STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 20, 2018 **Amended**

Bryan Niehaus, Sr. Consultant
Murer Consultants, Inc.
19065 Hickory Creek Drive, Ste 115
Mokena, IL 60448

**Re: Project Number: #17-014**
**Facility Name: Rutgers Park Dialysis**
**Facility Address: 8455 Woodward Avenue, Woodridge, Illinois**
**Applicants: DaVita, Inc., DuPage Medical Group, Ltd and Perryton Dialysis, LLC**
**Permit Holder(s): DaVita, Inc., DuPage Medical Group, Ltd and Perryton Dialysis, LLC**
**Licensee/Operating: Perryton Dialysis, LLC**
**Owner(s) of Site: National Shopping Plazas, Inc.**
**Project Description: Establish a 12 station ESRD facility in 6,858 GSF.**
**Permit Amount: $492,376**
**Permit Conditions: None**
**Project Required Commitment Date: June 5, 2019**
**Project Completion Date: June 30, 2019**
**Annual Progress Report Due Date: June 30, 2019**

Dear Mr. Niehaus:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable.** In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Illinois Administrative Code 1130 and may result in an invalidation of the permit, sanctions, fines and/or State Board action to revoke the permit.

The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. FINANCIAL COMMITMENT 20 ILCS 3960/5

   For projects to be completed in 12 months or less, the permit holder shall report financial commitment in the final completion and cost report. For projects to be completed between 12 to 24 months, the permit holder shall report financial commitment in the first annual report. For projects to be completed in more than 24 months, the permit holder shall report financial commitment in the second annual progress report.

2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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September 20, 2018 **Amended**

Bryan Niehaus, Sr. Consultant
Murer Consultants, Inc.
19065 Hickory Creek Drive, Ste 115
Mokena, IL 60448

**Re: Project Number: #17-016**
**Facility Name: Salt Creek Dialysis**
**Facility Address: 196 West North Avenue, Villa Park, Illinois**
**Applicants: DaVita, Inc., DuPage Medical Group, Ltd and Avertrail Dialysis, LLC**
**Permit Holder(s): Avertrail Dialysis, LLC**
**Licensee/Operating: Avertrail Dialysis, LLC**
**Owner(s) of Site: National Shopping Plazas, Inc.**
**Project Description: Establish a 12 station ESRD facility in 6,250 GSF.**
**Permit Amount: $3,834,316**
**Permit Conditions: None**
**Project Required Commitment Date: June 5, 2019**
**Project Completion Date: June 30, 2019**
**Annual Progress Report Due Date: June 30, 2019**

Dear Mr. Niehaus:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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1. FINANCIAL COMMITMENT 20 ILCS 3960/5

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2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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September 20, 2018 **Amended**

Keith Knepp, M.D., President
Proctor Community Hospital
5409 N. Knoxville Avenue
Peoria, IL 61614

**Re: Project Number: #17-045**
**Facility Name: Proctor Community Hospital**
**Facility Address: 5409 N. Knoxville Avenue, Ste 104, Peoria, Illinois**
**Applicants: Proctor Community Hospital and Iowa Health System**
**Permit Holder(s): Proctor Community Hospital and Iowa Health System**
**Licensee/Operating: Proctor Community Hospital**
**Owner(s) of Site: Methodist Services, Inc.**
**Project Description: Establish a 14 station ESRD facility in 5,831 GSF.**
**Permit Amount: $4,285,823**
**Permit Conditions: None**
**Project Required Commitment Date: December 5, 2019**
**Project Completion Date: December 31, 2019**
**Annual Progress Report Due Date: July 5, 2019**

Dear Dr. Knepp:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. FINANCIAL COMMITMENT 20 ILCS 3960/5

   For projects to be completed in 12 months or less, the permit holder shall report financial commitment in the final completion and cost report. For projects to be completed between 12 to 24 months, the permit holder shall report financial commitment in the first annual report. For projects to be completed in more than 24 months, the permit holder shall report financial commitment in the second annual progress report.

2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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September 20, 2018 **Amended**

Asim Shazzad, Administrator
Dialysis Care Center
15786 S. Bell Road
Homer Glen, IL 60491

**Re: Project Number: #17-061**
**Facility Name: Dialysis Care Center Elgin**
**Facility Address: 995 N. Randall Road, Elgin, Illinois**
**Applicants: Dialysis Care Center Elgin, LLC and Dialysis Care Holdings, LLC**
**Permit Holder(s): Dialysis Care Center Elgin, LLC and Dialysis Care Holdings, LLC**
**Licensee/Operating: Dialysis Care Center Elgin, LLC**
**Owner(s) of Site: DYN Commercial Holdings, LLC**
**Project Description: Establish a 14 station ESRD facility in 6500 GSF.**
**Permit Amount: $1,459,570**
**Permit Conditions: None**
**Project Required Commitment Date: October 5, 2019**
**Project Completion Date: October 30, 2019**
**Annual Progress Report Due Date: July 5, 2019**

Dear Mr. Shazzad:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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1. FINANCIAL COMMITMENT 20 ILCS 3960/5

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2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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September 20, 2018 **Amended**

Kara Friedman, Attorney
Polsinelli, PC
150 North Riverside Plaza, Ste 3000
Chicago, IL 60606

**Re: Project Number: #18-001**
**Facility Name: Garfield Kidney Center**
**Facility Address: 408-418 North Homan Avenue, Chicago, Illinois**
**Applicants: DaVita, Inc. and Total Renal Care, Inc.**
**Permit Holder(s): DaVita, Inc. and Total Renal Care, Inc.**
**Licensee/Operating: Total Renal Care, Inc.**
**Owner(s) of Site: Clark Street Real Estate, LLC**
**Project Description: Discontinue an existing 16 station ESRD facility located at 3250 West Franklin Boulevard, Chicago and establish a 24 station ESRD facility in 10,450 GSF.**
**Permit Amount: $ 6,209,342**
**Permit Conditions: None**
**Project Required Commitment Date: June 5, 2020**
**Project Completion Date: June 30, 2020**
**Annual Progress Report Due Date: July 5, 2019**

Dear Ms. Friedman:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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1. FINANCIAL COMMITMENT 20 ILCS 3960/5

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in more than 24 months, the permit holder shall report financial commitment in the second annual progress report.

2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 20, 2018 **Amended**

Lori Wright, Sr. CON Specialist
Fresenius Kidney Care
3500 Lacey Road, Suite 900
Downers Grove, IL 60515

**Re: Project Number: #18-004**
**Facility Name: Fresenius Medical Care Elgin**
**Facility Address: 2130 Point Blvd, Ste 800, Elgin, Illinois**
**Applicants: Fresenius Medical Care Elgin, LLC d/b/a Fresenius Medical Care Elgin and Fresenius Medical Care Holdings, Inc.**
**Permit Holder(s): Fresenius Medical Care Elgin, LLC d/b/a Fresenius Medical Care Elgin and Fresenius Medical Care Holdings, Inc.**
**Licensee/Operating: Fresenius Medical Care Elgin, LLC d/b/a Fresenius Medical Care Elgin**
**Owner(s) of Site: RP 2 Limited Partnership**
**Project Description: Add 5 stations to an existing 20 station ESRD facility in 10,900 GSF total.**
**Permit Amount: $195,950**
**Permit Conditions: None**
**Project Required Commitment Date: December 5, 2018**
**Project Completion Date: December 31, 2018**
**Annual Progress Report Due Date: December 31, 2018**

Dear Ms. Wright:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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1. FINANCIAL COMMITMENT 20 ILCS 3960/5

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in more than 24 months, the permit holder shall report financial commitment in the second annual progress report.

2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 20, 2018 **Amended**

Bart Becker, Administrator
DeKalb County Rehab & Nursing Center
2600 N. Annie Glidden Road
DeKalb, IL 60115

**Re: Project Number: #18-005**
**Facility Name: DeKalb County Rehab and Nursing Center**
**Facility Address: 2600 N. Annie Glidden Road, DeKalb, Illinois**
**Applicants: County of DeKalb**
**Permit Holder(s): County of DeKalb**
**Licensee/Operating: DeKalb County Rehab and Nursing Center**
**Owner(s) of Site: DeKalb County Public Building Commission**
**Project Description: Construct a new 18 bed general long term care unit. Modernize existing patient care units, clinical and non clinical areas in 108,743 GSF.**
**Permit Amount: $16,834,948**
**Permit Conditions: None**
**Project Required Commitment Date: March 5, 2020**
**Project Completion Date: March 31, 2020**
**Annual Progress Report Due Date: July 5, 2019**

Dear Mr. Becker:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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**Please note that the Illinois Department of Public Health will not license the proposed beds until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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September 20, 2018 **Amended**

Joseph R. Schullo, Project Manager
Alden Realty Service, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

**Re: Project Number: #18-009**
**Facility Name: Alden Estates-Courts of New Lenox**
**Facility Address: Cedar Crossing Drive, New Lenox, Illinois**
**Applicants: Alden New Lenox, LLC, Alden Estates-Courts of New Lenox, Inc., New Lenox Investments I, LLC and The Alden Group, Ltd.**
**Permit Holder(s): Alden New Lenox, LLC, Alden Estates-Courts of New Lenox, Inc., New Lenox Investments I, LLC and The Alden Group, Ltd.**
**Licensee/Operating: Alden Estates-Courts of New Lenox, Inc.**
**Owner(s) of Site: Alden New Lenox, LLC**
**Project Description: Construct and estatblish 166 Bed Nursing Facility in 109, 400 GSF. 52 beds will be dedicated to skilled memory care facility.**
**Permit Amount: $39,615,616**
**Permit Conditions: None**
**Project Required Commitment Date: March 5, 2020**
**Project Completion Date: March 31, 2021**
**Annual Progress Report Due Date: July 5, 2019**

Dear Mr. Schullo:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

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2. ANNUAL PROGRESS REPORT-PART 1130.760

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3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

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**Please note that the Illinois Department of Public Health will not license the proposed beds until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 20, 2018 **Amended**

Betty J. Kasparie, V.P. Corporate Compliance
Blessing Hospital
1005 Broadway
Quincy, IL 62305

**Re: Project Number: #18-010**
**Facility Name: Blessing Hospital Medical Office Building**
**Facility Address:48th and Maine street, Quincy, Illinois**
**Applicants: Blessing Hospital**
**Permit Holder(s): Blessing Hospital**
**Licensee/Operating: Blessing Hospital**
**Owner(s) of Site: Blessing Hospital**
**Project Description: Construct a medical office building in 80,524 GSF.**
**Permit Amount: $39,653,422**
**Permit Conditions: None**
**Project Required Commitment Date: June 5, 2020**
**Project Completion Date: December 31, 2020**
**Annual Progress Report Due Date: June 5, 2019**

Dear Ms. Kasparie:

On June 5, 2018, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State** Board adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable.** In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Illinois Administrative Code 1130 and may result in an invalidation of the permit, sanctions, fines and/or State Board action to revoke the permit.

The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. FINANCIAL COMMITMENT 20 ILCS 3960/5

   For projects to be completed in 12 months or less, the permit holder shall report financial commitment in the final completion and cost report. For projects to be completed between 12 to 24 months, the permit holder shall report financial commitment in the first annual report. For projects to be completed in more than 24 months, the permit holder shall report financial commitment in the second annual progress report.

2. ANNUAL PROGRESS REPORT-PART 1130.760

   An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction.

**Please note that the Illinois Department of Public Health will not license the proposed facility until such time as all of the permit requirements have been satisfied.**

Should you have any questions regarding the permit requirements, please contact Mike Constantino at mike.constantino@illinois.gov or 217-782-3516.

Sincerely,

**Kathy J. Olson, Chairwoman**
Illinois Health Facilities and Services Review Board

cc: Courtney Avery, Administrator