patients for hemodialysis services to Fresenius Ross-Englewood, Evergreen Park and Roseland. I currently have 68 pre-ESRD patients that live in the immediate Englewood area who will require dialysis within 24 months of the relocation and expansion of the Ross-Englewood facility and will be referred there when necessary.

I respectfully ask the Board to approve the relocation and expansion of the Ross-Englewood facility to keep much needed dialysis services available in the Englewood neighborhood. Thank you for your consideration.

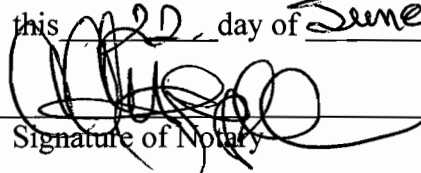
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,

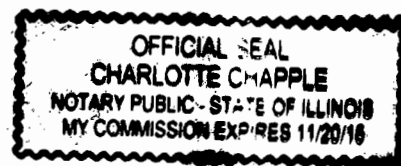

April Kennedy, M.D.

Notarization:

Subscribed and sworn to before me
this 20 day of June, 2016


Signature of Notary

Seal



**PRE-ESRD PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL
CARE ROSS DIALYSIS - ENGLEWOOD IN THE 1ST 2 YEARS (24 MONTHS)
AFTER PROJECT COMPLETION**

Zip Code	Pre-ESRD Patients
60621	13
60636	38
60637	17
Total	68

**NEW REFERRALS OF AIN FOR ENGLEWOOD AREA
05/2015 THROUGH 04/2016**

Zip Code	Fresenius Kidney Care			Total
	Evergreen Park	Roseland	Ross	
60419			1	1
60457	1			1
60472	1			1
60609			2	2
60617	1			1
60619			1	1
60620	2		7	9
60621			6	6
60628	1	3	2	6
60629			1	1
60632			2	2
60636			4	4
60637			2	2
60642	1			1
60643		1		1
60649	1		1	2
60652			1	1
60805	1			1
60827	1	1		2
Total	10	5	31	46

HEMODIALYSIS PATIENTS OF AIN FOR THE ENGLEWOOD AREA

Zip Code	Fresenius Evergreen Park				Fresenius Roseland				Fresenius Ross - Englewood			
	Dec-13	Dec-14	Dec-15	Mar-16	Dec-13	Dec-14	Dec-15	Mar-16	Dec-13	Dec-14	Dec-15	Mar-16
60110												1
60406	2	1	1	1								
60409	2	1										
60419	1	1	1	1							2	1
60426	1	1	1	1								
60438	1	1										
60453	1	1	1	1	1				1			
60457			1	1								
60459	1	1	1	1	1							
60472	1	1	1	1								
60473		1	1	1								
60477			1	1								
60605			1	1		1						
60609	1								2	2	2	3
60610			1									
60612									1			
60615	2	1	2	1					1	1	1	1
60616			1	1								
60617	2	2	5	3	1	1	2	1	4	3	5	2
60619	2	2	5	4	1				3	2		
60620	19	21	28	23					12	16	15	14
60621	3	1	2	2	1				19	19	23	24
60627						1	2	1				
60628	12	12	17	15	22	29	32	33	4	8	3	6
60629		1	1	1					2	3	4	2
60631									1			
60632												1
60636	4	2	1		1	1			15	20	19	15
60637									5	5	6	5
60643	11	12	16	18	12	8	6	7	1			
60644							1		1			
60649	1		3	3					7	3	2	2
60652	2	4	4	4								1
60653	1	2	3	3						1	1	1
60655	1	1	1	1								
60690		1	1	1								
60805	2	1	2	2	1	1	1	1				
60827	6	5	7	7	5	4	4	5				1
Total	79	77	110	99	46	46	48	48	79	83	83	80

Total All Clinics	2013	2014	2015	2016
	204	206	241	227

Service Accessibility – Service Restrictions

- The proposed Fresenius Ross Dialysis - Englewood facility will be located in HSA 6 in the Englewood neighborhood of Chicago, which is a Medically Underserved Area (MUA). According to the May 2016 station inventory there is a need for 54 stations in this HSA. This project is essentially a relocation of the Ross-Englewood facility and addition of 8 stations. Due to current station need in the HSA and high utilization of the facility there will be a positive impact on access to care in this market.
- While dialysis services are available in HSA 6, the State Board's inventory shows a need for an additional 54 stations. Existing problems at the Ross facility relate to the poor physical condition of the building, some of which is beyond repair, the isolated location in an area of high crime, area demographics/income and the clinics utilization rate of 94%.

Fresenius Ross-Englewood is located in one of the poorest neighborhoods in Chicago with one of the highest crime rates. The building, which does not have a proper design for a dialysis clinic, has physical plant issues that are beyond repair. Its location, at the end of a dead-end street surrounded by abandoned buildings, parking lots and the "L" tracks is an unsafe area for patients and staff, especially at night.

- Twenty one percent of the patients at the facility are Medicaid recipients and 57% Medicare. This is reflected in the statistics below of the Englewood neighborhood.

According to the 2000 U.S. Census

African American	98%
Individuals living below Poverty Level	42%
Utilize Public Transportation	40%

According to the 2014 American Community Survey

Food Stamp/Snap Benefits	49%
No Insurance Coverage	22%
Public Insurance Coverage	60%

- The proposed site in the Englewood Square development at the NW corner of W. 63rd Street and S. Halsted, will allow these patients the opportunity to dialyze in a newer, more aesthetic and most importantly safer environment, ease of access to a single story building and ample on-site parking. The relocated site along with the addition of 8 stations will alleviate the high utilization making access for new ESRD patients and greater treatment shift choice.

Facilities Within 30 Minutes Travel Time of Fresenius Ross-Englewood

Name	Address	City	MapQuest MILES	Adjusted MIN	X 1.25	Mar-16 Stations	3/30/2016 Patients	3/30/2016 Utilization
Fresenius Ross-Englewood	6333 S Green St	Chicago	0.59	2	2.5	16	90	93.75%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	1.93	4	5	22	105	79.55%
DaVita Emerald	710 W 43rd St	Chicago	2.63	6	7.5	24	116	80.56%
DaVita Woodlawn	5060 S State Street	Chicago	3.48	6	7.5	32	120	62.50%
Fresenius Marquette Park	6535 S Western Ave	Chicago	2.68	7	8.75	16	90	93.75%
Fresenius New City	4616 S Bishop	Chicago	2.96	7	8.75	16	0	0.00%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	3.01	7	8.75	12	66	91.67%
Fresenius Bridgeport	825 W 35th St	Chicago	3.58	8	10	27	134	82.72%
Fresenius Chatham	8643 S Holland Rd	Chicago	4.34	8	10	16	85	88.54%
DaVita Kenwood	4290 S Cottage Grove	Chicago	4.49	9	11.25	32	128	66.67%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	4	10	12.5	24	101	70.14%
Fresenius South Chicago	9200 S South Chicago Ave	Chicago	6.4	10	12.5	36	168	77.78%
Fresenius Southside	3134 W 76th St	Chicago	4.67	11	13.75	39	191	81.62%
Fresenius Beverly Ridge	9928 S. Vincennes	Chicago	4.71	11	13.75	16	0	0.00%
DaVita Beverly	8109 S Western Ave	Chicago	4.75	11	13.75	16	101	105.21%
Fresenius Greenwood	1111 E 87th St	Chicago	5.45	11	13.75	28	123	73.21%
Fresenius Prairie	1717 S Wabash Ave	Chicago	6.51	11	13.75	24	105	72.92%
DaVita Park Manor	95th & Colfax	Chicago	7.02	11	13.75	16	0	0.00%
DaVita Washington Heights	10620 S. Halsted Street	Chicago	7.2	11	13.75	16	0	0.00%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	5.1	12	15	12	66	91.67%
DaVita Loop	1101 S Canal St	Chicago	7.33	12	15	28	106	63.10%
Fresenius South Shore	2420 E 79th St	Chicago	7.25	13	16.25	16	67	69.79%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	6	14	17.5	32	158	82.29%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	6.22	15	18.75	30	157	87.22%
Fresenius Polk	557 W Polk St	Chicago	7.72	15	18.75	24	73	50.69%
Fresenius Roseland	132 W 111th St	Chicago	7.96	15	18.75	12	67	93.06%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	9.59	15	18.75	31	89	47.85%
U.S. Renal Scottsdale	4651 W 79th Pl	Chicago	6.52	16	20	36	145	67.13%
U of IL Hospital Dialysis	1859 W Taylor St	Chicago	8.86	16	20	26	-	-
Stroger - Cook County	1901 W Harrison St	Chicago	9.77	16	20	9	28	51.85%
Fresenius South Deering	10559 S Torrence Avenue	Chicago	10.4	16	20	20	39	32.50%
SAH Dialysis	3059 W 26th Street	Chicago	7.36	17	21.25	15	32	35.56%
DaVita West Side	1600 W 13th Street	Chicago	8.27	17	21.25	12	22	30.56%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	10.2	17	21.25	42	149	59.13%
Fresenius Blue Island	12200 Western Ave	Blue Island	10.7	17	21.25	28	120	71.43%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	10.7	17	21.25	16	123	128.13%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	11.4	17	21.25	30	130	72.22%
Fresenius Burbank	4811 W 77th Street	Burbank	7.13	18	22.5	26	135	86.54%
DaVita Little Village	2335 W Cermak Rd	Chicago	9.15	18	22.5	16	93	96.88%
Circle Medical Management	1426 W Washington Blvd	Chicago	9.52	18	22.5	27	106	65.43%
Fresenius Chicago	1806 W Hubbard Street	Chicago	10.3	18	22.5	12	64	88.89%
DaVita Lawndale	3934 W 24th Street	Chicago	11.6	18	22.5	12	85	118.06%
Fresenius Midway	6201 W 63rd St	Chicago	7.8	19	23.75	12	68	94.44%
Fresenius West Willow	1444 W Willow St	Chicago	11	19	23.75	20	36	30.00%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	11.6	19	23.75	24	112	77.78%
Mt Sinai Dialysis	2700 W 15th St	Chicago	12	19	23.75	16	88	91.67%
DaVita Stoney Creek	6246 W. 95th St	Oak Lawn	9.28	20	25	12	70	97.22%
DaVita Lincoln Park	2484 N Elston	Chicago	12	20	25	22	97	73.48%
Fresenius Lakeview	4008 N Broadway St	Chicago	14.6	20	25	14	52	61.90%
DaVita Calumet City	1200 Sibley Boulevard	Calumet City	15	20	25	16	0	0.00%
Fresenius Uptown	4720 N Marine Dr	Chicago	15.5	20	25	12	69	95.83%
Fresenius Humboldt Park	3520 W Grand Avenue	Chicago	13.2	21	26.25	34	0	0.00%
Fresenius Summit	7319 Archer Avenue	Summit	17.2	21	26.25	12	0	0.00%
DaVita Country Hills	4215 W 167th	Country Club Hills	18.1	21	26.25	24	76	52.78%
DaVita Garfield	3250 W Franklin Blvd	Chicago	12.7	22	27.5	16	111	115.63%
DaVita South Holland	16100 LaSalle Street	South Holland	17	22	27.5	24	121	84.03%
Fresenius Oak Forest	5340 W 159th St	Oak Forest	18	22	27.5	12	44	61.11%
DaVita Logan Square	2816 N Kimball	Chicago	14	23	28.75	28	127	75.60%
Fresenius Alsip	12250 S Cicero Ave	Alsip	14.7	23	28.75	20	104	86.67%
Concerto Dialysis	14255 S. Cicero Ave	Crestwood	16.9	23	28.75	9	20	37.04%
DaVita Harvey	16657 Halsted St	Harvey	19.9	23	28.75	18	67	62.04%
Fresenius West Metro	1044 N Mozart	Chicago	13.2	24	30	12	180	250.00%
Fresenius South Holland	17225 Paxton Ave	South Holland	17.9	24	30	24	96	66.67%

Above facilities in bold print are CON approved but not yet in operation.

**Pre-ESRD and Current Patients Identified for the relocated
Ross-Englewood Dialysis Center**

Current Ross-Englewood Patients

City	Zip Code	Patients
Chicago	60473	1
Chicago	60609	3
Chicago	60615	4
Chicago	60617	2
Chicago	60619	3
Chicago	60620	15
Chicago	60621	21
Chicago	60628	4
Chicago	60629	5
Chicago	60636	17
Chicago	60637	6
Chicago	60649	5
Chicago	60652	1
Chicago	60653	2
Cicero	60804	1
Total		90

Pre-ESRD Patients

City	Zip Code	Patients
Chicago	60621	13
Chicago	60636	38
Chicago	60637	17
Total		68



U. S. Department of Health & Human Services



Health Resources and Services Administration

Data Warehouse

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Find Shortage Areas by Address Results

Input address: 800 W. 63rd street, Chicago, Illinois
60621

Geocoded address: 800 W 63rd St, Chicago, Illinois,
60621

[Start Over](#)

HPSA Data as of 5/27/2016

MUA Data as of 5/27/2016

[\[+\] More about this address](#)

In a Dental Health HPSA: Yes

HPSA Name: Low Income - Chicago Midway East
ID: 6179991740

Designation Type: Hpsa Population

Status: Designated

Score: 18

Designation Date: 08/25/2000

Last Update Date: 12/31/2013

In a Mental Health HPSA: Yes

HPSA Name: West Englewood/Englewood
ID: 71799917E3

Designation Type: Hpsa Geographic

Status: Designated

Score: 19

Designation Date: 08/13/2007

Last Update Date: 05/15/2012



Click on the image to see an expanded map

In a Primary Care HPSA: Yes

HPSA Name: West Englewood/Englewood
ID: 1179991754

Planning Area Need – Service Accessibility
ATTACHMENT 26b-5

Designation Type: Hpsa Geographic

Status: Designated

Score: 17

Designation Date: 07/11/1978

Last Update Date: 04/17/2012

In a MUA/P: Yes

Service Area Name: Communities Asian-American Population

ID: 00801

Designation Type: Medically Underserved Population – Governor's Exception



Note: The address entered is geocoded and then compared against the HPSA and MUA/P data in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination. If you feel the result is in error, please refer to <http://answers.hrsa.gov>.

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Health Resources and Services Administration

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Find Shortage Areas: HPSA & MUA/P by Address

Reported location: 6333 S Green St, Chicago, Illinois, 60621

(---- Input location: 6333 s green street, chicago, Illinois 60621)

current site

In a Primary Care Health Professional Shortage Area: Yes	
Primary Care HPSA Name:	West Englewood/Englewood
Primary Care HPSA ID:	1179991754
Primary Care HPSA Status:	Designated
Primary Care HPSA Score:	17
Primary Care HPSA Designation Date:	1978/07/11
Primary Care HPSA Designation Last Update Date:	2012/04/17
In a Mental Health Professional Shortage Area: Yes	
Mental Health HPSA Name:	West Englewood/Englewood
Mental Health HPSA ID:	71799917E3
Mental Health HPSA Status:	Designated
Mental Health HPSA Score:	19
Mental Health HPSA Designation Date:	2007/08/13
Mental Health HPSA Designation Last Update Date:	2012/05/15
In a Dental Care Health Professional Shortage Area: Yes	
Dental Health HPSA Name:	Low Income - Chicago Midway East
Dental Health HPSA ID:	6179991740
Dental Health HPSA Status:	Designated
Dental Health HPSA Score:	18
Dental Health HPSA Designation Date:	2000/08/25
Dental Health HPSA Designation Last Update Date:	2013/12/31
In a Medically Underserved Area/Population: Yes [Additional result analysis]	
MUA/P Service Area Name:	Communities Asian-American Population
MUA/P ID:	00801
State Name: Illinois	
County Name: Cook	
County Subdivision Name: Chicago	
Census Tract Number: 681000 [Additional result analysis]	
ZIP Code: 60621	
Post Office Name: Chicago	
Congressional District Name: Illinois District 01	
Congressional District Representative Name: Bobby L. Rush	

Planning Area Need - Service Accessibility

ATTACHMENT 26b - 5

81



DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/doc/dpsf.pdf>.

Geography: ZCTA5 60621

Subject	Number	Percent
SEX AND AGE		
Total population	35,912	100.0
Under 5 years	2,813	7.8
5 to 9 years	2,752	7.7
10 to 14 years	3,049	8.5
15 to 19 years	3,548	9.9
20 to 24 years	2,878	8.0
25 to 29 years	2,387	6.6
30 to 34 years	2,105	5.9
35 to 39 years	1,921	5.3
40 to 44 years	1,961	5.5
45 to 49 years	2,399	6.7
50 to 54 years	2,437	6.8
55 to 59 years	2,003	5.6
60 to 64 years	1,491	4.2
65 to 69 years	1,081	3.0
70 to 74 years	963	2.7
75 to 79 years	850	2.4
80 to 84 years	664	1.8
85 years and over	610	1.7
Median age (years)	31.1	(X)
16 years and over	26,612	74.1
18 years and over	25,078	69.8
21 years and over	23,069	64.2
62 years and over	4,977	13.9
65 years and over	4,168	11.6
Male population	16,086	44.8
Under 5 years	1,422	4.0
5 to 9 years	1,412	3.9
10 to 14 years	1,545	4.3
15 to 19 years	1,726	4.8
20 to 24 years	1,308	3.6
25 to 29 years	954	2.7
30 to 34 years	894	2.5
35 to 39 years	735	2.0
40 to 44 years	804	2.2
45 to 49 years	1,055	2.9
50 to 54 years	1,108	3.1
55 to 59 years	925	2.6
60 to 64 years	674	1.9
65 to 69 years	468	1.3
70 to 74 years	356	1.0

75 to 79 years	305	0.8
80 to 84 years	221	0.6
85 years and over	174	0.5
Median age (years)	28.4	(X)
16 years and over	11,380	31.7
18 years and over	10,616	29.6
21 years and over	9,702	27.0
62 years and over	1,897	5.3
65 years and over	1,524	4.2
Female population	19,826	55.2
Under 5 years	1,391	3.9
5 to 9 years	1,340	3.7
10 to 14 years	1,504	4.2
15 to 19 years	1,822	5.1
20 to 24 years	1,570	4.4
25 to 29 years	1,433	4.0
30 to 34 years	1,211	3.4
35 to 39 years	1,186	3.3
40 to 44 years	1,157	3.2
45 to 49 years	1,344	3.7
50 to 54 years	1,329	3.7
55 to 59 years	1,078	3.0
60 to 64 years	817	2.3
65 to 69 years	613	1.7
70 to 74 years	607	1.7
75 to 79 years	545	1.5
80 to 84 years	443	1.2
85 years and over	436	1.2
Median age (years)	33.5	(X)
16 years and over	15,232	42.4
18 years and over	14,462	40.3
21 years and over	13,367	37.2
62 years and over	3,080	8.6
65 years and over	2,644	7.4
RACE		
Total population	35,912	100.0
One Race	35,589	99.1
White	220	0.6
Black or African American	35,157	97.9
American Indian and Alaska Native	74	0.2
Asian	39	0.1
Asian Indian	1	0.0
Chinese	5	0.0
Filipino	28	0.1
Japanese	1	0.0
Korean	0	0.0
Vietnamese	2	0.0
Other Asian [1]	2	0.0
Native Hawaiian and Other Pacific Islander	8	0.0
Native Hawaiian	2	0.0
Guamanian or Chamorro	5	0.0
Samoan	0	0.0
Other Pacific Islander [2]	1	0.0
Some Other Race	91	0.3

Two or More Races	323	0.9
White; American Indian and Alaska Native [3]	2	0.0
White; Asian [3]	1	0.0
White; Black or African American [3]	88	0.2
White; Some Other Race [3]	0	0.0
Race alone or in combination with one or more other races: [4]		
White	335	0.9
Black or African American	35,474	98.8
American Indian and Alaska Native	226	0.6
Asian	77	0.2
Native Hawaiian and Other Pacific Islander	27	0.1
Some Other Race	134	0.4
HISPANIC OR LATINO		
Total population	35,912	100.0
Hispanic or Latino (of any race)	395	1.1
Mexican	185	0.5
Puerto Rican	120	0.3
Cuban	15	0.0
Other Hispanic or Latino [5]	75	0.2
Not Hispanic or Latino	35,517	98.9
HISPANIC OR LATINO AND RACE		
Total population	35,912	100.0
Hispanic or Latino	395	1.1
White alone	88	0.2
Black or African American alone	200	0.6
American Indian and Alaska Native alone	5	0.0
Asian alone	2	0.0
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	71	0.2
Two or More Races	29	0.1
Not Hispanic or Latino	35,517	98.9
White alone	132	0.4
Black or African American alone	34,957	97.3
American Indian and Alaska Native alone	69	0.2
Asian alone	37	0.1
Native Hawaiian and Other Pacific Islander alone	8	0.0
Some Other Race alone	20	0.1
Two or More Races	294	0.8
RELATIONSHIP		
Total population	35,912	100.0
In households	35,295	98.3
Householder	12,136	33.8
Spouse [6]	1,744	4.9
Child	12,874	35.8
Own child under 18 years	7,643	21.3
Other relatives	6,304	17.6
Under 18 years	2,977	8.3
65 years and over	397	1.1
Nonrelatives	2,237	6.2
Under 18 years	173	0.5
65 years and over	127	0.4
Unmarried partner	944	2.6
In group quarters	617	1.7
Institutionalized population	351	1.0
Male	185	0.5

Female	166	0.5
Noninstitutionalized population	266	0.7
Male	124	0.3
Female	142	0.4
HOUSEHOLDS BY TYPE		
Total households	12,136	100.0
Family households (families) [7]	7,780	64.1
With own children under 18 years	3,618	29.8
Husband-wife family	1,744	14.4
With own children under 18 years	640	5.3
Male householder, no wife present	968	8.0
With own children under 18 years	327	2.7
Female householder, no husband present	5,068	41.8
With own children under 18 years	2,651	21.8
Nonfamily households [7]	4,356	35.9
Householder living alone	3,712	30.6
Male	1,680	13.8
65 years and over	512	4.2
Female	2,032	16.7
65 years and over	906	7.5
Households with individuals under 18 years	4,891	40.3
Households with individuals 65 years and over	3,432	28.3
Average household size	2.91	(X)
Average family size [7]	3.69	(X)
HOUSING OCCUPANCY		
Total housing units	16,904	100.0
Occupied housing units	12,136	71.8
Vacant housing units	4,768	28.2
For rent	1,773	10.5
Rented, not occupied	39	0.2
For sale only	342	2.0
Sold, not occupied	54	0.3
For seasonal, recreational, or occasional use	27	0.2
All other vacants	2,533	15.0
Homeowner vacancy rate (percent) [8]	9.4	(X)
Rental vacancy rate (percent) [9]	16.6	(X)
HOUSING TENURE		
Occupied housing units	12,136	100.0
Owner-occupied housing units	3,245	26.7
Population in owner-occupied housing units	9,561	(X)
Average household size of owner-occupied units	2.95	(X)
Renter-occupied housing units	8,891	73.3
Population in renter-occupied housing units	25,734	(X)
Average household size of renter-occupied units	2.89	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South



DP-3

Profile of Selected Economic Characteristics: 2000

Census 2000 Summary File 3 (SF 3) - Sample Data

NOTE: Data based on a sample except in P3, P4, H3, and H4. For information on confidentiality protection, sampling error, nonsampling error, definitions, and count corrections see <http://www.census.gov/prod/cen2000/doc/sf3.pdf>

Subject	ZCTA5 60621	
	Number	Percent
EMPLOYMENT STATUS		
Population 16 years and over	32,257	100.0
In labor force	15,162	47.0
Civilian labor force	15,162	47.0
Employed	11,338	35.1
Unemployed	3,824	11.9
Percent of civilian labor force	25.2	(X)
Armed Forces	0	0.0
Not in labor force	17,095	53.0
Females 16 years and over	18,476	100.0
In labor force	8,286	44.8
Civilian labor force	8,286	44.8
Employed	6,341	34.3
Own children under 6 years	4,549	100.0
All parents in family in labor force	2,717	59.7
COMMUTING TO WORK		
Workers 16 years and over	10,751	100.0
Car, truck, or van – drove alone	4,353	40.5
Car, truck, or van – carpooled	1,496	13.9
Public transportation (including taxicab)	4,347	40.4
Walked	302	2.8
Other means	63	0.6
Worked at home	190	1.8
Mean travel time to work (minutes)	43.7	(X)
Employed civilian population 16 years and over	11,338	100.0
OCCUPATION		
Management, professional, and related occupations	1,875	16.5
Service occupations	3,249	28.7
Sales and office occupations	3,615	31.9
Farming, fishing, and forestry occupations	8	0.1
Construction, extraction, and maintenance occupations	702	6.2
Production, transportation, and material moving occupations	1,889	16.7
INDUSTRY		
Agriculture, forestry, fishing and hunting, and mining	0	0.0
Construction	352	3.1
Manufacturing	1,072	9.5
Wholesale trade	209	1.8
Retail trade	1,069	9.4
Transportation and warehousing, and utilities	1,315	11.6
Information	177	1.6
Finance, insurance, real estate, and rental and leasing	820	7.2

	Number	Percent
Professional, scientific, management, administrative, and waste management services	1,022	9.0
Educational, health and social services	2,841	25.1
Arts, entertainment, recreation, accommodation and food services	1,074	9.5
Other services (except public administration)	705	6.2
Public administration	682	6.0
CLASS OF WORKER		
Private wage and salary workers	8,530	75.2
Government workers	2,400	21.2
Self-employed workers in own not incorporated business	386	3.4
Unpaid family workers	22	0.2
INCOME IN 1999		
Households	14,973	100.0
Less than \$10,000	4,715	31.5
\$10,000 to \$14,999	1,497	10.0
\$15,000 to \$24,999	2,605	17.4
\$25,000 to \$34,999	1,903	12.7
\$35,000 to \$49,999	1,908	12.7
\$50,000 to \$74,999	1,431	9.6
\$75,000 to \$99,999	512	3.4
\$100,000 to \$149,999	268	1.8
\$150,000 to \$199,999	55	0.4
\$200,000 or more	79	0.5
Median household income (dollars)	19,718	(X)
With earnings	9,458	63.2
Mean earnings (dollars)	32,700	(X)
With Social Security income	4,499	30.0
Mean Social Security income (dollars)	9,532	(X)
With Supplemental Security Income	2,422	16.2
Mean Supplemental Security Income (dollars)	6,451	(X)
With public assistance income	3,087	20.6
Mean public assistance income (dollars)	2,431	(X)
With retirement income	2,028	13.5
Mean retirement income (dollars)	15,630	(X)
Families	10,408	100.0
Less than \$10,000	2,792	26.8
\$10,000 to \$14,999	958	9.2
\$15,000 to \$24,999	1,969	18.9
\$25,000 to \$34,999	1,407	13.5
\$35,000 to \$49,999	1,404	13.5
\$50,000 to \$74,999	1,162	11.2
\$75,000 to \$99,999	419	4.0
\$100,000 to \$149,999	195	1.9
\$150,000 to \$199,999	41	0.4
\$200,000 or more	61	0.6
Median family income (dollars)	22,243	(X)
Per capita income (dollars)	9,617	(X)
Median earnings (dollars):		
Male full-time, year-round workers	26,903	(X)
Female full-time, year-round workers	26,182	(X)
POVERTY STATUS IN 1999 (below poverty level)		
Families	4,018	(X)
Percent below poverty level	(X)	38.6
With related children under 18 years	3,315	(X)
Percent below poverty level	(X)	47.2
With related children under 5 years	1,612	(X)
Percent below poverty level	(X)	53.4
Families with female householder, no husband present	2,935	(X)

	Number	Percent
Percent below poverty level	(X)	48.2
With related children under 18 years	2,594	(X)
Percent below poverty level	(X)	55.9
With related children under 5 years	1,279	(X)
Percent below poverty level	(X)	62.3
Individuals	19,576	(X)
Percent below poverty level	(X)	42.1
18 years and over	11,031	(X)
Percent below poverty level	(X)	36.5
65 years and over	1,645	(X)
Percent below poverty level	(X)	30.1
Related children under 18 years	8,485	(X)
Percent below poverty level	(X)	52.4
Related children 5 to 17 years	6,112	(X)
Percent below poverty level	(X)	51.2
Unrelated individuals 15 years and over	3,632	(X)
Percent below poverty level	(X)	50.7

(X) Not applicable.

Detailed Occupation Code List (PDF 42KB)

Detailed Industry Code List (PDF 46KB)

User note on employment status data

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P30, P32, P33, P43, P46, P49, P50, P51, P52, P53, P58, P62, P63, P64, P65, P67, P71, P72, P73, P74, P76, P77, P82, P87, P90, PCT47, PCT52, and PCT53



DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2010-2014 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60621			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	32,619	+/-1,426	32,619	(X)
Male	14,386	+/-734	44.1%	+/-1.6
Female	18,233	+/-1,020	55.9%	+/-1.6
Under 5 years	2,783	+/-358	8.5%	+/-1.0
5 to 9 years	2,485	+/-368	7.6%	+/-1.0
10 to 14 years	2,199	+/-349	6.7%	+/-1.0
15 to 19 years	3,041	+/-400	9.3%	+/-1.1
20 to 24 years	2,941	+/-381	9.0%	+/-1.1
25 to 34 years	4,154	+/-415	12.7%	+/-1.2
35 to 44 years	3,482	+/-352	10.7%	+/-1.0
45 to 54 years	4,060	+/-401	12.4%	+/-1.1
55 to 59 years	2,218	+/-293	6.8%	+/-0.9
60 to 64 years	1,635	+/-241	5.0%	+/-0.7
65 to 74 years	1,733	+/-192	5.3%	+/-0.6
75 to 84 years	1,325	+/-192	4.1%	+/-0.6
85 years and over	563	+/-141	1.7%	+/-0.4
Median age (years)	31.5	+/-1.4	(X)	(X)
18 years and over	23,423	+/-1,042	71.8%	+/-1.9
21 years and over	21,587	+/-939	66.2%	+/-1.8
62 years and over	4,469	+/-305	13.7%	+/-0.9
65 years and over	3,621	+/-253	11.1%	+/-0.8
18 years and over	23,423	+/-1,042	23,423	(X)
Male	9,982	+/-640	42.6%	+/-1.8
Female	13,441	+/-705	57.4%	+/-1.8
65 years and over	3,621	+/-253	3,621	(X)
Male	1,213	+/-174	33.5%	+/-4.0
Female	2,408	+/-208	66.5%	+/-4.0
RACE				
Total population	32,619	+/-1,426	32,619	(X)

	Estimate	Margin of Error	Percent	Percent Margin of Error
One race	32,274	+/-1,450	98.9%	+/-0.6
Two or more races	345	+/-194	1.1%	+/-0.6
One race	32,274	+/-1,450	98.9%	+/-0.6
White	597	+/-235	1.8%	+/-0.7
Black or African American	31,146	+/-1,459	95.5%	+/-1.3
American Indian and Alaska Native	126	+/-115	0.4%	+/-0.3
Cherokee tribal grouping	40	+/-50	0.1%	+/-0.2
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	83	+/-80	0.3%	+/-0.2
Asian Indian	58	+/-75	0.2%	+/-0.2
Chinese	0	+/-23	0.0%	+/-0.1
Filipino	12	+/-13	0.0%	+/-0.1
Japanese	0	+/-23	0.0%	+/-0.1
Korean	3	+/-6	0.0%	+/-0.1
Vietnamese	10	+/-20	0.0%	+/-0.1
Other Asian	0	+/-23	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	12	+/-17	0.0%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	0	+/-23	0.0%	+/-0.1
Other Pacific Islander	12	+/-17	0.0%	+/-0.1
Some other race	310	+/-228	1.0%	+/-0.7
Two or more races	345	+/-194	1.1%	+/-0.6
White and Black or African American	84	+/-73	0.3%	+/-0.2
White and American Indian and Alaska Native	0	+/-23	0.0%	+/-0.1
White and Asian	0	+/-23	0.0%	+/-0.1
Black or African American and American Indian and Alaska Native	126	+/-93	0.4%	+/-0.3
Race alone or in combination with one or more other races				
Total population	32,619	+/-1,426	32,619	(X)
White	739	+/-268	2.3%	+/-0.8
Black or African American	31,466	+/-1,430	96.5%	+/-1.1
American Indian and Alaska Native	277	+/-153	0.8%	+/-0.5
Asian	141	+/-123	0.4%	+/-0.4
Native Hawaiian and Other Pacific Islander	59	+/-78	0.2%	+/-0.2
Some other race	340	+/-227	1.0%	+/-0.7
HISPANIC OR LATINO AND RACE				
Total population	32,619	+/-1,426	32,619	(X)
Hispanic or Latino (of any race)	632	+/-281	1.9%	+/-0.9
Mexican	382	+/-236	1.2%	+/-0.7
Puerto Rican	133	+/-99	0.4%	+/-0.3
Cuban	43	+/-69	0.1%	+/-0.2
Other Hispanic or Latino	74	+/-61	0.2%	+/-0.2
Not Hispanic or Latino	31,987	+/-1,443	98.1%	+/-0.9
White alone	395	+/-197	1.2%	+/-0.6
Black or African American alone	31,037	+/-1,450	95.2%	+/-1.3
American Indian and Alaska Native alone	126	+/-115	0.4%	+/-0.3
Asian alone	76	+/-79	0.2%	+/-0.2
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1
Some other race alone	51	+/-71	0.2%	+/-0.2
Two or more races	302	+/-177	0.9%	+/-0.5
Two races including Some other race	5	+/-8	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	297	+/-177	0.9%	+/-0.5

Unnecessary Duplication/Maldistribution

Zip Codes Within 30 Minutes

ZIP Code	Population
60302	32,108
60304	17,231
60402	63,448
60406	25,460
60409	37,186
60419	22,788
60426	29,594
60428	12,203
60445	26,057
60452	27,969
60453	56,855
60455	16,446
60456	4,349
60459	28,929
60469	5,930
60472	5,930
60473	22,439
60477	38,161
60478	16,833
60501	11,626
60534	36,156
60601	11,110
60602	1,204
60603	493
60604	570
60605	24,668
60606	2,308
60607	23,897
60608	82,739
60609	64,906
60610	37,726
60611	28,718
60612	33,472
60613	48,281
60614	66,617
60615	40,603
60616	48,433
60617	84,155
60618	92,084
60619	63,825
60620	72,216
60621	35,912
60622	52,548
60623	92,108
60624	38,105
60628	72,202
60629	113,916
60632	91,326
60633	12,927
60636	40,916
60637	49,503
60638	55,026
60639	90,407
60640	65,790
60641	71,663
60642	18,480
60643	49,952
60644	48,648
60647	87,291
60649	46,650
60651	64,267
60652	40,959
60653	29,908
60654	14,875
60655	28,550
60657	65,996
60661	7,792
60803	22,285
60804	84,573
60805	19,852
60827	27,946
Total	2,906,096

1(A-B-C) The discontinuation/establishment of Fresenius Medical Care Ross Dialysis - Englewood and addition of 8 stations will not result in unnecessary duplication of services in the Englewood market. There is currently a need for 54 stations in the City of Chicago, HSA 6. Area facilities are operating at high utilization rates restricting access to dialysis services. The Ross-Englewood facility is currently at 94% utilization.

The Englewood neighborhood is a Federally Designated Medically Underserved Area/Population (MUA/P) based on the low income of residents and lack of healthcare resources. Maintaining dialysis services here by relocating the Ross facility to a more modern building in a safe location and adding stations will address the HSA station need and the lack of access in Englewood due to the facility's current high utilization. This project will not duplicate services, but will maintain access in an area of healthcare and economic limitations.

2)Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of the Ross facility is 1 station per 2,200 residents according to the 2010 census. The State ratio is 1 station per 2,974 residents (based on US Census projections for 2015 of 12,978,800 Illinois residents and March 2016 Board station inventory of 4,442). There is a higher number of stations available per capita in Englewood however the higher rates of ESRD here demonstrate need for access.

Englewood has one of the highest, if not the highest, rates of ESRD per capita than anywhere in the State. One out of every 192 residents suffers from End Stage Renal Disease (based on the 2010 U.S. Census Bureau population and the Renal Network 2010 ESRD census for zip code 60621. For comparison, the State of Illinois ratio for 2010 was 1 out of every 772 residents.

Although all facilities within thirty minutes travel time are not above the target utilization of 80%, the relocation and expansion of Fresenius Ross-Englewood will not create a maldistribution of services in regard to there being excess capacity. Clinics in the immediate Englewood market are operating at high utilization rates. This combined with a need for stations in the HSA, a higher prevalence of ESRD and the medically underserved status of Englewood indicate a need for access to dialysis in this market.

3) The relocation of Fresenius Medical Care Ross Dialysis - Englewood will not have an adverse effect on any other area ESRD provider, but will have a positive impact by maintaining access to dialysis services to a medically underserved area/population. The relocation of this facility will also ensure services will remain in this underserved neighborhood for years to come. It will also provide a location for the supporting nephrologists to establish a clinic to educate and treat those in the early stages of kidney disease.

Facilities within 30 Minutes Travel Time of Fresenius Ross Dialysis - Englewood

			MapQuest	Adjusted	Mar-16	3/30/2016	3/30/2016	
Name	Address	City	MILES	MIN	X 1.25	Stations	Patients	Utilization
Fresenius Ross-Englewood	6333 S Green St	Chicago	0.59	2	2.5	16	90	93.75%
Fresenius Garfield	5401 S Wentworth Ave	Chicago	1.93	4	5	22	105	79.55%
DaVita Emerald	710 W 43rd St	Chicago	2.63	6	7.5	24	116	80.56%
DaVita Woodlawn	5060 S State Street	Chicago	3.48	6	7.5	32	120	62.50%
Fresenius Marquette Park	6535 S Western Ave	Chicago	2.68	7	8.75	16	90	93.75%
Fresenius New City	4616 S Bishop	Chicago	2.96	7	8.75	16	0	0.00%
DaVita Grand Crossings	7319 S Cottage Grove Ave	Chicago	3.01	7	8.75	12	66	91.67%
Fresenius Bridgeport	825 W 35th St	Chicago	3.58	8	10	27	134	82.72%
Fresenius Chatham	8643 S Holland Rd	Chicago	4.34	8	10	16	85	88.54%
DaVita Kenwood	4290 S Cottage Grove	Chicago	4.49	9	11.25	32	128	66.67%
Fresenius Jackson Park	7531 S Stony Island Ave	Chicago	4	10	12.5	24	101	70.14%
Fresenius South Chicago	9200 S South Chicago Ave	Chicago	6.4	10	12.5	36	168	77.78%
Fresenius Southside	3134 W 76th St	Chicago	4.67	11	13.75	39	191	81.62%
Fresenius Beverly Ridge	9928 S. Vincennes	Chicago	4.71	11	13.75	16	0	0.00%
DaVita Beverly	8109 S Western Ave	Chicago	4.75	11	13.75	16	101	105.21%
Fresenius Greenwood	1111 E 87th St	Chicago	5.45	11	13.75	28	123	73.21%
Fresenius Prairie	1717 S Wabash Ave	Chicago	6.51	11	13.75	24	105	72.92%
DaVita Park Manor	95th & Cofax	Chicago	7.02	11	13.75	16	0	0.00%
DaVita Washington Heights	10620 S. Halsted Street	Chicago	7.2	11	13.75	16	0	0.00%
DaVita West Lawn	7000 S Pulaski Rd	Chicago	5.1	12	15	12	66	91.67%
DaVita Loop	1101 S Canal St	Chicago	7.33	12	15	28	106	63.10%
Fresenius South Shore	2420 E 79th St	Chicago	7.25	13	16.25	16	67	69.79%
DaVita Stony Island	8725 S Stony Island Ave	Chicago	6	14	17.5	32	158	82.29%
Fresenius Evergreen Park	9730 S Western Ave	Evergreen Park	6.22	15	18.75	30	157	87.22%
Fresenius Polk	557 W Polk St	Chicago	7.72	15	18.75	24	73	50.69%
Fresenius Roseland	132 W 111th St	Chicago	7.96	15	18.75	12	67	93.06%
Fresenius Chicago Westside	1340 S Damen Ave	Chicago	9.59	15	18.75	31	89	47.85%
U.S. Renal Scottsdale	4651 W 79th Pl	Chicago	6.52	16	20	36	145	67.13%
U of IL Hospital Dialysis	1859 W Taylor St	Chicago	8.86	16	20	26	-	-
Stroger - Cook County	1901 W Harrison St	Chicago	9.77	16	20	9	28	51.85%
Fresenius South Deering	10559 S Torrence Avenue	Chicago	10.4	16	20	20	39	32.50%
SAH Dialysis	3059 W 26th Street	Chicago	7.36	17	21.25	15	32	35.56%
DaVita West Side	1600 W 13th Street	Chicago	8.27	17	21.25	12	22	30.56%
Fresenius Northwestern	710 N Fairbanks Ct	Chicago	10.2	17	21.25	42	149	59.13%
Fresenius Blue Island	12200 Western Ave	Blue Island	10.7	17	21.25	28	120	71.43%
DaVita Mt. Greenwood	3401 W 111th St	Chicago	10.7	17	21.25	16	123	128.13%
Fresenius Congress Parkway	3410 W Van Buren St	Chicago	11.4	17	21.25	30	130	72.22%
Fresenius Burbank	4811 W 77th Street	Burbank	7.13	18	22.5	26	135	86.54%
DaVita Little Village	2335 W Cermak Rd	Chicago	9.15	18	22.5	16	93	96.88%
Circle Medical Management	1426 W Washington Blvd	Chicago	9.52	18	22.5	27	106	65.43%
Fresenius Chicago	1806 W Hubbard Street	Chicago	10.3	18	22.5	12	64	88.89%
DaVita Lawndale	3934 W 24th Street	Chicago	11.6	18	22.5	12	85	118.06%
Fresenius Midway	6201 W 63rd St	Chicago	7.8	19	23.75	12	68	94.44%
Fresenius West Willow	1444 W Willow St	Chicago	11	19	23.75	20	36	30.00%
Fresenius Merrionette Park	11650 S Kedzie Ave	Merrionette Park	11.6	19	23.75	24	112	77.78%
Mt Sinai Dialysis	2700 W 15th St	Chicago	12	19	23.75	16	88	91.67%
DaVita Stoney Creek	6246 W. 95th St	Oak Lawn	9.28	20	25	12	70	97.22%
DaVita Lincoln Park	2484 N Elston	Chicago	12	20	25	22	97	73.48%
Fresenius Lakeview	4008 N Broadway St	Chicago	14.6	20	25	14	52	61.90%
DaVita Calumet City	1200 Sibley Boulevard	Calumet City	15	20	25	16	0	0.00%
Fresenius Uptown	4720 N Marine Dr	Chicago	15.5	20	25	12	69	95.83%
Fresenius Humboldt Park	3520 W Grand Avenue	Chicago	13.2	21	26.25	34	0	0.00%
Fresenius Summit	7319 Archer Avenue	Summit	17.2	21	26.25	12	0	0.00%
DaVita Country Hills	4215 W 167th	Country Club Hills	18.1	21	26.25	24	76	52.78%
DaVita Garfield	3250 W Franklin Blvd	Chicago	12.7	22	27.5	16	111	115.63%
DaVita South Holland	16100 LaSalle Street	South Holland	17	22	27.5	24	121	84.03%
Fresenius Oak Forest	5340 W 159th St	Oak Forest	18	22	27.5	12	44	61.11%
DaVita Logan Square	2816 N Kimball	Chicago	14	23	28.75	28	127	75.60%
Fresenius Alsip	12250 S Cicero Ave	Alsip	14.7	23	28.75	20	104	86.67%
Concerto Dialysis	14255 S. Cicero Ave	Crestwood	16.9	23	28.75	9	20	37.04%
DaVita Harvey	16657 Halsted St	Harvey	19.9	23	28.75	18	67	62.04%
Fresenius West Metro	1044 N Mozart	Chicago	13.2	24	30	12	180	250.00%
Fresenius South Holland	17225 Paxton Ave	South Holland	17.9	24	30	24	96	66.67%

Above facilities in bold print are CON approved but not yet in operation.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. April Kennedy is currently the Medical Director for Fresenius Medical Care Ross Dialysis - Englewood and will continue to be the Medical Director after the relocation. Attached is her curriculum vitae.

B. All Other Personnel

Upon the discontinuation of the Ross facility and the establishment of the replacement Ross facility all staff will transfer to the new location and resume their current position. There will be no break in employment or work schedules as the facility will relocate on a Sunday when there are no patient treatments scheduled. This will include the following staff:

- Clinic Manager who is a Registered Nurse
- 2 Full-time Registered Nurses
- 9 Full-time Patient Care Technicians
- 1 Full-time Registered Dietitian
- 1 Full-time Licensed Master level Social Worker
- 1 Part-time Equipment Technician
- 1 Full-time Secretary
- 1 Part-time Secretary

After the relocation one more registered nurse and 1 more patient care technician will be hired.

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

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

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

CURRICULUM VITAE

APRIL R. KENNEDY, M.D.

Chicago, Illinois 60605

PERSONAL INFORMATION

DATE OF BIRTH:
PLACE OF BIRTH:
HOME NUMBER:
OFFICE NUMBER:

EDUCATION

July 1, 2006-June 30, 2008	Fellowship, Nephrology, University of Illinois at Chicago Chicago, IL
July 1, 2005-June 30, 2006	Chief Internal Medicine Resident, University of Illinois at Chicago Chicago, IL
June 24, 2002-June 30, 2005	Residency, Internal Medicine University of Illinois at Chicago Chicago, IL
September 3, 1998-June 9, 2002	Medical Degree, University of Chicago Pritzker School of Medicine Chicago, IL
August 15, 1994-May 8, 1998	B.S., Biology Xavier University of Louisiana New Orleans, LA

EXPERIENCE

August 1, 2008	Physician, Nephrologist Associates in Nephrology, S.C. 210 S. DesPlaines Street Chicago, IL
January 2010	Medical Director, Fresenius Medical Care Ross Dialysis Center-Englewood Chicago, IL

CURRICULUM VITAE, CONT.
APRIL R. KENNEDY, M.D.

CERTIFICATES

May 2005-December 2015

Diplomate in Internal Medicine
American Board of Internal Medicine
#265429

November 2008-December 2018

Diplomate in Nephrology
American Board of Internal Medicine
#265429

LICENSURE

Illinois Physician and Surgeon
Illinois Controlled Substance
Federal DEA

HONORS AND AWARDS

Chief Medical Resident, Ambulatory Care Services,
University of Illinois, 2005-2006
Dr. Charles E. Gavin Memorial Scholarship, 1999-2000
NIH Heart, Lung, Blood Institute Summer Research Award,
1999
Cook County Physicians Association Scholarship, 1999
Honorable Mention, Medical Student Summer Research
Training Program, 1998
Magna cum Laude, Graduate 1998
Honors in English Graduate, 1998
Alpha Epsilon Delta Pre-Medical Honor Society, 1996
Beta Beta Beta Biological Honor Society, 1996
Xavier University Academic Scholarship, 1994-1998
All American Collegiate Scholar, 1994

MEMBERSHIPS

National Kidney Foundation, 2007-
American Society of Nephrology, 2007-
Chicago Medical Society, 2001-2002
Illinois State Medical Society, 2008-
Renal Physicians Association, 2008-

RESEARCH

University of Illinois at Chicago, Section of Nephrology, Predictors of Severe Membranous Nephropathy,
Dr. Kalyani Perumal, 2007-
University of Illinois at Chicago, Section of Nephrology, Chronic Renal Insufficiency Cohort Study,
Dr. James Lash, 2003-2005
University of Illinois at Chicago, Section of Vascular Surgery, Inhibition of Vascular Smooth Muscle Cells in PTFE
Graft Material, Dr. James McKinsey, 1999
University of Chicago, Department of Medical Outcomes, Effective Screening for Alcoholism,
Dr. Peter Friedmann, 1998
University of Chicago, Department of Pathology, Time Frame for the Development of Atherosclerosis in
Knockout Mice, Dr. Catherine Reardon, 1997
Yale University School of Medicine, Department of Anesthesia, Hypoxia Regulates Human Vascular Smooth
Muscle Cell Proliferation, Dr. M. Eghbali-Webb, 1996

CURRICULUM VITAE, CONT.
APRIL R. KENNEDY, M.D.

COMMUNITY SERVICE

Female Health Liaison, Alain Locke Elementary School, 2006-2007
Health Educator, Various Community Fairs, 2001-2002
Health Educator, Washington Park Clinic, 1999-2002
Health Educator, Community Health Initiative, 1999-2002

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Medical Care Ross Dialysis - Englewood, I certify the following:

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



Signature

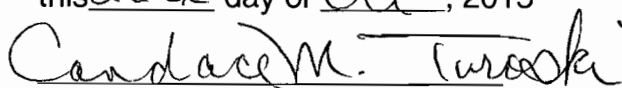
Teri Gurchiek

Printed Name

Regional Vice President

Title

Subscribed and sworn to before me
this 26th day of Oct, 2015



Signature of Notary

Seal



Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President of the Chicago Region of the North Division of Fresenius Medical Care North America. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

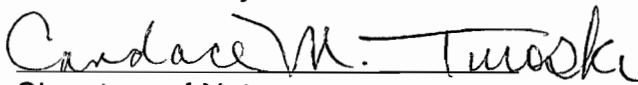
- Fresenius Medical Care utilizes a patient data tracking system in all of its facilities.
- These support services are available at Fresenius Medical Care Ross Dialysis - Englewood during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory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



Signature

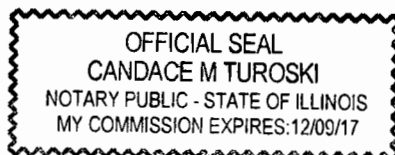
Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of Oct, 2015



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Medical Care Ross Dialysis - Englewood is located in the Chicago-Naperville-Joliet-Gary, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in an MSA. After relocation the facility will have 24 dialysis stations and thereby meeting this requirement.

AFFILIATION AGREEMENT

This AGREEMENT made as of this 30 day of Sept., 2009 ("Effective Date"),
between St. Bernard Hosp. hereinafter referred to as "Hospital") and
Ross Dialysis d/b/a Ross Dialysis (hereinafter referred to as
"BMA"). J. Englewood

WHEREAS, BMA desires to assure the availability of the Hospital's facilities for its patients who are in need of inpatient treatment at a hospital, in compliance with 42 C.F.R. 405.2160, and the Hospital is equipped and qualified to provide hospital care on an inpatient basis for such patients; and

WHEREAS, the Hospital desires to assure the availability of hemodialysis treatment for its patients who are in need of outpatient treatment, and BMA is experienced and qualified to administer dialysis treatments and clinically manage patients with chronic renal failure on an outpatient basis;

1. The Hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of BMA's patients. If, in the opinion of a member of BMA's medical staff, any patient requires emergency hospitalization, the Hospital agrees that it will provide a bed for such a patient (or in the event a bed is not available at the Hospital, to arrange for the transfer of the patient to an affiliated hospital) and furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at BMA, the responsible physician shall notify the patient's physician of record, as indicated in BMA's files, and shall promptly notify the Emergency Room physician of the particular emergency. BMA shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. There will be an interchange, within one working day, of the patient Long Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from BMA, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.
2. In the event the patient must be transferred directly from BMA to the Hospital, BMA shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.
3. BMA shall keep medical records of all treatments rendered to patients by BMA. These medical records shall conform to applicable standards of professional practice. If requested by the Hospital, BMA shall provide complete copies of all medical records of a patient treated by BMA who is, at the time of the request, an inpatient at the Hospital.

4. The Hospital shall accept any patient of BMA referred to the Hospital for elective reasons, subject to the availability of appropriate facilities, after the BMA attending physician has arranged for inpatient hospital physician coverage,
5. In addition to the services described above, the Hospital shall make the following services available to patients referred by BMA either at the Hospital or at an affiliated hospital:
 - a. Availability of a surgeon capable of vascular access insertion and long-term maintenance;
 - b. Inpatient care for any patient who develops complications or renal disease-related conditions that require hospital admission;
 - c. Kidney transplantation services, where appropriate, including tissue typing and cross-matching, surgical transplant capability, availability of surgeons qualified in the management of pre- and post-transplant patients; and
 - d. Blood Bank services to be performed by the Hospital.
6. BMA shall have no responsibility for any inpatient care rendered by the hospital. Once a patient has been referred by BMA to the Hospital, Hospital agrees to indemnify BMA against, and hold it harmless from any claims, expenses, or liability based upon or arising from anything done or omitted, or allegedly done or omitted, by the Hospital, its agents, or employees, in relation to the treatment or medical care rendered at the Hospital.
7. BMA agrees to develop, maintain and operate, in all aspects, an outpatient hemodialysis facility, providing all physical facilities, equipment and personnel necessary to treat patients suffering from chronic renal diseases. BMA shall conform to standards not less than those required by the applicable laws and regulations of any local, state or federal regulatory body, as the same may be amended from time to time. In the absence of applicable laws and regulations, BMA shall conform to applicable standards of professional practice. BMA shall treat such commitment as its primary responsibility and shall devote such time and effort as may be necessary to attain these objectives. Admission to BMA, and the continued treatment by BMA, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin. The cost of such facilities, equipment and personnel shall be borne by BMA.
8. The cost of such facilities, equipment and personnel shall be borne by BMA. The location of such facilities shall be selected by BMA, but shall be sufficiently close to the proximity to the Hospital to facilitate the transfer of patients, and communication between the faculties.

9. BMA shall engage a medical director of BMA's outpatient hemodialysis facility who shall have the qualifications specified in 42 C.F.R. 405.2102. This individual must be a physician properly licensed in the profession by the state in which such facility is located. In accordance with 42 C.F. R. 405.2162, BMA shall employ such duly qualified and licensed nurses, technicians, and other personnel as shall be necessary to administer treatment at its facility, in accordance with applicable local, state, and federal laws and regulations.
10. The Hospital, acting through its appropriate medical staff members, shall, from time to time, evaluate its patients with chronic renal failure in accordance with its standard operating procedures. With the approval of the patient, the patient's physician shall consult with the BMA Medical Director. If outpatient treatment is considered appropriate by the patient's physician and the BMA Medical Director, said patient may be referred to BMA for outpatient treatment at a facility operated by BMA which is most convenient for the patient (or, in the event space is not available, to an affiliated unit). There will be an interchange, within one working day, of the Patient Long-Term Program and Patient Care Plan, and of medical and other information necessary or useful in the care and treatment of patients referred to BMA from the Hospital, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities.
11. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or BMA shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.
12. BMA and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and BMA's Staff and Hospital staff and physicians, respectively, each having a combined single limit of not less than \$1,000,000 per occurrence, \$3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. BMA and Hospital further agree to maintain, for a period of not less than three (3) years following the termination of this Agreement, any insurance required hereunder if underwritten on a claims-made basis. Either party may provide for the insurance coverage set forth in this Section through self-insurance.
13. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

14. The Parties expressly agree to comply with all applicable patient information privacy and security regulations set for in the Health Insurance Portability and Accountability Act ("HIPAA") final regulations for Privacy of Individually Identifiable Health Information by the federal due date for compliance, as amended from time to time.
15. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

To the Hospital:

St. Bernard Hospital
326 W. 64th St.
Chicago, IL 60621
Attn: Mr. Roland Abellera

To BMA:

With a copy to:

Ross Dialysis-Englewood
6333 So. Green St.
Chicago, IL 60621
Attn: Administrator Claudia Pittman

c/o Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451
Attn: Corporate Legal Department

16. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.
17. This Agreement including any exhibits, schedules or other attachments which are incorporated herein by reference and made a part hereof may not be amended, modified or shall be binding unless agreed to in a written instrument signed by both parties.
18. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns.

19. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State where BMA is located, without respect to its conflicts of law rules.

20. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

21. The parties agree to cooperate with each other in the fulfillment of their respective obligations under the terms of this Agreement and to comply with the requirements of the law and with all applicable ordinances, statutes, regulations, directives, orders, or other lawful enactments or pronouncements of any federal, state, municipal, local or other lawful authority.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date above written.

Hospital:

St Bernard

Bio-Medical Applications of

FMS Ross Dialysis, Inc.

By:

Jo O'Hea

Name:

Jo O'Hea

Title:

Administrator

By:

Claudia Pittman

Name:

Claudia Pittman

Title:

Clinical Manager

RELOCATION OF FACILITIES

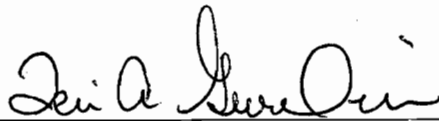
- 1) The existing Fresenius Ross Dialysis - Englewood facility has been operating at an average utilization rate of 94% for the past two years, thereby meeting the utilization target for relocations. The facility is at 94% utilization as of March 2016.
- 2) Most importantly, relocating the 16-station Ross facility will maintain access to dialysis services for a medically underserved patient population residing in an economically challenged neighborhood with high crime rates. The new building will give patients a more modern facility that that will meet Fresenius facility standards. It will also have easier access with improved parking. Patient/staff physical safety concerns will also be met by continuing to serve this patient population in a more visible and therefore safer location.

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President of the Chicago Region of the West Division of Fresenius Medical Care North America. In accordance with 77 II. Admin Code 1110.1430, and with regards to Fresenius Medical Care Ross Dialysis - Englewood, I certify the following:

1. As supported in this application through expected referrals to Fresenius Medical Care Ross-Dialysis Englewood in the first two years of operation at the relocated site, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care Ross Dialysis - Englewood hemodialysis patients have achieved adequacy outcomes of:
 - o 95% of patients had a URR \geq 65%
 - o 95% of patients had a Kt/V \geq 1.2

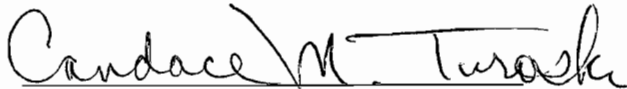
and same is expected for the relocated facility.



Signature

Teri Gurchiek/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 26th day of Oct, 2015



Signature of Notary

Seal



Englewood Square Development Partners, LP
1050 E 95th St.
Chicago, Illinois 60619
Office: 773-721-3400
Fax: 773-721-3500
www.engagewoodsquare.com

June 17, 2016

Loren N. Guzik
Senior Director | Brokerage Services
Cushman & Wakefield of Illinois, Inc.
200 South Wacker Drive
Suite 2800
Chicago, IL 60606

RE: Letter of Intent – Fresenius Medical Care of Illinois Proposed Lease of Space at Englewood Square located at the NWC of 63rd St and Halsted St., Chicago, IL. (the “Shopping Center”).

Dear Mr. Guzik:

Englewood Square Development Partners, LP (“Landlord”) submits the following proposal to lease retail space at the Shopping Center. This proposal is subject to final review and approval by Landlord's lenders. The terms and conditions of the proposed lease are as follows:

LANDLORD:	Englewood Square Development Partners, LP
TENANT:	Fresenius Medical Care Chicagoland, LLC
SHOPPING CENTER:	The Shopping Center commonly known as Englewood Square located at the NWC of 63 rd St and Halsted St., Chicago, IL, which is legally described on Exhibit A attached hereto.
PREMISES:	The Premises will consist of approximately 10,911 square feet of retail space in the location on the site plan attached as Exhibit B . Tenant may verify the actual size of the Premises upon delivery of possession in accordance with industry standard measurement methodology.
USE:	<p>Tenant will have the right to use the Premises as a dialysis health center. Landlord represents that this permitted use does not violate and is not violated by any use restriction affecting the Shopping Center.</p> <p>Tenant shall not do, or permit to be done, anything in or about the Premises which in any way constitutes a “Prohibited Use” as specified in Exhibit D, or violates an exclusive use granted to any other tenant in the Shopping Center. See Exhibit D.</p>
EXCLUSIVE:	<p>Landlord will not lease space in the Shopping Center to any other tenant for the operation of a dialysis health center.</p> <p>Notwithstanding the foregoing, Tenant's Exclusive Use shall not apply to Whole Foods Market Chipotle, or Starbucks.</p>
LEASE TERM:	The lease term will consist of a ten (10) year initial term, with two five (5) year renewal terms. Tenant will give Landlord 180 day's prior written notice of its election to renew the term.
BASE RENT:	\$24.00 psf NNN with 2% annual increases.

ATTACHMENT 36

	Base rent includes all charges other than taxes, insurance and common area maintenance expenses.								
SECURITY DEPOSIT:	One months' rent.								
LEASE CONTINGENCY:	<p>The Lease is conditioned upon Tenant's receipt of a Certificate of Need for the relocation of existing Englewood dialysis clinic pursuant to Illinois Health Services board approval. Satisfaction of this condition must occur on or before August 1, 2016.</p> <p>The Lease is also conditioned upon the "buy out" of the current tenant lease with Oak Street Health. Satisfaction of this condition must occur on or before November 1, 2016.</p>								
TENANT IMPROVEMENT ALLOWANCE	None								
COMMON AREA MAINTENANCE, TAXES AND INSURANCE:	<p>Tenant will pay its pro rata share of Landlord's actual, reasonable, auditable, and out-of-pocket costs for real estate taxes, insurance, and common area maintenance (CAM) based on the leasable area of the Premises compared to the total leasable area of the Shopping Center</p> <p>Tenant's proportionate share of real estate taxes, insurance, and CAM for the first full calendar year is estimated at:</p> <table> <tr> <td>Real estate taxes:</td><td>\$4.00</td></tr> <tr> <td>CAM:</td><td>\$5.50</td></tr> <tr> <td>Insurance:</td><td>\$0.50</td></tr> <tr> <td>Total:</td><td>\$10.00</td></tr> </table> <p>Tenant's Proportionate Share 23.06%</p>	Real estate taxes:	\$4.00	CAM:	\$5.50	Insurance:	\$0.50	Total:	\$10.00
Real estate taxes:	\$4.00								
CAM:	\$5.50								
Insurance:	\$0.50								
Total:	\$10.00								
RENT COMMENCEMENT:	The Rent Commencement Date will be the date that is the earlier of (i) the date Tenant opens for business to the public at the Premises, and (ii) 90 days after the Turnover Date. Based on the Scheduled Turnover Date, defined below, Rent Commencement will be March 1, 2016								
TURNOVER DATE:	<p>The Scheduled Turnover Date is January 1, 2016.</p> <p>The Turnover Date will not occur until Landlord delivers possession of the Premises to Tenant free and clear of all tenancies. The space will be delivered in "as is" condition.</p> <p>The Rent Commencement Date will be postponed by an additional day for each day after the Scheduled Turnover Date that the Turnover Date is delayed.</p>								
CONDITION OF THE PREMISES	Landlord shall deliver the Premises in "as is" condition which is described in the attached Exhibit C . Tenant shall be solely responsible for the costs of constructing Tenant's initial improvements.								
OPERATION AND MAINTENANCE:	Landlord will operate, repair and maintain the Shopping Center and will maintain customary property damage and commercial general liability insurance. Landlord is responsible for all structural conditions of the Shopping Center and Premises, including, but not limited to the roof, and building façade, sidewalks, lighting, landscaping, parking lots, and common areas. All expenditures for such repair and maintenance shall be part of the costs and expenses of operating and								

	maintaining the common areas of the Shopping Center.
COMMON AREAS:	<p>Tenant will have a nonexclusive right to use the common areas, parking lots, appurtenances and easements to support its intended use of the Premises and will have access to such portions of the Shopping Center outside the Premises as are necessary to enable it to exercise its rights under the Lease.</p> <p>Provided, however, Tenant shall not park, nor permit its employees, customers, invitees or agents to park, in the area designated for Whole Foods Market as depicted on Exhibit B.</p>
LANDLORD WORK:	<p>Landlord will deliver the premises in "as is" condition more fully described in Exhibit C.</p> <p>Landlord will provide Tenant with construction drawings of the Premises within five (5) business days after execution of this Letter of Intent.</p> <p>If requested by Tenant, warranties for all improvements including but not limited to mechanical, electrical and plumbing systems will be assigned and provided to Tenant.</p>
HAZARDOUS MATERIALS:	<p>Landlord will remove any hazardous materials as required for issuance of the Final NFR. Landlord will also represent that the Premises and the Shopping Center are in compliance with the Final NFR. Landlord will indemnify, defend and hold harmless Tenant from any and all losses, claims, liabilities, and damages arising out of or relating to a violation of this covenant and representation, excepting any violation that is the result of Tenant's willful or negligent act or omission.</p>
ASSIGNMENT AND SUBLETTING:	<p>Tenant shall not assign, transfer, mortgage or otherwise encumber all or any part of Tenant's interest in this Lease or in the Premises, and shall not sublet or license all or any part of the Premises, without the prior written consent of Landlord in each instance. Any attempted assignment, transfer, mortgage, encumbrance, sublet or license without such consent shall be wholly void.</p> <p>No sublet or assignment, even with the consent of Landlord, shall relieve Tenant of its obligations to pay the Rent and to perform all of the other obligations to be performed by Tenant hereunder. The acceptance of rent by Landlord from any other person shall not be deemed to be a waiver by Landlord of any provision of this Lease or to be a consent to any assignment, subletting or other transfer. Consent to one assignment, subletting or other transfer shall not be deemed to constitute consent to any subsequent assignment, subletting or other transfer. Tenant shall pay to Landlord a \$500 assignment fee and any costs (including attorney's fees) incurred by Landlord in order for Landlord to review any request for permission to assign or sublease.</p>
SIGNAGE:	<p>Tenant will install in and on the Premises its standard sign(s) package as approved by Landlord. Tenant will also have the right at no additional rent to place its sign on any monument/pylon sign.</p> <p>Within 30 days prior to opening for business and during 30 days after opening, Tenant will also be permitted to hang its pre-opening banners, including, but not limited to "Coming Soon", "Now Hiring" and "Finally Open".</p> <p>Tenant will submit sign elevations to Landlord for reasonable approval prior to or concurrent with lease execution.</p> <p>Notwithstanding the foregoing, Tenant shall comply with the Landlord's Signage</p>

	Criteria attached hereto as <u>Exhibit E</u> .
ALTERATION AND TRADE DRESS:	<p>Tenant may construct Landlord approved initial improvements in the Premises, so long as it complies with applicable law and Tenant's then existing design and signage program. Landlord will have approval rights with respect to aspects of Tenant's construction that affect building-wide systems or structural items.</p> <p>Throughout the term, Tenant may make such interior, non-structural alterations, improvements and additions to the Premises including, without limitation, changing color schemes and signage, installing new countertops, flooring, wall covering and modifying the layout of Tenant's fixtures, as Tenant deems necessary or desirable, so long as such alterations do not exceed \$20,000.00, unless Landlord approves in writing.</p> <p>All personal property, furnishings, machinery and trade fixtures, equipment and improvements that Tenant installs in the Premises will remain the property of Tenant. Upon the termination or expiration of the Term, Tenant shall remove such property and such other items and structural characteristics that are indicative of Tenant's brand and otherwise "de-identify" the Premises. Tenant shall repair any damage to the Premises caused by such removal.</p>
UTILITIES:	<p>Landlord shall provide to the Premises adequate utilities required for Tenant's permitted use (including water, sewer, gas, electricity, including electricity for lighting, HVAC, and fire equipment) and separate meters for all such utilities, provided, however, water shall not be separately metered. To the extent that utilities are not separately metered, Tenant shall pay its pro-rata share of utility expenses.</p> <p>Tenant shall pay to Landlord, on a monthly basis, Landlord's monthly estimate of submeter water chargers, which Landlord may adjust quarterly.</p>
TRASH REMOVAL:	Landlord will provide Tenant with a suitable dumpster location sufficient to adequately service the Premises.
RADIUS RESTRICTION:	1 mile. Tenant shall not open another Fresenius Dialysis Center within 1 mile of the Shopping Center.
CONTINUOUS OPERATIONS:	Tenant agrees to operate at least eight (8) hours per day Monday through Friday, during the Lease Term.
NEW MARKETS TAX CREDITS COMPLIANCE	Tenant acknowledges that Landlord has utilized New Markets Tax Credit financing to allow development of the Shopping Center and Tenant hereby agrees to the terms and conditions as specified in Exhibit F attached hereto.
LEASE FORM:	Landlord's standard lease form
BROKER:	<p>Cushman & Wakefield of Illinois, Inc. shall be entitled to a brokerage commission who will be paid by Landlord pursuant to the listing agreement executed with Landlord.</p> <p>Both Landlord and Tenant warrant that no other brokers are involved in this transaction. The parties shall indemnify each other from and against any claims by any 3rd party brokers not identified above.</p>

If the terms outlined in this proposal are acceptable to you, please sign a copy of this letter below under "Agreed and Accepted" and return it to Englewood Square Development Partners, LP.

ATTACHMENT 36

Except for the provisions set forth below, this letter of intent is not intended to be a binding lease agreement between Landlord and Tenant, and there will be no binding agreement to lease unless and until such time as Landlord and Tenant have executed a formal, definitive lease containing the terms set forth herein and such other terms as are mutually acceptable to the parties.

Sincerely,

DRAFT

Leon I. Walker

AGREED AND ACCEPTED TO AS OF 6/23/16.

By: Fresenius Medical Care of Illinois, LLC

Signature: Teri Gurchiek

Name: Teri Gurchiek

Title: Regional Vice President

Criterion 1120.310 Financial Viability

Financial Viability Waiver

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

2014 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #15-022, Fresenius Medical Care Blue Island. 2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

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. Foot.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)
ESRD		167.50			8,852			1,482,710
Contingency		16.10			8,852			142,517
Total Clinical		183.60			8,852			1,625,227
Non Clinical		167.50			2,059			344,883
Contingency		16.10			2,059			33,150
Total Non		183.60			2,059			378,033
TOTALS		\$183.60			10,911			2,003,260

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2018

Estimated Personnel Expense:	\$1,058,000
Estimated Medical Supplies:	\$228,275
Estimated Other Supplies (Exc. Dep/Amort):	\$1,299,500
	<u>\$2,585,775</u>
Estimated Annual Treatments:	11,500
Cost Per Treatment:	\$224.85
Estimated Personnel Expense:	\$1,058,000

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2018

Depreciation/Amortization:	\$240,000
Interest	\$0
Capital Costs:	<u>\$240,000</u>
Treatments:	11,500
Capital Cost per Treatment	\$20.87

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Ross Dialysis - Englewood, LLC

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

By: *Dei A. Sullivan*

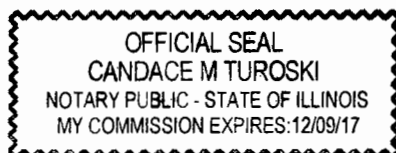
Title: Regional Vice President

Notarization:

Subscribed and sworn to before me
this 26th day of Oct, 2015

Candace M. Turosski
Signature of Notary

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

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

By: Bryan Mello
Title: Bryan Mello
Assistant Treasurer

By: Mark Fawcett
Title: Mark Fawcett
Senior Vice President & Treasurer

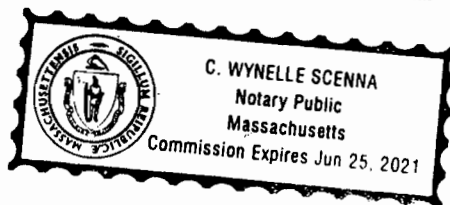
Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

Notarization:
Subscribed and sworn to before me
this 27 day of Oct, 2015

Signature of Notary C Wynelle Scenna Signature of Notary

Seal

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Ross Dialysis - Englewood, LLC

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

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

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

By: *Dei A. [Signature]*

ITS: Regional Vice President

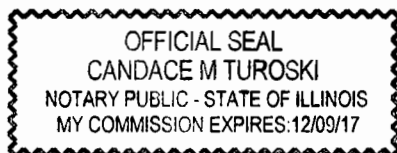
Notarization:

Subscribed and sworn to before me
this 26th day of Oct, 2015

Candace M. Turosski

Signature of Notary

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

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

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

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

By: B. Mello
ITS: Bryan Mello
Assistant Treasurer

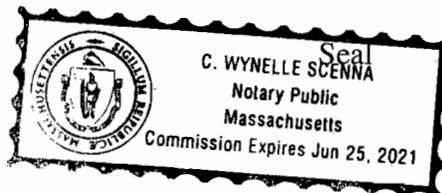
By: [Signature]
ITS: Mark Fawcett
Senior Vice President & Treasurer

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2015

Notarization:
Subscribed and sworn to before me
this 27 day of Oct, 2015

Signature of Notary C Wynelle Scenna Signature of Notary

Seal



Safety Net Impact Statement

The relocation of the Fresenius Medical Care Ross – Dialysis Englewood facility, to a location 2 minutes away, will not have any impact on safety net services in Chicago. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid for ESRD or insurance on the Healthcare Marketplace. Also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

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

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

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

CHARITY CARE			
	2013	2014	2015
Net Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Charity *			
(# of self-pay patients)	499	251 ¹	195 ²
Charity (cost in dollars)	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	1,660	750	396 ³
Medicaid (revenue)	\$31,373,534	\$22,027,882	\$7,310,484
Ratio Medicaid to Net Patient Revenue	7.87%	5.35%	1.67%

Note:

- 1) Charity (self-pay) patient numbers decreased however treatments were higher per patient resulting in similar costs as 2013.
- 2) Charity (self-pay) patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 3) Medicaid number of patients is decreasing as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. Patients who cannot afford the premiums have them paid by the American Kidney Fund.

Charity Care Information

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

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

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

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

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$398,570,288	\$411,981,839	\$438,247,352
Amount of Charity Care (charges)	\$5,346,976	\$5,211,664	\$2,983,427
Cost of Charity Care	\$5,346,976	\$5,211,664	\$2,983,427
Ratio Charity Care Cost to Net Patient Revenue	1.34%	1.27%	0.68%

Fresenius Medical Care North America - Community Care

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

American Kidney Fund

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

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

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

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services. In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

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

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

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

IL Medicaid and Undocumented patients

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

emergency.

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

FMCNA Collection policy

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

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

Medicare and Medicaid Eligibility

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

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

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

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

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

Self-Pay

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

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



Notes

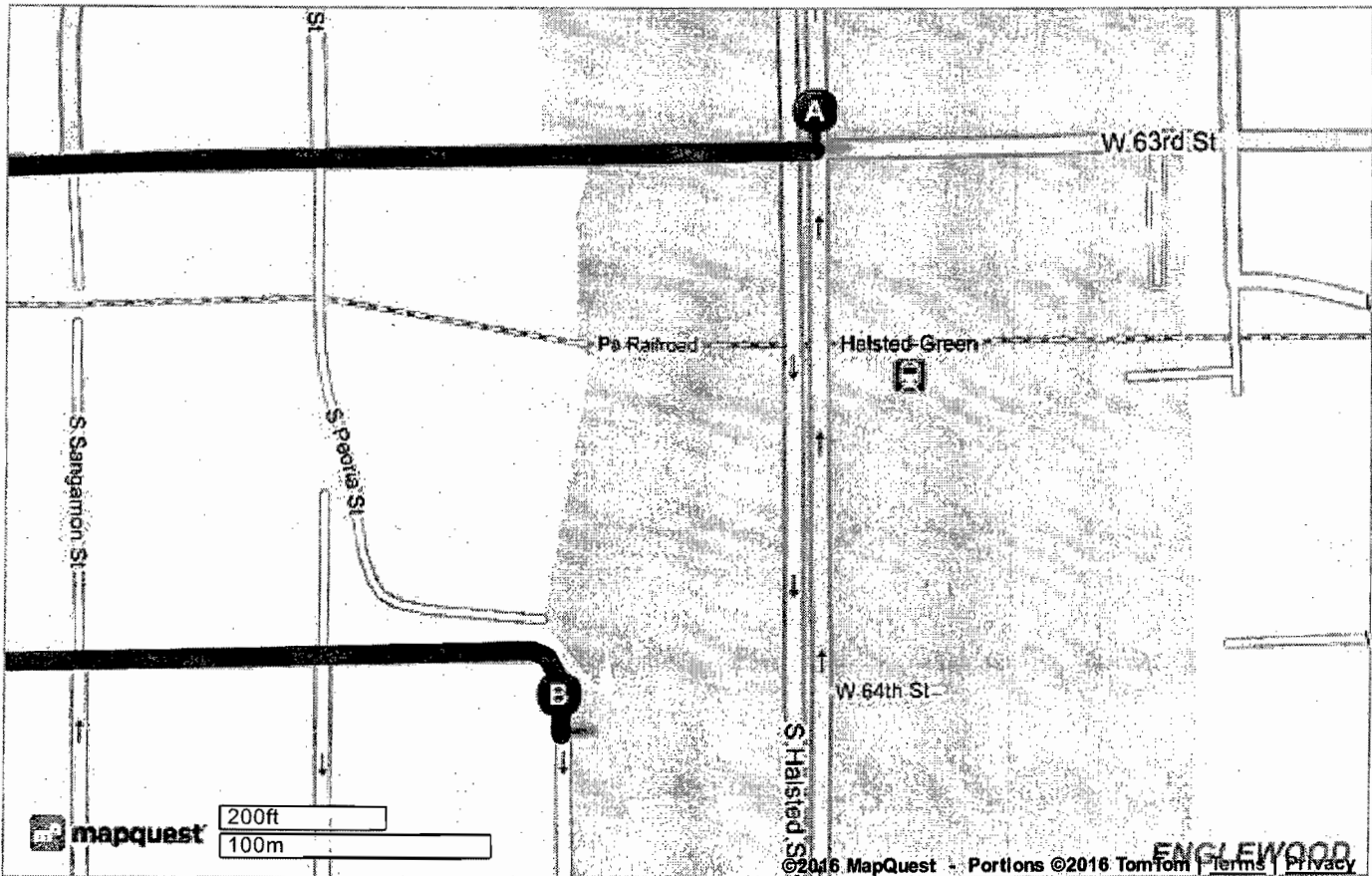
TO FRESNIUS MEDICAL CARE ROSS DIALYSIS -
ENGLEWOOD (CURRENT SITE)

Trip to:

6333 S Green St

Chicago, IL 60621-1921

0.59 miles / 2 minutes



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Notes

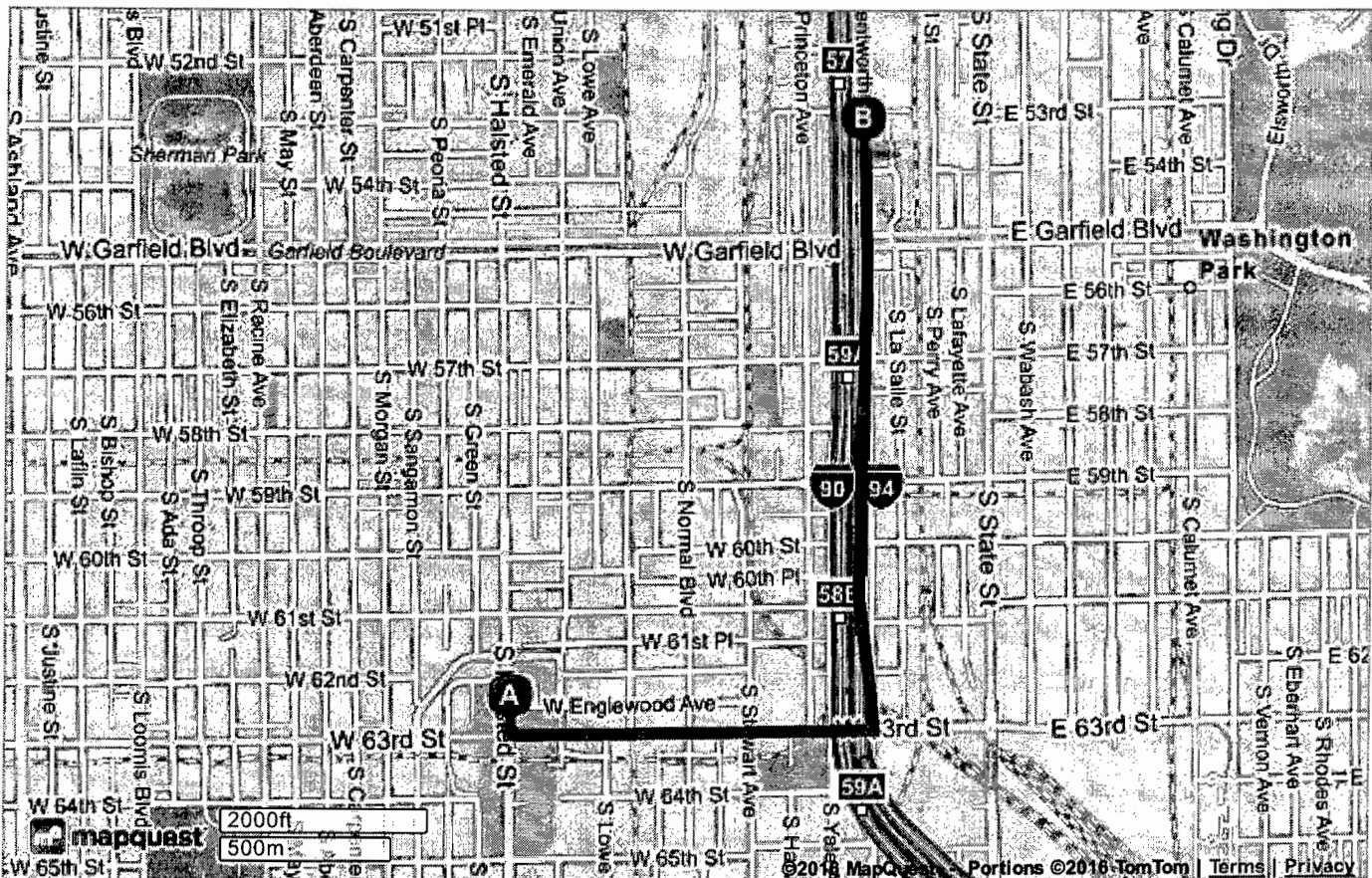
TO FRESenius MEDICAL CARE GARFIELD

Trip to:

5401 S Wentworth Ave

Chicago, IL 60609-6300

1.93 miles / 4 minutes



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Notes

TO DAVITA EMERALD DIALYSIS

Trip to:

710 W 43rd St

Chicago, IL 60609-3435

2.63 miles / 6 minutes



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Notes

TO DAVITA WOODLAWN DIALYSIS

Trip to:

5060 S State St

Chicago, IL 60609-5328

3.48 miles / 6 minutes



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Trip to:

6535 S Western Ave

Chicago, IL 60636-2410

2.68 miles / 7 minutes

Notes

TO FRESNIUS MEDICAL CARE MARQUETTE PARK



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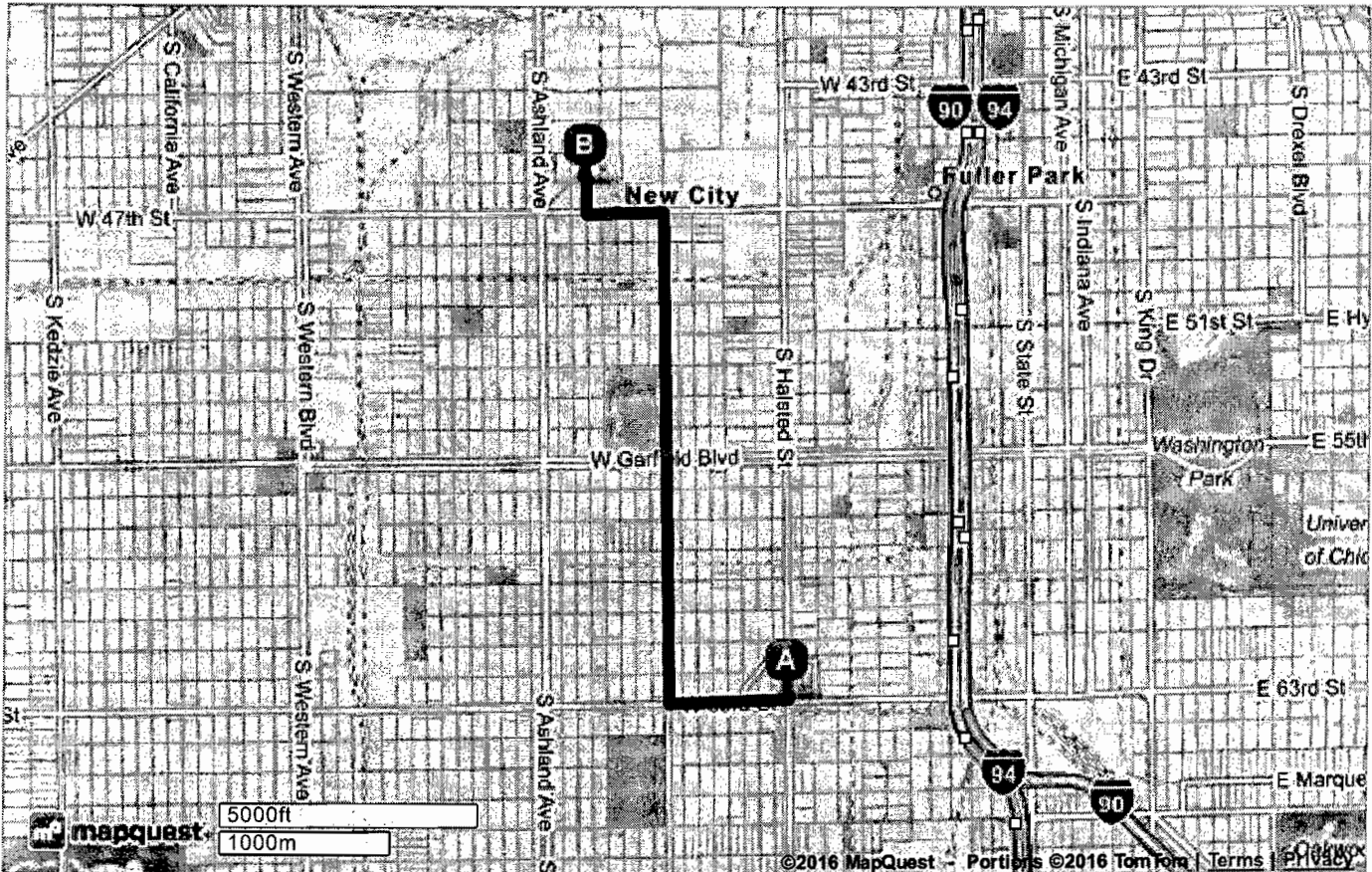
W 46th St & S Bishop St

Chicago, IL 60609

2.96 miles / 7 minutes

Notes

TO FRESNIUS MEDICAL CARE NEW CITY



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Trip to:
7319 S Cottage Grove Ave
Chicago, IL 60619-1909
3.01 miles / 7 minutes

Notes

TO DAVITA GRAND CROSSINGS DIALYSIS



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Trip to:
825 W 35th St
 Chicago, IL 60609-1511
 3.58 miles / 8 minutes

Notes

TO FRESNIUS MEDICAL CARE BRIDGEPORT



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Notes

TO FRESINIUS MEDICAL CARE CHATHAM

Trip to:
8643 S Holland Rd
Chicago, IL 60620
4.34 miles / 8 minutes



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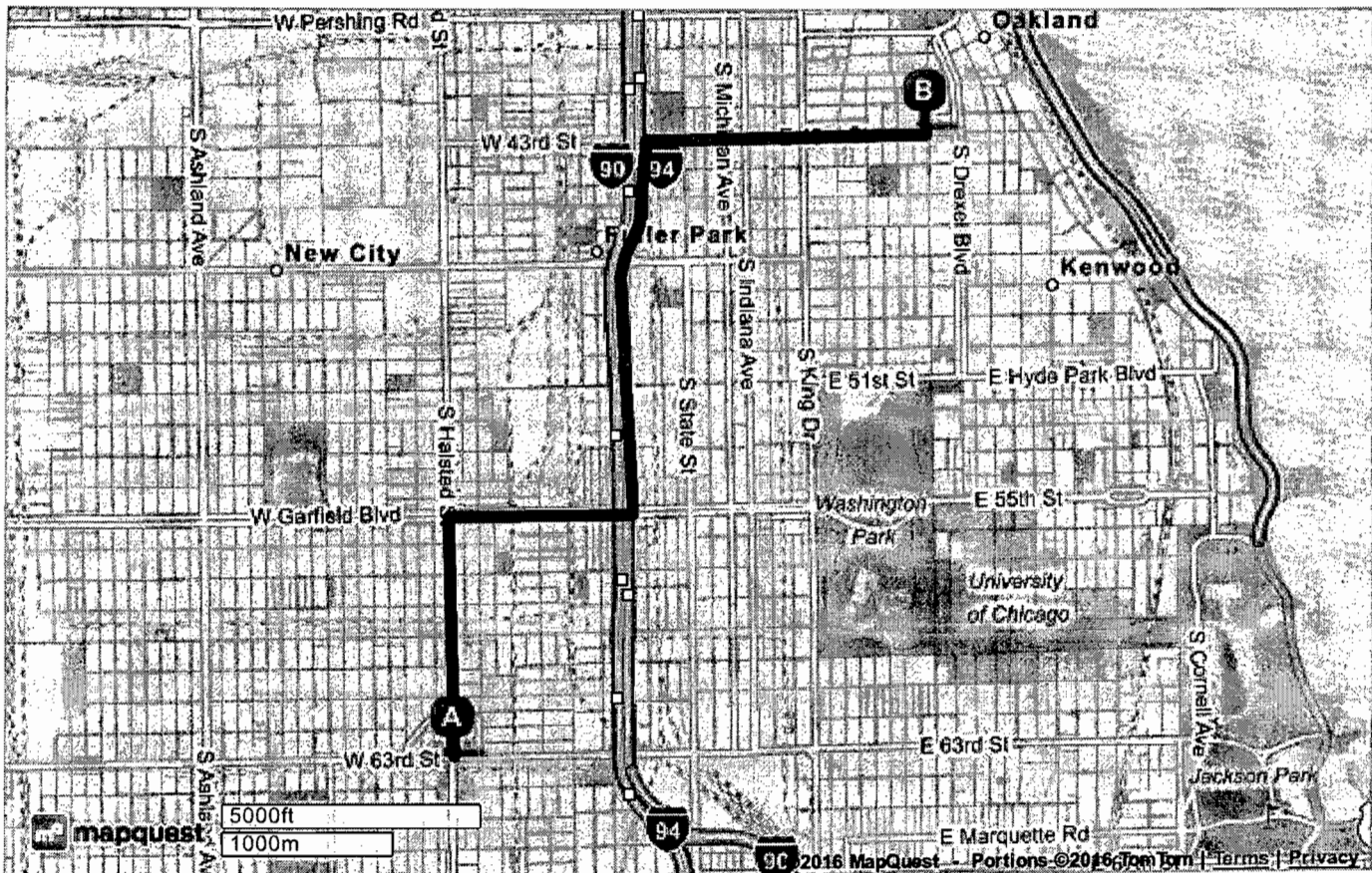
131



Trip to:
4290 S Cottage Grove Ave
Chicago, IL 60653-2908
4.49 miles / 9 minutes

Notes

TO DAVITA KENWOOD DIALYSIS



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Notes

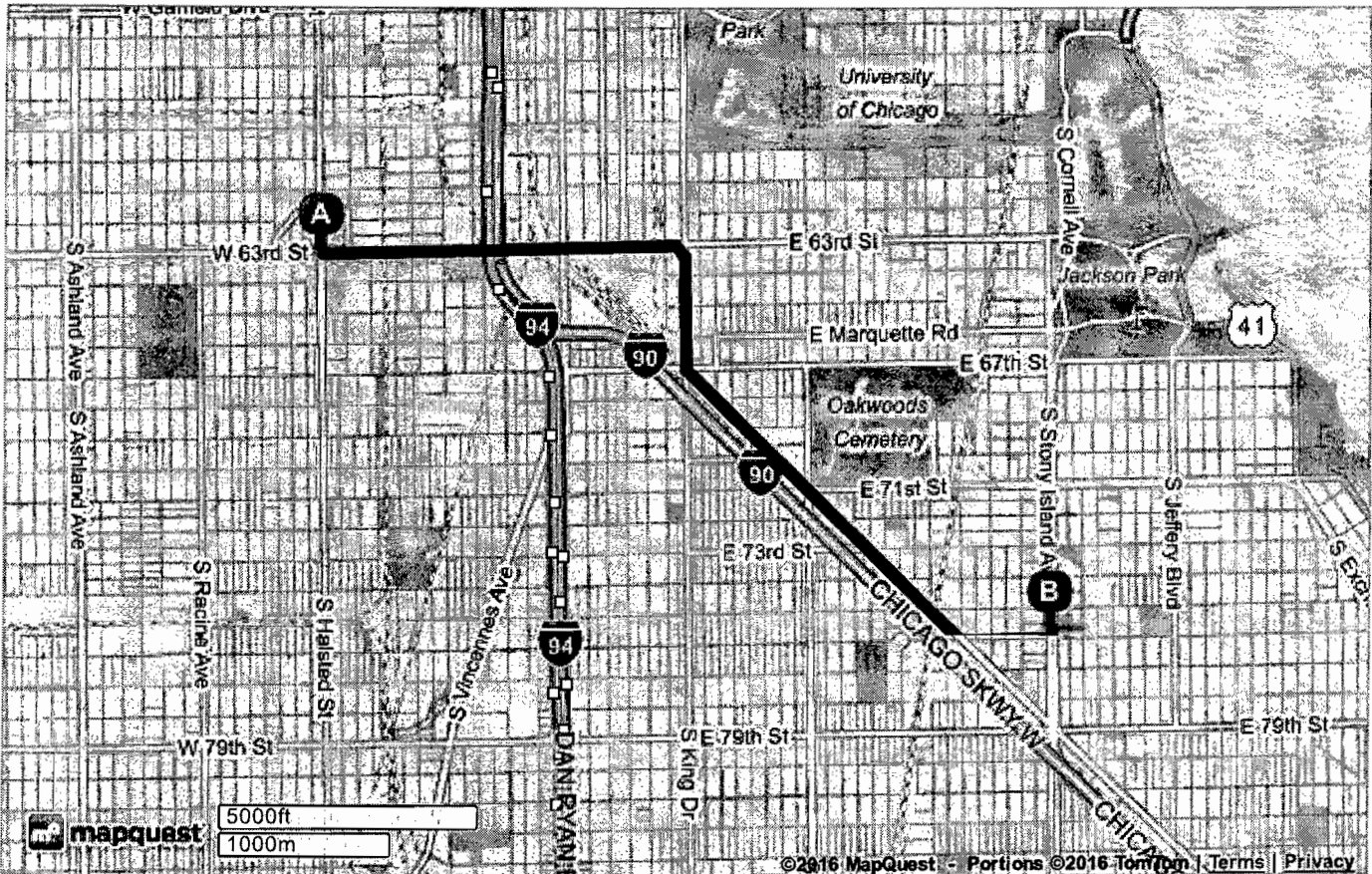
TO FRESenius MEDICAL CARE JACKSON PARK

Trip to:

7531 S Stony Island Ave

Chicago, IL 60649-3954

4.00 miles / 10 minutes



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Notes

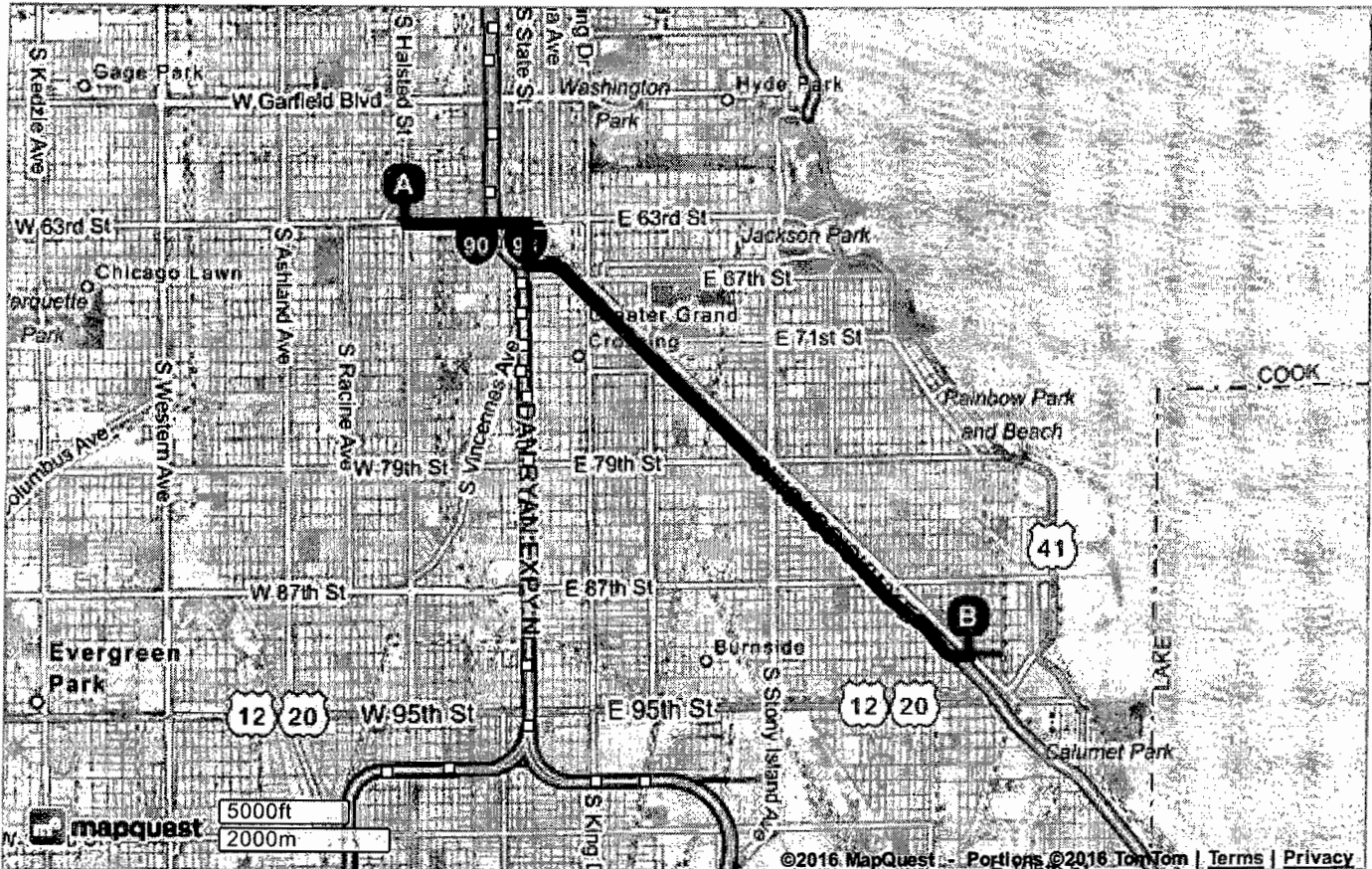
TO FRESNIUS MEDICAL CARE SOUTH CHICAGO

Trip to:

9200 S South Chicago Ave

Chicago, IL 60617-4512

6.40 miles / 10 minutes



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Trip to:

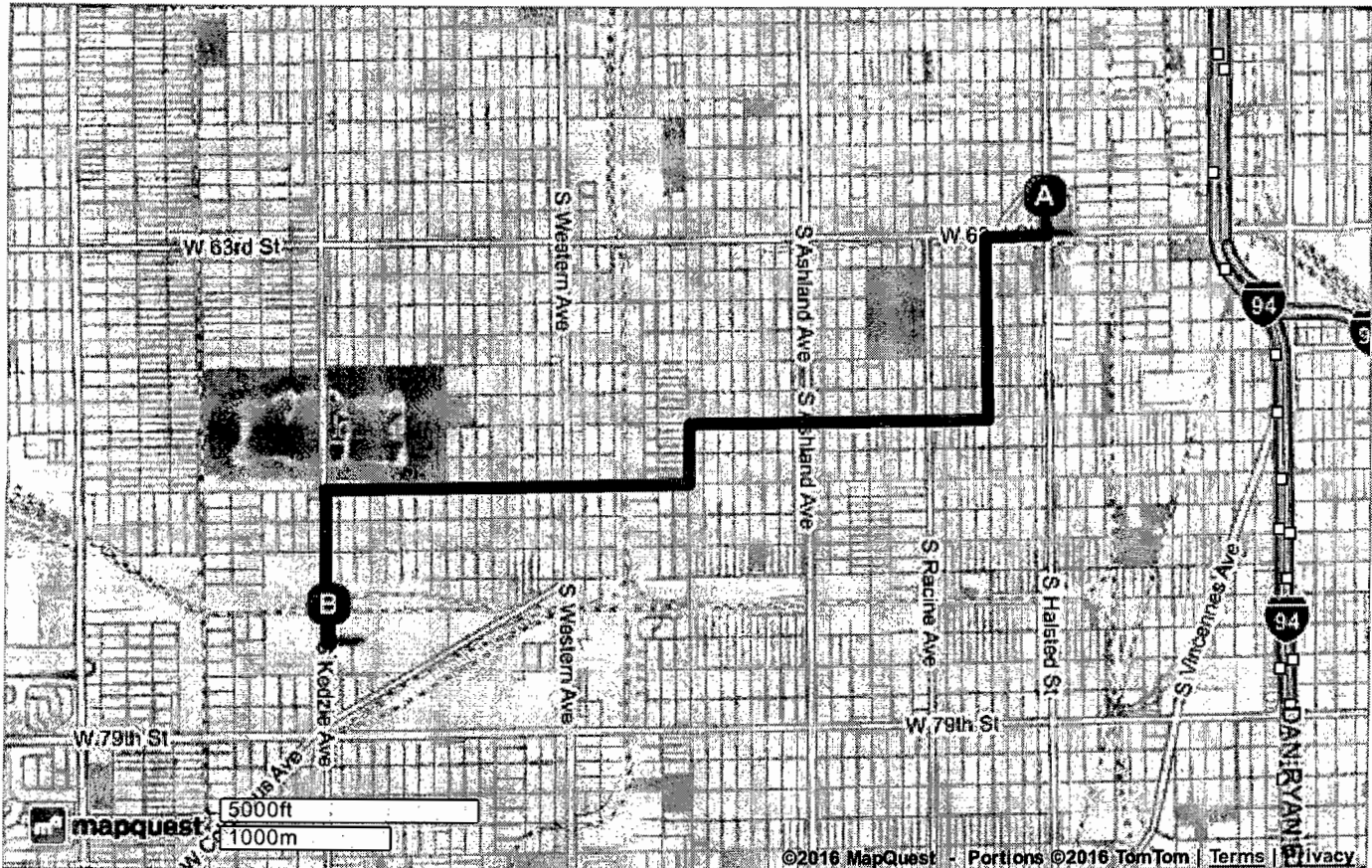
3134 W 76th St

Chicago, IL 60652

4.67 miles / 11 minutes

Notes

TO FRESNIUS MEDICAL CARE SOUTHSIDE



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Notes

TO FRESenius MEDICAL CARE BEVERLY RIDGE

Trip to:

9928 S Vincennes Ave

Chicago, IL 60643-1303

4.71 miles / 11 minutes



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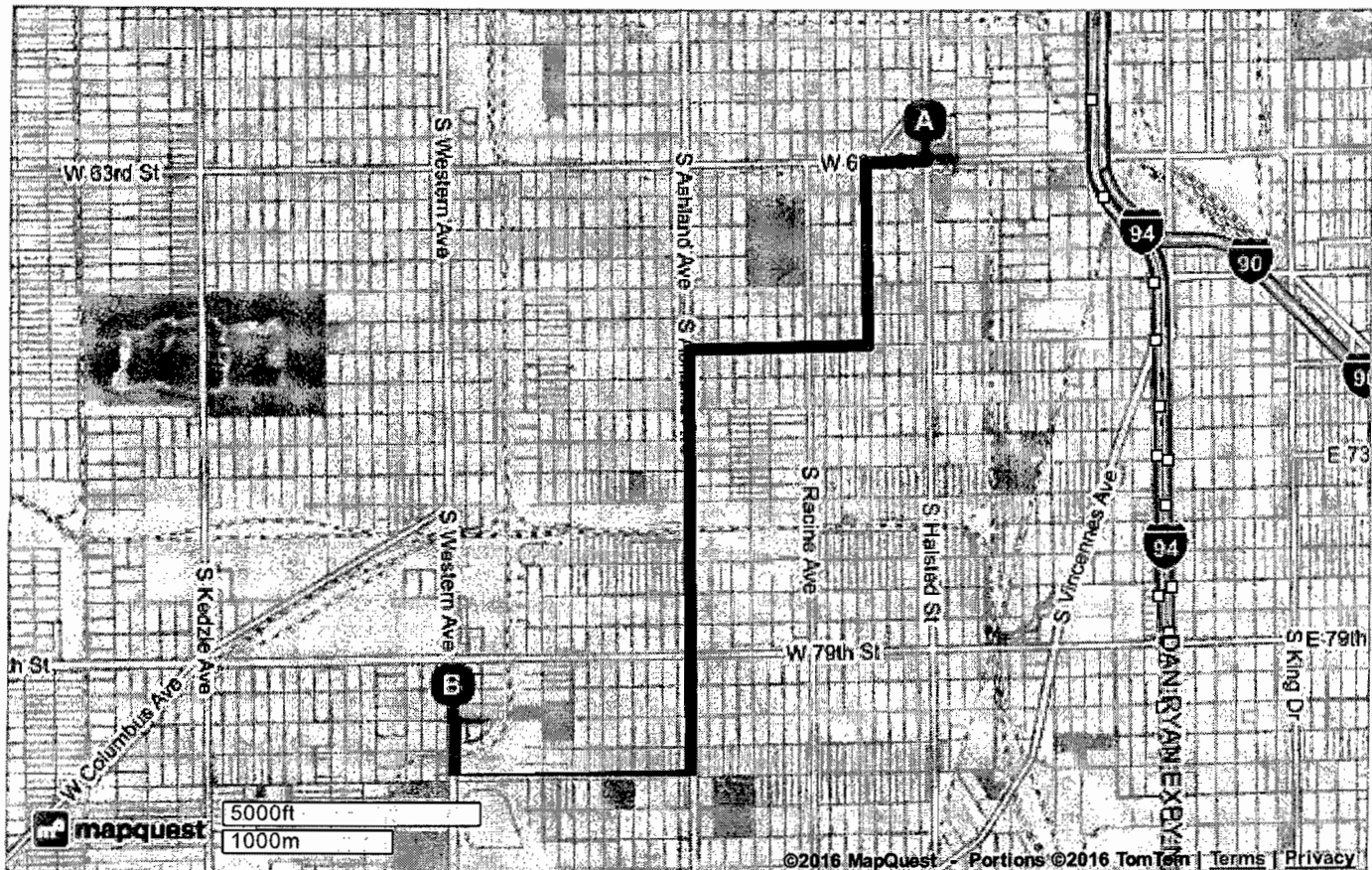
8109 S Western Ave

Chicago, IL 60620-5939

4.75 miles / 11 minutes

Notes

TO DAVITA BEVERLY DIALYSIS



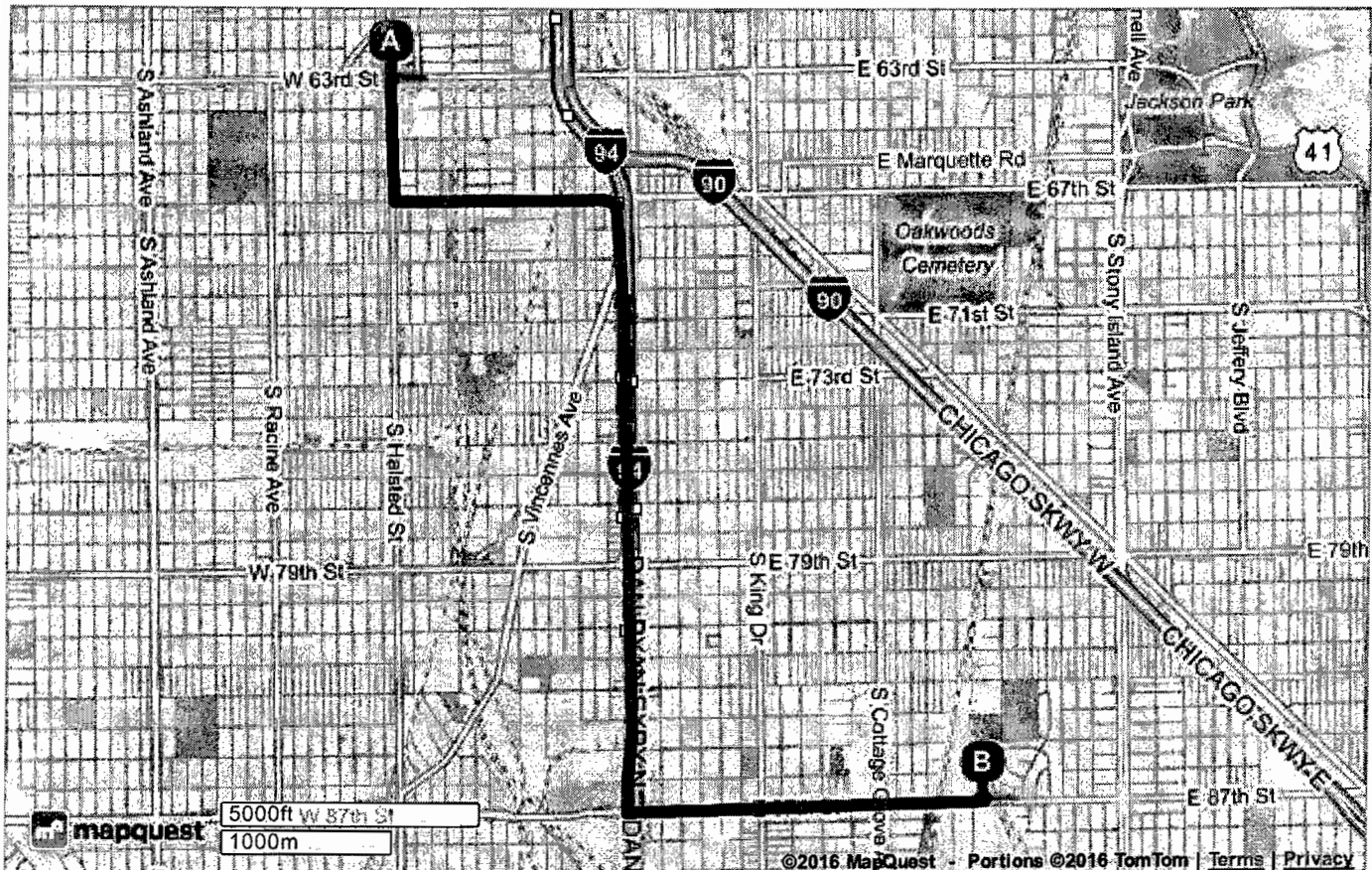
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Trip to:
1111 E 87th St
 Chicago, IL 60619-7011
 5.45 miles / 11 minutes

Notes

TO FRESINIUS MEDICAL CARE GREENWOOD



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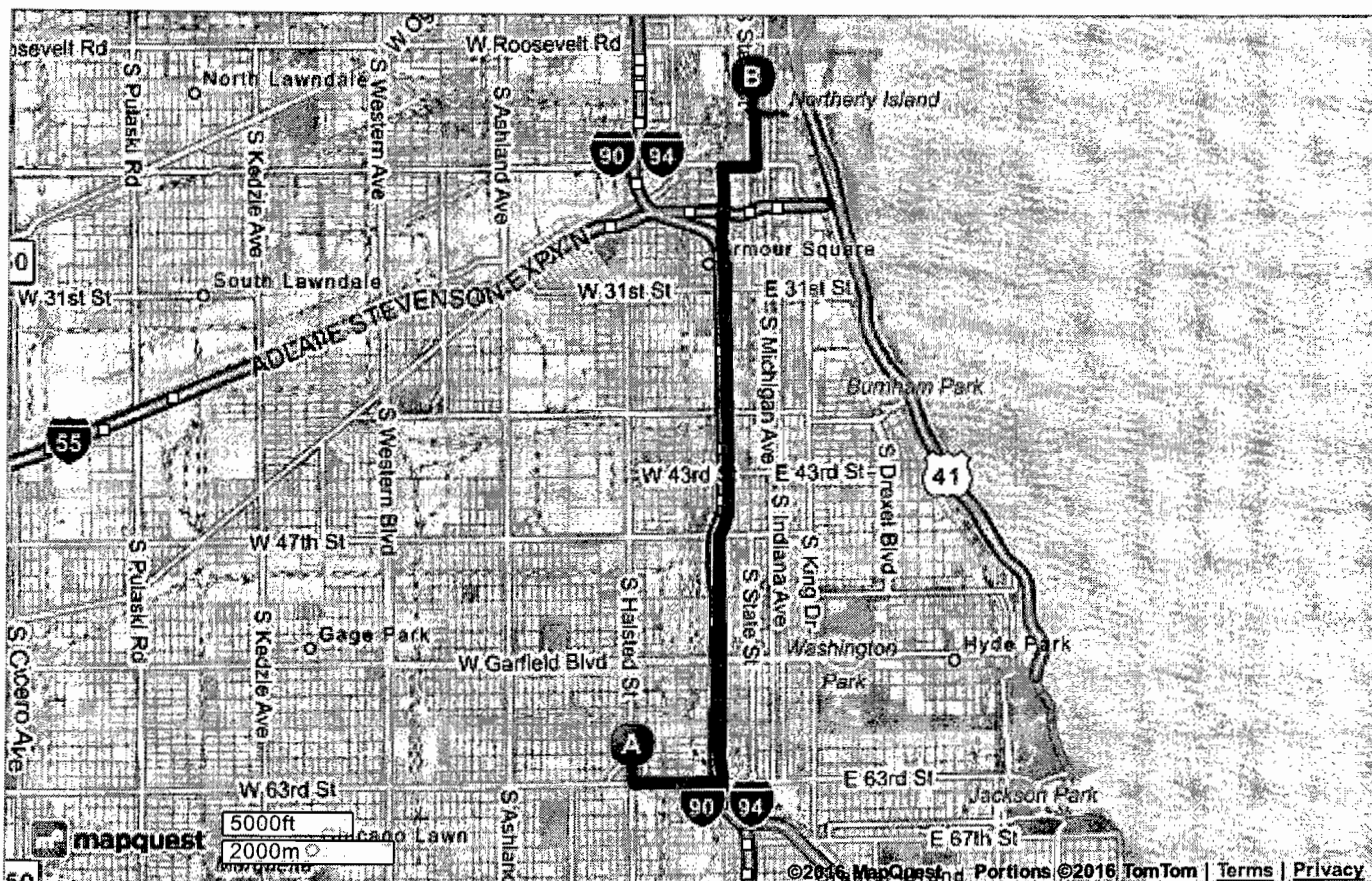
1717 S Wabash Ave

Chicago, IL 60616-1219

6.51 miles / 11 minutes

Notes

TO FRESNIUS MEDICAL CARE PRAIRIE



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Notes

TO DAVITA PARK MANOR

Trip to:

S Colfax Ave & E 95th St

Chicago, IL 60617

7.02 miles / 11 minutes



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MapQuest Travel Times
APPENDIX - 1



Trip to:
10620 S Halsted St
Chicago, IL 60628-2310
7.20 miles / 11 minutes

Notes

TO DAVITA WASHINGTON HEIGHTS DIALYSIS



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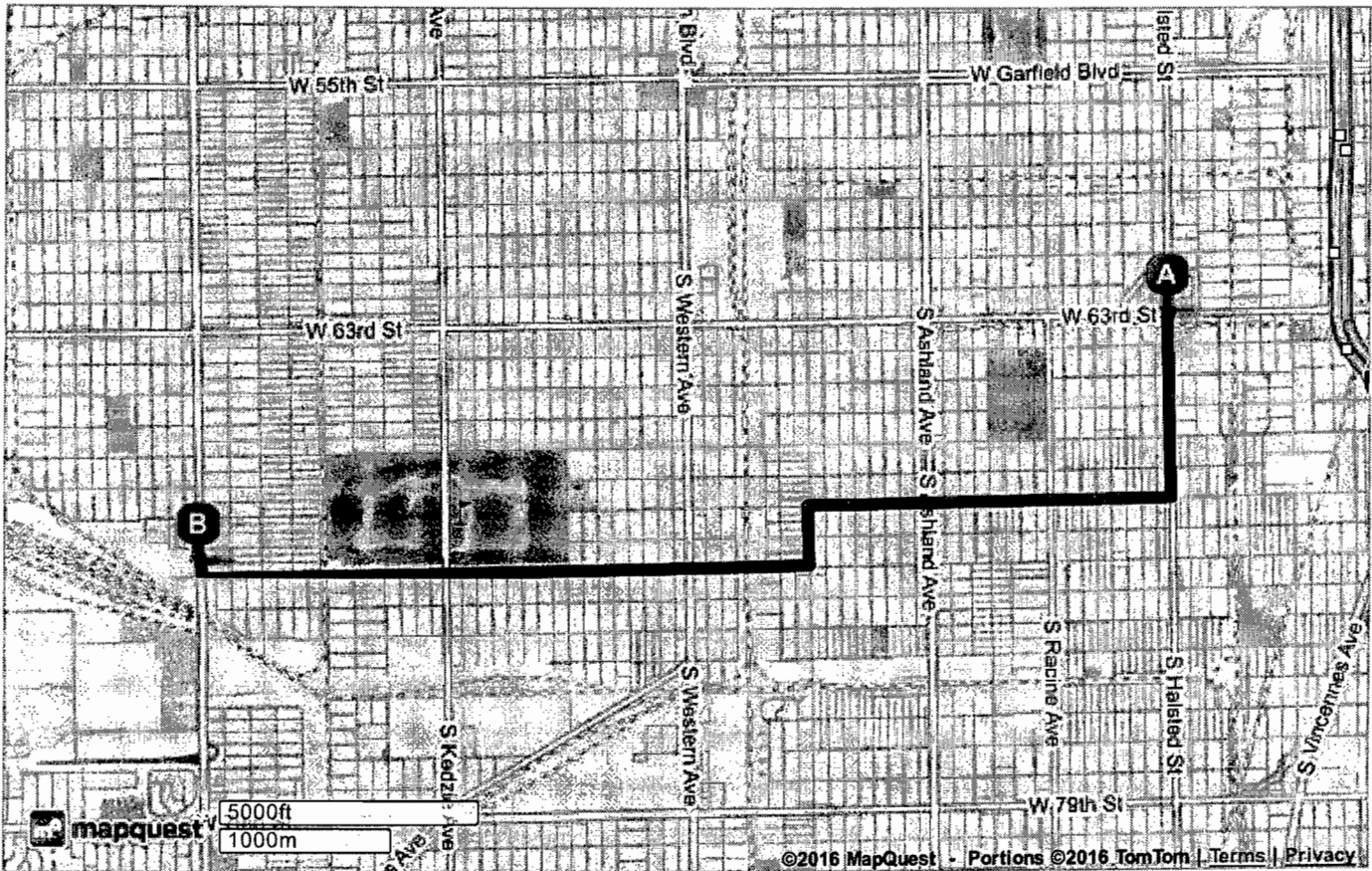
W 70th Pl & S Pulaski Rd

Chicago, IL 60629

5.10 miles / 12 minutes

Notes

TO DAVITA WEST LAWN DIALYSIS



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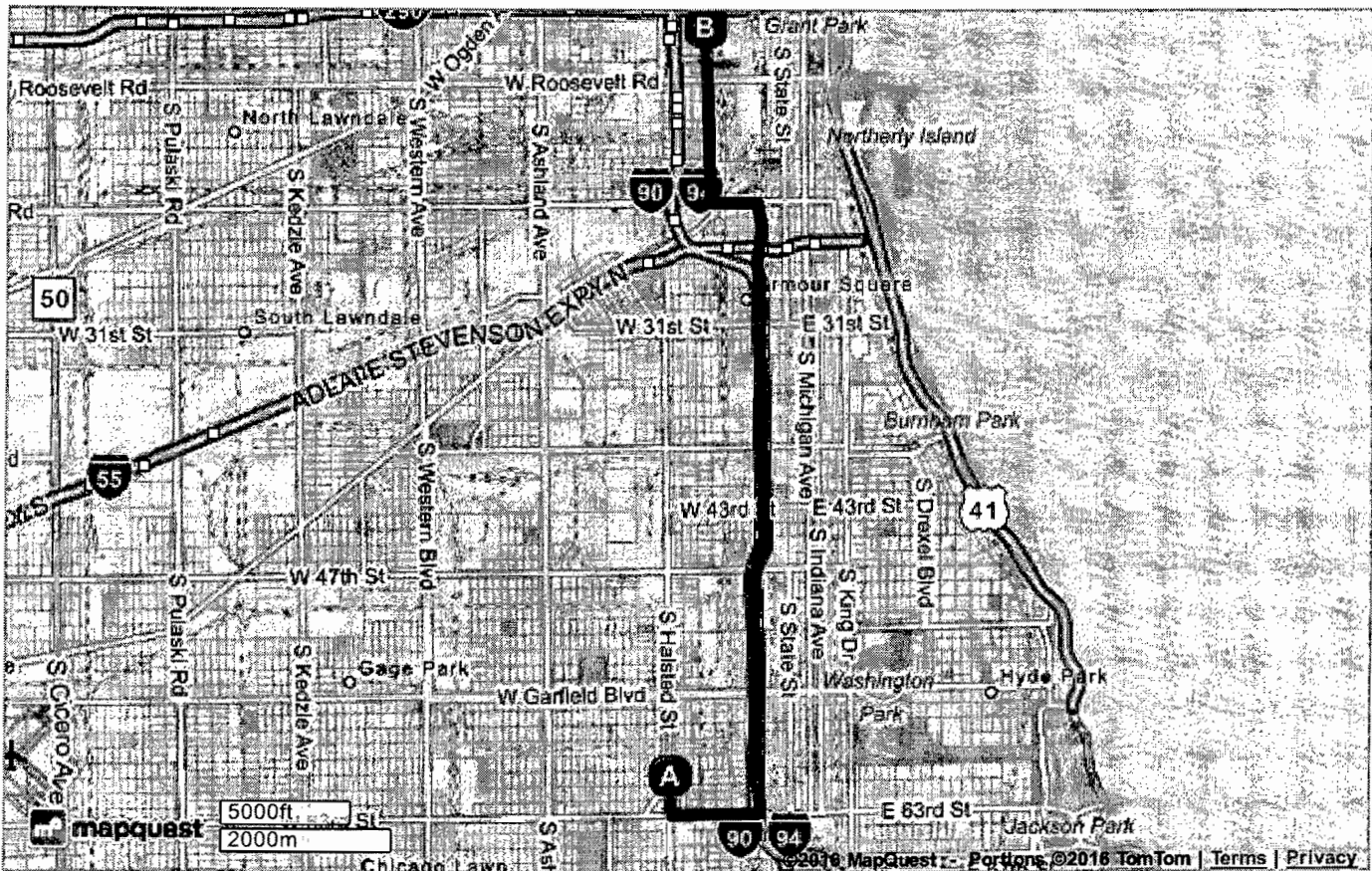
1101 S Canal St

Chicago, IL 60607-4906

7.33 miles / 12 minutes

Notes

TO DAVITA LOOP DIALYSIS



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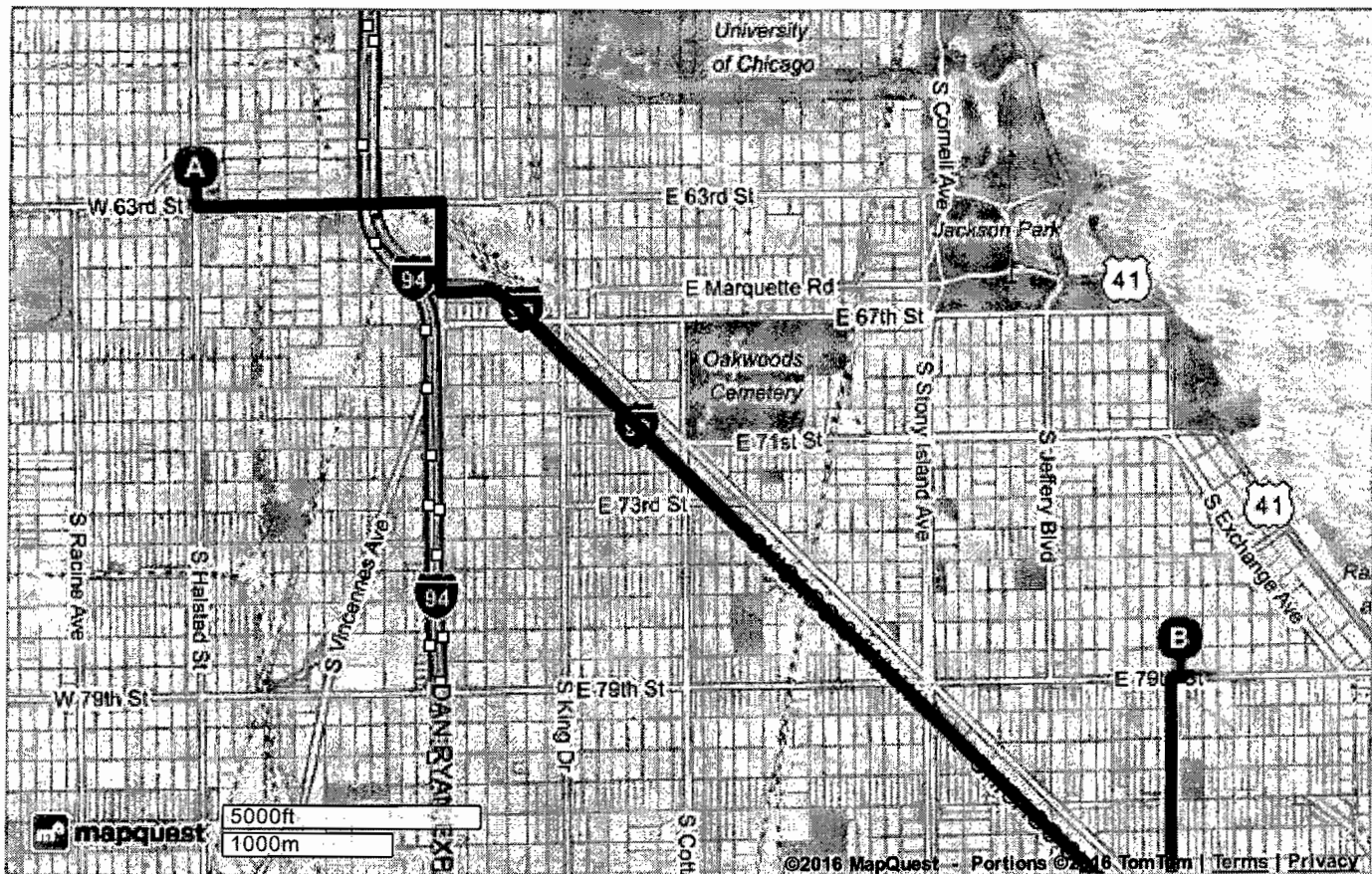
2420 E 79th St

Chicago, IL 60649-5112

7.25 miles / 13 minutes

Notes

TO FRESNIUS MEDICAL CARE SOUTH SHORE



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Notes

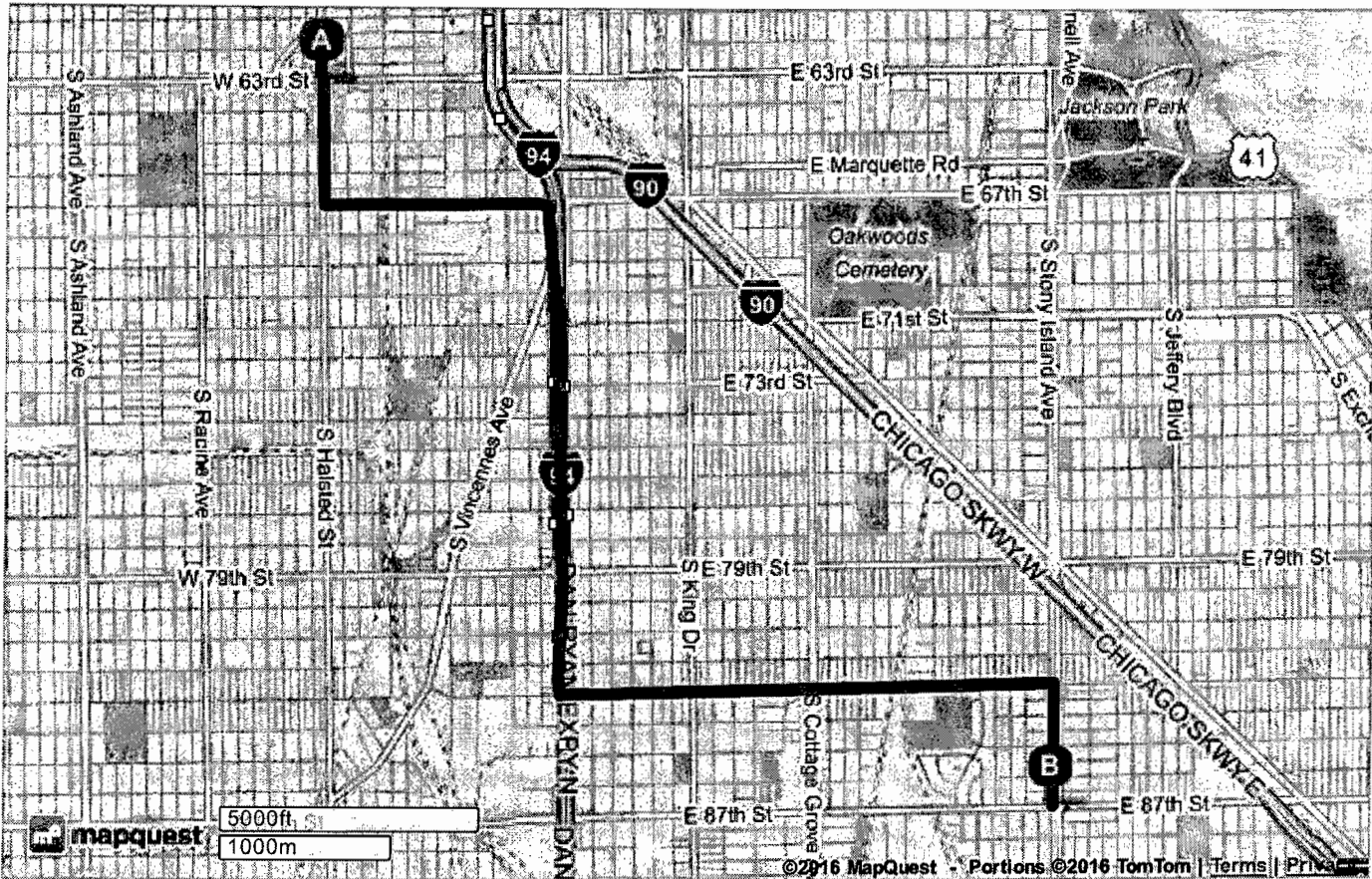
TO DAVITA STONY ISLAND DIALYSIS

Trip to:

S Stony Island Ave & E 87th St

Chicago, IL 60617

6.00 miles / 14 minutes



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Trip to:

9730 S Western Ave

Evergreen Park, IL 60805-2628

6.22 miles / 15 minutes

Notes

TO FRESNIUS MEDICAL CARE EVERGREEN PARK



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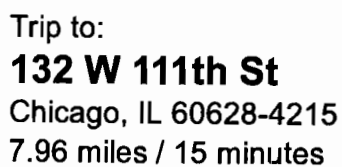
Trip to:
557 W Polk St
Chicago, IL 60607-4314
7.72 miles / 15 minutes

Notes

TO FRESINIUS MEDICAL CARE POLK



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TO FRESenius MEDICAL CARE ROSELAND



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Trip to:

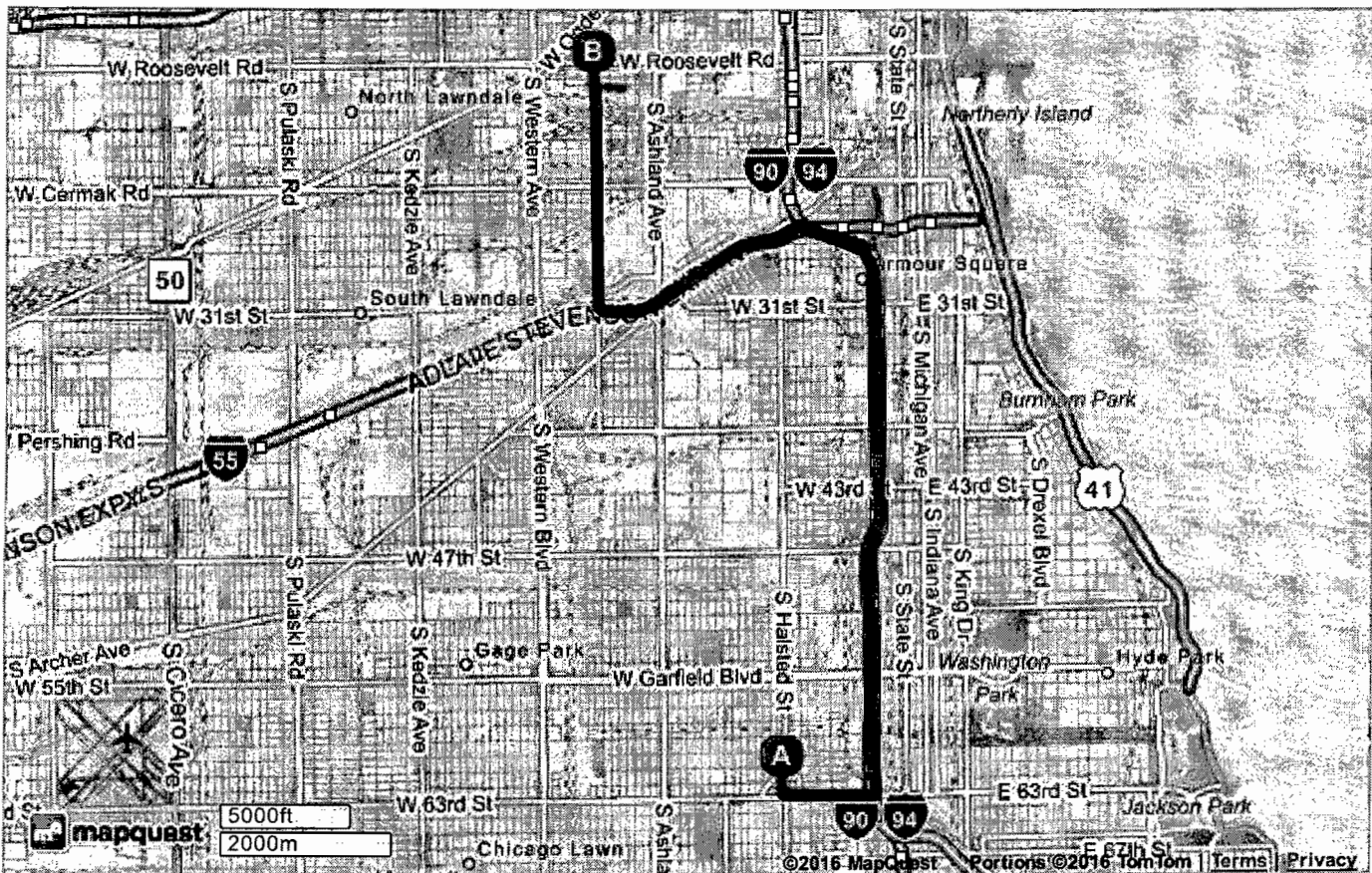
1340 S Damen Ave

Chicago, IL 60608-1156

9.59 miles / 15 minutes

Notes

TO FRESenius MEDICAL CARE CHICAGO WESTSIDE



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Notes

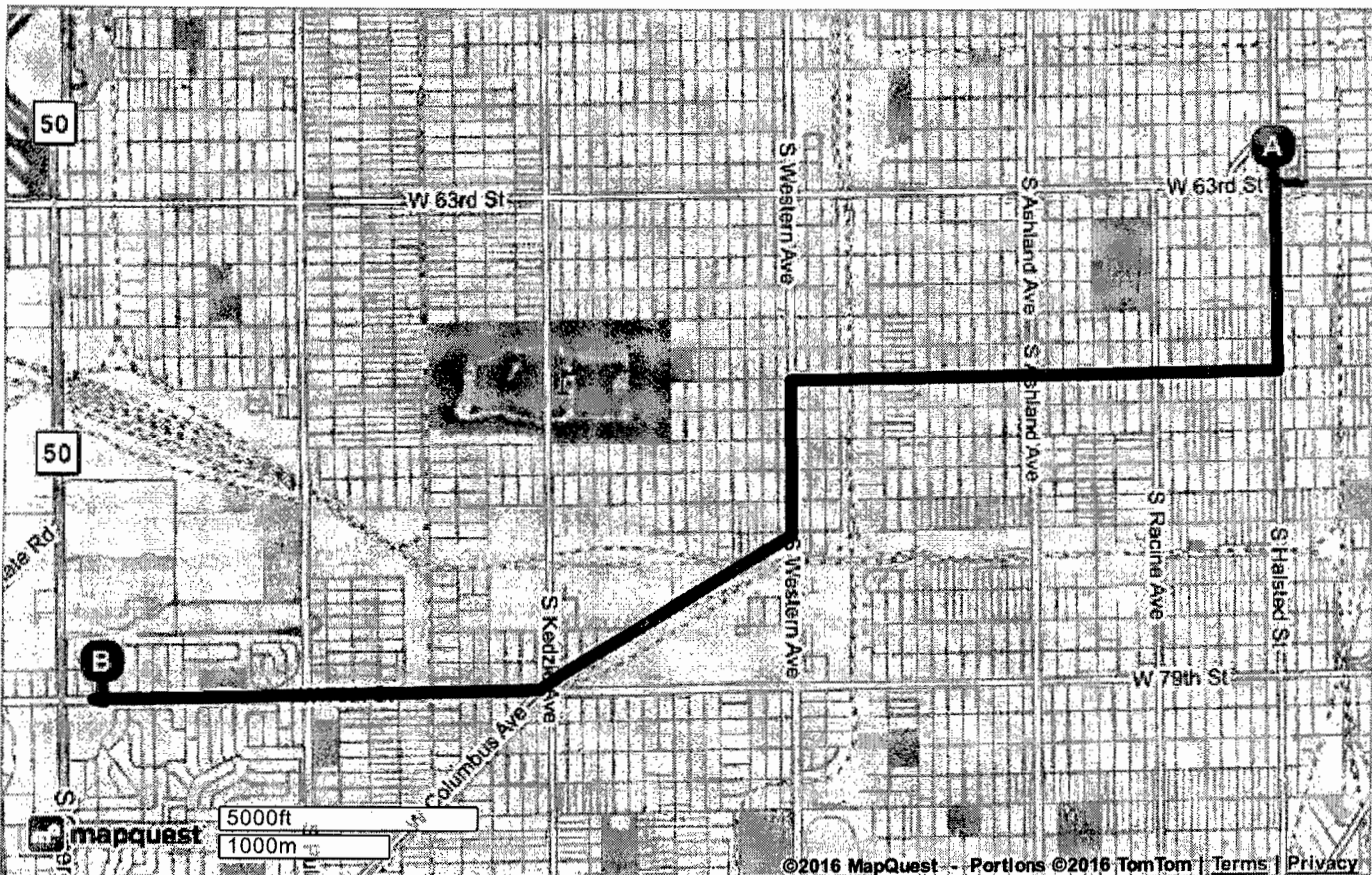
TO U.S. RENAL SCOTTSDALE

Trip to:

4651 W 79th St

Chicago, IL 60652-1125

6.52 miles / 16 minutes



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Trip to:

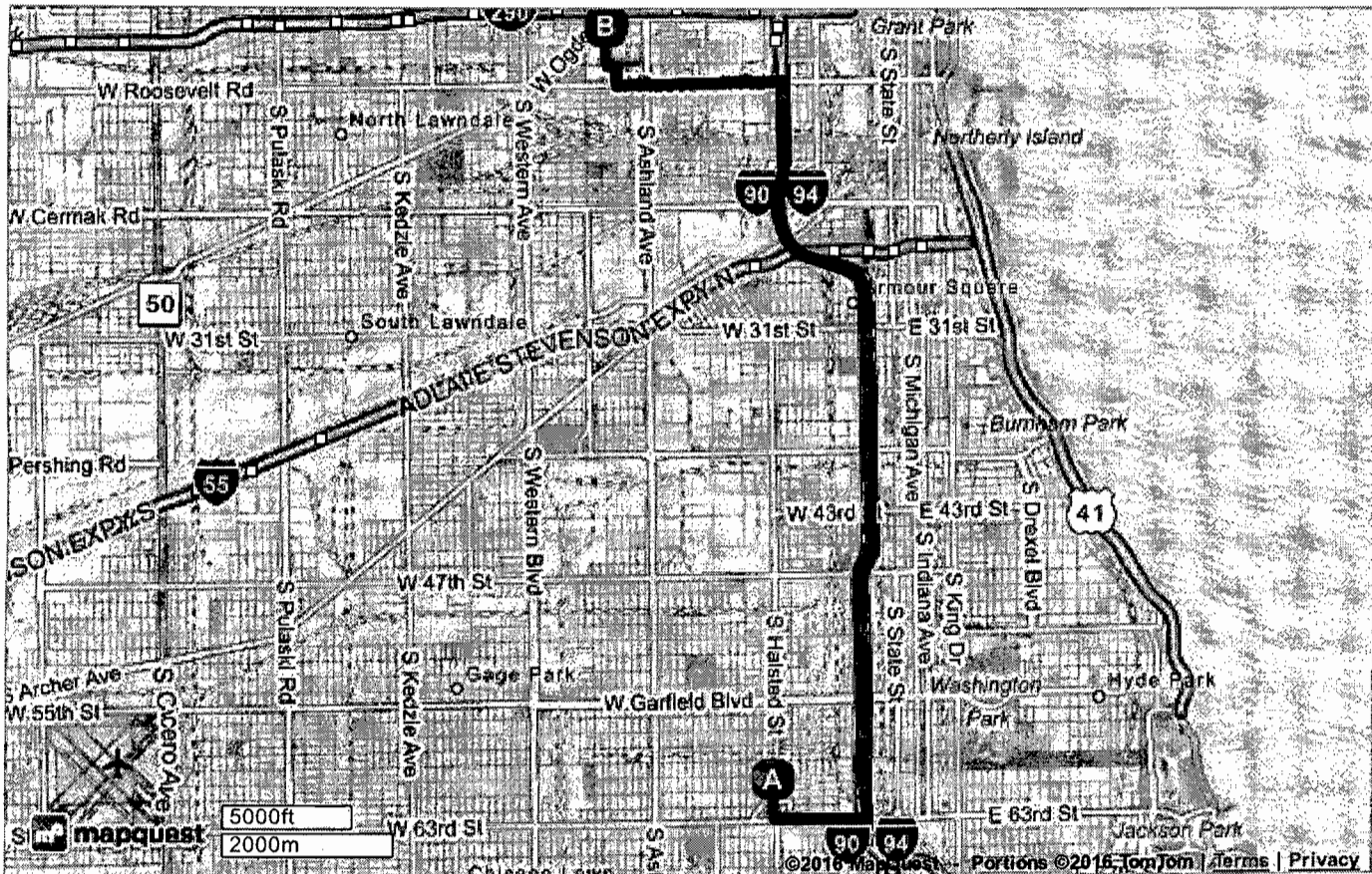
1859 W Taylor St

Chicago, IL 60612-4795

8.86 miles / 16 minutes

Notes

TO UNIVERSITY OF ILLINOIS HOSPITAL DIALYSIS



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Trip to:

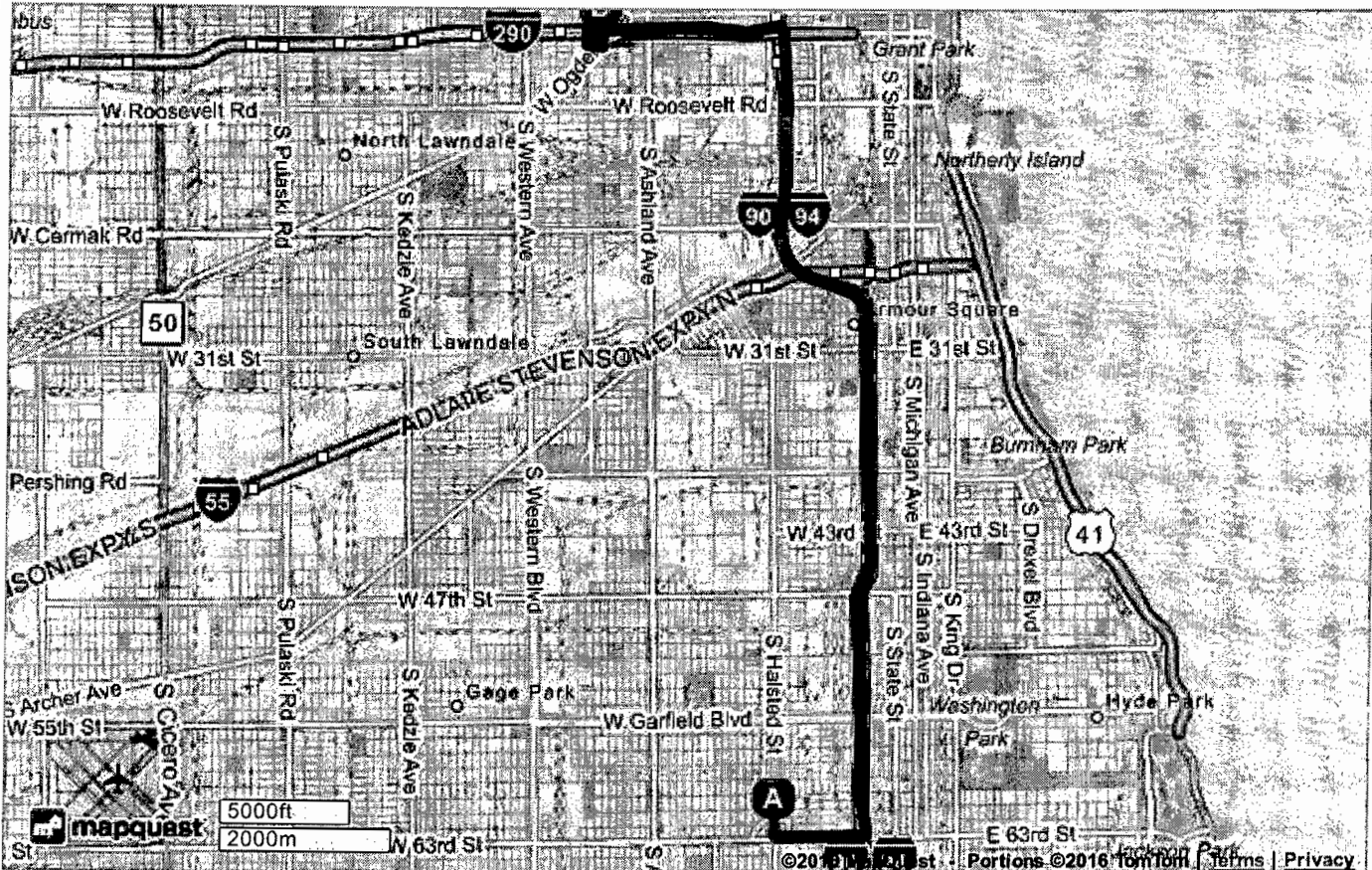
1901 W Harrison St

Chicago, IL 60612-3714

9.77 miles / 16 minutes

Notes

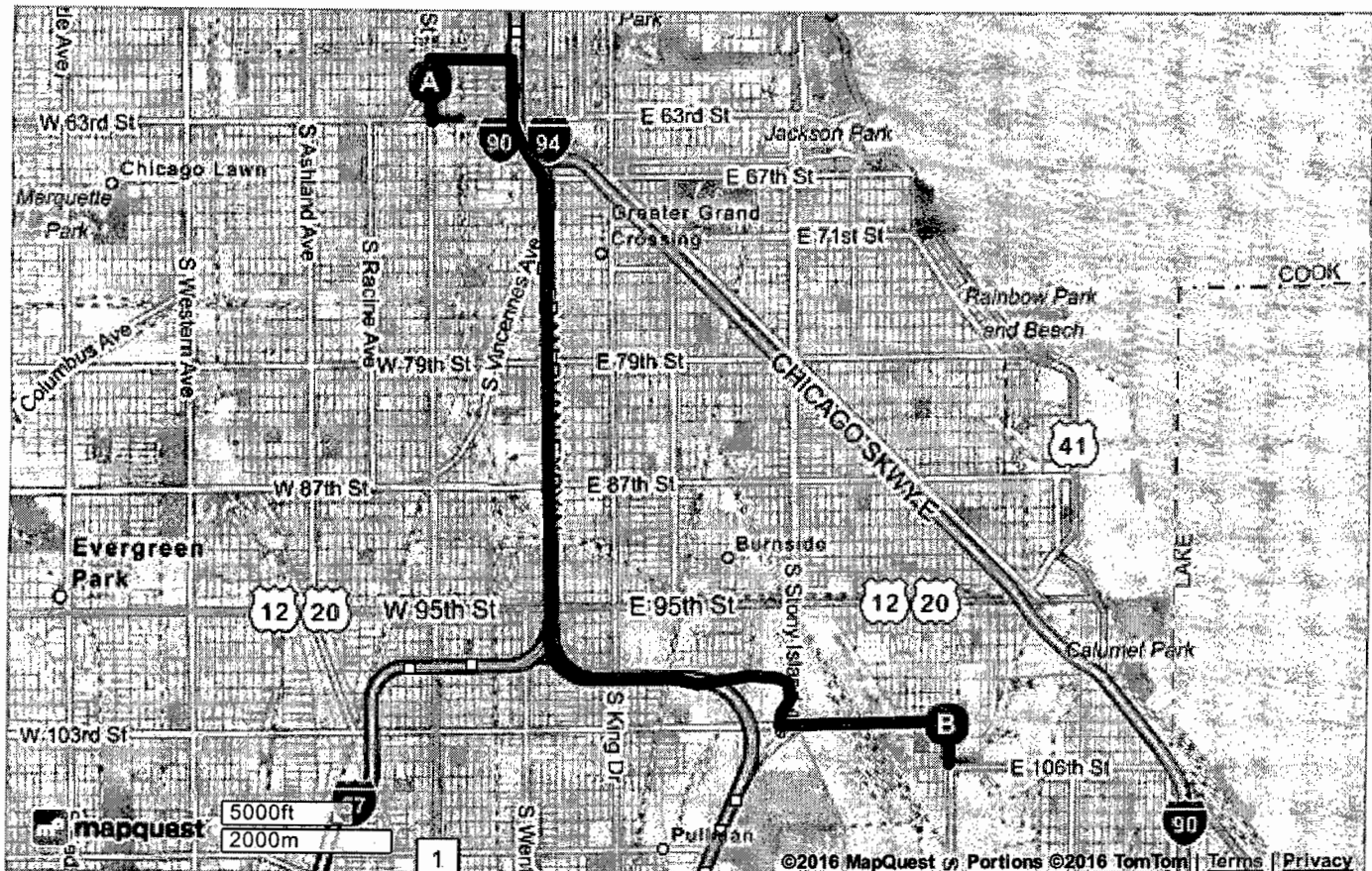
TO STROGER-COOK COUNTY HOSPITAL DIALYSIS



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TO FRESNIUS MEDICAL CARE SOUTH DEERING



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Notes

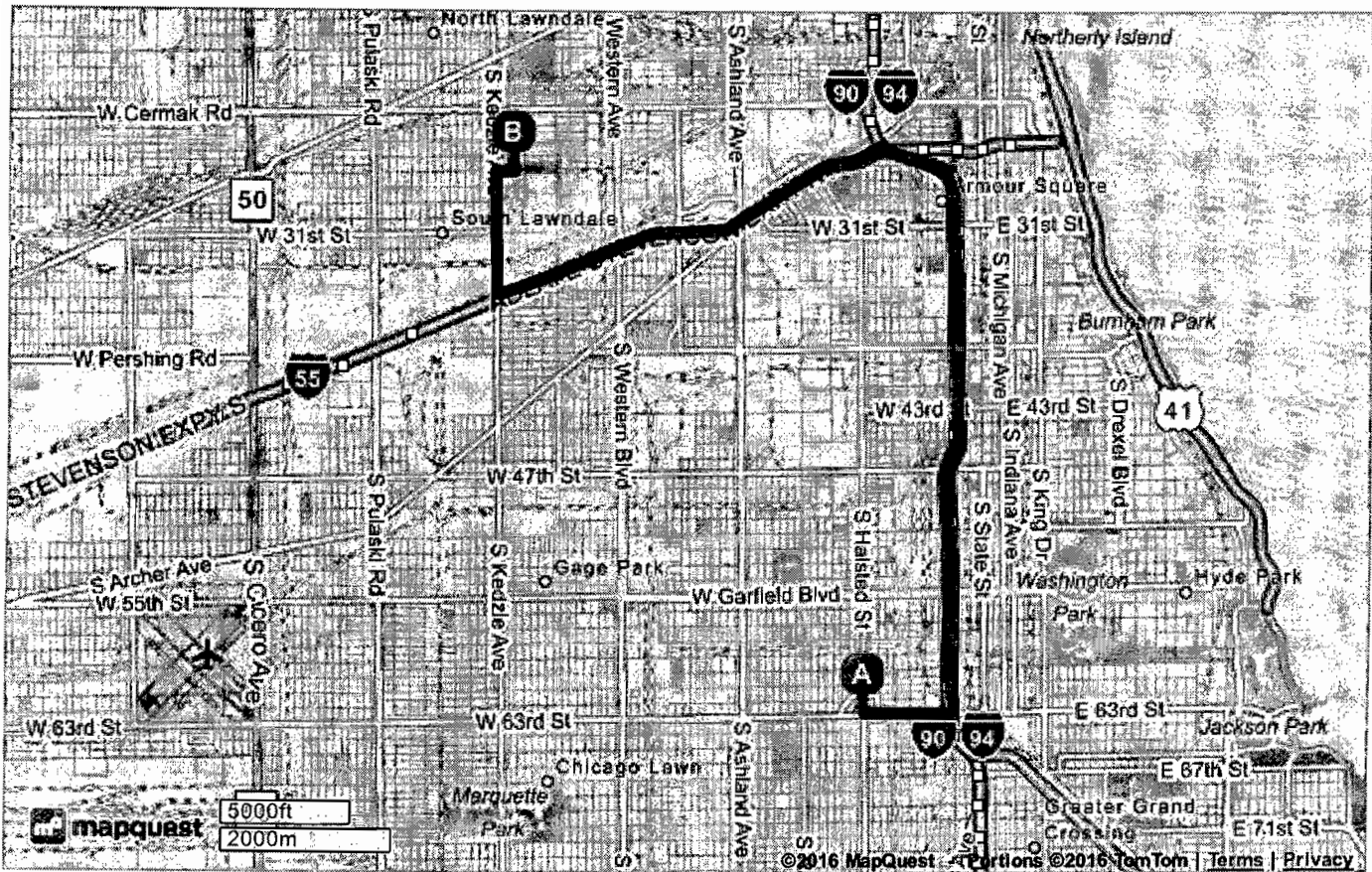
TO SAH DIALYSIS

Trip to:

3059 W 26th St

Chicago, IL 60623-4131

10.49 miles / 15 minutes



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Notes

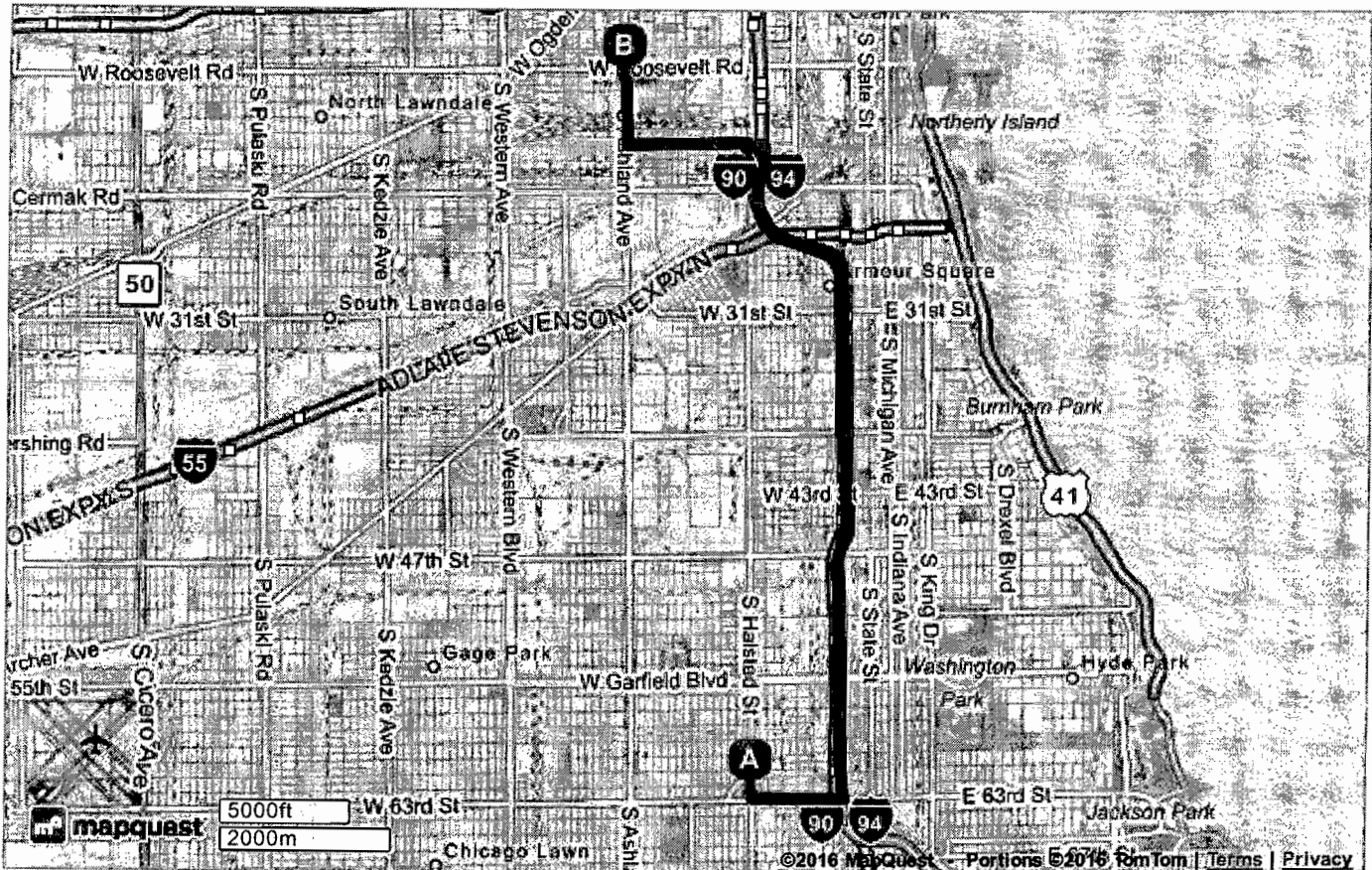
TO DAVITA WEST SIDE

Trip to:

1600 W 13th St

Chicago, IL 60608-1304

8.27 miles / 17 minutes



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Trip to:
710 N Fairbanks Ct
Chicago, IL 60611-3013
9.62 miles / 16 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTHWESTERN



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Trip to:
12200 Western Ave
 Blue Island, IL 60406-1330
 10.72 miles / 17 minutes

Notes

TO FRESenius MEDICAL CARE BLUE ISLAND



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Notes

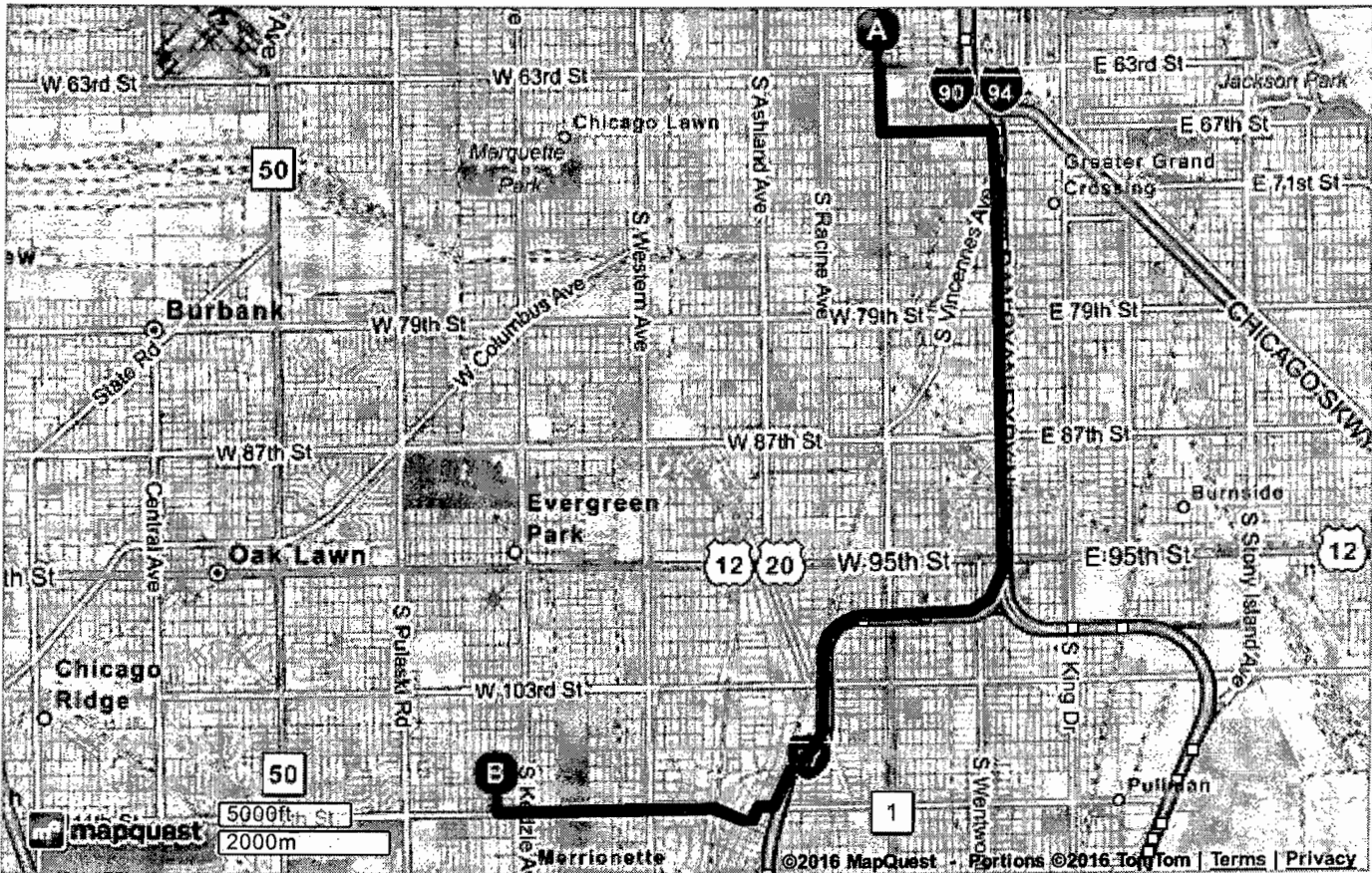
TO DAVITA MT. GREENWOOD DIALYSIS

Trip to:

3401 W 111th St

Chicago, IL 60655-3329

10.74 miles / 17 minutes



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Trip to:

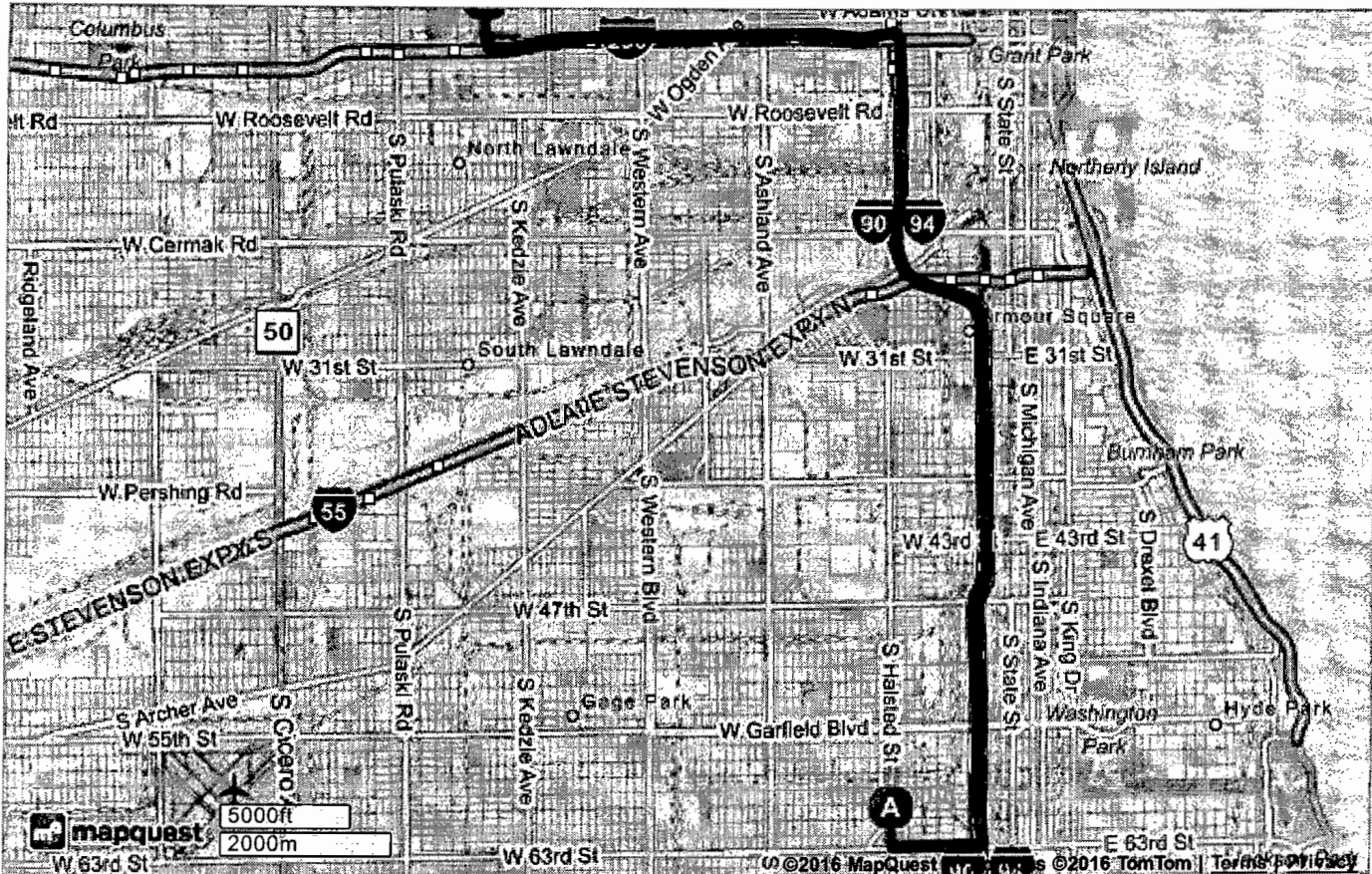
3410 W Van Buren St

Chicago, IL 60624-3358

11.36 miles / 17 minutes

Notes

TO FRESENIUS MEDICAL CARE CONGRESS
PARKWAY



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Notes

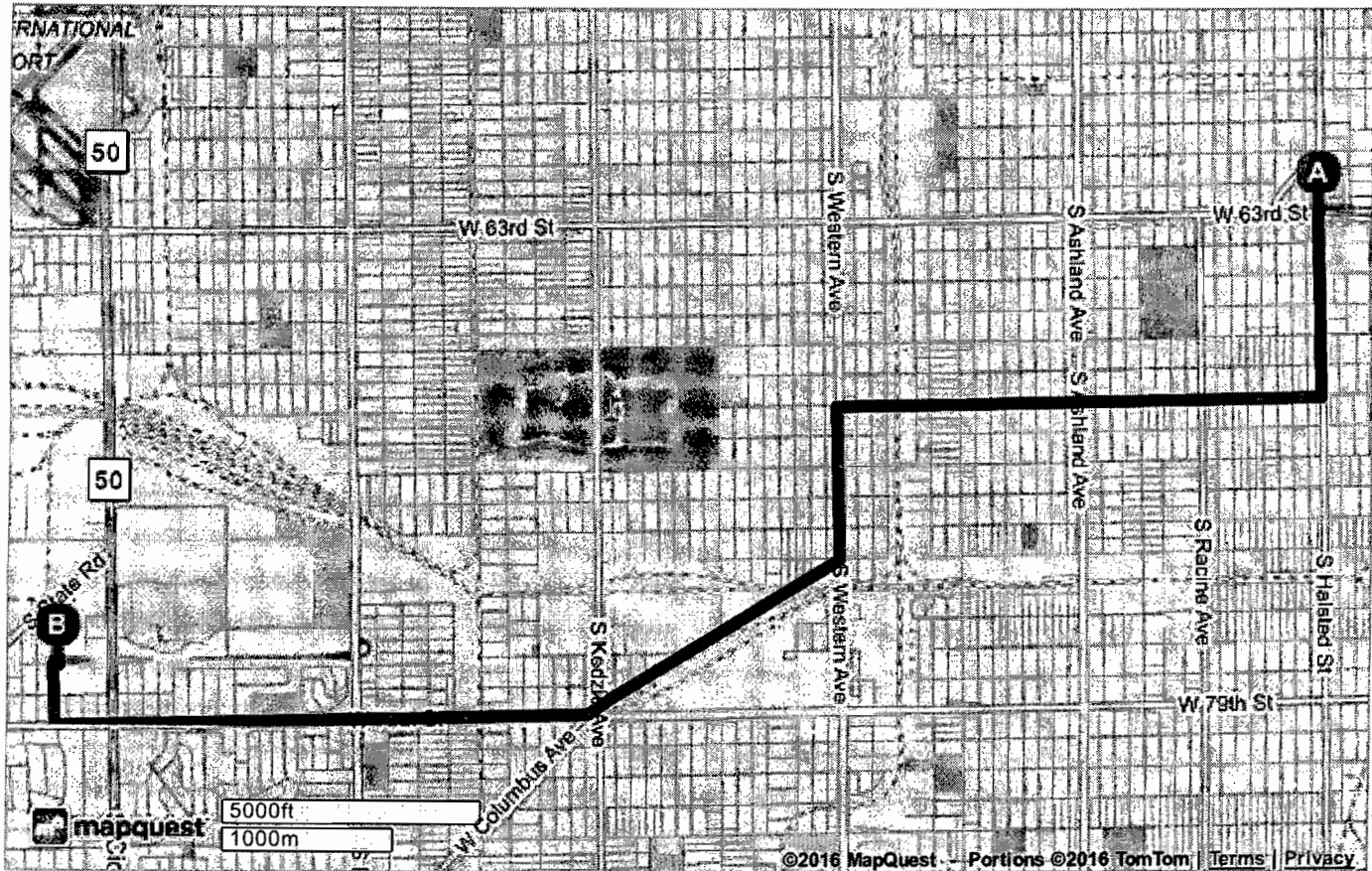
TO FRESNIUS MEDICAL CARE BURBANK

Trip to:

4811 W 77th St

Burbank, IL 60459-1586

7.13 miles / 18 minutes



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Trip to:
2335 W Cermak Rd
Chicago, IL 60608-3811
9.15 miles / 18 minutes

Notes

TO DAVITA LITTLE VILLAGE



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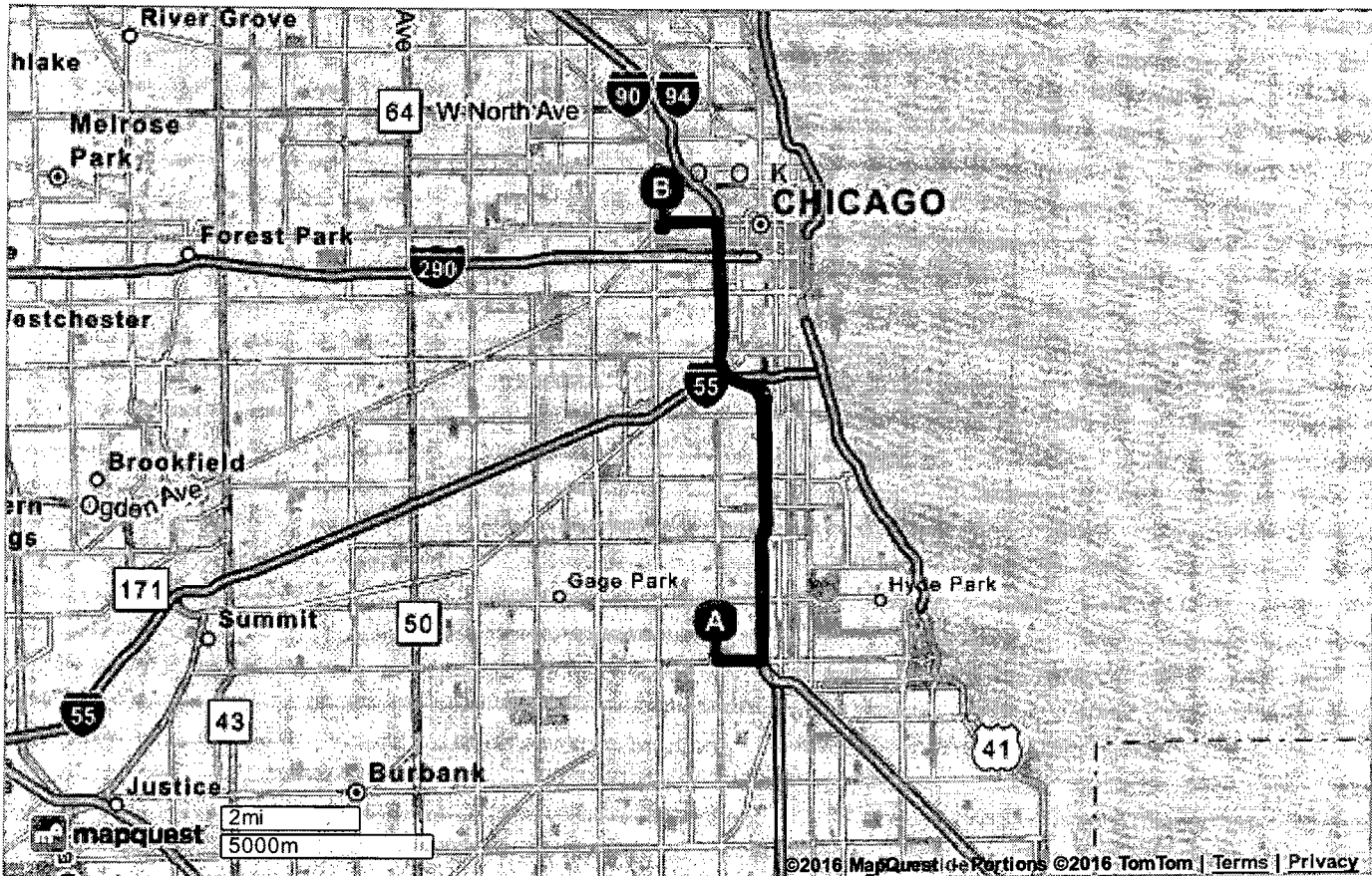
161



Trip to:
1426 W Washington Blvd
Chicago, IL 60607-1821
9.51 miles / 16 minutes

Notes

TO CIRCLE MEDICAL MANAGEMENT DIALYSIS



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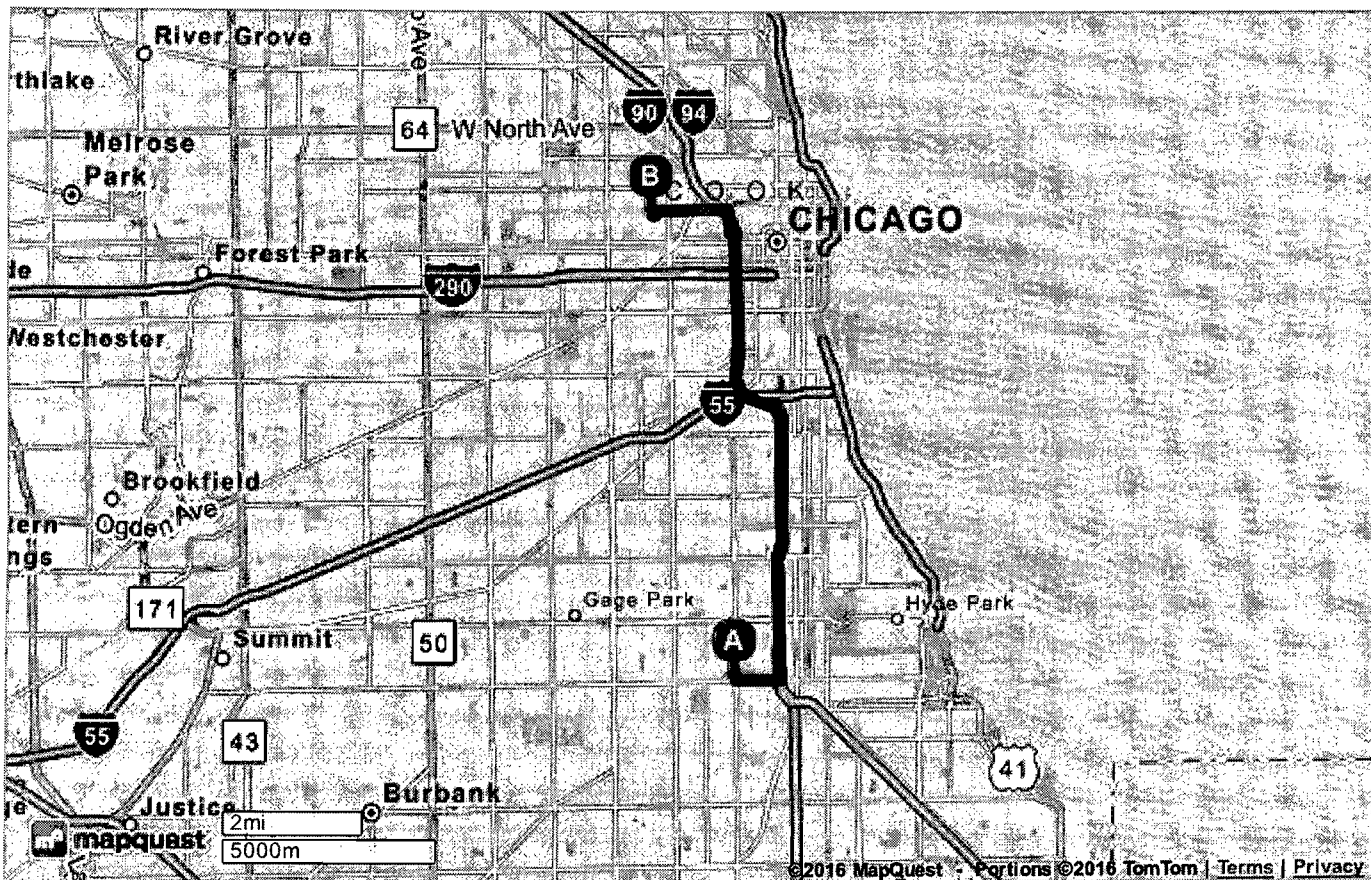
162



Trip to:
1806 W Hubbard St
 Chicago, IL 60622-6235
 10.33 miles / 18 minutes

Notes

TO FRESENIUS MEDICAL CARE CHICAGO

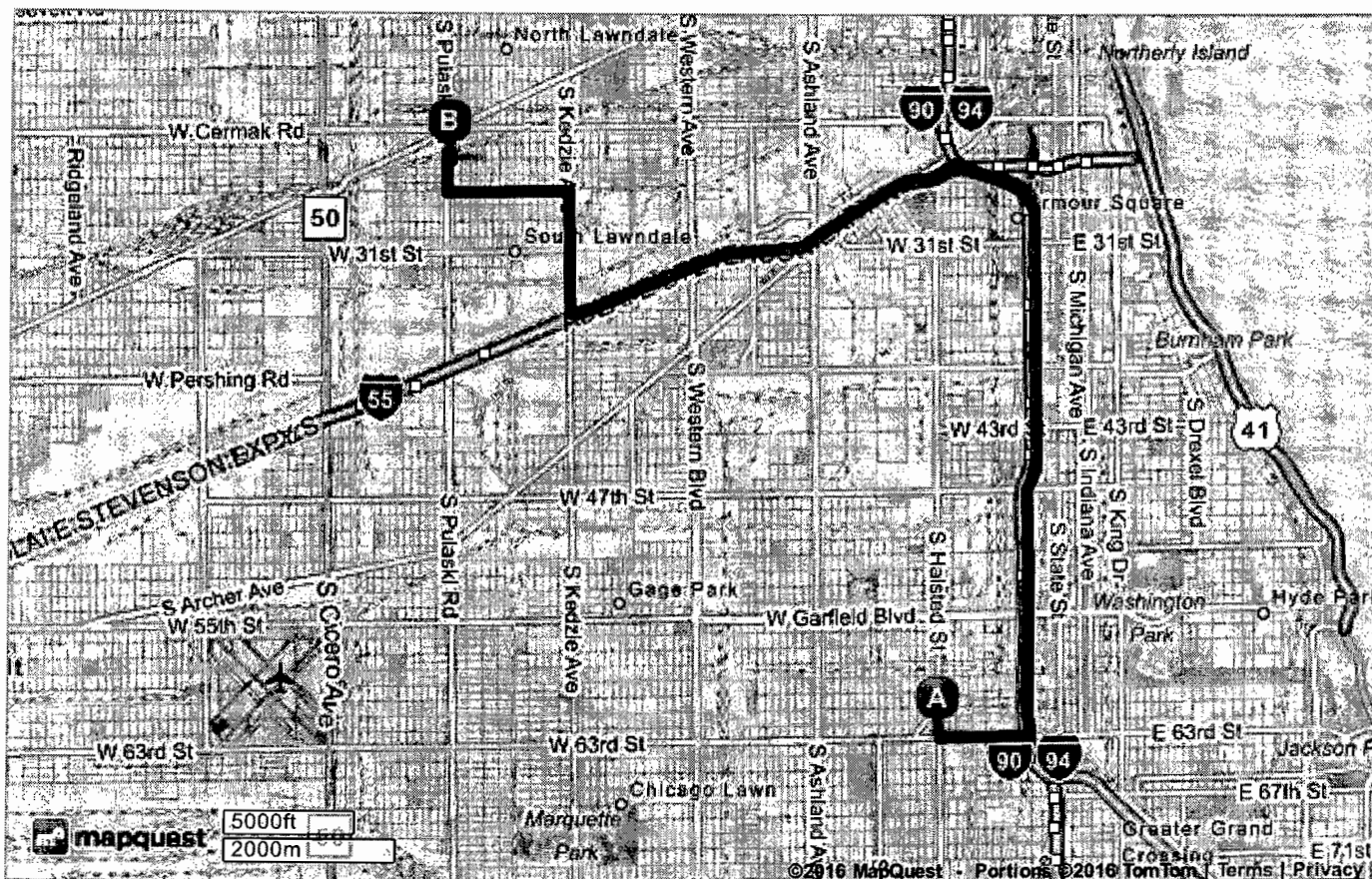


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11.66 miles / 20 minutes

TO DAVITA LAWDALE DIALYSIS



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Trip to:

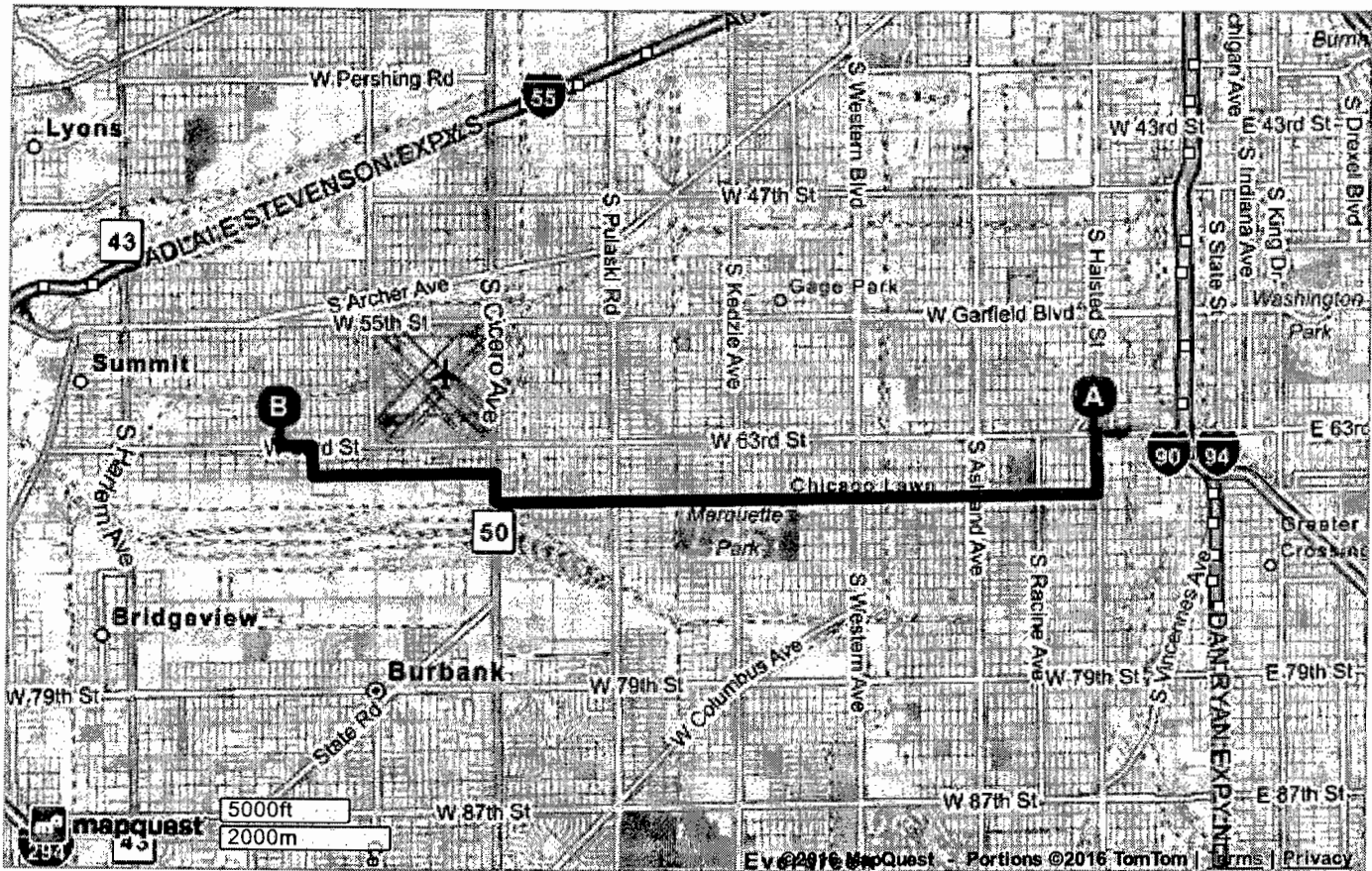
6201 W 63rd St

Chicago, IL 60638-5009

7.80 miles / 19 minutes

Notes

TO FRESenius MEDICAL CARE MIDWAY



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Trip to:
1444 W Willow St
Chicago, IL 60642-1524
10.98 miles / 19 minutes

Notes

TO FRESNIUS MEDICAL CARE WEST WILLOW

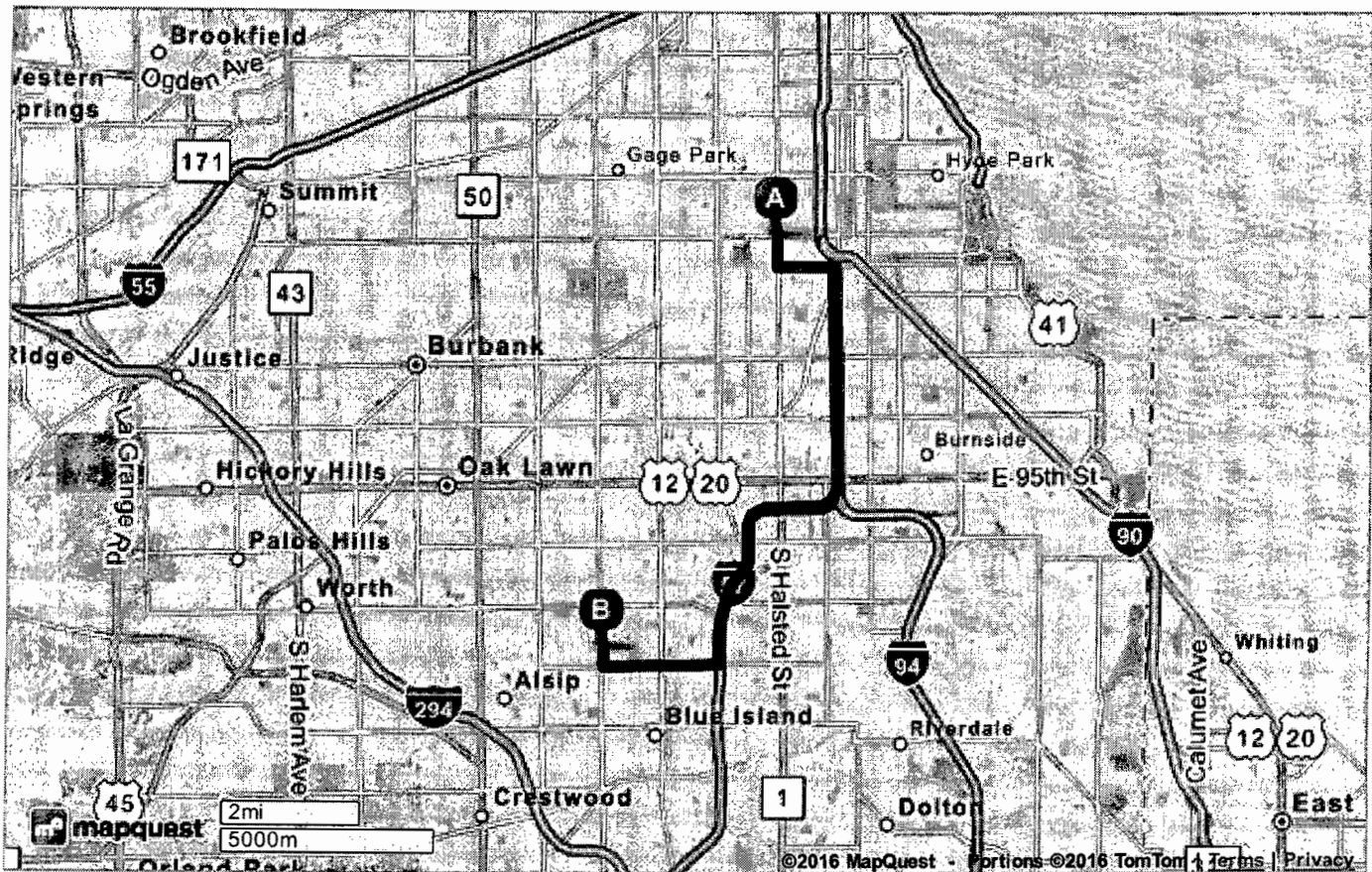


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166



TO FRESENIUS MEDICAL CARE MERRIONETTE PARK



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Trip to:

2700 W 15th St

Chicago, IL 60608-1610

11.97 miles / 19 minutes



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Trip to:

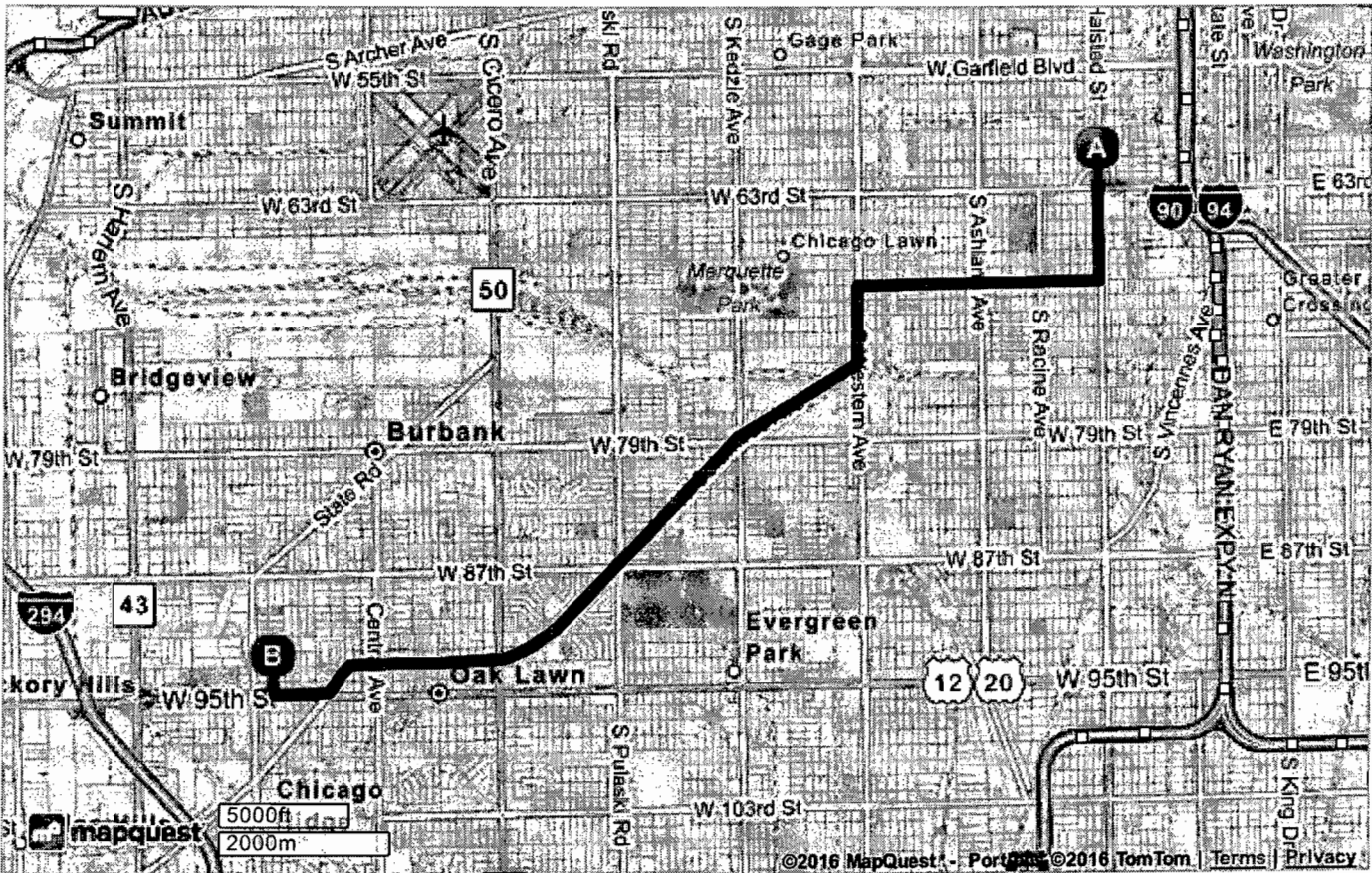
6246 W 95th St

Oak Lawn, IL 60453-2702

9.28 miles / 20 minutes

Notes

TO DAVITA STONY CREEK



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Trip to:

2484 N Elston Ave

Chicago, IL 60647-2002

11.98 miles / 20 minutes

Notes

TO DAVITA LINCOLN PARK



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170



Trip to:

4008 N Broadway St

Chicago, IL 60613-2111

14.64 miles / 20 minutes

Notes

TO FRESENIUS MEDICAL CARE LAKEVIEW



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Notes

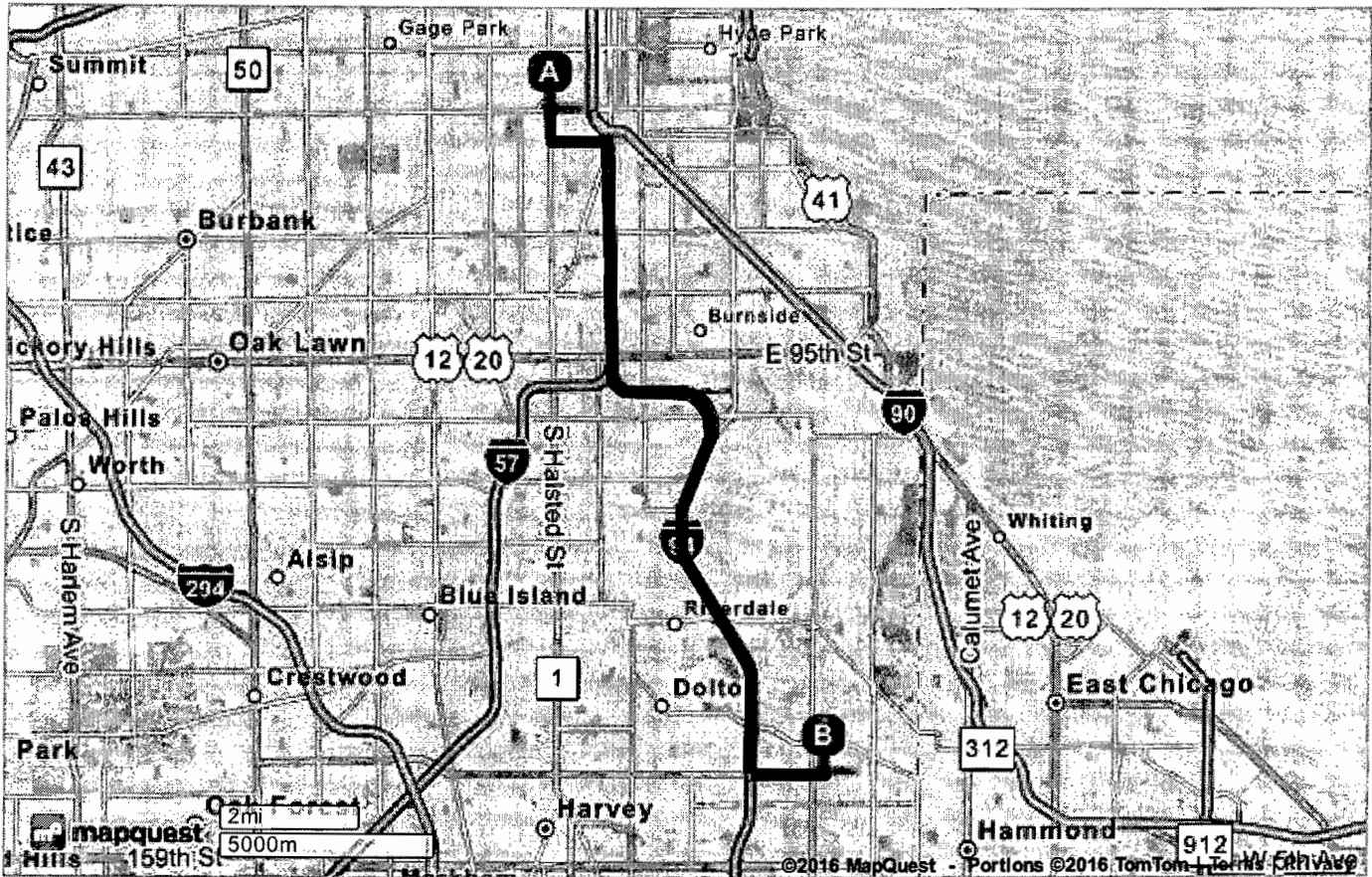
TO DAVITA CALUMET CITY DIALYSIS

Trip to:

1200 Sibley Blvd

Calumet City, IL 60409-2327

15.04 miles / 19 minutes



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172



Trip to:

4720 N Marine Dr

Chicago, IL 60640-5120

15.54 miles / 20 minutes

Notes

TO FRESINIUS MEDICAL CARE UPTOWN



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Trip to:

3520 W Grand Ave

Chicago, IL 60651-4063

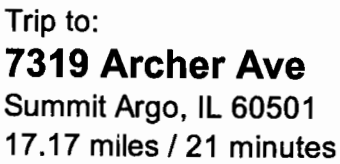
13.19 miles / 21 minutes

Notes

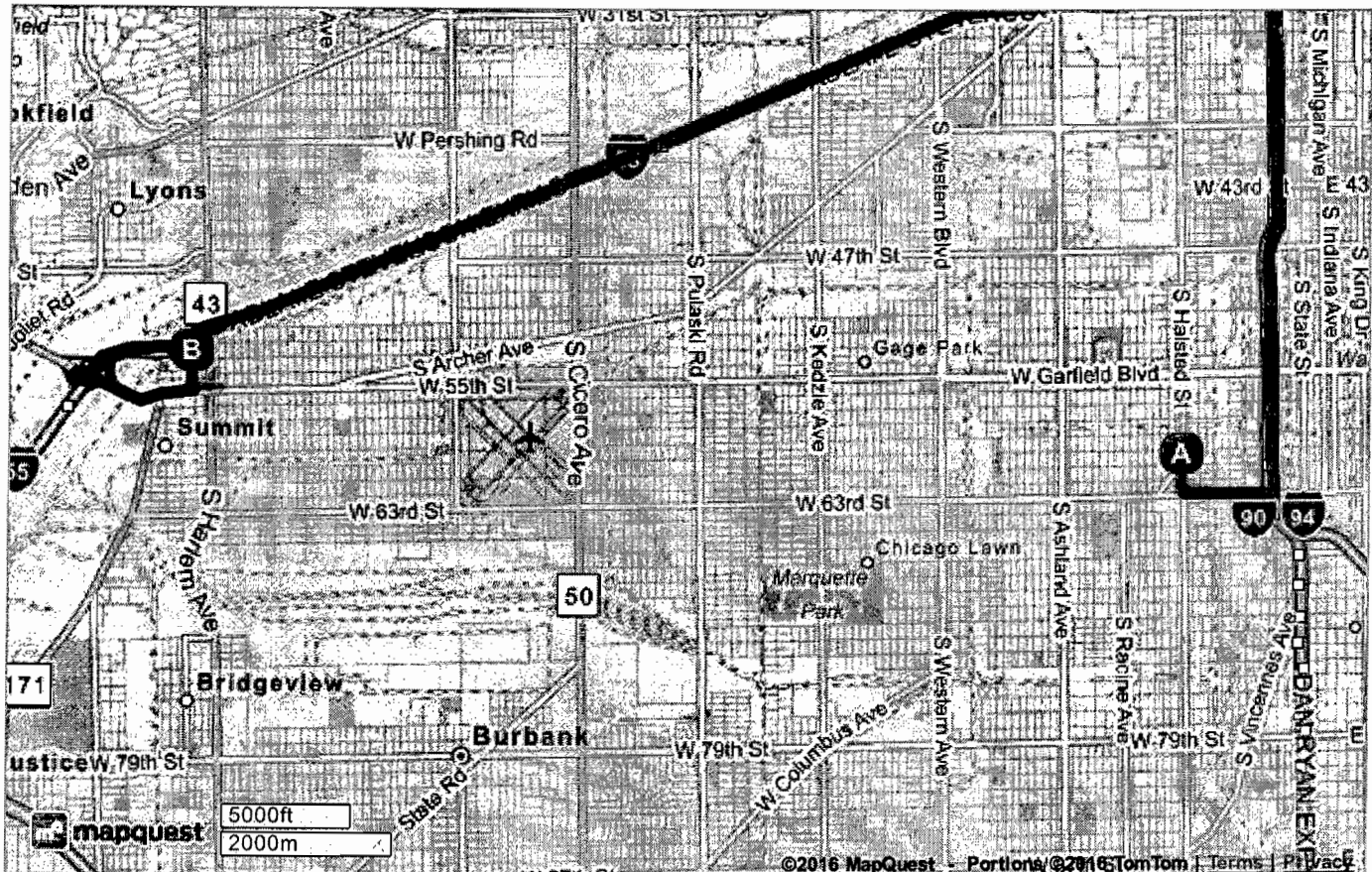
TO FRESNIUS MEDICAL CARE HUMBOLDT PARK



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TO FRESENIUS MEDICAL CARE SUMMIT



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Trip to:

[3901 - 3999] W 167th St

Country Club Hills, IL 60478

18.09 miles / 21 minutes

Notes

TO DAVITA COUNTRY HILLS



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Trip to:
3250 W Franklin Blvd
Chicago, IL 60624-1509
12.72 miles / 22 minutes

Notes

TO DAVITA GARFIELD DIALYSIS



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Trip to:

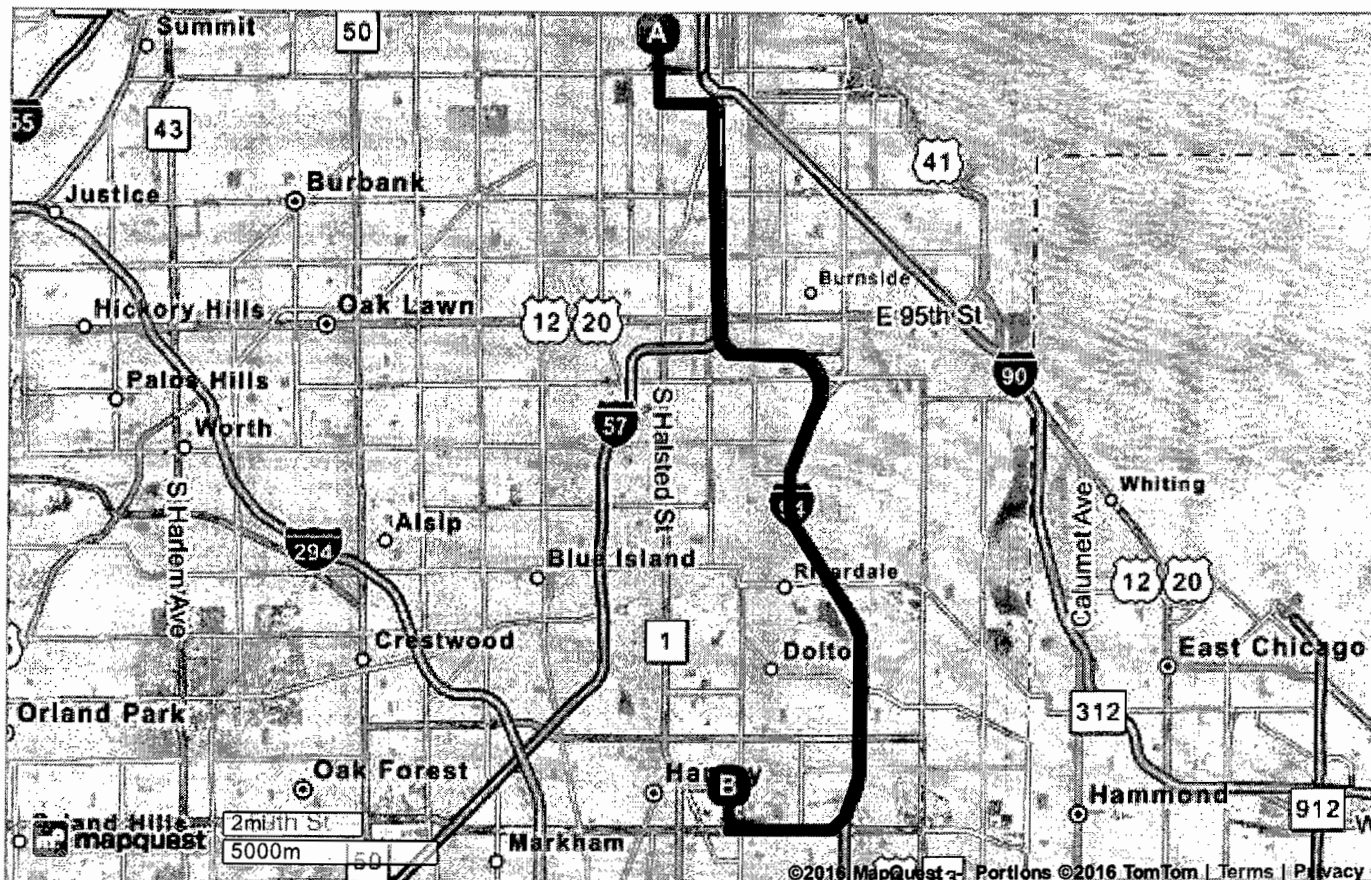
16100 La Salle St, SOUTH

South Holland, IL 60473

16.95 miles / 22 minutes

Notes

TO DAVITA SOUTH HOLLAND DIALYSIS



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Trip to:

[5600 - 5600] W 159th St

Oak Forest, IL 60452-3104

17.96 miles / 23 minutes

Notes

TO FRESENIUS MEDICAL CARE OAK FOREST



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Notes

TO DAVITA LOGAN SQUARE DIALYSIS

Trip to:

2816 N Kimball Ave

Chicago, IL 60618-7524

14.00 miles / 24 minutes



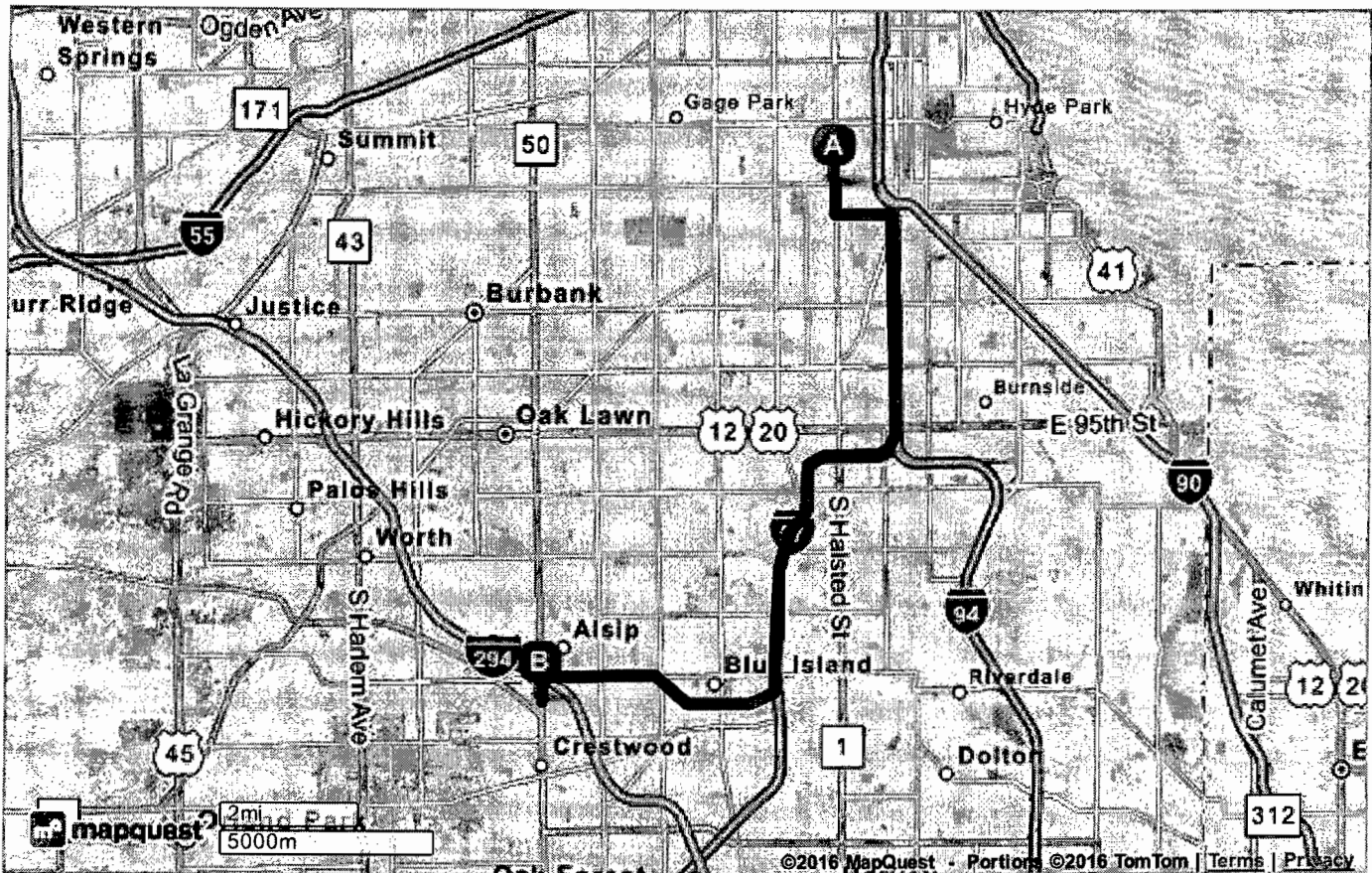
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Trip to:
[13026 - 13050] S Cicero Ave
Alsip, IL 60803
15.24 miles / 24 minutes

Notes

TO FRESINIUS MEDICAL CARE ALSIP



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Trip to:

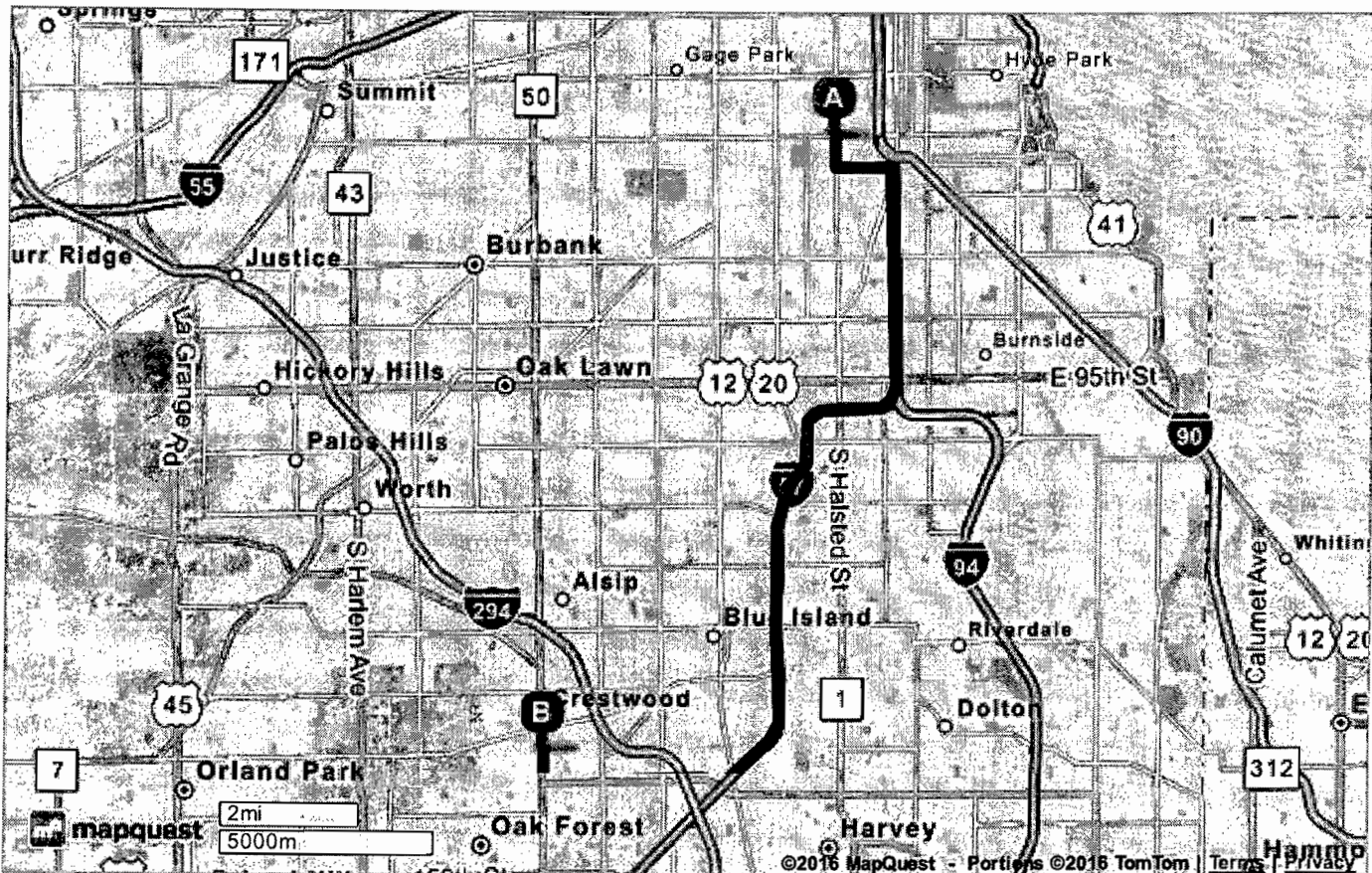
143rd St & Cicero Ave

Crestwood, IL 60445

16.85 miles / 23 minutes

Notes

TO CONCERTO DIALYSIS



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Trip to:

Community Dialysis of Harvey
16641 Halsted St, Ste 1

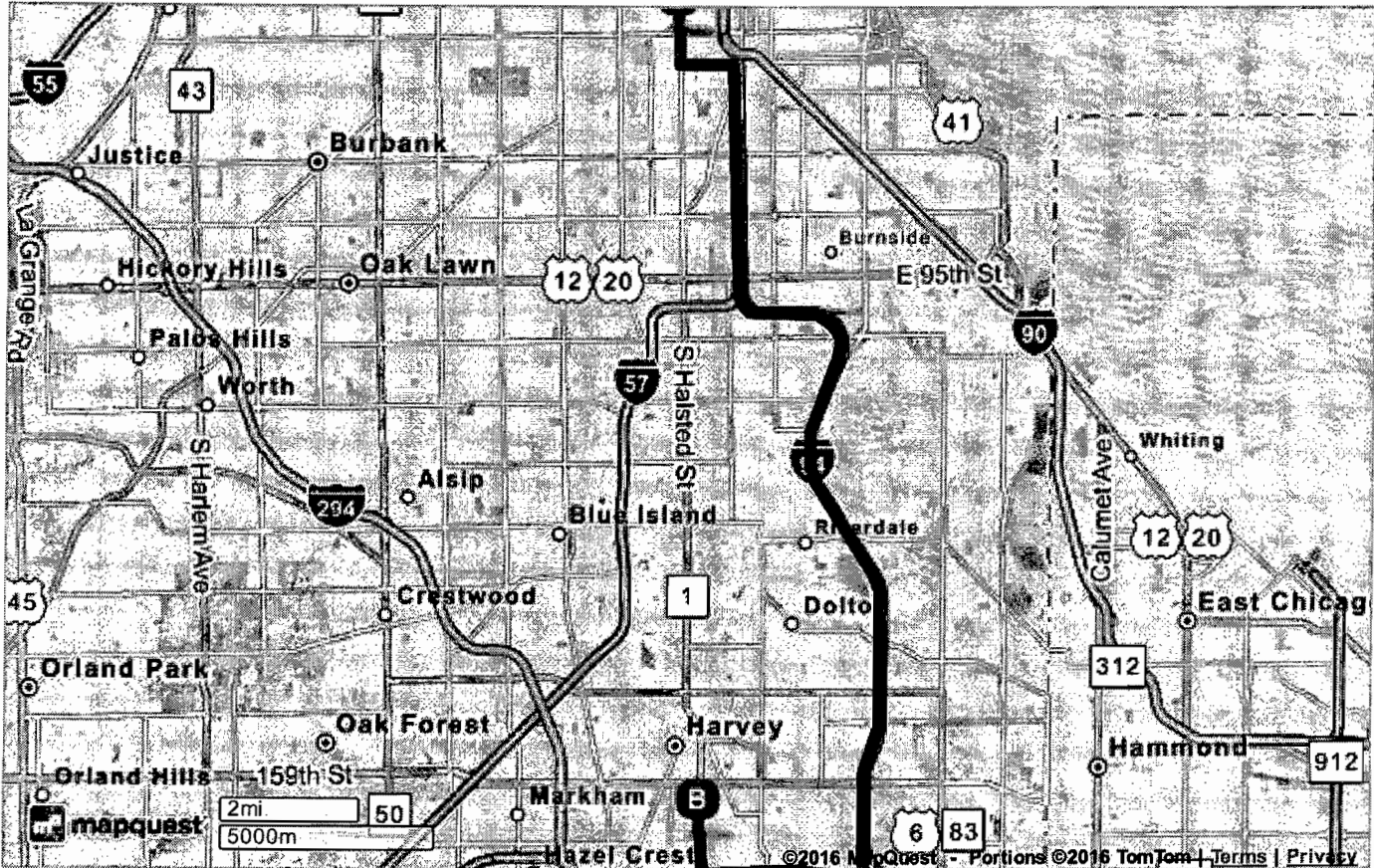
Harvey, IL 60426

(708) 210-9500

19.93 miles / 23 minutes

Notes

TO DAVITA HARVEY DIALYSIS



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Trip to:
1044 N Mozart St
Chicago, IL 60622-2759
13.18 miles / 24 minutes

Notes

TO FRESenius MEDICAL CARE WEST METRO



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Trip to:

17225 Paxton Ave

South Holland, IL 60473-3757

17.88 miles / 24 minutes

Notes

TO FRESENIUS MEDICAL CARE SOUTH HOLLAND



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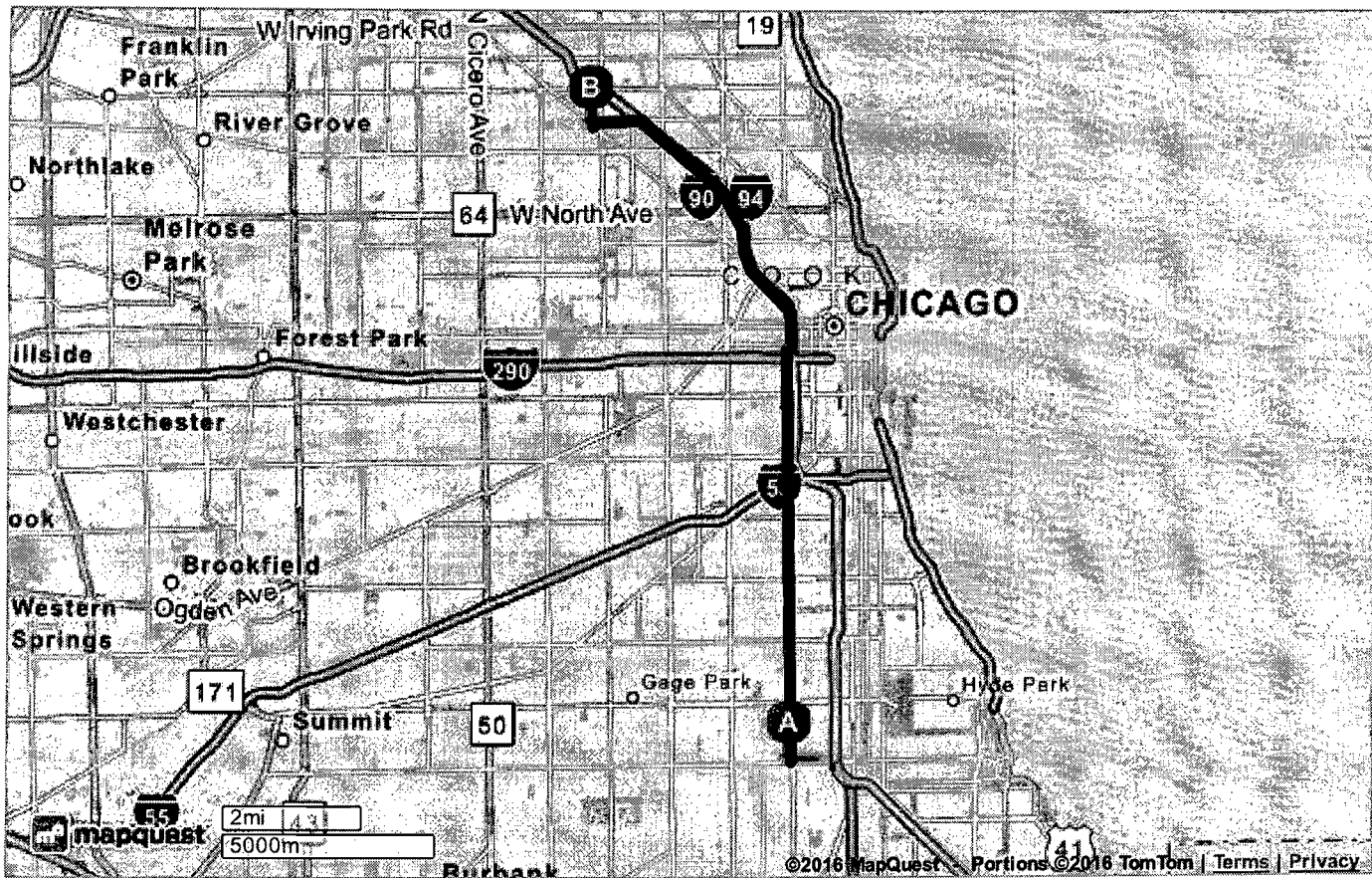


Trip to:
2721 N Spaulding Ave
Chicago, IL 60647-1338
12.50 miles / 25 minutes

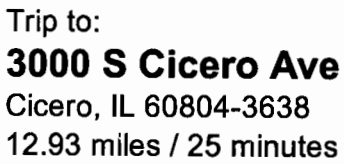
Notes

TO FRESENIUS MEDICAL CARE LOGAN SQUARE

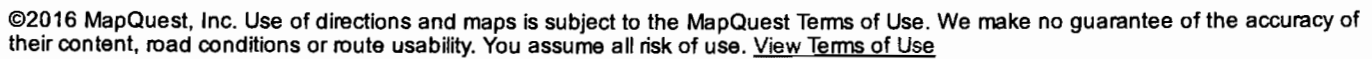
Over 30 minutes AWAY



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OVER 30 MINUTES ADJUSTED





Trip to:
2620 W Addison St
Chicago, IL 60618-5905
14.36 miles / 25 minutes

Notes

TO FRESINIUS MEDICAL CARE NORTHCENTER

OVER 30 MINUTES AWAY



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Trip to:

Fresenius Medical Care
4861 Cal Sag Rd

Crestwood, IL 60445

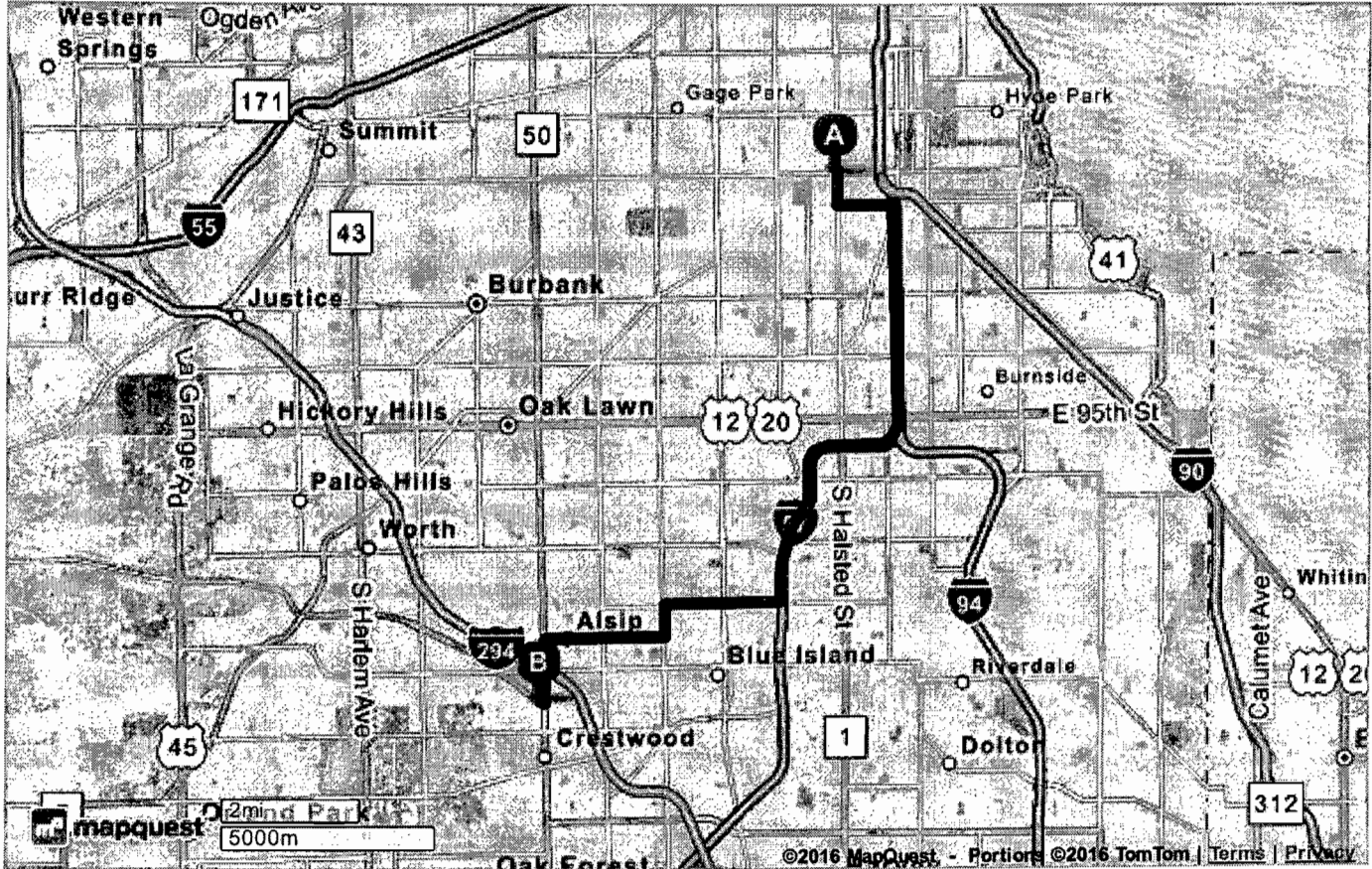
(708) 385-1400

14.96 miles / 25 minutes

Notes

TO FRESENIUS MEDICAL CARE CRESTWOOD

OVER 30 MINUTES AWAY



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Notes

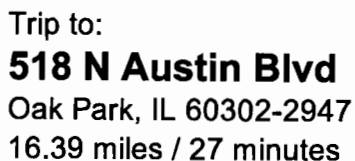
TO FRESENIUS MEDICAL CARE AUSTIN

OVER 30 MINUTES AWAY

Trip to:
4800 W Chicago Ave
Chicago, IL 60651-3223
14.89 miles / 26 minutes



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TO FRESNIUS MEDICAL CARE WEST SUB

OVER 30 MINUTES AWAY



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Trip to:
4800 N Kilpatrick Ave
Chicago, IL 60630-4028
17.13 miles / 28 minutes

Notes

TO FRESENIUS MEDICAL CARE NORTH KILPATRICK

OVER 30 MINUTES AWAY



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Trip to:

733 Madison St

Oak Park, IL 60302-4419

17.55 miles / 28 minutes

Notes

TO FRESNIUS MEDICAL CARE OAK PARK

OVER 30 MINUTES AWAY



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Trip to:

4935 W Belmont Ave

Chicago, IL 60641-4332

14.69 miles / 29 minutes

Notes

TO FRESNIUS MEDICAL CARE WEST BELMONT

OVER 30 MINUTES AWAY



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Trip to:
610 S Maple Ave
 Oak Park, IL 60304-1003
 15.23 miles / 29 minutes

Notes

TO MAPLE AVENUE KIDNEY CENTER

OVER 30 MINUTES AWAY



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mapquest

Trip to:

103 Forest Ave

River Forest, IL 60305-2003

17.98 miles / 30 minutes

Notes

TO FRESNIUS MEDICAL CARE RIVER FOREST

OVER 30 MINUTES AWAY



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ASSOCIATES IN NEPHROLOGY, S.C.

NEPHROLOGY AND HYPERTENSION

210 South Des Plaines Street

Chicago, Illinois 60661

(312) 654-2720

PAUL W. CRAWFORD, M.D., F.A.S.N.
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SATYA P. AHUJA, M.D., F.A.S.N.
MARIA I. SOBRERO, M.D.
HAROLD BREGMAN, M.D., F.A.C.P.
CONSTANTINE G. DELIS, D.O.
KAREEN R. SIMPSON, M.D., F.A.S.N.
AMITABHA MITRA, M.D.
JIM JIANLING YAO, M.D.
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MADHAV RAO, M.D.
APRIL KENNEDY, M.D.
RIZWAN MOINUDDIN, D.O.
NIMEET BRAHMBHATT, M.D.
ALI KHAN, M.D.
MATTHEW MENEZES, M.D.
MINHSON BUI, M.D.
JOSHUA TROB, M.D.

June 21, 2016

Ms. Kathy Olson, Chairman
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Olson:

I am writing to convey my utmost support for the relocation and expansion of the Fresenius Medical Care Ross Dialysis – Englewood facility. I am a nephrologist in practice with Associates in Nephrology (AIN) and am also the Medical Director of the Ross-Englewood facility. This facility is severely over utilized and combining that with the building's poor physical condition and undesirable location demands action to keep access to dialysis available to my patients in Englewood as well as providing for their physical safety.

The south Chicago area where I practice has a population that is economically and medically at risk. Englewood is an African American community where nearly half the residents are living below the poverty level. Hypertension and diabetes is rampant in this population resulting in End Stage Renal Disease. These high risk patients need additional access in their community to dialyze in a safe and more modern environment than the current Ross-Englewood facility can offer them.

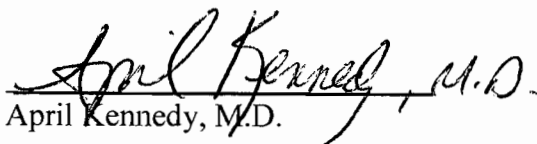
Over the past three years the AIN physicians in the facilities in this area at Fresenius Ross-Englewood, Evergreen Park and Roseland were treating 204 hemodialysis patients at the end of 2013, 206 patients at the end of 2014, 241 patients at the end of 2015, and 227 as of March 2016 as reported to The Renal Network.

Over the past twelve months AIN has referred 46 new patients for hemodialysis services to Fresenius Ross-Englewood, Evergreen Park and Roseland. I currently have 68 pre-ESRD patients that live in the immediate Englewood area who will require dialysis within 24 months of the relocation and expansion of the Ross-Englewood facility and will be referred there when necessary.

I respectfully ask the Board to approve the relocation and expansion of the Ross-Englewood facility to keep much needed dialysis services available in the Englewood neighborhood. Thank you for your consideration.

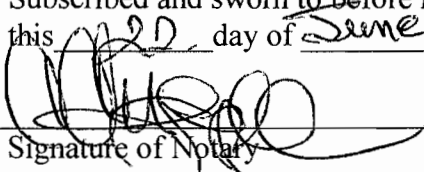
I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,


April Kennedy, M.D.

Notarization:

Subscribed and sworn to before me
this 22 day of June, 2016


Signature of Notary

Seal



**PRE-ESRD PATIENTS AIN EXPECTS TO REFER TO FRESENIUS MEDICAL
CARE ROSS DIALYSIS - ENGLEWOOD IN THE 1ST 2 YEARS (24 MONTHS)
AFTER PROJECT COMPLETION**

Zip Code	Pre-ESRD Patients
60621	13
60636	38
60637	17
Total	68

**NEW REFERRALS OF AIN FOR ENGLEWOOD AREA
05/2015 THROUGH 04/2016**

Zip Code	Fresenius Kidney Care			Total
	Evergreen Park	Roseland	Ross	
60419			1	1
60457	1			1
60472	1			1
60609			2	2
60617	1			1
60619			1	1
60620	2		7	9
60621			6	6
60628	1	3	2	6
60629			1	1
60632			2	2
60636			4	4
60637			2	2
60642	1			1
60643		1		1
60649	1		1	2
60652			1	1
60805	1			1
60827	1	1		2
Total	10	5	31	46

HEMODIALYSIS PATIENTS OF AIN FOR THE ENGLEWOOD AREA

Zip Code	Fresenius Evergreen Park				Fresenius Roseland				Fresenius Ross - Englewood			
	Dec-13	Dec-14	Dec-15	Mar-16	Dec-13	Dec-14	Dec-15	Mar-16	Dec-13	Dec-14	Dec-15	Mar-16
60110												1
60406	2	1	1	1								
60409	2	1										
60419	1	1	1	1							2	1
60426	1	1	1	1								
60438	1	1										
60453	1	1	1	1	1				1			
60457			1	1								
60459	1	1	1	1	1							
60472	1	1	1	1								
60473		1	1	1								
60477			1	1								
60605			1	1		1						
60609	1								2	2	2	3
60610			1									
60612									1			
60615	2	1	2	1					1	1	1	1
60616			1	1								
60617	2	2	5	3	1	1	2	1	4	3	5	2
60619	2	2	5	4	1				3	2		
60620	19	21	28	23					12	16	15	14
60621	3	1	2	2	1				19	19	23	24
60627						1	2	1				
60628	12	12	17	15	22	29	32	33	4	8	3	6
60629		1	1	1					2	3	4	2
60631									1			
60632												1
60636	4	2	1		1	1			15	20	19	15
60637									5	5	6	5
60643	11	12	16	18	12	8	6	7	1			
60644							1		1			
60649	1		3	3					7	3	2	2
60652	2	4	4	4								1
60653	1	2	3	3						1	1	1
60655	1	1	1	1								
60690		1	1	1								
60805	2	1	2	2	1	1	1	1				
60827	6	5	7	7	5	4	4	5				1
Total	79	77	110	99	46	46	48	48	79	83	83	80

Total All Clinics	2013	2014	2015	2016
	204	206	241	227