

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

SEP 06 2016

Facility/Project Identification

Facility Name: Foxpoint Dialysis			HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 1300 Schaefer Road				
City and Zip Code: Granite City, IL 62040				
County: Madison	Health Service Area	011	Health Planning Area: 011	

Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

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

Additional Contact

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

Name: Cindy Emley
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 2930 South Montvale Drive Suite A, Springfield IL 62704
Telephone Number: 217-547-1229
E-mail Address: Cindy.Emley@davita.com
Fax Number: 866-620-0543

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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Applicant /Co-Applicant Identification

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

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

Type of Ownership of Applicant/Co-Applicant

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Telephone Number: 217-547-1229
E-mail Address: Cindy.Emley@davita.com
Fax Number: 866-620-0543

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Granite Sand Realty, LLC
Address of Site Owner: 10689 North Pennsylvania Street, Indianapolis, Indiana 46280
Street Address or Legal Description of Site: Lots 2 and 3 in Bischoff's Subdivision as per plat recorded in Plat Cabinet 57 Page 44 in Madison County Illinois recorder's records and situated in part of U.S. Survey 578, claim 561, Township 3 North, Range 9 West of the Third principal Meridian, Granite City, Illinois, and more particularly described as follows: Beginning at the most Southerly corner of said Lot 3, thence North 04 degrees 47 minutes 56 seconds West (assumed bearing) along the Westerly line of said Lot 3; thence North 81 degrees 33 minutes 37 seconds East along the Northerly line of said Lot 3 and also the Southerly line of Schaffer (50 foot wide) Road, a distance of 103.83 feet to the beginning of a 305.73 foot radius tangent curve to the left; thence along said curve to the left, an arc distance of 219.32 feet to the most Northerly corner of said Lot 2; thence South 39 degrees 03 minutes 19 seconds East along the Northerly line of said Lot 2, distance of 286.91 feet to a point on the Northerly right-of-way Line of F.A. Route 151 (Illinois Route 3) and the most Easterly corner of said Lot 2, thence Southwesterly along said right-of-way line being a curve to the right, having a radius of 3719.72 feet and a chord 484.38 feet on length bearing South 67 degrees 17 minutes 44 seconds West, an arc length of 484.72 feet to the point of beginning and continuing 1 106,131 square feet or 2.44 acres, more or less. Including access to the adjacent roadway known as Schaefer Road for purposes of ingress and egress. PIN #: 17-2-20-06-00-000-029 (Lot 2) PIN #: 17-2-20-06-00-000-030 (Lot 3)
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

2. Narrative Description

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

DaVita HealthCare Partners, Inc. and Total Renal Care, Inc., (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 1300 Schaefer Road, Granite City, IL 62040. The proposed dialysis facility will include a total of approximately 5,346 gross square feet in clinical space, 1,054 gross square feet of non-clinical space for a total of 6,400 gross 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	Non-Clinical	Total
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$919,473	\$199,217	\$1,118,690
Contingencies	\$90,000	\$20,000	\$110,000
Architectural/Engineering Fees	\$100,000	\$20,000	\$120,000
Consulting and Other Fees	\$80,000	\$16,000	\$96,000
Movable or Other Equipment (not in construction contracts)	\$451,200	\$79,877	\$531,077
Bond Issuance Expense (Project Related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$415,523	\$82,109	\$497,632
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,056,196	\$417,203	\$2,473,399
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,640,673	\$335,094	\$1,975,767
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$415,523	\$82,109	\$497,632
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,056,196	\$417,203	\$2,473,399
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>388,328</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): July 31, 2018

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

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

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

State Agency Submittals

Are the following submittals up to date as applicable:

- ☐ Cancer Registry **NOT APPLICABLE**
☐ APORS **NOT APPLICABLE**
☒ 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 Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer – Kidney Care

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

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 August 24, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

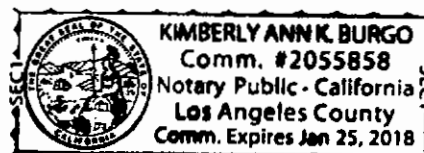
personally appeared *** Arturo Sida ***

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.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application - Certification (Granite City Dialysis)

Document Date: August 24, 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.

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

This Application for Permit is filed on the behalf of 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

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer – Kidney Care

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 15th day of August 2016

Signature of Notary

Seal

CONSTANCE L CATHEY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20024033248
MY COMMISSION EXPIRES JANUARY 16, 2018

*Insert EXACT legal name of the applicant

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(here insert name and title of the officer)

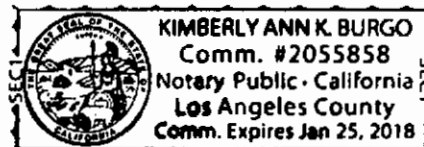
personally appeared *** Arturo Sida ***

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

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Document Date: August 24, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

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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 Total Renal Care, Inc.

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Arturo Sida

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this ____ day of _____

Signature of Notary

Seal

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Michael D. Staffieri

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CONSTANCE L CATHEY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20024033248
MY COMMISSION EXPIRES JANUARY 16, 2018

*Insert EXACT legal name of the applicant

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options must include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

G. Criterion 1110.1430 - In-Center Hemodialysis

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

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

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

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

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

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

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

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

VIII. - 1120.120 - Availability of Funds

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

\$1,975,767	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;
\$497,632(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.
\$2,473,399	TOTAL FUNDS AVAILABLE

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

IX. 1120.130 - Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

XI. Safety Net Impact Statement

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information

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

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

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

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

Delaware

PAGE 1

The First State

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

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

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

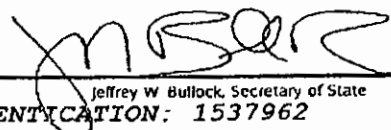
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

140958293

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1537962

DATE: 07-15-14



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 1532702232 verifiable until 11/23/2016

Authenticate at: <http://www.cyberdriveillinois.com>

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

Jesse White

SECRETARY OF STATE

Attachment - 1

Section I, Identification, General Information, and Certification

Site Ownership

The letter of intent between Granite Sand Realty, L.L.C. and Total Renal Care Inc. to lease the facility located at 1300 Schaefer Rd, Granite City, IL 62040 is attached at Attachment – 2.



77 West Wacker Drive, Suite 1800
Chicago, IL 60601
Web: www.cushmanwakefield.com

August 23, 2016

John L. Eichenlaub
Barber Murphy Group
1173 Fortune Blvd
Shiloh, IL 62269

RE: LOI – 1300 Schaefer Rd, Granite City, IL 62040

Mr. Eichenlaub:

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, Inc. is a Fortune 200 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>	1300 Schaefer Rd, Granite City, IL 62040
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>GUARANTOR:</u>	DaVita Healthcare Partners, Inc.
<u>LANDLORD:</u>	Granite Sand Realty, LLC
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 6,400 SF of end cap contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. <i>Please indicate both rentable and useable square footage for Premises.</i>
<u>PRIMARY TERM:</u>	10 years
<u>BASE RENT:</u>	\$11.00/psf NNN Y1-Y5; \$12.00/psf NNN Y6-Y10.
<u>ADDITIONAL EXPENSES:</u>	Estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM are estimated to be \$4.18/psf. Tenant's pro rata share percentage of operating expenses are projected to be 25.8% (6,400/24,800). Tenant to pay utility costs directly to the utility company or reimburse Landlord based on Tenant's actual usage.

Landlord to limit the cumulative operating expense costs to \$4.18/psf in the first full lease year. Conform to Midtown Plaza location in Tulsa, OK.

LANDLORD'S MAINTENANCE:

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

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete (if any) within 120 days from receipt of building permits. Rent Commencement shall be the earlier of five (5) months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form that will conform to the Midtown 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. Tenant may operate during such days and hours as Tenant may determine, without the imposition of maximum or minimum of operation by Landlord, and tenant shall have exclusive use of the fulltime access to the Premises, and may operate 24 hours a day, seven days a week, year around. Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

PARKING:

Tenant requests:

- a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Handicapped stalls located near the front door to the Premises
- c) A patient drop off area, preferably covered (Please describe the drop off area).

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

BASE BUILDING:

Landlord shall deliver the Premises in its "as-is" condition as of the date of this letter. Free from all hazardous substances, including but not limited to asbestos and mold, in compliance with all applicable laws, free from all structural defects and subject to Landlord's maintenance and repair obligations under the Lease.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by \$1/sf after Year 10 of the initial term and following each successive five-year option periods.

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

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

**FAILURE TO DELIVER
PREMISES:**

Conform to Midtown in Tulsa, OK.

HOLDING OVER:

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

TENANT SIGNAGE:

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

BUILDING HOURS:

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

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Any roof penetrations shall be performed by Landlord's approved contractor.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within the shopping centers.

HVAC:

As-Is.

DELIVERIES:

Deliveries can be made in the front or back of the center. A ramp will be needed in either case.

**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 to pay brokerage commission to Barber Murphy Group per the terms of the listing agreement. Landlord does recognize C&W as the Tenant's local representative. Barber Murphy Group will pay C&W per the terms of the listing agreement.

PLANS:

Please provide copies of site and construction plans or drawings.

Please submit your response to this proposal via e-mail to: matthew.gramlich@cushwake.com

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

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operational Leadership
DaVita Team Genesis Real Estate

SIGNATURE PAGE

LETTER OF INTENT:1300 Schaefer Rd
Granite City, IL 62040

AGREED TO AND ACCEPTED THIS ____ DAY OF AUGUST 2016

By: _____

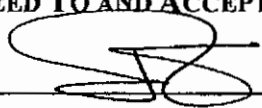
On behalf of Total Renal Care, Inc a wholly owned subsidiary of DaVita
Healthcare Partners, Inc.
("Tenant")AGREED TO AND ACCEPTED THIS 24th DAY OF AUGUST 2016By:  __________
("Landlord")

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.



SIGNATURE PAGE

LETTER OF INTENT:

1300 Schaefer Rd
Granite City, IL 62040

AGREED TO AND ACCEPTED THIS 25 DAY OF AUGUST 2016

By: _____

Mary Anderson

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

AGREED TO AND ACCEPTED THIS 24th DAY OF AUGUST 2016

By: _____

[Signature]

("Landlord")

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

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



To all to whom these Presents Shall Come, Greeting:

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

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



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

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

Jesse White

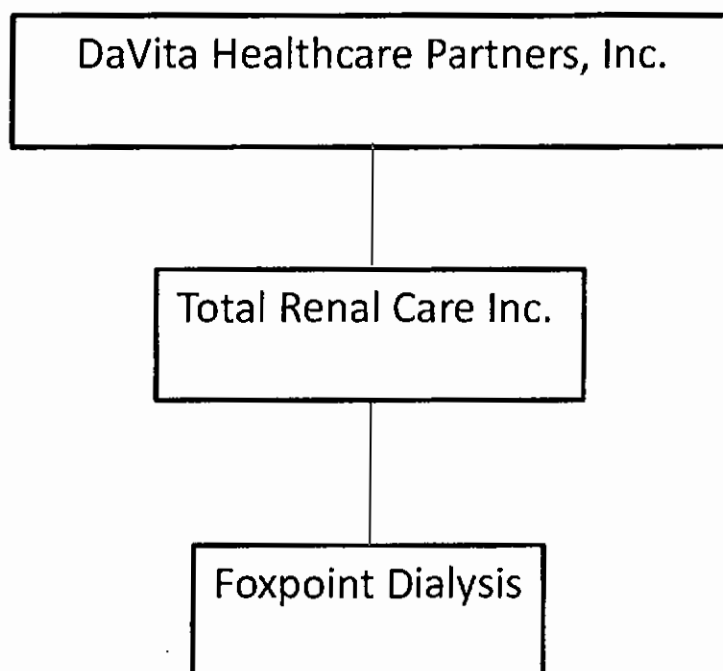
SECRETARY OF STATE

Attachment - 3

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

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

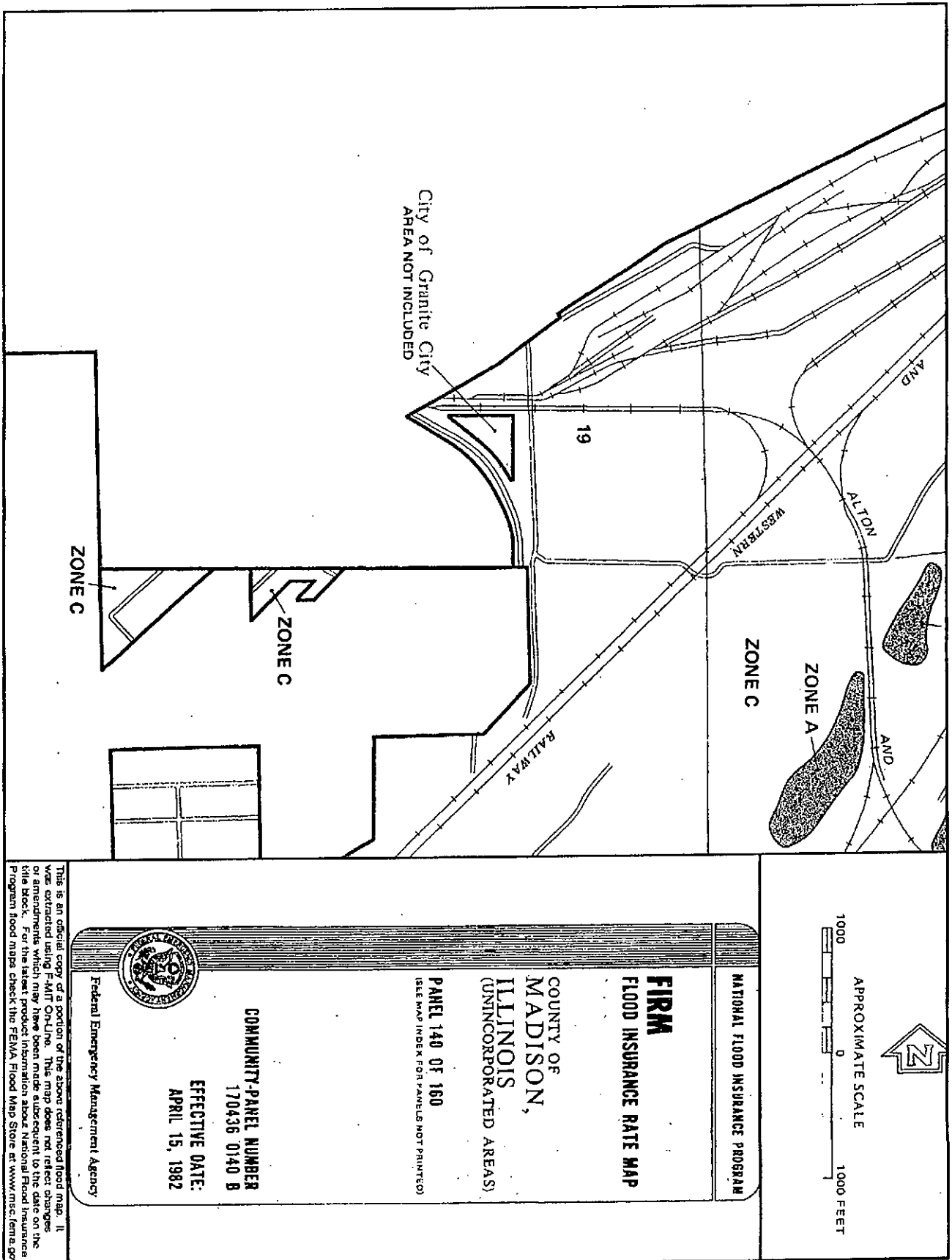
Foxpoint Dialysis Organizational Structure



Attachment - 4

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 1300 Schaefer Rd, Granite City, IL 62040. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment - 5. The interactive map for Panel 1704360140B reveals that this area is not included in the flood plain. The Illinois Flood Map survey indicates the area is medium risk and the site of the proposed dialysis facility is located outside of a special flood hazard area.



Attachment - 5

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

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



**Illinois Historic
Preservation Agency**

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

Madison County

Granite City

CON - Lease to Establish a 12-Station Dialysis Center, Foxpoint Dialysis

1300 Schaefer Road

IHPA Log #006081616

August 23, 2016

Anne Cooper

Polsinelli

161 N. Clark St., Suite 4200

Chicago, IL 60601

Dear Ms. Cooper:

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

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

Table 1120-110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$919,473	\$199,217	\$1,118,690
Contingencies	\$90,000	\$20,000	\$110,000
Architectural/Engineering Fees	\$100,000	\$20,000	\$120,000
Consulting and Other Fees	\$80,000	\$16,000	\$96,000
Moveable and Other Equipment			
Communications	\$80,940		\$80,940
Water Treatment	\$129,200		\$129,200
Bio-Medical Equipment	\$9,885		\$9,885
Clinical Equipment	\$213,145		\$213,145
Clinical Furniture/Fixtures	\$18,030		\$18,030
Lounge Furniture/Fixtures		\$3,610	\$3,610
Storage Furniture/Fixtures		\$5,862	\$5,862
Business Office Fixtures		\$30,905	\$30,905
General Furniture/Fixtures		\$28,500	\$28,500
Signage		\$11,000	\$11,000
Total Moveable and Other Equipment	\$451,200	\$79,877	\$531,077
Fair Market Value of Leased Space	\$415,523	\$82,109	\$497,632
Total Project Costs	\$2,056,196	\$417,203	\$2,473,399

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

The Applicants anticipate project completion within 18 months of project approval.

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

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

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
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	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-052	Sauget Dialysis	Expansion	08/31/2017
15-054	Washington Heights Dialysis	Establishment	09/30/2017
16-004	O'Fallon Dialysis	Establishment	09/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-016	Jerseyville Dialysis	Expansion	06/30/2017

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$2,056,196		5,346		5,346		
Total Clinical	\$2,056,196		5,346		5,346		
NON REVIEWABLE							
Administrative	\$417,203		1,054		1,054		
Total Non- Reviewable	\$417,203		1,054		1,054		
TOTAL	\$2,473,399		6,400		6,400		

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Foxpoint Dialysis, a 12-station in-center hemodialysis facility to be located at 1300 Schaefer Road, Granite City, Illinois 62040.

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.

Quality

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.

In an effort to allow ESRD provider to assume full clinical and economic accountability, DaVita announced its support for the Dialysis PATIENT Demonstration Act (H.R. 5506/S. 3090). The Dialysis PATIENT Demonstration Act would allow ESRD providers to coordinate care both inside and outside the dialysis facility. The model empowers patients, emphasizes leadership, and facilitates innovation. See Attachment – 11A

On June 17 2016, CAPG awarded Healthcare Partners, DaVita's medical group division, multiple honors. CAPG awarded HealthCare Partners California and The Everest Clinic in Washington its Standards of Excellence™ Elite Award. Colorado Springs Health Partners received a Standards of Excellence™ Exemplary Award. 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.

In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from the Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organizations' commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita

teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners. See Attachment – 11B

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.

Improving Patient Care

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and 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.

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

To improve access to kidney care services, DaVita and Northwell Health have joint ventured 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.

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:

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.

- 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 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 provides 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.

Awards

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.

Service to the Community

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.

DaVita News

DaVita Joins Patients and Providers to Urge Congress to Pass Bipartisan Dialysis PATIENT Demonstration Act

DENVER, July 18, 2016 /PRNewswire/ -- DaVita Kidney Care (NYSE: DVA), a leading independent provider of integrated health and kidney care services in the United States, today announced support for the Dialysis PATIENT Demonstration Act (H.R. 5506 / S. 3090).

"This legislation transforms the quality of care delivered to Americans on dialysis," said Javier Rodriguez, president and CEO of DaVita Kidney Care.

"By assuming full clinical and economic accountability, ESRD providers will be able to coordinate care inside and outside the dialysis facility," said Rodriguez. "This model is good for patients and good for taxpayers. It will succeed because it empowers patients, emphasizes physician leadership, and facilitates innovation. DaVita joins dialysis patients and providers in supporting this bipartisan, patient-centered legislation."

Approximately 660,000 people in the U.S. suffer from end-stage renal disease (ESRD), also known as kidney failure. Many ESRD patients struggle with multiple chronic illnesses such as diabetes, heart disease and depression. They are also more likely to be socioeconomically disadvantaged, which limits their ability to access needed health care services.

H.R. 5506 is sponsored by Reps. Todd Young (R-IN), Earl Blumenauer (D-OR), Cathy McMorris Rodgers (R-WA) and Tony Cárdenas (D-CA). S. 3090 is sponsored by Sens. Dean Heller (R-NV) and Bill Nelson (D-FL).

Follow and support the legislation via social media under #DialysisPATIENTAct.

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.

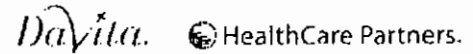
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<http://photos.prnewswire.com/prnh/20140318/DC85712LOGO>

SOURCE DaVita Kidney Care

<http://pressreleases.davitahealthcarepartners.com/2016-07-18-DaVita-Joins-Patients-and-Providers-to-Urge-Congress-to-Pass-Bipartisan-Dialysis-PATIENT-Demonstration-Act>

DaVita News

DaVita Hospital Services Receives Re-Accreditation from The Joint Commission

The first dialysis organization to secure re-accreditation

DENVER, Aug. 17, 2016 /PRNewswire-USNewswire/ -- **DaVita Kidney Care**, a division of DaVita HealthCare Partners Inc. (NYSE: DVA), and a leading independent provider of integrated health and kidney care services in the United States, today announced that DaVita Hospital Services has been re-accredited for Ambulatory Health Care from The Joint Commission effective 2016.

Per the commission website, "The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards."

"Re-accreditation validates our organization's commitment to quality improvement and patient safety," said Amanda Hale, vice president of DaVita Hospital Services for DaVita Kidney Care. "As health care delivery models become more focused and dependent upon improved clinical outcomes and quality performance metrics, DaVita Hospital Services strives to be a leader in continually improving the quality and safety of the care we administer."

The Joint Commission worked collaboratively to outline national industry standards by which safety and quality of inpatient kidney disease and apheresis therapies will be measured in the future. DaVita, its hospital partners and other entities will be able to, for the first time, systematically monitor and evaluate the quality and safety of care provided.

"DaVita Hospital Services was awarded this designation after a thorough vetting process that involved two-and-a-half months of surveys at more than 156 DaVita inpatient dialysis sites" said Michael Kulczycki, executive director, Ambulatory Health Care Accreditation, The Joint Commission.

For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

In 2013, DaVita became the first inpatient kidney care service provider to receive Ambulatory Health Care Accreditation. The Ambulatory Health Care Accreditation is a three year certification that validates an organization's commitment to meeting certain performance standards.

About DaVita Kidney Care

DaVita Kidney Care is a division of DaVita HealthCare Partners Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2016, DaVita Kidney Care operated or provided administrative services at 2,293 outpatient dialysis centers located in the United States serving approximately 185,000 patients. The company also operated 127 outpatient dialysis centers located in 11 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.

Media Contact:

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Madison.Spahr@davita.com

Logo -



<http://photos.prnewswire.com/prnh/20160817/398805LOGO>

SOURCE DaVita Kidney Care

<http://pressreleases.davitahealthcarepartners.com/2016-08-17-DaVita-Hospital-Services-Receives-Re-Accreditation-from-The-Joint-Commission>

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 TOWHY 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		FREEPORT	STEPHENSON	IL	61032-6712	14-2747		
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701		
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580		
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529		
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511		
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		FREEPORT	STEPHENSON	IL	61032-6914	14-2642		
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777		
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537		
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698		
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622		

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		BELLEVIEW	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
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
Stoncrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
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 Total Renal Care, Inc. in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,



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

Subscribed and sworn to me
This ___ day of ___, 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 August 24, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

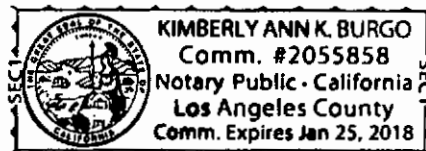
personally appeared *** Arturo Sida ***

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.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson (Foxpoint Dialysis)

Document Date: August 24, 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.

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Granite City and the surrounding area. There are twelve dialysis facilities within 30 minutes of the proposed Foxpoint Dialysis (the "Foxpoint GSA"). Collectively, these facilities were operating at 63.71% as of June 30, 2016. Excluding the recently approved dialysis facilities, average utilization increases to 77.45%, or just below the State Board's utilization standard. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 7% annually over the prior three years, with each facility seeing double digit increases over that three year period except two facilities operating above the State Board standard in 2013. This growth is anticipated to continue to increase for the foreseeable future. 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.

Further, Dr. Anahit Cheema's practice, Gateway Nephrology, is currently treating 183 Stage 3, 4, and 5 CKD patients, who reside within the Foxpoint GSA, and 152 patients live within 10 minutes of the proposed site of Foxpoint Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cheema anticipates that at least 58 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Cheema's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals living in the Metroeast who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 30 minutes normal travel time to Fosterburg
 - North approximately 30 minutes normal travel time to Godfrey.
 - Northeast approximately 30 minutes normal travel time to Holiday Shores

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.

- East approximately 30 minutes normal travel time to Highland
- Southeast approximately 30 minutes normal travel time to Collinsville
- South approximately 30 minutes normal travel time to Belleville
- Southwest approximately 14 minutes normal travel time to Mississippi River
- West approximately 23 minutes normal travel time to Mississippi River
- Northwest approximately 9 minutes normal travel time to Mississippi River

The purpose of this project is to improve access to life sustaining dialysis to residents of the Granite City and the surrounding area.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located in Granite City, Illinois. Dr. Cheema expects at least 58 of the current 152 CKD patients that reside within 30 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

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

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

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

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

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

[illegible]

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

Alternatives

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

1. Maintain the Status Quo/Do Nothing
2. Utilize Existing Facilities.
3. Establish a new facility.

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

Maintain the Status Quo/Do Nothing

The Applicants considered the option not to do anything. Dr. Cheema currently at 3 dialysis facilities in the Foxpoint GSA: Granite City Dialysis, Maryville Dialysis, and FMC Southwestern Illinois. All of these facilities are highly utilized, operating above or just below the State Board's 80% utilization standard. Dr. Cheema's practice, Gateway Nephrology, is currently treating 152 Stage 3, 4, and 5 CKD patients, who reside within 10 minutes of the proposed Foxpoint Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cheema anticipates that at least 58 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Cheema's projected referrals. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Utilize Existing Facilities

There are 12 existing dialysis facilities within the Foxpoint GSA. Collectively, these facilities were operating at 77.45%, or just below the State's 80% standard, as of June 30, 2016. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹² and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹³ and 1.5 million Medicaid beneficiaries transition from

¹² CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). NATIONAL CHRONIC KIDNEY DISEASE FACT SHEET: GENERAL INFORMATION AND NATIONAL ESTIMATES ON CHRONIC KIDNEY DISEASE IN THE UNITED STATES, 2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2014.

¹³ According to data from the federal government nearly 350,000 Illinois residents enrolled in a health insurance program through the ACA (See DEP'T OF HEALTH & HUMAN SERVS., OFFICE OF THE ASSISTANT SEC'Y FOR PLANNING AND EVALUATION, HEALTH INSURANCE MARKETPLACES 2015 OPEN ENROLLMENT PERIOD: MARCH ENROLLMENT REPORT (Mar. 10, 2015) available at <http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report> (last visited Nov. 23, 2015).

traditional fee for service Medicaid to Medicaid managed care,¹⁴ 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.

Further, Dr. Anahit Cheema's practice, Gateway Nephrology, is currently treating 183 Stage 3, 4, and 5 CKD patients, who reside within the Foxpoint GSA, and 152 patients live within 10 minutes of the proposed site of Foxpoint Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cheema anticipates that at least 58 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Cheema's projected referrals.

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

There is no capital cost with this alternative.

Establish a New Facility

As noted above, there are 12 existing dialysis facilities within the Foxpoint GSA. Collectively, these facilities were operating at 77.45%, or just below the State's 80% standard, as of June 30, 2016. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 5% annually over the prior two years. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,¹⁵ and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁶ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁷ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

The growth of Shiloh Dialysis is emblematic of the increasing need for dialysis services in the Metro East market. Shiloh Dialysis, which is less than 30 minutes from the proposed site of Foxpoint

¹⁴ 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.

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

¹⁶ 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)).

¹⁷ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Dialysis, received a certificate of need permit in January 2012. In July 2013, Shiloh received its Medicare certification from the Centers for Medicare and Medicaid Services. In the third quarter of 2015, just over two years after receiving Medicare certification, Shiloh Dialysis exceeded the State Board's 80% utilization standard, and was operating at 86% utilization as of June 30, 2016.

Finally, Dr. Anahit Cheema's practice, Gateway Nephrology, is currently treating 183 Stage 3, 4, and 5 CKD patients, who reside within the Foxpoint GSA, and 152 patients live within 10 minutes of the proposed site of Foxpoint Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cheema anticipates that at least 58 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Cheema's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the Metroeast area who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is \$2,473,399.

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Foxpoint Dialysis is 5,346 of clinical gross square feet (or 445.5 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	5,346	4,320 – 6,240	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Cheema is currently treating 152 CKD patients that reside within 10 minutes of the proposed Foxpoint Dialysis, 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 58 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b) Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,048	8,986	Yes

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

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

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

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

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

1. Planning Area Need

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Granite City and the surrounding area. There are twelve dialysis facilities within 30 minutes of the proposed Foxpoint Dialysis (the "Foxpoint GSA"). Collectively, these facilities were operating at 63.71% as of June 30, 2016. Excluding the recently approved dialysis facilities, average utilization increases to 77.45%, or just below the State Board's utilization standard. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 7% annually over the prior three years, with each facility seeing double digit increases over that three year period except two facilities operating above the State Board standard in 2013. This growth is anticipated to continue to increase for the foreseeable future. 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)¹⁸ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁹ 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.

The growth of Shiloh Dialysis is emblematic of the increasing need for dialysis services in the Metro East market. Shiloh Dialysis, which is less than 30 minutes from the proposed site of Foxpoint Dialysis, received a certificate of need permit in January 2012. In July 2013, Shiloh received its Medicare certification from the Centers for Medicare and Medicaid Services. In the third quarter of 2015, just over two years after receiving Medicare certification, Shiloh Dialysis exceeded the State Board's 80% utilization standard, and was operating at 86% utilization as of June 30, 2016.

Further, Dr. Anahit Cheema's practice, Gateway Nephrology, is currently treating 183 Stage 3, 4, and 5 CKD patients, who reside within the Foxpoint GSA, and 152 patients live within 10 minutes of the proposed site of Foxpoint Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Cheema anticipates that at least 58 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Cheema's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals living in the Metroeast who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

¹⁸ 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)).

¹⁹ 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.

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 Metroeast. As evidenced in the physician referral letter attached at Appendix - 1, 152 pre-ESRD patients reside within 10 minutes of the proposed facility.

3. Service Demand

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

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
62040	140
62060	12
Total	152

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the Granite City and the surrounding area. Currently, there are twelve dialysis facilities within the Foxpoint GSA. Collectively, these facilities were operating at 63.71% as of June 30, 2016. Excluding the recently approved dialysis facilities, average utilization increases to 77.45%, or just below the State Board's utilization standard. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 7% annually over the prior three years, with each facility seeing double digit increases over that three year period except two facilities operating above the State Board standard in 2013. This growth is anticipated to continue to increase for the foreseeable future. Due to health care reforms like the ACA and the transition to Medicaid managed care, 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. Accordingly, there will be insufficient capacity for Dr. Cheema's projected referrals.

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

- a. The proposed dialysis facility will be located at 1300 Schaefer Rd, Granite City, IL 62040. A map of the proposed facility's market area is attached at Attachment – 26A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
62001	Alhambra	1,752
62002	Alton	32,704
62010	Bethalto	11,186
62018	Cottage Hills	3,604
62024	East Alton	9,775
62025	Edwardsville	33,748
62034	Glen Carbon	13,819
62035	Godfrey	16,494
62040	Pontoon Beach	43,735
62046	Hamel	713
62048	Hartford	1,459
62059	Lovejoy	746
62060	Madison	4,847
62061	Marine	1,718
62062	Maryville	7,658
62067	Moro	2,401
62084	Roxana	1,606
62087	South Roxana	2,087
62090	Venice	1,189
62095	Wood River	11,237
62201	Fairmont City	7,547
62203	East Saint Louis	8,209
62204	East Saint Louis	7,960
62205	East Saint Louis	9,329
62206	Cahokia	16,509
62207	Alorton	8,750
62208	Fairview Heights	17,376
62223	Belleville	17,560
62232	Caseyville	7,260

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
62234	Collinsville	33,430
62239	Dupo	4,954
62269	O'Fallon	31,348
62273	Pierron	426
62281	St. Jacob	2,155
62294	Troy	14,367
Total		389,658

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 August 29, 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 – 26B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of existing dialysis facilities within the GSA is 77.45% as of June 30, 2016. 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

There are twelve dialysis facilities within the Foxpoint GSA. Collectively, these facilities were operating at 63.71% as of June 30, 2016. Excluding the recently approved dialysis facilities, average utilization increases to 77.45%, or just below the State Board's utilization standard. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 7% annually over the prior three years, with each facility seeing double digit increases over that three year period except two facilities operating above the State Board standard in 2013. This growth is anticipated to continue to increase for the foreseeable future. Due to health care reforms like the ACA and the transition to Medicaid managed care, 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. Accordingly, there will be insufficient capacity for Dr. Cheema's projected referrals.

b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12--station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants

would need 58 patient referrals. Dr. Cheema is currently treating 152 CKD patients that reside within 10 minutes of the proposed Foxpoint Dialysis. See Appendix – 1. Conservatively, based upon attrition due patient death, transplant, return of function, or relocation, Dr. Cheema anticipates that at least 58 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 existing dialysis facilities within the Foxpoint GSA is 77.45%. Further, patient census has increased approximately 7% annually in each of the past three years. Based upon historical utilization trends, average utilization should meet the State Board standard by the time the proposed Foxpoint Dialysis is projected to come online. No patients are expected to transfer from the existing dialysis facilities to the proposed Foxpoint Dialysis.
- b. There are twelve dialysis facilities within the Foxpoint GSA. Collectively, these facilities were operating at 63.71% as of June 30, 2016. Excluding the recently approved dialysis facilities, average utilization increases to 77.45%, or just below the State Board's utilization standard. Furthermore, patient census among the existing facilities within the Foxpoint GSA has increased approximately 7% annually over the prior three years, with each facility seeing double digit increases over that three year period except two facilities operating above the State Board standard in 2013. This growth is anticipated to continue to increase for the foreseeable future. Due to health care reforms like the ACA and the transition to Medicaid managed care, 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. Accordingly, there will be insufficient capacity for Dr. Cheema's projected referrals.

[illegible]

Attachment - 26A

Facility	Ownership	Address	City	HSA	Distance	Drive Time
Sauget Dialysis	Davita	2300 Goose Lake Road	Sauget	11	23.0	24
Renal Care Of Illinois	Davita	5105 West Main Street	Belleville	11	24.5	30
Granite City Dialysis	Davita	9 American Village	Granite City	11	2.2	8
Alton Dialysis	Davita	3511 College Avenue	Alton	11	22.1	26
BMA - Southern Illinois Dialysis Center	Fresenius	7 Professional Drive	East Alton	11	13.6	19
Shiloh Dialysis	Davita	1095 North Green Mount Road	Shiloh	11	27.0	29
Fresenius Medical Care Regency Park	Fresenius	124 Regency Park Drive	O'Fallon	11	25.5	27
Maryville Dialysis- Renal Treatment Ctrs	Davita	2130 Vadalaberne Drive	Maryville	11	14.4	19
Edwardsville Dialysis	Davita	235 S. Buchanan	Edwardsville	11	14.5	21
O'Fallon Dialysis	Davita	1941 Frank Scott Parkway E, Suite B	O'Fallon	11	27.2	29
Collinsville Dialysis	Davita	101 Lanter Court, Bldg 2	Collinsville	11	8.5	19
Fresenius Medical Care Belleville	Fresenius	6525 Main Street	Belleville	11	17.6	30

Attachment - 26B

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

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

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

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

Administrator
Registered Nurse (2.92 FTE)
Patient Care Technician (5.59 FTE)
Biomedical Technician (0.24 FTE)
Social Worker (0.54 FTE)
Registered Dietitian (0.54 FTE)
Administrative Assistant (0.79 FTE)

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

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

d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and Total Renal Care Inc., attached at Attachment – 26E, Foxpoint Dialysis will maintain an open medical staff.

Anahit Cheema, MD

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Phone: 309-550-4749 • E-Mail: anahit.cheema@gmail.com

Certification

American Board of Internal Medicine - Diplomate in Nephrology (2013)
American Board of Internal Medicine - Diplomate in Internal Medicine (2011)

Medical Licenses

Missouri License No. - 2013018204
Illinois License No. - 036.133483

Fellowship and Residency Training

Nephrology - Montefiore Medical Center, Albert Einstein College of Medicine, NY (2011 - 2013)
Internal Medicine - University of Illinois College of Medicine at Peoria, IL (2008 - 2011)
ECFMG certification (2008)
MBBS - Bachelors of Medicine and Surgery, Government Medical College, Amritsar, India (1994-99)

Current Position

- Consultant Nephrologist 10/2013 - Current
Christian Northeast Hospital, St. Louis, MO
DePaul Medical Center, Bridgeton, MO
Gateway Regional Medical Center, Granite City, IL
Mercy Jefferson Hospital, Festus, MO
St. Anthony's Medical Center, St. Louis, MO

Prior Experience

- Bajwa Hospital, Amritsar, India 03/2006 - 02/2007
Registrar, General Medicine
- P. D. Hinduja National Hospital & Research Centre, Mumbai, India 05/2005 - 02/2006
Clinical Assistant, Surgery
- Barnet General Hospital, London, United Kingdom 11/2004 - 02/2005
Senior House Officer, Trauma & Orthopedics
- Barnet General Hospital, London, United Kingdom 08/2004 - 11/2004
Clinical Observer, Trauma & Orthopedics

Attachment - 26C

- Dr. Karam Singh Memorial Orthopedic Hospital, Amritsar, India 02/2004 - 07/2004
Junior Resident, Orthopedics
- St. Bartholomews Hospital, London, United Kingdom 10/2003 - 01/2004
Clinical Observer – Endocrinology
- Princess Royal University Hospital, Kent, United Kingdom 09/2003 - 10/2003
Clinical Observer - General Surgery
- Jaslok Hospital, Mumbai, India 11/2002 - 12/2002
Casualty Medical Officer
- Dr. Karam Singh Memorial Orthopedic Hospital, Amritsar, India 12/2001 - 07/2002
Junior Resident, Orthopedics
- Guru Nanak Dev Hospital, Amritsar, India 01/2001 - 07/2001
House Surgeon - Cardiovascular and Thoracic Surgery
- Bajwa Hospital, Amritsar, India 01/2000 - 12/2000
House Physician - General Medicine
- Guru Nanak Dev Hospital, Amritsar, India 01/1999 - 12/1999
Internship - Government Medical College, Amritsar

Publications/Presentations

- Cheema AS, Abramowitz M, Folkert V. Optimal Timing of Hemodialysis in End Stage Renal Disease Patients after Exposure to IV Contrast
NY Society of Nephrology, New York, May 2013
- Cheema AS, Kurtzman CP, Farrell JJ. *Saccharomyces fungemia* associated with esophageal disease identified by D1/D2 Ribosomal RNA gene sequence.
International Congress of Infectious Diseases, Miami, March 2010
- Cheema AS, Malhotra K, Aiyer M - *The curse of Medusa - An unusual presentation.*
Society of Hospital Medicine, Washington DC, April 2010
- Cheema AS, Gerstner GJ, Rogers JD - *Rare case of small cell carcinoma of the anal canal.*
ACP Downstate IL, Urbana-Champaign, IL, October 2009
- Malhotra K, Rosborough D, Cheema AS, Nace S. *Thrombotic thrombocytopenia purpura (TTP) in a Jehovah's witness.* ACP Downstate IL, Urbana-Champaign, IL, October 2009

- Malhotra K, Sader S, Cheema AS, Fischer J. A case of steroid and MMF (mycophenolate) resistant neuromyelitis optica (NMO) exacerbation treated with plasma exchange.
ACP Downstate IL, Urbana-Champagne, IL, October 2009
- Vijayappa MB, Manchanda U, Cheema A, Singh G, Nahata A, Malhotra K, Oguh O, Talkad A. *Time of onset of ischemic stroke does not affect the outcome.*
XIX European Stroke Conference, May 2010, Barcelona, Spain
- Vijayappa MB, Singh G, Nahata A, Malhotra K, Cheema A, Manchanda U, Talkad A, Clemson B. *A 10 Year Experience with Thoratec and Heartmate Ventricular Assist Devices.*
15th world congress on heart disease, July 2010, Vancouver, B.C., Canada
- Cheema AS. *Management of facial fractures.*
Annual Surgical Conference; Mumbai, India, November 2005
- Cheema AS. *Re-emerging Infectious Diseases in AIDS.*
Department of Social & Preventive Medicine; Amritsar, India, 1998

Research Experience

- Cheema AS, Abramowitz M-Association between Frailty and Protein Energy Wasting in End Stage Renal Disease
- Cheema AS, Abramowitz M, Folkert V. -Optimal Timing of Hemodialysis in End Stage Renal Disease Patients after Exposure to IV Contrast
- Cheema AS, Aiyer M - Identifying and Streamlining Quality Issues during Patient Discharge
- Nahata A, Cheema AS - Electrolyte Abnormalities and Parathyroidectomy - Retrospective chart Study

Teaching Experience

- Resident and Medical student teaching and evaluation 2011-2013
Albert Einstein College of Medicine
- Instructor in Clinical Medicine 2008-2011
University of Illinois College of Medicine at Peoria

Experience Language Fluency (Other than English)

- Hindi and Punjabi

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

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

Explanation of Content

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

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

The Table of Contents is as follows:

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

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

Introduction to Program

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

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

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

A non-experienced teammate is defined as:

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

An experienced teammate is defined as:

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

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

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

TR1-01-02

"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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Origination Date: 1995
Revision Date: August 2014, October 2014
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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. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

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

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

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

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

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

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

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

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

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

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

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

Process of Program Evaluation

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

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

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

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

Re: Certification of Support Services

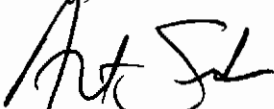
Dear Chair Olson:

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

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

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

Sincerely,



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

Subscribed and sworn to me
This ____ day of ____, 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 August 24, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

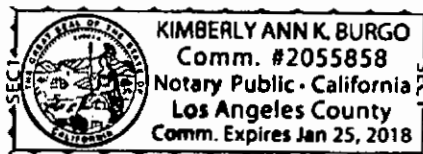
personally appeared *** Arturo Sida ***

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 (Foxpoint Dialysis)

Document Date: August 24, 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.

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(g), Minimum Number of Stations

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

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

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

AGREEMENT

BETWEEN

ST. ELIZABETH MEDICAL CENTER

and

**RENAL TREATMENT CENTERS-ILLINOIS, INC.,
d/b/a Granite City Dialysis**

for

MUTUAL PATIENT REFERRAL

In the interest of good patient care in the transfer of patients between St. Elizabeth Medical Center, Granite City, Illinois, herein referred to as "Hospital", and Renal Treatment Centers-Illinois, Inc., d/b/a Granite City Dialysis, 1300 Niedringhaus Avenue, Granite City, Illinois, herein referred to as "Dialysis Facility", the parties agree as follows:

General Purposes of Agreement

WHEREAS, both parties to this Agreement want to assure continuity of care and treatment appropriate to the needs of each patient in the Hospital and the Dialysis Facility; and

WHEREAS, both parties are concerned with elevating the quality of care to the members of the community; and

WHEREAS, both parties will cooperate to achieve these objectives.

NOW, THEREFORE, in consideration of the mutual advantages occurring to the parties hereto, as well as to the members of the community. St. Elizabeth Medical Center and Renal Treatment Centers-Illinois, Inc., d/b/a Granite City Dialysis hereby agree to the following:

Autonomy of Each Institution

Nothing in this Agreement shall in any way alter the freedom enjoyed by either institution, nor shall it in any way effect the independent operation of either institution.

Compliance With Civil Rights Act of 1964

Both parties comply with the provisions of The Civil Rights Act of 1964 and do not discriminate on grounds of race, color, national origin, or religion.

Transfer of Patients

Both parties to the Agreement will make concerted efforts to transfer patients as soon as practical, when the need for transfer has been determined by the attending physician.

Policies pertaining to order of admission and procedures for carrying out transfer of patients including arrangements for transportation of patients and their personal effects, will be the responsibility of the transferring party.

St. Elizabeth Medical Center agrees to admit patients from Dialysis Facility as promptly as practical, providing general admission requirements established by the Hospital are met, and depending on the necessity of the admission.

Continuity of Care

In the interest of providing continuity of care, Dialysis Facility and Hospital agree that patients who have been transferred to Hospital either on a scheduled basis or as a result of sudden need for emergency acute care will, following completion of and emergency treatment by Hospital's Emergency Department, be medically supervised by that physician who has been responsible to provide medical care to the patient while in Dialysis Facility and who has applied for and been granted privileges on Hospital's medical staff.

Transfer of Information

In order to facilitate the transfer of patients between said institutions, it is agreed that such sufficient and proper medical and related information shall be transmitted with each patient being transferred or referred for treatment or diagnostic services from one facility to the other as is necessary to provide a continuity of care to said patient.

Financial Arrangements

Charges for services performed by either Dialysis Facility or Hospital for patients transferred from the other institution pursuant to this Agreement shall be collected by the Institution rendering such services, and directly from the patient, third-party payors, or other sources normally billed by the Institution.

Period of Effectiveness of this Agreement: Termination

This Agreement shall be effective from the date of the signing by both parties and shall continue in effect indefinitely except either party may withdraw by giving fifteen days written notice to the other party of its intentions to terminate the Agreement.

This Agreement, however, shall be declared null and void and shall immediately be terminated should either party fail to maintain appropriate licensure and/or certification.

Indemnification and Hold Harmless

Hospital hereby agrees to indemnify and hold Dialysis Facility harmless from any and all claims, suits, liabilities, loss, damages, judgments and the costs and expenses of defending said claims or suits which it may hereafter incur, suffer or be required to pay by reason of the patient's being in custody of or residing at Hospital. Dialysis Facility hereby agrees to indemnify and hold Hospital harmless from any and all claims, suits, liabilities, loss, damages, judgments, and the costs and expenses of defending said claims or suits which it may hereafter incur, suffer or be required to pay by reason of the patient's being in the custody of Dialysis Facility.

Advertising and Publicity

Neither party shall use the name of the other party in any promotional or advertising material unless review and approval of the intended use shall first be obtained from the party whose name is to be used.

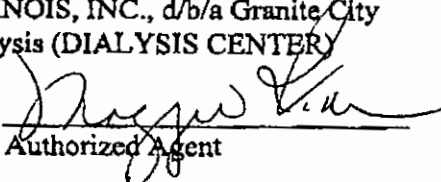
Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other hospital or facility on either a limited or general basis, while this Agreement is in effect.

Modification or Amendment

This Agreement may be modified or amended from time to time by mutual agreement of the parties, and any such modification or amendment shall be attached to and become a part of this Agreement.

Approved By:

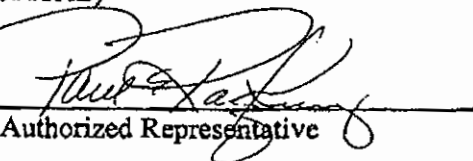
RENAL TREATMENT CENTERS-
ILLINOIS, INC., d/b/a Granite City
Dialysis (DIALYSIS CENTER)

BY: 

Authorized Agent

Date: 3/4/99

ST. ELIZABETH'S MEDICAL CENTER
(HOSPITAL)

BY: 

Authorized Representative

Date: 3/4/99

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

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

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

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

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

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

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

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

Sincerely,


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

Subscribed and sworn to me
This ____ day of ____, 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 August 24, 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.

Kimberly Ann K. Burgo
Signature



OPTIONAL INFORMATION

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

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☐ Individual

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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.

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 Granite Sand Realty, 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.



77 West Wacker Drive, Suite 1800
Chicago, IL 60601
Web: www.cushmanwakefield.com

August 23, 2016

John L. Eichenlaub
Barber Murphy Group
1173 Fortune Blvd
Shiloh, IL 62269

RE: LOI – 1300 Schaefer Rd, Granite City, IL 62040

Mr. Eichenlaub:

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, Inc. is a Fortune 200 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>	1300 Schaefer Rd, Granite City, IL 62040
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>GUARANTOR:</u>	DaVita Healthcare Partners, Inc.
<u>LANDLORD:</u>	Granite Sand Realty, LLC
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 6,400 SF of end cap contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. <i>Please indicate both rentable and useable square footage for Premises.</i>
<u>PRIMARY TERM:</u>	10 years
<u>BASE RENT:</u>	\$11.00/psf NNN Y1-Y5; \$12.00/psf NNN Y6-Y10.
<u>ADDITIONAL EXPENSES:</u>	Estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM are estimated to be \$4.18/psf. Tenant's pro rata share percentage of operating expenses are projected to be 25.8% (6,400/24,800). Tenant to pay utility costs directly to the utility company or reimburse Landlord based on Tenant's actual usage.

Landlord to limit the cumulative operating expense costs to \$4.18/psf in the first full lease year. Conform to Midtown Plaza location in Tulsa, OK.

LANDLORD'S MAINTENANCE:

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

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete (if any) within 120 days from receipt of building permits. Rent Commencement shall be the earlier of five (5) months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form that will conform to the Midtown 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. Tenant may operate during such days and hours as Tenant may determine, without the imposition of maximum or minimum of operation by Landlord, and tenant shall have exclusive use of the fulltime access to the Premises, and may operate 24 hours a day, seven days a week, year around. Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

PARKING:

Tenant requests:

- a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Handicapped stalls located near the front door to the Premises
- c) A patient drop off area, preferably covered (Please describe the drop off area).

BUILDING SYSTEMS:

Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

BASE BUILDING:

Landlord shall deliver the Premises in its "as-is" condition as of the date of this letter. Free from all hazardous substances, including but not limited to asbestos and mold, in compliance with all applicable laws, free from all structural defects and subject to Landlord's maintenance and repair obligations under the Lease.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by \$1/sf after Year 10 of the initial term and following each successive five-year option periods.

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

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

**FAILURE TO DELIVER
PREMISES:**

Conform to Midtown in Tulsa, OK.

HOLDING OVER:

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

TENANT SIGNAGE:

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

BUILDING HOURS:

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

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Any roof penetrations shall be performed by Landlord's approved contractor.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within the shopping centers.

HVAC:

As-Is.

DELIVERIES:

Deliveries can be made in the front or back of the center. A ramp will be needed in either case.

**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 to pay brokerage commission to Barber Murphy Group per the terms of the listing agreement. Landlord does recognize C&W as the Tenant's local representative. Barber Murphy Group will pay C&W per the terms of the listing agreement.

PLANS:

Please provide copies of site and construction plans or drawings.

Please submit your response to this proposal via e-mail to: matthew.gramlich@cushwake.com

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

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operational Leadership
DaVita Team Genesis Real Estate

SIGNATURE PAGE

LETTER OF INTENT:1300 Schaefer Rd
Granite City, IL 62040

AGREED TO AND ACCEPTED THIS ____ DAY OF AUGUST 2016

By: _____

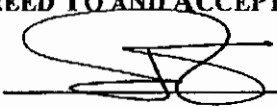
On behalf of Total Renal Care, Inc a wholly owned subsidiary of DaVita
Healthcare Partners, Inc.
("Tenant")AGREED TO AND ACCEPTED THIS 24th DAY OF AUGUST 2016By:  __________
("Landlord")

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.



SIGNATURE PAGE

LETTER OF INTENT:

1300 Schaefer Rd
Granite City, IL 62040

AGREED TO AND ACCEPTED THIS 25 DAY OF AUGUST 2016

By: Mary Anderson

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

AGREED TO AND ACCEPTED THIS 24th DAY OF AUGUST 2016

By: [Signature]

("Landlord")

Section IX, Financial Feasibility

Criterion 1120.130 – 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. attesting that the total estimated project costs will be funded entirely with cash.

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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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

Sincerely,



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

Subscribed and sworn to me
This ____ day of ____, 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 August 24, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

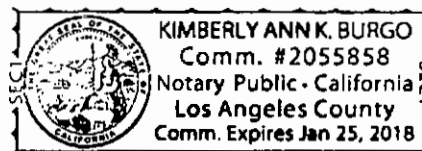
personally appeared *** Arturo Sida ***

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 (Foxpoint Dialysis)

Document Date: August 24, 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.

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A Cost/Square Foot New	B Mod.	C Gross Sq. Ft. New Circ.*	D	E Gross Sq. Ft. Mod. Circ.*	F	G Const. \$ (A x C)	H Mod. \$ (B x E)	Total Cost (G + H)
CLINICAL									
ESRD	\$171.99				5,346			\$919,473	\$919,473
Contingency	\$16.83				5,346			\$90,000	\$90,000
TOTAL CLINICAL	\$188.82				5,346			\$1,009,473	\$1,009,473
NON- CLINICAL									
Admin	\$189.01				1,054			\$199,217	\$199,217
Contingency	\$18.98				1,054			\$20,000	\$20,000
TOTAL NON- CLINICAL	\$207.99				1,054			\$219,217	\$219,217
TOTAL	\$191.98				6,400			\$1,228,690	\$1,228,690

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Construction Contracts & Contingencies	\$1,009,473	$\$189.19 \times 5,346\text{GSF} = \$1,011,410$	Below State Standard
Contingencies	\$90,000	10% - 15% of Modernization Construction Contracts $10\% - 15\% \times \$710,000 = \$91,947 - \$137,921$	Meets State Standard
Architectural/Engineering Fees	\$100,000	6.90% - 10.36% of Modernization Construction Contracts + Contingencies = $6.9\% - 10.36\% \times (\$919,473 + \$90,000) =$	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		6.90% - 10.36% x \$1,009,473 = \$69,654 - \$104,581	
Consulting and Other Fees	\$80,000	No State Standard	No State Standard
Moveable Equipment	\$451,200	\$52,119.16 per station x 12 stations \$52,119.16 x 12 = \$625,430	Below State Standard
Fair Market Value of Leased Space or Equipment	\$415,523	No State Standard	No State Standard

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

Operating Expenses: \$1,933,671

Treatments: 9,048

Operating Expense per Treatment: \$213.71

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

Capital Costs:

Depreciation:	\$187,240
Amortization:	\$9,203
Total Capital Costs:	\$196,443

Treatments: 9,048

Capital Costs per Treatment: \$21.71

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 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 existing dialysis facilities within the Foxpoint GSA is 77.45%. There are 152 patients from Dr. Cheema's practice suffering from Stage 3, 4 or 5 CKD who reside within 10 minutes of the proposed Foxpoint Dialysis. Conservatively, Dr. Cheema anticipates 58 of these patients will be initiate dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at their optimum capacity while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

Further, patient census among the existing facilities within the Foxpoint GSA has increased approximately 7% annually over the prior three years, with each facility seeing double digit increases over that three year period except two facilities operating above the State Board standard in 2013. This growth is anticipated to continue to increase for the foreseeable future. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD,²⁰ and the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. As more working families obtain health insurance through the ACA²¹ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²² more individuals in high risk groups will have better access to primary care and kidney 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.

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

²¹ According to data from the federal government 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)).

²² In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

3. The proposed project is for the establishment of Foxpoint Dialysis. As such, this criterion is not applicable.
4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	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 physician referral letter from Dr. Anahit Cheema projecting 58 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Gateway Nephrology
11125 Dunn Road, Suite 206
St. Louis, Missouri 63136
314-736-6590

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 Foxpoint Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 1300 Schaefer Road, Granite City, Illinois will directly benefit my patients.

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

I have identified 183 patients from my practice who are suffering from Stage 3, 4, or 5 CKD. 152 of these patients reside within 10 minutes of the proposed facility. Of these 152 CKD patients, I predict at least 58 of these patients will progress to dialysis within 12 to 24 months of completion of Foxpoint Dialysis.

A list of patients who have received care at existing facilities in the area, for the most recent 3 calendar 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 is provided at Attachment - 2. The list of zip codes for the 152 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.

54595710.1

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

Sincerely,

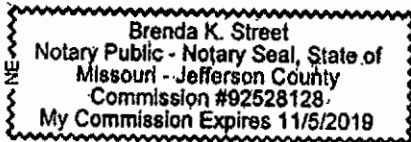
A. S. Cheema

Anahit S. Cheema, M.D.
Nephrologist
Gateway Nephrology
11125 Dunn Road, Suite 206
St. Louis, Missouri 63136

Subscribed and sworn to me
This 26th day of August
2016

Brenda K. Street

Notary Public



Attachment - 1

**Granite City Dialysis
Historical Patient Utilization**

Zip Code	2013	2014	2015	Q2 2016
62040	19	27	23	24
62059	0	0	1	1
62060	4	4	3	3
62062	0	1	2	1
62087	0	1	1	1
62206	1	0	0	3
62207	1	1	1	1
62234	1	1	0	0
62239	1	1	0	0
63114	1	1	1	0
Total	28	37	32	34

Attachment - 1

**Maryville Dialysis
Historical Patient Utilization**

Zip Code	2013	2014	2015	Q2 2016
62201	1	1	1	1
62234	1		1	
62040		1		
62061				1
62062				2
Total	2	2	2	4

Attachment - 2

**Granite City Dialysis
New Patients**

Zip Code	New Patients
62040	3
62060	2
62061	1
62206	2
62207	1
Total	9

Attachment - 2

**Maryville Dialysis
New Patients**

Zip Code	New Patients
62062	2
62061	1
Total	3

Attachment - 3

Pre-ESRD Patients

Zip Code	New Patients
62040	140
62060	12
Total	152

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.

Google Maps**1300 Schaefer Road, Granite City, IL to 2300 Goose Lake Road, Sauget, IL 62206**

Drive 23.0 miles, 24 min

Sauget Dialysis

1300 Schaefer Road

Granite City, IL 62040

Get on I-270 E in Chouteau Township from Lewis and Clark Blvd

5 min (2.7 mi)

↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

➤ 2. Turn right onto Missouri Ave

410 ft

↙ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

⤴ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

Take I-255 S to Mousette Ln in Centreville Township. Take exit 15 from I-255 S

18 min (19.7 mi)

⤴ 5. Merge onto I-270 E

3.6 mi

➤ 6. Take exit 7 to merge onto I-255 S toward Memphis

15.8 mi

➤ 7. Take exit 15 for Mousette Ln

0.3 mi

Drive to Goose Lake Rd

1 min (0.6 mi)

➤ 8. Turn right onto Mousette Ln (signs for St Louis Downtown Airport)

0.1 mi

↙ 9. Turn left onto Goose Lake Rd

0.5 mi

2300 Goose Lake Road

Sauget, IL 62206

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

9/1/2016

1300 Schaefer Road, Granite City, IL to 5105 West Main Street, Belleville, IL - Google Maps

Google Maps

1300 Schaefer Road, Granite City, IL to 5105 West
Main Street, Belleville, IL

Drive 24.5 miles, 30 min

Renal Care of Illinois

1300 Schaefer Road

Granite City, IL 62040

Get on I-270 E in Chouteau Township from Lewis and Clark Blvd

5 min (2.7 mi)

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

- ↘ 2. Turn right onto Missouri Ave

410 ft

- ↶ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

- ↗ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

Take I-255 S to State St in East Saint Louis. Take exit 19 from I-255 S

15 min (16.2 mi)

- ↗ 5. Merge onto I-270 E

3.6 mi

- ↘ 6. Take exit 7 to merge onto I-255 S toward Memphis

12.3 mi

- ↘ 7. Take exit 19 toward State St

0.4 mi

Follow Lake Dr and Foley Dr to W Main St in Belleville

11 min (5.6 mi)

- ↘ 8. Turn right onto State St (signs for East St Louis)

427 ft

- ↶ 9. Turn left onto N 63rd St

0.5 mi

- ↶ 10. Turn left onto Lake Dr

1.5 mi

- ↑ 11. Continue onto Foley Dr

2.4 mi

- ↶ 12. Slight left to stay on Foley Dr

0.1 mi

- ↘ 13. Turn right onto W Main St

1.1 mi

5105 West Main Street

Belleville, IL 62226

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

1300 Schaefer Road, Granite City, IL to 9 American Village, Granite City, IL

Drive 2.2 miles, 8 min

Granite City Dialysis

1300 Schaefer Road

Granite City, IL 62040

- ↑ 1. Head southwest toward Schaefer Rd
20 ft
- ↑ 2. Continue onto Schaefer Rd
0.1 mi
- ↩ 3. Turn left onto W Pontoon Rd
⚠ Partial restricted usage road
1.2 mi
- ↩ 4. Use the left 2 lanes to turn left onto North St
0.1 mi
- ↩ 5. Use the left 2 lanes to turn left onto Nameoki Rd
0.7 mi
- ↪ 6. Turn right onto American Village
📍 Destination will be on the right
407 ft

9 American Village

Granite City, IL 62040

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

1300 Schaefer Road, Granite City, IL to 3511 College Avenue, Alton, IL 62002 Drive 22.1 miles, 26 min

Alton Dialysis

1300 Schaefer Road

Granite City, IL 62040

Get on I-270 E in Chouteau Township from Lewis and Clark Blvd

5 min (2.7 mi)

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

- ➡ 2. Turn right onto Missouri Ave

410 ft

- ↩ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

- ⬆ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

Follow I-270 E and IL-255 N to IL-111 N/IL-140 W/E McArthur Dr in Bethalto. Take exit 10 from IL-255 N

14 min (15.0 mi)

- ⬆ 5. Merge onto I-270 E

3.6 mi

- ➡ 6. Take exit 7 for I-255 N toward Wood River

1.0 mi

- ↑ 7. Continue onto IL-255 N

10.2 mi

- ➡ 8. Take exit 10 for IL-111/IL-140 toward Alton/Bethalto

0.3 mi

- ↩ 9. Keep left at the fork, follow signs for Alton

167 ft

Follow IL-140 W to College Ave in Alton

7 min (4.4 mi)

- ↩ 10. Use any lane to turn slightly left onto IL-111 N/IL-140 W/E McArthur Dr

ⓘ Continue to follow IL-140 W

4.1 mi

- ↩ 11. Make a U-turn at Kendall Ave

0.3 mi

3511 College Avenue

Alton, IL 62002

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



1300 Schaefer Road, Granite City, IL to 7
Professional Drive, Alton, IL

Drive 13.6 miles, 19 min

BMA- Southern Illinois Dialysis Center

1300 Schaefer Road

Granite City, IL 62040

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave 0.2 mi
- ↘ 2. Turn right onto Missouri Ave 410 ft
- ↙ 3. Use the left 2 lanes to turn left onto IL-3 N/Lewis and Clark Blvd
 ⓘ Continue to follow IL-3 N 11.2 mi
- ↘ 4. Use the right 2 lanes to turn right onto IL-3 N/Homer M Adams Pkwy 1.3 mi
- ⤴ 5. Use the right lane to take the IL-140/IL-111/College Ave ramp to Bethalto 0.3 mi
- ↙ 6. Turn left onto IL-140 W/College Ave 0.3 mi
- ↘ 7. Turn right onto Professional Dr 0.2 mi

7 Professional Drive

Alton, IL 62002

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



1300 Schaefer Road, Granite City, IL to 1095 North
Green Mount Road, Shiloh, IL

Drive 27.0 miles, 29 min

Shiloh Dialysis

1300 Schaefer Road

Granite City, IL 62040

Get on I-270 E in Chouteau Township from Lewis and Clark Blvd

5 min (2.7 mi)

↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

➡ 2. Turn right onto Missouri Ave

410 ft

↶ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

⤴ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

Continue on I-270 E. Take I-255 S and I-64 E/US-50 E to N Green Mt Rd in O'Fallon. Take exit 16 from I-64 E/US-50 E

22 min (23.8 mi)

⤴ 5. Merge onto I-270 E

3.6 mi

➡ 6. Take exit 7 to merge onto I-255 S toward Memphis

10.5 mi

➡ 7. Use the right 2 lanes to take exit 20 for I-64 E/US-50 E toward Louisville

1.2 mi

⤴ 8. Keep left at the fork and merge onto I-64 E/US-50 E

8.2 mi

➡ 9. Take exit 16 toward Shiloh/O'Fallon

0.4 mi

➡ 10. Turn right onto N Green Mt Rd (signs for Shiloh)

ⓘ Destination will be on the right

2 min (0.5 mi)

1095 North Green Mount Road

Belleville, IL 62221

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

9/1/2016

1300 Schaefer Road, Granite City, IL to 124 Regency Park, O'Fallon, IL - Google Maps

Google Maps

1300 Schaefer Road, Granite City, IL to 124 Regency Park, O'Fallon, IL Drive 25.5 miles, 27 min

Fresenius Medical Care Regency Park

1300 Schaefer Road

Granite City, IL 62040

Get on I-270 E in Chouteau Township from Lewis and Clark Blvd

5 min (2.7 mi)

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave
- ➡ 2. Turn right onto Missouri Ave
- ↩ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd
- ⤴ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.2 mi

410 ft

2.1 mi

0.3 mi

Drive from I-255 S and I-64 E/US-50 E to O'Fallon

20 min (21.8 mi)

- ⤴ 5. Merge onto I-270 E
- ➡ 6. Take exit 7 to merge onto I-255 S toward Memphis
- ➡ 7. Use the right 2 lanes to take exit 20 for I-64 E/US-50 E toward Louisville
- ⤴ 8. Keep left at the fork and merge onto I-64 E/US-50 E

3.6 mi

10.5 mi

1.2 mi

6.6 mi

Take W Hwy 50 to Regency Park

3 min (1.0 mi)

- ➡ 9. Turn right (signs for O'Fallon)
 - ↩ 10. Keep left to continue toward W Hwy 50
 - ↩ 11. Turn left onto W Hwy 50
 - ➡ 12. Turn right onto Schantz Dr
 - ➡ 13. Turn right onto Regency Park
- 📍 Destination will be on the left

0.4 mi

351 ft

0.4 mi

446 ft

0.1 mi

124 Regency Park

O'Fallon, IL 62269

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

9/1/2016

1300 Schaefer Road, Granite City, IL to 2130 Vadalabene Drive, Maryville, IL 62062 - Google Maps

Google Maps

1300 Schaefer Road, Granite City, IL to 2130
Vadalabene Drive, Maryville, IL 62062

Drive 14.4 miles, 19 min

Maryville Dialysis - Renal Treatment Centers

1300 Schaefer Road

Granite City, IL 62040

Take Schaefer Rd to Lewis and Clark Blvd

1 min (0.3 mi)

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

- 2. Turn right onto Missouri Ave

410 ft

Continue on Lewis and Clark Blvd. Take I-270 E and IL-162 E to Vadalabene Dr in Maryville

17 min (13.6 mi)

- ↶ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

- ⤴ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

- ⤴ 5. Merge onto I-270 E

3.6 mi

- 6. Take exit 7 to merge onto I-255 S toward Memphis

2.1 mi

- 7. Take exit 29 for IL-162 toward Glen Carbon/Granite City

0.4 mi

- 8. Turn right onto IL-162 E

2.2 mi

- 9. Turn right onto IL-157 S/N Bluff Rd

295 ft

- ↶ 10. Turn left onto IL-162 E

2.5 mi

- 11. Turn right onto N Center St/Troy Rd

ⓘ Continue to follow N Center St

0.5 mi

- ↶ 12. Turn left onto Vadalabene Dr

58 s (0.4 mi)

2130 Vadalabene Drive

Maryville, IL 62062

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

9/1/2016

1300 Schaefer Road, Granite City, IL to 235 S Buchanan St, Edwardsville, IL - Google Maps

Google Maps

1300 Schaefer Road, Granite City, IL to 235 S
Buchanan St, Edwardsville, IL

Drive 14.5 miles, 21 min

Edwardsville Dialysis

1300 Schaefer Road

Granite City, IL 62040

Take Schaefer Rd to Lewis and Clark Blvd

1 min (0.3 mi)

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

- ➡ 2. Turn right onto Missouri Ave

410 ft

Take I-270 E and IL-157 N/S State Rte 157 N to W Schwarz St in Edwardsville

18 min (13.5 mi)

- ↩ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

- ⤴ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

- ⤴ 5. Merge onto I-270 E

5.8 mi

- ➡ 6. Take exit 9 for IL-157 toward Collinsville/Edwardsville

0.4 mi

- ↩ 7. Use the middle lane to turn left onto IL-157 N/S State Rte 157 N/N Bluff Rd

0.5 mi

- ➡ 8. Slight right onto IL-157 N/N Bluff Rd/S State Rte 157

- ⓘ Continue to follow IL-157 N/S State Rte 157

4.5 mi

Follow W Schwarz St to S Buchanan St

3 min (0.7 mi)

- ➡ 9. Turn right onto W Schwarz St

0.6 mi

- ↩ 10. Turn left onto S Buchanan St

- ⓘ Destination will be on the left

187 ft

235 South Buchanan Street

Edwardsville, IL 62025

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

1300 Schaefer Road, Granite City, IL to 1941 Frank
Scott Parkway East

Drive 27.2 miles, 29 min

O'Fallon Dialysis

1300 Schaefer Road

Granite City, IL 62040

Get on I-270 E in Chouteau Township from Lewis and Clark Blvd

5 min (2.7 mi)

- ↑ 1. Head northeast on Schaefer Rd toward Missouri Ave

0.2 mi

- ➡ 2. Turn right onto Missouri Ave

410 ft

- ↩ 3. Use the left 2 lanes to turn left onto Lewis and Clark Blvd

2.1 mi

- ⤴ 4. Turn right onto the Interstate 270 E ramp to Effingham

0.3 mi

Continue on I-270 E. Take I-255 S and I-64 E/US-50 E to N Green Mt Rd in O'Fallon. Take exit 16 from I-64 E/US-50 E

22 min (23.8 mi)

- ⤴ 5. Merge onto I-270 E

3.6 mi

- ➡ 6. Take exit 7 to merge onto I-255 S toward Memphis

10.5 mi

- ➡ 7. Use the right 2 lanes to take exit 20 for I-64 E/US-50 E toward Louisville

1.2 mi

- ⤴ 8. Keep left at the fork and merge onto I-64 E/US-50 E

8.2 mi

- ➡ 9. Take exit 16 toward Shiloh/O'Fallon

0.4 mi

Drive to Frank Scott Pkwy E/Shiloh O'Fallon Twp Rd in Shiloh

3 min (0.7 mi)

- ➡ 10. Turn right onto N Green Mt Rd (signs for Shiloh)

0.3 mi

- ↩ 11. Turn left onto Frank Scott Pkwy E/Shiloh O'Fallon Twp Rd

ⓘ Destination will be on the left

0.5 mi

1941 Frank Scott Parkway East

Shiloh, IL 62269

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

1300 Schaefer Road, Granite City, IL to 101 Lanter Court, Collinsville, IL 62234

Drive 8.5 miles, 19 min

Collinsville Dialysis

1300 Schaefer Road

Granite City, IL 62040

- ↑ 1. Head southwest toward Schaefer Rd 20 ft
- ↑ 2. Continue onto Schaefer Rd 0.1 mi
- ↩ 3. Turn left onto W Pontoon Rd
▲ Partial restricted usage road 3.9 mi
- ↪ 4. Turn right onto IL-111 S 1.7 mi
- ↩ 5. Turn left onto Horseshoe Lake Rd 2.6 mi
- ↪ 6. Turn right onto Eastport Plaza Dr 472 ft
- ↪ 7. Turn right onto Lanter Ct 184 ft

101 Lanter Court

Collinsville, IL 62234

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

1300 Schaefer Road, Granite City, IL to 6525 West
Main Street, Belleville, IL

Drive 17.6 miles, 30 min

Fresenius Medical Care Belleville

1300 Schaefer Road

Granite City, IL 62040

Follow Schaefer Rd and W Pontoon Rd to Lewis and Clark Blvd

1 min (0.2 mi)

- ↑ 1. Head southwest toward Schaefer Rd

20 ft

- ↑ 2. Continue onto Schaefer Rd

0.1 mi

- ↩ 3. Turn left onto W Pontoon Rd

⚠ Partial restricted usage road

299 ft

Continue on Lewis and Clark Blvd. Take Cedar St, St Clair Ave and I-64 E to IL-111 S/Kingshighway in Washington Park. Take exit 6 from I-64 E

17 min (11.6 mi)

- ↪ 4. Turn right onto Lewis and Clark Blvd

2.9 mi

- ↑ 5. Continue onto Cedar St

2.1 mi

- ↩ 6. Turn left onto IL-3/Broadway

➤ Continue to follow IL-3

0.9 mi

- ↪ 7. Turn right onto N 2nd St

1.3 mi

- ↑ 8. Continue onto St Clair Ave

1.4 mi

- ⦿ 9. At the traffic circle, take the 2nd exit and stay on St Clair Ave

0.5 mi

- ⤴ 10. Turn left onto the Interstate 64 ramp

0.1 mi

- ⤴ 11. Merge onto I-64 E

2.1 mi

- ↪ 12. Take exit 6 for IL-111/Kingshighway

0.3 mi

Follow IL-111 S/Kingshighway, Lake Dr and Foley Dr to W Main St in Belleville

11 min (5.8 mi)

- ↪ 13. Turn right onto IL-111 S/Kingshighway

1.4 mi

- ↩ 14. Turn left onto Lake Dr

1.6 mi

- ↑ 15. Continue onto Foley Dr

2.4 mi

- ↩ 16. Slight left to stay on Foley Dr

-155-

0.1 mi

 17. Turn right onto W Main St Destination will be on the left

0.2 mi

6525 West Main Street

Belleville, IL 62223

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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