

16-033

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

ORIGINAL

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

AUG 10 2016

This Section must be completed for all projects.**Facility/Project Identification**HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name: Brighton Park Dialysis		
Street Address: 4729 South California Avenue		
City and Zip Code: Chicago, Illinois 60632		
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

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

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

Name: Brent Habitz
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 1600 West 13th Street, Suite 3 Chicago, Illinois 60608
Telephone Number: 312-243-9286
E-mail Address: brent.habitz@davita.com
Fax Number: 855-237-5324

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Brighton Park Dialysis		
Street Address: 4729 South California Avenue		
City and Zip Code: Chicago, Illinois 60632		
County: Cook	Health Service Area: 6	Health Planning Area: 6

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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Telephone Number: 312-243-9286
E-mail Address: brent.habitz@davita.com
Fax Number: 855-237-5324

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Clark Street Real Estate LLC
Address of Site Owner: 980 North Michigan Avenue, Suite 1280, Chicago, Illinois 60611
Street Address or Legal Description of Site: 4729 South California Avenue, Chicago, Illinois 60632

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

PARCEL 15:
THAT PART OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ OF SECTION 12, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:
THE SOUTH 135.62 FEET OF THE SOUTH 2 ACRES OF THE NORTH 3 ACRES OF THE WEST ¼ OF THE WEST ¼ OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ OF SAID SECTION 12, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 16:
THE WEST ¼ OF THE WEST ¼ OF THE NORTH ¼ OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ (EXCEPT THE NORTH 3 ACRES THEREOF AND EXCEPT THE SOUTH 2 ACRES THEREOF) OF SECTION 12, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 17:
LOTS 1, 2, 3, AND 18 IN COBE AND MCKINNON'S SUBDIVISION OF THE SOUTH 2 ACRES OF THE WEST ¼ OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ OF SECTION 12, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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: Itasca Dialysis, LLC
Address: 2000 16 th Street, Denver, CO 80202

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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

DaVita HealthCare Partners Inc. and Itasca Dialysis LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 16-station dialysis facility located at 4729 South California Avenue, Chicago, Illinois 60632. The proposed dialysis facility will include a total of 7,757 contiguous rentable square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$1,402,516		\$1,402,516
Modernization Contracts			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$115,327		\$115,327
Consulting and Other Fees	\$55,000		\$55,000
Movable or Other Equipment (not in construction contracts)	\$608,877		\$608,877
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$2,638,217		\$2,638,217
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,929,937		\$4,929,937
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,291,720		\$2,291,720
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$2,638,217		\$2,638,217
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,929,937		\$4,929,937
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service. ☒ Yes ☐ No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ <u>2,025,375</u> .

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings:
☐ None or not applicable ☐ Preliminary ☒ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>October 31, 2018</u>
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies ☒ Project obligation will occur after permit issuance.
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization NOT APPLICABLE

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

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

CERTIFICATION

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

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

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

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Javier J. Rodriguez

PRINTED NAME

Chief Executive Officer – Kidney Care

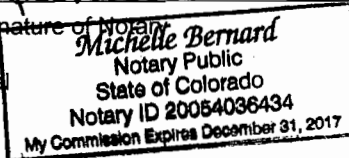
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16 day of March

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

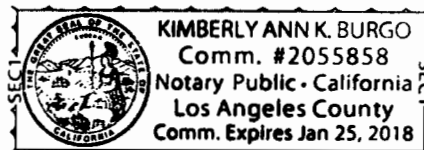
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification of CON Application (Brighton Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Itasca Dialysis, LLC

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 Itasca Dialysis, 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

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Javier J. Rodriguez

PRINTED NAME

Chief Executive Officer – Kidney Care

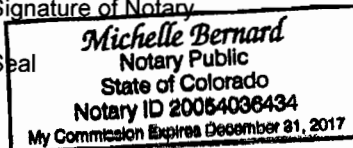
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16 day of March

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



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Document Date: March 9, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Itasca Dialysis, LLC

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

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

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$2,291,720	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$2,638,217 (FMV of Lease)	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$4,929,937	TOTAL FUNDS AVAILABLE

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

IX. **1120.130 - Financial Viability**

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

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

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2015.

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

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

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



2391269 8300

SR# 20151041024

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 10475571

Date: 11-23-15



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

ITASCA DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 07, 2016, 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 #: 1606901454 verifiable until 03/09/2017
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 9TH
day of MARCH A.D. 2016 .

Jesse White

SECRETARY OF STATE

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

The letter of intent between Clark Street Real Estate LLC and Itasca Dialysis, LLC to lease the facility located at 4729 South California Avenue, Chicago, Illinois 60632 is attached at Attachment – 2.

July 29, 2016

Mr. Andy Stein
Clark Street Real Estate
980 N Michigan Ave Suite 1280
Chicago, IL 60611

RE: LOI – 4729 South California Ave, Chicago, IL 60632

Mr. Stein:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners Inc. to assist in securing a lease requirement. DaVita HealthCare Partners is a Fortune 250 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 internationally.

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

<u>PREMISES:</u>	To be constructed building at approximately 4729 South California Ave, Chicago, IL 60632
<u>TENANT:</u>	Itasca Dialysis LLC
<u>GUARANTY:</u>	DaVita Healthcare Partners, Inc.
<u>LANDLORD:</u>	Clark Street Real Estate LLC or its assignees or designees
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 7,757 SF of ground floor contiguous rentable square feet. Tenant shall have the right to measure space and final measurement standards will be agreed to by parties.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	\$36.89 PSF, NNN with ten percent (10%) increases every 5 years during the term and any options.
<u>ADDITIONAL EXPENSES:</u>	It is the intention of the Landlord that this Lease is "absolute NNN" and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural components of the Property (to be further defined in lease).

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant upon the latter of: completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Landlord's substantial completion of the shell and MBBI. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to the Tenant.

LEASE FORM:

Tenant's standard lease form that will conform to the Park Manor lease as a starting point for negotiations.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, apheresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

The current zoning is M1-2 and allows for medical use.

PARKING:

See attached site plan.

BASE BUILDING:

Landlord, at Landlord's expense, shall deliver to the premises the Base Building improvements included in the attached Exhibit B, subject to Tenant's architect and project manager approval.

Landlord will make reasonable efforts to coordinate early access for tenant improvements with Tenant's project manager once the building slab is poured, under roof, and exterior walls are up.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and following each successive five-year option periods, so long as tenant is not in default of the lease.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed 270 days after Landlord acquires property and all necessary approvals and permits Tenant may receive one day of rent abatement for every day of delay beyond the 270 day delivery period. Need to discuss schedule in more detail.

HOLDING OVER:

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

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises at Tenant's cost, subject to compliance with all applicable laws and regulations. Will work with land owner on comprehensive sign package for hard corner at 47th and California during due diligence period.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. Inc. with the consent of the Landlord, whose consent shall not be unreasonably held or delayed.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by mutually agreed upon contractor so as not damage roof or violate roof warranty. Tenant shall be responsible for its own permits.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a three mile radius of Premises.

HVAC:

As part of Landlord's work, Landlord shall provide HVAC units meeting the specifications set forth in Exhibit B or provide an HVAC allowance.

DELIVERIES:

To be determined.

**GOVERNMENTAL
COMPLIANCE:**

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

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON

permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes Cushman & Wakefield ("C&W") as the Tenant's local representative and shall pay a brokerage fee equal 2% of the base rent over the initial 10 year period, 50% shall be due upon receipt of a fully executed lease and satisfaction of all contingencies (including CON) and 50% payable upon Tenant opening for business and payment of 1st month's rent.

PLANS:

Preliminary plans attached hereto.

CONTINGENCIES:

This proposal is subject to the Landlord securing and closing on the subject parcel and timing is subject to all necessary governmental, city and adjoining landowner approval.

In the event the Landlord is not successful in obtaining all necessary approvals including, but not limited to, zoning and use, the Tenant shall have the right, but not the obligation to terminate the lease.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operations
DaVita Team Genesis Real Estate

SIGNATURE PAGE

LETTER OF INTENT:**TO BE CONSTRUCTED BUILDING AT
4729 South California Ave, Chicago, IL 60632**AGREED TO AND ACCEPTED THIS 5th DAY OF AUGUST 2016By: Penny Davis**On behalf of Total Renal Care, a wholly owned subsidiary of DaVita
Healthcare Partners, Inc.
("Tenant")**AGREED TO AND ACCEPTED THIS 5th DAY OF AUGUST 2016By: [Signature]CLARK STREET REAL ESTATE LLC
("Landlord")

EXHIBIT A**NON-BINDING NOTICE**

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

PRELIMINARY SITE PLAN SUBJECT TO CHANGE

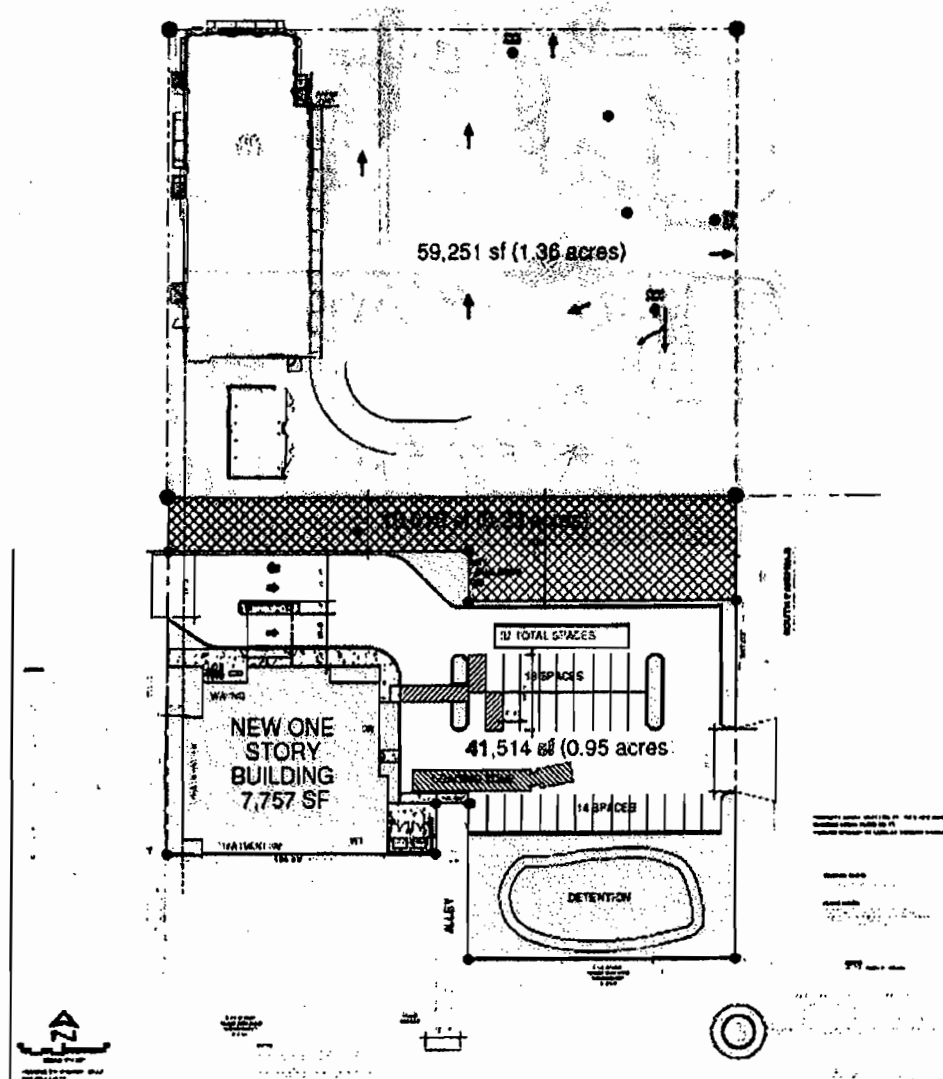


EXHIBIT B



OPTION 1 FOR NEW BUILDING
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT
MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

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

At a minimum, the Landlord shall provide the following Base Building and Site Development Improvements to meet Tenant's Building and Site Development specifications at Landlord's sole cost:

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

1.0 - Building Codes & Design *

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

Building design will follow agreed upon architecture with Alderman and Seller of Property.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all permitting related to the base building and site improvements.

4.0 Foundation and Floor

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

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper

horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grade and shall be a minimum of four-inch (4") (five-inch (5") at Water treatment room) thick with minimum concrete strength of 4,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement over a 10 mil minimum vapor barrier and granular fill per Landlord's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more 90% relative humidity 3 lbs. of moisture per 1,000sf/24 hours is emitted per completed RH testing (ASTM F2170-11, 'Standard Test Method for Determining Relative Humidity in Concrete Floor Slabs Using in situ Probes') results after 28 day cure time. Relative humidity testing to be performed by Tenant at Tenant's sole cost. Means and methods to achieve this level will be responsibility of the Landlord and may preclude the requirement for Tenant's third party testing. Under slab plumbing shall be installed by Tenant's General Contractor in coordination with Landlord's General Contractor, inspected by municipality and Tenant for approval prior to pouring the building slab. All utility trenches installed by Tenant's general contractor to be backfilled and compacted using approved granular material specifications of the Landlord's general contractor testing consultant. Final grade will be by Landlord's GC.

5.0 - Structural *

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

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

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

6.0 - Exterior walls

Exterior walls to be fire rated if required by code requirements. If no fire rating is required, interior of walls shall be left as exposed and until Tenants completes any and all work with-in walls on the interior side of the exterior walls. Landlord shall be responsible for interior metal stud furring/framing, mold- and moisture-resistant glass mat board, mold- and moisture-resistant gypsum board, taping and finishing on the interior side of all exterior walls.

8.0 - Roof Covering

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

9.0 - Parapet *

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

10.0 - Façade

Façade design is subject to review and approval of municipality. Landlord to provide specifications for building façade for Tenant review and approval. All wall system to be signed off by a Landlord's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

Minimum 3-inch drainable exterior insulating fenestration system (EIFS) on water-vapor barrier on ¾-inch thick glass matt sheathing, AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier, system on 6" 16- or 18-ga metal stud framing

Or

Minimum 3-inch drainable exterior insulating fenestration system (EIFS), AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier system, on water-vapor barrier on 8-inch or 12-inch thick concrete masonry wall construction with 3½-inch 20-ga metal stud furring.

Or if required by local municipality

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

11.0 - Canopy *

Canopy design per DaVita Shell Prototype. Approximate size to be based on building and site plan. Canopy to accommodate patient arrival with a level grade with barrier-free transition to the finish floor elevation. Controlled storm water drainage requirements of gutters with scuppers and/or downspouts drainage to landscape areas or connected to site storm sewer system as required or properly discharged away from the building, sidewalks, and pavement. Steel bollards at column locations where needed.

12.0 – Waterproofing and Weatherproofing

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

13.0 - Windows

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

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of floor or ceiling deck. Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Yale 8800 Series, Grade 1 mortise lockset or better). Doors shall meet all barrier-free requirements including but not limited to American Disability Act (ADA), and State Department of Health requirements. Landlord shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Tenant with a minimum of three (3) sets of keys. Final location of doors to be determined by Tenant architectural floor plan and shall be coordinate with Tenant's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Landlord:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, push button programmable lock, power assist opener, continuous hinge and lock mechanism.
- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset,
- Teammate Entry Doors: Provide a minimum 36-inch wide, 20-ga, insulated, hollow metal door and thermally-broken, welded, 20-ga hollow-metal frame (both finished with rust-inhibiting paint) with programmable keypad lockset, heavy-duty hinges, aluminum threshold, surface closer, and concealed-overhead stop.

- **Emergency Egress Doors:** Provide minimum 36" wide door with 20 gauge insulated hollow metal door both painted with rust-inhibiting paint, AND/OR (where indicated by Lessee's Architect) a minimum 42-inch wide aluminum/glass door and aluminum storefront frame, with exit-only panic bar locking hardware, hinges, surface-closer and concealed-overhead stop.

16.0 - Utilities

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

17.0 - Plumbing

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

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

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

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

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

18.0 - Fire Suppression System *

A Sprinkler System will be installed if required by AHJ or if required by Tenant. Any single story standalone building or building that could expand to greater than 10,000SF will require a sprinkler system. Landlord shall design and install a complete turnkey sprinkler system that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a dedicated water line independent of Tenant's potable water line requirements, or as required by local municipality or water provider. Landlord shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

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

Landlord will provide up to 5 sub panels that can accommodate up to 42 circuits based on the Electrical Engineers design.

If Tenant so chooses to require an Emergency Transfer Switch hook-up for a temporary generator, Landlord will provide one at Landlord costs per Tenants Electrical design.

Landlord to provide main Fire Alarm Control panel that serves the Tenant space and will have the capacity to accommodate devices in Tenant space based on Fire Alarm system approved by local authority having jurisdiction. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

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

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be run to HVAC units and HWH's per design drawings. Clinic shall be individually metered and sized per demand by Engineer. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning *

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

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

The criteria is as follows:

- | | |
|--|---|
| <ul style="list-style-type: none">• Equipment to be Lennox RTU's• Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads. | <ul style="list-style-type: none">• Units to include Power Exhaust• Control system must be capable of performing all items outlined in the Sequence of Operations specification section• RTU controller shall be compatible with a Building Management System |
|--|---|

- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-out
- All ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- using BACnet communication protocol.
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

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

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

22.0 - Telephone

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

23.0 - Cable TV

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

24.0 - Handicap Accessibility *

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

markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways. See attached site plan

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

25.0 - Exiting

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

26.0 - Site Development Scope of Requirements

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

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

27.0 - Refuse Enclosure *

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

28.0 - Generator

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

29.0 - Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant power panel. Location of pole fixtures per Landlord civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Tenant hours of operation) or a photocell.

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

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

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

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

32.0 - Site Signage

Landlord will allow at Tenant's cost to install an illuminated monument/pylon site sign as well as a facade mounted sign which will include electrical to both. Final sign layout to be provided and approved by Landlord and City.

EXHIBIT C
POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 4729 South California Ave, Chicago, IL 60632

(i) an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

____ Yes x No

(ii) the immediate family member of an individual involved in the healthcare business, or

____ Yes x No

(iii) an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

____ Yes x No

(iv) an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

____ Yes x No

____ Clark Street Real Estate LLC
(Please add landlord or entity name)

By: Andy Stein

Print: Andy Stein

Its: Member

Date: 7/29/16

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

The Illinois Certificate of Good Standing for Itasca Dialysis, LLC is attached at Attachment – 3. The names and percentages ownership of all persons with a five percent or greater ownership in Itasca Dialysis, LLC is listed below.

Name	Address	Ownership Interest
Total Renal Care Inc.	2000 16 th Street Denver, Colorado 80202	51%
Mount Sinai Hospital Medical Center of Chicago	California at 15 th Street Chicago, Illinois 60608	26%
AMS Physicians, LLC	747 Ivy Lane Glencoe, Illinois 60022	10%
Dr. Andres Serrano	747 Ivy Lane Glencoe, Illinois 60022	8% (indirect)
Cocao Associates Inc.	1309 South Indiana Avenue Chicago, Illinois 60605	13%
Dr. Ogbonnaya Aneziokoro	1309 South Indiana Avenue Chicago, Illinois 60605	8.1% (indirect)



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

ITASCA DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 07, 2016, 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 #: 1606901454 verifiable until 03/09/2017

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 9TH
day of MARCH A.D. 2016 .***

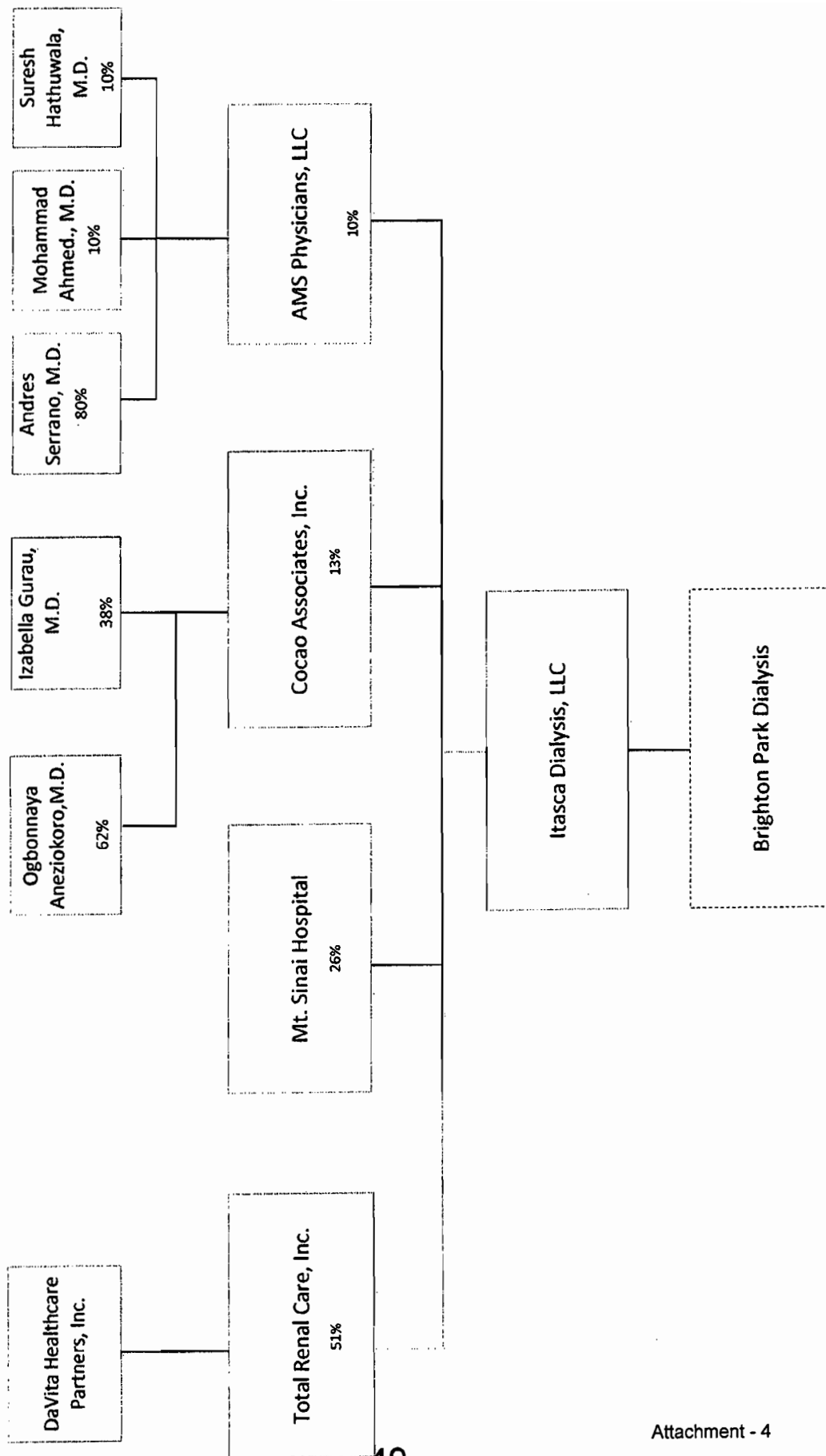
Jesse White

SECRETARY OF STATE

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

The organizational chart for DaVita HealthCare Partners Inc., Itasca Dialysis, LLC, and Brighton Park Dialysis is attached at Attachment – 4.

BRIGHTON PARK DIALYSIS
ORGANIZATIONAL STRUCTURE



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 4729 South California Avenue, Chicago, Illinois 60632. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.

FEMA's National Flood Hazard Layer (Official)

Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available: <http://tinyurl.com/j4xwp5e>



National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | scott.mcafee@fema.dhs.gov

Section I, Identification, General Information, and Certification

Historic Resources Preservation Act Requirements

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



**Illinois Historic
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1507 • (217) 782-4836 • TTY (217) 524-7128 FAX (217) 524-7525

Cook County
Chicago

CON - Demolition and New Construction to Establish a 16-station Dialysis Facility
4729 S. California Ave.
IHPA Log #020071416

August 1, 2016

Timothy Tincknell
DaVita Healthcare Partners, Inc.
1600 W. 13th St., Suite 3
Chicago, IL 60608

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

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

Attachment - 6

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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts	\$1,402,516		\$1,402,516
Modernization Contracts			
Site Survey and Soil Investigation			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$115,327		\$115,327
Consulting and Other Fees	\$55,000		\$55,000
Moveable and Other Equipment			
Communications	\$98,650		\$98,650
Water Treatment	\$149,675		\$149,675
Bio-Medical Equipment	\$10,885		\$10,885
Clinical Equipment	\$247,755		\$247,755
Clinical Furniture/Fixtures	\$22,745		\$22,745
Lounge Furniture/Fixtures	\$3,265		\$3,265
Storage Furniture/Fixtures	\$7,037		\$7,037
Business Office Fixtures	\$29,865		\$29,865
General Furniture/Fixtures	\$29,000		\$29,000
Signage	\$10,000		\$10,000
Total Moveable and Other Equipment	\$608,877		\$608,877
Fair Market Value of Leased Space	\$2,638,217		\$2,638,217
Total Project Costs	\$4,929,937		\$4,929,937

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

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

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

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$4,929,937		7,757	7,757			
Total Clinical	\$4,929,937		7,757	7,757			
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	\$4,929,937		7,757	7,757			

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

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
14-042	Tinley Park Dialysis	Establishment	10/31/2016
15-003	Vermillion County Dialysis	Establishment	4/30/2017
15-004	Machesney Park Dialysis	Establishment	4/30/2017
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-033	Lincoln Park Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017
15-048	Park Manor Dialysis	Establishment	2/28/2018
15-049	Huntley Dialysis	Establishment	2/28/2018
15-052	Sauget Dialysis	Expansion	8/31/2017
15-054	Washington Heights Dialysis	Establishment	9/30/2017
16-004	O'Fallon Dialysis	Establishment	9/30/2017
16-016	Jerseyville Dialysis	Expansion	6/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	6/30/2018

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.1460(b), In-Center Hemodialysis Projects – Review Criteria

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Brighton Park Dialysis, a 16-station in-center hemodialysis facility to be located at 4729 South California Avenue, Chicago, Illinois 60632.

DaVita HealthCare Partners Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2015 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in the application for Proj. No. 16-023.

Based upon January 2016 data from the Centers for Medicare and Medicaid Services, DaVita is the clinical leader in the Quality Incentive Program ("QIP") for the third straight year. Nationwide, 98.6 percent of DaVita centers met QIP standards, significantly outperforming other large dialysis providers. Further, DaVita ranked first in four clinical measures in the end stage renal disease ("ESRD") QIP program. QIP is part of Medicare's ESRD program aimed at improving the quality of care provided to Medicare patients. It was designed as the nation's first pay-for-performance quality incentive program.

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

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

On June 17 2016, CAPG awarded Healthcare Partners, DaVita's medical group division, multiple honors. California and The Everest Clinic in Washington its Standards of Excellence™ Elite Award. Colorado Springs Health Partners received a Standards of Excellence™ Exemplary Awards. Standards of Excellence™ awards are achieved by surpassing rigorous, peer-defined benchmarks in survey categories: Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care, and Administrative and Financial Capability. See Attachment – 11A.

On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care. See Attachment – 11B.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on these programs was previously included in the application for Proj. No. 16-009.

On May 19, 2016, DaVita and Northwell Health announced a joint venture to serve thousands of patients in Queens and Long Island with integrated kidney care. The joint venture will provide kidney care services in a multi-phased approach, including:

- Physician education and support
- Chronic kidney disease education
- Network of outpatient centers
- Hospital services
- Vascular access
- Integrated care
- Clinical research
- Transplant services

The joint venture will encourage more in-home treatment at centers operated by DaVita and Northwell Health.

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

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.¹
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.²
- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).³
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).⁴
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.⁵
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.⁶

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

² Id.

³ Id. at 79

⁴ Id.

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

⁶ Id.

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

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

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

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

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and

⁷ Id at 161.

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

⁹ Id at 4.

decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. WipeOut, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid infection-related hospitalizations. DaVita led the industry with more than 90 percent of its dialysis patients immunized for influenza in 2015.

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

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

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

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such

as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

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

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of *GI Jobs®* and *Military Spouse Magazine*, recently recognized DaVita as the best 2016 Military Friendly Employer in the health care industry and 34th among all industries. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service. DaVita was also named as a CivilianJobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2016, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the ninth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the fifth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the twelfth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2016 – for the ninth consecutive year and tenth year overall.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2015, more than 550 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised \$1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention

and medically supported camps for kids. DaVita Way of Giving program donated \$2 million in 2015 to locally based charities across the United States. Since 2011, DaVita teammates have donated \$6.8 million to thousands of organizations through DaVita Way of Giving. DaVita teammates and their families and friends have volunteered more than 111,000 hours through 2,500 Village Service Days projects since 2006.

DaVita does not limit its community engagement to the U.S. alone. In 2015, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 32 international medical missions and over 50 domestic missions and CKD screening events. More than 300 DaVita volunteers supported these missions, impacting nearly 17,000 men, women and children in 15 countries.

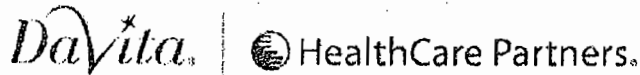
1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.
2. A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11C. Dialysis facilities are currently not subject to State Licensure in Illinois.

Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11D.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11D.

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DaVita HealthCare Partners Receives Multiple Honors from Leading Coordinated Care Association

CAPG Honors HealthCare Partners California and The Everett Clinic with Elite Award, Colorado Springs Health Partners Receives Exemplary Award

DENVER, June 20, 2016 /PRNewswire/ -- DaVita HealthCare Partners Inc. (NYSE: DVA), a leading independent medical group in the United States and leading global provider of kidney care services, today announced that its medical group division, HealthCare Partners, received multiple honors from CAPG, the nation's leading organization for physician groups practicing coordinated care.

CAPG awarded HealthCare Partners California and The Everett Clinic in Washington its Standards of Excellence™ Elite Award. Colorado Springs Health Partners received a Standards of Excellence™ Exemplary Award.

"These awards speak to the value DaVita's medical groups all over the country are creating through physician leadership, patient-centered care, and a clinical focus," said Tyler Jung, M.D., chief medical officer for HealthCare Partners. "We thank CAPG for recognizing our efforts and we're honored to carry this distinction."

CAPG's annual Standards of Excellence™ survey is a voluntary self-assessment for CAPG's 250 multispecialty medical groups and independent physician associate members in 40 states, the District of Columbia, and Puerto Rico.

Standards of Excellence™ awards are achieved by surpassing rigorous, peer-defined benchmarks in the survey categories: Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care, and Administrative and Financial Capability.

"This survey is truly a self-reflection of how physician organizations see themselves making a difference in patient lives through their care and commitment to every aspect of their jobs," said Amy Nguyen Howell, M.D., CAPG's chief medical officer. "It starts by putting patients above all else, and emphasizing value over volume, along with strong team-based care. We're proud of what they've done as leaders in making patient-centered, coordinated care catch on across the entire spectrum of healthcare systems nationwide."

About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and HealthCare Partners. HealthCare Partners manages and operates medical groups and affiliated physician networks in California, Nevada, New Mexico, Florida, Colorado and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of March 31, 2016 HealthCare Partners provided integrated care management for approximately 790,000 patients. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. For more information, please visit DaVitaHealthCarePartners.com.

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

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SOURCE DaVita HealthCare Partners Inc.

Attachment - 11A

8/8/2016

DaVita HealthCare Partners Receives Multiple Honors from Leading Coordinated Care Association - Jun 20, 2016



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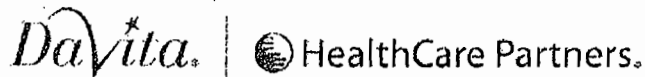
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Attachment - 11A

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DaVita Kidney Care Supports New Program from the American Board of Internal Medicine for Nephrologists

Program will give Maintenance of Certification credit for activities that nephrologists already perform
DENVER, June 16, 2016 /PRNewswire-USNewswire/ -- **DaVita Kidney Care**, a division of **DaVita HealthCare Partners Inc.** (NYSE: DVA) and a leading provider of kidney care services committed to improving the quality of life for those diagnosed with chronic kidney disease (CKD), today announced that the company has partnered with the Renal Physicians Association (RPA) and the American Board of Internal Medicine (ABIM) to allow DaVita-affiliated nephrologists to earn Maintenance of Certification (MOC) credits for participating in dialysis unit quality improvement activities. This new program follows guidelines set for earning MOC credits in accordance with the ABIM's Approved Quality Improvement (AQI) program.

"Our nephrologists are clinical leaders," said Mark Kaplan, MD, vice president, medical affairs, clinical IT and architecture for DaVita Kidney Care. "Developing this new program means our nephrologists will get credit for activities they already do every day and allows them to concentrate their time and energy toward providing high quality care for their patients."

Certification through the ABIM is optional for nephrologists and helps highlight their knowledge and skill level for patients looking for high quality care.

The ABIM approved a total of 20 points per year toward MOC credit for DaVita-affiliated nephrologists taking part in Quality Assessment and Performance Improvement (QAPI) activities in dialysis centers, activities both DaVita facility medical directors and affiliated physicians already perform.

Nephrologists will be able to input the dates and topic of the quality improvement activities into the RPA registry regardless of whether or not they are a registered RPA member. The registry will then forward the information entered to the nephrologists' selected facility administrators to approve the activity.

This program will cost \$50 per year, far less than the thousands of dollars typically spent on earning MOC points. The RPA anticipates that the registry will be able to accept nephrologist requests for MOC points in the fourth quarter of 2016.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of March 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,278 outpatient dialysis centers located in the United States serving approximately 180,000 patients. The company also operated 124 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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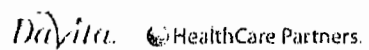
SOURCE DaVita Kidney Care -66-

Attachment - 11B



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Attachment - 11B

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEDPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEDPORT	STEPHENSON	IL	61032-6914	14-2642
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEY	MCHENRY	IL	60142			
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633		
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581		
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636		
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685		
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717		
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552		
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666		
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768		
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582		
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528		
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583		
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668		
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534		
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505		
Machesney Park Dialysis	6950 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115			
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584		
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643		
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570		
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634		
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585		
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527		
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649		
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049			
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541		
Mt. Greenwood Dialysis	3401 W 11TH ST		CHICAGO	COOK	IL	60655-3329	14-2660		
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269			
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674		
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548		
Palos Park Dialysis	13155 S LAGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732		
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617			
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708		

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonestrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermillion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	

DaVita HealthCare Partners Inc.								
Illinois Facilities								
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577	
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688	
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719	
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783	
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648	
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310	

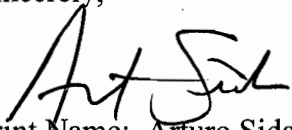
Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

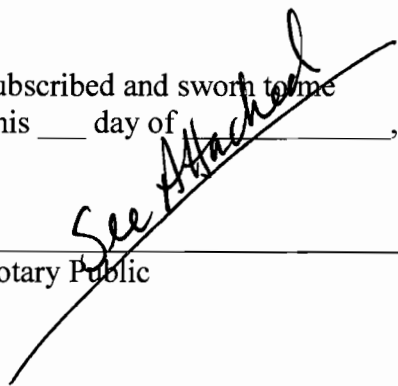
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or Itasca Dialysis,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

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,


Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Itasca Dialysis, LLC

Subscribed and sworn to me
This ____ day of _____, 2016



Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

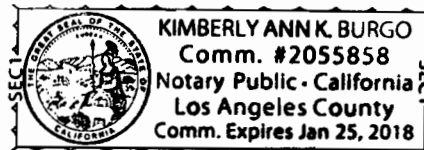
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re CON Application (Brighton Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Itasca Dialysis, LLC

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(a) – Purpose of the Project, Safety Net Impact Statement and Alternatives

1. Purpose of Project

The purpose of the project is to improve access to life sustaining dialysis services to the residents of the Southwest side of Chicago. Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 1 facility that is pediatric-specific, there are 45 dialysis facilities within 30 minutes of the proposed Brighton Park Dialysis that have been operational for at least 2 years. Collectively, the 45 facilities were operating at 75.9% as of March 31, 2016 and lack sufficient capacity to accommodate ESRD patients Dr. Serrano projects will need dialysis services. Based upon June 30, 2016 data from The Renal Network, there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. Serrano's practice, Mount Sinai Hospital's Division of Nephrology is currently treating 410 CKD patients, with 143 CKD patients at Stage 4 or 5, residing within 30 minutes of the proposed site for Brighton Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Serrano anticipates that at least 93 of these patients will require dialysis within 12 to 24 months following project completion.

Importantly, the location of the proposed Brighton Park Dialysis is within in a Primary Care Health Professional Shortage Area and the proposed facility will serve a Medically Underserved Population based upon the Governor's Exception, i.e., population designated by the Governor as having a shortage of personal health services. See Attachment – 12A. Accordingly, the establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for underserved individuals on the Southwest side of Chicago who suffer from ESRD.

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago ZIP code of 60632 has 23.3% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than \$20,000 compared to those making more than \$75,000. Data from the Renal Network bears this out, 26.9% of all ESRD patients in the State reside within 30 minutes of the proposed Brighton Park Dialysis. Further, due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be

¹⁰ According to data from the federal government 388,179 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., ASPE ISSUE BRIEF 39 (Mar. 11, 2016) *available at* <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf> (last visited Aug. 8, 2016)).

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

prevented and delayed. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

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

2. A map of the market area for the proposed facility is attached at Attachment – 12B. The market area encompasses an approximate 20 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Wrigley Field, Chicago, IL.
- Northeast approximately 15 minutes normal travel time to Soldier Field, Chicago, IL.
- East approximately 15 minutes normal travel time to Fuller Park (Chicago).
- Southeast approximately 20 minutes normal travel time to University of Chicago.
- South approximately 25 minutes normal travel time to Oak Lawn, IL.
- Southwest approximately 25 minutes normal travel time to Bridgeview, IL.
- West approximately 25 minutes normal travel time to Western Springs, IL.
- Northwest approximately 30 minutes normal travel time to Forest Park, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of the Southwest side of Chicago and the immediately surrounding areas. As discussed more fully above, there is insufficient capacity within the GSA to accommodate all of the projected ESRD patients.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility. The proposed facility is located in Chicago, Illinois. Dr. Serrano expects at least 93 of the current 143 Stage 4 & 5 CKD patients that reside within 30 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

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

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

5. The proposed facility will improve access to dialysis services to the residents of the Southwest side of Chicago and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA and the increasing size of Dr. Serrano's patient-base and other nephrologists treating patients who are residents of the Southwest side of Chicago, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.



U. S. Department of Health & Human Services



HRSA Health Resources and Services Administration
Data Warehouse

Looking For

Topic Areas

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Data

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About HDW

Home > Tools > Analyzers > Find Shortage Areas by Address

Find Shortage Areas by Address Results

Input address: 4729 South California Avenue,
Chicago, Illinois 60632

Geocoded address: 4729 S California Ave,
Chicago, Illinois, 60632

Start Over ^

HPSA Data as of 8/8/2016

MUA Data as of 8/8/2016

[+] More about this address

In a Dental Health HPSA: Yes

HPSA Name: Low Income - Midsouth Area (Chicago)

ID: 6179991744

Designation Type: Hpsa Population

Status: Designated

Score: 17

Designation Date: 08/25/2000

Last Update Date: 01/04/2011

In a Mental Health HPSA: Yes

HPSA Name: Chicago Central

ID: 7179991758

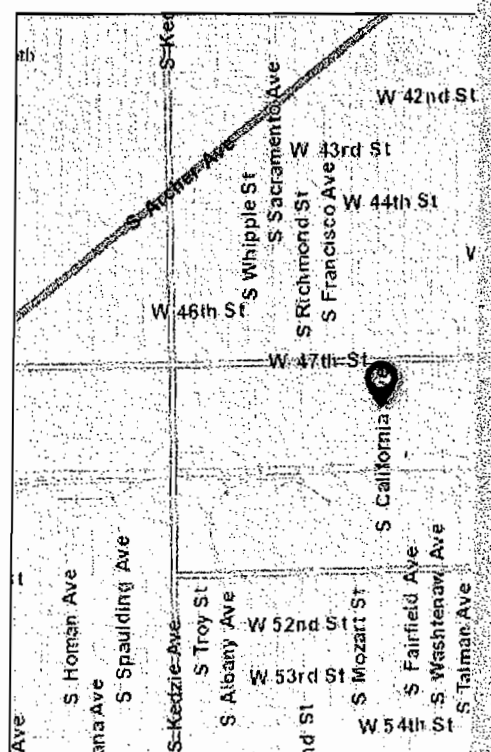
Designation Type: Hpsa Geographic

Status: Designated

Score: 18

Designation Date: 07/11/2003

Last Update Date: 11/25/2013



Click on the image to see an ex

In a Primary Care HPSA: Yes

HPSA Name: Low Income - Brighton/Gaue Parks

ID: 117999176Y

Designation Type: Hpsa Population

Status: Designated

Score: 18

Designation Date: 01/13/2006

Last Update Date: 07/18/2011

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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Attachment - 12A

-77-

<http://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>

8/8/2016

Attachment - 12B

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

Alternatives

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

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

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

Utilize Existing Facilities

Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 1 facility that is pediatric-specific, there are 45 dialysis facilities within 30 minutes of the proposed Brighton Park Dialysis that have been operational for at least 2 years. Collectively, the 45 facilities were operating at 75.9% as of March 31, 2016 and lack sufficient capacity to accommodate ESRD patients Dr. Serrano projects will need dialysis services. Based upon June 30, 2016 data from The Renal Network, there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹² and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹³ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. Serrano's practice, Mount Sinai Hospital's Division of Nephrology is currently treating 410 CKD patients, with 143 CKD patients at Stage 4 or 5, residing within 30 minutes of the proposed site for Brighton Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Serrano anticipates that at least 93 of these patients will require dialysis within 12 to 24 months following project completion.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, there is insufficient capacity among existing facilities to accommodate the ESRD patients that Dr. Serrano projects will need dialysis services. When ESRD patients cannot locate a convenient center at which to receive dialysis treatment, it can lead to patient non-

¹² According to data from the federal government 388,179 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., ASPE ISSUE BRIEF 39 (Mar. 11, 2016) *available at* <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf> (last visited Aug. 8, 2016)).

¹³ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

compliance with their nephrologists' plans of care. Moreover, the lack of adequate capacity can be disruptive for nephrologists seeking to round on his or her patients, which can compound the risk of non-compliance. Non-compliance has significant negative consequences, including higher risk of hospitalization and increased mortality risk. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

As noted above, the existing dialysis facilities within the proposed Brighton Park Dialysis' GSA were operating at an average utilization of 75.9% as of March 31, 2016 and lack sufficient capacity to accommodate ESRD patients Dr. Serrano projects will need dialysis services within 12 to 24 months of project completion. Based upon June 30, 2016 data from The Renal Network, there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and this number is projected to increase.

Importantly, the location of the proposed Brighton Park Dialysis is within in a Primary Care Health Professional Shortage Area and the proposed facility will serve a Medically Underserved Population based upon the Governor's Exception, i.e., population designated by the Governor as having a shortage of personal health services. Accordingly, the establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for underserved individuals on the Southwest side of Chicago who suffer from ESRD.

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago ZIP code of 60632 has 23.3% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than \$20,000 compared to those making more than \$75,000. Data from the Renal Network bears this out, 26.9% of all ESRD patients in the State reside within 30 minutes of the proposed Brighton Park Dialysis. Further, due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

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

The cost of this alternative is **\$4,929,937**.

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

The Applicants propose to establish a 16-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 7,200 – 10,400 gross square feet for 16 dialysis stations. The total gross square footage of the clinical space of the proposed Brighton Park Dialysis is 7,757 gross square feet (or 484.81 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	7,757	7,200 – 10,400	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Serrano is currently treating 143 Stage 4 & 5 CKD patients who all reside within 30 minutes of the proposed facility, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 93 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	14,508	11,981	Yes

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

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

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

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

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c), Planning Area Need

1. Planning Area Need

The Applicants propose to establish a 16-station dialysis facility to be located at 4729 South California Avenue, Chicago, Illinois 60632. The purpose of the project is to improve access to life sustaining dialysis services to the residents of the Southwest side of Chicago. Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 1 facility that is pediatric-specific, there are 45 dialysis facilities within 30 minutes of the proposed Brighton Park Dialysis that have been operational for at least 2 years. See Attachment – 26A. Collectively, the 45 facilities were operating at 75.9% as of March 31, 2016 and lack sufficient capacity to accommodate ESRD patients Dr. Serrano projects will need dialysis services. Based upon June 30, 2016 data from The Renal Network, there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁵ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. Serrano's practice, Mount Sinai Hospital's Division of Nephrology is currently treating 410 CKD patients, with 143 CKD patients at Stage 4 or 5, residing within 30 minutes of the proposed site for Brighton Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Serrano anticipates that at least 93 of these patients will require dialysis within 12 to 24 months following project completion.

Importantly, the location of the proposed Brighton Park Dialysis is within in a Primary Care Health Professional Shortage Area and the proposed facility will serve a Medically Underserved Population based upon the Governor's Exception, i.e., population designated by the Governor as having a shortage of personal health services. Accordingly, the establishment of a 16-station dialysis facility will improve access to necessary dialysis treatment for underserved individuals on the Southwest side of Chicago who suffer from ESRD.

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago ZIP code of 60632 has 23.3% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than \$20,000 compared to those making more than \$75,000. Data from the Renal Network bears this out, 26.9% of all ESRD patients in the State reside within 30 minutes of the proposed Brighton Park Dialysis. Further, due to lack of health insurance prior to ACA,

¹⁴ According to data from the federal government 388,179 Illinois residents enrolled in a health insurance program through the ACA (U.S. DEPT. OF HEALTH & HUMAN SVCS., ASPE ISSUE BRIEF 39 (Mar. 11, 2016) *available at* <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf> (last visited Aug. 8, 2016)).

¹⁵ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the Southwest side of Chicago. As evidenced in the physician referral letter attached at Appendix - 1, 143 Stage 4 & 5 pre-ESRD patients reside within 30 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Serrano and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to require dialysis within the first 12 to 24 months after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60155	1
60402	4
60459	1
60605	1
60607	2
60608	10
60609	5
60612	4
60614	1
60615	2
60616	2
60617	2
60618	1
60619	5
60620	1
60621	4
60623	27
60624	8
60628	1
60629	8
60632	19
60636	3
60638	3
60640	3

Table 1110.1430(c)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60644	6
60647	3
60649	2
60652	2
60653	3
60804	9
Total	143

5. Service Accessibility

As set forth throughout this application, the proposed facility is needed to improve access to life-sustaining dialysis for residents of the Southwest side of Chicago. Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 1 facility that is pediatric-specific, there are 45 dialysis facilities within 30 minutes of the proposed Brighton Park Dialysis that have been operational for at least 2 years. See Attachment – 26A. Collectively, the 45 facilities were operating at 75.9% as of March 31, 2016 and lack sufficient capacity to accommodate ESRD patients Dr. Serrano projects will need dialysis services within 12 to 24 months of project completion. Based upon June 30, 2016 data from The Renal Network, there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and this number is projected to increase. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	03-31-2016 Stations	03-31-2016 Patients	03-31-2016 Utilization
Fresenius Medical Care Summit*	7319 Archer Avenue	Summit	7.57	14	17.5	12	0	0
Alisp Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	11.46	24	30	20	76	0.6333
Stony Creek Dialysis	6236 West 95th St	Oak Lawn	9.3	22	27.5	12	70	0.9722
Fresenius Medical Care - Midway	6201 W. 63rd Street	Chicago	5.77	15	18.75	12	68	0.9444
FMC Dialysis Services - Burbank	4811 W. 77th Street	Burbank	6.13	16	20	26	135	0.8654
RCG-Scottsdale	4651 W. 79th Street	Chicago	6.21	16	20	36	145	0.6713
West Lawn Dialysis	7000 S. Pulaski Road	Chicago	4.62	11	13.75	12	66	0.9167
FMC - Merrionette Park	11630 S. Kedzie Avenue	Merrionette Park	9.2	21	26.25	24	112	0.7778
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	8.75	20	25	16	104	1.0833
Fresenius Medical Care Evergreen Park	9730 South Western Avenue	Evergreen Park	7	17	21.25	30	157	0.8722
Beverly Dialysis	8111 South Western Avenue	Chicago	4.72	12	15	16	101	1.0521
Fresenius Medical Care Chatham	8710 S. Holland Road	Chicago	8.81	17	21.25	16	85	0.8854
FMC - Southside	3134 West 76th Street	Chicago	4.11	9	11.25	39	191	0.8162
FMC - Neomedica - Marquette Park	6535 South Western Avenue	Chicago	2.79	7	8.75	16	90	0.9375
FMC - Ross Dialysis - Englewood	6333 South Green Street	Chicago	4.75	12	15	16	90	0.9375
FMC New City*	4622 South Bishop Street	Chicago	1.84	6	7.5	16	0	0
FMC - Garfield	5401 South Wentworth Avenue #18	Chicago	4.05	10	12.5	22	105	0.7955
Emerald Dialysis	710 West 43rd Street	Chicago	3.55	9	11.25	24	116	0.8056
Fresenius Medical Care Bridgeport	825 West 35th Street	Chicago	3.91	9	11.25	27	134	0.8272
Fresenius Medical Care of Roseland	132 W. 111th Street	Chicago	11.71	21	26.25	12	67	0.9306
Greenwood Dialysis Center	1111 East 87th Street, Suite 700	Chicago	9.75	19	23.75	28	123	0.7321
Stony Island Dialysis	8721 S. Stony Island Avenue	Chicago	10.36	21	26.25	32	158	0.8229
Fresenius Medical Care South Deering	10559 S. Torrence Avenue	Chicago	13.81	24	30	39	20	0.325
Fresenius Medical Care - Neomedica South	9200 South Chicago Avenue	Chicago	10.81	19	23.75	36	168	0.7778
Grand Crossing Dialysis	7319 S. Cottage Grove Ave.	Chicago	7.58	16	20	12	66	0.9167
Jackson Park Dialysis	7531 South Stony Island Avenue	Chicago	8.92	20	25	24	101	0.7014
Woodlawn Dialysis	5060 S State Street	Chicago	4	10	12.5	32	120	0.625
Kenwood Dialysis	4253 S Cottage Grove Avenue	Chicago	6.02	14	17.5	32	128	0.6667
Fresenius Medical Care South Shore	2420 East 79th Street	Chicago	14.82	22	27.5	16	67	0.6979
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood	13.03	22	27.5	30	132	0.7333
Dialysis Center of America - Berwyn	2601 South Harlem Avenue	Berwyn	10.97	19	23.75	28	151	0.8988
Maple Avenue Kidney Center	610 South Maple Avenue	Oak Park	10.84	20	25	18	76	0.7037
Fresenius Medical Care Cicero	3000 South Cicero Avenue	Cicero	4.73	17	21.25	16	60	0.625
Davita Lawndale Dialysis	3934 West 24th Street	Chicago	4.31	15	18.75	16	85	0.8854
SAH Dialysis at 26th Street	3059 West 26th Street	Chicago	3.25	11	13.75	15	32	0.3556
FMC Dialysis Services of Congress Parkway	3410 West Van Buren Street	Chicago	6	19	23.75	30	130	0.7222
Mt. Sinai Hospital Med Ctr	1500 South California Ave.	Chicago	4.75	14	17.5	16	88	0.9167
Little Village Dialysis	2335 W. Cermak Road	Chicago	3.42	12	15	16	93	0.9688
Fresenius Medical Care of Chicago - West	1340 S. Damen Avenue	Chicago	4.61	16	20	31	89	0.4785
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison St	Chicago	5.65	19	23.75	9	28	0.5185
University of Illinois Hospital - Dialysis	1859 W Taylor Street, Room 1003	Chicago	5.44	17	21.25	26	141	0.9038
Garfield Kidney Center	3250 W. Franklin Blvd.	Chicago	7.15	24	30	16	111	1.1563
FMC - Chicago Dialysis Center	1806 West Hubbard Street	Chicago	6.67	23	28.75	21	64	0.5079
Davita West Side Dialysis*	1600 West 13th Street	Chicago	4.69	12	15	12	22	0.3056
Roth University-St Luke's Medical Center*	1750 West Harrison Street, Suite 735	Chicago	5.35	13	16.25	5	7	0.2333
Loop Renal Center	1101 S Canal St.	Chicago	8.43	20	25	28	106	0.631
Fresenius Medical Care - Polk Street	557 West Polk Street	Chicago	8.26	20	25	24	73	0.5069
Gracie Medical Management	1426 West Washington Blvd.	Chicago	6.74	22	27.5	27	102	0.6296
FMC - Prairie	1717 South Wabash Avenue	Chicago	7.08	18	22.5	24	105	0.7292
TOTAL				1044		999	4577	0.7307
TOTAL excluding Peds Facilities & Facilities Operational < 2 Yrs*							4548	0.7588

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.1430(d), Unnecessary Duplication/Maldistribution****1. Unnecessary Duplication of Services**

- a. The proposed dialysis facility will be located at 4729 South California Avenue, Chicago, Illinois 60632. A map of the proposed facility's market area is attached at Attachment – 26B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60130	FOREST PARK	14,167
60141	HINES	224
60155	BROADVIEW	7,927
60301	OAK PARK	2,539
60302	OAK PARK	32,108
60304	OAK PARK	17,231
60402	BERWYN	63,448
60415	CHICAGO RIDGE	14,139
60453	OAK LAWN	56,855
60455	BRIDGEVIEW	16,446
60456	HOMETOWN	4,349
60457	HICKORY HILLS	14,049
60458	JUSTICE	14,428
60459	BURBANK	28,929
60480	WILLOW SPRINGS	5,246
60501	SUMMIT ARGO	11,626
60513	BROOKFIELD	19,047
60525	LA GRANGE	31,168
60526	LA GRANGE PARK	13,576
60527	WILLOWBROOK	27,486
60534	LYONS	10,649
60546	RIVERSIDE	15,668
60558	WESTERN SPRINGS	12,960
60602	CHICAGO	1,204
60603	CHICAGO	493
60604	CHICAGO	570
60605	CHICAGO	24,668
60607	CHICAGO	23,897
60608	CHICAGO	82,739

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60609	CHICAGO	64,906
60612	CHICAGO	33,472
60615	CHICAGO	40,603
60616	CHICAGO	48,433
60617	CHICAGO	84,155
60619	CHICAGO	63,825
60620	CHICAGO	72,216
60621	CHICAGO	35,912
60623	CHICAGO	92,108
60624	CHICAGO	38,105
60628	CHICAGO	72,202
60629	CHICAGO	113,916
60632	CHICAGO	91,326
60636	CHICAGO	40,916
60637	CHICAGO	49,503
60638	CHICAGO	55,026
60642	CHICAGO	18,480
60644	CHICAGO	48,648
60649	CHICAGO	46,650
60651	CHICAGO	64,267
60652	CHICAGO	40,959
60653	CHICAGO	29,908
60654	CHICAGO	14,875
60655	CHICAGO	28,550
60661	CHICAGO	7,792
60804	CICERO	84,573
60805	EVERGREEN PARK	19,852
Total		1,969,014

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited June 3, 2016).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's

utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of the existing approved adult ICHD facilities that have been operational for at least 2 years is 75.9%, and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Historic Utilization of Existing Facilities

Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 1 facility that is pediatric-specific, there are 45 dialysis facilities within 30 minutes of the proposed Brighton Park Dialysis that have been operational for at least 2 years. Their average utilization was 75.9% as of March 31, 2016. Based on data from the Renal Network there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and this number is expected to increase. As a result, there will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

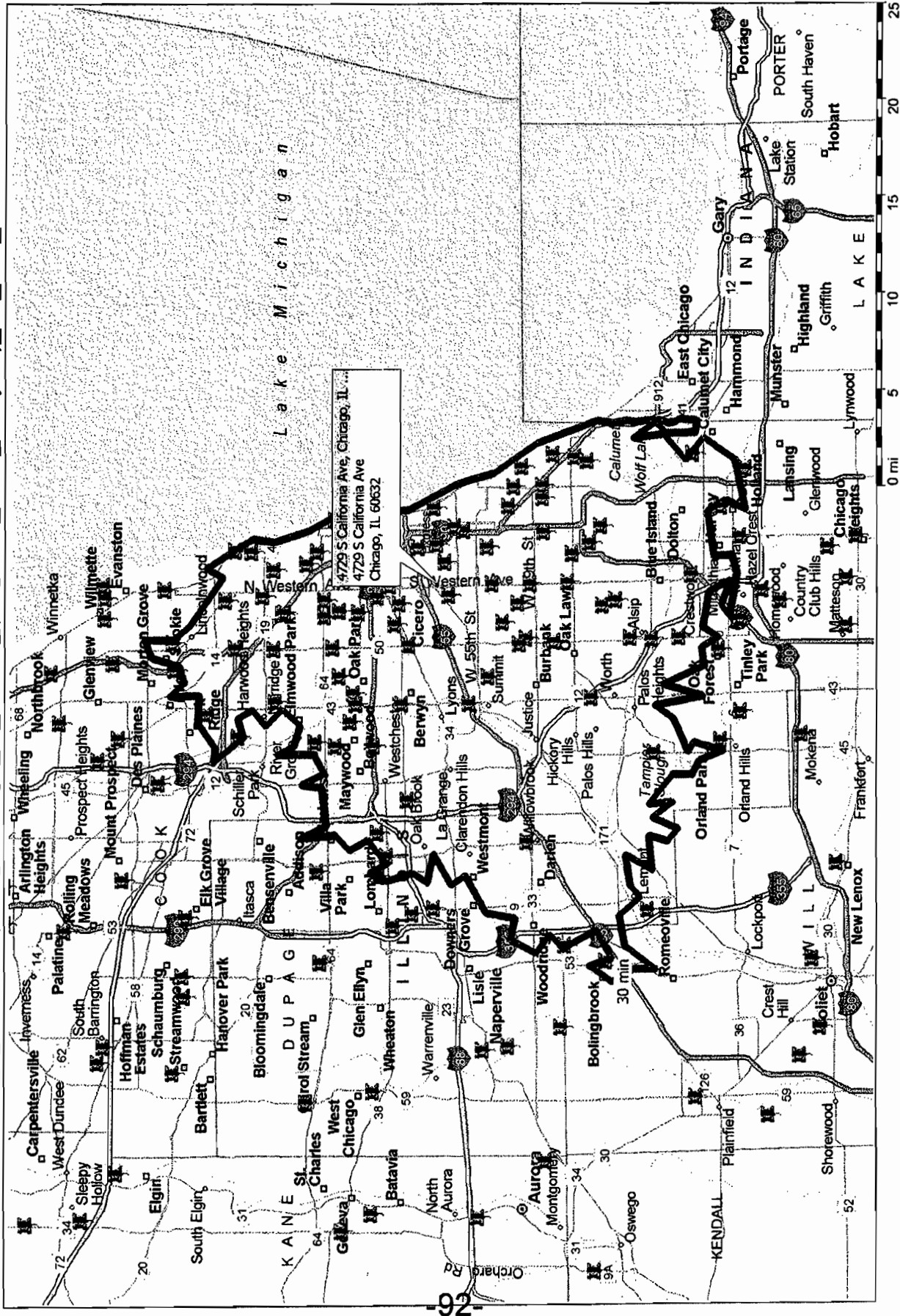
b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 16-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 77 ESRD patients. Dr. Serrano is currently treating 143 Stage 4 & 5 CKD patients that reside within a 30 minute commute to the proposed facility. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Serrano anticipates that at least 93 of these patients will initiate dialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the utilization of adult ICHD facilities operating for over 2 years and within 30 minutes of the proposed Brighton Park Dialysis is 75.9%. A remarkable 5,320 ESRD patients reside within 30 minutes of the proposed facility and this number is projected to increase. As a result, no patients are expected to transfer from the existing dialysis facilities to the proposed Brighton Park Dialysis.
- b. Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 1 facility that is pediatric-specific, there are 45 existing dialysis facilities that have been operating for 2 or more years within the proposed 30 minute GSA of Brighton Park Dialysis. As of March 31, 2016, the 45 facilities were operating at an average utilization of 75.9%. Based upon data from The Renal Network, there were 5,320 ESRD patients residing within 30 minutes of the proposed Brighton Park Dialysis, and that number is projected to increase.

4729 S California Ave Chicago IL 60632 (Brighton Park Dialysis) 30_Min_GSA



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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

a. Medical Director: Andres Serrano, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Serrano's curriculum vitae is attached at Attachment – 26C.

b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator (1.30 FTE)
Registered Nurse (3.59 FTE)
Patient Care Technician (8.83 FTE)
Biomedical Technician (0.36 FTE)
Social Worker (licensed MSW) (0.78 FTE)
Registered Dietitian (0.79 FTE)
Administrative Assistant (1.13 FTE)

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

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

PERSONAL INFORMATION:

Name: Andres Serrano, MD
Date of birth: June 25th 1974
Contact information: andres.serrano@sinai.org

EDUCATION:

Date	Institution	Degree
June 1998	Pontificia Universidad Javeriana Bogotá, Colombia.	Physician and surgeon

GRADUATE MEDICAL EDUCATION:

Date	Institution	Specialty
June 2005	Saint Francis Hospital Evanston, IL	Internal Medicine
June 2007	Northwestern Memorial Hospital Chicago, IL.	Nephrology and Hypertension

BOARD CERTIFICATION AND MEDICAL LICENSURES:

April 2001	United States Medical Licensure Examination Step 1
July 2001	United States Medical Licensure Examination Step 2
October 2001	Educational Commission for Foreign Medical Graduate - Clinical Skills Assessment
February 2002	United States Medical Licensure Examination Step 3
October 2005	American Board of Internal Medicine
January 2008	American Board of Internal Medicine – Nephrology

COMMITTEE SERVICE:

- 2003-2004 Pharmacy committee
 Saint Francis Hospital
 Evanston, IL
- 2004-2005 Graduate Medical Education committee
 Saint Francis Hospital
 Evanston, IL
- 2014- Present Sinai Medical Group Board of Governors
 Sinai Medical Group
 Chicago, IL
- 2014- 2015 Search Committee for Chairman of Pathology
 Mount Sinai Hospital
- 2015- Present Medical Staff officer – Treasurer
 Mount Sinai Hospital
 Chicago, IL

AWARDS, HONORS AND DISTINCTIONS:

- 2005 Excellence in teaching by an Internal Medicine resident.
 Saint Francis Hospital
 Evanston, IL

PROFESSIONAL SOCIETY MEMBERSHIPS:

American Society of Nephrology
International Society of Nephrology
National Kidney Foundation
International Society of Peritoneal Dialysis
Renal Physician Association

CURRENT POSITION

- 2007-present Attending Physician
 Department of Medicine
 Mount Sinai Hospital, Chicago, IL

2007-present Attending Physician
Division of Nephrology
Mount Sinai Hospital, Chicago, IL

2015-present Medical Director
Medical District Home Dialysis
Chicago, IL

HOSPITAL APPOINTMENTS:

2007-present Mount Sinai Hospital
Department of Medicine
Division of Nephrology

TEACHING:

2004-2005 Chief Resident - Internal Medicine
Saint Francis Hospital
Evanston, IL

2007- present Assistant Professor in Medicine
Rosalind Franklin University at Chicago Medical School
Mount Sinai Hospital
Chicago, IL

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TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

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

Explanation of Content

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

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

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

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

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

Introduction to Program

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

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

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

A non-experienced teammate is defined as:

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

An experienced teammate is defined as:

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

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

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

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

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

A final comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online (DVU2069-EXAM). The new teammate's preceptor will proctor the online exam. DVU2069-EXAM is part of the new teammate's new hire curriculum in the LMS. If the exam is administered in class and the teammate attains a passing score, The LMS curriculum will show that training has been completed.

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

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Revision Date: Aug 2014, Oct 2014, Jul 2015, Sept 2015
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TR1-01-02

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

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

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P
- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
 - Culture of Safety, Conducting a Homeroom Meeting
 - Nurse Responsibilities, Time Management
 - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
 - Surfing the VillageWeb – Important sites and departments, finding information

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

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

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DaVita HealthCare Partners Inc.**

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

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

Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. The new teammate with experience will be auto-enrolled in the *DaVita Basic Training Final Exam (DVU2069-EXAM)* in the LMS as part of their new hire curriculum. The new teammate's preceptor will proctor the exam.

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

TR1-01-02

Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom exam or the *Initial Competency Exam*. Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

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

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

Process of Program Evaluation

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

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

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

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

Re: Certification of Support Services

Dear Chair Olson:

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

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

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

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Itasca Dialysis, LLC

Subscribed and sworn to me
This ____ day of ____, 2016

Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re Certification of Support Services (Brighton Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Itasca Dialysis, LLC

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(h), Minimum Number of Stations

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

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

Total Renal Care Inc., a subsidiary of DaVita HealthCare Partners Inc., has an agreement with Mount Sinai Hospital and Medical System to provide inpatient care and other hospital services for the patients of Brighton Park Dialysis. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

SKYLINE DIVISION REGION 2 OFFICE
DAVITA HEALTHCARE PARTNERS, INC.
5623 W. TOUCHY AVENUE
NILES, ILLINOIS 60714
(P): 847-647-2008
(F): 866-770-2748



August 5, 2016

VIA U.S. MAIL

Mount Sinai Hospital and Medical System
1500 S. California Avenue
Chicago, IL 60608
Attention: Administrator

Re: Notification of Change of Address for Brighton Park Dialysis

To Whom It May Concern:

This letter is to notify Mount Sinai Hospital and Medical System of Brighton Park Dialysis' change of address. The new address will be 4729 S. California Avenue, Chicago, IL 60632. The effective date of this change will be July 12, 2016. Should you have any questions or need anything further, please do not hesitate to contact me at the telephone number listed above.

Warm Regards,

A handwritten signature in black ink, appearing to read "Brent Habitz".

Brent Habitz
Regional Operations Director
DaVita HealthCare Partners Inc.

FOR COMPANY USE ONLY:
Center #: 11499

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **MOUNT SINAI HOSPITAL AND MEDICAL SYSTEM**, an Illinois not-for-profit corporation (hereinafter "Hospital") and **TOTAL RENAL CARE, INC.**, a subsidiary of DaVita HealthCare Partners Inc. ("Company").

RECITALS

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

*Brighton Park Dialysis
2847 W. 47th Street
Chicago, Illinois 60632*

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

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

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

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

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

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

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

2. COMPANY OBLIGATIONS.

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

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

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

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

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

3. **BILLING, PAYMENT, AND FEES.** Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

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

7. **INDEMNIFICATION.**

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

(b) **Company Indemnity.** Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from

Brighton Park Dialysis (#11499)
Patient Transfer Agreement with Mount Sinai Hospital and Medical System

or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

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

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

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

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

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

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

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

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

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

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

If to Hospital: Mount Sinai Hospital and Medical System
1500 S. California Avenue
Chicago, IL 60608
Attention: Administrator

If to Company: Brighton Park Dialysis
c/o: DaVita HealthCare Partners Inc.
2847 W. 47th Street
Chicago, IL 606932
Attention: Administrator

With copies to: Total Renal Care, Inc.
c/o: DaVita HealthCare Partners Inc.

Brighton Park Dialysis (#11499)
Patient Transfer Agreement with Mount Sinai Hospital and Medical System

5200 Virginia Way
Brentwood, TN 37027
Attention: Group General Counsel

DaVita HealthCare Partners Inc.
2000 16th Street
Denver, Colorado 80202
Attention: General Counsel

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

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

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

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

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

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

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

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

Brighton Park Dialysis (#11499)
Patient Transfer Agreement with Mount Sinai Hospital and Medical System

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth by their respective names to be effective as of the Effective Date.

Hospital:

**MOUNT SINAI HOSPITAL AND
MEDICAL SYSTEM**

By: DocuSigned by:
Michele Mazurek
2F162D95DC61401...

Name: Michele Mazurek

Its: VP Patient Care Services/CNO

Date: April 19, 2016

Company:

TOTAL RENAL CARE, INC.

By: DocuSigned by:
Brent Habitz
4B2396E382914AB...

Name: Brent Habitz

Its: Regional Operations Director

Date: April 19, 2016

APPROVED AS TO FORM ONLY:

By: DocuSigned by:
Christy Lyn Hruska
74BAB03E8DAF4EA...

Name: Christy Lyn Hruska

Its: Corporate Counsel - Operations

Certificate Of Completion

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Michele Mazurek

Michele.mazurek@sinai.org

VP Patient Care Services/CNO

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Signature

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Brent Habitz

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Regional Operations Director

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Christy Lyn Hruska

Christy.hruska@davita.com

Corporate counsel - operations

Security Level: Email, Account Authentication
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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Relocation of Facilities

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

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

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

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

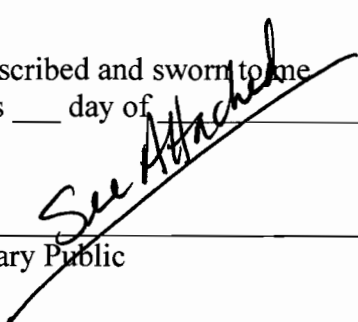
- By the second year after project completion, Brighton Park Dialysis expects to achieve and maintain 80% target utilization; and
- Brighton Park Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population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

Sincerely,



Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Itasca Dialysis, LLC

Subscribed and sworn to me
This ____ day of _____, 2016



Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

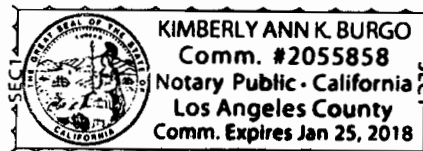
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re In-Center Hemodialysis Assurances (Brighton Park)

Document Date: March 9, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Itasca Dialysis, LLC

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Clark Street Real Estate LLC. A copy of DaVita's 2015 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted. A letter of intent to lease the facility is attached at Attachment – 36.

July 29, 2016

Mr. Andy Stein
Clark Street Real Estate
980 N Michigan Ave Suite 1280
Chicago, IL 60611

RE: LOI – 4729 South California Ave, Chicago, IL 60632

Mr. Stein:

Cushman & Wakefield (“C&W”) has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners Inc. to assist in securing a lease requirement. DaVita HealthCare Partners is a Fortune 250 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 internationally.

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

<u>PREMISES:</u>	To be constructed building at approximately 4729 South California Ave, Chicago, IL 60632
<u>TENANT:</u>	Itasca Dialysis LLC
<u>GUARANTY:</u>	DaVita Healthcare Partners, Inc.
<u>LANDLORD:</u>	Clark Street Real Estate LLC or its assignees or designees
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 7,757 SF of ground floor contiguous rentable square feet. Tenant shall have the right to measure space and final measurement standards will be agreed to by parties.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	\$36.89 PSF, NNN with ten percent (10%) increases every 5 years during the term and any options.
<u>ADDITIONAL EXPENSES:</u>	It is the intention of the Landlord that this Lease is “absolute NNN” and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
<u>LANDLORD’S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural components of the Property (to be further defined in lease).

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant upon the latter of: completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Landlord's substantial completion of the shell and MBBL. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to the Tenant.

LEASE FORM:

Tenant's standard lease form that will conform to the Park Manor lease as a starting point for negotiations.

USE:

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

The current zoning is M1-2 and allows for medical use.

PARKING:

See attached site plan.

BASE BUILDING:

Landlord, at Landlord's expense, shall deliver to the premises the Base Building improvements included in the attached Exhibit B, subject to Tenant's architect and project manager approval.

Landlord will make reasonable efforts to coordinate early access for tenant improvements with Tenant's project manager once the building slab is poured, under roof, and exterior walls are up.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and following each successive five-year option periods, so long as tenant is not in default of the lease.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed 270 days after Landlord acquires property and all necessary approvals and permits Tenant may receive one day of rent abatement for every day of delay beyond the 270 day delivery period. Need to discuss schedule in more detail.

HOLDING OVER:

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

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises at Tenant's cost, subject to compliance with all applicable laws and regulations. Will work with land owner on comprehensive sign package for hard corner at 47th and California during due diligence period.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. Inc. with the consent of the Landlord, whose consent shall not be unreasonably held or delayed.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by mutually agreed upon contractor so as not damage roof or violate roof warranty. Tenant shall be responsible for its own permits.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a three mile radius of Premises.

HVAC:

As part of Landlord's work, Landlord shall provide HVAC units meeting the specifications set forth in Exhibit B or provide an HVAC allowance.

DELIVERIES:

To be determined.

**GOVERNMENTAL
COMPLIANCE:**

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

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON

permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes Cushman & Wakefield ("C&W") as the Tenant's local representative and shall pay a brokerage fee equal 2% of the base rent over the initial 10 year period, 50% shall be due upon receipt of a fully executed lease and satisfaction of all contingencies (including CON) and 50% payable upon Tenant opening for business and payment of 1st month's rent.

PLANS:

Preliminary plans attached hereto.

CONTINGENCIES:

This proposal is subject to the Landlord securing and closing on the subject parcel and timing is subject to all necessary governmental, city and adjoining landowner approval.

In the event the Landlord is not successful in obtaining all necessary approvals including, but not limited to, zoning and use, the Tenant shall have the right, but not the obligation to terminate the lease.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operations
DaVita Team Genesis Real Estate

SIGNATURE PAGE

LETTER OF INTENT:

**TO BE CONSTRUCTED BUILDING AT
4729 South California Ave, Chicago, IL 60632**

AGREED TO AND ACCEPTED THIS 5th DAY OF AUGUST 2016

By: Penny Davis

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

AGREED TO AND ACCEPTED THIS 5th DAY OF AUGUST 2016

By: [Signature]

CLARK STREET REAL ESTATE LLC
("Landlord")

EXHIBIT A**NON-BINDING NOTICE**

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

EXHIBIT B



OPTION 1 FOR NEW BUILDING
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT
MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for 1.1.2 in California and other select States – see end of document for changes to that section)

At a minimum, the Landlord shall provide the following Base Building and Site Development Improvements to meet Tenant's Building and Site Development specifications at Landlord's sole cost:

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

1.0 - Building Codes & Design *

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

Building design will follow agreed upon architecture with Alderman and Seller of Property.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all permitting related to the base building and site improvements.

4.0 Foundation and Floor

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

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper

horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

The floor shall be concrete slab on grade and shall be a minimum of four-inch (4") (five-inch (5") at Water treatment room) thick with minimum concrete strength of 4,000-psi. It will include one of the following, wire mesh or fiber mesh, and/or rebar reinforcement over a 10 mil minimum vapor barrier and granular fill per Landlord's soils and/or structural engineering team based on soil conditions and report from the Soils Engineer. Finish floor elevation to be a minimum of 8" above finish grade. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete floor shall be constructed so that no more 90% relative humidity 3 lbs. of moisture per 1,000sq/24 hours is emitted per completed RH testing (ASTM F2170-11, 'Standard Test Method for Determining Relative Humidity in Concrete Floor Slabs Using in situ Probes') results after 28 day cure time. Relative humidity testing to be performed by Tenant at Tenant's sole cost. Means and methods to achieve this level will be responsibility of the Landlord and may preclude the requirement for Tenant's third party testing. Under slab plumbing shall be installed by Tenant's General Contractor in coordination with Landlord's General Contractor, inspected by municipality and Tenant for approval prior to pouring the building slab. All utility trenches installed by Tenant's general contractor to be backfilled and compacted using approved granular material specifications of the Landlord's general contractor testing consultant. Final grade will be by Landlord's GC.

5.0 - Structural *

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

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

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

6.0 - Exterior walls

Exterior walls to be fire rated if required by code requirements. If no fire rating is required, interior of walls shall be left as exposed and until Tenants completes any and all work with-in walls on the interior side of the exterior walls. Landlord shall be responsible for interior metal stud furring/framing, mold- and moisture-resistant glass mat board, mold- and moisture-resistant gypsum board, taping and finishing on the interior side of all exterior walls.

8.0 - Roof Covering

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

9.0 - Parapet *

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

10.0 - Façade

Façade design is subject to review and approval of municipality. Landlord to provide specifications for building façade for Tenant review and approval. All wall system to be signed off by a Landlord's Structural Engineer. Wall system "R" value must meet current Energy code. Wall system options include, but not limited to:

Minimum 3-inch drainable exterior insulating fenestration system (EIFS) on water-vapor barrier on ¾-inch thick glass matt sheathing, AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier, system on 6" 16- or 18-ga metal stud framing

Or

Minimum 3-inch drainable exterior insulating fenestration system (EIFS), AND (where indicated by Lessee's Architect) fibrous cementitious cladding (mfr: Nichiha) on metal furring on continuous insulation/weather-barrier system, on water-vapor barrier on 8-inch or 12-inch thick concrete masonry wall construction with 3½-inch 20-ga metal stud furring.

Or if required by local municipality

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

11.0 - Canopy *

Canopy design per DaVita Shell Prototype. Approximate size to be based on building and site plan. Canopy to accommodate patient arrival with a level grade with barrier-free transition to the finish floor elevation. Controlled storm water drainage requirements of gutters with scuppers and/or downspouts drainage to landscape areas or connected to site storm sewer system as required or properly discharged away from the building, sidewalks, and pavement. Steel bollards at column locations where needed.

12.0 - Waterproofing and Weatherproofing

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

13.0 - Windows

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

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of floor or ceiling deck. Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck.

15.0 - Exterior Doors

All doors to have weather-stripping and commercial grade hardware (equal to Yale 8800 Series, Grade 1 mortise lockset or better). Doors shall meet all barrier-free requirements including but not limited to American Disability Act (ADA), and State Department of Health requirements. Landlord shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Tenant with a minimum of three (3) sets of keys. Final location of doors to be determined by Tenant architectural floor plan and shall be coordinate with Tenant's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Landlord:

- Patient Entry Doors: Provide Storefront with insulated glass doors and Aluminum framing to be 42" width including push paddle/panic bar hardware, push button programmable lock, power assist opener, continuous hinge and lock mechanism.
- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset,
- Teammate Entry Doors: Provide a minimum 36-inch wide, 20-ga, insulated, hollow metal door and thermally-broken, welded, 20-ga hollow-metal frame (both finished with rust-inhibiting paint) with programmable keypad lockset, heavy-duty hinges, aluminum threshold, surface closer, and concealed-overhead stop.

- **Emergency Egress Doors:** Provide minimum 36" wide door with 20 gauge insulated hollow metal door both painted with rust-inhibiting paint, AND/OR (where indicated by Lessee's Architect) a minimum 42-inch wide aluminum/glass door and aluminum storefront frame, with exit-only panic bar locking hardware, hinges, surface-closer and concealed-overhead stop.

16.0 - Utilities

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

17.0 - Plumbing

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

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

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

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

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

18.0 - Fire Suppression System *

A Sprinkler System will be installed if required by AHJ or if required by Tenant. Any single story standalone building or building that could expand to greater than 10,000SF will require a sprinkler system. Landlord shall design and install a complete turnkey sprinkler system that meets the requirements of NFPA #13 and all local building and life safety codes per NFPA 101-2000. This system will be on a dedicated water line independent of Tenant's potable water line requirements, or as required by local municipality or water provider. Landlord shall provide all municipal (or code authority) approved shop drawings, service drops and sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch.

19.0 - Electrical

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

Landlord will provide up to 5 sub panels that can accommodate up to 42 circuits based on the Electrical Engineers design.

If Tenant so chooses to require an Emergency Transfer Switch hook-up for a temporary generator, Landlord will provide one at Landlord costs per Tenants Electrical design.

Landlord to provide main Fire Alarm Control panel that serves the Tenant space and will have the capacity to accommodate devices in Tenant space based on Fire Alarm system approved by local authority having jurisdiction. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction.

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

20.0 - Gas

Natural gas service, at a minimum, will be rated to have 6" water column pressure and supply 800,000-BTU's. Natural gas pipeline shall be run to HVAC units and HWH's per design drawings. Clinic shall be individually metered and sized per demand by Engineer. Additional electrical service capacity will be required if natural gas service is not available to the building.

21.0 - Mechanical /Heating Ventilation Air Conditioning *

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

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

The criteria is as follows:

- | | |
|--|---|
| <ul style="list-style-type: none">• Equipment to be Lennox RTU's• Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads. | <ul style="list-style-type: none">• Units to include Power Exhaust• Control system must be capable of performing all items outlined in the Sequence of Operations specification section• RTU controller shall be compatible with a Building Management System |
|--|---|

- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-out
- All ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- using BACnet communication protocol.
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

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

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

22.0 - Telephone

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

23.0 - Cable TV

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

24.0 - Handicap Accessibility *

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

markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways. See attached site plan

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

25.0 - Exiting

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

26.0 - Site Development Scope of Requirements

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

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

27.0 - Refuse Enclosure *

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

28.0 - Generator

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

29.0 - Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant power panel. Location of pole fixtures per Landlord civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Tenant hours of operation) or a photocell.

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

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

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

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

32.0 - Site Signage

Landlord will allow at Tenant's cost to install an illuminated monument/pylon site sign as well as a facade mounted sign which will include electrical to both. Final sign layout to be provided and approved by Landlord and City.

EXHIBIT C

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 4729 South California Ave, Chicago, IL 60632

(i) an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

___ Yes x No

(ii) the immediate family member of an individual involved in the healthcare business, or

___ Yes x No

(iii) an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

___ Yes x No

(iv) an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

___ Yes x No

Clark Street Real Estate LLC
(Please add landlord or entity name)

By: Andy Stein

Print: Andy Stein

Its: Member

Date: 7/29/16

Section IX, Financial Feasibility

Criterion 1120.130(a) – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2015 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 39A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners, Inc. and Itasca Dialysis LLC attesting that the total estimated project costs will be funded entirely with cash.



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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary
DaVita HealthCare Partners Inc.
Itasca Dialysis, LLC

Subscribed and sworn to me
This ____ day of _____, 2016

See Attached

Notary Public

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

State of California

County of Los Angeles

On March 9, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

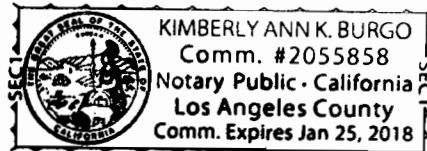
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K. Olson re Reasonableness of Financing Arrangements (Brighton Park)

Document Date: March 9, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Corporate Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita HealthCare Partners Inc./Itasca Dialysis, LLC

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
CLINICAL									
ESRD	\$180.81		7,757				\$1,402,516		\$1,402,516
Contingency	\$14.18		7,757				\$110,000		\$110,000
TOTAL CLINICAL	\$194.99		7,757				\$1,512,516		\$1,512,516
NON- CLINICAL									
ESRD									
Contingency									
TOTAL NON- CLINICAL									
TOTAL	\$194.99		7,757				\$1,512,516		\$1,512,516

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts & Contingencies	\$1,512,516	\$270.09 x 7,757 GSF =\$2,095,088	Meets State Standard
Contingencies	\$110,000	10% of New Construction Contracts 10% x \$1,402,516 = \$140,251	Below State Standard
Architectural/Engineering Fees	\$115,327	6.53% - 9.81% of New Construction Contracts + Contingencies) = 6.53% - 9.81% x (\$1,402,516 + \$110,000) = 6.53% - 9.81% x	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		\$1,512,516 = \$98,767 - \$148,377	
Consulting and Other Fees	\$55,000	No State Standard	No State Standard
Moveable Equipment	\$608,877	\$52,119.16 per station x 16 stations \$52,119.16 x 16 = \$833,907	Below State Standard
Fair Market Value of Leased Space or Equipment	\$2,638,217	No State Standard	No State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(d), Projected Operating Costs

Operating Expenses: \$3,724,728

Treatments: 14,508

Operating Expense per Treatment: \$256.74

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation: \$209,060

Amortization: \$ 6,639

Total Capital Costs: \$215,699

Treatments: 14,508

Capital Costs per Treatment: \$14.87

Section XI, Safety Net Impact Statement**Criterion 1110.230(b) – Purpose of the Project, Safety Net Impact Statement and Alternatives**

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2015 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously included as part of Applicants' application for Proj. No. 16-023. As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), the utilization of adult ICHD facilities operating for over 2 years and within 30 minutes of the proposed Brighton Park Dialysis is 75.9%. There are 410 patients from Dr. Serrano's practice suffering from Stage 3, 4, or 5 CKD. 143 Stage 4 & 5 CKD patients reside within 30 minutes of the proposed site for Brighton Park Dialysis. At least 93 of these patients will be expected to require dialysis treatment within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at a more optimum capacity, while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the establishment of Brighton Park Dialysis. As such, this criterion is not applicable.
4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Table 110.230(b)			
CHARITY CARE			
	2013	2014	2015
Charity (# of patients)	187	146	109
Charity (cost in dollars)	\$2,175,940	\$2,477,363	\$2,791,566
MEDICAID			
	2013	2014	2015
Medicaid (# of patients)	679	708	422
Medicaid (revenue)	\$10,371,416	\$8,603,971	\$7,381,390

Section XII, Charity Care Information

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

CHARITY CARE			
	2013	2014	2015
Net Patient Revenue	\$228,115,132	\$266,319,949	\$311,351,089
Amount of Charity Care (charges)	\$2,175,940	\$2,477,363	\$2,791,566
Cost of Charity Care	\$2,175,940	\$2,477,363	\$2,791,566

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the letter from Dr. Serrano projecting that 93 pre-ESRD patients will progress to ESRD and require dialysis treatment within 12 to 24 months of project completion.

A proud member of Sinai Health System



Mount Sinai Hospital

California Avenue at 15th Street ■ Chicago, IL 60608 1797 ■ (773) 542-2000 ■ TTY (773) 257-6289

Andres Serrano, M.D.
Division of Nephrology
Department of Medicine
Mount Sinai Hospital & Health System
1500 South Fairfield Avenue
Chicago, Illinois 60608

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Brighton Park Dialysis. The proposed 16-station chronic renal dialysis facility, to be located at 4729 South California Avenue, Chicago, Illinois 60632 will directly benefit my patients.

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

The site of the proposed facility is close to Interstates 90, 94, and 55 (I-90, I-94, and I-55) and will provide better access to patients residing on Chicago's southwest side. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 75.9%, according to March 31, 2016 reported census data.

I have identified 410 patients from my practice who are suffering from Stage 3, 4, or 5 CKD. 143 Stage 4 & 5 CKD patients reside within 30 minutes of the proposed facility. Conservatively, I predict at least 93 of these patients will progress to dialysis within 12 to 24 months of completion of Brighton Park Dialysis. My large patient base, the significant utilization at nearby facilities, and the present 54-station need identified in Health Service Area 6 demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, for the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at

Sinai Health System:

- Mount Sinai Hospital ■ Schwab Rehabilitation Hospital ■ Sinai Community Institute ■ Sinai Medical Group
- Affiliate: Access Community Health Network ■ Affiliate of the Jewish Federation of Metropolitan Chicago



Attachment – 2. The list of zip codes for the 143 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

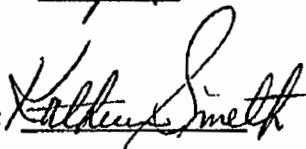
DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Brighton Park Dialysis.

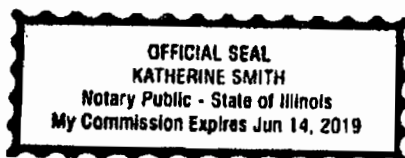
Sincerely,


Andres Serrano, M.D.

Nephrologist
Division of Nephrology
Department of Medicine
Mount Sinai Hospital & Health System
1500 South Fairfield Avenue
Chicago, Illinois 60608

Subscribed and sworn to me
This 2nd day of August, 2016

Notary Public: 



Attachment 1
Historical Patient Utilization

FMC Congress Parkway							
2013		2014		2015		2016 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60609	1	60612	1	60608	3	60608	2
60612	2	60612	1	60609	1	60609	1
60621	1	60623	4	60612	12	60612	10
60623	2	60632	1	60622	1	60622	1
60624	4	60636	1	60623	12	60623	8
60632	2	60639	1	60624	10	60624	8
60644	1	60651	1	60629	1	60629	2
60651	1	60804	1	60632	2	60632	1
60653	2			60644	3	60644	1
				60647	1	60647	1
				60651	2	60651	2
				60653	1	60653	1
				60804	1	60804	1

Historical Patient Utilization

DaVita Lawndale Dialysis							
2013		2014		2015		2016 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60623	1	60458	1	60402	1
		60629	1	60612	1	60458	1
				60619	1	60608	1
				60623	10	60612	1
				60624	2	60619	1
				60629	1	60623	10
				60632	1	60624	2
				60644	1	60631	1
				60651	1	60632	1
				60804	1	60651	2
						60804	1

Historical Patient Utilization

FMC West Metro							
2013		2014		2015		2016 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60612	1	60402	1	60008	1	60622	1
60632	1	60458	1	60056	1	60008	1
60640	1	60504	1	60171	1	60056	1
60651	1	60612	1	60601	1	60171	1
60653	1	60622	1	60608	1	60601	1
		60629	1	60609	1	60609	1
		60636	1	60622	1	60623	5
		60651	1	60623	8	60629	2
		60652	1	60624	1	60632	4
		60804	1	60629	2	60634	1
				60632	7	60638	2
				60638	1	60639	2
				60639	2	60644	2
				60644	2	60651	2
				60651	3	60804	2
				60652	1		
				60707	1		
				60804	3		

Attachment 2
New Patients

FMC Congress Parkway			
2015		2016 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60608	3	60608	1
60609	1	60612	1
60612	12	60623	2
60622	1	60624	2
60623	10	60629	1
60624	10		
60629	1		
60632	2		
60644	3		
60647	1		
60651	2		
60653	1		
60804	1		

New Patients

DaVita Lawndale Dialysis			
2015		2016 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60612	1	60402	1
60619	1	60608	1
60623	10	60623	3
60624	2	60631	1
60629	1	60651	1
60632	1		
60644	1		
60651	1		
60804	1		

New Patients

FMC West Metro			
2015		2016 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60008	1	60634	1
60056	1	60638	1
60171	1	60651	1
60601	1		
60608	1		
60609	1		
60623	8		
60624	1		
60629	2		
60632	6		
60638	1		
60639	2		
60644	2		
60651	2		
60652	1		
60707	1		
60804	3		

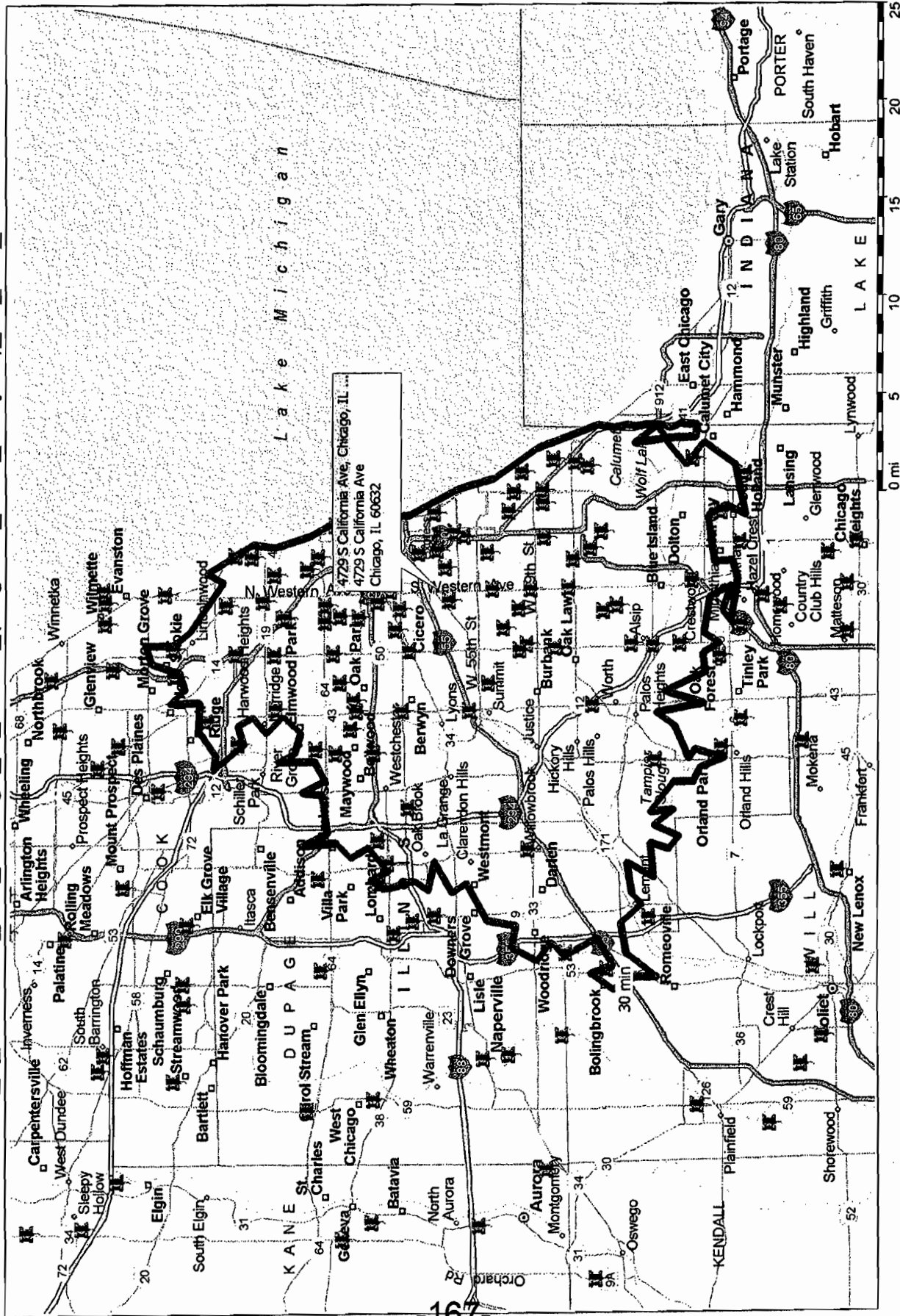
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60155	1
60402	4
60459	1
60605	1
60607	2
60608	10
60609	5
60612	4
60614	1
60615	2
60616	2
60617	2
60618	1
60619	5
60620	1
60621	4
60623	27
60624	8
60628	1
60629	8
60632	19
60636	3
60638	3
60640	3
60644	6
60647	3
60649	2
60652	2
60653	3
60804	9
Total	143

Appendix 2 – Time & Distance Determination

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

4729 S California Ave_Chicago_IL 60632 (Brighton_Park_Dialysis)_30_Min_GSA



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mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

7.57 miles / 14 minutes

Notes

FMC Summit to proposed site for Brighton Park
Dialysis

		Download Free App
	7319 Archer Ave, Summit Argo, IL 60501	
	1. Start out going east on Archer Ave toward S 73rd Ave . Map	0.2 Mi <i>0.2 Mi Total</i>
	2. Turn left onto S Harlem Ave / IL-43 . Map	0.5 Mi <i>0.6 Mi Total</i>
	3. Merge onto I-55 N / Adlai E Stevenson Expy N . Map	4.1 Mi <i>4.7 Mi Total</i>
	4. Take the Pulaski Rd exit, EXIT 287 , toward 4000 W . Map	0.2 Mi <i>4.9 Mi Total</i>
	5. Keep right at the fork in the ramp. Map	0.07 Mi <i>5.0 Mi Total</i>
	6. Merge onto S Pulaski Rd . Map	1.0 Mi <i>6.0 Mi Total</i>
	7. Turn left onto W 47th St . Map	1.5 Mi <i>7.5 Mi Total</i>
	8. Turn right onto S California Ave . Map	0.07 Mi <i>7.6 Mi Total</i>
	9. 4729 S CALIFORNIA AVE is on the left . Map	
	4729 S California Ave, Chicago, IL 60632-2015	

Total Travel Estimate: 7.57 miles - about 14 minutes

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mapquest

Notes

FMC Alsip to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

11.46 miles / 24 minutes



12250 S Cicero Ave, SUITE 105, Alsip, IL 60803-2907

**Download
Free App**



1. Start out going south on S Cicero Ave / IL-50 toward W 123rd St. [Map](#)

0.03 Mi
0.03 Mi Total



2. Take the 1st left onto W 123rd St. [Map](#)

1.0 Mi
1.0 Mi Total



3. Turn left onto S Pulaski Rd. [Map](#)

4.6 Mi
5.6 Mi Total



4. Turn slight right onto W Columbus Ave. [Map](#)

1.4 Mi
7.0 Mi Total



5. Turn left onto S Kedzie Ave. [Map](#)

2.5 Mi
9.5 Mi Total



6. Turn right onto W 59th St. [Map](#)

0.5 Mi
10.0 Mi Total



7. Turn left onto S California Ave. [Map](#)

1.4 Mi
11.5 Mi Total



8. 4729 S CALIFORNIA AVE is on the right. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 11.46 miles - about 24 minutes

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mapquest

Notes

Stony Creek Dialysis to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

9.30 miles / 22 minutes



6236 W 95th St, Oak Lawn, IL 60453-2702

**Download
Free App**



1. Start out going **west** on **W 95th St / US-20 W / US-12 W** toward **Mobile Ave.** [Map](#)

0.2 Mi

0.2 Mi Total



2. Take the **2nd right** onto **Ridgeland Ave.** [Map](#)

1.0 Mi

1.2 Mi Total



3. **Ridgeland Ave** becomes **State Rd.** [Map](#)

2.6 Mi

3.8 Mi Total



4. Turn **left** onto **S Cicero Ave / IL-50.** [Map](#)

2.7 Mi

6.5 Mi Total



5. Turn **right** onto **S Archer Ave.** [Map](#)

1.7 Mi

8.2 Mi Total



6. Turn **slight right** onto **W 47th St.** [Map](#)

1.0 Mi

9.2 Mi Total



7. Turn **right** onto **S California Ave.** [Map](#)

0.07 Mi

9.3 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 9.30 miles - about 22 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

5.77 miles / 15 minutes

Notes

FMC Midway to proposed site for Brighton Park
Dialysis



6201 W 63rd St, Chicago, IL 60638-5009

**Download
Free App**



1. Start out going **east** on **W 63rd St** toward **S Melvina Ave.** [Map](#)

0.8 Mi

0.8 Mi Total



2. Turn **left** onto **S Central Ave.** [Map](#)

1.2 MI

2.0 Mi Total



3. Turn **right** onto **S Archer Ave.** [Map](#)

2.7 Mi

4.7 Mi Total



4. Turn **slight right** onto **W 47th St.** [Map](#)

1.0 Mi

5.7 Mi Total



5. Turn **right** onto **S California Ave.** [Map](#)

0.07 Mi

5.8 Mi Total



6. **4729 S CALIFORNIA AVE** is on the left. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 5.77 miles - about 15 minutes

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Notes

FMC Burbank to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

6.13 miles / 16 minutes

- | | | Download
Free App |
|---|--|---------------------------------|
|  | 4811 W 77th St, Burbank, IL 60459-1586 | |
|  | 1. Start out going west on W 77th St toward Lavergne Ave. Map | 0.03 Mi
0.03 Mi Total |
|  | 2. Turn right onto Lavergne Ave. Map | 0.1 Mi
0.2 Mi Total |
|  | 3. Turn right. Map | 0.03 Mi
0.2 Mi Total |
|  | 4. Turn left. Map | 0.1 Mi
0.3 Mi Total |
|  | 5. Turn slight left. Map | 0.03 Mi
0.3 Mi Total |
|  | 6. Turn right onto S State Rd. Map | 0.3 Mi
0.6 Mi Total |
|  | 7. Turn left onto S Cicero Ave / IL-50. Map | 2.7 Mi
3.4 Mi Total |
|  | 8. Turn right onto S Archer Ave. Map | 1.7 Mi
5.0 Mi Total |
|  | 9. Turn slight right onto W 47th St. Map | 1.0 Mi
6.1 Mi Total |
|  | 10. Turn right onto S California Ave. Map | 0.07 Mi
6.1 Mi Total |
|  | 11. 4729 S CALIFORNIA AVE is on the left. Map | |
|  | 4729 S California Ave, Chicago, IL 60632-2015 | |

Total Travel Estimate: **6.13 miles - about 16 minutes**

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Notes

RCG-DSI Scottsdale to proposed site for Brighton
Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

6.21 miles / 16 minutes



4651 W 79th St, Chicago, IL 60652-1125

**Download
Free App**



1. Start out going **east** on **W 79th St** toward **S Knox Ave.** [Map](#)

0.8 Mi

0.8 Mi Total



2. Turn **left** onto **S Pulaski Rd.** [Map](#)

3.7 Mi

4.5 Mi Total



3. Turn **slight right** onto **S Archer Ave.** [Map](#)

0.6 Mi

5.1 Mi Total



4. Turn **slight right** onto **W 47th St.** [Map](#)

1.0 Mi

6.1 Mi Total



5. Turn **right** onto **S California Ave.** [Map](#)

0.07 Mi

6.2 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 6.21 miles - about 16 minutes

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Notes

Westlawn Dialysis to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.62 miles / 11 minutes



7000 S Pulaski Rd, Chicago, IL 60629-5824

**Download
Free App**



1. Start out going **south** on **S Pulaski Rd** toward **W 70th Pl**. [Map](#)

0.07 MI

0.07 Mi Total



2. Turn **left** onto **W 71st St**. [Map](#)

0.4 Mi

0.5 Mi Total



3. Take the 3rd **left** onto **S Lawndale Ave**. [Map](#)

2.9 MI

3.4 Mi Total



4. Turn **right** onto **S Archer Ave**. [Map](#)

0.1 MI

3.5 Mi Total



5. Turn **slight right** onto **W 47th St**. [Map](#)

1.0 MI

4.6 Mi Total



6. Turn **right** onto **S California Ave**. [Map](#)

0.07 MI

4.6 Mi Total



7. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.62 miles - about 11 minutes

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Notes

FMC Merrionette Park to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

9.20 miles / 21 minutes



11630 S Kedzie Ave, Merrionette Park, IL 60803-6302

**Download
Free App**



1. Start out going north on S Kedzie Ave toward W 116th Pl. [Map](#)

7.2 Mi

7.2 Mi Total



2. Turn right onto W 59th St. [Map](#)

0.5 Mi

7.8 Mi Total



3. Turn left onto S California Ave. [Map](#)

1.4 Mi

9.2 Mi Total



4. 4729 S CALIFORNIA AVE is on the right. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 9.20 miles - about 21 minutes

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Notes

Mt Greenwood Dialysis to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

8.75 miles / 20 minutes



3401 W 111th St, Chicago, IL 60655-3329

**Download
Free App**



1. Start out going **east** on **W 111th St** toward **S Homan Ave.** [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **left** onto **S Kedzie Ave.** [Map](#)

6.5 Mi

6.8 Mi Total



3. Turn **right** onto **W 59th St.** [Map](#)

0.5 Mi

7.3 Mi Total



4. Turn **left** onto **S California Ave.** [Map](#)

1.4 Mi

8.7 Mi Total



5. **4729 S CALIFORNIA AVE** is on the **right.** [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 8.75 miles - about 20 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

7.00 miles / 17 minutes

Notes

FMC Evergreen Park to proposed site for Brighton
Park Dialysis



[9900 - 9914] S Western Ave, Evergreen Park, IL 60643-1831

Download
Free App



1. Start out going **north** on **S Western Ave** toward **W 99th St**. [Map](#)

6.1 Mi

6.1 Mi Total



2. Turn **left** onto **W 51st St**. [Map](#)

0.5 Mi

6.6 Mi Total



3. Turn **right** onto **S California Ave**. [Map](#)

0.4 Mi

7.0 Mi Total



4. **4729 S CALIFORNIA AVE** is on the **right**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 7.00 miles - about 17 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.72 miles / 12 minutes

Notes

Beverly Dialysis to proposed site for Brighton Park
Dialysis



8111 S Western Ave, Chicago, IL 60620-5939

**Download
Free App**



1. Start out going **north** on **S Western Ave** toward **W 81st St**. [Map](#)

3.8 Mi

3.8 Mi Total



2. Turn **left** onto **W 51st St**. [Map](#)

0.5 Mi

4.3 Mi Total



3. Turn **right** onto **S California Ave**. [Map](#)

0.4 Mi

4.7 Mi Total



4. **4729 S CALIFORNIA AVE** is on the **right**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.72 miles - about 12 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

8.81 miles / 17 minutes

Notes

FMC Chatham to proposed site for Brighton Park
Dialysis

- | | | Download
Free App |
|---|--|---------------------------------|
|  | 8710 S Holland Rd, Chicago, IL 60620-1332 | |
|  | 1. Start out going northwest on S Holland Rd toward W 87th St. Map | 0.04 Mi
0.04 Mi Total |
|  | 2. Take the 1st right onto W 87th St. Map | 0.4 Mi
0.5 Mi Total |
|  | 3. Turn left onto S State St. Map | 0.06 Mi
0.5 Mi Total |
|  | 4. Merge onto I-94 W / Dan Ryan Expy N via the ramp on the left. Map | 3.7 Mi
4.2 Mi Total |
|  | 5. Take EXIT 57 toward Garfield Blvd. Map | 0.3 Mi
4.5 Mi Total |
|  | 6. Merge onto S Wentworth Ave. Map | 0.08 Mi
4.6 Mi Total |
|  | 7. Turn left onto W Garfield Blvd. Map | 2.8 Mi
7.4 Mi Total |
|  | 8. W Garfield Blvd becomes W 55th St. Map | 0.5 Mi
7.9 Mi Total |
|  | 9. Turn right onto S California Ave. Map | 0.9 Mi
8.8 Mi Total |
|  | 10. 4729 S CALIFORNIA AVE is on the right. Map | |



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 8.81 miles - about 17 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.11 miles / 9 minutes

Notes

FMC Southside to proposed site for Brighton Park
Dialysis



3134 W 76th St, Chicago, IL 60652

Download
Free App



1. Start out going **west** on **W 76th St** toward **S Kedzie Ave**. [Map](#)

0.02 Mi

0.02 Mi Total



2. Turn **right** onto **S Kedzie Ave**. [Map](#)

2.1 Mi

2.2 Mi Total



3. Turn **right** onto **W 59th St**. [Map](#)

0.5 Mi

2.7 Mi Total



4. Turn **left** onto **S California Ave**. [Map](#)

1.4 Mi

4.1 Mi Total



5. **4729 S CALIFORNIA AVE** is on the **right**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.11 miles - about 9 minutes

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Notes

FMC - Neomedica - Marquette Park to proposed site
for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

2.79 miles / 7 minutes



6535 S Western Ave, Chicago, IL 60636-2410

Download
Free App



1. Start out going north on S Western Ave toward W 65th St. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn left onto W 63rd St. [Map](#)

0.5 Mi

0.8 Mi Total



3. Turn right onto S California Ave. [Map](#)

1.9 Mi

2.8 Mi Total



4. 4729 S CALIFORNIA AVE is on the right. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: **2.79 miles - about 7 minutes**

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Notes

FMC - Ross Dialysis - Englewood to proposed site for
Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.75 miles / 12 minutes



6333 S Green St, Chicago, IL 60621-1921

**Download
Free App**



1. Start out going south on **S Green St** toward **W 65th St**. [Map](#)

0.1 Mi

0.1 Mi Total



2. Take the 1st right onto **W 65th St**. [Map](#)

0.2 Mi

0.3 Mi Total



3. Turn right onto **S Morgan St**. [Map](#)

1.3 Mi

1.6 Mi Total



4. Turn left onto **W Garfield Blvd**. [Map](#)

1.8 Mi

3.3 Mi Total



5. **W Garfield Blvd** becomes **W 55th St**. [Map](#)

0.5 Mi

3.8 Mi Total



6. Turn right onto **S California Ave**. [Map](#)

0.9 Mi

4.8 Mi Total



7. **4729 S CALIFORNIA AVE** is on the right. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.75 miles - about 12 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

1.84 miles / 6 minutes

Notes

FMC New City to proposed site for Brighton Park
Dialysis



4622 S Bishop St, Chicago, IL 60609-3240

**Download
Free App**



1. Start out going **south** on **S Bishop St** toward **W 47th St**. [Map](#)

0.07 Mi

0.07 Mi Total



2. Turn **right** onto **W 47th St**. [Map](#)

1.7 Mi

1.8 Mi Total



3. Turn **left** onto **S California Ave**. [Map](#)

0.07 Mi

1.8 Mi Total



4. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 1.84 miles - about 6 minutes

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Notes

FMC Garfield to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.05 miles / 10 minutes



5401 S Wentworth Ave, Chicago, IL 60609-6300

**Download
Free App**



1. Start out going **north** on **S Wentworth Ave** toward **W 53rd St**. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn **left** onto **W 51st St**. [Map](#)

3.3 Mi

3.6 Mi Total



3. Turn **right** onto **S California Ave**. [Map](#)

0.4 Mi

4.1 Mi Total



4. **4729 S CALIFORNIA AVE** is on the **right**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.05 miles - about 10 minutes

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Notes

Emerald Dialysis to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

3.55 miles / 9 minutes

There is a timed restriction on your route

		Download Free App
	710 W 43rd St, Chicago, IL 60609-3435	
	1. Start out going west on W 43rd St toward S Emerald Ave . Map	0.1 Mi <i>0.1 Mi Total</i>
	2. Turn right onto S Halsted St . Map	0.2 Mi <i>0.3 Mi Total</i>
	3. Take the 1st left onto W Exchange Ave . Map	0.1 Mi <i>0.4 Mi Total</i>
	4. Keep left at the fork to continue on W Exchange Ave . Map	0.2 Mi <i>0.5 Mi Total</i>
	5. Take the 1st left onto S Morgan St . Map	0.2 Mi <i>0.7 Mi Total</i>
	6. Take the 1st right onto W 43rd St . Map	1.8 Mi <i>2.5 Mi Total</i>
	7. Turn left onto S Western Ave . Map	0.5 Mi <i>3.0 Mi Total</i>
	8. Turn right onto W 47th St . Map	0.5 Mi <i>3.5 Mi Total</i>
	9. Turn left onto S California Ave . Map	0.07 Mi <i>3.5 Mi Total</i>
	10. 4729 S CALIFORNIA AVE is on the left . Map	
	4729 S California Ave, Chicago, IL 60632-2015	

Total Travel Estimate: 3.55 miles - about 9 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

3.91 miles / 9 minutes

Notes

FMC Bridgeport to proposed site for Brighton Park
Dialysis



825 W 35th St, Chicago, IL 60609-1511

**Download
Free App**



1. Start out going **west** on **W 35th St** toward **S Lituanica Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **left** onto **S Morgan St**. [Map](#)

0.5 Mi

0.7 Mi Total



3. Turn **right** onto **W Pershing Rd**. [Map](#)

2.0 Mi

2.7 Mi Total



4. Turn **slight left** onto **S Archer Ave**. [Map](#)

0.3 Mi

3.0 Mi Total



5. Turn **left** onto **S California Ave**. [Map](#)

0.9 Mi

3.9 Mi Total



6. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 3.91 miles - about 9 minutes

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Notes

FMC Roseland to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

11.71 miles / 21 minutes

- | | | Download
Free App |
|--|--|--------------------------------|
|  | 132 W 111th St, Chicago, IL 60628-4215 | |
|  | 1. Start out going east on W 111th St toward S State St . Map | 0.3 Mi
0.3 Mi Total |
|  | 2. Turn left onto S Michigan Ave . Map | 1.5 Mi
1.8 Mi Total |
|  | 3. Turn slight left onto E 99th Pl . Map | 0.04 Mi
1.8 Mi Total |
| 
 | 4. Merge onto I-94 W via the ramp on the left . Map | 5.3 Mi
7.1 Mi Total |
|  | 5. Take EXIT 57 toward Garfield Blvd . Map | 0.3 Mi
7.4 Mi Total |
|  | 6. Merge onto S Wentworth Ave . Map | 0.08 Mi
7.5 Mi Total |
|  | 7. Turn left onto W Garfield Blvd . Map | 2.8 Mi
10.3 Mi Total |
|  | 8. W Garfield Blvd becomes W 55th St . Map | 0.5 Mi
10.8 Mi Total |
|  | 9. Turn right onto S California Ave . Map | 0.9 Mi
11.7 Mi Total |
|  | 10. 4729 S CALIFORNIA AVE is on the right . Map | |



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 11.71 miles - about 21 minutes

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Notes

FMC Greenwood to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

9.75 miles / 19 minutes

- | | | Download
Free App |
|--|--|--------------------------------|
|  | 1111 E 87th St, SUITE 700, Chicago, IL 60619-7011 | |
|  | 1. Start out going west on E 87th St toward S Greenwood Ave . Map | 1.4 MI
1.4 Mi Total |
|  | 2. Turn right onto S State St . Map | 0.05 MI
1.5 Mi Total |
| 
 | 3. Merge onto I-94 W / Dan Ryan Expy N via the ramp on the left . Map | 3.7 MI
5.2 Mi Total |
|  | 4. Take EXIT 57 toward Garfield Blvd . Map | 0.3 MI
5.5 Mi Total |
|  | 5. Merge onto S Wentworth Ave . Map | 0.08 MI
5.5 Mi Total |
|  | 6. Turn left onto W Garfield Blvd . Map | 2.8 MI
8.3 Mi Total |
|  | 7. W Garfield Blvd becomes W 55th St . Map | 0.5 MI
8.8 Mi Total |
|  | 8. Turn right onto S California Ave . Map | 0.9 MI
9.7 Mi Total |
|  | 9. 4729 S CALIFORNIA AVE is on the right . Map | |



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 9.75 miles - about 19 minutes

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Notes

Stony Island Dialysis to proposed site for Brighton
Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

10.36 miles / 21 minutes



8721 S Stony Island Ave, Chicago, IL 60617-2709

**Download
Free App**



1. Start out going north on S Stony Island Ave toward E 87th St. [Map](#)

0.5 Mi

0.5 Mi Total



2. Turn left onto E 83rd St. [Map](#)

2.0 Mi

2.6 Mi Total



3. Turn right onto S State St. [Map](#)

0.01 Mi

2.6 Mi Total



4. Merge onto I-94 W / Dan Ryan Expy N. [Map](#)

3.2 Mi

5.8 Mi Total



5. Take EXIT 57 toward Garfield Blvd. [Map](#)

0.3 Mi

6.1 Mi Total



6. Merge onto S Wentworth Ave. [Map](#)

0.08 Mi

6.1 Mi Total



7. Turn left onto W Garfield Blvd. [Map](#)

2.8 Mi

8.9 Mi Total



8. W Garfield Blvd becomes W 55th St. [Map](#)

0.5 Mi

9.4 Mi Total



9. Turn right onto S California Ave. [Map](#)

0.9 Mi

10.4 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 10.36 miles - about 21 minutes

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mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

13.81 miles / 24 minutes

Notes

FMC South Deering to proposed site for Brighton Park
Dialysis



10559 S Torrence Ave, Chicago, IL 60617-6154

**Download
Free App**



1. Start out going **north** on **S Torrence Ave** toward **E 105th St.** [Map](#)

0.4 Mi

0.4 Mi Total



2. Turn **left** onto **E 103rd St.** [Map](#)

1.1 Mi

1.5 Mi Total



3. Merge onto **I-94 W** toward **Chicago Loop.** [Map](#)

7.7 Mi

9.2 Mi Total



4. Take **EXIT 57** toward **Garfield Blvd.** [Map](#)

0.3 Mi

9.5 Mi Total



5. Merge onto **S Wentworth Ave.** [Map](#)

0.08 Mi

9.6 Mi Total



6. Turn **left** onto **W Garfield Blvd.** [Map](#)

2.8 Mi

12.4 Mi Total



7. **W Garfield Blvd** becomes **W 55th St.** [Map](#)

0.5 Mi

12.9 Mi Total



8. Turn **right** onto **S California Ave.** [Map](#)

0.9 Mi

13.8 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 13.81 miles - about 24 minutes

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mapquest

Notes

FMC Neomedica South to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

10.81 miles / 19 minutes



9200 S South Chicago Ave, Chicago, IL 60617-4512

Download
Free App



1. Start out going **southeast** on **S South Chicago Ave** toward **S Exchange Ave.** [Map](#)

0.04 Mi

0.04 Mi Total



2. Take the 1st left onto **S Exchange Ave.** [Map](#)

0.04 Mi

0.08 Mi Total



3. Take the 1st left onto **E 92nd St.** [Map](#)

0.1 Mi

0.2 Mi Total



4. Merge onto **I-90 W / Chicago Skwy W** (Portions toll). [Map](#)

4.8 Mi

5.0 Mi Total



5. Keep right to take **I-90 W / Chicago Skwy W** (Portions toll). [Map](#)

0.4 Mi

5.4 Mi Total



6. Merge onto **I-90 (LOCAL) W / I-94 W / Dan Ryan Expy N.** [Map](#)

0.8 Mi

6.2 Mi Total



7. Take **EXIT 57** toward **Garfield Blvd.** [Map](#)

0.3 Mi

6.5 Mi Total



8. Merge onto **S Wentworth Ave.** [Map](#)

0.08 Mi

6.6 Mi Total



9. Turn left onto **W Garfield Blvd.** [Map](#)

2.8 Mi

9.4 Mi Total



10. **W Garfield Blvd** becomes **W 55th St.** [Map](#)

0.5 Mi

9.9 Mi Total



11. Turn right onto **S California Ave.** [Map](#)

0.9 Mi

10.8 Mi Total



12. **4729 S CALIFORNIA AVE** is on the right. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 10.81 miles - about 19 minutes

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Appendix - 2

-191-



mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

7.58 miles / 16 minutes

Notes

Grand Crossing Dialysis to proposed site for Brighton Park Dialysis

	7319 S Cottage Grove Ave, Chicago, IL 60619-1909	Download Free App
	1. Start out going north on S Cottage Grove Ave toward E 73rd St. Map	0.02 Mi 0.02 Mi Total
	2. Take the 1st left onto E 73rd St. Map	0.5 Mi 0.5 Mi Total
	3. Turn right onto S Dr Martin Luther King Jr Dr. Map	0.3 Mi 0.8 Mi Total
	4. Turn left onto E 71st St. Map	0.5 Mi 1.3 Mi Total
	5. Turn right onto S State St. Map	0.01 Mi 1.3 Mi Total
	6. Turn slight left to take the I-94 W ramp. Map	0.3 Mi 1.6 Mi Total
	7. Merge onto I-90 (LOCAL) W / I-94 W / Dan Ryan Expy N via the ramp on the left. Map	1.5 Mi 3.0 Mi Total
	8. Take EXIT 57 toward Garfield Blvd. Map	0.3 Mi 3.3 Mi Total
	9. Merge onto S Wentworth Ave. Map	0.08 Mi 3.4 Mi Total
	10. Turn left onto W Garfield Blvd. Map	2.8 Mi 6.1 Mi Total
	11. W Garfield Blvd becomes W 55th St. Map	0.5 Mi 6.6 Mi Total
	12. Turn right onto S California Ave. Map	0.9 Mi 7.6 Mi Total
	13. 4729 S CALIFORNIA AVE is on the right. Map	
	4729 S California Ave, Chicago, IL 60632-2015	

Total Travel Estimate: 7.58 miles - about 16 minutes



mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

8.92 miles / 20 minutes

Notes

FMC Jackson Park to proposed site for Brighton Park
Dialysis

- | | | Download
Free App |
|---|---|---------------------------------|
|  | 7531 S Stony Island Ave, Chicago, IL 60649-3954 | |
|  | 1. Start out going north on S Stony Island Ave toward E 75th Pl. Map | 0.06 Mi
0.06 Mi Total |
|  | 2. Turn left onto E 75th St. Map | 2.0 Mi
2.1 Mi Total |
|  | 3. Turn right onto S State St. Map | 0.03 Mi
2.1 Mi Total |
|   | 4. Merge onto I-94 W / Dan Ryan Expy N via the ramp on the left. Map | 2.2 Mi
4.3 Mi Total |
|  | 5. Take EXIT 57 toward Garfield Blvd. Map | 0.3 Mi
4.6 Mi Total |
|  | 6. Merge onto S Wentworth Ave. Map | 0.08 Mi
4.7 Mi Total |
|  | 7. Turn left onto W Garfield Blvd. Map | 2.8 Mi
7.5 Mi Total |
|  | 8. W Garfield Blvd becomes W 55th St. Map | 0.5 Mi
8.0 Mi Total |
|  | 9. Turn right onto S California Ave. Map | 0.9 Mi
8.9 Mi Total |
|  | 10. 4729 S CALIFORNIA AVE is on the right. Map | |



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 8.92 miles - about 20 minutes

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Notes

Woodlawn Dialysis to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.00 miles / 10 minutes



5060 S State St, Chicago, IL 60609-5328

**Download
Free App**



1. Start out going **south** on **S State St** toward **W 51st St**. [Map](#)

0.04 Mi

0.04 Mi Total



2. Take the 1st **right** onto **W 51st St**. [Map](#)

3.5 Mi

3.6 Mi Total



3. Turn **right** onto **S California Ave**. [Map](#)

0.4 Mi

4.0 Mi Total



4. **4729 S CALIFORNIA AVE** is on the **right**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.00 miles - about 10 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

6.02 miles / 14 minutes

Notes

Kenwood Dialysis to proposed site for Brighton Park
Dialysis

		Download Free App
	4253 S Cottage Grove Ave, Chicago, IL 60653-2929	
	1. Start out going south on S Cottage Grove Ave toward E 43rd St. Map	0.05 Mi <i>0.05 Mi Total</i>
	2. Take the 1st right onto E 43rd St. Map	2.0 Mi <i>2.1 Mi Total</i>
	3. Turn right onto S Halsted St. Map	0.5 Mi <i>2.6 Mi Total</i>
	4. Take the 2nd left onto W Pershing Rd. Map	2.3 Mi <i>4.8 Mi Total</i>
	5. Turn slight left onto S Archer Ave. Map	0.3 Mi <i>5.1 Mi Total</i>
	6. Turn left onto S California Ave. Map	0.9 Mi <i>6.0 Mi Total</i>
	7. 4729 S CALIFORNIA AVE is on the left. Map	

 **4729 S California Ave, Chicago, IL 60632-2015**

Total Travel Estimate: 6.02 miles - about 14 minutes

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Notes

FMC South Shore to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

14.82 miles / 22 minutes

	2420 E 79th St, Chicago, IL 60649-5112	Download Free App
	1. Start out going west on E 79th St toward S Yates Blvd . Map	0.04 Mi <i>0.04 Mi Total</i>
	2. Take the 1st right onto S Yates Blvd . Map	1.0 Mi <i>1.1 Mi Total</i>
	 3. S Yates Blvd becomes US-41 N . Map	1.0 Mi <i>2.0 Mi Total</i>
	 4. Turn right onto S Coast Guard Dr / US-41 N . Continue to follow US-41 N . Map	5.3 Mi <i>7.3 Mi Total</i>
	 5. Merge onto I-55 S / Adlai E Stevenson Expy S toward St Louis . Map	5.0 Mi <i>12.3 Mi Total</i>
	6. Take the Kedzie Ave exit, EXIT 288 , toward 3200 W . Map	0.3 Mi <i>12.6 Mi Total</i>
	7. Keep right to take the Kedzie Ave ramp. Map	0.2 Mi <i>12.7 Mi Total</i>
	8. Keep left at the fork in the ramp. Map	0.04 Mi <i>12.8 Mi Total</i>
	9. Merge onto S Kedzie Ave . Map	1.5 Mi <i>14.3 Mi Total</i>
	10. Turn left onto W 47th St . Map	0.5 Mi <i>14.8 Mi Total</i>
	11. Take the 3rd right onto S California Ave . Map	0.07 Mi <i>14.8 Mi Total</i>
	12. 4729 S CALIFORNIA AVE is on the left . Map	
	4729 S California Ave, Chicago, IL 60632-2015	

Total Travel Estimate: 14.82 miles - about 22 minutes

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mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

13.03 miles / 22 minutes

Notes

Loyola Dialysis Center to proposed site for Brighton
Park Dialysis

- | | | Download
Free App |
|--|---|---------------------------------------|
|  | 1201 W Roosevelt Rd, Maywood, IL 60153-4046 | |
|  | 1. Start out going east on W Roosevelt Rd toward S 12th Ave . Map | 0.2 Mi
<i>0.2 Mi Total</i> |
|  | 2. Turn left onto S 9th Ave . Map | 0.5 Mi
<i>0.7 Mi Total</i> |
|  | 3. Turn right onto Bataan Dr . Map | 0.02 Mi
<i>0.7 Mi Total</i> |
| 
 | 4. Merge onto I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E via the ramp on the left . Map | 7.2 Mi
<i>7.9 Mi Total</i> |
|  | 5. Take the Sacramento Blvd exit, EXIT 27A , toward 3000 W . Map | 0.2 Mi
<i>8.1 Mi Total</i> |
|  | 6. Turn slight left onto W Congress Pkwy . Map | 0.3 Mi
<i>8.4 Mi Total</i> |
|  | 7. Turn right onto S California Ave . Map | 4.7 Mi
<i>13.0 Mi Total</i> |
|  | 8. 4729 S CALIFORNIA AVE is on the left . Map | |



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 13.03 miles - about 22 minutes

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Notes

FMC Berwyn to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

10.97 miles / 19 minutes



2601 S Harlem Ave, Berwyn, IL 60402-2100

**Download
Free App**



1. Start out going **north** on **Harlem Ave / IL-43** toward **26th St.** [Map](#)

0.04 Mi

0.04 Mi Total



2. Take the 1st **right** onto **26th St.** [Map](#)

0.1 Mi

0.2 Mi Total



3. Take the 1st **right** onto **Riverside Dr.** [Map](#)

0.2 Mi

0.4 Mi Total



4. Take the 3rd **left** onto **Harlem Ave / IL-43.** [Map](#)

2.9 Mi

3.3 Mi Total



5. Turn **slight left** to take the **I-55 N** ramp. [Map](#)

0.09 Mi

3.3 Mi Total



6. Merge onto **I-55 N / Adlai E Stevenson Expy N** via the ramp on the **left.** [Map](#)

5.5 Mi

8.8 Mi Total



7. Take the **California Ave** exit, **EXIT 289**, toward **2800 W.** [Map](#)

0.3 Mi

9.1 Mi Total



8. Keep **right** at the fork in the ramp. [Map](#)

0.2 Mi

9.3 Mi Total



9. Keep **right** at the fork in the ramp. [Map](#)

0.03 Mi

9.3 Mi Total



10. Turn **slight right** onto **S California Ave.** [Map](#)

1.6 Mi

11.0 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 10.97 miles - about 19 minutes

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mapquest

Notes

Maple Avenue Kidney Center to proposed site for
Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

10.84 miles / 20 minutes



610 S Maple Ave, Oak Park, IL 60304-1003

**Download
Free App**



1. Start out going **south** on **S Maple Ave** toward **Adams St.** [Map](#)

0.1 Mi

0.1 Mi Total



2. Turn **right** onto **Jackson Blvd.** [Map](#)

0.05 Mi

0.2 Mi Total



3. Take the 1st left onto **Harlem Ave / IL-43.** [Map](#)

0.3 Mi

0.4 Mi Total



4. Make a U-turn at **Harrison St** onto **Harlem Ave / IL-43.** [Map](#)

0.09 Mi

0.5 Mi Total



5. Merge onto **I-290 E / Chicago-Kansas City Expressway E / Eisenhower Expy E.** [Map](#)

5.2 Mi

5.7 Mi Total



6. Take the **Sacramento Blvd** exit, **EXIT 27A**, toward **3000 W.** [Map](#)

0.2 Mi

5.9 Mi Total



7. Turn **slight left** onto **W Congress Pkwy.** [Map](#)

0.3 Mi

6.2 Mi Total



8. Turn **right** onto **S California Ave.** [Map](#)

4.7 Mi

10.8 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 10.84 miles - about 20 minutes

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Notes

FMC Cicero to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.73 miles / 17 minutes



3000 S Cicero Ave, Cicero, IL 60804-3638

Download
Free App



1. Start out going south on S Cicero Ave / IL-50 toward W 31st St. [Map](#)

2.1 Mi

2.1 Mi Total



2. Turn left onto W 47th St. [Map](#)

2.5 Mi

4.7 Mi Total



3. Turn right onto S California Ave. [Map](#)

0.07 Mi

4.7 Mi Total



4. 4729 S CALIFORNIA AVE is on the left. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.73 miles - about 17 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.31 miles / 15 minutes

Notes

Lawndale Dialysis to proposed site for Brighton Park
Dialysis



3934 W 24th St, Chicago, IL 60623-3073

Download
Free App



1. Start out going **east** on **W 24th St** toward **S Harding Ave**. [Map](#)

0.5 Mi

0.5 Mi Total



2. Turn **right** onto **S Central Park Ave**. [Map](#)

0.3 Mi

0.7 Mi Total



3. Take the 2nd left onto **W 26th St**. [Map](#)

0.5 Mi

1.2 Mi Total



4. Turn **right** onto **S Kedzie Ave**. [Map](#)

1.5 Mi

2.7 Mi Total



5. Turn **left** onto **W Pershing Rd**. [Map](#)

0.5 Mi

3.2 Mi Total



6. Turn **right** onto **S California Ave**. [Map](#)

1.1 Mi

4.3 Mi Total



7. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.31 miles - about 15 minutes

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mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

3.25 miles / 11 minutes

Notes

SAH Dialysis to proposed site for Brighton Park
Dialysis



3059 W 26th St, Chicago, IL 60623-4131

**Download
Free App**



1. Start out going **west** on **W 26th St** toward **S Albany Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **left** onto **S Kedzie Ave**. [Map](#)

2.5 Mi

2.7 Mi Total



3. Turn **left** onto **W 47th St**. [Map](#)

0.5 Mi

3.2 Mi Total



4. Take the 3rd right onto **S California Ave**. [Map](#)

0.07 Mi

3.3 Mi Total



5. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 3.25 miles - about 11 minutes

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mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

6.00 miles / 19 minutes

Notes

FMC Congress Pkwy to proposed site for Brighton
Park Dialysis



3410 W Van Buren St, Chicago, IL 60624-3358

Download
Free App



1. Start out going **east** on **W Van Buren St** toward **S Homan Ave.** [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **S Homan Ave.** [Map](#)

0.06 Mi

0.08 Mi Total



3. Turn **right** onto **W Congress Pkwy.** [Map](#)

0.3 Mi

0.3 Mi Total



4. Turn **left** onto **S Central Park Ave.** [Map](#)

2.1 Mi

2.4 Mi Total



5. Turn **left** onto **W 26th St.** [Map](#)

0.5 Mi

2.9 Mi Total



6. Turn **right** onto **S Kedzie Ave.** [Map](#)

2.5 Mi

5.4 Mi Total



7. Turn **left** onto **W 47th St.** [Map](#)

0.5 Mi

5.9 Mi Total



8. Take the 3rd **right** onto **S California Ave.** [Map](#)

0.07 Mi

6.0 Mi Total



9. **4729 S CALIFORNIA AVE** is on the left. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 6.00 miles - about 19 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.75 miles / 14 minutes

Notes

Mt Sinai Hospital Dialysis to proposed site for Brighton
Park Dialysis

- | | | Download
Free App |
|---|---|---------------------------------------|
|  | 1500 S California Ave, Chicago, IL 60623 | |
|  | 1. Start out going south on S California Ave toward W 15th Place Dr. Map | 0.9 Mi
<i>0.9 Mi Total</i> |
|  | 2. Turn left onto S California Blvd. Map | 0.7 Mi
<i>1.6 Mi Total</i> |
|  | 3. Turn left onto W 31st Blvd. Map | 0.3 Mi
<i>2.0 Mi Total</i> |
|  | 4. W 31st Blvd becomes S Western Blvd. Map | 2.2 Mi
<i>4.1 Mi Total</i> |
|  | 5. Turn right onto W 47th St. Map | 0.5 Mi
<i>4.7 Mi Total</i> |
|  | 6. Turn left onto S California Ave. Map | 0.07 Mi
<i>4.7 Mi Total</i> |
|  | 7. 4729 S CALIFORNIA AVE is on the left. Map | |



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.75 miles - about 14 minutes

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mapquest

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

3.42 miles / 12 minutes

Notes

Little Village Dialysis to proposed site for Brighton Park
Dialysis



2335 W Cermak Rd, Chicago, IL 60608-3811

**Download
Free App**



1. Start out going west on W Cermak Rd toward S Western Ave. [Map](#)

0.09 MI

0.09 Mi Total



2. Take the 1st left onto S Western Ave. [Map](#)

1.8 MI

1.9 Mi Total



3. Turn right onto S Archer Ave. [Map](#)

0.7 MI

2.5 Mi Total



4. Turn left onto S California Ave. [Map](#)

0.9 MI

3.4 Mi Total



5. **4729 S CALIFORNIA AVE** is on the left. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 3.42 miles - about 12 minutes

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Notes

FMC Chicago West to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.61 miles / 16 minutes



1340 S Damen Ave, Chicago, IL 60608-1156

Download
Free App



1. Start out going south on S Damen Ave toward W 17th St. [Map](#)

0.4 Mi

0.4 Mi Total



2. Turn right onto W 18th St. [Map](#)

0.5 Mi

0.9 Mi Total



3. Turn left onto S Western Ave. [Map](#)

2.2 Mi

3.1 Mi Total



4. Turn right onto S Archer Ave. [Map](#)

0.7 Mi

3.7 Mi Total



5. Turn left onto S California Ave. [Map](#)

0.9 Mi

4.6 Mi Total



6. 4729 S CALIFORNIA AVE is on the left. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: **4.61 miles - about 16 minutes**

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

5.65 miles / 19 minutes

Notes

Stroger Hospital Dialysis to proposed site for Brighton
Park Dialysis



1835 W Harrison St, Chicago, IL 60612-3701

**Download
Free App**



1. Start out going **east** on **W Harrison St** toward **S Wood St**. [Map](#)

0.07 Mi

0.07 Mi Total



2. Take the 1st **right** onto **S Wood St**. [Map](#)

0.2 Mi

0.2 Mi Total



3. Turn **right** onto **W Polk St**. [Map](#)

0.3 Mi

0.5 Mi Total



4. Turn **left** onto **S Damen Ave**. [Map](#)

1.0 Mi

1.4 Mi Total



5. Turn **right** onto **W 18th St**. [Map](#)

0.5 Mi

2.0 Mi Total



6. Turn **left** onto **S Western Ave**. [Map](#)

2.2 Mi

4.1 Mi Total



7. Turn **right** onto **S Archer Ave**. [Map](#)

0.7 Mi

4.8 Mi Total



8. Turn **left** onto **S California Ave**. [Map](#)

0.9 Mi

5.6 Mi Total



9. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 5.65 miles - about 19 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

5.44 miles / 17 minutes

Notes

U of I Hospital Dialysis to proposed site for Brighton
Park Dialysis



1859 W Taylor St, ROOM 1003, Chicago, IL 60612-4795

**Download
Free App**



1. Start out going **west** on **W Taylor St** toward **S Wolcott Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **left** onto **S Damen Ave**. [Map](#)

0.8 Mi

1.0 Mi Total



3. Turn **right** onto **W 18th St**. [Map](#)

0.5 Mi

1.5 Mi Total



4. Turn **left** onto **S Western Ave**. [Map](#)

3.4 Mi

4.9 Mi Total



5. Turn **right** onto **W 47th St**. [Map](#)

0.6 Mi

5.4 Mi Total



6. Turn **left** onto **S California Ave**. [Map](#)

0.07 Mi

5.4 Mi Total



7. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 5.44 miles - about 17 minutes

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Notes

Garfield Kidney Center to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

7.15 miles / 24 minutes



3250 W Franklin Blvd, Chicago, IL 60624-1509

Download
Free App



1. Start out going **west** on **W Franklin Blvd** toward **N Spaulding Ave**. [Map](#)

0.1 Mi

0.1 Mi Total



2. Turn **left** onto **N Homan Ave**. [Map](#)

0.9 Mi

1.0 Mi Total



3. Turn **right** onto **W Jackson Blvd**. [Map](#)

0.3 Mi

1.3 Mi Total



4. Take the 2nd **left** onto **S Central Park Blvd**. [Map](#)

0.2 Mi

1.5 Mi Total



5. **S Central Park Blvd** becomes **S Central Park Ave**. [Map](#)

2.6 Mi

4.1 Mi Total



6. Turn **left** onto **W 31st St**. [Map](#)

0.5 Mi

4.6 Mi Total



7. Turn **right** onto **S Kedzie Ave**. [Map](#)

2.0 Mi

6.6 Mi Total



8. Turn **left** onto **W 47th St**. [Map](#)

0.5 Mi

7.1 Mi Total



9. Take the 3rd **right** onto **S California Ave**. [Map](#)

0.07 Mi

7.1 Mi Total



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 7.15 miles - about 24 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

6.67 miles / 23 minutes

Notes

FMC Chicago to proposed site for Brighton Park
Dialysis



1806 W Hubbard St, Chicago, IL 60622-6235

**Download
Free App**



1. Start out going **east** on **W Hubbard St** toward **N Wood St**. [Map](#)

0.02 Mi

0.02 Mi Total



2. Take the 1st **right** onto **N Wood St**. [Map](#)

0.3 Mi

0.3 Mi Total



3. Turn **right** onto **W Lake St**. [Map](#)

0.3 Mi

0.6 Mi Total



4. Take the 2nd **left** onto **N Damen Ave**. [Map](#)

1.9 Mi

2.5 Mi Total



5. Turn **right** onto **W 18th St**. [Map](#)

0.5 Mi

3.0 Mi Total



6. Turn **left** onto **S Western Ave**. [Map](#)

2.2 Mi

5.1 Mi Total



7. Turn **right** onto **S Archer Ave**. [Map](#)

0.7 Mi

5.8 Mi Total



8. Turn **left** onto **S California Ave**. [Map](#)

0.9 Mi

6.7 Mi Total



9. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 6.67 miles - about 23 minutes

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Notes

West Side Dialysis to proposed site for Brighton Park
Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

4.69 miles / 12 minutes



1600 W 13th St, Chicago, IL 60608-1304

**Download
Free App**



1. Start out going **east** on **W 13th St** toward **S Ashland Ave**. [Map](#)



2. Take the 1st **right** onto **S Ashland Ave**. [Map](#)

1.9 Mi

1.9 Mi Total



3. Turn **slight right** onto **S Archer Ave**. [Map](#)

1.9 Mi

3.8 Mi Total



4. Turn **left** onto **S California Ave**. [Map](#)

0.9 Mi

4.7 Mi Total



5. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 4.69 miles - about 12 minutes

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Notes

Rush Univ - St Luke's Med Ctr to proposed site for
Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

5.35 miles / 13 minutes



1750 W Harrison St, Chicago, IL 60612-3825

**Download
Free App**



1. Start out going **west** on **W Harrison St** toward **S Hermitage Ave**. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn **left** onto **W Ogden Ave**. [Map](#)

0.1 Mi

0.4 Mi Total



3. Turn **slight left** onto **S Damen Ave**. [Map](#)

2.8 Mi

3.2 Mi Total



4. Turn **right** onto **S Archer Ave**. [Map](#)

1.3 Mi

4.5 Mi Total



5. Turn **left** onto **S California Ave**. [Map](#)

0.9 Mi

5.4 Mi Total



6. **4729 S CALIFORNIA AVE** is on the **left**. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 5.35 miles - about 13 minutes

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Trip to:

4729 S California Ave

Chicago, IL 60632-2015

8.43 miles / 20 minutes

Notes

Loop Renal Center to proposed site for Brighton Park
Dialysis

There is a timed restriction on your route

	1101 S Canal St, Chicago, IL 60607-4906	Download Free App
	1. Start out going north on S Canal St toward W Taylor St . Map	0.06 Mi <i>0.06 Mi Total</i>
	2. Take the 1st right . Map	0.2 Mi <i>0.3 Mi Total</i>
	3. Turn right onto W Roosevelt Rd . Map	0.4 Mi <i>0.7 Mi Total</i>
	4. Merge onto I-90 E / I-94 E / Dan Ryan Expy S via the ramp on the left . Map	1.8 Mi <i>2.5 Mi Total</i>
	5. Keep right to take I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S . Map	1.1 Mi <i>3.6 Mi Total</i>
	6. Take EXIT 55B toward Pershing Rd / 3900 S . Map	0.2 Mi <i>3.8 Mi Total</i>
	7. Merge onto S Wentworth Ave . Map	0.6 Mi <i>4.4 Mi Total</i>
	8. Turn right onto W Root St . Map	0.8 Mi <i>5.1 Mi Total</i>
	9. Turn left onto S Halsted St . Map	0.02 Mi <i>5.2 Mi Total</i>
	10. Take the 1st right onto W Exchange Ave . Map	0.1 Mi <i>5.3 Mi Total</i>
	11. Keep left at the fork to continue on W Exchange Ave . Map	0.2 Mi <i>5.4 Mi Total</i>
	12. Take the 1st left onto S Morgan St . Map	0.2 Mi <i>5.6 Mi Total</i>
	13. Take the 1st right onto W 43rd St . Map	1.7 Mi <i>7.3 Mi Total</i>

-
- | | | |
|---|--|---------------------------------------|
|  | 14. Turn left onto S Western Blvd. Map | 0.5 Mi
<i>7.8 Mi Total</i> |
|  | 15. Turn right onto W 47th St. Map | 0.5 Mi
<i>8.4 Mi Total</i> |
|  | 16. Turn left onto S California Ave. Map | 0.07 Mi
<i>8.4 Mi Total</i> |
|  | 17. 4729 S CALIFORNIA AVE is on the left. Map | |

 **4729 S California Ave, Chicago, IL 60632-2015**

Total Travel Estimate: 8.43 miles - about 20 minutes

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Notes

FMC Polk to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

8.26 miles / 20 minutes

		Download Free App
	557 W Polk St, Chicago, IL 60607-4314	
	1. Start out going west on W Polk St toward S Jefferson St . Map	0.10 Mi 0.10 Mi Total
	2. Turn left onto S Desplaines St . Map	0.2 Mi 0.3 Mi Total
	3. Take the 1st right onto W Taylor St . Map	0.08 Mi 0.3 Mi Total
	4. Turn left onto S Union Ave . Map	0.2 Mi 0.5 Mi Total
 	5. Merge onto I-90 E / I-94 E / Dan Ryan Expy S . Map	1.8 Mi 2.3 Mi Total
 	6. Keep right to take I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S . Map	1.1 Mi 3.4 Mi Total
	7. Take EXIT 55B toward Pershing Rd / 3900 S . Map	0.2 Mi 3.6 Mi Total
	8. Merge onto S Wentworth Ave . Map	0.3 Mi 3.9 Mi Total
	9. Turn right onto W Pershing Rd . Map	1.0 Mi 4.9 Mi Total
	10. Turn left onto S Morgan St . Map	0.5 Mi 5.4 Mi Total
	11. Turn right onto W 43rd St . Map	1.8 Mi 7.2 Mi Total
	12. W 43rd St becomes W Pope John Paul II Dr . Map	0.5 Mi 7.7 Mi Total
	13. Turn left onto S California Ave . Map	0.6 Mi 8.3 Mi Total
	14. 4729 S CALIFORNIA AVE is on the left . Map	
	4729 S California Ave, Chicago, IL 60632-2015	

Total Travel Estimate: 8.26 miles - about 20 minutes

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Notes

Circle Medical Management to proposed site for
Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

6.74 miles / 22 minutes



1426 W Washington Blvd, Chicago, IL 60607-1821

**Download
Free App**



1. Start out going **east** on **W Washington Blvd** toward **N Loomis St.** [Map](#)

0.07 Mi

0.07 Mi Total



2. Take the 1st **right** onto **N Loomis St.** [Map](#)

0.09 Mi

0.2 Mi Total



3. Take the 1st **right** onto **W Madison St.** [Map](#)

0.7 Mi

0.9 Mi Total



4. Turn **left** onto **S Damen Ave.** [Map](#)

1.6 Mi

2.5 Mi Total



5. Turn **right** onto **W 18th St.** [Map](#)

0.5 Mi

3.0 Mi Total



6. Turn **left** onto **S Western Ave.** [Map](#)

2.2 Mi

5.2 Mi Total



7. Turn **right** onto **S Archer Ave.** [Map](#)

0.7 Mi

5.9 Mi Total



8. Turn **left** onto **S California Ave.** [Map](#)

0.9 Mi

6.7 Mi Total



9. **4729 S CALIFORNIA AVE** is on the **left.** [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 6.74 miles - about 22 minutes

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Notes

FMC Prairie to proposed site for Brighton Park Dialysis

Trip to:

4729 S California Ave

Chicago, IL 60632-2015

7.08 miles / 18 minutes

There is a timed restriction on your route

		Download Free App
	1717 S Wabash Ave, Chicago, IL 60616-1219	
	1. Start out going south on S Wabash Ave toward E 18th St. Map	0.4 Mi 0.4 Mi Total
	2. Turn right onto E Cermak Rd. Map	0.3 Mi 0.7 Mi Total
	3. Turn left to take the I-94 E / I-90 E ramp. Map	0.7 Mi 1.4 Mi Total
	4. Merge onto I-90 (LOCAL) E / I-94 E / Dan Ryan Expy S. Map	0.8 Mi 2.2 Mi Total
	5. Take EXIT 55B toward Pershing Rd / 3900 S. Map	0.2 Mi 2.4 Mi Total
	6. Merge onto S Wentworth Ave. Map	0.6 Mi 3.0 Mi Total
	7. Turn right onto W Root St. Map	0.8 Mi 3.8 Mi Total
	8. Turn left onto S Halsted St. Map	0.02 Mi 3.8 Mi Total
	9. Take the 1st right onto W Exchange Ave. Map	0.1 Mi 3.9 Mi Total
	10. Keep left at the fork to continue on W Exchange Ave. Map	0.2 Mi 4.1 Mi Total
	11. Take the 1st left onto S Morgan St. Map	0.2 Mi 4.2 Mi Total
	12. Take the 1st right onto W 43rd St. Map	1.7 Mi 6.0 Mi Total
	13. Turn left onto S Western Blvd. Map	0.5 Mi 6.5 Mi Total
	14. Turn right onto W 47th St. Map	0.5 Mi 7.0 Mi Total



15. Turn **left** onto **S California Ave.** [Map](#)

0.07 Mi

7.1 Mi Total



16. **4729 S CALIFORNIA AVE** is on the left. [Map](#)



4729 S California Ave, Chicago, IL 60632-2015

Total Travel Estimate: 7.08 miles - about 18 minutes

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