

17-014

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****ORIGINAL****MAR 28 2017****HEALTH FACILITIES &
SERVICES REVIEW BOARD****Facility/Project Identification**

Facility Name: Rutgers Park Dialysis		
Street Address: 8455 Woodward Avenue		
City and Zip Code: Woodridge, Illinois 60517		
County: DuPage	Health Service Area: 7	Health Planning Area: 7

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: DaVita, Inc.
Street Address: 2000 16 th Street
City and Zip Code: Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Kent Thiry
CEO Street Address: 2000 16 th Street
CEO City and Zip Code: Denver, CO 80202
CEO Telephone Number: 303-405-2100

Type of Ownership of Applicants

☐ 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 they are 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: Bryan Niehaus
Title: Senior Consultant
Company Name: Murer Consultants, Inc.
Address: 19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number: 708-478-7030
E-mail Address: bnierhaus@murer.com
Fax Number: 708-478-7030

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

Name: Tim Tincknell
Title: Administrator
Company Name: DaVita, Inc.
Address: 2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number: 773-278-4403
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

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

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Rutgers Park Dialysis		
Street Address: 8455 Woodward Avenue		
City and Zip Code: Woodridge, Illinois 60517		
County: DuPage	Health Service Area: 7	Health Planning Area: 7

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: DuPage Medical Group, Ltd.
Street Address: 1100 W. 31 st St., Suite 300
City and Zip Code: Downers Grove, IL 60515
Name of Registered Agent: Christine Taylor
Registered Agent Street Address: 1100 W. 31 st St., Suite 300
Registered Agent City and Zip Code: Downers Grove, IL 60515
Name of Chief Executive Officer: Michael Kasper
CEO Street Address: 1100 W. 31 st St., Suite 300
CEO City and Zip Code: Downers Grove, IL 60515
CEO Telephone Number: 630-942-7966

Type of Ownership of Applicants

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

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Rutgers Park Dialysis		
Street Address: 8455 Woodward Avenue		
City and Zip Code: Woodridge, Illinois 60517		
County: DuPage	Health Service Area: 7	Health Planning Area: 7

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Perryton Dialysis, LLC	
Street Address: 2000 16 th Street	
City and Zip Code: Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Services Company	
Registered Agent Street Address: 801 Adlai Stevenson Drive	
Registered Agent City and Zip Code: Springfield, Illinois 62703	
Name of Chief Executive Officer: Kent Thiry	
CEO Street Address: 2000 16 th Street	
CEO City and Zip Code: Denver, CO 80202	
CEO Telephone Number: 303-405-2100	

Type of Ownership of Applicants

- ☐ Non-profit Corporation
☐ For-profit Corporation
☒ Limited Liability Company
☐ Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

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

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Address: 2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number: 773-278-4403
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

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: Bryan Niehaus
Title: Senior Consultant
Company Name: Murer Consultants, Inc.
Address: 19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number: 708-478-7030
E-mail Address: bnierhaus@murer.com
Fax Number: 708-478-7030

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: National Shopping Plazas, Inc.
Address of Site Owner: 200 West Madison Street, Suite 4200, Chicago, Illinois 60606
Street Address or Legal Description of the Site: 8455 Woodward Avenue, Woodridge, Illinois 60517. See Attachment 2 for the Legal Description of the Site.
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: Perryton Dialysis, LLC	
Address: 2000 16 th Street, Denver, CO 80202	
☐ Non-profit Corporation	☐ Partnership
☐ 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 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 #2006-5 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 #2006-5 (<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

In the space below, provide 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 Inc., DuPage Medical Group, Ltd., and Perryton Dialysis, LLC (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 8455 Woodward Avenue, Woodridge, Illinois 60517. The proposed dialysis facility will include a total of 6,858 contiguous rentable square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$1,405,039		\$1,405,039
Modernization Contracts			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$108,867		\$108,867
Consulting and Other Fees	\$70,902		\$70,902
Movable or Other Equipment (not in construction contracts)	\$532,295		\$532,295
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,865,273		\$1,865,273
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,092,376		\$4,092,376
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,227,103		\$2,227,103
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,865,273		\$1,865,273
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,092,376		\$4,092,376

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 \$ 2,437,336

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): June 30, 2019

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is 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 DuPage Medical Group Ltd.* 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.

Dennis Fine

SIGNATURE

Dennis Fine

PRINTED NAME

COO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of March 2017

Barbara A. Pearlman

Signature of Notary

Seal **BARBARA A PEARLMAN**
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 26, 2019

Michael V. Caatti

SIGNATURE

Michael V. Caatti

PRINTED NAME

CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of March 2017

Barbara A. Pearlman

Signature of Notary

Seal **BARBARA A PEARLMAN**
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 26, 2019

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of ***DaVita 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

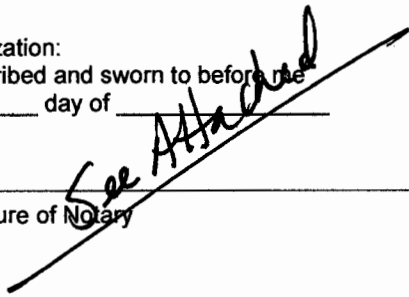
Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

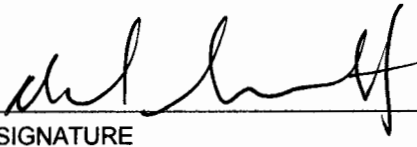
PRINTED TITLE

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



Signature of Notary

Seal



SIGNATURE

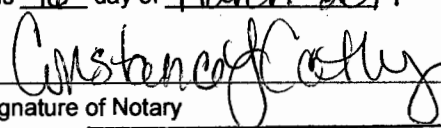
Michael D. Staffieri

PRINTED NAME

Chief Operating Officer, DaVita Kidney Care

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of March 2017



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

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

State of California

County of Los Angeles

On March 24, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

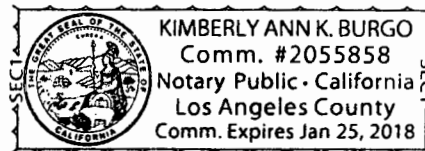
personally appeared *** Arturo Sida ***

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: Certificate re CON Application (Perryton Dialysis, LLC / Total Renal Care, Inc.)

Document Date: March 24, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Perryton Dialysis, LLC / Total Renal Care, 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;
- 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);
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- 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 ***Perryton Dialysis, LLC*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Arturo Sida

PRINTED NAME

Secretary of Total Renal Care, Inc., Managing
Member of Perryton Dialysis, LLC

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 of Total Renal Care, Inc.,
Managing Member of Perryton Dialysis, LLC

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 10th day of March 2017

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

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

State of California

County of Los Angeles

On March 24, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

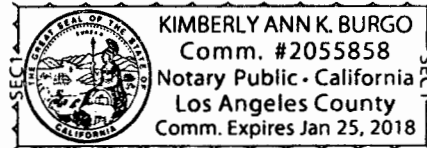
personally appeared *** Arturo Sida ***

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: Certificate re CON Application (Perryton Dialysis, LLC / Total Renal Care, Inc.)

Document Date: March 24, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Perryton Dialysis, LLC / Total Renal Care, Inc.

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

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

Background

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 that the information was 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.

Criterion 1110.230 – Purpose of the Project, and Alternatives**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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the Project of Interest and Issues should be in the State Board Staff Report. APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. ATTACHMENT 13 IS THE ONLY ATTACHMENT TO BE PROVIDED.

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 and it shall include the basis used for determining the space and the methodology applied.**
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 and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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 (GSF) 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 is 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.

F. Criterion 1110.1430 - In-Center Hemodialysis

- Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service 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(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

- 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 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

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)

VII. 1120.120 - AVAILABILITY OF FUNDS

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

<u>\$2,227,103</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$1,865,273</u> (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital

	improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$4,092,376	TOTAL FUNDS AVAILABLE

SECTION VIII. 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 35, 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.

	Historical 3 Years			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.

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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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

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

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

consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

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

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

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

SECTION XI. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc., DuPage Medical Group, Ltd., and Perryton Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Perryton Dialysis, LLC will be the operator of Rutgers Park Dialysis. Rutgers Park Dialysis is a trade name of Perryton Dialysis, LLC and is not separately organized. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA 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 EIGHTH DAY OF SEPTEMBER, A.D. 2016.

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

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

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



2391269 8300

SR# 20165704525

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

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

Authentication: 202957561

Date: 09-08-16



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

PERRYTON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 14, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 20TH
day of MARCH A.D. 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1707901804 verifiable until 03/20/2018
Authenticate at: <http://www.cyberdriveillinois.com>



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

DU PAGE MEDICAL GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 22, 1968, 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 IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of MARCH A.D. 2017 .***

Jesse White

SECRETARY OF STATE

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

The letter of intent between National Shopping Plazas, Inc. and Perryton Dialysis, LLC to lease the facility located at 8455 Woodward Avenue, Woodridge, Illinois 60517 is attached at Attachment – 2.

The legal description of the site is also attached at Attachment – 2.



77 West Wacker Drive, Suite 1800
Chicago, IL 60601

Web: www.cushmanwakefield.com

March 10, 2017

Jonathan Hanus
National Shopping Plazas, Inc.
200 West Madison Street, Suite 4200
Chicago, IL 60606

RE: LOI – 8455 Woodward Ave, Woodridge, IL 60517(Address subject to verification upon issuance of building permits)

Mr. Hanus:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita Inc. to assist in securing a lease requirement. DaVita Inc. is a Fortune 200 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US.

PREMISES:

To be constructed single tenant building located at 8455 Woodward Ave, Woodridge, IL 60517

Please verify address of premises and provide a legal site description

TENANT:

Total Renal Care, Inc. or related entity to be named with DaVita Inc. as lease guarantor

LANDLORD:

National Shopping Plazas, Inc., an Illinois corporation, as leasing agent

SPACE REQUIREMENTS:

Requirement is for approximately 6,858 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on the most recent BOMA standards. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.

PRIMARY TERM:

15 years

BASE RENT:

\$29.50 per square foot NNN Years 1-5;
\$32.45 per square foot NNN Years 6-10;
\$35.70 per square foot NNN Years 11-15.

ADDITIONAL EXPENSES:

If the cumulative pass-through costs for CAM, insurance and real estate taxes exceed \$6.25 psf per annum for the period from rent commencement through December 31, 2018, Landlord, not Tenant, shall bear such excess for such period. Tenant's reimbursement obligation relative to Controllable CAM costs (e.g., not including snow and ice removal costs, utility charges, insurance premiums and other uncontrollable CAM costs) shall be capped at \$2.00 psf per annum through December 31, 2018, and such cap shall increase on a cumulative basis at 5% per annum, rounded to the nearest penny, each year

thereafter (i.e., \$2.00 psf per annum through 2018, \$2.10 psf per annum for 2019, \$2.21 psf per annum for 2020, etc.).

Tenant will be responsible for paying for all utilities from use of the Premises (although water may be billed under a submeter or as part of CAM if there is no separate meter or submeter).

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural components, roof and foundations of the Premises.

**POSSESSION AND
RENT COMMENCEMENT:**

Subject to force majeure, Landlord shall deliver Possession of the Premises to Tenant with Landlord's Work complete (except for punch list work) within 250 days from the latest of lease execution, waiver of CON contingency or Landlord's receipt of its building permits for Landlord's Work. Rent Commencement shall be the earlier of Tenant's opening for business at the Premises or 150 days from Possession. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to Tenant, subject to such working together and methods not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

LEASE FORM:

The lease shall be based on the lease between Landlord's affiliate and Tenant for property in La Porte, IN with changes thereto per the terms of this letter.

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.

Landlord to provide any CCR's or other documents that may impact tenancy, if any.

PARKING:

Parking shall be provided in compliance with applicable law. If Tenant requests, Landlord shall endeavor to locate handicapped parking spaces adjacent to the Premises.

BUILDING SYSTEMS:

Landlord shall warrant that the portions of the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation that are constructed or installed as part of Landlord's Work shall be 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.

LANDLORD'S WORK:

Landlord shall deliver to the Premises the Minimum Base Building Improvements pursuant to the attached Exhibit B.

Landlord's Work includes pouring the floor slab of the Premises and work related thereto (the "Floor Slab Work"), but the parties agree that Landlord's Work shall be considered completed, for purposes of delivery of the Premises to Tenant, calculation of the rent commencement date and all other purposes of the Lease, when Landlord's Work (except for punch list work and excluding the Floor Slab Work) has been completed, and Landlord agrees to perform the Floor Slab Work promptly following receipt of written notice from Tenant that Tenant has completed all of the underground plumbing and other work that it intends to perform and desires that Landlord perform the Floor Slab Work.

Prior to construction start, Landlord and Tenant shall coordinate schedules to allow for underground work to not impact floor slab work timing and turnover.

Landlord will provide early access for tenant improvements with Tenant's construction team once the building slab is poured, under roof, and exterior walls are up, subject to such early access not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in Landlord's Work are found, prior to or during Tenant construction (which are not the fault of Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS:

Landlord will provide Tenant with a \$5.50/psf Tenant Improvement Allowance ("TIA") in lieu of Landlord Work installation of HVAC units. Tenant shall have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion and the right to select architectural and engineering firms, no supervision fees associated with construction, and no charges may be imposed by Landlord.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and at the commencement of each successive five-year option period.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the Premises to Tenant with Landlord's Work substantially completed (except for punch list work) by 280 days from the latest of lease execution, Tenant's waiver of CON contingency or Landlord's receipt of building permits for Landlord's Work (such 280 days date, as extended for any delays caused by force majeure, the "Penalty Delivery Date"), Tenant shall be entitled to receive one day of rent abatement for every day of delay beyond the Penalty Delivery Date that the Premises are not so delivered to Tenant.

HOLDING OVER:

Tenant shall be obligated to pay 150% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building signage at the Premises, subject to Landlord approval, which shall not be unreasonably withheld, and compliance with all applicable laws and regulations. Tenant will also be entitled to be identified on a pylon or monument sign at the Shopping Center, subject to payment to Landlord of a one-time \$3,500 fee and with the location and size of Tenant's panel on such pylon or monument sign TBD before lease execution.

BUILDING HOURS:

If permitted by applicable laws and codes, Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

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

NON-COMPETE:

As provided in the LaPorte, IN lease: Landlord shall not sell, rent or permit any property owned, leased or controlled by Landlord or any affiliate of Landlord within the Shopping Center to be occupied or used by a business that derives more than ten percent (10%) of its revenues from renal dialysis. In the event the restriction in the preceding sentence is violated and Landlord has failed, after written notice of such violation from Tenant to Landlord, to promptly commence an action or proceeding (or arbitration, if applicable) against the violating owner, tenant or occupant or at any point in such action or proceeding (or arbitration, if applicable) fails to use commercially reasonable and good faith efforts to seek and obtain a temporary restraining order, preliminary injunction, permanent injunction or other court order or judgment enjoining or stopping such violation, then, in addition to all other rights at law and in equity, Tenant may, commencing upon such failure of prompt commencement or failure of such efforts, as applicable, and continuing thereafter while such violation is continuing, reduce the Base Rent to an amount equal to fifty percent (50%) of the scheduled Base Rent amount.

Tenant's use restriction rights as described above shall not apply to any existing lease of space in the Shopping Center or persons or entities claiming under any such existing lease.

HVAC:

In lieu of delivering HVAC units that meet Tenant's specifications, Landlord will provide a TIA as described above.

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause Landlord's Work to be performed 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 that, to the best of Landlord's knowledge, no environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, that violate applicable law exist with respect to the Premises and Landlord 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 October 3, 2017. 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 on or prior to October 3, 2017, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee per a separate agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

CONTINGENCIES:

This proposal is subject to Landlord securing and closing on the property and aforementioned premises. In the event Landlord or Tenant is not successful in obtaining all necessary zoning and use approvals for Tenant's intended initial use prior to Landlord's aforesaid closing on the property, Tenant shall have the right, but not the obligation, to terminate the lease by notice to Landlord delivered prior to Landlord's closing on the property.

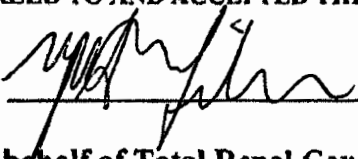
It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for consideration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

Sincerely,

Matthew Gramlich

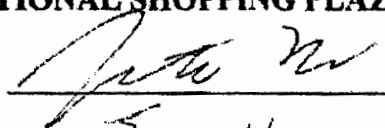
CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:8455 Woodward Ave
Woodridge, IL 60517AGREED TO AND ACCEPTED THIS 14 DAY OF MARCH 2017By: On behalf of Total Renal Care, Inc., a wholly owned subsidiary of
DaVita Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS ____ DAY OF MARCH 2017

NATIONAL SHOPPING PLAZAS, INC., AS LEASING AGENT

By: NAME: San HarrisITS: VP

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

EXHIBIT B

DaVita.

OPTION 1 FOR NEW BUILDING V5.1
**[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT
MANAGER WITH RESPECT TO EACH CENTER PROJECT]**

SCHEDULE A - TO WORK LETTER**MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS**

(Note: Sections with an Asterisk (*) have specific requirements for 11.2 in California and other select States – see end of document for changes to that section)

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

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

As outlined in various paragraphs below, Tenant shall provide the information to Landlord within two (2) weeks after lease signing:

- a. Confirmation/approval of Landlord's column locations (5.0 Structural);
- b. Utility locations (16.0 Utilities);
- c. Sewer stub invert (17.0 Plumbing);
- d. Electric power requirements (19.0 Electrical);
- e. Location of HVAC units/roof curbs (21.0 Mechanical/Heating..)
- f. Exhaust fan locations (21.0 Mechanical/Heating..)
- g. Entrance conduit locations (22.0 Telephone; 23.0 Cable)
- h. Number of stations to determine number of handicap spaces (24.0 Handicap Accessibility)

1.0 - Building Codes & Design *

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

Building design will follow DaVita Shell prototype design package – see attached exhibit.

2.0 - Zoning & Permitting

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

3.0 - Common Areas

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

4.0 Foundation and Floor

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

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

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

5.0 - Structural *

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

systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

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

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

6.0 - Exterior walls

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

7.0 - Demising walls *

All demising walls shall be a 1 or 2hr fire rated wall depending on local, state and/or regulatory (NFPA 101 - 2000) codes requirements whichever is more stringent. Walls will be installed per UL design and taped (Tenant shall be responsible for final finish preparation of gypsum board walls on Tenant side only). Tenant shall be responsible for the interior drywall finish of demising walls after Tenant's improvements are complete in the wall. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-25 insulation. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Landlord for the duration of the lease. Landlord to provide Tenant copy of material and labor roof warranty for record.

9.0 - Parapet *

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

10.0 - Façade

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

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

Or

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

Or if required by local municipality

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

11.0 - Canopy *

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

12.0 - Waterproofing and Weatherproofing

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

13.0 - Windows

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

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of floor or ceiling deck. Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Insulation R value included in Section 8.0 Roof Covering.

15.0 - Exterior Doors

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

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

16.0 - Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant. Landlord is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Tenant's Architect. Landlord shall have contained within the building a common main room to accommodate the utility services which include, but not limited, to electrical, fire alarm, security alarm and fire riser if in a multi-tenant building.

17.0 - Plumbing

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

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

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation and/or approved by Tenant, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a

cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted. Landlord shall provide preliminary civil and architectural drawings for Tenant's approval and sign off.

Sanitary sampling manhole to be installed by Landlord if required by local municipality. Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 - Fire Suppression System *

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

19.0 - Electrical

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

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

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

Landlord to provide main Fire Alarm Control panel that serves the Tenant space and will have the capacity to accommodate devices in Tenant space based on Fire Alarm system approved by local authority having jurisdiction. If lease space is in a multi-tenant building then Landlord to provide Fire Alarm panel to accommodate all tenants and locate panel in a common room with conduit stub into Tenant space. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local

authority having jurisdiction. Tenant must utilize Landlord's fire alarm contractor to complete the fire alarm distribution/system. Landlord will provide contact information.

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

20.0 - Gas

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

21.0 - Mechanical /Heating Ventilation Air Conditioning *

Landlord will provide Tenant with a \$5.50/psf Tenant Improvement Allowance ("TIA") in lieu of Landlord Work installation of HVAC units. Tenant will be responsible for the design, procurement and installation of the HVAC system consistent with the following specifications:

- | | |
|--|--|
| <ul style="list-style-type: none">• Equipment to be Lennox RTU's• Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads.• RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.• System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-out• All ductwork to be externally lined except for the drops from the units.• Provide 100% enthalpy economizer | <ul style="list-style-type: none">• Units to include Power Exhaust• Control system must be capable of performing all items outlined in the Sequence of Operations specification section• RTU controller shall be compatible with a Building Management System using BACnet communication protocol.• Provide high efficiency inverter rated non-overloading motors• Provide 18" curbs, 36" in Northern areas with significant snow fall• Units to have disconnect and service outlet at unit• Units will include motorized dampers for OA, RA & EA• System shall be capable of providing 55deg supply air temperature when it is in the cooling mode |
|--|--|

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof

framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenant's design criteria and local and state codes.

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

22.0 - Telephone

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

23.0 - Cable TV

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

Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate and grant "right of access" with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility *

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

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

25.0 - Exiting

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

26.0 - Site Development Scope of Requirements

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

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

27.0 - Refuse Enclosure *

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

28.0 - Generator

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

29.0 - Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant power panel. Location of pole fixtures per Landlord civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Tenant hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Landlord house panel (if in a Multi-tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete curbs.

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

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

32.0 - Site Signage

Landlord shall install a pylon or monument sign at a Tenant cost of \$3,500. Final sign layout to be provided and approved by Tenant and City.

Exhibit "A-1"
Legal Description of Developer Lots

Lots 1, 2, 3, and 4 in Boughton Woodward Commercial Center, being a part of the Northeast 1/4 of Section 1, Township 37 North, Range 10, East of the Third Principal Meridian, Part of the Southwest 1/4 of Section 31, Township 38 North, Range 11, East of the Third Principal Meridian, Part of the Northwest 1/4 of Section 6, Township 37 North, Range 11, East of the Third Principal Meridian, and Part of the Southeast 1/4 of Section 36, Township 38 North, Range 10, East of the Third Principal Meridian, according to the plat thereof recorded July 9, 2010 as Document No. R2010-087631 in Du Page County, Illinois, and recorded July 12, 2010 as Document No. R2010-068866 in Will County, Illinois.

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

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

Name	Address	Ownership Interest
DaVita Inc.	2000 16 th Street Denver, Colorado 80202	50%
DuPage Medical Group, Ltd.	1100 W. 31st St. Downers Grove, IL 60515	50%



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

PERRYTON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 14, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1707901804 verifiable until 03/20/2018

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 20TH
day of MARCH A.D. 2017 .***

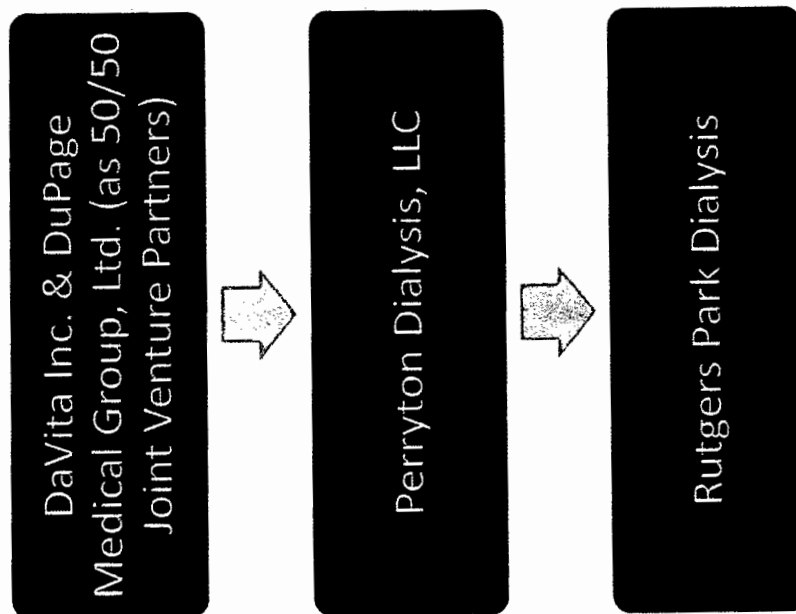
Jesse White

SECRETARY OF STATE

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

The organizational chart for DaVita Inc., DuPage Medical Group, Ltd, Perryton Dialysis, LLC, and Rutgers Park Dialysis is attached at Attachment – 4.

Rutgers Park Dialysis Organizational Chart



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 8455 Woodward Avenue, Woodridge, Illinois 60517. As shown on the FEMA flood plain map attached at Attachment - 5, the site of the proposed dialysis facility is located outside of a flood plain.



MAP SCALE 1" = 500'

250 0 500 1000
FEET

MET

NTIP

PANEL 1001H

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP
DUPAGE COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 1001 OF 1006

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
DARIEN, CITY OF	170756	1001	H
DUPAGE COUNTY	170897	1001	H
WOODRIDGE VILLAGE OF	170737	1001	H

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown below should be used on insurance applications for the subject community.



MAP NUMBER
17043C1001H
EFFECTIVE DATE
DECEMBER 16, 2004

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov



Section I, Identification, General Information, and Certification

Historic Resources Preservation Act Requirements

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



Timothy V Tincknell, FACHE
(773) 278-4403
timothy.tincknell@davita.com

2484 N Elston Ave
Chicago, IL 60647
Fax: (866) 586-3214
www.davita.com

February 28, 2017

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

Re: Historic Preservation Act Determination

Dear Dr. Leibowitz:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita Inc. ("Requestor") seeks a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 12-station dialysis facility at 8455 Woodward Avenue, Woodridge, Illinois 60517 ("Proposed Project") affects historic resources. For reference, the legal description for this site is:

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

Lots 1, 2, 3, and 4 in Boughton Woodward Commercial Center, being a part of the Northeast 1/4 of Section 1, Township 37 North, Range 10, East of the Third Principal Meridian, Part of the Southwest 1/4 of Section 31, Township 38 North, Range 11, East of the Third Principal Meridian, Part of the Northwest 1/4 of Section 6, Township 37 North, Range 11, East of the Third Principal Meridian, and Part of the Southeast 1/4 of Section 36, Township 38 North, Range 10, East of the Third Principal Meridian, according to the plat thereof recorded July 9, 2010 as Document No. R2010-087631 in Du Page County, Illinois, and recorded July 12, 2010 as Document No. R2010-068866 in Will County, Illinois.

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 12-station dialysis facility at 8455 Woodward Avenue, Woodridge, Illinois 60517



February 28, 2017

Page 2

2. Topographical or Metropolitan Map

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

3. Historic Architectural Resources Geographic Information System

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

4. Address for Building/Structure

The proposed project will be located at 8455 Woodward Avenue, Woodridge, Illinois 60517.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 773-278-4403 or timothy.tincknell@davita.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Tincknell".

Timothy V Tincknell
Administrator

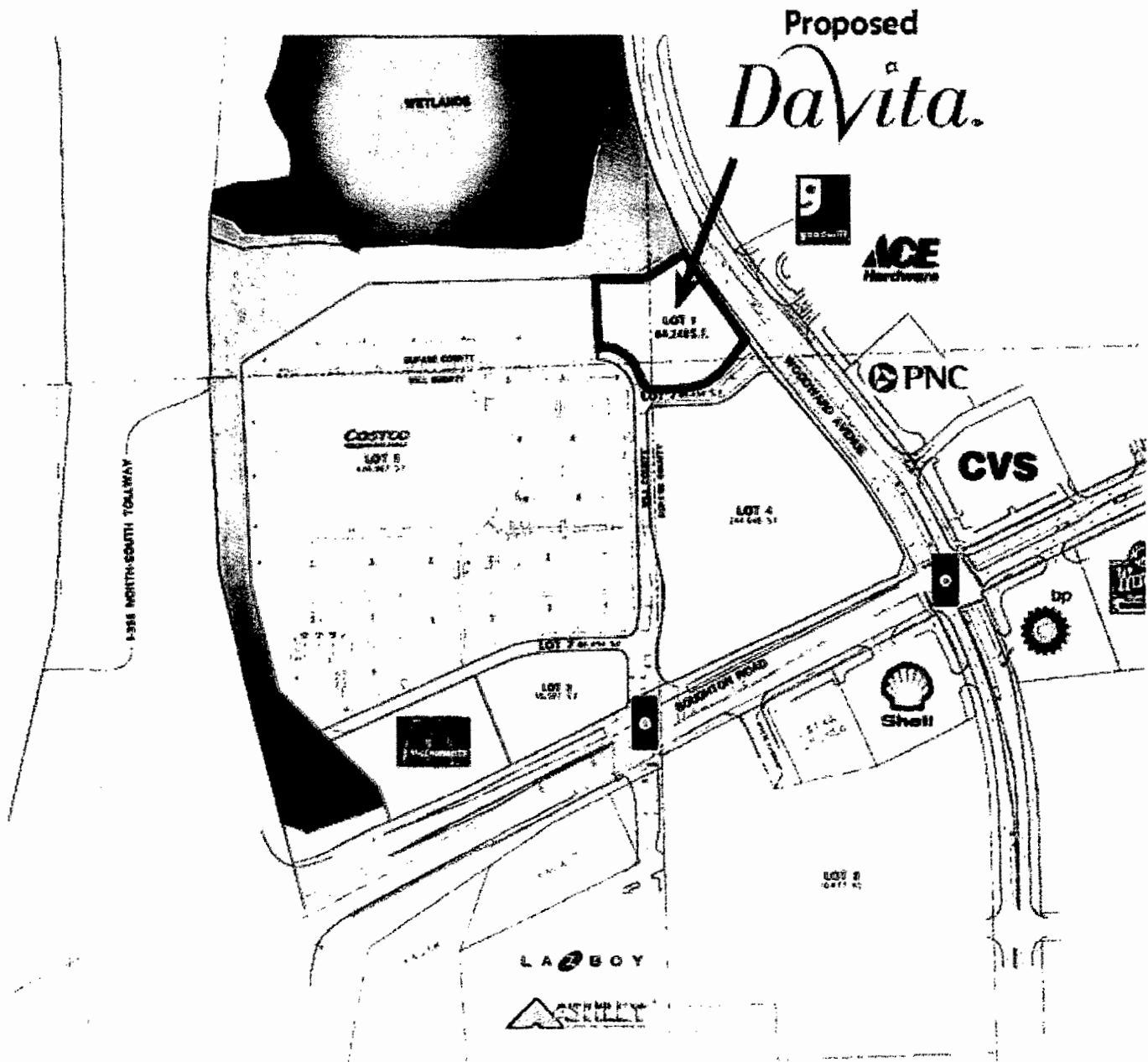
Enclosure

TVT:

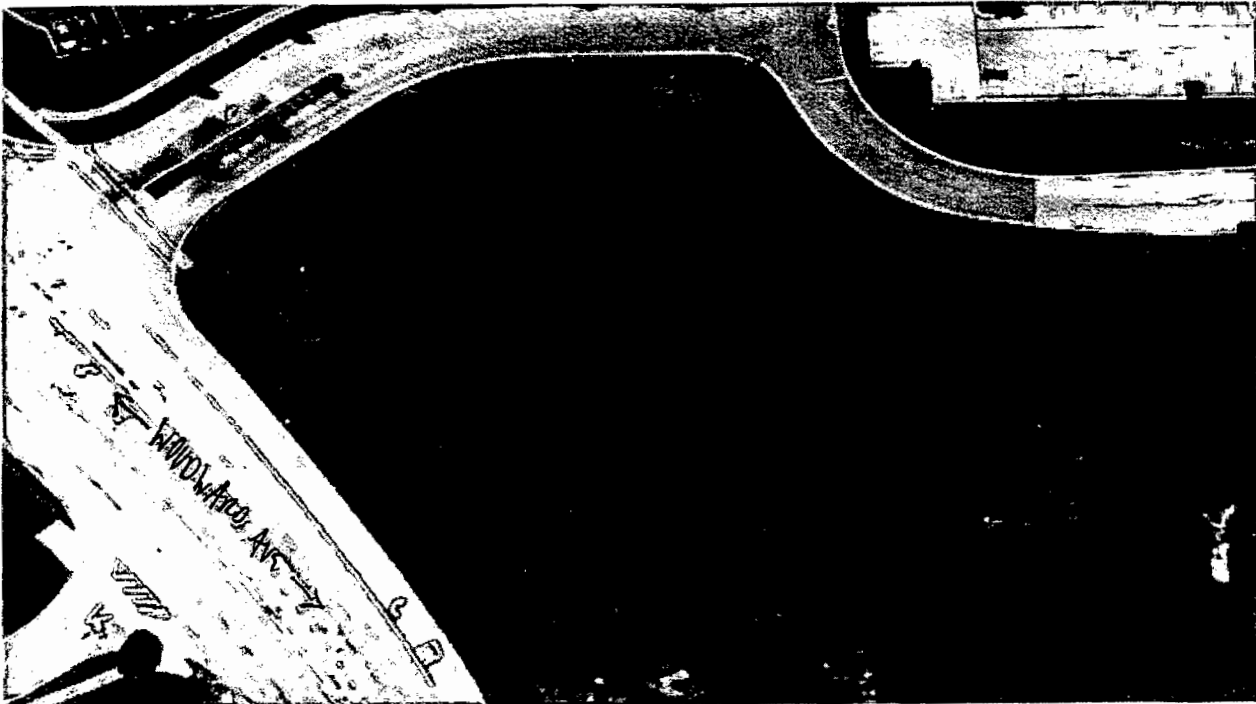
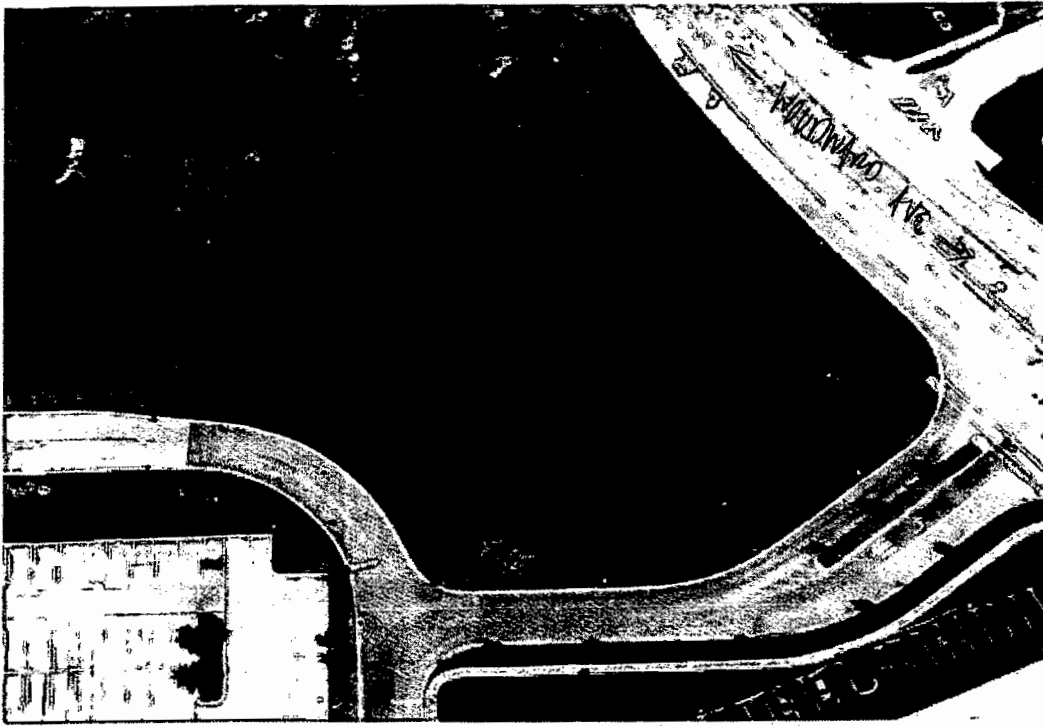
Timothy Tincknell

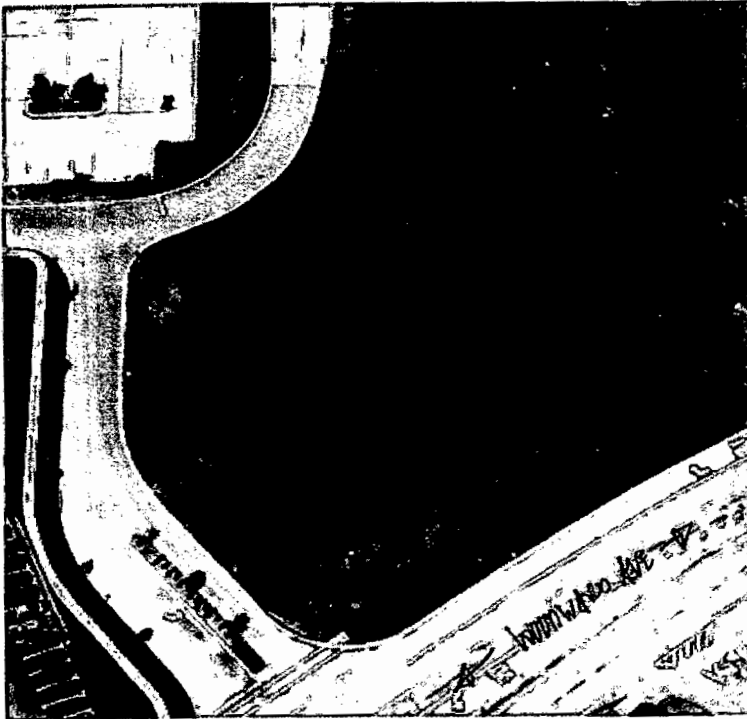
From: Matthew Gramlich/USA <Matthew.Gramlich@cushwake.com>
Sent: Monday, February 27, 2017 11:56 AM
To: Timothy Tincknell
Subject: FW: Woodridge Legal Site Description - Lot 1 - Site Photos Embedded
Attachments: Woodridge BTS Legal Site Description.pdf

Below for reference.







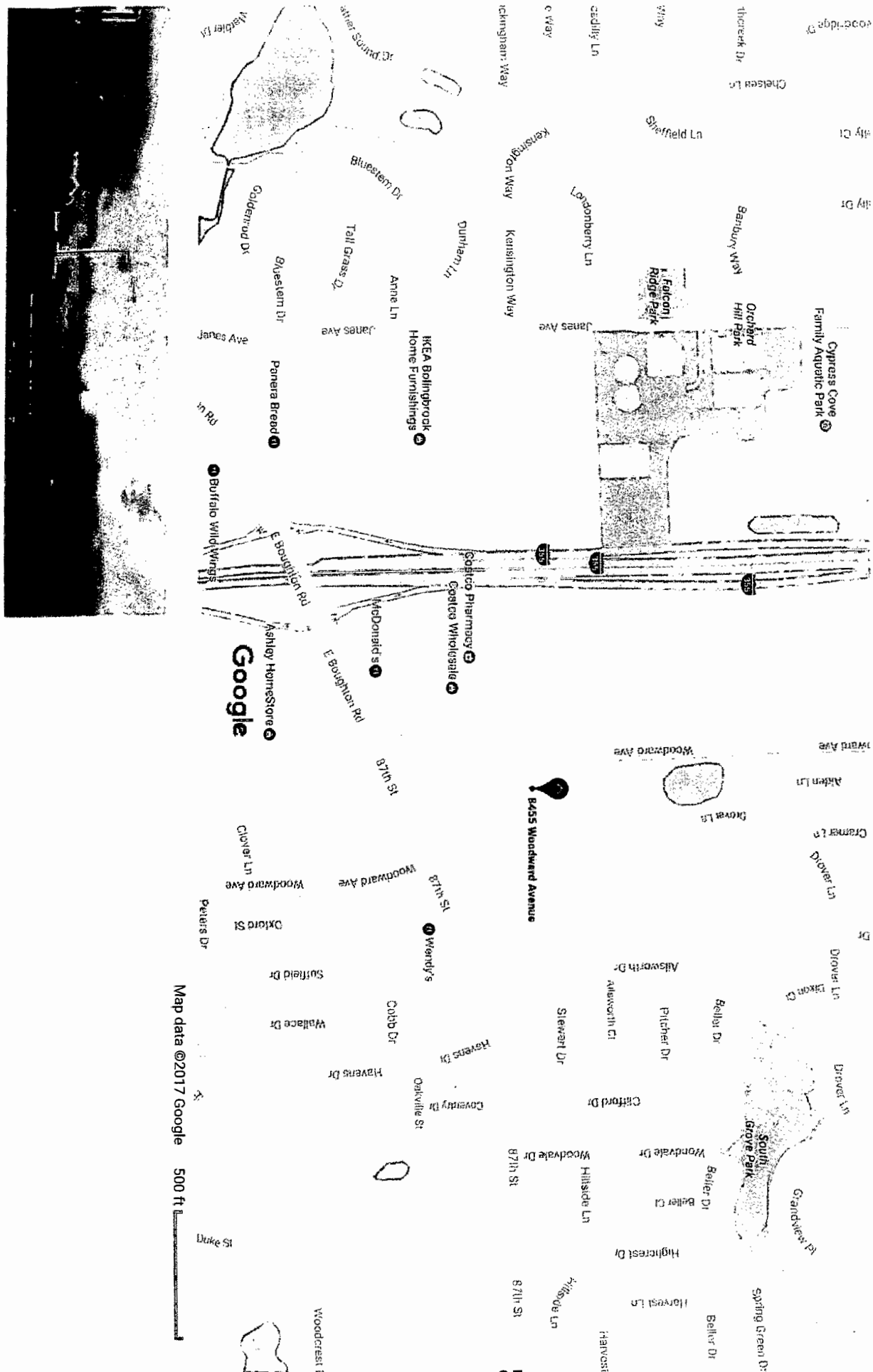


Thank you,
Matt

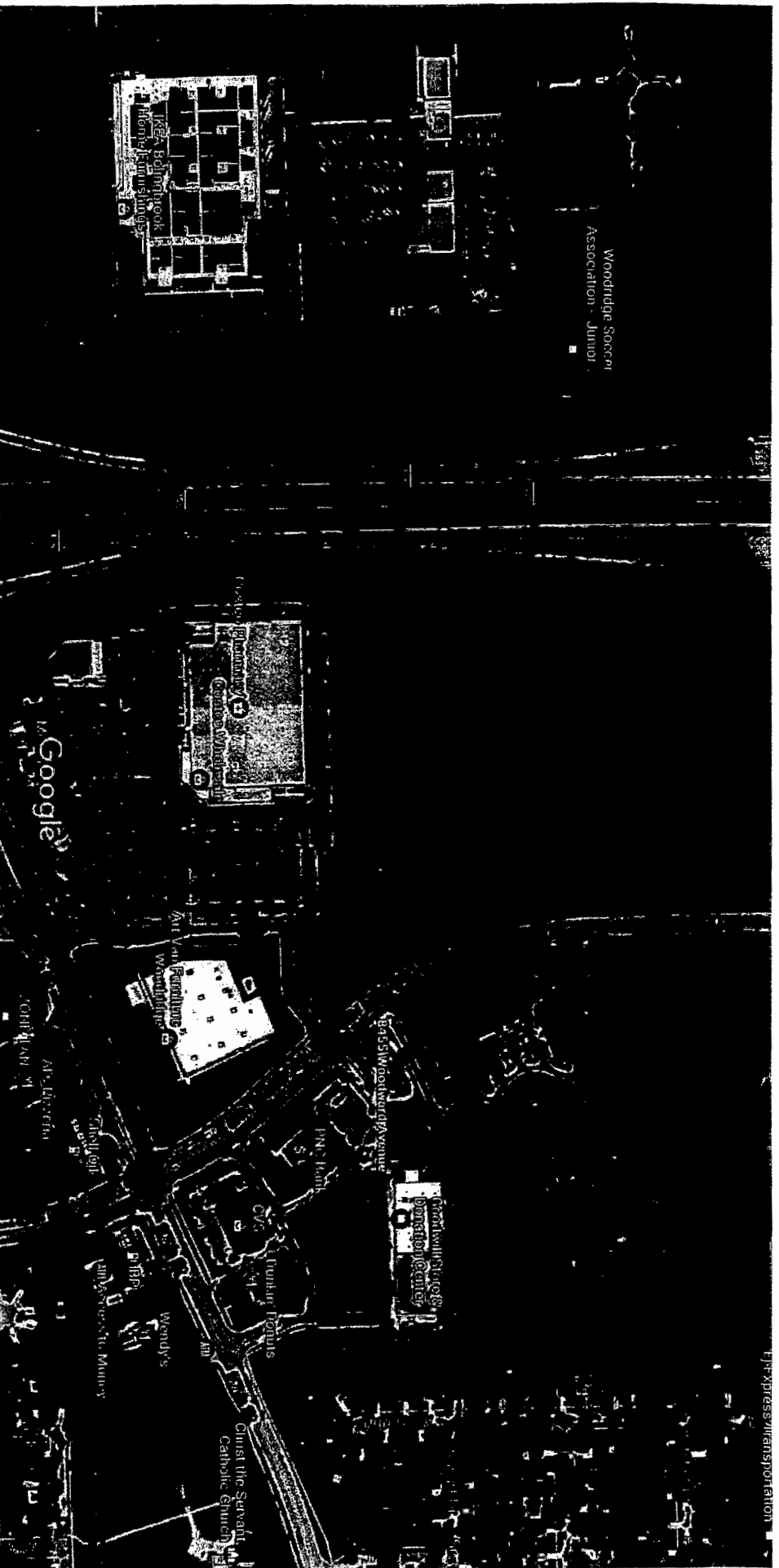
Matthew J. Gramlich
Vice President
Global Occupier Services
Mobile: +1 331 777 0615
matthew.gramlich@cushwake.com

8455 Woodward Ave

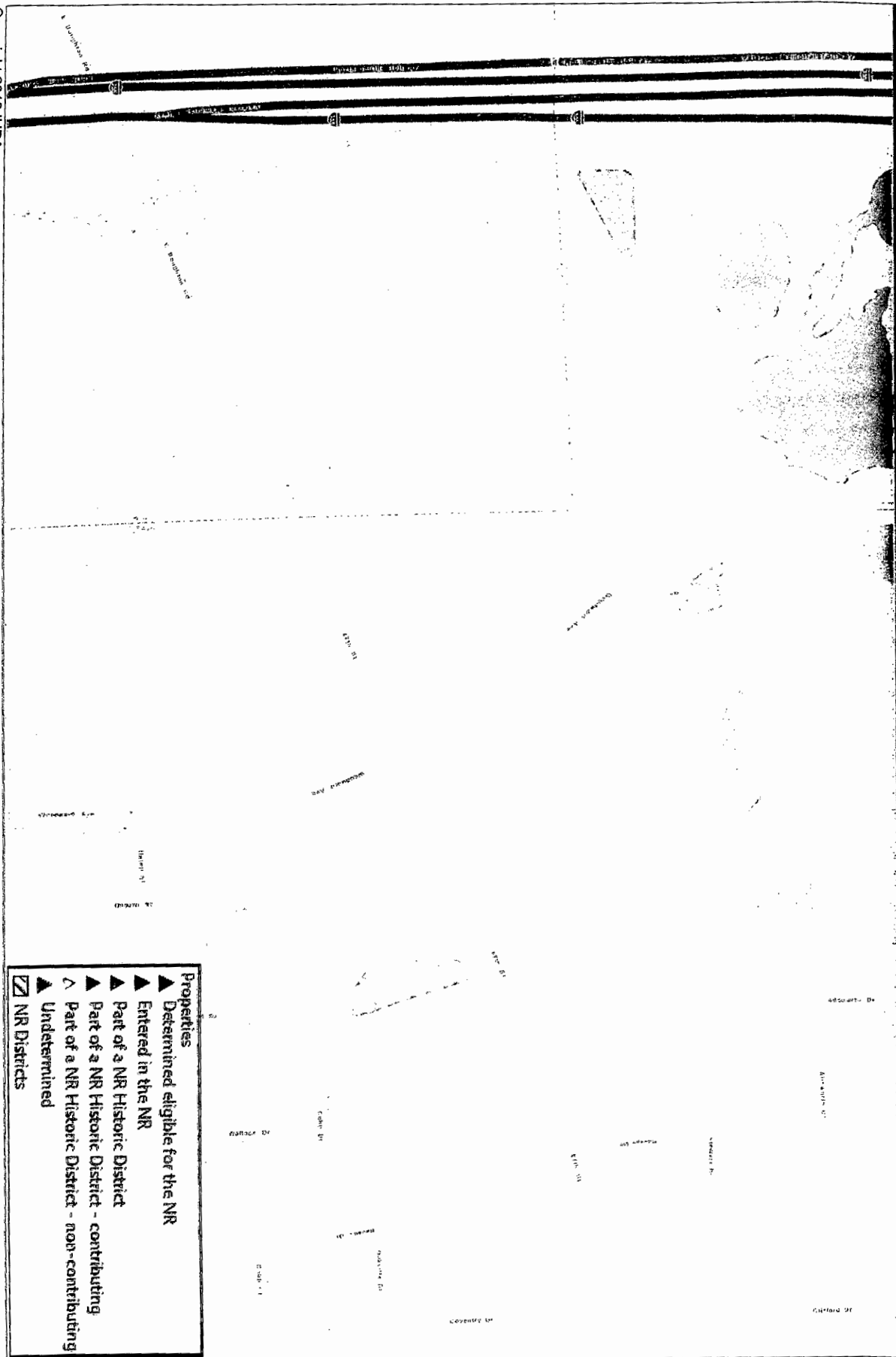
Woodridge, IL 60517 - Site for 12-station dialysis facility



Google Maps 8455 Woodward Ave

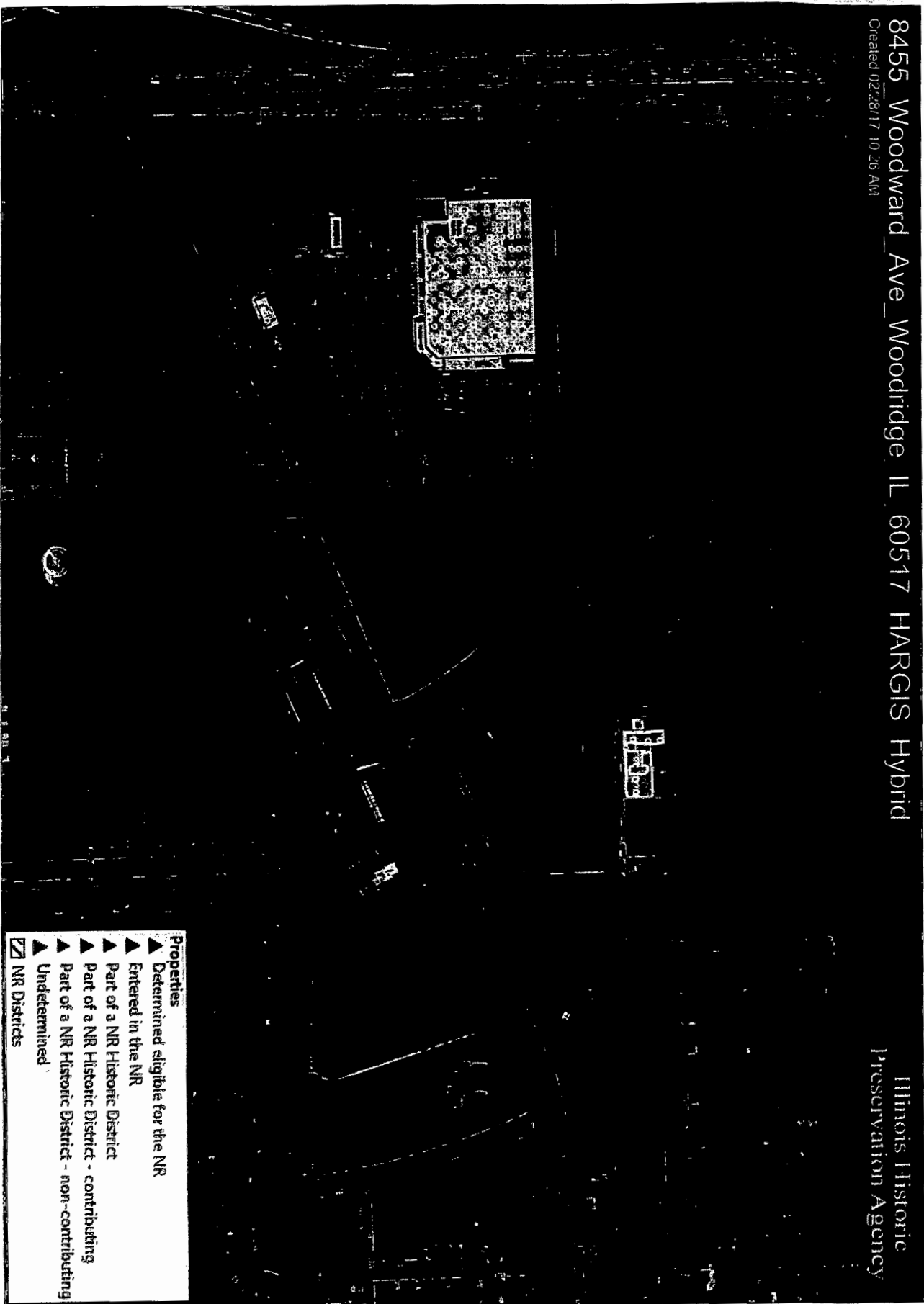


Imagery ©2017 Google, Map data ©2017 Google 200 ft



8455 Woodward Ave Woodridge IL 60517 HARGIS Hybrid
Created 02/28/17 10:26 AM

Illinois Historic
Preservation Agency



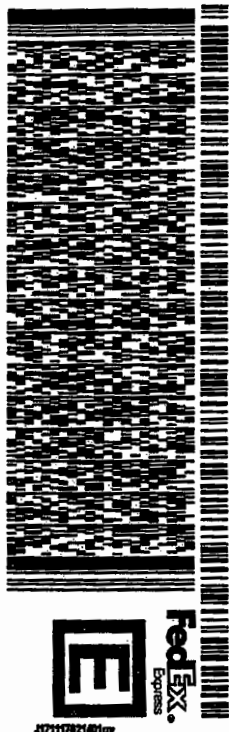
ORIGIN: UNUSUA (1/15) 218-4445
TIM JINCKELL
DAVITA
2484 N ELSTON AVE
CHICAGO, IL 60647
UNITED STATES US

SHIP DATE: 2013-11-11
ACTWGT: 0.50 LB
CAD: 104010597/NET3850

BILL SENDER

TO: **MS. RACHEL LEIBOWITZ, PHD**
IL HISTORIC PRESERVATION AGENCY
PRESERVATION SERVICES DIVISION
1 OLD STATE CAPITOL PLAZA
SPRINGFIELD IL 62701
REF: (217) 785-5031
PO: DEPT:

546J31ADB53C1



TRK# 7785 3820 4005
0207

WED - 01 MAR 10:30A
PRIORITY OVERNIGHT

XX SPIA

62701
IL-US STL



After printing this label:

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

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

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Attachment - 6

Timothy Tincknell

From: TrackingUpdates@fedex.com
Sent: Wednesday, March 1, 2017 11:13 AM
To: Timothy Tincknell
Subject: FedEx Shipment 778538204005 Delivered

WARNING: This email originated outside of DaVita.
DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Your package has been delivered

Tracking # 778538204005

Ship date:
Tue, 2/28/2017

Tim Tincknell
DaVita
CHICAGO, IL 60647
US

Delivery date:
Wed, 3/1/2017 11:10
am

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



Shipment Facts

Our records indicate that the following package has been delivered.

Tracking number:	<u>778538204005</u>
Status:	Delivered: 03/01/2017 11:10 AM Signed for By: N.HIDDLETON
Signed for by:	N.HIDDLETON
Delivery location:	SPRINGFIELD, IL
Delivered to:	Mailroom
Service type:	FedEx Priority Overnight
Packaging type:	FedEx Envelope
Number of pieces:	1
Weight:	0.50 lb.
Special handling/Services:	Deliver Weekday
Standard transit:	3/1/2017 by 10:30 am

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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts	\$1,405,039		\$1,405,039
Modernization Contracts			
Site Survey and Soil Investigation			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$108,867		\$108,867
Consulting and Other Fees	\$70,902		\$70,902
Moveable and Other Equipment			
Communications	\$68,644		\$68,644
Water Treatment	\$140,475		\$140,475
Bio-Medical Equipment	\$11,550		\$11,550
Clinical Equipment	\$210,444		\$210,444
Clinical Furniture/Fixtures	\$18,060		\$18,060
Lounge Furniture/Fixtures	\$3,855		\$3,855
Storage Furniture/Fixtures	\$5,862		\$5,862
Business Office Fixtures	\$30,905		\$30,905
General Furniture/Fixtures	\$27,500		\$27,500
Signage	\$15,000		\$15,000
Total Moveable and Other Equipment	\$532,295		\$532,295
Fair Market Value of Leased Space	\$1,865,273		\$1,865,273
Total Project Costs	\$4,092,376		\$4,092,376

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

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

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

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

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
15-003	Vermillion County Dialysis	Establishment	4/30/2017
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017
15-048	Park Manor Dialysis	Establishment	2/28/2018
15-049	Huntley Dialysis	Establishment	2/28/2018
15-052	Sauget Dialysis	Expansion	8/31/2017
15-054	Washington Heights Dialysis	Establishment	9/30/2017
16-004	O'Fallon Dialysis	Establishment	9/30/2017
16-016	Jerseyville Dialysis	Expansion	6/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	6/30/2018
16-016	Jerseyville Dialysis	Expansion	6/30/2017
16-023	Irving Park Dialysis	Establishment	8/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-037	Foxpoint Dialysis	Establishment	7/31/2018
16-040	Jerseyville Dialysis	Expansion	7/31/2018
16-041	Taylorville Dialysis	Expansion	7/31/2018
16-051	Whiteside Dialysis	Relocation	3/31/2019

DuPage Medical Group, Ltd. Current Projects			
Project Number	Name	Project Type	Completion Date
16-028	Surgical Center of DuPage Medical Group	Expansion	09/30/2017

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	\$4,092,376		6,858	6,858			
Total Clinical	\$4,092,376		6,858	6,858			
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	\$4,092,376		6,858	6,858			

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

1. Background of the Applicant

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 Rutgers Park Dialysis, a 12-station in-center hemodialysis facility to be located at 8455 Woodward Avenue, Woodridge, Illinois 60517.

PERRYTON DIALYSIS, LLC (d/b/a RUTGERS PARK DIALYSIS)

DuPage Medical Group, Ltd. and DaVita, Inc. are co-applicants for the proposed facility, with each representing a 50% membership interest in Perryton Dialysis, LLC. As detailed below, both organizations are leaders within the medical community and strive to continually improve clinical outcomes and deliver the highest level of care through innovative practices. The combination of Chicagoland's leading multi-specialty physician group and the nation's clinical leader in kidney disease care and management represents a unique opportunity to address the need for dialysis services for community residents.

Together, DuPage Medical Group ("DMG") and DaVita envision that the Rutgers Park Dialysis station will not only address a need for ESRD services within the community, but also serve as the genesis of a patient care delivery model that will rectify current shortcomings and remove impediments to optimal care of patients with kidney disease within DuPage County. Both applicants bring values and assets that are critical to the success of a patient delivery model that addresses deficiencies in knowledge and communication throughout a patient's continuum of care.

DaVita consistently differentiates itself from other kidney care companies and surpasses national averages for clinical outcomes. DuPage Medical Group distinguishes itself through quality care, with clinical outcomes and cost savings for DMG's Medicare programs ranking in the top percentile for the nation. DaVita's proprietary patient care tools, educational resources, quality initiatives, and in-center hemodialysis operational expertise, along with DMG's medical staff collaboration, integrated EHR systems, patient-oriented health portal, and robust administrative support tools, provide the foundation for the success of the joint venture between the two organizations.

As detailed below, the symbiosis of DMG and DaVita's resources and talents will immediately address identified weaknesses within current care delivery models, as well as lead to future advances designed to meet the growing needs of the ESRD populations within the community.

Today, chronic kidney disease ("CKD") and end stage renal disease ("ESRD") is common and associated with excess mortality. A diagnosis of CKD is ascribed to over 10 million people within the United States, with many more at risk. The rise in diabetes mellitus and hypertension are contributing to the rise in CKD and ESRD, with these risk factors highly prevalent throughout the United States.

An optimal 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. Early identification of CKD and deliberate treatment of ESRD by multidisciplinary teams leads to improved disease management and care, mitigating the risk of disease advancement and patient mortality.

Accordingly, timely referral to and treatment by a multidisciplinary clinical team may improve patient outcomes and reduce cost. Indeed, research has found that late referral and suboptimal care result in higher mortality and hospitalization rates¹. Deficient knowledge about appropriate timing of patient

¹ Navaneethan SD, Aloudat S, Singh S. A systematic review of patient and health system characteristics associated with late referral in chronic kidney disease. BMC Nephrol. 2008; 9:3.

referrals and poor communication between primary care physicians ("PCPs") and nephrologists have been cited as key contributing factors².

Critically, addressing the failure of communication and coordination among PCPs, nephrologists, and other specialists may alleviate a systemic barrier to mitigating the risk of patient progression from CKD to ESRD, and to effective care of patients with ESRD.

Currently, DMG patients from Woodridge and the surrounding areas who require dialysis services may be removed from DMG's continuum of care, which optimizes patient health and outcomes through provider collaboration and coordinated administrative tools. In addition to research emphasizing the value of care coordination among providers, research has generally displayed that the more information on a single EHR, the better the outcomes are for patient care. Patients receiving care on a single integrated EHR often experience reduced clinical errors and better outcomes as a result.³ With the development of the proposed facility, patient data generated at the dialysis facility will be migrated to the EHR systems accessible by all DMG providers.

This data integration ensures their PCP, nephrologist, and other specialists can access the patient dialysis records on demand. The applicants have the ability to design additional functionalities to address communication and coordination issues between physicians. This removes administrative burden and alleviates risks that a patient's PCP or specialist is missing information regarding their care, including dialysis treatments. By streamlining these processes, the applicants anticipate improved patient care and experiences.

The tailoring of familiar DaVita and DMG tools eases the burden on physicians and enhances the likelihood of success. In fact, studies have indicated that alleviating the perceived burden by physicians of implementation and participation to be vital to the success of new mechanisms designed to improve care⁴.

Patients will be empowered through DMG and DaVita's equal participation in the operation of the Rutgers Park Dialysis facility. DMG's "MyChart" enables a patient to access all their billing records and medical records stored within DMG's Epic-based EHR system. Similarly, DaVita maintains the "DaVita Health Portal," which tracks a patient's progress by sharing the patient's lab values, nutrition reports, health records, and for DaVita Rx members: prescriptions and medication lists. DMG and DaVita will integrate patient information from dialysis services and make it available to the patients through MyChart & DaVita Health Portal.

Patients serviced within the proposed facility will receive the excellent standard of care they have come to expect from DaVita facilities. The integration of the facility with DMG's administrative services will keep patients within DMG's continuum of care, enabling efficient communications and coordinating the care of patients to address known barriers to effective CKD and ESRD treatment.

Through the development of the proposed facility, DMG and DaVita will improve the identification and treatment of CKD and ESRD patients. The increased communication and improvement in co-management between PCPs, nephrologists, and specialists will decrease disease progression, mortality rates, and hospitalization rates.

As detailed below, the applicants have the requisite qualifications, background, character and financial resources to provide dialysis services to the community. As discussed above, the applicants have a unique opportunity to develop an innovative continuum of care designed to improve the lives of area residents requiring dialysis treatment.

² Id.

³ Nir Menachemi, Taleah H Collum, Risk Management Healthcare Policy. 2011; 4: 47-55. May 11, 2011).

⁴ Id.

DUPAGE MEDICAL GROUP

Pursuant to 20 ILCS 3960/2, the applicant DuPage Medical Group, Ltd. has the requisite qualifications, background, character and financial resources to adequately provide a proper service for the community.

DuPage Medical Group was formed in 1999 when three healthcare groups serving the western suburbs of Chicago since the 1960s joined together. The legal entity, DuPage Medical Group, Ltd., was incorporated as a medical corporation in the State of Illinois in July 1968 and is a for-profit, taxable corporation. DuPage Medical Group is now Illinois' leading multi-specialty independent physician group practice, and remains committed to superior care and innovation.

With more than 600 physicians, approximately 800 providers, and 50 specialties in more than 70 locations, DuPage Medical Group handles upwards of 1.1 million patient visits annually, treating about a third of DuPage County's population. Consistent with its physician growth, DuPage Medical Group has grown as an employer in the community. DuPage Medical Group employed 3908 people in 2016, an increase of nearly 30% from the 2996 people employed in 2015.

DuPage Medical Group is focused on providing quality care.

DuPage Medical Group is focused on providing the Western Suburbs with access to the finest health care available and operating on the principal that physicians make the best decisions for patient care. DMG is led by experienced physicians who continually seek innovations through a model of QEA: Quality, Efficiency and Access.

Managing such a proactive model of medicine allows DMG to provide quality care, construct the most advanced facilities and implement the latest technology. Through secure access of an electronic health record and DMG's patient portal, MyChart, its physicians and patients stay closely connected on the care that forms the bigger picture of each patient's health. DMG promotes strong collaboration among its medical staff and solicits helpful feedback from patients. Strong administrative support creates stability for DMG physicians, empowering them to help drive the group forward.

DMG's commitment to quality and cost efficiency is further demonstrated by numerous value-based care initiatives, including DMG's Accountable Care Organization ("ACO") leadership, operation of the BreakThrough Care Center, and a CMS BPCI initiative.

DMG is a founding member of Illinois Health Partners, the 14th largest accountable care organization in the nation. DMG accounts for nearly 50% of the patients served by Illinois Health Partners, which is comprised of healthcare organizations such as Naperville, Ill.-based Edward Hospital and Arlington Heights, Ill.-based Northwest Community Hospital, along with 22 other organizations. According to 2015 data released by CMS, Illinois Health Partners ("IHP") maintained the lowest cost of care per beneficiary for any ACO in the Chicagoland area at \$8,847. IHP is also in the 76th percentile nationally in overall cost efficiency and in the 88th percentile nationally in clinical quality. This makes IHP one of 38 of 393 (9%) of ACOs in the top quartile for both quality and cost efficiency.

Since 2014, DMG has operated the BreakThrough Care Center, a comprehensive, holistic outpatient clinic serving the most vulnerable Chicagoland seniors struggling with chronic disease. Currently, the BreakThrough Care Center operates and accepts patients throughout DuPage County, with locations in the cities of Lisle, Naperville, and Wheaton. The BreakThrough Care Center is designed to improve medical outcomes while lowering healthcare costs and improving patients' ability to manage their health outcomes.

Improved care quality for BreakThrough Care Center patients is documented by improvements in patients'; biometrics for LDL-C levels, Total Cholesterol, A1C, Blood Pressure, and Body Mass Index. The BreakThrough Care Center optimizes the utilization of healthcare services, with all patients seen

within 24 hours of hospital discharge, and patients experiencing lower ER admission rates, lower acute admissions, a 30-day chronic readmission rate of 7.2 percent, and high generic pharmacy utilization of 89 percent. Patients give the BreakThrough Care Center scores of over 91 percent on access to care and coordination of care metrics.

DMG has also demonstrated its commitment to promoting the development of orderly, value driven, healthcare facilities via the CMS Bundled Payments for Care Improvement ("BPCI") initiative. DMG reduced costs by over \$1.1 million under the BPCI program for major joint replacement of the lower extremity in Q3 and Q4 of 2015, lowering the cost of care and improving outcomes. DMG's participation and performance in these value-based care programs and organizations serves a critical role in cost containment and maximizing the quality of care in DuPage County and the surrounding communities served by DMG.

DuPage Medical Group continues to expand the services and specialties it offers patients.

In September of 2016, DMG opened a new nephrology division when Kidney & Hypertension Associates joined the practice. DMG has always strived to provide its patients with access to timely, quality, and affordable health care. This mission is supported by the addition of the nephrology practice to DMG's wide array of medical specialties. Patients of DMG physicians with an identified need for nephrology services now have more immediate and reliable access through their existing provider's practice.

With physician scheduling and patient coverage determinations available throughout the DMG practices, DMG is able to eliminate common obstacles to patients obtaining necessary medical care. Managing patient's across specialties drives down costs by coordinating care and increasingly addressing the health of patients on a proactive basis.

Since September of 2016, the DMG nephrology practice has been led by three veteran physicians:

Dr. Mohamad Barakat is board certified in nephrology with more than 35 years' experience. After earning a medical degree from the University of Damascus, he completed his internship and residency at Mercy Hospital in Chicago. He also completed his fellowship at Loyola University of Chicago.

Dr. Mohamad Abdessamad is board certified in nephrology and internal medicine. After earning his medical degree from the University of Damascus, he completed a fellowship in nephrology at the University of Vermont and his residency at the John H. Stroger Jr. Hospital of Cook County.

Dr. Mohammad Mataria is board certified in nephrology and earned his medical degree from the University of Mosul. He completed his residency in internal medicine at Advocate Christ Medical Center in Chicago and his fellowship in nephrology at the University of Mississippi Medical Center.

DMG's nephrology practice continues to grow, adding three additional physicians in the intervening months:

Dr. Kristie Delaney, a board certified nephrologist, earned her medical degree at Northwestern University's Feinberg School of Medicine, and completed her residency in internal medicine at University of Illinois Advocate Christ Hospital. She also completed her fellowship in nephrology at the University of Chicago.

Dr. Shivani Shah, a board certified nephrologist, earned her medical degree at Northwestern University's Feinberg School of Medicine, and completed her residency in internal medicine at Northwestern University. She also completed her fellowship in nephrology at John Hopkins University.

Dr. Ankit Rawal, a board certified nephrologist, earned his medical degree at Chicago College of Osteopathic Medicine, and completed his residency in internal medicine at University of Chicago - Northshore. He also completed her fellowship in nephrology at University of Chicago.

DMG promotes the orderly and economic development of health care facilities in Illinois.

DMG's trend of responsible, positive growth is tied to DMG's commitment to its physician and patient population. This focus is closely aligned with the Board's own mission for serving the patients of Illinois. In keeping with the purpose identified by the State: "The CON program promotes the development of a comprehensive health care delivery system that assures the availability of quality facilities, related services, and equipment to the public, while simultaneously addressing the issues of community need, accessibility, and financing. In addition, it encourages health care providers to engage in cost containment, better management and improved planning."⁵

DMG practices the values and goals expressed by the CON program, and believes in the value of DMG's services and facilities to the Illinois healthcare system. As DMG has grown, quantitatively and qualitatively, it has continued to emphasize quality and accessibility for the community and its patients, tempered by responsible planning and growth. DMG has consistently presented accurate and conservative projections of patient population growth and referral patterns before the Board. *DMG's healthcare facilities operate above established state utilization levels, a clear sign of DMG's commitment to avoiding the development of unnecessary services within the community.*

In 2015, DuPage Medical Group received the Henry C. Childs Economic Development and Community Improvement Award from the Wheaton Chamber of Commerce. The Henry C. Childs Economic Development and Community Improvement Award was named after a local businessman responsible for designing safe community infrastructure, and it recognizes the development or redevelopment of a property that positively impacts economic development in the City of Wheaton.

DMG was recognized for the property redevelopment and construction of its 40,000-square-foot Wheaton Medical Office Building, which houses over 30 DMG physicians in Family Medicine, Internal Medicine, Pediatrics and Obstetrics/Gynecology, as well as the BreakThrough Care Center.

DMG promotes philanthropy and service within the communities it serves.

DuPage Medical Group is actively involved in philanthropy and community service as a way of giving back to the community in which it operates. As part of this effort, DMG established the DuPage Medical Group Charitable Fund in partnership with the DuPage Foundation. Providing a coordinated approach for combining the efforts of its physicians, care providers and staff into a single force.

The DuPage Medical Group Charitable Fund, which operates as a donor-advised fund under the umbrella of the DuPage Foundation's status as a 501(c)(3) public charity, seeks to make a significant impact within the communities DMG serves by combining impactful financial support with hands-on volunteerism.

The Fund seeks out community and health partners that serve those in need. In March, 2016 DMG reached \$1 million in grants to the community.⁶ In addition to providing some financial support to area organizations, the Charitable Fund provides in-kind donations, such as food, toys, coats and books. Volunteer service is also a key component of DMG's giving. Its financial contributions are extended by physicians and staff taking a hands-on role in helping these organizations. The Charitable Fund has also focused on magnifying its impact through volunteer service. Earlier this year DMG was honored with the

⁵ <https://www.illinois.gov/sites/hfsrb/CONProgram/Pages/default.aspx>

⁶ <http://www.dmgcharitablefund.com/news/story/4651>

Governor's Volunteer Service Award for Outstanding Business Volunteer Engagement for its work with People's Resource Center and DuPage Habitat for Humanity.⁷

It should also be noted, that as a for-profit organization, DMG does not have an obligation to provide charity care or charitable contributions. However, DMG recognizes an importance to providing care to entire community. This is demonstrated not only by the charitable financial donations described above, but also through its physician owners.

Due to its for-profit status, DMG does not individually track the *pro bono* and charity care provided by all of its physicians, independent of their job description as a member of DMG. However, DMG continually employs physicians with a track record of dedication to providing charitable care and volunteer work within the community. As an organization driven by physicians, DMG allows its members to determine their own best method for contributing their time and resources to the communities they serve.

DAVITA, INC.

Pursuant to 20 ILCS 3960/2, the applicant DaVita, Inc. has the requisite qualifications, background, character and financial resources to adequately provide a proper service for the community.

DaVita 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. As of September 30, 2016, DaVita provided services to approximately 199,000 patients. As detailed below, DaVita is committed to innovation, improving clinical outcomes, compassionate care, educating and empowering patients, and community outreach.

DaVita is focused on providing quality care.

Based upon 2016 data from the Centers for Medicare and Medicaid Services, DaVita is the clinical leader in the Quality Incentive Program ("QIP") for the fourth straight year. DaVita had the highest average total performance score among large dialysis organizations, which are organizations that have at least 200 dialysis centers in the U.S. 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.

In October of 2016, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the third year in a row, DaVita outperformed the rest of the industry with the highest percentage of four- and five-star centers and lowest percentage of one- and two-star centers in the country. The Five-Star Quality Rating System was created as a way to help patients decide where they want to receive healthcare by providing more transparency about dialysis center performance. The rating system measures dialysis centers on seven different quality measures and compiles these scores into an overall rating. Stars are awarded for each center's performance.

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

⁷ <http://www.dailyherald.com/article/20161125/business/161129874/>

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.

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 organization's 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.

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.

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.⁸
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.⁹
- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).¹⁰

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, 15 (2014).

⁹ Id.

- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).¹¹
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.¹²
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.¹³
- 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.¹⁴
- 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.¹⁵

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.¹⁶ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD:

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

¹⁰ Id. at 79

¹¹ Id.

¹² 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).

¹³ Id.

¹⁴ Id. at 161.

¹⁵ 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).

¹⁶ Id. at 4.

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 2016.

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 2016 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 percent 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 teammates), make up the "DaVita Village," assisting in these initiatives.

DaVita Way of Giving program donated \$2 million in 2016 to locally based charities across the United States. Since 2011, DaVita teammates have donated \$9.1 million to thousands of organizations through DaVita Way of Giving. Through Village Service Days, groups of three or more teammates can plan and execute a service project with a local nonprofit. DaVita teammates and their families and friends have volunteered more than 140,000 hours through 3,600 Village Service Days projects since 2006.

DaVita does not limit its community engagement to the U.S. alone. Bridge of Life is the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, which supports approximately 30 international medical missions and over 50 domestic missions and CKD screening events each year. In 2016, more than 300 DaVita volunteers supported these missions, impacting nearly 19,000 men, women and children in 15 countries.

In 2016, DaVita celebrated the 10th anniversary of Tour DaVita, an annual, three-day, 250-mile bicycle ride, to raise awareness about kidney disease. The ride raised \$1.25 million to benefit Bridge of Life. Since 2007, DaVita cyclists and Tour supporters have raised more than \$8.6 million to fight kidney disease. 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.

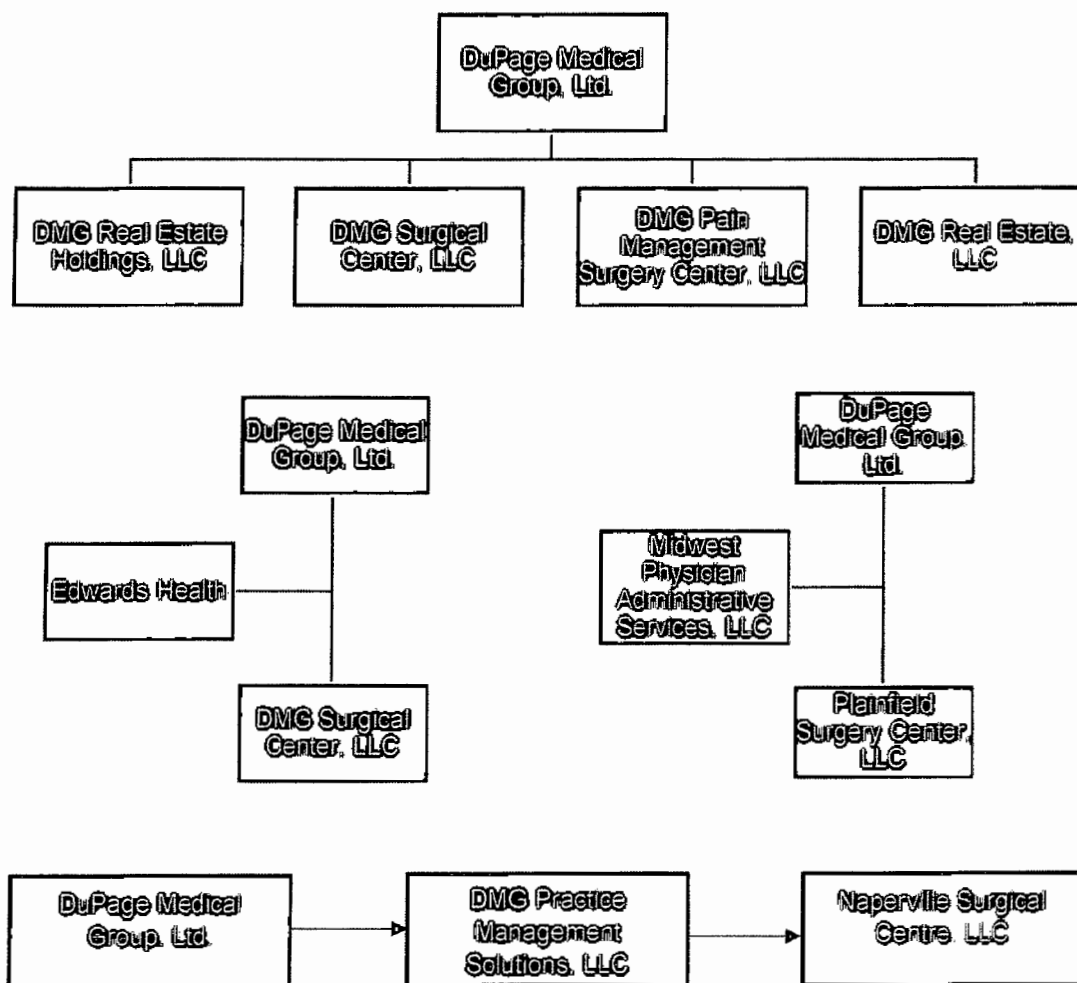
1. A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11A. Dialysis facilities are currently not subject to State Licensure in Illinois.
2. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") 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. 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 – 11B.
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 – 11B.

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
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	14-2793
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
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
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

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
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	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	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	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
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

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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
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

DaVita HealthCare Partners Inc.								
Illinois Facilities								
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number	
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		
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	



Explanation of DuPage Medical Group, Ltd. Organizational Chart

1. DMG Surgical Center, LLC is owned 87.5% by DuPage Medical Group, Ltd. and 12.5% by Edward Health Ventures.
2. DMG Practice Management Solutions, LLC ("DMGPMS"): is a Delaware limited liability company, DuPage Medical Group, Ltd. owns a 70% interest in DMGPMS. DMGPMS is a 75% owner in Naperville Surgical Centre.
3. DuPage Medical Group, Ltd. owns 70% interest in Midwest Physician Administrative Services, LLC (MPAS). The relationships between MPAS and Plainfield Surgery Center is as follows:
 - a. Midwest Physician Administrative Services, LLC, provides management and administrative services to Plainfield Surgery Center, LLC. DuPage Medical Group, Ltd. also owns 48% of Plainfield Surgery Center, LLC.



**Illinois Department of
PUBLIC HEALTH**

HF110965

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

A person, firm or corporation whose name appears on this certificate has complied with the provisions of Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
7/25/2017		7003135
Ambulatory Surgery Treatment Center		
Effective: 07/26/2016		

Plainfield Surgery Center, LLC
24600 West 127th Street
Building C
Plainfield, IL 60585

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 7/25/2017

Lic Number 7003135

Date Printed 5/20/2016

Plainfield Surgery Center, LLC

24600 West 127th Street
Building C
Plainfield, IL 60585

FEE RECEIPT NO.

Medicare PTAN# IL1572
CMS certification # 14C0001139



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

December 7, 2015

Organization #	82158	Program Type	Ambulatory Surgery Center
Organization Name	Plainfield Surgery Center, LLC		
Address	24600 W 127th Street, Building C		
City State Zip	Plainfield	IL	60585-9530
Decision Recipient	Mrs. Christine Cebzynski		
Survey Date	10/13/2015-10/14/2015	Type of Survey	Re-accreditation/Medicare Deemed Status
Deficiency Level	Standard	Correction Method	Document Review, Self Attestation, Plan of Action
Accreditation Type	Full Accreditation	Recommend Medicare Deemed Status	Yes
Acceptable Plan of Correction Received	12/4/2015	Correction Timeframe	October - 2015 to November - 2015
Accreditation Term Begins	11/14/2015	Accreditation Term Expires	11/13/2018
Special CC:	CMS CO - Baltimore CMS RO V - Chicago	CMS Certification Number (CCN)	14C0001139
Accreditation Renewal Code	EEBB389982158		
Complimentary AAAHC Institute study participation code			82158FREEIQJ

As an ambulatory surgery center (ASC) that has undergone the AAAHC/Medicare Deemed Status Survey, your ASC has demonstrated its compliance with the AAAHC Standards and all Medicare Conditions for Coverage (CFC). The AAAHC Accreditation Committee recommends your ASC for participation in the Medicare Deemed Status program. CMS has the final authority to determine participation in Medicare Deemed Status.



Illinois Department of
PUBLIC HEALTH

HF 111226

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.

Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ILS NUMBER
5/30/2017		7003205
Ambulatory Surgery Treatment Center		
Effective: 06/01/2016		

Naperville Surgical Centre, LLC
1263 Rickert Drive
Naperville, IL 60540

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↑
DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 5/30/2017

Lic Number 7003205

Date Printed 6/30/2016

Naperville Surgical Centre, LLC

FREE RECEIPT NO.



May 18, 2016

Ronald Ladniak
Administrator
Naperville Surgical Centre, LLC
1263 Rickert Drive
Naperville, IL 60540

Joint Commission ID #: 61274
Program: Ambulatory Health Care
Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 05/18/2016

Dear Mr. Ladniak:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Ambulatory Health Care**

This accreditation cycle is effective beginning November 05, 2015. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Attachment - 11A

1149



**Illinois Department of
PUBLIC HEALTH**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

6/6/2017

Category

7003162

Ambulatory Surgery Treatment Center

Effective: 09/07/2016

DMG Pain Management Surgery Center, LLC
2940 Rollingridge Suite 200
Naperville, IL 60564

The face of this license has a colored background. Printed by Authority of the State of Illinois - P.O. #4012220 10M 2/12

→ **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 6/6/2017

Lic Number 7003162

Date Printed 7/14/2016

Validation Num 248

DMG Pain Management Surgery Cent

2940 Rollingridge Suite 200

Naperville, IL 60564

FEE RECEIPT NO.



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

November 24, 2015

Organization #	95139	Program Type	Ambulatory Surgery Center
Organization Name	DMG Pain Management Surgery Center, LLC		
Address	2940 Rollingridge Road, Suite 200		
City State Zip	Naperville	IL	60564-4226
Decision Recipient	Mrs. Kristina Sharkey		
Survey Date	9/1/2015-9/2/2015	Type of Survey	Re-accreditation/Medicare Deemed Status
Deficiency Level	Standard	Correction Method	Plan of Action, Document Review, Self Attestation
Accreditation Type	Full Accreditation	Recommend Medicare Deemed Status	Yes
Acceptable Plan of Correction Received	11/6/2015	Correction Timeframe	September - 2015 to October - 2015
Accreditation Term Begins	12/1/2015	Accreditation Term Expires	11/30/2018
Special CC:	CMS CO - Baltimore CMS RO V - Chicago	CMS Certification Number (CCN)	14C0001149
Accreditation Renewal Code	470DF82495139		
Complimentary AAAHC Institute study participation code			95139FREEIQJ

As an ambulatory surgery center (ASC) that has undergone the AAAHC/Medicare Deemed Status Survey, your ASC has demonstrated its compliance with the AAAHC Standards and all Medicare Conditions for Coverage (CfC). The AAAHC Accreditation Committee recommends your ASC for participation in the Medicare Deemed Status program. CMS has the final authority to determine participation in Medicare Deemed Status.



Illinois Department of
PUBLIC HEALTH

09/10/2016

LICENSEE RENEWAL CERTIFICATION REGISTRATION

THE PERSON
THIS CERTIFICATE
INDICATES IS A:

Nirav D. Shah, M.D., J.D.

Director

09/10/2016

09/09/2017

09/09/2017

7003023

Ambulatory Surgery Treatment Center

Effective: 09/10/2016

**DMG Surgical Center, LLC
2725 S. Technology Drive
Lombard, IL 60148**



FORMS-1412

CERTIFICATE OF ACCREDITATION

DMG SURGICAL CENTER, LLC
D/B/A SURGICAL CENTER OF DUPAGE MEDICAL GROUP

2725 S TECHNOLOGY DRIVE
LOMBARD, IL 60148-3674

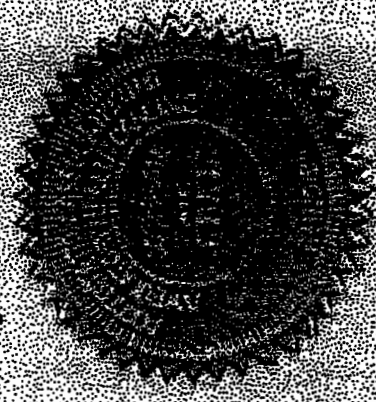
In recognition of its commitment to high quality of care and substantial compliance with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.

DATE

MAY 1, 2018

Signature
STEPHEN A. MARTIN, FACHE, FACC

Signature
STEPHEN A. MARTIN, FACHE, FACC



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 DuPage Medical Group Ltd. or Perryton Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,

Dennis Fire

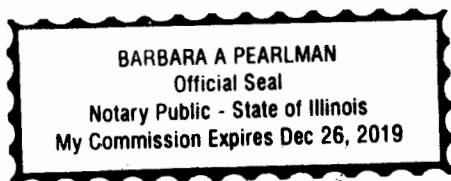
Print Name: Dennis Fire

Its: Coo

DuPage Medical Group Ltd.
Perryton Dialysis, LLC

Subscribed and sworn to me
This 1st day of March, 2017

Barbara A. Pearlman
Notary Public





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 Inc. or Perryton Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,



Print Name: Arturo Sida

Its: Assistant Corporate Secretary, DaVita Inc.

Secretary, Total Renal Care, Inc., Managing Member of Perryton Dialysis, LLC

Subscribed and sworn to me

This ____ day of _____, 2017

Notary Public

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

State of California

County of Los Angeles

On March 24, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

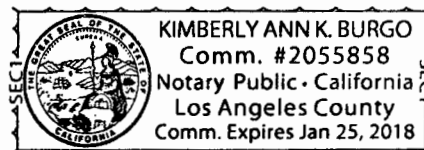
personally appeared *** Arturo Sida ***

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 - Certificate re CON Application (Perryton Dialysis, LLC / Total Renal Care, Inc.)

Document Date: March 24, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Perryton Dialysis, LLC / Total Renal Care, Inc.

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

1. Purpose of Project

The purpose of the project is to improve access to life sustaining dialysis services to the residents of the greater Woodridge area. Excluding the 5 facilities that are not yet open / operational for 2 years, there are 33 dialysis facilities within 30 minutes of the proposed Rutgers Park Dialysis that have been operational for at least 2 years. Collectively, the 33 facilities were operating at 71.6% as of December 31, 2016, and the existing facilities lack sufficient capacity to accommodate DuPage Medical Group's projected referrals.

DuPage Medical Group's patient base includes over 3,529 CKD patients, with 155 CKD patients that reside within 15 minutes of the proposed site for Rutgers Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, DuPage Medical Group anticipates that at least 61 of these patients will receive nephrology care through DuPage Medical Group and initiate dialysis at the proposed facility within 12 to 24 months following project completion.

Based upon June 2016 data from The Renal Network (the most current data available), there were 1,381 in-center hemodialysis patients residing within 30 minutes of the proposed Rutgers Park Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)¹⁷ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁸ more individuals in high-risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

An optimal 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. Early identification of CKD and deliberate treatment of ESRD by multidisciplinary teams leads to improved disease management and care, mitigating the risk of disease advancement and patient mortality.

Accordingly, timely referral to and treatment by a multidisciplinary clinical team may improve patient outcomes and reduce cost. Indeed, research has found that late referral and suboptimal care result in higher mortality and hospitalization rates¹⁹. Deficient knowledge about appropriate timing of patient referrals and poor communication between PCPs and nephrologists have been cited as key contributing factors²⁰.

¹⁷ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

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

¹⁹ Navaneethan SD, Aloudat S, Singh S. A systematic review of patient and health system characteristics associated with late referral in chronic kidney disease. BMC Nephrol. 2008; 9:3.

²⁰ Id.

Critically, addressing the failure of communication and coordination among primary care physicians ("PCPs"), nephrologists, and other specialists may alleviate a systemic barrier to mitigating the risk of patient progression from CKD to ESRD, and to effective care of patients with ESRD.

Currently, DMG patients from Woodridge and surrounding areas who require dialysis services may be removed from DMG's continuum of care, which optimizes patient health and outcomes through provider collaboration and coordinated administrative tools. In addition to research emphasizing the value of care coordination among providers, research has generally displayed that the more information on a single EHR, the better the outcomes are for patient care. Patients receiving care on a single integrated EHR often experience reduced clinical errors and better outcomes as a result.²¹

With the development of this proposed facility, patient data generated at the dialysis facility will be migrated to the EHR systems accessible by all DMG providers. This data integration ensures a patient's PCP, nephrologist, and other specialists can readily access the patient dialysis records. The applicants have the ability to design additional functionalities to address communication and coordination issues between physicians. This removes administrative burden and alleviates risks that a patient's PCP or specialist is missing information regarding their care, including dialysis treatments. By streamlining these processes, the applicants anticipate improved patient care and experiences.

Research supports the applicants' expectations that alleviating the perceived burden by physicians of implementation and participation to be vital to the success of new mechanisms designed to improve care. The tailoring of familiar DaVita and DMG tools eases the burden on physicians and enhances the likelihood of success in improving care coordination and physician communications.

The applicants anticipate the proposed facility will have quality outcomes comparable to DaVita's other facilities. Additionally, in an effort to better serve all kidney patients, the applicants will require 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 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7 percent reduction in hospitalizations among DaVita patients, the monetary result of which is more than \$1.5 billion in savings to the health care system and the American taxpayer from 2010 - 2012.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the greater Woodridge area 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 15 mile radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 20 minutes normal travel time to Glen Ellyn, IL.
 - Northeast approximately 30 minutes normal travel time to Elmhurst, IL.
 - East approximately 20 minutes normal travel time to Justice, IL.
 - Southeast approximately 30 minutes normal travel time to Palos Heights, IL.

²¹Nir Menachemi, Taleah H Collum, Risk Management Healthcare Policy. 2011; 4: 47-55. May 11, 2011).

- South approximately 30 minutes normal travel time to New Lenox, IL.
- Southwest approximately 30 minutes normal travel time to Shorewood, IL.
- West approximately 35 minutes normal travel time to Aurora, IL.
- Northwest approximately 30 minutes normal travel time to West Chicago, IL.

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

The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility. The proposed facility is located in Woodridge, Illinois. DuPage Medical Group expects at least 61 of the current 155 CKD patients that reside within 15 minutes of the proposed site, to require dialysis within 12 to 24 months of project completion.

3. As identified above, the applicants have identified a need for additional ESRD stations within the GSA based upon the high utilization of area providers and the expected patient referrals from DMG nephrologists. Additional issues identified include maintaining patients' continuum of care and resolving physician communication and care coordination deficiencies that are barriers to optimal care.

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).

See above footnotes for additional sources.

5. Applicants will improve access to dialysis services to the residents of Carol Stream and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA, the increasing ESRD population, the increasing size of DMG's patient-base, absence of DMG-oriented dialysis facilities, and the joint venture's care improvement initiatives, this facility is necessary to ensure sufficient access to dialysis services and address identified issues in this community.
6. Project Goals: The above response details the overall goal of the project to addressing the identified issues to improve the health and well-being of the community. The significant objective and specific timeframe for completing the project is to complete the construction of the facility be operational within 24 months of project approval.
7. Modernization: This project involves new construction.

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:

1. Reducing the Scope and Size.
2. **Chosen Alternative:** Pursue a Joint Venture for the Establishment of a New Facility
3. Utilize Existing Facilities.

After exploring these options, which are discussed in more detail below, the applicants determined to establish a 12-station dialysis facility. A review of the options, their costs, and the applicants' reasoning follows.

Reducing the Scope and Size of Current Project

The applicants considered, but ultimately rejected, an 8-station in-center hemodialysis facility. This was rejected due to the expected utilization, as documented throughout this proposal. The applicants fully expect the facility to reach the required number of patients for a 12-station facility within two years. In order to establish a facility within the HSA proposed, the facility must not have less than eight stations, pursuant to 77 IL Adm. Code §1110.1430(h).

The physician's patient data and referral network exhibits a large number of expected patients from DuPage County. As a result of the expected referral numbers exhibited, the number of patients would quickly overcome the required utilization levels for an 8-station facility. Although the reduced number of stations would have reduced the size and cost of the proposed project, the applicants came to the decision that a 12-station facility would ultimately better serve the patient population, as it would allow for the expected growth of patients to benefit from the facility.

The alternative plan of only establishing an 8-station facility was therefore rejected by the applicants.

Pursue a Joint Venture for the Establishment of a New Facility

DuPage Medical Group, Ltd. and DaVita, Inc. have entered into a 50/50 joint venture agreement to combine resources and areas of expertise in order to offer the highest level of patient care.

Given the historic growth of ESRD patients and the current utilization levels of area clinics, it is expected that area clinics will exceed the 80% utilization mark over the next few years. The Geneva Crossing Dialysis facility is necessary to address this growth and allow existing facilities to operate at an optimum capacity. Further, without any current partnerships with existing in-center hemodialysis facilities, DMG is seeking to collaborate with DaVita on the proposed facility in order to maintain the continuity of care for DMG patients and address identified issues with care coordination and physician communication in the treatment of patients with kidney disease. (See Attachments 11 & 12).

The establishment of a 12-station dialysis facility will improve access to life-sustaining dialysis treatment for those individuals in the greater Carol Stream area who suffer from ESRD. Patients receiving care from DMG will not be forced to exit their current continuum of care, reducing the burden on patients. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, the applicants chose this option.

The cost of this alternative is **\$4,092,376**.

Utilize Existing Facilities

Excluding the 5 facilities that are not yet open / operational for 2 years, there are 33 dialysis facilities within 30 minutes of the proposed Rutgers Park Dialysis that have been operational for at least 2 years. Collectively, the 33 facilities were operating at 71.6% as of December 31, 2016, and the existing facilities lack sufficient capacity to accommodate DMG's projected referrals. Based upon June 2016 data from The Renal Network (the most current data available), there were 1,381 in-center hemodialysis patients residing within 30 minutes of the proposed Rutgers Park Dialysis, and this number is projected to increase.

The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)²² and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²³ 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.

DuPage Medical Group's patient base includes over 3,529 CKD patients, with 155 CKD patients that reside within 15 minutes of the proposed site for Rutgers Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, DuPage Medical Group anticipates that at least 61 of these patients will receive nephrology care through DuPage Medical Group and will initiate dialysis at the proposed facility within 12 to 24 months following project completion.

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

There is no capital cost with this alternative.

Empirical Evidence

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 measures has been directly linked to 15-20 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into a 7 percent reduction in hospitalizations among DaVita patients, which resulted in more than \$1.5 billion in savings to the health care system and the taxpayer from 2010 – 2012.

Although not quantifiable by empirical data, the applicants also anticipate the improvement of patient care and experiences through the development of the joint venture facility. Identified issues anticipated to be addressed include maintaining patients' continuum of care and resolving physician communication and care coordination deficiencies that are barriers to optimal care.

²² According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

²³ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Section 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 for new construction is 450-650 building gross square feet per dialysis station for a total of 5,400 – 7,800 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Rutgers Park Dialysis is 6,858 gross square feet (or 571.5 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	6,858	5,400 – 7,800	0	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. DMG identified 155 CKD patients that reside within 15 minutes of the proposed site for Rutgers Park Dialysis. See Appendix – 1. Conservatively, based upon patient referral patterns and attrition due to patient death, transplant, return of function, or relocation, DMG anticipates that at least 61 of these patients will initiate dialysis at the proposed facility 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	9,516	8,986	Yes

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

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

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

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

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

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 8455 Woodward Avenue, Woodridge, Illinois 60517. As shown in Attachment – 24A, when excluding the 5 facilities that are not open / operational for 2 years, there are 33 dialysis facilities within 30 minutes of the proposed Rutgers Park Dialysis that have been operational for at least 2 years. Collectively, the 33 facilities were operating at a utilization rate of 71.6% as of December 31, 2016 and the existing facilities lack sufficient capacity to accommodate DMG's projected referrals. Based on June 2016 data from the Renal Network (the most current data available) there were 1,381 in-center hemodialysis patients residing within 30 minutes of the proposed Rutgers Park Dialysis, and this number is expected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)²⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁵ 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.

DuPage Medical Group's patient base includes over 3,529 CKD patients, with 155 CKD patients that reside within 15 minutes of the proposed site for Rutgers Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, DMG anticipates that at least 61 of these patients will receive nephrology care through DuPage Medical Group and initiate dialysis at the proposed facility within 12 to 24 months following project completion.

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

2. Service to Planning Area Residents

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of the greater Woodridge area. As evidenced in the physician referral letter attached at Appendix - 1, 155 pre-ESRD patients reside within 15 minutes of the proposed facility.

²⁴ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

²⁵ 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. Service Demand

Attached at Appendix - 1 is a physician referral letter from DMG nephrologists and a schedule of pre-ESRD and dialysis 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
60517	27
60516	12
60561	10
60565	12
Total	61

8. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the greater Woodridge area. Currently, when excluding the 5 facilities that are not yet open / operational for 2 years, there are 33 dialysis facilities that have been in operation for at least 2 years, within 30 minutes of the proposed Rutgers Park Dialysis. The 33 facilities were all operating at an average utilization of 71.6% as of December 31, 2016, and the existing facilities lack sufficient capacity to accommodate DMG's projected referrals. Based on June 2016 data from the Renal Network (the most current data available) there were 1,381 in-center hemodialysis patients residing within 30 minutes of the proposed Rutgers Park Dialysis, and this number is expected to increase. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

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 8455 Woodward Avenue, Woodridge, Illinois 60517. A map of the proposed facility's market area is attached at Attachment – 24B. 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
60542	NORTH AURORA	17,099
60502	AURORA	21,873
60544	PLAINFIELD	25,959
60446	ROMEOVILLE	39,807
60564	NAPERVILLE	41,312
60504	AURORA	37,919
60555	WARRENVILLE	13,538
60563	NAPERVILLE	35,922
60540	NAPERVILLE	42,910
60490	BOLINGBROOK	20,463
60565	NAPERVILLE	40,524
60440	BOLINGBROOK	52,911
60532	LISLE	27,066
60433	JOLIET	17,160
60441	LOCKPORT	36,869
60451	NEW LENOX	34,063
60491	HOMER GLEN	22,743
60517	WOODRIDGE	32,038
60515	DOWNERS GROVE	27,503
60516	DOWNERS GROVE	29,084
60559	WESTMONT	24,852
60439	LEMONT	22,919
60561	DARIEN	23,115
60527	WILLOWBROOK	27,486
60514	CLARENDON HILLS	9,708
60521	HINSDALE	17,597
60558	WESTERN SPRINGS	12,960
60190	WINFIELD	10,663

60189	WHEATON	30,472
60188	CAROL STREAM	42,656
60187	WHEATON	29,016
60139	GLENDALE HEIGHTS	34,381
60108	BLOOMINGDALE	22,735
60137	GLEN ELLYN	37,805
60148	LOMBARD	51,468
60157	MEDINAH	2,380
60101	ADDISON	39,119
60143	ITASCA	10,360
60523	OAK BROOK	9,890
60181	VILLA PARK	28,836
60162	HILLSIDE	8,111
60163	BERKELEY	5,209
60467	ORLAND PARK	26,046
60480	WILLOW SPRINGS	5,246
60457	HICKORY HILLS	14,049
60525	LA GRANGE	31,168
60458	JUSTICE	14,428
60501	SUMMIT ARGO	11,626
60534	LYONS	10,649
60154	WESTCHESTER	16,773
60104	BELLWOOD	19,038
60153	MAYWOOD	24,106
Total		1,291,630

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 March 9, 2017).

- 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 – 24A.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average 30 minute utilization of the existing approved ICHD facilities that have been operational for at least 2 years is 71.6% and sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 136.9% of the State Average.

Table 1110.1430(c)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	1,291,630	629	1:2,053
State	12,830,632	4,566	1:2,810

b. Historic Utilization of Existing Facilities

Excluding the 5 facilities that are not yet open / operational for 2 years, there are 33 dialysis facilities within 30 minutes of the proposed Rutgers Park Dialysis that have been operational for at least 2 years. Their average 30 min utilization was 71.6% as of December 31, 2016 and the existing facilities lack sufficient capacity to accommodate DMG's projected referrals. Based on June 2016 data from the Renal Network (the most current data available) there were 1,381 in-center hemodialysis patients residing within 30 minutes of the proposed Rutgers Park Dialysis, and this number is expected to increase. As a result, there will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

c. 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 ESRD patients. DuPage Medical Group's patient base includes over 3,529 CKD patients, with 155 CKD patients that reside within 15 minutes of the proposed site for Rutgers Park Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, DuPage Medical Group anticipates that at least 61 of these patients will initiate dialysis at the proposed facility within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the utilization of ICHD facilities operating for over 2 years and within 30 minutes of the proposed Rutgers Park Dialysis is 71.6%. 1,381 in-center hemodialysis patients reside within 30 minutes of the proposed facility and this number is projected to increase.

The proposed facility is necessary to allow the existing facilities to operate at an optimum capacity, while at the same time accommodating the growing demand for dialysis services. As a result, the Rutgers Park Dialysis facility will not lower the utilization of area provider below the occupancy standards.

- b. Excluding the 5 facilities that are not yet open / operational for 2 years, there are 33 existing dialysis facilities that have been operating for 2 or more years within the proposed 30 minute GSA for Rutgers Park Dialysis. As of December 31, 2016, the 33 facilities were operating at an average utilization of 71.6%. Based upon June 2016 data from The Renal Network (the most current data available), there were 1,381 in-center hemodialysis patients residing within 30 minutes of the proposed Rutgers Park Dialysis, and that number is projected to increase.

The proposed facility is necessary to allow the existing facilities to operate at an optimum capacity, while at the same time accommodating the growing demand for dialysis services. As a result, the Rutgers Park Dialysis facility will not lower, to a further extent, the utilization of area provider below the occupancy standards.

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: Kristie Delaney, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Delaney's curriculum vitae is attached at Attachment – 24C.
- b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator (0.98 FTE)
Registered Nurse (2.92 FTE)
Patient Care Technician (4.82 FTE)
Biomedical Technician (0.32 FTE)
Social Worker (licensed MSW) (0.56 FTE)
Registered Dietitian (0.57 FTE)
Administrative Assistant 0.82 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 – 24D.
- d. As set forth in the letters from the applicants attached at Attachment – 24E, Rutgers Park Dialysis will maintain an open medical staff.

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

Attached at Attachment 24E– are letters from the applicants attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(g), Minimum Number of Stations

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

The applicants have an agreement to provide inpatient care and other hospital services for the patients of Rutgers Park Dialysis. Attached at Attachment – 24F is a copy of the service agreement with the area hospital.

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

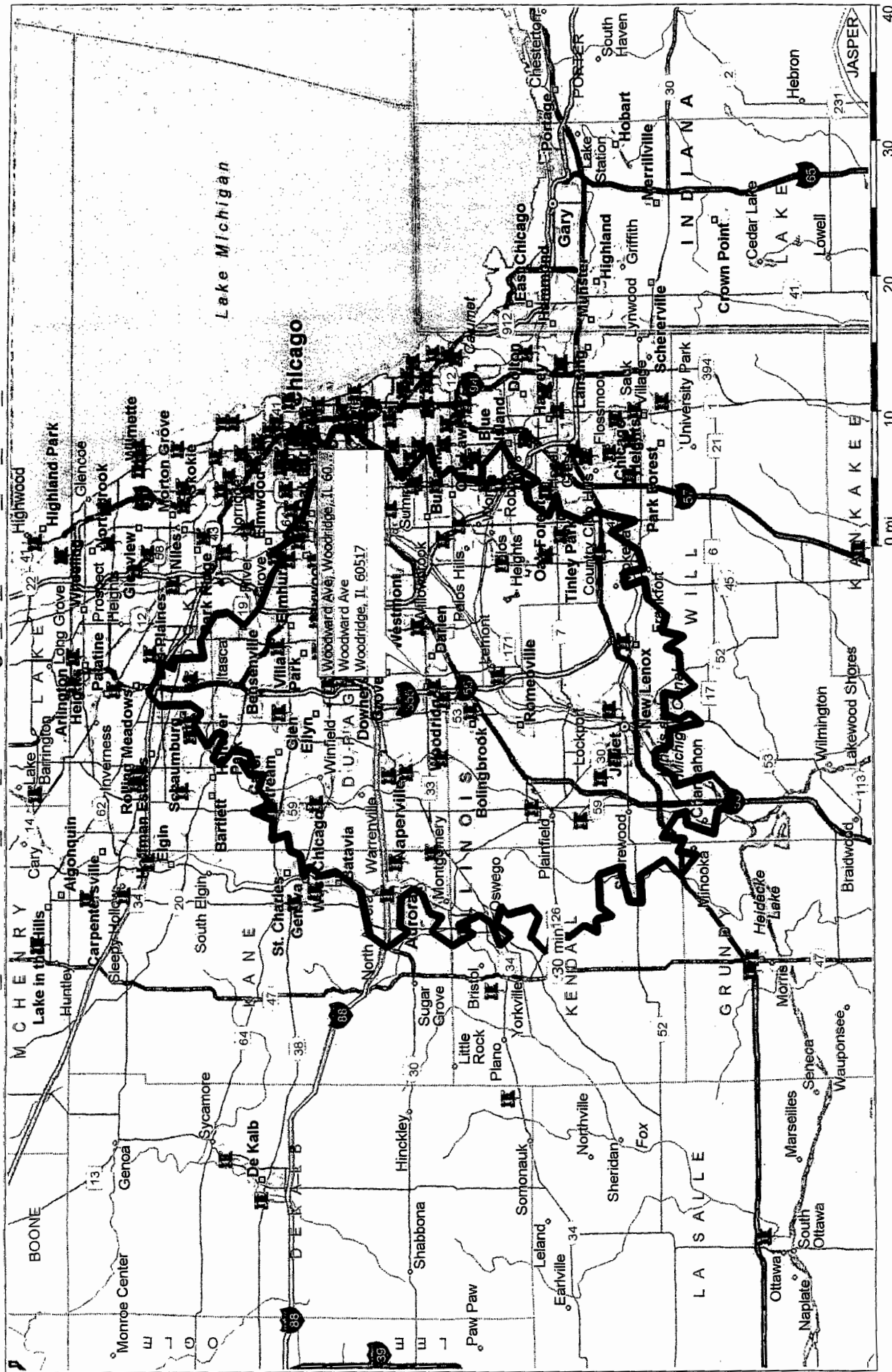
The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

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

Attached at Attachment – 24G is a letter from the applicants certifying that the proposed facility will achieve target utilization by the second year of operation.

End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	Stations	12-31-2016 Patients	12-31-2016 Utilization
Fox Valley Dialysis Center	1300 Waterford Drive	Aurora	13.9	26	29.9	29	131	0.7529
Aurora Dialysis Center	455 Mercy Lane	Aurora	21.2	24	27.6	24	143	0.9931
Fresenius Medical Care East Aurora*	810 North Farnsworth Ave	Aurora	19.3	24	24.15	12	0	0
Fresenius Medical Care of Plainfield	2320 Michas Drive	Plainfield	18.4	25	28.75	16	78	0.8125
Renal Center West Joliet	1051 Essington Road Ste 140	Joliet	17.7	24	27.6	29	127	0.7299
Fresenius Medical Care Plainfield North*	24920 Riverwalk Court	Plainfield	19.7	19	21.85	13	13	0.2167
Sun Health	2121 Oneida St. Ste 104	Joliet	22	26	29.9	17	54	0.5294
Fresenius Medical Care of Naperville North	516 West 5th Avenue	Naperville	9.5	19	21.85	21	71	0.5635
Fresenius Medical Care Naperville	2451 S. Washington Street	Naperville	7.1	15	17.25	16	87	0.9063
Fresenius Medical Care Joliet	721 East Jackson Street	Joliet	19	26	29.9	16	74	0.7708
Fresenius Medical Care Lemont*	16177 West 127th Street	Lemont	5.8	8	9.2	12	11	0.1528
Renal Center New Lenox	1890 Silver Cross Blvd.	New Lenox	15	20	23	19	96	0.8421
USRC Bolingbrook Dialysis	396 Remington Blvd	Bolingbrook	5.9	11	12.65	13	63	0.8077
Bolingbrook Dialysis Center	329 Remington Blvd	Bolingbrook	5.5	9	10.35	24	123	0.8542
USRC Oak Brook	1201-B Butterfield Rd.	Downers Grove	8.9	11	12.65	13	55	0.7051
Downers Grove Dialysis Center	3825 Highland Ave., Suite 102	Downers Grove	7.1	17	19.55	16	71	0.7396
FMC Dialysis Services of Willowbrook	6300 South Kingery Highway #408	Willowbrook	6	13	14.95	20	75	0.625
Central Dupage Dialysis Center	450 E. Roosevelt Road	West Chicago	18.3	24	27.6	16	67	0.6979
Glendale Heights Dialysis Center	520 East North Avenue	Glendale Heights	15.9	20	23	29	135	0.7759
Fresenius Medical Care - Lombard	1940 Springer Drive	Lombard	10	15	17.25	12	55	0.7639
Elk Grove Dialysis Center	901 Belsterfield Road Suite 400	Elk Grove Village	21.5	24	27.6	28	137	0.8155
NxStage Oak Brook	1600 West 16th Street	Oak Brook	13.6	21	24.15	8	14	0.2917
Nocturnal Dialysis 308*	1634 South Armitage Avenue	Villa Park	12.5	19	21.85	12	3	0.0417
US Renal Care Villa Park	200 East North Avenue	Villa Park	17.3	25	28.75	13	67	0.859
FMC Elmhurst	133 E. Brush Hill Road	Elmhurst	14.5	18	20.7	28	112	0.6667
LaGrange Dialysis Center	2400 Wolf Road, Suite 101a	Westchester	14.8	19	21.85	20	78	0.65
Palos Park Dialysis	13155 S. La Grange Road	Orland Park	16.1	25	28.75	12	46	0.6389
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	21.3	24	27.6	24	105	0.7292
USBC Hickory Hills	9528 South Roberts Road, Suite B-2	Hickory Hills	15.8	22	25.3	13	0	0
Fresenius Medical Care Summit	7319 Archer Avenue	Summit	14.7	17	19.55	12	12	0.1667
Chicago Ridge Dialysis	10511 South Harlem Avenue	Chicago Ridge	16.6	21	24.15	16	36	0.375
Alsip Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	20.5	24	27.6	20	85	0.7083
Stony Creek Dialysis	9115 S. Cicero Ave	Oak Lawn	18.5	26	29.9	14	76	0.9048
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood	19	22	25.3	30	142	0.7889
Fresenius Medical Care Melrose Park	1111 Superior Street	Melrose Park	20.4	26	29.9	18	73	0.6759
Maple Avenue Kidney Center	610 South Maple Avenue	Oak Park	21.1	25	28.75	18	70	0.6481
Fresenius Medical Care River Forest	103 Forest Ave.	River Forest	21.1	25	28.75	22	84	0.6364
Fresenius Medical Care Cicero	3000 South Cicero Avenue	Cicero	19.2	25	28.75	16	61	0.6354
TOTAL						688	2730	0.6613
TOTAL excluding Facilities Operational < 2 Yrs*						629	2703	0.7162

8455 Woodward Ave Woodridge IL 60517 30 Min GSA



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E-mail: kslivka@gmail.com

EMPLOYMENT

DuPage Medical Group, Naperville, IL. January 1, 2017 - present

POST-DOCTORAL TRAINING

University of Chicago, Chicago, IL.

Nephrology Fellowship, July 2014 – June 2016

University of Illinois at Chicago – Advocate Christ Medical Center, Oak Lawn, IL.

Internship and Residency in Internal Medicine, June 2011- June 2014

EDUCATION

Northwestern University, Feinberg School of Medicine, Chicago, IL

Doctor of Medicine, May 2011

Northwestern University School of Continuing Studies, Evanston, IL

Post-Baccalaureate Pre-Medicine Certificate, May 2005

Northwestern University, Evanston, IL

Bachelor of Arts, Economics (major) and Business Institutions (minor), May 2003

LICENSURE AND CERTIFICATION

Illinois Medical License (active)

Internal Medicine Board Certified

Nephrology Board eligible 7/1/2016

HONORS AND AWARDS

"Making a Difference Every Day", University of Chicago, Recipient, August 2015

Recognized for exemplary service to patients and outstanding teamwork

American Society of Nephrology, Medical Students and Residents Travel Support Grant

Recipient, 2012

American Society of Nephrology Program for Medical Students and Residents at ASN

Kidney Week 2012, San Diego, CA - Selected Participant

RESEARCH EXPERIENCE

University of Chicago, June 2015 – Present

Research Mentor: Mary Hammes, MD. – Department of Nephrology

Clinical research understanding the pathogenesis of cephalic arch stenosis in ESRD patients with brachiocephalic fistula access via doppler velocity blood flow

Northwestern University

Research Mentor: Daniel Baillet, MD. – Department of Nephrology, March 2013-2014

Clinical review assessing the prevalence, relationship, and impact of nocturnal hypertension in normoalbuminuric, microalbuminuric, and macroalbuminuric type I and II diabetics compared to normotensive individuals in the general population

PUBLICATIONS

Slivka K and **Lerma EV**. "Urinalysis." *Medscape Reference: Laboratory Medicine Articles*. Eds. **Staros EB** and **Wheeler TM**. WebMD LLC. January 8, 2013.

Slivka K, **Lerma EV**, **Nunley JR**. "Uremic Frost." *Dermatological Manifestations of Kidney Disease*. Eds. **Lerma EV** and **Nunley JR**. Springer Publications. July 6, 2015.

Slivka K and **Lerma EV**. "Renin and Aldosterone." *Medscape Reference: Laboratory Medicine Articles* Eds. **Staros EB** & **Wheeler TM**. WebMD LLC – Accepted. Publication pending.

Bissonnette M, **Henriksen K**, **Delaney K**, **Stankus N**, **Chang A**. "Sickle cell Nephropathy in SC disease." *JASN*. – Accepted. Publication pending

ABSTRACTS AND POSTER PRESENTATIONS

Slivka K, **Thomas A**, **Bhat G**. "Ventricular Assist Device Placement: A Treatment Option for Cardiorenal Syndrome." National Kidney Foundation 2012 Spring Clinical Meeting, Washington D.C. – Abstract and Poster Presentation, May 10, 2012

Slivka K, **Battle D**. "Nocturnal Hypertension in Type I Diabetics." Advocate Christ Medical Center 15th Annual Research Day, Oak Lawn, IL. – Poster Presentation, May 1, 2013

ORAL PRESENTATIONS

Delaney, K. "The Role of Steroids in IgA Nephropathy." University of Chicago, Nephrology Grand Rounds, June 2015

Slivka K, **Guglielmi K**, **Wallock J**. "A 38-year-old male with hematuria: A case of advanced IgA Nephropathy." UIC-Advocate Christ Medical Center Internal Medicine Residency Clinical Pathology Case Conference – Oral Presentation, March 13, 2013.

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American Society of Nephrology, 2012-Present
American College of Physicians, 2011-2014
American Medical Association, 2005-2014

VOLUNTEER ACTIVITIES

- Code Blue Committee Member, Advocate Christ Hospital, 2011 – 2014
- Willow House, Trained Bereavement Group Facilitator (Arlington Heights, IL) 2005-2009
- Community Health Clinic, Volunteer (Chicago, IL) 2005-2010

PERSONAL INTERESTS

- **FAA Certified Pilot** - private license, instrument rating, and commercial pilots license
- **Other Hobbies**: PADI certified open water scuba diver, avid runner, water sports, fishing

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

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

Explanation of Content

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

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

The Table of Contents is as follows:

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

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

Introduction to Program

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

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

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

A non-experienced teammate is defined as:

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

An experienced teammate is defined as:

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

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

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

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

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

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

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

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Origination Date: 1995
Revision Date: Aug 2014, Oct 2014, Jul 2015, Sept 2015
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Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

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

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

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

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

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

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

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

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

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

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

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

Process of Program Evaluation

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

TR1-01-02



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

Sincerely,

Print Name: Arturo Sida

Its: Assistant Corporate Secretary, DaVita Inc.

Secretary, Total Renal Care, Inc., Managing Member of Perryton Dialysis, LLC

Subscribed and sworn to me

This ____ day of ____, 2017

See Attached

Notary Public

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

State of California

County of Los Angeles

On March 24, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

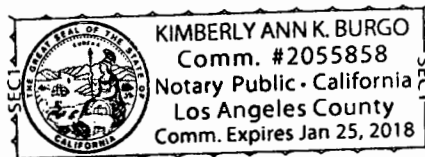
personally appeared *** Arturo Sida ***

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 - Certificate of Support Services (Perryton Dialysis, LLC / Total Renal Care, Inc.)

Document Date: March 24, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Perryton Dialysis, LLC / Total Renal Care, Inc.

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of execution of this Agreement (the "Effective Date"), by and between **Adventist GlenOaks Hospital**, an Illinois not-for-profit corporation (hereinafter "Hospital") and **Total Renal Care, Inc.**, a California corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients with emergent medical needs to Hospital from the following free-standing dialysis clinics owned and operated by Company (collectively the "Centers"):

Geneva Crossing Dialysis
540 - 560 S Schmale Road
Carol Stream, Illinois 60188

Salt Creek Dialysis
196 West North Avenue
Villa Park, Illinois 60181

Stone Quarry Dialysis
9340 Joliet Road
Hodgkins, Illinois 60525

Rutgers Park Dialysis
8455 Woodward Avenue
Woodridge, Illinois 60517

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the party and to specify the procedure for ensuring the timely transfer of patients with emergent medical needs to the Hospital from the Centers; and

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

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

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

1. **APPLICATION.** The parties agree and acknowledge that this Agreement will apply only to the transfer of patients with emergent medical needs between the facilities and will not apply to the transfer of patients under other circumstances (to the extent possible).

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

(a) Hospital agrees to exercise its commercially reasonable efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met, all state and federal laws and regulations are met, and Hospital has the capacity to treat the patient. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities.

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

3. **COMPANY OBLIGATIONS.**

(a) Company shall assure that all of its performance obligations under this Agreement are carried out in accordance with all applicable laws and regulations. Company shall, at no cost to Hospital, arrange for appropriate care and safe transportation of the patient during transport.

- i. Prior to any patient transfer to Hospital, Company shall provide sufficient information as far in advance as possible, and in any event prior to the patient leaving the Company for transport, to allow Hospital to determine whether it can provide the necessary patient care.
- ii. In all cases of patients transferred under the terms of this Agreement, Company shall ensure that all medical information and any other information necessary or useful in the care and treatment of patients referred and transferred from Company to Hospital will accompany the patient upon transfer or be provided to Hospital as promptly as possible thereafter, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement and to enable continuing care to be provided to the patient. The medical records in the care and custody of Hospital and Company shall remain the property of the respective institution.
- iii. The patient's medical record shall contain a physician's order to transfer the patient, and the attending physician recommending the transfer shall

communicate directly with the Hospital's patient admissions, or in the case of an emergency, the Hospital's emergency department.

- iv. In addition to a patient's medical records and the physician's order to transfer, Company shall provide Hospital with all information regarding a patient's medications, and clear direction as to who may make medical decisions on behalf of the patient, with copies of any power of attorney for medical decision making or, in the absence of such documents, a list of next of kin, if feasible, to assist Hospital in determining appropriate medical decision makers in the event a patient is or becomes unable to do so on his or her own behalf.
- (b) Upon transfer of a patient to Hospital, Company agrees:
 - i. That Company shall transfer any needed personal effects of the patient (in Company's possession) and information relating to the same, and shall be responsible therefor until signed for by a representative of Hospital; and
 - ii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

4. OVERSIGHT OF TRANSFERS. Company and Hospital shall each designate a representative with responsibility for oversight of the transfers conducted under this Agreement. These representatives, or their designees, shall serve as a conduit for communication between the parties and shall meet as often as necessary to discuss quality improvement measures related to patient stabilization, treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement consistent with the bylaws of each and as permitted by all applicable laws. All information obtained and any materials prepared for and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/8-2101 et seq., as may be amended from time to time.

5. BILLING, PAYMENT, AND FEES. Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. The parties shall reasonably cooperate with each other in the preparation and completion of all necessary forms and documentation and the determination of insurance coverage and managed care requirements for each transferred patient. Each party shall have the sole final responsibility for all forms, documentation, and insurance verification. Neither party shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

6. HIPAA. Hospital and Company agree to comply with the patient privacy and security requirements set forth in the Health Insurance Portability and Accountability Act

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

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

8. **INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, comprehensive general liability, property damage, automobile insurance to the extent a party uses a vehicle in the performance of its obligations hereunder and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with written notice of any material change in or cancellation of any of such insurance policies. Said obligation to maintain insurance coverage shall survive termination of this Agreement.

9. **INDEMNIFICATION.**

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

(b) **Company Indemnity.** Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any Loss directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and

its staff. This indemnification provision shall not be effective as to any Loss attributable exclusively to the negligence or willful act or omission of Hospital.

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

10. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall thereafter automatically renew for successive one (1) year periods, unless earlier terminated as set forth herein. Either party may terminate this Agreement at any time, with or without cause, by giving at least thirty (30) days prior notice in writing to the other party of its intention to terminate this Agreement. Notwithstanding anything to the contrary herein, this Agreement will be terminated immediately upon the following events: (a) the suspension, revocation or termination of any accreditation or licensure required for the operation of Company or Hospital; (b) termination of either party's participation in or exclusion from any federal or state health program; or (c) the cancellation or termination of either party's insurance without replacement coverage having been obtained as required under Section 7 of this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date.

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

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

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

14. EXCLUDED PROVIDER. Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal or state health care program including the Medicare/Medicaid programs. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to

disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact such party's ability to perform its obligations hereunder.

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

If to Hospital: Adventist GlenOaks Hospital
701 Winthrop Avenue
Glendale Heights, IL 60139
Attention: CEO

With copy to: AMITA Health Legal Department
3040 Salt Creek Lane
Arlington Heights, Illinois 60005

If to Company: Total Renal Care, Inc.
c/o DaVita Inc.
5200 Virginia Way
Brentwood, TN 37027
Attn: Group General Counsel

With copies to: Above listed Centers

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

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

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

18. NON-DISCRIMINATION. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that

title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal Financial assistance.

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

20. **GOVERNING LAW.** The laws of the State of Illinois, without regard to its conflict of laws principles, shall govern this Agreement.

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

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

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

[SIGNATURE PAGE FOLLOWS]

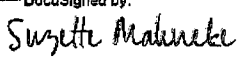
IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

Hospital:

Adventist GlenOaks Hospital

Company:

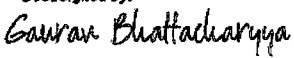
Total Renal Care, Inc.

By: DocuSigned by:
 _____
8A531DC056224AA...

Name: Suzette Mahneke

Its: AVP Nursing GlenOaks

Date: March 24, 2017

By: DocuSigned by:
 _____
28ED79BF5B8C4AC...

Name: Kelly Ladd Gaurav Bhattacharyya

Its: Regional Operations Director Division Vice President

Date: March 24, 2017

APPROVED AS TO FORM ONLY:
DaVita Inc.

By: DocuSigned by:
 _____
3050434BA8C8453...

Name: Christy Hruska Berger

Its: Assistant General Counsel



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

Sincerely,

Print Name: Arturo Sida

Its: Assistant Corporate Secretary, DaVita Inc.

Secretary, Total Renal Care, Inc., Managing Member of Perryton Dialysis, LLC

Subscribed and sworn to me
This ____ day of _____, 2017

Notary Public

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

State of California

County of Los Angeles

On March 24, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

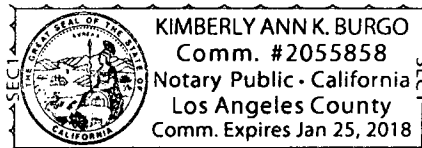
personally appeared *** Arturo Sida ***

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 - In-Center Hemodialysis Assurances (Perryton Dialysis, LLC / Total Renal Care, Inc.)

Document Date: March 24, 2017

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Perryton Dialysis, LLC / Total Renal Care, Inc.

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:

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- Rutgers Park Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Demo Fire

Print Name: Demo Fire

Its: COO

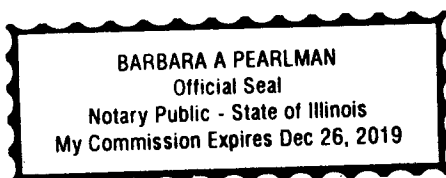
DuPage Medical Group Ltd.

Perryton Dialysis, LLC

Subscribed and sworn to me
This 4th day of March, 2017

Barbara A Pearlman

Notary Public



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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 National Shopping Plazas, Inc. A copy of DaVita's 2016 10-K Statement was previously provided, and DMG's most recent audited financials were previously provided in Project 16-028, evidencing sufficient internal resources to fund the project. A letter of intent to lease the facility is attached at Attachment – 34.



77 West Wacker Drive, Suite 1800
Chicago, IL 60601

Web: www.cushmanwakefield.com

March 10, 2017

Jonathan Hanus
National Shopping Plazas, Inc.
200 West Madison Street, Suite 4200
Chicago, IL 60606

RE: LOI – 8455 Woodward Ave, Woodridge, IL 60517(Address subject to verification upon issuance of building permits)

Mr. Hanus:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita Inc. to assist in securing a lease requirement. DaVita Inc. is a Fortune 200 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US.

PREMISES: To be constructed single tenant building located at 8455 Woodward Ave, Woodridge, IL 60517

Please verify address of premises and provide a legal site description

TENANT: Total Renal Care, Inc. or related entity to be named with DaVita Inc. as lease guarantor

LANDLORD: National Shopping Plazas, Inc., an Illinois corporation, as leasing agent

SPACE REQUIREMENTS: Requirement is for approximately 6,858 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on the most recent BOMA standards. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.

PRIMARY TERM: 15 years

BASE RENT: \$29.50 per square foot NNN Years 1-5;
\$32.45 per square foot NNN Years 6-10;
\$35.70 per square foot NNN Years 11-15.

ADDITIONAL EXPENSES: If the cumulative pass-through costs for CAM, insurance and real estate taxes exceed \$6.25 psf per annum for the period from rent commencement through December 31, 2018, Landlord, not Tenant, shall bear such excess for such period. Tenant's reimbursement obligation relative to Controllable CAM costs (e.g., not including snow and ice removal costs, utility charges, insurance premiums and other uncontrollable CAM costs) shall be capped at \$2.00 psf per annum through December 31, 2018, and such cap shall increase on a cumulative basis at 5% per annum, rounded to the nearest penny, each year

thereafter (i.e., \$2.00 psf per annum through 2018, \$2.10 psf per annum for 2019, \$2.21 psf per annum for 2020, etc.).

Tenant will be responsible for paying for all utilities from use of the Premises (although water may be billed under a submeter or as part of CAM if there is no separate meter or submeter).

LANDLORD'S MAINTENANCE:

Landlord, at its sole cost and expense, shall be responsible for the structural components, roof and foundations of the Premises.

**POSSESSION AND
RENT COMMENCEMENT:**

Subject to force majeure, Landlord shall deliver Possession of the Premises to Tenant with Landlord's Work complete (except for punch list work) within 250 days from the latest of lease execution, waiver of CON contingency or Landlord's receipt of its building permits for Landlord's Work. Rent Commencement shall be the earlier of Tenant's opening for business at the Premises or 150 days from Possession. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to Tenant, subject to such working together and methods not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

LEASE FORM:

The lease shall be based on the lease between Landlord's affiliate and Tenant for property in La Porte, IN with changes thereto per the terms of this letter.

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.

Landlord to provide any CCR's or other documents that may impact tenancy, if any.

PARKING:

Parking shall be provided in compliance with applicable law. If Tenant requests, Landlord shall endeavor to locate handicapped parking spaces adjacent to the Premises.

BUILDING SYSTEMS:

Landlord shall warrant that the portions of the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation that are constructed or installed as part of Landlord's Work shall be 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.

LANDLORD'S WORK:

Landlord shall deliver to the Premises the Minimum Base Building Improvements pursuant to the attached Exhibit B.

Landlord's Work includes pouring the floor slab of the Premises and work related thereto (the "Floor Slab Work"), but the parties agree that Landlord's Work shall be considered completed, for purposes of delivery of the Premises to Tenant, calculation of the rent commencement date and all other purposes of the Lease, when Landlord's Work (except for punch list work and excluding the Floor Slab Work) has been completed, and Landlord agrees to perform the Floor Slab Work promptly following receipt of written notice from Tenant that Tenant has completed all of the underground plumbing and other work that it intends to perform and desires that Landlord perform the Floor Slab Work.

Prior to construction start, Landlord and Tenant shall coordinate schedules to allow for underground work to not impact floor slab work timing and turnover.

Landlord will provide early access for tenant improvements with Tenant's construction team once the building slab is poured, under roof, and exterior walls are up, subject to such early access not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in Landlord's Work are found, prior to or during Tenant construction (which are not the fault of Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS:

Landlord will provide Tenant with a \$5.50/psf Tenant Improvement Allowance ("TIA") in lieu of Landlord Work installation of HVAC units. Tenant shall have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion and the right to select architectural and engineering firms, no supervision fees associated with construction, and no charges may be imposed by Landlord.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and at the commencement of each successive five-year option period.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the Premises to Tenant with Landlord's Work substantially completed (except for punch list work) by 280 days from the latest of lease execution, Tenant's waiver of CON contingency or Landlord's receipt of building permits for Landlord's Work (such 280 days date, as extended for any delays caused by force majeure, the "Penalty Delivery Date"), Tenant shall be entitled to receive one day of rent abatement for every day of delay beyond the Penalty Delivery Date that the Premises are not so delivered to Tenant.

HOLDING OVER:

Tenant shall be obligated to pay 150% of the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building signage at the Premises, subject to Landlord approval, which shall not be unreasonably withheld, and compliance with all applicable laws and regulations. Tenant will also be entitled to be identified on a pylon or monument sign at the Shopping Center, subject to payment to Landlord of a one-time \$3,500 fee and with the location and size of Tenant's panel on such pylon or monument sign TBD before lease execution.

BUILDING HOURS:

If permitted by applicable laws and codes, Tenant requires building hours of 24 hours a day, seven days a week.

SUBLEASE/ASSIGNMENT:

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

ROOF RIGHTS:

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

NON-COMPETE:

As provided in the LaPorte, IN lease: Landlord shall not sell, rent or permit any property owned, leased or controlled by Landlord or any affiliate of Landlord within the Shopping Center to be occupied or used by a business that derives more than ten percent (10%) of its revenues from renal dialysis. In the event the restriction in the preceding sentence is violated and Landlord has failed, after written notice of such violation from Tenant to Landlord, to promptly commence an action or proceeding (or arbitration, if applicable) against the violating owner, tenant or occupant or at any point in such action or proceeding (or arbitration, if applicable) fails to use commercially reasonable and good faith efforts to seek and obtain a temporary restraining order, preliminary injunction, permanent injunction or other court order or judgment enjoining or stopping such violation, then, in addition to all other rights at law and in equity, Tenant may, commencing upon such failure of prompt commencement or failure of such efforts, as applicable, and continuing thereafter while such violation is continuing, reduce the Base Rent to an amount equal to fifty percent (50%) of the scheduled Base Rent amount.

Tenant's use restriction rights as described above shall not apply to any existing lease of space in the Shopping Center or persons or entities claiming under any such existing lease.

HVAC:

In lieu of delivering HVAC units that meet Tenant's specifications, Landlord will provide a TIA as described above.

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause Landlord's Work to be performed 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 that, to the best of Landlord's knowledge, no environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, that violate applicable law exist with respect to the Premises and Landlord 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 October 3, 2017. 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 on or prior to October 3, 2017, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee per a separate agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

CONTINGENCIES:

This proposal is subject to Landlord securing and closing on the property and aforementioned premises. In the event Landlord or Tenant is not successful in obtaining all necessary zoning and use approvals for Tenant's intended initial use prior to Landlord's aforesaid closing on the property, Tenant shall have the right, but not the obligation, to terminate the lease by notice to Landlord delivered prior to Landlord's closing on the property.

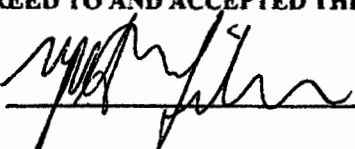
It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for consideration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

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:**8455 Woodward Ave
Woodridge, IL 60517**AGREED TO AND ACCEPTED THIS 14 DAY OF MARCH 2017By: **On behalf of Total Renal Care, Inc., a wholly owned subsidiary of
DaVita Inc.
("Tenant")**

AGREED TO AND ACCEPTED THIS ____ DAY OF MARCH 2017

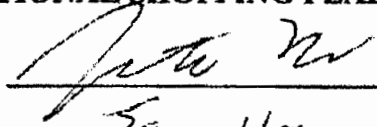
NATIONAL SHOPPING PLAZAS, INC., AS LEASING AGENTBy: NAME: San HarrisITS: VP**("Landlord")**

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

EXHIBIT B

DaVita.

OPTION 1 FOR NEW BUILDING V5.1
**[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT
MANAGER WITH RESPECT TO EACH CENTER PROJECT]**

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for 11.2 in California and other select States – see end of document
for changes to that section)

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

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

As outlined in various paragraphs below, Tenant shall provide the information to Landlord within two (2) weeks after lease signing:

- a. Confirmation/approval of Landlord's column locations (5.0 Structural);
- b. Utility locations (16.0 Utilities);
- c. Sewer stub invert (17.0 Plumbing);
- d. Electric power requirements (19.0 Electrical);
- e. Location of HVAC units/roof curbs (21.0 Mechanical/Heating..)
- f. Exhaust fan locations (21.0 Mechanical/Heating..)
- g. Entrance conduit locations (22.0 Telephone; 23.0 Cable)
- h. Number of stations to determine number of handicap spaces (24.0 Handicap Accessibility)

1.0 - Building Codes & Design *

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

Building design will follow DaVita Shell prototype design package – see attached exhibit.

2.0 - Zoning & Permitting

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

3.0 - Common Areas

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

4.0 Foundation and Floor

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

Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by code). Provide proper foundation drainage.

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

5.0 - Structural *

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

systems (Typical for flat roofs - minimum of four (4) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). Treatment room shall be column free.

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

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

6.0 - Exterior walls

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

7.0 - Demising walls *

All demising walls shall be a 1 or 2hr fire rated wall depending on local, state and/or regulatory (NFPA 101 - 2000) codes requirements whichever is more stringent. Walls will be installed per UL design and taped (Tenant shall be responsible for final finish preparation of gypsum board walls on Tenant side only). Tenant shall be responsible for the interior drywall finish of demising walls after Tenant's improvements are complete in the wall. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

8.0 - Roof Covering

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-25 insulation. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Landlord for the duration of the lease. Landlord to provide Tenant copy of material and labor roof warranty for record.

9.0 - Parapet *

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

10.0- Façade

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

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

Or

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

Or if required by local municipality

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

11.0 - Canopy *

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

12.0 - Waterproofing and Weatherproofing

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

13.0 - Windows

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

14.0 - Thermal Insulation

All exterior walls to have a vapor barrier and insulation that meets or exceeds the local and national energy codes. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of floor or ceiling deck. Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Insulation R value included in Section 8.0 Roof Covering.

15.0 - Exterior Doors

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

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

16.0 - Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant. Landlord is responsible for all tap/connection and impact fees for all utilities. All Utilities to be coordinated with Tenant's Architect. Landlord shall have contained within the building a common main room to accommodate the utility services which include, but not limited, to electrical, fire alarm, security alarm and fire riser if in a multi-tenant building.

17.0 - Plumbing

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

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

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation and/or approved by Tenant, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a

cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted. Landlord shall provide preliminary civil and architectural drawings for Tenant's approval and sign off.

Sanitary sampling manhole to be installed by Landlord if required by local municipality. Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

18.0 - Fire Suppression System *

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

19.0 - Electrical

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

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

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

Landlord to provide main Fire Alarm Control panel that serves the Tenant space and will have the capacity to accommodate devices in Tenant space based on Fire Alarm system approved by local authority having jurisdiction. If lease space is in a multi-tenant building then Landlord to provide Fire Alarm panel to accommodate all tenants and locate panel in a common room with conduit stub into Tenant space. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local

authority having jurisdiction. Tenant must utilize Landlord's fire alarm contractor to complete the fire alarm distribution/system. Landlord will provide contact information.

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

20.0 - Gas

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

21.0 - Mechanical /Heating Ventilation Air Conditioning *

Landlord will provide Tenant with a \$5.50/psf Tenant Improvement Allowance ("TIA") in lieu of Landlord Work installation of HVAC units. Tenant will be responsible for the design, procurement and installation of the HVAC system consistent with the following specifications:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Equipment to be Lennox RTU's • Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads. • RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor. • System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-out • All ductwork to be externally lined except for the drops from the units. • Provide 100% enthalpy economizer | <ul style="list-style-type: none"> • Units to include Power Exhaust • Control system must be capable of performing all items outlined in the Sequence of Operations specification section • RTU controller shall be compatible with a Building Management System using BACnet communication protocol. • Provide high efficiency inverter rated non-overloading motors • Provide 18" curbs, 36" in Northern areas with significant snow fall • Units to have disconnect and service outlet at unit • Units will include motorized dampers for OA, RA & EA • System shall be capable of providing 55deg supply air temperature when it is in the cooling mode |
|---|---|

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof

framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenant's design criteria and local and state codes.

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

22.0 - Telephone

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

23.0 - Cable TV

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

Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate and grant "right of access" with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.

24.0 - Handicap Accessibility *

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

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

25.0 - Exiting

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

26.0 - Site Development Scope of Requirements

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

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

27.0 - Refuse Enclosure *

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

28.0 - Generator

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

29.0 - Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant power panel. Location of pole fixtures per Landlord civil plan to maximize illumination coverage across site. Parking lot lighting to include timer (to be programmed per Tenant hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Landlord house panel (if in a Multi-tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

30.0 - Exterior Building Lighting

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

31.0 - Parking Lot

Provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete curbs.

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

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

32.0 - Site Signage

Landlord shall install a pylon or monument sign at a Tenant cost of \$3,500. Final sign layout to be provided and approved by Tenant and City.

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement was previously provided, and DMG's most recent audited financials were previously provided in Project 16-028, evidencing sufficient internal resources to fund the project.

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

Attached at Attachment – 37A is a letter from the applicants 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 Inc.

Secretary, Total Renal Care, Inc., Managing Member of Perryton Dialysis, LLC

Subscribed and sworn to me

This ____ day of _____, 2017

See Attached

Notary Public

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

State of California

County of Los Angeles

On March 24, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

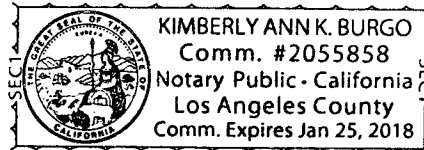
personally appeared *** Arturo Sida ***

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 - Reasonableness of Financing (Perryton Dialysis, LLC / Total Renal Care, Inc.)

Document Date: March 24, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Perryton Dialysis, LLC / Total Renal Care, Inc.

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,

Dennis Fine

Print Name: Dennis Fine

Its: COO

DuPage Medical Group Ltd.

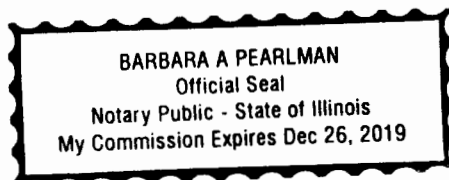
Perryton Dialysis, LLC

Subscribed and sworn to me

This 14th day of March, 2017

Barbara A. Pearlman

Notary Public



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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
CLINICAL									
ESRD	\$204.88		6,858				\$1,405,039		\$1,405,039
Contingency	\$16.04		6,858				\$110,000		\$110,000
TOTAL CLINICAL	\$220.92		6,858				\$1,515,039		\$1,515,039
NON- CLINICAL									
ESRD									
Contingency									
TOTAL NON- CLINICAL									
TOTAL	\$220.92		6,858				\$1,515,039		\$1,515,039

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts & Contingencies	\$1,515,039	\$278.19 x 6,858 GSF =\$1,907,827	Meets State Standard
Contingencies	\$110,000	10% of New Construction Contracts 10% x \$1,405,039 = \$140,503	Meets State Standard
Architectural/Engineering Fees	\$108,867	6.53% - 9.81% of New Construction Contracts + Contingencies) = 6.53% - 9.81% x (\$1,405,039 + \$110,000) = 6.53% - 9.81% x	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		\$1,515,039 = \$98,932 - \$148,625	
Consulting and Other Fees	\$70,902	No State Standard	No State Standard
Moveable Equipment	\$532,295	\$53,682.74 per station x 12 stations \$53,682.74 x 12= \$644,192	Below State Standard
Fair Market Value of Leased Space or Equipment	\$1,865,273	No State Standard	No State Standard

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

Operating Expenses: \$2,437,336

Treatments: 9,516

Operating Expense per Treatment: \$256.13

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

Capital Costs:

Depreciation:	\$196,700
Amortization:	\$ 8.988
Total Capital Costs:	\$205,688

Treatments: 9,516

Capital Costs per Treatment: \$21.62

Section XI. Safety Net Impact Statement

1. **DaVita, Inc.:** DaVita 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.

DuPage Medical Group, Ltd.: DuPage Medical Group is actively involved in philanthropy and community service as a way of giving back to the community in which it operates. As part of this effort, DMG established the DuPage Medical Group Charitable Fund in partnership with the DuPage Foundation. Providing a coordinated approach for combining the efforts of its physicians, care providers and staff into a single force. The DuPage Medical Group Charitable Fund, which operates as a donor-advised fund under the umbrella of the DuPage Foundation's status as a 501(c)(3) public charity, seeks to make a significant impact within the communities DMG serves by combining impactful financial support with hands-on volunteerism.

The Fund seeks out community and health partners that serve those in need. In March, 2016 DMG reached \$1 million in grants to the community. In addition to providing some financial support to area organizations, the Charitable Fund provides in-kind donations, such as food, toys, coats and books. Volunteer service is also a key component of DMG's giving. Its financial contributions are extended by physicians and staff taking a hands-on role in helping these organizations. The Charitable Fund has also focused on magnifying its impact through volunteer service. Earlier this year DMG was honored with the Governor's Volunteer Service Award for Outstanding Business Volunteer Engagement for its work with People's Resource Center and DuPage Habitat for Humanity. Some of the community healthcare and wellness initiatives supported by the Fund include:

- DuPage Health Coalition- healthcare subsidies for the underinsured
- FORWARD - childhood obesity prevention
- LivingWell Cancer Resource Center- free cancer support services for patients and families
- NAMI DuPage- support for urgent mental health care needs in the community
- Robert Crown Centers for Health Education - heroin awareness programs; drug prevention
- SEASPAR - Support for Commit to Be Fit program for individuals with disabilities
- Teen Parent Connection - peer pregnancy prevention and education
- VNA Healthcare -demonstration kitchen for diabetes education
- Wellness House for Living with Cancer- free cancer support services for patients and families
- World Relief Aurora/DuPage - supporting medical assistance for refugees/immigrants

It should also be noted, that as a for-profit organization, DMG does not have an obligation to provide charity care or charitable contributions. However, DMG recognizes an importance to providing care to entire community. This is demonstrated not only by the charitable financial donations described above, but also through its physician owners.

Due to its for-profit status, DMG does not individually track the pro bono and charity care provided by all of its physicians, independent of their job description as a member of DMG. However, DMG

continually employs physicians with a track record of dedication to providing charitable care and volunteer work within the community. As an organization driven by physicians, DMG allows its members to determine their own best method for contributing their time and resources to the communities they serve.

DuPage Medical Group is focused on providing quality and cost efficient medical care to DuPage County. DMG is a founding member of Illinois Health Partners, the 14th largest accountable care organization in the nation. DMG accounts for nearly 50% of the patients served by Illinois Health Partners, which is comprised of DMG and with 24 other organizations. According to 2015 data released by CMS, Illinois Health Partners maintained the lowest cost of care per beneficiary for any ACO in the Chicagoland area at \$8,847.

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 ICHD facilities operating for over 2 years and within 30 minutes of the proposed Rutgers Park Dialysis is 71.6%. There are 3,529 patients within DMG's practice suffering from CKD. 155 CKD patients reside within 15 minutes of the proposed site for Rutgers Park Dialysis. At least 61 of these patients will be expected to commence dialysis treatment at the proposed Rutgers Park Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at an optimum capacity, while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the establishment of a new facility. 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 – DaVita, Inc.			
	2014	2015	2016
Charity (# of patients)	146	109	110
Charity (cost in dollars)	\$2,477,363	\$2,791,566	\$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	\$8,603,971	\$7,381,390	\$4,692,716

Safety Net Information per PA 96-0031			
CHARITY CARE – DuPage Medical Group, Ltd.			
	2014	2015	2016
Charity (# of patients)*	N/A	N/A	N/A
Charity (cost in dollars)	\$2,477,363	\$2,791,566	\$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	10,173	6,031	15,576
Medicaid (revenue)	\$15,448,601	\$7,460,880	\$24,144,514

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 – DaVita, Inc.			
	2014	2015	2016
Net Patient Revenue	\$266,319,949	\$311,351,089	\$353,226,322
Amount of Charity Care (charges)	\$2,477,363	\$2,791,566	\$2,400,299
Cost of Charity Care	\$2,477,363	\$2,791,566	\$2,400,299

The table below contain the relevant charity care information for DuPage Medical Group, Ltd., which reports charity care on a consolidated basis. Therefore, the information in the table below is for DuPage Medical Group, Ltd. as a whole:

CHARITY CARE – DuPage Medical Group, Ltd.			
	2014	2015	2016
Net Patient Revenue	\$499,840,100	\$549,085,946	\$704,822,746
Amount of Charity Care (Charges)	\$1,364,071	\$768,236	\$982,252
Cost of Charity Care	\$1,364,071	\$768,236	\$982,252
Ratio	0.27%	0.14%	0.14%

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the letter from DuPage Medical Group's nephrologists projecting that 61 pre-ESRD patients will progress to ESRD and require dialysis treatment at Rutgers Park Dialysis within 12 to 24 months of project completion.

March 24, 2017

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

Dear Chair Olson,

On behalf of DuPage Medical Group, Ltd. ("DMG"), specifically Drs. Barakat, Delaney, Mataria, Rawal, Samad, and Shah, I am writing this letter in support of the Certificate of Need ("CON") application for the proposed Rutgers Park Dialysis facility, located at 8455 Woodward Avenue, Woodridge, IL, 60517. The proposed facility will directly benefit our patients and improve access to dialysis services within the community for our growing practice.

Based on our records, we treated 60 end stage renal disease ("ESRD") patients in 2013, 65 ESRD patients in 2014, 107 ESRD patients in 2015, and 105 ESRD patients in 2016. (See Attachment 1). We referred 37 new patients for in-center hemodialysis in 2015 and 31 new patients in 2016. (See Attachment 2). We anticipate that 5 to 10% of our existing hemodialysis patients will no longer require dialysis within one year due to a change in their health status.

The above historical patterns primarily represent Drs. Barakat, Mataria, and Samad. Drs. Delaney, Rawal, and Shah have only recently started practicing and treating patients living within 30 minutes of the proposed facility. As such, it is anticipated that the historical patient referral volumes will be proportionately higher as the patient base grows around Drs. Delaney, Rawal, and Shah.

Based on our records, there are 3,529 pre-ESRD patients of DMG who currently have Chronic Kidney Disease ("CKD") Stage 3, 4, or 5. We conservatively estimate that at least 61 patients who live within 5 surrounding zip codes will be treated by our practice, develop end stage renal disease, and require dialysis within the first 12 to 24 months following the proposed project's completion. We anticipate referring these 61 patients to the proposed Rutgers Park Dialysis facility within the first two years following project completion. (See Attachment 3).

In addition, utilization of dialysis facilities that have been operational for 2 years and located within 30 minutes of the proposed facility are at 71.62%, according to the December 31, 2016 census data.

The large CKD population identified within DuPage Medical Group, Ltd.'s current patient base, the expected referral patterns for these patients, the significant utilization of nearby facilities, and the organic growth of the nephrology practice's patient population through our new physicians all demonstrate a considerable need and demand for the Rutgers Park Dialysis facility.

We respectfully request the Board approve the Rutgers Park Dialysis CON application so that the facility can provide In-Center Hemodialysis services for the ESRD population in the community. Thank you for your consideration.

CERTIFICATION

I hereby attest that, to the best of my knowledge, all the information in this letter is true and correct and that these patient referrals have not been used to support another pending or approved CON application.

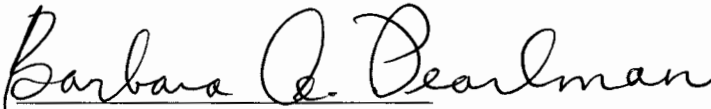
Sincerely,



Mohamad B. Barakat, M.D.
Nephrologist, DuPage Medical Group
1100 W. 31st Street, Suite 300, Downers Grove, IL 60515

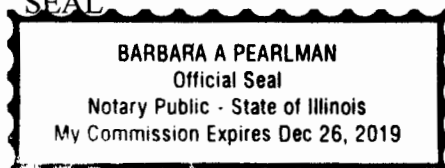
Notarization:

Subscribed and sworn to me this 14th day of March, 2017.



Signature of Notary

SEAL



Attachment 1
Historical Patient Utilization

Mount Greenwood Dialysis							
2013		2014		2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60178	1	60406	2	65803	1	60628	15
60406	2	60409	1	60628	9	60406	7
60409	1	60419	1	60406	5	60472	2
60419	1	60453	3	60472	1	60643	14
60453	3	60459	1	60643	13	60803	3
60455	1	60469	1	60419	2	60636	3
60459	1	60477	1	60453	3	60655	1
60477	1	60617	1	67207	1	60805	1
60619	1	60619	1	60655	1	60617	1
60620	3	60620	3	60619	1	60620	3
60628	17	60628	17	60615	1	60453	5
60636	1	60636	1	60636	3	60827	2
60643	11	60643	14	60827	1	60478	1
60655	2	60655	1	60805	1	60419	1
60803	4	60803	4	60617	2	60619	3
60805	2	60805	2	60803	3	60652	1
				60620	3		
				60478	1		
				60659	1		

Attachment 1

Historical Patient Utilization

Hazel Crest Renal Center							
2013		2014		2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60628	1	60409	1

Attachment 1

Historical Patient Utilization

Olympia Fields Dialysis							
2013		2014		2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60441	1	60426	1	60429	1	60471	1
60443	1	60449	1	60447	1	60447	1
				60471	1	60429	1
				60827	1	60443	1
						60827	1

Attachment 1

Historical Patient Utilization

Palos Park Dialysis							
2013		2014		2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60415	1	60451	1	60462	3
60462	2	60451	1	60455	1	60451	1
60465	1	60455	1	60458	1	60453	1
		60458	1	60462	2	60467	1
		60462	3	60480	1		
				60487	1		
				60655	1		

Attachment 1

Historical Patient Utilization

Stony Creek Dialysis							
2013		2014		2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60459	1	60453	2	60453	1	60459	3
60643	1	60455	1	60455	1	60411	1
		60643	1	60459	2	60482	1
				60628	1	60453	1
				60636	1	60636	1
						60455	2

Attachment 1

Historical Patient Utilization

Fresenius Kidney Care Alsip			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60406	2	60406	1
60445	1	60445	1
60452	1	60463	1
60453	1	60475	1
60463	1		
60466	1		
60478	1		
60643	2		
60827	2		

Attachment 1

Historical Patient Utilization

Fresenius Blue Island			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60406	3	60406	2
60472	1	60406	1
60628	3	60463	1
60643	1	60620	1
60827	2		

Attachment 1

Historical Patient Utilization

Fresenius Burbank			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60453	1	60426	1
60458	1	60450	1
60459	1	60459	1
60609	1	60501	1
60620	1	60620	1
60628	1	60632	1
60638	1	60652	1
60643	1	60827	1
60652	1		

Attachment 1

Historical Patient Utilization

Fresenius Mokena			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60463	1		
60487	1		

Attachment 1

Historical Patient Utilization

Kidney and Hypertension Associates			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60463	1	60477	1
60620	1		
60643	1		

Attachment 1

Historical Patient Utilization

Fresenius Orland Park			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
		60477	1

Attachment 2
New Patient Referrals

Mount Greenwood Dialysis			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60406	2	60628	4
60472	1	60406	4
60643	6	60636	1
60628	3	60803	1
60419	2	60827	1
60453	1	60478	1
60615	1	60643	2
60636	2	60455	1
60827	1	60651	1
60617	1	60477	1
60620	2	60619	1
60478	1		

Attachment 2
New Patient Referrals

Hazel Crest Renal Center			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60628	1	60409	1
60478	1		

Attachment 2

New Patient Referrals

Olympia Fields Dialysis			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60429	1	60443	1
60447	1		
60471	1		
60827	1		

Attachment 2

New Patient Referrals

Palos Park Dialysis			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60462	1	60467	2
60480	1	60462	1
60487	1	60478	1
60665	1		

Attachment 2

New Patient Referrals

Stony Creek Dialysis			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
60459	2	60459	2
60628	1	60411	1
60636	1	60482	1
		60455	1

Attachment 2

New Patient Referrals

Renal Center New Lenox			
2015		2016	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60441	1
		60449	1

Attachment 3

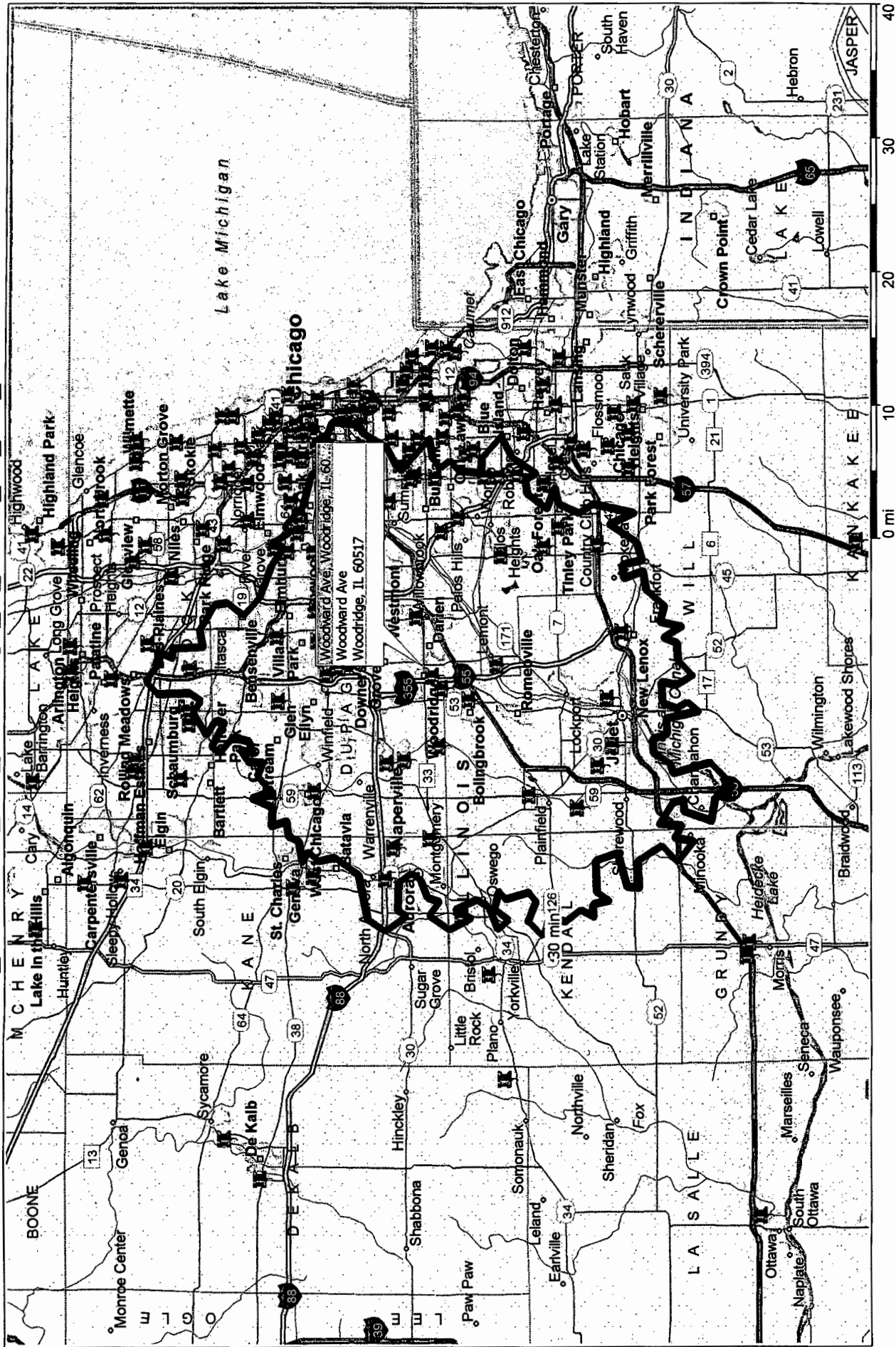
Projected Patient Referrals

Zip Code	Pre-ESRD Patients
60517	27
60516	12
60561	10
60565	11
Total	61

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.

8455_Woodward_Ave_Woodridge_IL_60517_30_Min_GSA



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 rights reserved.

YOUR TRIP TO:

8455 Woodward Ave

mapquest

26 MIN | 13.9 MI 

Est. fuel cost: \$1.28

Trip time based on traffic conditions as of 1:20 PM on February 27, 2017. Current Traffic: Heavy

Fox Valley Dialysis Center to Woodridge



1. Start out going **east** on Waterford Dr toward Walcott Rd.

Then 0.17 miles

0.17 total r



2. Turn **left** onto Ogden Ave/US-34 E.

Ogden Ave is just past Walcott Rd.

If you reach Kautz Rd you've gone about 0.1 miles too far.

Then 2.40 miles

2.57 total r



3. Turn **right** onto 75th St/County Hwy-33. Continue to follow 75th St.

75th St is 0.1 miles past Meadow Lakes Blvd.

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

Then 10.02 miles

12.59 total r



4. Turn **right** onto Woodward Ave.

Woodward Ave is 0.4 miles past Janes Ave.

Then 1.27 miles

13.87 total r



5. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of u

YOUR TRIP TO:

8455 Woodward Ave

24 MIN | 21.2 MI **Est. fuel cost: \$1.42**

Trip time based on traffic conditions as of 1:23 PM on February 27, 2017. Current Traffic: Light

FMC Aurora Dialysis Center to Woodridge

**1. Start out going east on Mercy Ln.**

Then 0.05 miles

0.05 total r

**2. Go straight.**

Then 0.04 miles

0.08 total r

**3. Turn left.**

Then 0.12 miles

0.20 total r

**4. Turn right.**

Then 0.14 miles

0.34 total r

**5. Turn right.**

Then 0.02 miles

0.36 total r

**6. Turn left onto N Lake St/IL-31. Continue to follow IL-31.**

Then 0.44 miles

0.80 total r

**7. Take I-88 E/Chicago-Kansas City Expressway E/Ronald Reagan Memorial Tollway E (Portions toll).***I-88 E is 0.1 miles past Lovedale Ln.*

Then 0.95 miles

1.75 total r

**8. Keep left to take I-88 E/Chicago-Kansas City Expressway E/Ronald Reagan Memorial Tollway E toward I-PASS ONLY (Portions toll) (Electronic toll collection only).**

Then 13.25 miles

15.00 total r



9. Merge onto I-355 S/Veterans Memorial Tollway S toward Joliet (Portions toll).

Then 4.19 miles

19.20 total r



10. Take the 75th St exit.

Then 0.42 miles

19.62 total r



11. Keep left to take the ramp toward Darien.

Then 0.02 miles

19.64 total r



12. Turn left onto 75th St.

Then 0.28 miles

19.92 total r



13. Turn right onto Woodward Ave.

Then 1.27 miles

21.19 total r



14. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:



8455 Woodward Ave

21 MIN | 19.3 MI **Est. fuel cost: \$1.81**

Trip time based on traffic conditions as of 1:24 PM on February 27, 2017. Current Traffic: Light

FMC East Aurora to Woodridge

1. Start out going **north** on N Farnsworth Ave toward Sheffer Rd.

Then 1.36 miles

1.36 total r

2. Merge onto I-88 E/Chicago-Kansas City Expressway E/Ronald Reagan Memorial Tollway E toward **Chicago** (Portions toll).

Then 11.74 miles

13.11 total r

3. Merge onto I-355 S/Veterans Memorial Tollway S toward **Joliet** (Portions toll).

Then 4.19 miles

17.30 total r

4. Take the **75th St** exit.

Then 0.42 miles

17.72 total r

5. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

17.74 total r

6. Turn **left** onto 75th St.

Then 0.28 miles

18.02 total r

7. Turn **right** onto Woodward Ave.

Then 1.27 miles

19.30 total r

8. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **left**.*Your destination is 0.2 miles past 83rd St.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of u

YOUR TRIP TO:

8455 Woodward Ave

25 MIN | 18.4 MI 

Est. fuel cost: \$1.65

Trip time based on traffic conditions as of 1:26 PM on February 27, 2017. Current Traffic: Light

FMC Plainfield to Woodridge

mapquest



1. Start out going **north** on Michas Dr toward Caton Farm Rd/County Hwy-5.

Then 0.05 miles

0.05 total r



2. Take the 1st **right** onto Caton Farm Rd/County Hwy-5.

Then 1.98 miles

2.03 total r



3. Turn **left** onto W Frontage Rd.

W Frontage Rd is 0.1 miles past Oak Tree Ln.

If you are on Caton Farm Rd and reach Von Esch Rd you've gone about 0.2 miles too far.

Then 1.73 miles

3.75 total r



4. Turn **right** onto W Lincoln Hwy/US-30 E. Continue to follow US-30 E.

If you reach the end of S McAllister Rd you've gone a little too far.

Then 0.41 miles

4.17 total r



5. Merge onto I-55 N via the ramp on the **left** toward Chicago.

Then 11.08 miles

15.24 total r



6. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 269 toward **Northwest Suburbs** (Portions toll).

Then 2.12 miles

17.36 total r



7. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

17.90 total r



8. E Boughton Rd becomes 87th St.

Then 0.14 miles

18.04 total r



9. Turn left onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

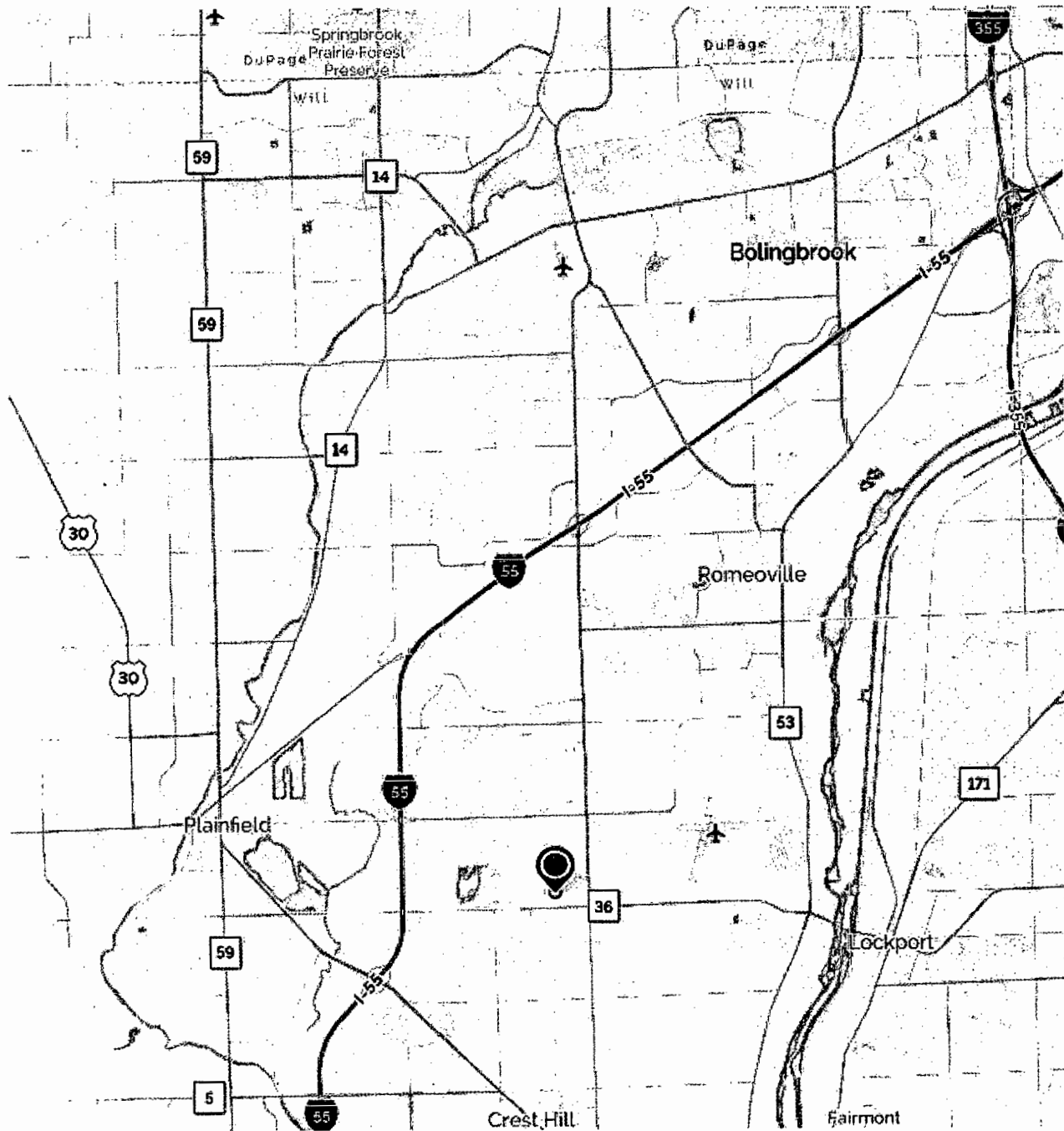
18.40 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave

mapquest

24 MIN | 17.7 MI 

Est. fuel cost: \$1.65

Trip time based on traffic conditions as of 1:28 PM on February 27, 2017. Current Traffic: Light

Renal Center West Joliet to Woodridge



1. Start out going **north** on Essington Rd toward Ingalls Ave.

Then 2.23 miles

2.23 total r



2. Turn **right** onto Hennepin Dr.

If you are on Essington Rd and reach Ring Rd you've gone a little too far.

Then 0.40 miles

2.63 total r



3. Turn **left** onto Plainfield Rd/US-30 W.

If you reach 16th St you've gone about 0.4 miles too far.

Then 0.80 miles

3.43 total r



4. Merge onto I-55 N toward **Chicago**.

If you are on W Lincoln Hwy and reach W Frontage Rd you've gone about 0.4 miles too far.

Then 11.07 miles

14.49 total r



5. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 269 toward **Northwest Suburbs** (Portions toll).

Then 2.12 miles

16.61 total r



6. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

17.15 total r



7. E Boughton Rd becomes 87th St.

Then 0.14 miles

17.29 total r



8. Turn left onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

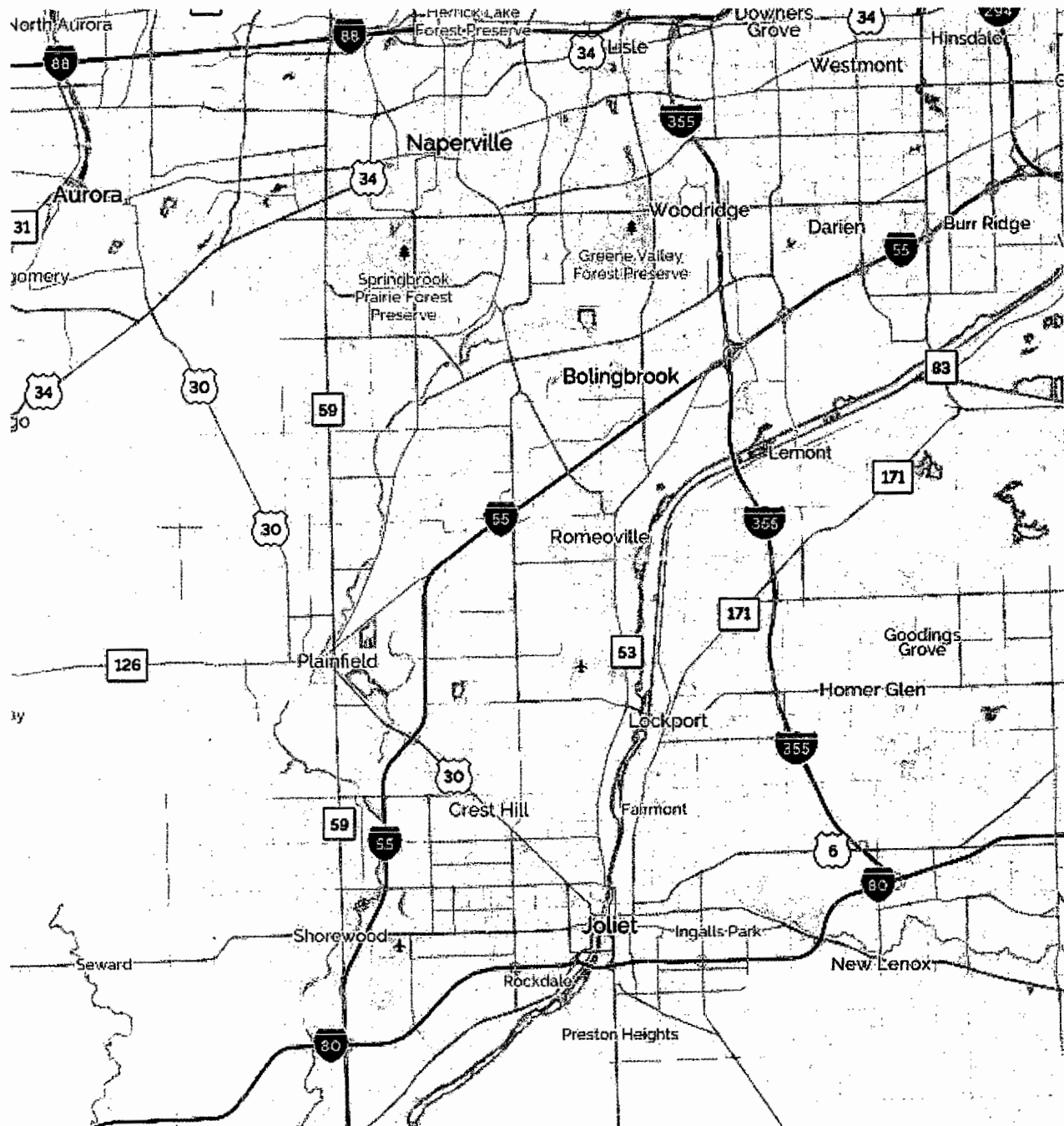
17.65 total



9. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave

19 MIN | 13.7 MI 

Est. fuel cost: \$1.23

Trip time based on traffic conditions as of 1:30 PM on February 27, 2017. Current Traffic: Light

FMC Plainfield North to Woodridge



1. Start out going **east** on W Riverwalk Ct toward S Route 59/US-30 E/IL-59.

Then 0.03 miles

0.03 total r



2. Take the 1st **right** onto S Route 59/US-30 E/IL-59.

Then 0.47 miles

0.50 total r



3. Turn **left** onto W Main St/IL-126.

W Main St is 0.1 miles past S Naperville Rd.

If you are on N Division St and reach W Oak St you've gone about 0.1 miles too far.

Then 3.04 miles

3.54 total r



4. Stay **straight** to go onto I-55 N.

Then 7.03 miles

10.57 total r



5. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 289 toward **Northwest Suburbs** (Portions toll).

Then 2.12 miles

12.69 total r



6. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

13.23 total r



7. E Boughton Rd becomes 87th St.

Then 0.14 miles

13.37 total r



8. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

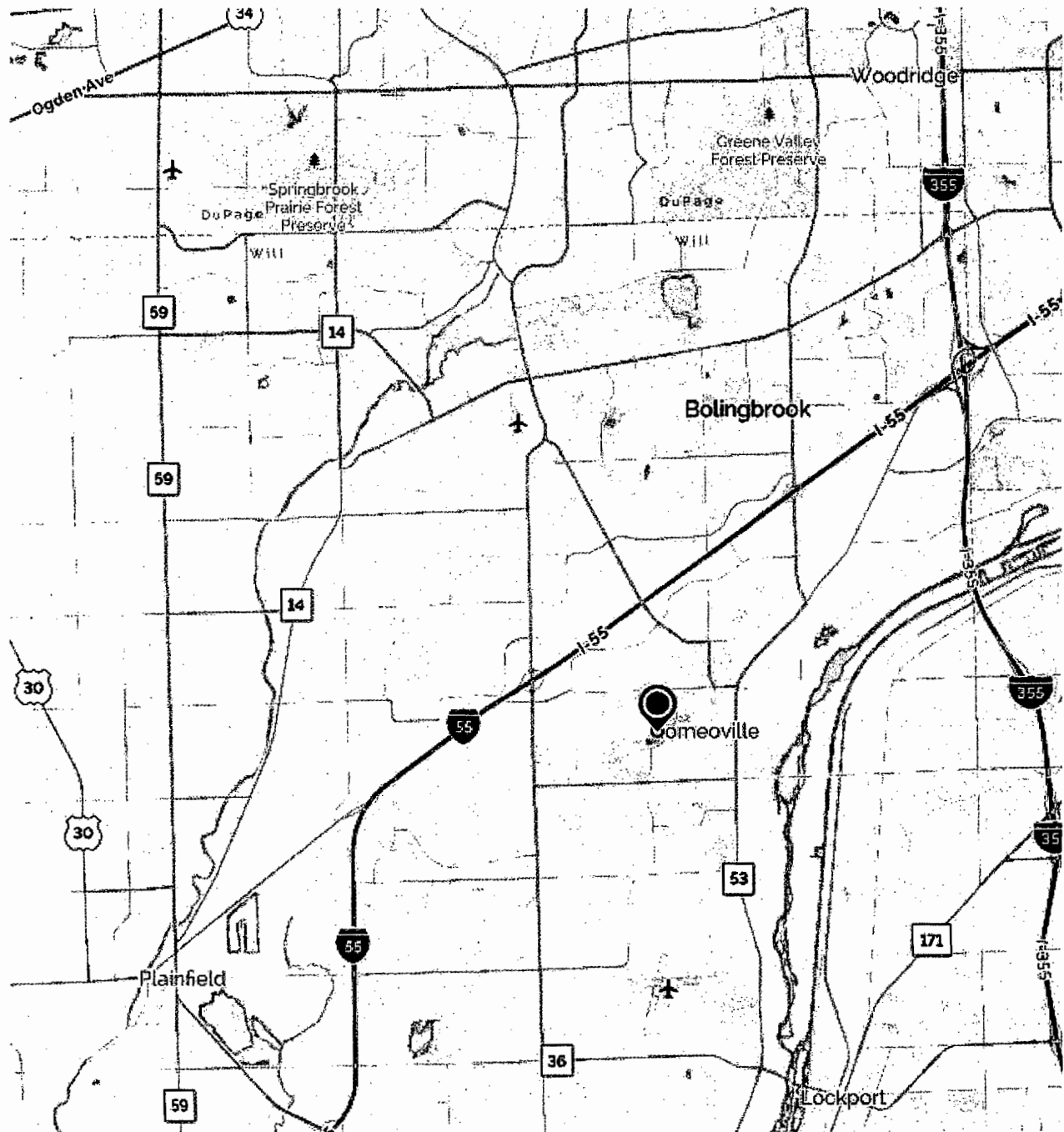
13.73 total r



9. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave

mapquest

26 MIN | 22.0 MI 

Est. fuel cost: \$1.48

Trip time based on traffic conditions as of 1:31 PM on February 27, 2017. Current Traffic: Light

Sun Health to Woodridge



1. Start out going **east** on Oneida St toward N Hammes Ave.

Then 0.02 miles

0.02 total r



2. Take the 1st **right** onto N Hammes Ave.

If you reach N Larkin Ave you've gone about 0.3 miles too far.

Then 0.18 miles

0.20 total r



3. Take the 1st **right** onto W Jefferson St/US-52 W.

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

Then 2.94 miles

3.14 total r



4. Merge onto I-55 N toward **Chicago**.

If you are on E Jefferson St and reach NW Frontage Rd you've gone about 0.1 miles too far.

Then 15.67 miles

18.80 total r



5. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 269 toward **Northwest Suburbs** (Portions toll).

Then 2.12 miles

20.92 total r



6. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

21.46 total r



7. E Boughton Rd becomes 87th St.

Then 0.14 miles

21.60 total r



8. Turn left onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

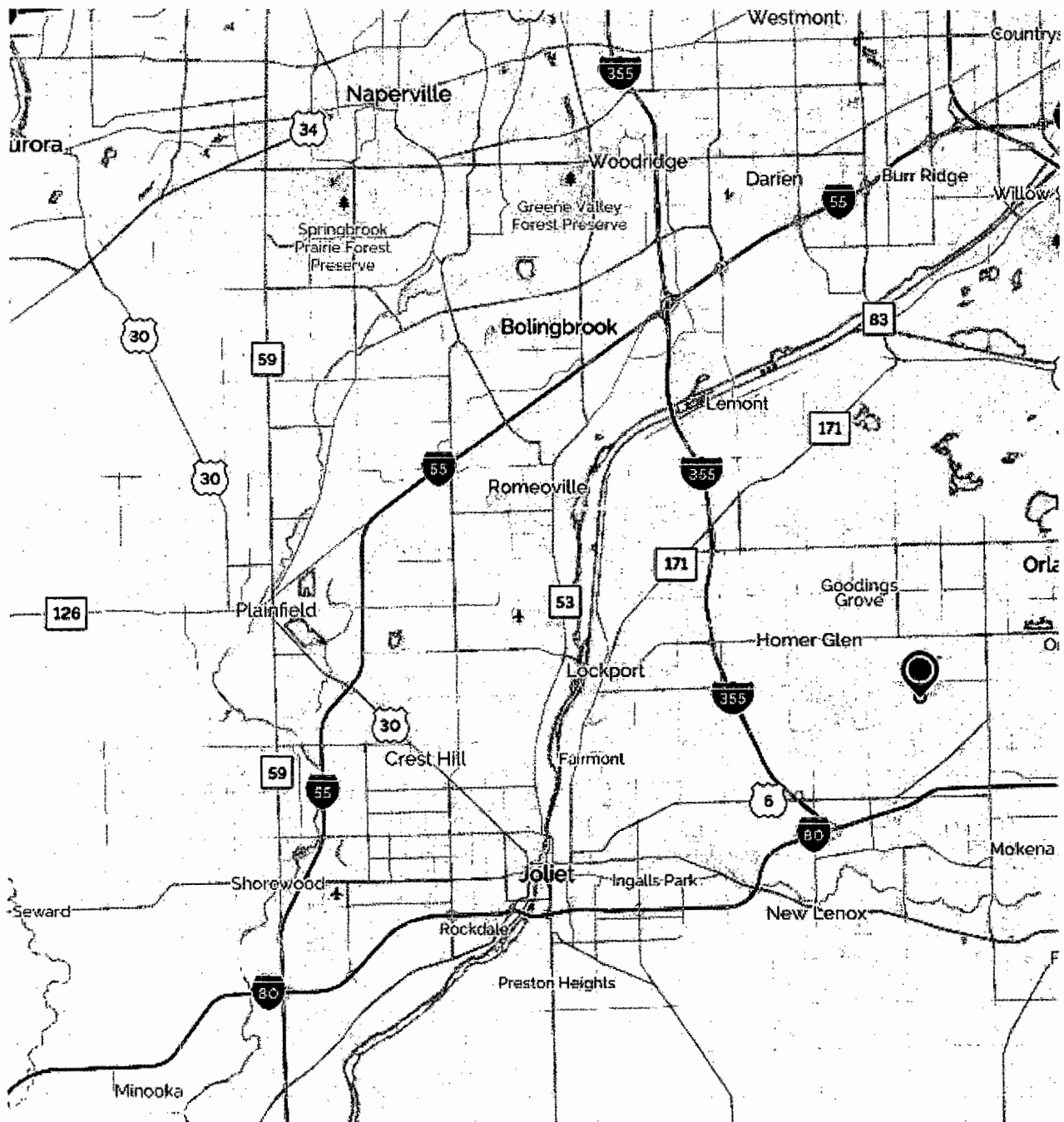
21.96 total-r



9. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of u



YOUR TRIP TO:

8455 Woodward Ave



19 MIN | 9.5 MI

Est. fuel cost: \$0.90

Trip time based on traffic conditions as of 1:33 PM on February 27, 2017. Current Traffic: Moderate

FMC Naperville North to Woodridge



1. Start out going **east** on W 5th Ave toward N Mill St.

Then 0.07 miles

0.07 total r



2. Turn **right** onto N Mill St.

Then 0.54 miles

0.61 total r



3. Turn **left** onto W Jefferson Ave.

W Jefferson Ave is 0.1 miles past W Benton Ave.

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

Then 0.35 miles

0.96 total r



4. Turn **right** onto S Washington St.

S Washington St is just past S Main St.

If you are on E Jefferson Ave and reach Court Pl you've gone about 0.1 miles too far.

Then 2.19 miles

3.15 total r



5. Turn **left** onto 75th St.

75th St is 0.1 miles past Hobson Rd.

If you reach Bunting Ln you've gone about 0.1 miles too far.

Then 5.10 miles

8.26 total r



6. Turn **right** onto Woodward Ave.

Woodward Ave is 0.4 miles past Janes Ave.

Then 1.27 miles

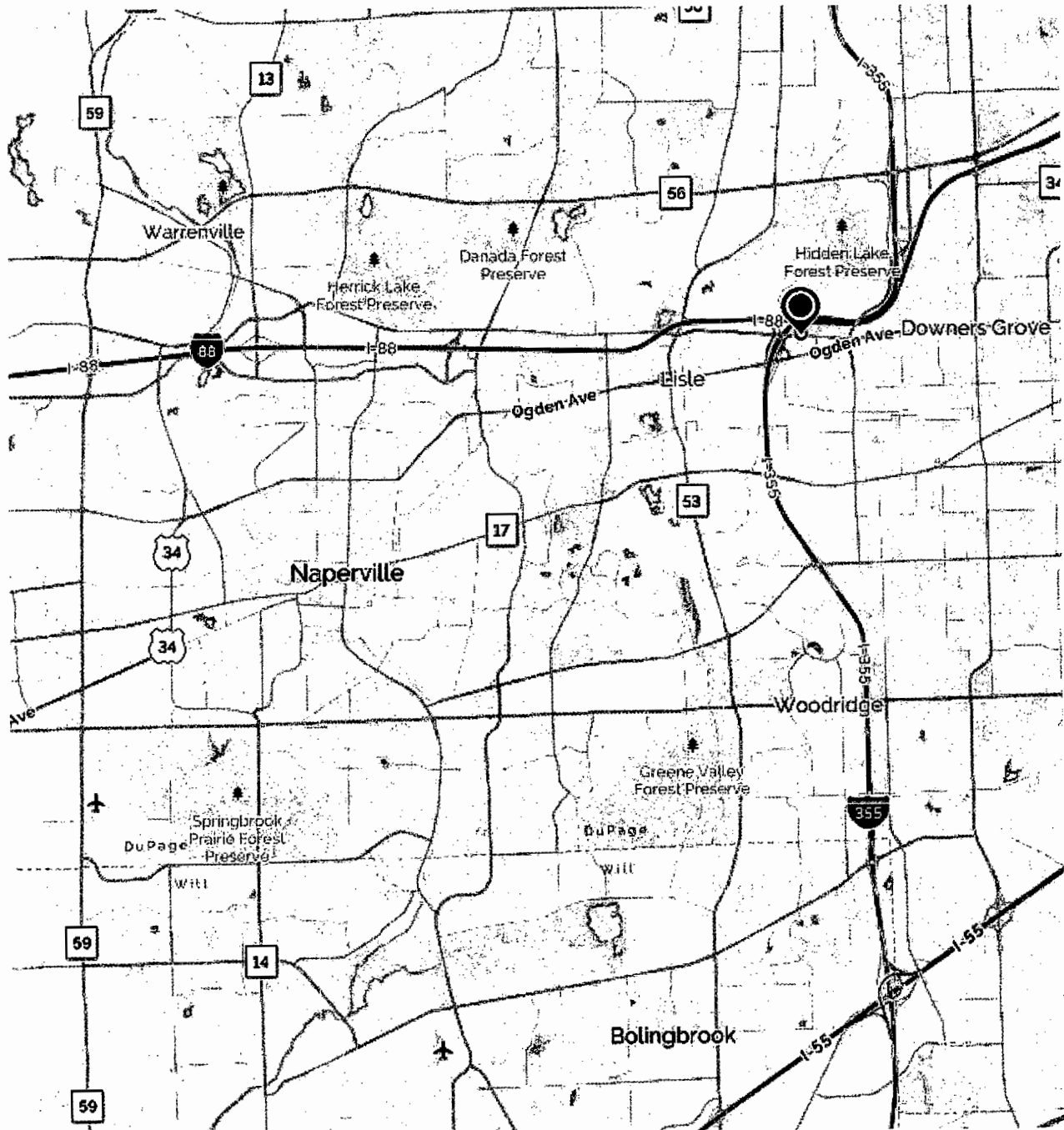
9.53 total r



7. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

15 MIN | 7.1 MI 

Est. fuel cost: \$0.67

Trip time based on traffic conditions as of 1:34 PM on February 27, 2017. Current Traffic: Heavy

FMC Naperbrook to Woodridge



1. Start out going **southeast** on S Washington St toward Oak Bluff Ct.

Then 1.03 miles

1.03 total r



2. S Washington St becomes N Weber Rd.

Then 0.34 miles

1.37 total r



3. Turn **left** onto W Boughton Rd.

If you reach Jennifer Ln you've gone about 0.1 miles too far.

Then 5.27 miles

6.65 total r



4. W Boughton Rd becomes 87th St.

Then 0.14 miles

6.79 total r



5. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

7.15 total r



6. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **right**.

If you reach 83rd St you've gone about 0.2 miles too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of t

YOUR TRIP TO:

8455 Woodward Ave

26 MIN | 19.0 MI 

Est. fuel cost: \$1.79

Trip time based on traffic conditions as of 1:37 PM on February 27, 2017. Current Traffic: Moderate



FMC Joliet to Woodridge



1. Start out going **east** on E Jackson St/US-6 E toward Ridgewood Ave. Continue to follow US-6 E.

Then 5.00 miles

5.00 total r



2. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll).

Then 12.93 miles

17.93 total r



3. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

18.47 total r



4. E Boughton Rd becomes 87th St.

Then 0.14 miles

18.61 total r



5. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

18.97 total r



6. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of u

YOUR TRIP TO:

8455 Woodward Ave

8 MIN | 5.8 MI 

Est. fuel cost: \$0.55

Trip time based on traffic conditions as of 1:38 PM on February 27, 2017. Current Traffic: Light

FMC Lemont to Woodridge



1. Start out going **west** on W 127th St toward Timberline Dr.

Then 0.17 miles

0.17 total r



2. Merge onto I-355 N/Veterans Memorial Tollway N toward **Northwest Suburbs**
(Portions toll).

Then 4.64 miles

4.81 total r



3. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

5.35 total r



4. E Boughton Rd becomes 87th St.

Then 0.14 miles

5.49 total r



5. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

5.85 total r



6. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is
on the **right**.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave



20 MIN | 15.0 MI

Est. fuel cost: \$1.43

Trip time based on traffic conditions as of 1:39 PM on February 27, 2017. Current Traffic: Moderate

Renal Center New Lenox to Woodridge



1. Start out going **north**.

Then 0.08 miles

0.08 total r



2. Turn **left**.

Then 0.04 miles

0.13 total r



3. Take the 1st **right** onto Silver Cross Blvd.

Then 0.06 miles

0.19 total r



4. Turn **right** onto Maple Rd/US-6 E.

Maple Rd is just past Clinton St.

Then 0.86 miles

1.04 total r



5. Merge onto I-355 N/Veterans Memorial Tollway N via the ramp on the **left** toward **West Suburbs** (Portions toll).

Then 12.93 miles

13.97 total r



6. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

14.51 total r



7. E Boughton Rd becomes 87th St.

Then 0.14 miles

14.65 total r



8. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

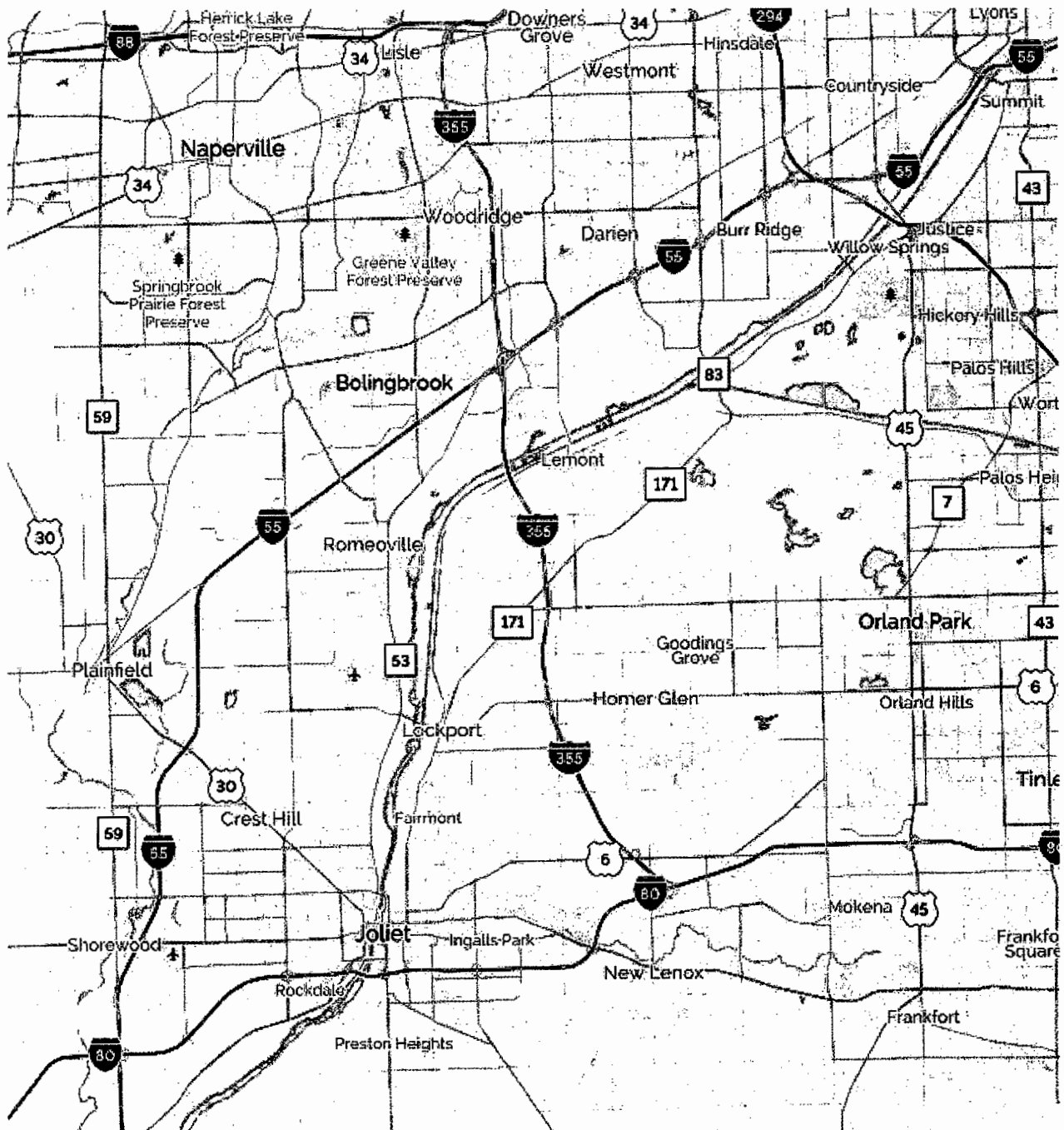
15.01 total r



9. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave

11 MIN | 5.9 MI 

Est. fuel cost: \$0.55

Trip time based on traffic conditions as of 1:41 PM on February 27, 2017. Current Traffic: Light

USRC Bolingbrook to Woodridge



1. Start out going **southeast**.

Then 0.03 miles

0.03 total r



2. Turn **left**.

Then 0.08 miles

0.11 total r



3. Turn **slight right**.

Then 0.04 miles

0.15 total r



4. Turn **left** onto Remington Blvd.

Then 0.85 miles

1.01 total r



5. Turn **right** onto IL-53/S Bolingbrook Dr.

IL-53 is just past Brookview Ln.

Then 0.24 miles

1.24 total r



6. Merge onto I-55 N via the ramp on the **left** toward **Chicago**.

If you are on IL-53 and reach W South Frontage Rd you've gone a little too far.

Then 1.49 miles

2.73 total r



7. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 269 toward **Northwest Suburbs** (Portions toll).

Then 2.12 miles

4.85 total r



8. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

5.39 total r



9. E Boughton Rd becomes 87th St.

Then 0.14 miles

5.53 total r



10. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

5.89 total r



11. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is
on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave

mapquest

9 MIN | 5.5 MI 

Est. fuel cost: \$0.51

Trip time based on traffic conditions as of 1:44 PM on February 27, 2017. Current Traffic: Light

FMC Bolingbrook to Woodridge



1. Start out going **east** on Remington Blvd toward Quadrangle Dr.

Then 0.59 miles

0.59 total r



2. Turn **right** onto IL-53/S Bolingbrook Dr.

IL-53 is just past Brookview Ln.

Then 0.24 miles

0.82 total r



3. Merge onto I-55 N via the ramp on the **left** toward **Chicago**.

If you are on IL-53 and reach W South Frontage Rd you've gone a little too far.

Then 1.49 miles

2.31 total r



4. Merge onto I-355 N/Veterans Memorial Tollway N via EXIT 269 toward **Northwest Suburbs** (Portions toll).

Then 2.12 miles

4.43 total r



5. Merge onto E Boughton Rd toward **Woodridge**.

Then 0.54 miles

4.97 total r



6. E Boughton Rd becomes 87th St.

Then 0.14 miles

5.11 total r



7. Turn **left** onto Woodward Ave.

If you are on 87th St and reach Havens Dr you've gone about 0.2 miles too far.

Then 0.36 miles

5.47 total r



8. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

YOUR TRIP TO:



8455 Woodward Ave

11 MIN | 8.9 MI

Est. fuel cost: \$0.85

Trip time based on traffic conditions as of 1:46 PM on February 27, 2017. Current Traffic: Light

USRC Oak Brook to Woodridge



1. Start out going **west** on Butterfield Rd toward Downers Dr.

Then 0.20 miles

0.20 total r



2. Turn **left** onto Downers Dr.

If you reach Oak Grove Rd you've gone a little too far.

Then 0.18 miles

0.38 total r



3. Merge onto I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W (Portions toll).

Then 0.40 miles

0.78 total r



4. Merge onto I-355 S/Veterans Memorial Tollway S toward Joliet (Portions toll).

Then 6.16 miles

6.94 total r



5. Take the **75th St** exit.

Then 0.42 miles

7.36 total r



6. Keep **left** to take the ramp toward Darien.

Then 0.02 miles

7.38 total r



7. Turn **left** onto 75th St.

Then 0.28 miles

7.66 total r



8. Turn **right** onto Woodward Ave.

Then 1.27 miles

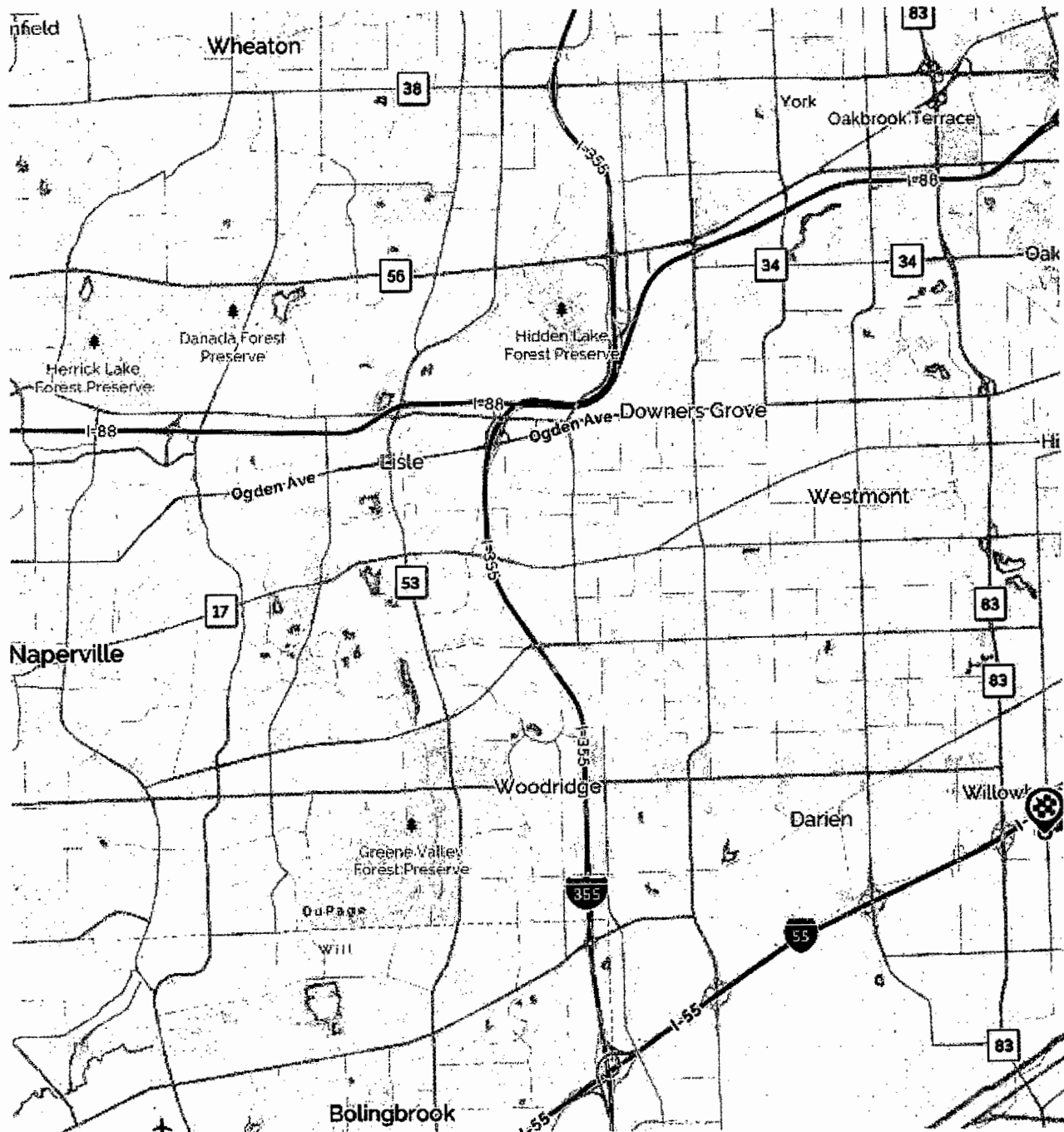
8.94 total r



9. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



17 MIN | 7.1 MI

Est. fuel cost: \$0.67

Trip time based on traffic conditions as of 1:48 PM on February 27, 2017. Current Traffic: Moderate

FMC Downers Grove to Woodridge



1. Start out going **north** on Highland Ave/County Hwy-9 toward Black Oak Dr.

Then 0.02 miles

0.02 total r



2. Make a **U-turn** at Black Oak Dr onto County Hwy-9.

If you reach Barneswood Dr you've gone about 0.1 miles too far.

Then 0.73 miles

0.75 total r



3. County Hwy-9 becomes Main St.

Then 3.60 miles

4.35 total r



4. Stay **straight** to go onto Lemont Rd.

Then 0.51 miles

4.85 total r



5. Turn **right** onto 75th St.

Then 0.88 miles

5.74 total r



6. Turn **left** onto Woodward Ave.

Woodward Ave is 0.2 miles past Devereux Rd.

Then 1.35 miles

7.09 total r



7. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

13 MIN | 6.0 MI 

Est. fuel cost: \$0.57

Trip time based on traffic conditions as of 2:00 PM on February 27, 2017. Current Traffic: Heavy

FMC Willowbrook to Woodridge



1. Start out going **south** on Kingery Hwy/IL-83 toward Lake Hinsdale Dr.

Then 0.86 miles

0.86 total r



2. Turn **right** onto Plainfield Rd.

Plainfield Rd is 0.1 miles past 69th St.

If you reach Janet Ave you've gone about 0.2 miles too far.

Then 3.58 miles

4.44 total r



3. Plainfield Rd becomes 83rd St.

Then 1.25 miles

5.69 total r



4. Turn **left** onto Woodward Ave.

Woodward Ave is 0.2 miles past Beller Dr.

Then 0.28 miles

5.97 total r



5. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

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YOUR TRIP TO:

8455 Woodward Ave

24 MIN | 18.3 MI 

Est. fuel cost: \$1.73

Trip time based on traffic conditions as of 2:01 PM on February 27, 2017. Current Traffic: Light

FMC Central DuPage Dialysis to Woodridge

mapquest



1. Start out going **southeast** on E Roosevelt Rd/IL-38 toward Carriage Dr.

Then 0.12 miles

0.12 total r



2. Turn **slight right** onto ramp.

Then 0.15 miles

0.27 total r



3. Turn **right** onto S Nelnor Blvd/IL-59. Continue to follow IL-59.

If you are on IL-59 and reach Dayton St you've gone about 0.1 miles too far.

Then 4.25 miles

4.52 total r



4. Turn **slight left** to take the I-88 E ramp.

Then 0.06 miles

4.57 total r



5. Merge onto I-88 E/Chicago-Kansas City Expressway E/Ronald Reagan Memorial Tollway E via the ramp on the **left** toward I-88 E (Portions toll).

Then 7.49 miles

12.06 total r



6. Merge onto I-355 S/Veterans Memorial Tollway S toward Joliet (Portions toll).

Then 4.19 miles

16.25 total r



7. Take the **75th St** exit.

Then 0.42 miles

16.68 total r



8. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

16.70 total r



9. Turn **left** onto 75th St.

Then 0.28 miles

16.98 total r

➡ 10. Turn right onto Woodward Ave.

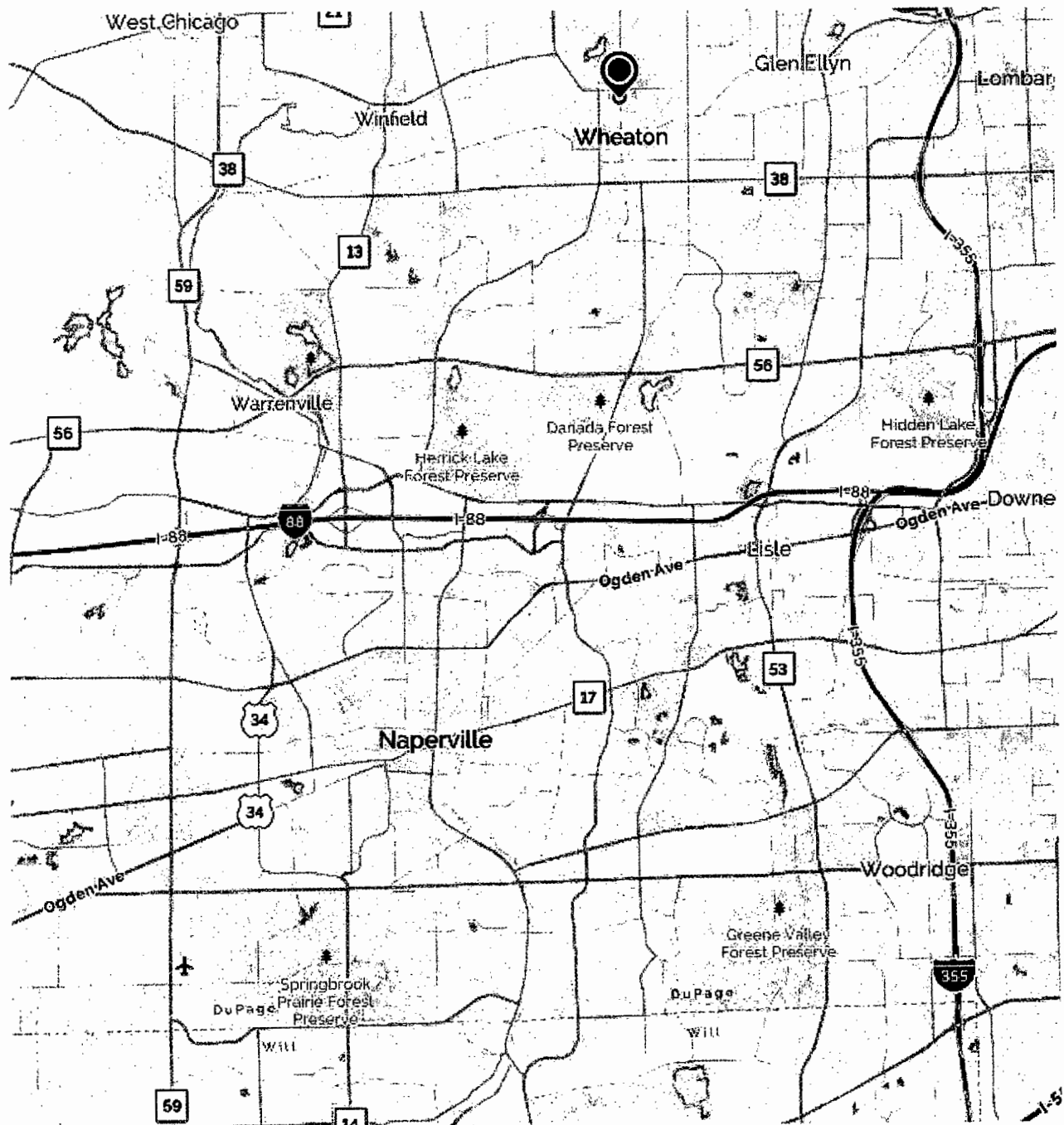
Then 1.27 miles

18.25 total r

📍 11. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

mapquest

20 MIN | 15.9 MI 

Est. fuel cost: \$1.45

Trip time based on traffic conditions as of 2:03 PM on February 27, 2017. Current Traffic: Light

FMC Glendale Heights to Woodridge



1. Start out going **west** on E North Ave/IL-64 toward Pearl Ave.

Then 0.30 miles

0.30 total r



2. Make a **U-turn** at Pearl Ave onto E North Ave/IL-64.

If you are on North Ave and reach Bernice Ave you've gone a little too far.

Then 1.68 miles

1.98 total r



3. Merge onto I-355 S/Veterans Memorial Tollway S toward Joliet (Portions toll).

Then 11.87 miles

13.86 total r



4. Take the **75th St** exit.

Then 0.42 miles

14.28 total r



5. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

14.30 total r



6. Turn **left** onto 75th St.

Then 0.28 miles

14.58 total r



7. Turn **right** onto Woodward Ave.

Then 1.27 miles

15.85 total r



8. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



15 MIN | 10.0 MI

Est. fuel cost: \$0.94

Trip time based on traffic conditions as of 2:05 PM on February 27, 2017. Current Traffic: Light

FMC Lombard to Woodridge



1. Start out going **south** on Springer Dr toward Foxworth Blvd.

Then 0.12 miles

0.12 total r



2. Take the 1st **left** onto Foxworth Blvd.

Then 0.15 miles

0.26 total r



3. Turn **right** onto S Finley Rd.

Then 0.87 miles

1.13 total r



4. Turn **right** onto IL-56/Butterfield Rd.

IL-56 is 0.2 miles past Brook Dr.

Then 0.24 miles

1.37 total r



5. Merge onto I-355 S/Veterans Memorial Tollway S via the ramp on the **left** toward Joliet (Portions toll).

Then 6.60 miles

7.97 total r



6. Take the **75th St** exit.

Then 0.42 miles

8.39 total r



7. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

8.41 total r



8. Turn **left** onto 75th St.

Then 0.28 miles

8.69 total r



9. Turn **right** onto Woodward Ave.

Then 1.27 miles

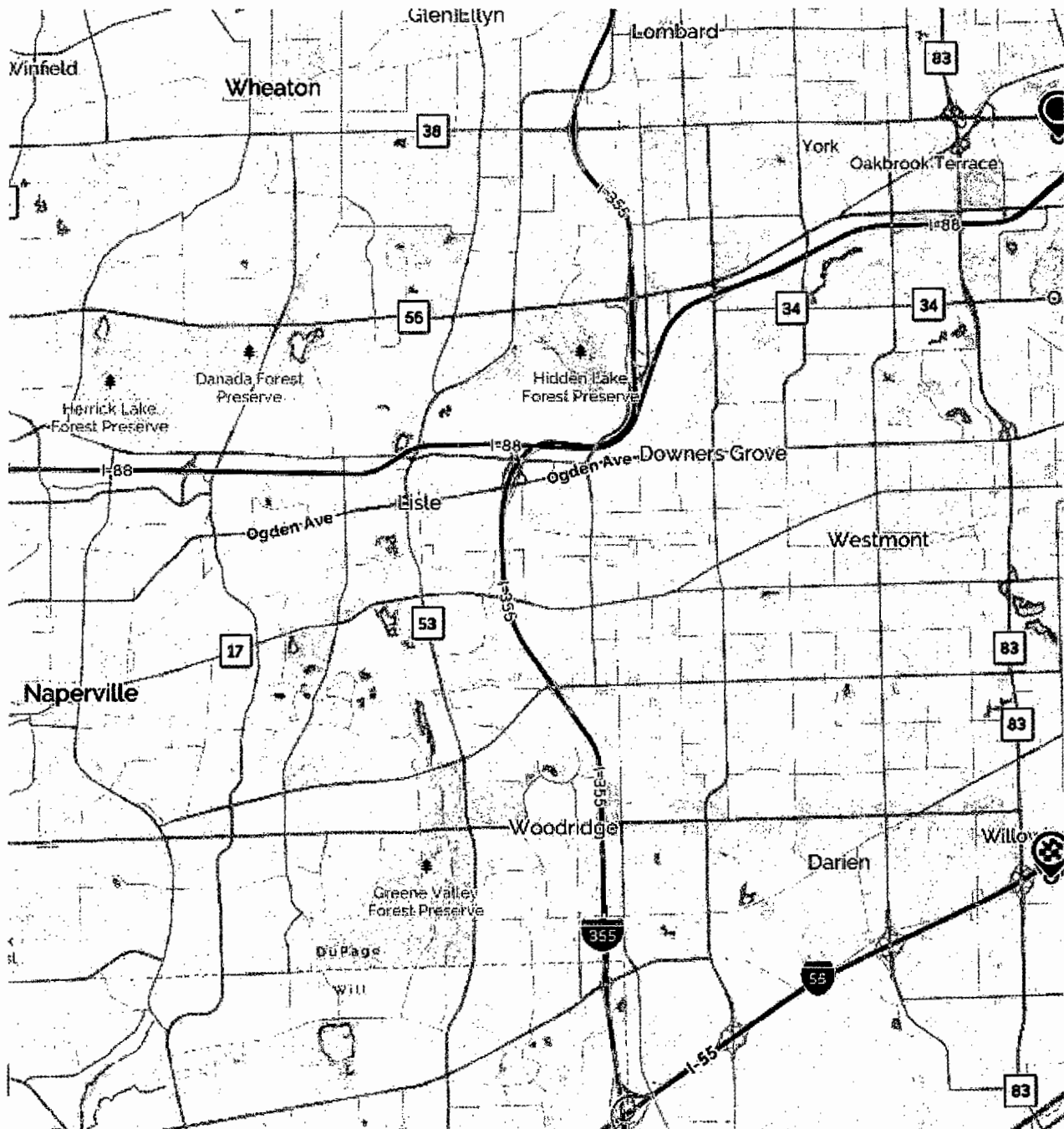
9.97 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



24 MIN | 21.5 MI

Est. fuel cost: \$1.42

Trip time based on traffic conditions as of 2:07 PM on February 27, 2017. Current Traffic: Light

FMC Elk Grove to Woodridge



1. Start out going **east** on Biesterfield Rd toward Beisner Rd.

Then 0.04 miles

0.04 total r



2. Make a **U-turn** at Beisner Rd onto Biesterfield Rd.

If you reach Leicester Rd you've gone about 0.2 miles too far.

Then 0.50 miles

0.54 total r



3. Merge onto I-290 E via the ramp on the **left** toward Chicago.

If you are on Biesterfield Rd and reach Rohlwing Rd you've gone about 0.1 miles too far.

Then 2.23 miles

2.77 total r



4. Keep **left** to take I-355 S via EXIT 7 toward Joliet (Portions toll).

Then 3.09 miles

5.86 total r



5. Keep **right** to take I-355 S/Veterans Memorial Tollway S toward **CASH** (Portions toll).

Then 13.65 miles

19.51 total r



6. Take the **75th St** exit.

Then 0.42 miles

19.93 total r



7. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

19.95 total r



8. Turn **left** onto 75th St.

Then 0.28 miles

20.23 total r



9. Turn right onto Woodward Ave.

Then 1.27 miles

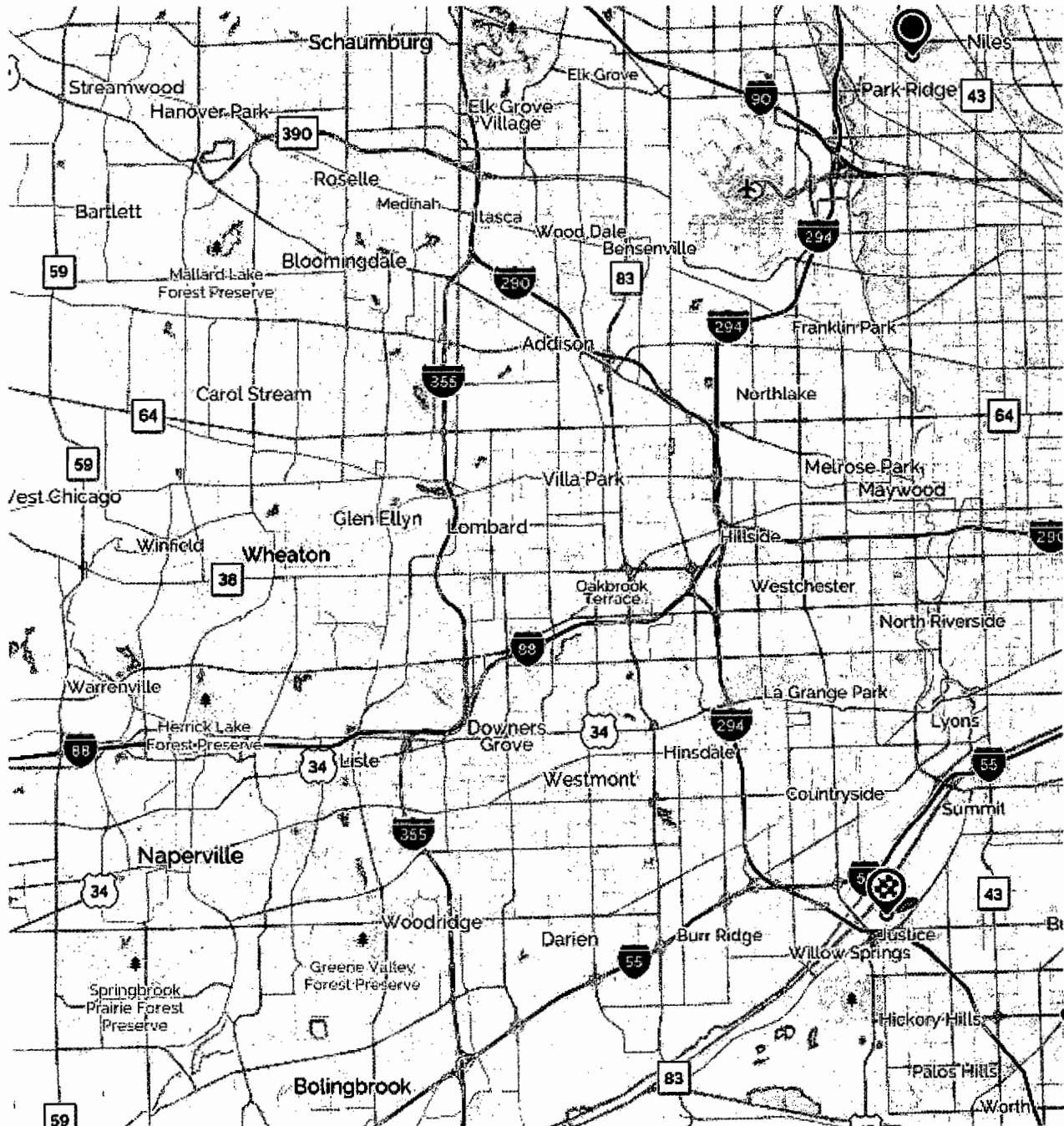
21.50 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



21 MIN | 13.6 MI

Est. fuel cost: \$1.30

Trip time based on traffic conditions as of 2:08 PM on February 27, 2017. Current Traffic: Moderate

NxStage Oak Brook to Woodridge



1. Start out going **east** on 16th St toward State Route 83/IL-83.

Then 0.04 miles

0.04 total r



2. Take the 1st **right** onto State Route 83/IL-83.

If you reach Oakbrook Ctr you've gone about 0.1 miles too far.

Then 0.42 miles

0.46 total r



3. Turn **left** onto W 22nd St.

W 22nd St is 0.1 miles past Hodges Rd.

Then 0.55 miles

1.01 total r



4. Merge onto I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W toward **Aurora** (Portions toll).

Then 4.40 miles

5.41 total r



5. Merge onto I-355 S/Veterans Memorial Tollway S toward **Joliet** (Portions toll).

Then 6.16 miles

11.57 total r



6. Take the **75th St** exit.

Then 0.42 miles

12.00 total r



7. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

12.02 total r



8. Turn **left** onto 75th St.

Then 0.28 miles

12.30 total r



9. Turn right onto Woodward Ave.

Then 1.27 miles

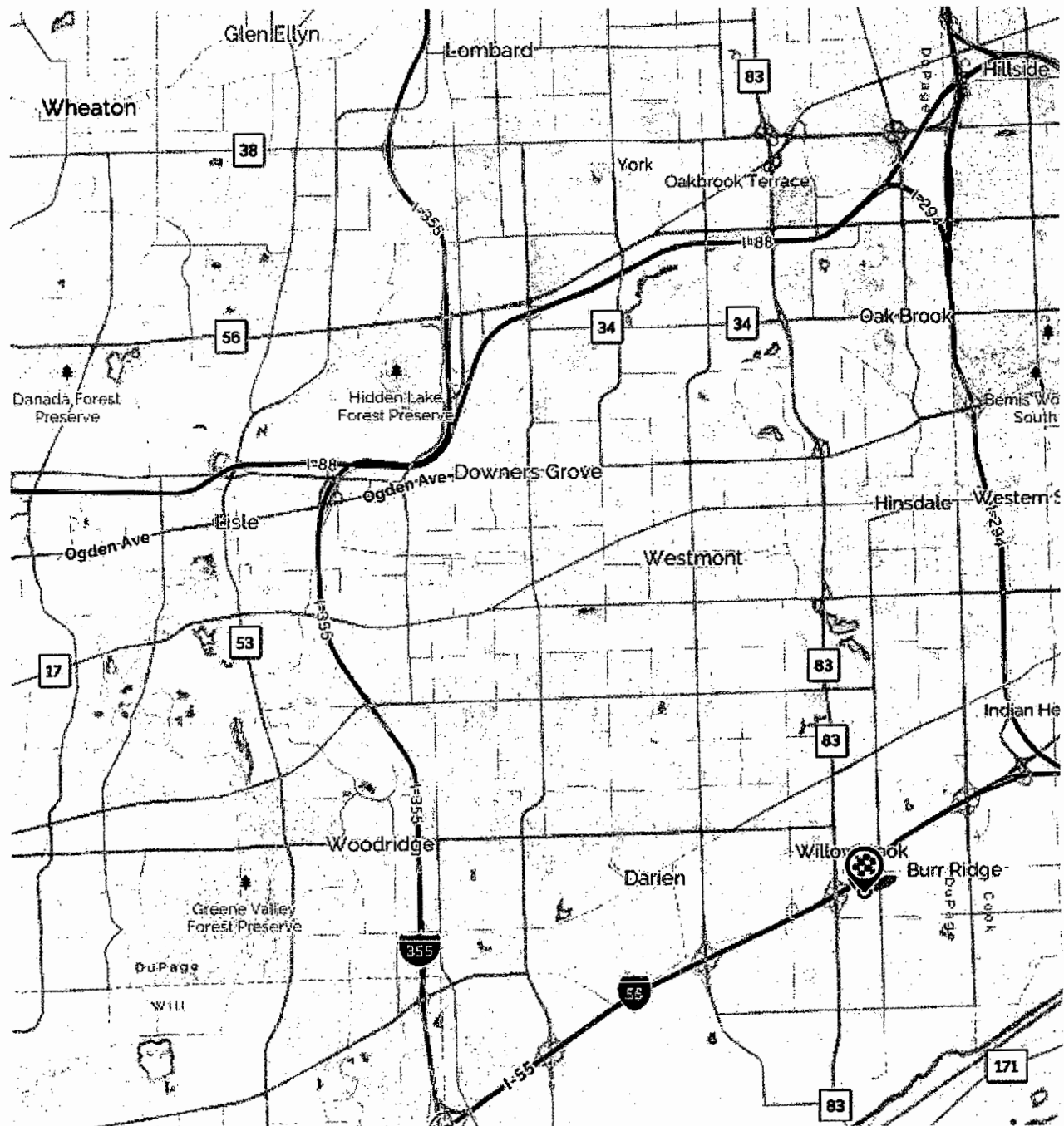
13.57 total



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

**19 MIN | 12.5 MI** **Est. fuel cost: \$1.19**

Trip time based on traffic conditions as of 2:09 PM on February 27, 2017. Current Traffic: Light

Nocturnal Dialysis Spa to Woodridge

1. Start out going **south** on S Ardmore Ave toward IL-38/E Roosevelt Rd.

Then 0.03 miles

0.03 total r

2. Take the 1st **right** onto IL-38/W Roosevelt Rd.*If you are on Ardmore Ave and reach Param Apartments you've gone about 0.1 miles too far.*

Then 0.76 miles

0.80 total r

3. Turn **left** onto S Meyers Rd/County Hwy-25. Continue to follow S Meyers Rd.
*S Meyers Rd is just past Church St.**If you reach S School St you've gone a little too far.*

Then 1.21 miles

2.01 total r

4. Turn **right** onto E Butterfield Rd/IL-56.
E Butterfield Rd is 0.1 miles past N Tower Rd.

Then 1.69 miles

3.70 total r

5. Turn **left** onto Downers Dr.
*Downers Dr is 0.9 miles past S Fairfield Ave.**If you are on IL-56 and reach S Finley Rd you've gone about 0.2 miles too far.*

Then 0.24 miles

3.94 total r

6. Merge onto I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W toward **Aurora** (Portions toll).

Then 0.40 miles

4.33 total r



7. Merge onto I-355 S/Veterans Memorial Tollway S toward Joliet (Portions toll).

Then 6.16 miles

10.49 total r



8. Take the **75th St** exit.

Then 0.42 miles

10.92 total r



9. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

10.94 total r



10. Turn **left** onto 75th St.

Then 0.28 miles

11.22 total r



11. Turn **right** onto Woodward Ave.

Then 1.27 miles

12.49 total r



12. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

mapquest

25 MIN | 17.3 MI 

Est. fuel cost: \$1.65

Trip time based on traffic conditions as of 2:11 PM on February 27, 2017. Current Traffic: Moderate

USRC Villa Park to Woodridge



1. Start out going **west** on E North Ave/IL-64 toward S Ellsworth Ave/N Ellsworth Ave.

Then 3.41 miles

3.41 total r



2. Merge onto I-355 S/Veterans Memorial Tollway S via the ramp on the **left** toward Joliet (Portions toll).

Then 11.88 miles

15.29 total r



3. Take the **75th St** exit.

Then 0.42 miles

15.71 total r



4. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

15.73 total r



5. Turn **left** onto 75th St.

Then 0.28 miles

16.01 total r



6. Turn **right** onto Woodward Ave.

Then 1.27 miles

17.29 total r



7. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

18 MIN | 14.5 MI 

Est. fuel cost: \$1.36

Trip time based on traffic conditions as of 2:12 PM on February 27, 2017. Current Traffic: Light



FMC Elmhurst to Woodridge



1. Start out going **east** on E Brush Hill Rd toward Fronza Pkwy.

Then 0.34 miles

0.34 total r



2. Turn **right** onto S York St.

S York St is just past Fronza Pkwy.

If you are on S York St and reach E Harvard St you've gone about 0.2 miles too far.

Then 0.32 miles

0.66 total r



3. S York St becomes York Rd.

Then 0.04 miles

0.70 total r



4. Turn **slight right** onto Harger Rd.

If you reach Frontage Rd you've gone about 0.1 miles too far.

Then 0.05 miles

0.75 total r



5. Turn **left** to stay on Harger Rd.

Then 0.07 miles

0.82 total r



6. Turn **left** to take the **E-W TOLLWAY** ramp toward **West/Aurora**.

If you reach Yorkshire Woods you've gone about 0.1 miles too far.

Then 0.21 miles

1.02 total r



7. Merge onto I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W (Portions toll).

Then 5.33 miles

6.35 total r



8. Merge onto I-355 S/Veterans Memorial Tollway S toward Joliet (Portions toll).

Then 6.16 miles

12.51 total r



9. Take the 75th St exit.

Then 0.42 miles

12.94 total r



10. Keep left to take the ramp toward Darien.

Then 0.02 miles

12.96 total r



11. Turn left onto 75th St.

Then 0.28 miles

13.24 total r



12. Turn right onto Woodward Ave.

Then 1.27 miles

14.51 total r



13. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



19 MIN | 14.8 MI

Est. fuel cost: \$1.42

Trip time based on traffic conditions as of 2:14 PM on February 27, 2017. Current Traffic: Light

FMC LaGrange to Woodridge



1. Start out going **south** on S Wolf Rd toward Windsor Dr.

Then 1.66 miles

1.66 total r



2. Turn **right** onto Ogden Ave/US-34 W.

Ogden Ave is 0.8 miles past 31st St.

If you reach 39th St you've gone about 0.1 miles too far.

Then 0.81 miles

2.46 total r



3. Merge onto I-294 S/Tri State Tollway S toward **Indiana** (Portions toll).

Then 3.47 miles

5.93 total r



4. Merge onto I-55 S toward **St Louis**.

Then 6.70 miles

12.63 total r



5. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

12.92 total r



6. Merge onto Lemont Rd.

Then 0.68 miles

13.59 total r



7. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

14.35 total r



8. 87th St becomes Boughton Rd.

Then 0.09 miles

14.45 total r



9. Turn **right** onto Woodward Ave.

Then 0.35 miles

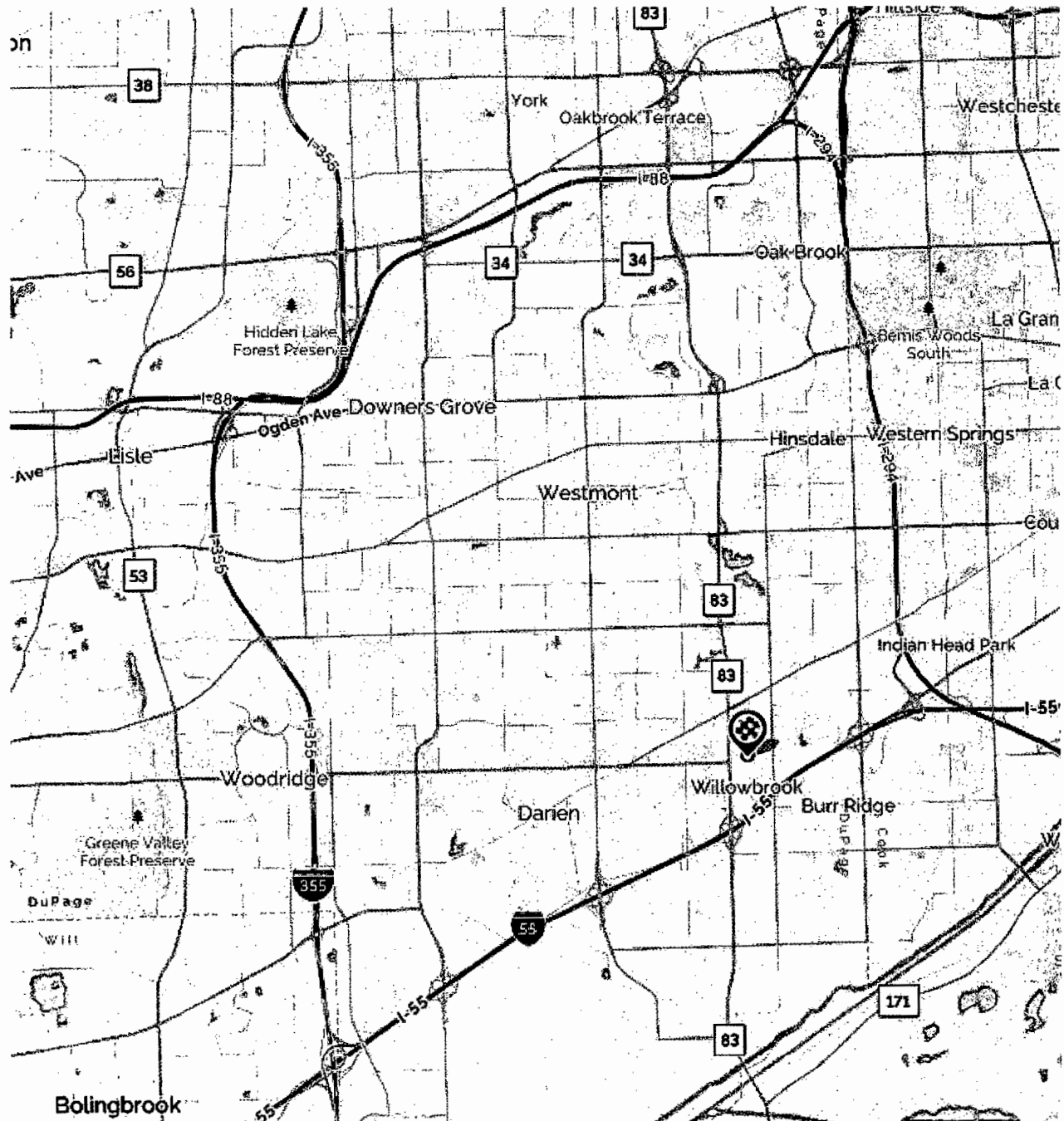
14.80 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave



25 MIN | 16.1 MI

Est. fuel cost: \$1.59

Trip time based on traffic conditions as of 2:16 PM on February 27, 2017. Current Traffic: Moderate

Palos Park Dialysis to Woodridge



1. Start out going **north** on S La Grange Rd/US-45 N toward W 131st St.

Then 2.13 miles

2.13 total r



2. Take the **IL-83/Calumet Sag Rd** ramp.

Then 0.16 miles

2.29 total r



3. Keep **left** at the fork in the ramp.

Then 0.02 miles

2.31 total r



4. Turn **left** onto W Cal Sag Rd/IL-83. Continue to follow IL-83.

Then 7.95 miles

10.26 total r



5. Merge onto I-55 S toward **Joliet**.

Then 3.72 miles

13.97 total r



6. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

14.26 total r



7. Merge onto Lemont Rd.

Then 0.68 miles

14.94 total r



8. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

15.69 total r



9. 87th St becomes Boughton Rd.

Then 0.09 miles

15.79 total r



10. Turn **right** onto Woodward Ave.

Then 0.35 miles

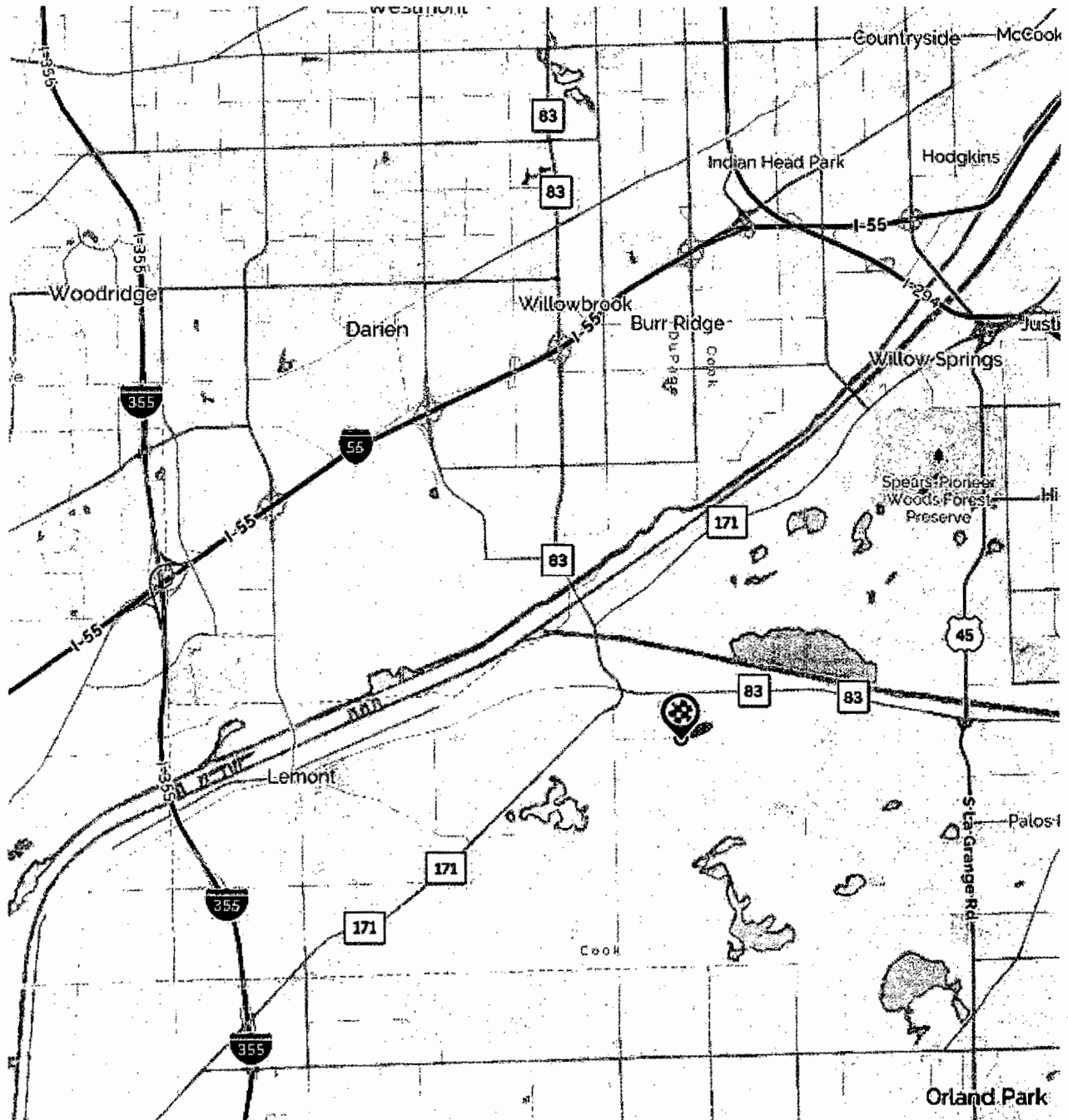
16.14 total-r



11. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave



24 MIN | 21.3 MI

Est. fuel cost: \$1.49

Trip time based on traffic conditions as of 2:19 PM on February 27, 2017. Current Traffic: Light

FMC - Dialysis Center of America - Crestwood to Woodridge



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

Then 0.12 miles

0.12 total r



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

Cicero Ave is just past Cal Sag Rd.

Then 0.64 miles

0.76 total r



3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll) (Electronic toll collection only).

Then 11.40 miles

12.16 total r



4. Merge onto I-55 S toward **St Louis**.

Then 6.95 miles

19.11 total r



5. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

19.40 total r



6. Merge onto Lemont Rd.

Then 0.68 miles

20.07 total r



7. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

20.83 total r



8. 87th St becomes Boughton Rd.

Then 0.09 miles

20.92 total r



9. Turn right onto Woodward Ave.

Then 0.35 miles

21.28 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

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YOUR TRIP TO:

8455 Woodward Ave



22 MIN | 15.8 MI

Est. fuel cost: \$1.54

Trip time based on traffic conditions as of 2:21 PM on February 27, 2017. Current Traffic: Light

USRC Hickory Hills to Woodridge



1. Start out going **north** on Hickory Palos Sq toward W 95th St/US-20 E/US-12 E.

Then 0.07 miles

0.07 total r



2. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.

Then 0.74 miles

0.82 total r



3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 5.86 miles

6.68 total r



4. Merge onto I-55 S toward **St Louis**.

Then 6.95 miles

13.63 total r



5. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

13.92 total r



6. Merge onto Lemont Rd.

Then 0.68 miles

14.59 total r



7. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

15.35 total r



8. 87th St becomes Boughton Rd.

Then 0.09 miles

15.44 total r



9. Turn **right** onto Woodward Ave.

Then 0.35 miles

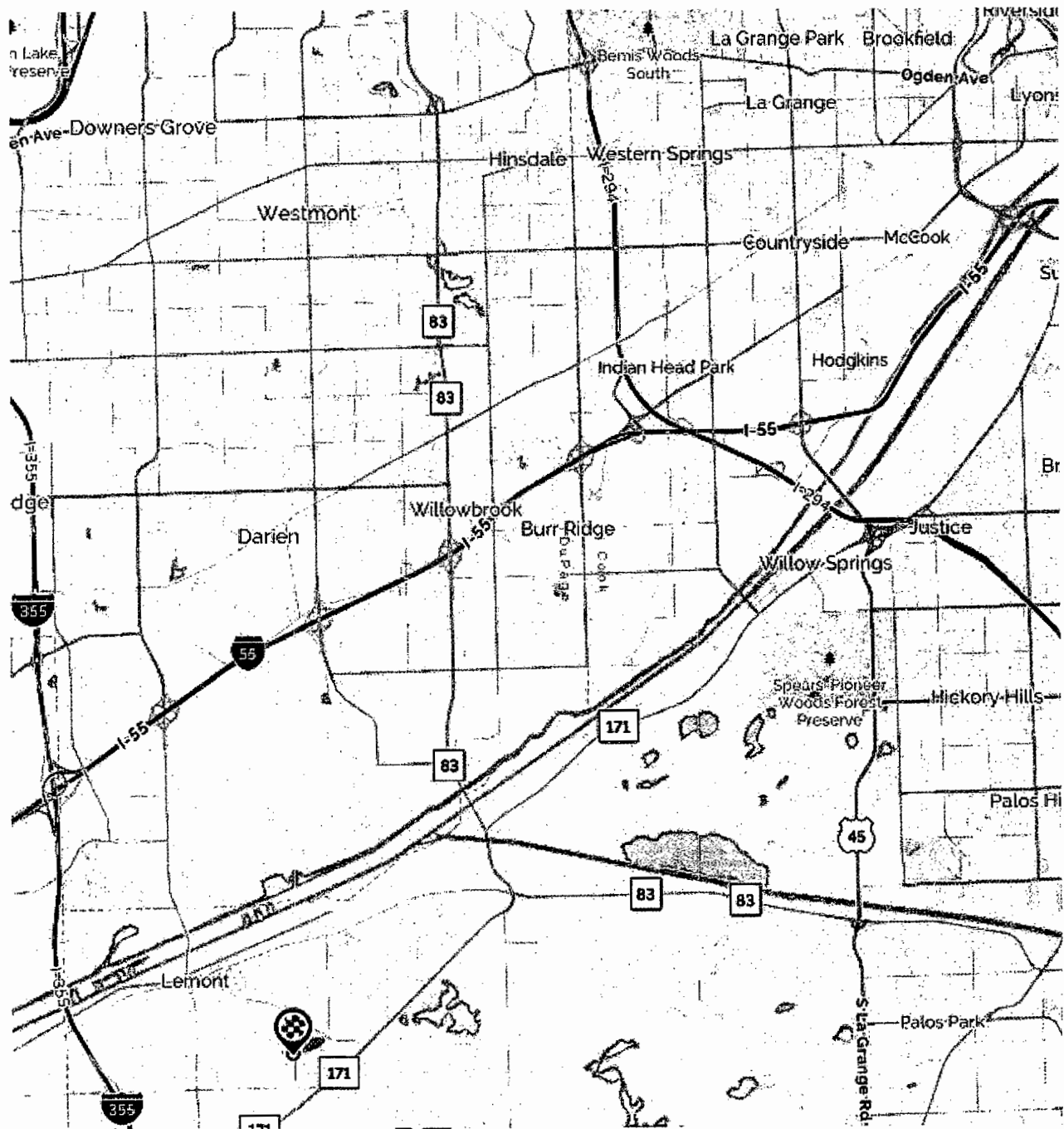
15.79 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

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YOUR TRIP TO:

8455 Woodward Ave



17 MIN | 14.7 MI 

Est. fuel cost: \$1.44

Trip time based on traffic conditions as of 2:22 PM on February 27, 2017. Current Traffic: Light

FMC Summit to Woodridge



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

Then 0.03 miles

0.03 total r



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

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

Then 0.33 miles

0.36 total r



3. Stay **straight** to go onto IL-171/State Route 171.

Then 0.63 miles

0.99 total r



4. Merge onto I-55 S toward **St Louis**.

Then 11.53 miles

12.51 total r



5. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

12.80 total r



6. Merge onto Lemont Rd.

Then 0.68 miles

13.48 total r



7. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

14.23 total r



8. 87th St becomes Boughton Rd.

Then 0.09 miles

14.33 total r



9. Turn right onto Woodward Ave.

Then 0.35 miles

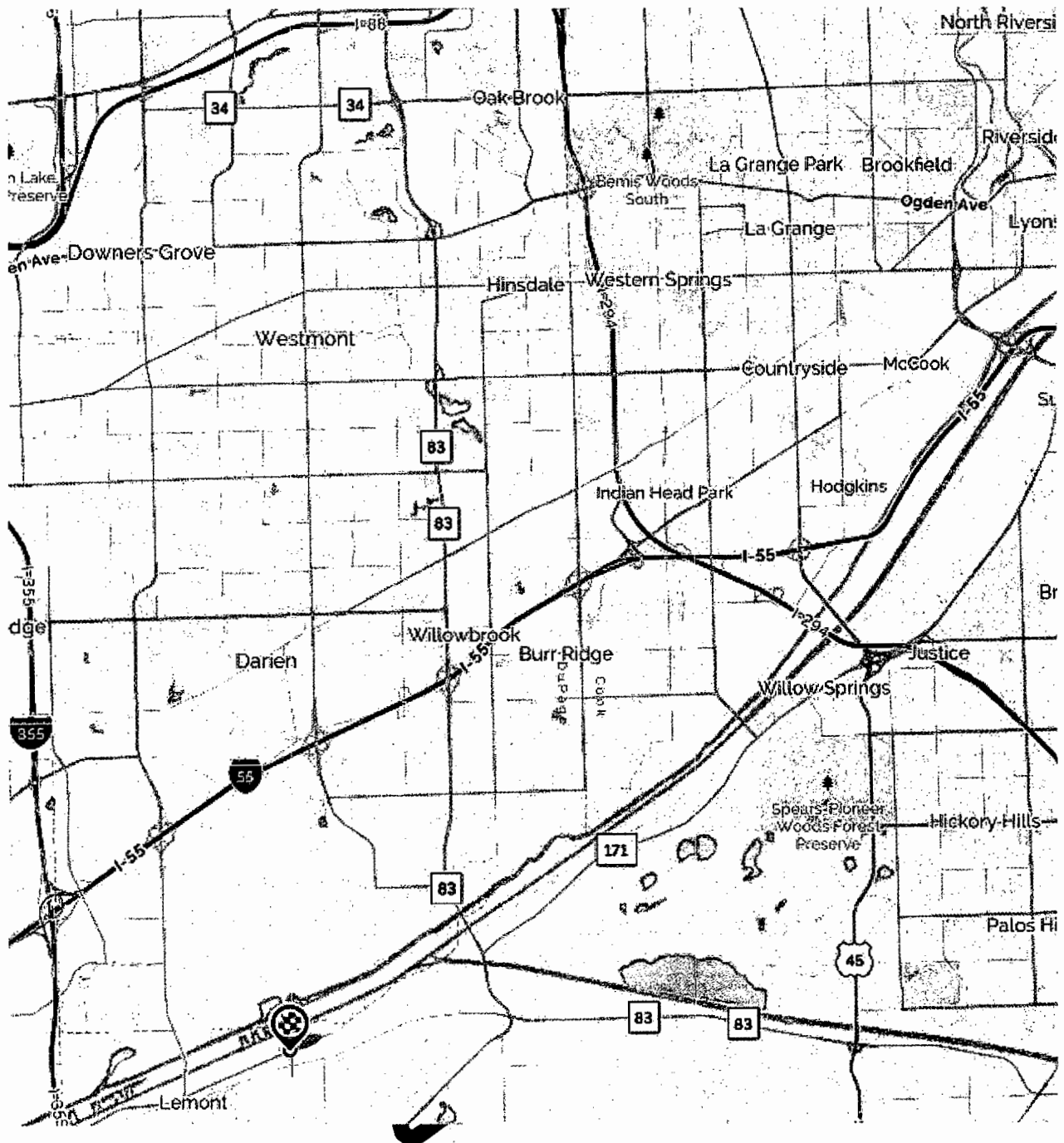
14.68 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

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YOUR TRIP TO:

8455 Woodward Ave



21 MIN | 16.6 MI

Est. fuel cost: \$1.62

Trip time based on traffic conditions as of 2:38 PM on February 27, 2017. Current Traffic: Light

Chicago Ridge Dialysis to Woodridge



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

Then 1.30 miles

1.30 total r



2. Merge onto US-20 W/US-12 W/W 95th St.

Then 0.54 miles

1.83 total r



3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 5.67 miles

7.50 total r



4. Merge onto I-55 S toward **St Louis**.

Then 6.95 miles

14.45 total r



5. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

14.73 total r



6. Merge onto Lemont Rd.

Then 0.68 miles

15.41 total r



7. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

16.17 total r



8. 87th St becomes Boughton Rd.

Then 0.09 miles

16.26 total r



9. Turn **right** onto Woodward Ave.

Then 0.35 miles

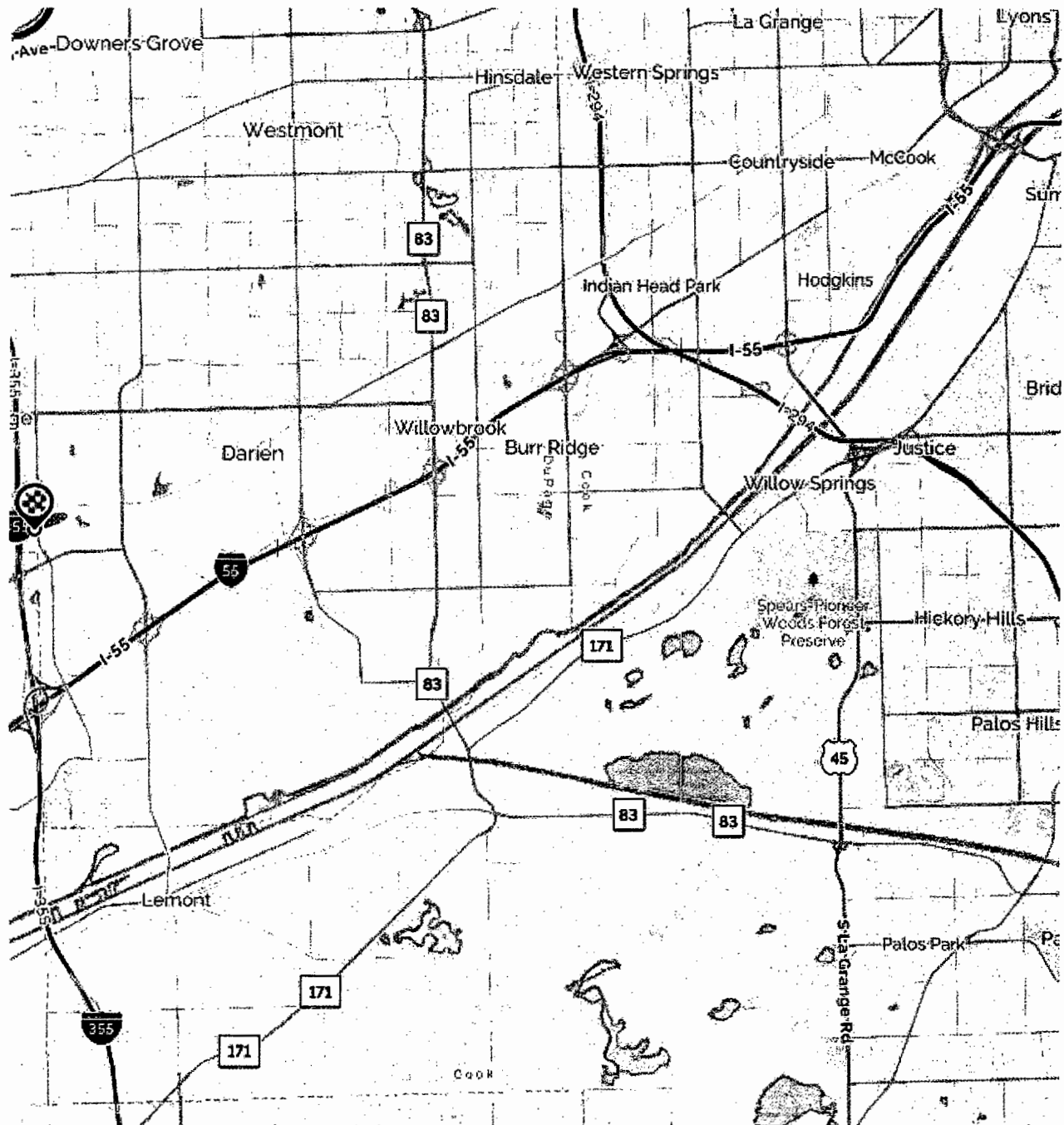
16.61 total r



10. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

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YOUR TRIP TO:

8455 Woodward Ave



24 MIN | 20.5 MI

Est. fuel cost: \$1.44

Trip time based on traffic conditions as of 2:39 PM on February 27, 2017. Current Traffic: Light

FMC Alsip to Woodridge

1. Start out going **east** toward S Cicero Ave/IL-50.

Then 0.07 miles

0.07 total r

2. Turn **right** onto S Cicero Ave/IL-50.

Then 0.15 miles

0.22 total r

3. Merge onto I-294 N/Tri State Tollway N toward **West Suburbs** (Portions toll).

Then 11.21 miles

11.43 total r

4. Merge onto I-55 S toward **St Louis**.

Then 6.95 miles

18.38 total r

5. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

18.66 total r



6. Merge onto Lemont Rd.

Then 0.68 miles

19.34 total r

7. Turn **left** onto 87th St.*87th St is 0.2 miles past Woodcrest Dr.**If you reach 86th St you've gone about 0.1 miles too far.*

Then 0.76 miles

20.09 total r



8. 87th St becomes Boughton Rd.

Then 0.09 miles

20.19 total r

9. Turn **right** onto Woodward Ave.

Then 0.35 miles

20.54 total r

YOUR TRIP TO:

8455 Woodward Ave

26 MIN | 18.5 MI 

Est. fuel cost: \$1.81

Trip time based on traffic conditions as of 2:43 PM on February 27, 2017. Current Traffic: Light

Stony Creek Dialysis to Woodridge

mapquest



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

Then 0.03 miles

0.03 total r



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

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

Then 0.23 miles

0.26 total r



3. Turn **right** onto Southwest Hwy.

Southwest Hwy is just past W 92nd St.

Then 0.52 miles

0.78 total r



4. Southwest Hwy becomes W 93rd St.

Then 0.25 miles

1.03 total r



5. W 93rd St becomes Southwest Hwy.

Then 0.77 miles

1.80 total r



6. Turn **right** onto W 95th St/US-20 W/US-12 W.

Then 1.90 miles

3.70 total r



7. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 5.67 miles

9.37 total r



8. Merge onto I-55 S toward **St Louis**.

Then 6.95 miles

16.31 total r



9. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

16.60 total r



10. Merge onto Lemont Rd.

Then 0.68 miles

17.28 total r



11. Turn left onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

18.03 total r



12. 87th St becomes Boughton Rd.

Then 0.09 miles

18.13 total r



13. Turn right onto Woodward Ave.

Then 0.35 miles

18.48 total r



14. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

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YOUR TRIP TO:

8455 Woodward Ave



22 MIN | 19.0 MI

Est. fuel cost: \$1.86

Trip time based on traffic conditions as of 2:47 PM on February 27, 2017. Current Traffic: Light

Loyola Dialysis Center to Woodridge



1. Start out going **west** on W Roosevelt Rd toward S 13th Ave.

Then 0.29 miles

0.29 total r



2. Turn **right** onto S 17th Ave.

S 17th Ave is just past S 16th Ave.

If you reach S 18th Ave you've gone a little too far.

Then 0.50 miles

0.79 total r



3. Turn **left** onto Harrison St.

Harrison St is just past Bataan Dr.

If you reach Van Buren St you've gone about 0.1 miles too far.

Then 0.12 miles

0.90 total r



4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W.

Then 2.53 miles

3.43 total r



5. Keep **left** to take I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W via EXIT 15A toward **Aurora** (Portions toll) (Electronic toll collection only).

Then 7.45 miles

10.88 total r



6. Merge onto I-355 S/Veterans Memorial Tollway S toward **Joliet** (Portions toll).

Then 6.16 miles

17.04 total r



7. Take the **75th St** exit.

Then 0.42 miles

17.46 total r



8. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

17.49 total-r



9. Turn **left** onto 75th St.

Then 0.28 miles

17.77 total-r



10. Turn **right** onto Woodward Ave.

Then 1.27 miles

19.04 total-r



11. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is
on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



26 MIN | 20.4 MI

Est. fuel cost: \$1.42

Trip time based on traffic conditions as of 2:48 PM on February 27, 2017. Current Traffic: Light

FMC Melrose Park to Woodridge



1. Start out going **east** on Superior St toward N 11th Ave.

Then 0.15 miles

0.15 total r



2. Turn **right** onto N 9th Ave.

N 9th Ave is 0.1 miles past N 11th Ave.

If you reach N 8th Ave you've gone a little too far.

Then 1.45 miles

1.60 total r



3. Turn **right** onto Harrison St.

Harrison St is just past Congress St.

If you reach Bataan Dr you've gone a little too far.

Then 0.62 miles

2.23 total r



4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W.

Then 2.53 miles

4.75 total r



5. Keep **left** to take I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W via EXIT 15A toward **Aurora** (Portions toll) (Electronic toll collection only).

Then 7.45 miles

12.20 total r



6. Merge onto I-355 S/Veterans Memorial Tollway S toward **Joliet** (Portions toll).

Then 6.16 miles

18.36 total r



7. Take the **75th St** exit.

Then 0.42 miles

18.79 total r



8. Keep left to take the ramp toward Darien.

Then 0.02 miles

18.81 total r



9. Turn left onto 75th St.

Then 0.28 miles

19.09 total r



10. Turn right onto Woodward Ave.

Then 1.27 miles

20.36 total r



11. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the left.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave

mapquest

25 MIN | 21.1 MI 

Est. fuel cost: \$1.48

Trip time based on traffic conditions as of 2:51 PM on February 27, 2017. Current Traffic: Light

Maple Avenue Kidney Center to Woodridge



1. Start out going **south** on S Maple Ave toward Adams St.

Then 0.14 miles

0.14 total r



2. Turn **right** onto Jackson Blvd.

Jackson Blvd is just past S Maple Ave.

Then 0.05 miles

0.18 total r



3. Take the 1st **left** onto Harlem Ave/IL-43.

Harlem Ave is just past S Maple Ave.

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

Then 0.16 miles

0.34 total r



4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W.

If you are on IL-43 and reach Harrison St you've gone a little too far.

Then 5.19 miles

5.53 total r



5. Keep **left** to take I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W via EXIT 15A toward **Aurora** (Portions toll) (Electronic toll collection only).

Then 7.45 miles

12.98 total r



6. Merge onto I-355 S/Veterans Memorial Tollway S toward **Joliet** (Portions toll).

Then 6.16 miles

19.14 total r



7. Take the **75th St** exit.

Then 0.42 miles

19.56 total r



8. Keep **left** to take the ramp toward Darien.

Then 0.02 miles

19.58 total r



9. Turn **left** onto 75th St.

Then 0.28 miles

19.86 total r



10. Turn **right** onto Woodward Ave.

Then 1.27 miles

21.14 total r



11. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is
on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



25 MIN | 21.1 MI

Est. fuel cost: \$1.47

Trip time based on traffic conditions as of 2:52 PM on February 27, 2017. Current Traffic: Light

FMC River Forest to Woodridge



1. Start out going **south** on Forest Ave toward Vine St.

Then 0.17 miles

0.17 total r



2. Take the 1st **left** onto Madison St.

Madison St is 0.1 miles past Vine St.

Then 0.22 miles

0.39 total r



3. Take the 2nd **right** onto Jackson Blvd.

Jackson Blvd is just past Madison St.

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

Then 0.34 miles

0.72 total r



4. Turn **right** onto Des Plaines Ave.

Des Plaines Ave is 0.1 miles past Wilcox St.

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

Then 0.16 miles

0.88 total r



5. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W.

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

Then 4.63 miles

5.51 total r



6. Keep **left** to take I-88 W/Chicago-Kansas City Expressway W/Ronald Reagan Memorial Tollway W via EXIT 15A toward **Aurora** (Portions toll) (Electronic toll collection only).

Then 7.45 miles

12.96 total r



7. Merge onto I-355 S/Veterans Memorial Tollway S toward **Joliet** (Portions toll).

Then 6.16 miles

19.12 total r



8. Take the **75th St** exit.

Then 0.42 miles

19.54 total r



9. Keep **left** to take the ramp toward **Darien**.

Then 0.02 miles

19.56 total r



10. Turn **left** onto 75th St.

Then 0.28 miles

19.84 total r



11. Turn **right** onto Woodward Ave.

Then 1.27 miles

21.12 total r



12. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the **left**.

Your destination is 0.2 miles past 83rd St.

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YOUR TRIP TO:

8455 Woodward Ave



25 MIN | 19.2 MI

Est. fuel cost: \$1.92

Trip time based on traffic conditions as of 2:55 PM on February 27, 2017. Current Traffic: Light

FMC Cicero to Woodridge



1. Start out going **south** on S Cicero Ave/IL-50 toward W 31st St.

Then 1.43 miles

1.43 total r



2. Merge onto I-55 S.

If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far.

Then 15.62 miles

17.04 total r



3. Take the **Lemont Rd N** exit, EXIT 271B.

Then 0.29 miles

17.33 total r



4. Merge onto Lemont Rd.

Then 0.68 miles

18.01 total r



5. Turn **left** onto 87th St.

87th St is 0.2 miles past Woodcrest Dr.

If you reach 86th St you've gone about 0.1 miles too far.

Then 0.76 miles

18.76 total r



6. 87th St becomes Boughton Rd.

Then 0.09 miles

18.86 total r



7. Turn **right** onto Woodward Ave.

Then 0.35 miles

19.21 total r



8. 8455 Woodward Ave, Woodridge, IL 60517-3176, 8455 WOODWARD AVE is on the right.

If you reach 83rd St you've gone about 0.2 miles too far.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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