

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

ORIGINAL

MAR 28 2017

Facility/Project Identification

Facility Name: Stone Quarry Dialysis	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 9340 Joliet Road		
City and Zip Code: Hodgkins, Illinois 60525		
County: Cook	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

- | | |
|--|--|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other | |
- 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: Stone Quarry Dialysis		
Street Address: 9340 Joliet Road		
City and Zip Code: Hodgkins, Illinois 60525		
County: Cook	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

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

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Facility/Project Identification

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Street Address: 9340 Joliet Road		
City and Zip Code: Hodgkins, Illinois 60525		
County: Cook	Health Service Area: 7	Health Planning Area: 7

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

Exact Legal Name: Junta Dialysis, LLC	
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

<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
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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: Duc Tran
Address of Site Owner: 18564 Cox Avenue, Saratoga, CA 95070
Street Address or Legal Description of the Site: 9340 Joliet Road, Hodgkins, Illinois 60525. 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: Junta Dialysis, LLC	
Address: 2000 16 th Street, Denver, CO 80202	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> 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 Junta 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 9340 Joliet Road, Hodgkins, Illinois 60525. The proposed dialysis facility will include a total of 6,858 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	\$1,499,193		\$1,499,193
Modernization Contracts			
Contingencies	\$115,000		\$115,000
Architectural/Engineering Fees	\$155,302		\$155,302
Consulting and Other Fees	\$103,844		\$103,844
Movable or Other Equipment (not in construction contracts)	\$535,095		\$535,095
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$2,276,187		\$2,276,187
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$4,684,621		\$4,684,621
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,408,434		\$2,408,434
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$2,276,187		\$2,276,187
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$4,684,621		\$4,684,621

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>2,268,755</u>		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> 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):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> 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	
<input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> 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.

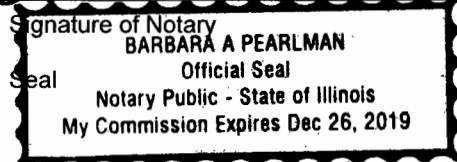
Dennis Fine
SIGNATURE

Dennis Fine
PRINTED NAME

COO
PRINTED TITLE

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

Barbara A. Pearلمان



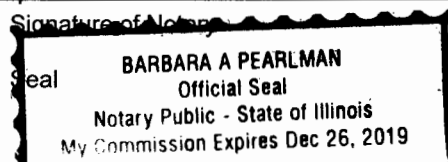
Michael V. Pacht
SIGNATURE

Michael V Pacht
PRINTED NAME

CEO
PRINTED TITLE

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

Barbara A. Pearلمان



*Insert EXACT legal name of the applicant

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

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

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

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

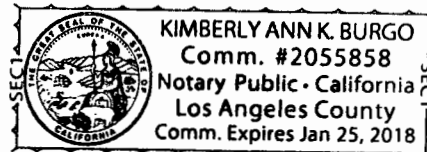
personally appeared *** Arturo Sida ***

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 Kimberly Ann K. Burgo



OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Certification re CON Application (Junta 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. / Junta 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);
- 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);
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- in the case of a sole proprietor, the individual that is the proprietor.

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

James K. Hilger

PRINTED NAME

Chief Accounting Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 24 day of March 2017

Signature of Notary

Seal

Notary Public
State of Washington
NICOLE BRUMMOND
My Appointment Expires Oct 7, 2019

*Insert EXACT legal name of the applicant

CERTIFICATION

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SIGNATURE

Arturo Sida

PRINTED NAME

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

PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE

James K. Hilger

PRINTED NAME

Chief Accounting Officer of Total Renal Care, Inc.,
Managing Member of Stone Quarry Dialysis, LLC

PRINTED TITLE

Notarization:
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this ____ day of ____

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County of Los Angeles

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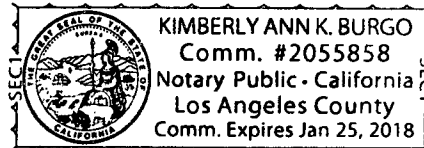
personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature



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

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Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary

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☐ Partner

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SIGNATURE

Arturo Sida

PRINTED NAME

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

PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE

James K. Hilger

PRINTED NAME

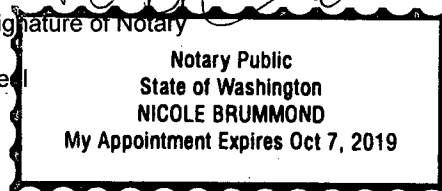
Chief Accounting Officer of Total Renal Care, Inc.,
Managing Member of Stone Quarry Dialysis, LLC

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of March 2017

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

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

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

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.

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

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?

APPENDIX B 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	MEET 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
<input checked="" type="checkbox"/> 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]:

\$2,408,434	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$2,276,187 (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: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital

	improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
_____	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.
\$4,684,621	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 NUMERIC SEQUENTIAL 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 Junta Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Junta Dialysis, LLC will be the operator of Stone Quarry Dialysis. Stone Quarry Dialysis is a trade name of Junta 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

JUNTA 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.



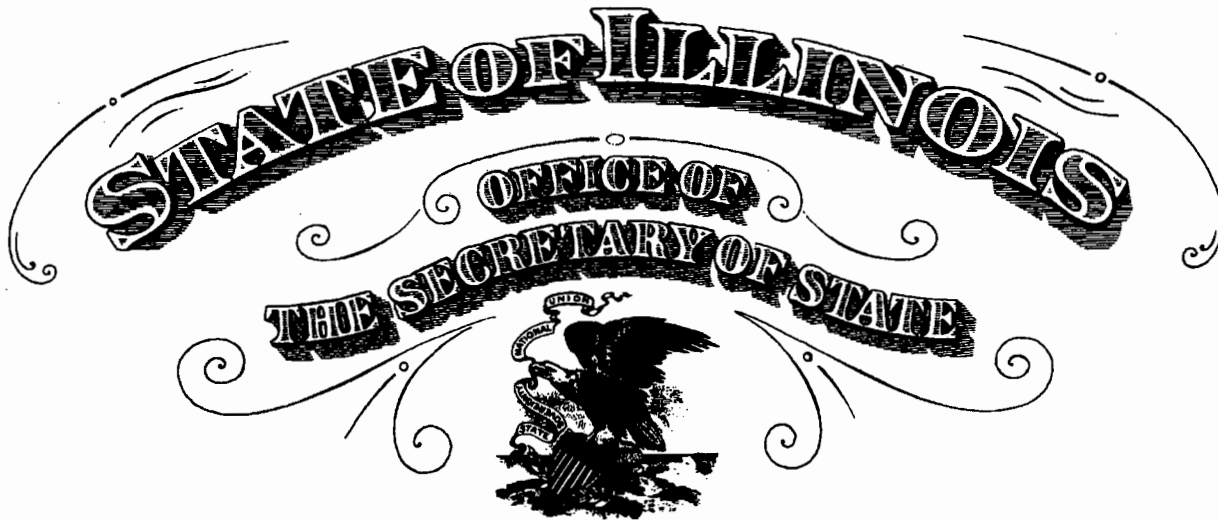
Authentication #: 1707901762 verifiable until 03/20/2018

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



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 Duc Tran and Junta Dialysis, LLC to lease the facility located at 9340 Joliet Road, Hodgkins, Illinois 60525 is attached at Attachment – 2.

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

February 28, 2017

Doug Renner
Baum Realty Group
1030 W Chicago Ave, Suite 200
Chicago, IL 60642

RE: LOI for a newly constructed building on 9340 Joliet Rd, Hodgkins, IL 60525

Mr. Renner:

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

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

<u>PREMISES:</u>	To be constructed single tenant building on 9340 Joliet Rd, Hodgkins, IL 60525 <i>Please verify address of premises</i>
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>LANDLORD:</u>	<i>Duc Tran and his affiliates</i>
<u>SPACE REQUIREMENTS:</u>	Approximately 6,858 rentable square feet.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	\$36.00/psf NNN
<u>BASE RENT ESCALATIONS:</u>	Base rent shall increase by 10% every five (5) years starting in year 6 of the initial lease term.
<u>ADDITIONAL EXPENSES:</u>	Tenant is responsible for CAMIT expenses. Taxes are estimated at \$59,000 per year. Tenant's Prorata Share: 100% Tenant shall be responsible for its directly metered utility expenses.
<u>LANDLORD'S MAINTENANCE:</u>	None. Tenant is responsible for its structure, parking and capitalized items.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant within 30 days from the later of lease execution, waiver of CON contingency, and any other Tenant contingencies which shall be defined prior to lease execution. Rent Commencement shall be the earlier of the following two events (a) Tenant opening for business and (b) nine (9) months from delivery of Possession by Landlord and Tenant obtaining building permits for its intended improvements so long as Tenant is diligently pursuing approvals. At no time shall rent commencement exceed 12 month's from the later of lease execution, waiver of CON contingency, and any other Tenant contingencies, whether Tenant has received permits or not. Landlord's delivery obligations hereunder shall be subject to force majeure.

LEASE FORM:

Tenant's standard lease form.

USE:

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

OEA has been provided.

PARKING:

Tenant requests:

- a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
- c) Handicapped stalls located near the front door to the Premises
- d) A patient drop off area, preferably covered

TENANT IMPROVEMENTS:

Landlord will pay to Tenant's General Contractor an allowance ("Tenant Allowance") for costs incurred by Tenant in connection with the construction of the Premises. The Tenant Allowance will be an amount equal to \$180.00 per square foot of the Building Floor Area, payable in monthly draws on the first day of each month during the performance of Tenant's Improvements. With each draw request, Tenant's General Contractor shall include sworn statements and lien waivers from each contractor and subcontractor for which payments are being made. At the time of Lease execution, Landlord and Tenant will enter into an escrow agreement or tri-party agreement providing for the payment of the Tenant Allowance (the "Security Agreement"). If Landlord does not fund the escrow or fails to make any payment of the Tenant Allowance on a timely basis, Tenant will have the right to, stop construction of Tenant's Improvements and/or offset any unpaid amounts against Rent until the time Landlord makes payment. Landlord shall have 30 days to cure without penalty. The Security Agreement will authorize payment of damages or any applicable portion of Tenant's Costs from the account established for Tenant Allowance. Tenant's plans will be subject to Landlord's approval. Post letter of credit. Pay against sworn statements/lien waivers.

Building design shall be a mixture of brick, EIFS and glass.

Tenant will have the right to convert any overage in Tenant Allowance to be used towards Tenant Improvements.

OPTION TO RENEW:

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

HOLDING OVER:

Tenant shall be obligated to pay 120% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations.

BUILDING HOURS:

As a single Tenant building, Tenant will have access 24 hours a day, seven days a week and will have direct control of HVAC and other utilities.

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 the Landlord so long as entity has equal or greater net worth, or to unrelated entities with Landlord reasonable approval. No assignment or sublease will release Tenant from obligations.

ROOF RIGHTS:

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

CONDITION:

Landlord is delivery to Tenant the premises in "As Is" condition.

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's local representative and shall pay a brokerage fee equal to 2.5% of the aggregate base rent for the initial lease term, 50% shall be due upon the later of lease signatures, waiver of CON contingency, permit approval, and any other Tenant contingencies which shall be defined prior to lease execution, and 50% shall be due within thirty (30) days from payment of first month's rent.

CONTINGENCIES:

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

PLANS:

Please provide copies of site and construction plans or drawings.

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

Sincerely,
Matthew J. Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:

9340 Joliet Rd, Hodgkins, IL 60525

AGREED TO AND ACCEPTED THIS 14 DAY OF MARCH 2017By: 

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

AGREED TO AND ACCEPTED THIS 8 DAY OF MARCH 2017By: DUC TRAN

("Landlord")

EXHIBIT A**NON-BINDING NOTICE**

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

EXHIBIT B

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 9340 Joliet Rd, Hodgkins, IL 60525

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

____ Yes ____ No

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

____ Yes ____ No

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

____ Yes ____ No

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

____ Yes ____ No

(Please add landlord or entity name)

By: _____

Print: _____

Its: _____

Date: _____

EXHIBIT A

Legal Description

PARCEL 1:

LOT 8 IN THE QUARRY SHOPPING CENTER SUBDIVISION, BEING A RESUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 23, 1992, AS DOCUMENT NO. 92970141, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY OPERATION AND EASEMENT AGREEMENT DATED JUNE 30, 1992 AND RECORDED JULY 7, 1992 AS DOCUMENT 92489577 MADE BY HOMART COMMUNITY CENTERS, INC., A DELAWARE CORPORATION, AND DAYTON HUDSON CORPORATION, A MINNESOTA CORPORATION, FOR PASSAGE AND PARKING OF VEHICLES OVER AND ACROSS THE PARKING AND DRIVEWAY AREAS OF THE FOLLOWING DESCRIBED TRACT, AND FOR PASSAGE AND ACCOMMODATION OF PEDESTRIANS OVER AND ACROSS THE PARKING, DRIVEWAY AND SIDEWALK AREAS OF THE FOLLOWING DESCRIBED TRACT:

LOTS 1 TO 12 (EXCEPT PARCEL 1 OF CAPTION) IN THE QUARRY SHOPPING CENTER SUBDIVISION BEING A RESUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 3:

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY OPERATION AND EASEMENT AGREEMENT DATED JUNE 30, 1992 AND RECORDED JULY 7, 1992 AS DOCUMENT 92489577 MADE BY HOMART COMMUNITY CENTERS, INC., A DELAWARE CORPORATION, AND DAYTON HUDSON CORPORATION, A MINNESOTA CORPORATION, FOR THE FOLLOWING PURPOSE, ALL AS MORE FULLY DESCRIBED IN SAID AGREEMENT (A) INSTALLATION, OPERATION, FLOW, PASSAGE, USE, MAINTENANCE, CONNECTION, REPAIR, RELOCATION AND REMOVAL OF UTILITY LINES, INCLUDING, BUT NOT LIMITED TO, SANITARY SEWERS, STORM DRAINS, AND WATER (FIRE AND DOMESTIC), GAS, ELECTRICAL, TELEPHONE AND COMMUNICATION LINES, (B) DISCHARGE OF SURFACE STORM DRAINAGE AND/OR RUNOFF AND (C) CONSTRUCTION, MAINTENANCE AND

REPLACEMENT OF UNDERGROUND FOOTINGS, ALL IN, TO, OVER, UNDER, ALONG AND ACROSS THOSE PORTIONS OF THE COMMON AREA, AS DEFINED WITHIN SAID AGREEMENT, LOCATED ON THE FOLLOWING DESCRIBED TRACT:

LOTS 1 TO 12 (EXCEPT PARCEL 1 OF CAPTION) IN THE QUARRY SHOPPING CENTER SUBDIVISION BEING A RESUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 4:

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY RECIPROCAL EASEMENT AGREEMENT DATED AS OF DECEMBER 17, 1993 AND RECORDED DECEMBER 28, 1993 AS DOCUMENT 03065887 MADE BY HOMART DEVELOPMENT CO., A DELAWARE CORPORATION AND CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM, FOR THE USE OF THE PARKING AREAS, SIDEWALKS, WALKWAYS AND ROADWAYS CONSTRUCTED, AS SUCH AREAS MAY EXIST FROM TIME TO TIME; AND AN EASEMENT TO TIE INTO, CONNECT WITH, AND USE WATER, SANITARY AND STORM SEWER, TELEPHONE, AND ELECTRIC LINES, CONDUITS, TRANSMISSION AND METERING DEVICES, AND OTHER SIMILAR UTILITY FACILITIES; AND AN EASEMENT TO CONSTRUCT, RECONSTRUCT, INSTALL, REPAIR, REPLACE, AND MAINTAIN WATER, STORM AND SANITARY SEWER, TELEPHONE, AND ELECTRIC LINES, CONDUITS, TRANSMISSIONS AND METERING DEVICES AND OTHER UTILITY FACILITIES, OVER THE FOLLOWING DESCRIBED TRACT:

LOTS 1, 3, 4, 5, 7, 10, 11, AND 12 IN THE QUARRY SHOPPING CENTER SUBDIVISION BEING A RESUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 5:

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY RECIPROCAL EASEMENT AGREEMENT DATED JULY 16, 1993 AND RECORDED JULY 16, 1993 AS DOCUMENT 93554133 MADE BY HOMART COMMUNITY CENTERS, INC., A DELAWARE CORPORATION AND B&G REALTY, INC., ASSIGNMENT OF RECIPROCAL EASEMENT AGREEMENTS RECORDED DECEMBER 28, 1993 AS DOCUMENT 03065889, FOR THE USE OF THE PARKING AREAS, SIDEWALKS, WALKWAYS AND ROADWAYS CONSTRUCTED, AS SUCH AREAS MAY EXIST FROM TIME TO TIME; AND AN EASEMENT TO TIE INTO, CONNECT WITH, AND USE WATER, SANITARY AND STORM SEWER, TELEPHONE, AND ELECTRIC LINES, CONDUITS, TRANSMISSION AND METERING DEVICES, AND OTHER SIMILAR UTILITY FACILITIES; AND AN EASEMENT TO CONSTRUCT, RECONSTRUCT, INSTALL, REPAIR, REPLACE, AND MAINTAIN WATER, STORM AND SANITARY SEWER, TELEPHONE, AND ELECTRIC

LINES, CONDUITS, TRANSMISSION AND METERING DEVICES AND OTHER UTILITY FACILITIES, OVER THE FOLLOWING DESCRIBED TRACT:

THAT PART OF LOT 6 IN THE QUARRY SHOPPING CENTER SUBDIVISION, BEING A RESUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 23, 1992 AS DOCUMENT NO. 92970141, DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF SAID LOT 6; THENCE NORTH 60 DEGREES 50 MINUTES 40 SECONDS EAST ALONG THE NORTHERLY LINE OF SAID LOT 6 A DISTANCE OF 512.83 FEET FOR A PLACE OF BEGINNING; THENCE NORTH 60 DEGREES 50 MINUTES 40 SECONDS EAST ALONG SAID NORTHERLY LINE A DISTANCE OF 23.93 FEET TO A BEND POINT IN SAID LINE; THENCE NORTH 0 DEGREES 03 MINUTES 38 SECONDS WEST ALONG SAID LINE A DISTANCE OF 11.44 FEET TO A BEND POINT IN SAID LINE; THENCE NORTH 60 DEGREES 50 MINUTES 40 SECONDS EAST ALONG SAID NORTHERLY LINE A DISTANCE OF 156.56 FEET; THENCE SOUTH 29 DEGREES 09 MINUTES 20 SECONDS EAST 35.24 FEET; THENCE NORTH 60 DEGREES 50 MINUTES 40 SECONDS EAST 21.81 FEET; THENCE SOUTH 29 DEGREES 09 MINUTES 20 SECONDS EAST ALONG THE EASTERLY LINE OF SAID LOT 6 A DISTANCE OF 116.82 FEET TO A POINT OF CURVATURE; THENCE SOUTHERLY ALONG SAID EASTERLY LINE, BEING THE ARC OF A CURVE, BEING CONCAVE TO THE WEST, HAVING A RADIUS OF 15.00 FEET, HAVING A CHORD BEARING OF SOUTH 6 DEGREES 03 MINUTES 34 SECONDS WEST, A DISTANCE OF 18.44 FEET TO A POINT OF COMPOUND CURVATURE; THENCE SOUTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 6, BEING THE ARC OF A CURVE, BEING CONCAVE TO THE NORTHWEST HAVING A RADIUS OF 187.00 FEET, HAVING A CHORD BEARING OF SOUTH 51 DEGREES 03 MINUTES 34 SECONDS WEST, A DISTANCE OF 63.87 FEET TO A POINT OF TANGENCY; THENCE SOUTH 60 DEGREES 50 MINUTES 40 SECONDS WEST ALONG SAID SOUTHERLY LINE 135.05 FEET; THENCE NORTH 29 DEGREES 09 MINUTES 20 SECONDS WEST 167.00 FEET TO THE PLACE OF BEGINNING; IN COOK COUNTY, ILLINOIS.

PARCEL 6:

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY RECIPROCAL EASEMENT AGREEMENT DATED AS OF SEPTEMBER 2, 1993 AND RECORDED SEPTEMBER 2, 1993 AS DOCUMENT 93702870 MADE BY HOMART DEVELOPMENT CO., A DELAWARE CORPORATION, AND THE PEP BOYS MANNY, MOE & JACK OF CALIFORNIA, ASSIGNMENT OF RECIPROCAL EASEMENT AGREEMENTS RECORDED DECEMBER 28, 1993 AS DOCUMENT 03065889, FOR THE USE OF THE PARKING AREAS, SIDEWALKS, WALKWAYS AND ROADWAYS CONSTRUCTED, AS SUCH AREAS MAY EXIST FROM TIME TO TIME; AND AN EASEMENT TO TIE INTO, CONNECT WITH, AND USE WATER, SANITARY AND

STORM SEWER, TELEPHONE, AND ELECTRIC LINES, CONDUITS, TRANSMISSION AND METERING DEVICES, AND OTHER SIMILAR UTILITY FACILITIES; AND AN EASEMENT TO CONSTRUCT, RECONSTRUCT, INSTALL, REPAIR, REPLACE, AND MAINTAIN WATER, STORM AND SANITARY SEWER, TELEPHONE, AND ELECTRIC LINES, CONDUITS, TRANSMISSION AND METERING DEVICES AND OTHER UTILITY FACILITIES, OVER THE FOLLOWING DESCRIBED TRACT:

LOT 2 IN THE QUARRY SHOPPING CENTER SUBDIVISION, BEING A RESUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 23, 1992 AS DOCUMENT NO 92970141 IN COOK COUNTY, ILLINOIS.

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

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

JUNTA 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 .***

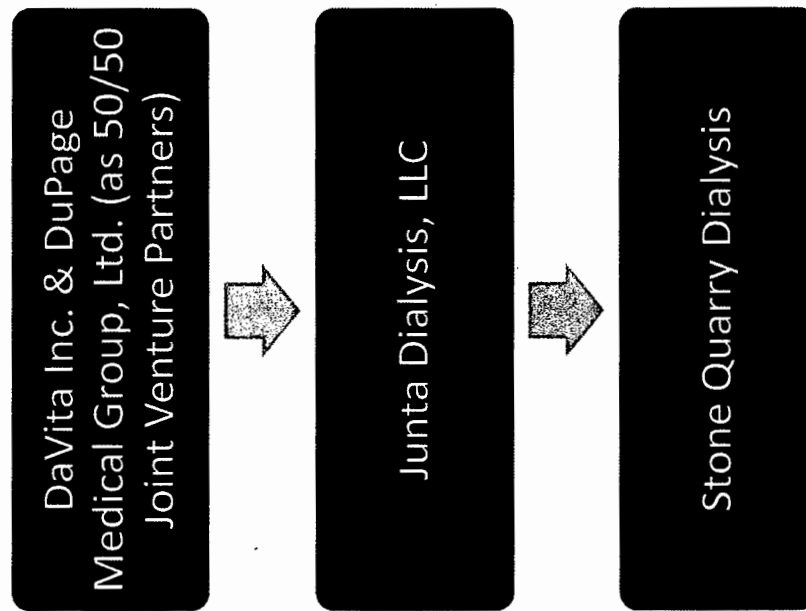
Jesse White

SECRETARY OF STATE

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

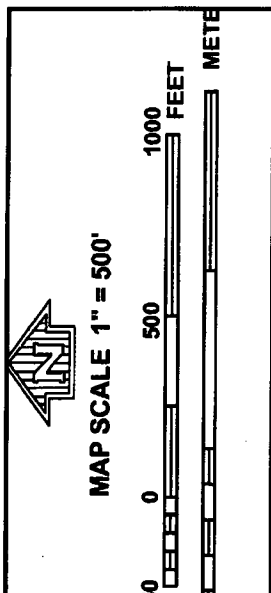
The organizational chart for DaVita Inc., DuPage Medical Group, Ltd, Junta Dialysis, LLC, and Stone Quarry Dialysis is attached at Attachment – 4.

Stone Quarry 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 9340 Joliet Road, Hodgkins, Illinois 60525. 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.



NFIP

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY,

ILLINOIS

AND INCORPORATED AREAS

PANEL 488 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
BEDFORD PARK, VILLAGE OF	171007	0488	J
COOK COUNTY	170054	0488	J
COUNTRYSIDE CITY OF	170078	0488	J
HODKINS, VILLAGE OF	170106	0488	J
JUSTICE, VILLAGE OF	170112	0488	J
WILLOW SPRINGS, VILLAGE OF	170174	0488	J

PANEL 0488J

MAP NUMBER

17031C0488J

MAP REVISED

AUGUST 19, 2008

Federal Emergency Management Agency

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

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



Illinois Historic Preservation Agency

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

FAX (217) 524-7525
www.illinoishistory.gov

Cook County

Hodgkins

CON - Lease to Establish a 12-Station Dialysis Facility

9340 Joliet Road

IHPA Log #009030217

March 15, 2017

Timothy Tincknell

DaVita Healthcare Partners, Inc.

2484 N. Elston Ave.

Chicago, IL 60647

Dear Mr. Tincknell:

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

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

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

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

Sincerely,

Rachel Leibowitz, Ph.D.

Deputy State Historic

Preservation Officer

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	\$1,499,193		\$1,499,193
Modernization Contracts			
Site Survey and Soil Investigation			
Contingencies	\$115,000		\$115,000
Architectural/Engineering Fees	\$155,302		\$155,302
Consulting and Other Fees	\$103,844		\$103,844
Moveable and Other Equipment			
Communications	\$68,644		\$68,644
Water Treatment	\$145,475		\$145,475
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	\$28,000		\$28,000
Signage	\$12,300		\$12,300
Total Moveable and Other Equipment	\$535,095		\$535,095
Fair Market Value of Leased Space	\$2,276,187		\$2,276,187
Total Project Costs	\$4,684,621		\$4,684,621

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	\$4,684,621		6,858	6,858			
Total Clinical	\$4,684,621		6,858	6,858			
NON REVIEWABLE							
NON-CLINICAL							
Total Non-Reviewable							
TOTAL	\$4,684,621		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 Stone Quarry Dialysis, a 12-station in-center hemodialysis facility to be located at 9340 Joliet Road, Hodgkins, Illinois 60525.

JUNTA DIALYSIS, LLC (d/b/a STONE QUARRY DIALYSIS)

DuPage Medical Group, Ltd. and DaVita, Inc. are co-applicants for the proposed facility, with each representing a 50% membership interest in Junta 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 Stone Quarry 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 Cook and 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 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 Hodgkins 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.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 Stone Quarry 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.

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.

² Id.

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

⁴ Id.

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.

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

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

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

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.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.

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

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

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

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 six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).¹⁰
- 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

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.

- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

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

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

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

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

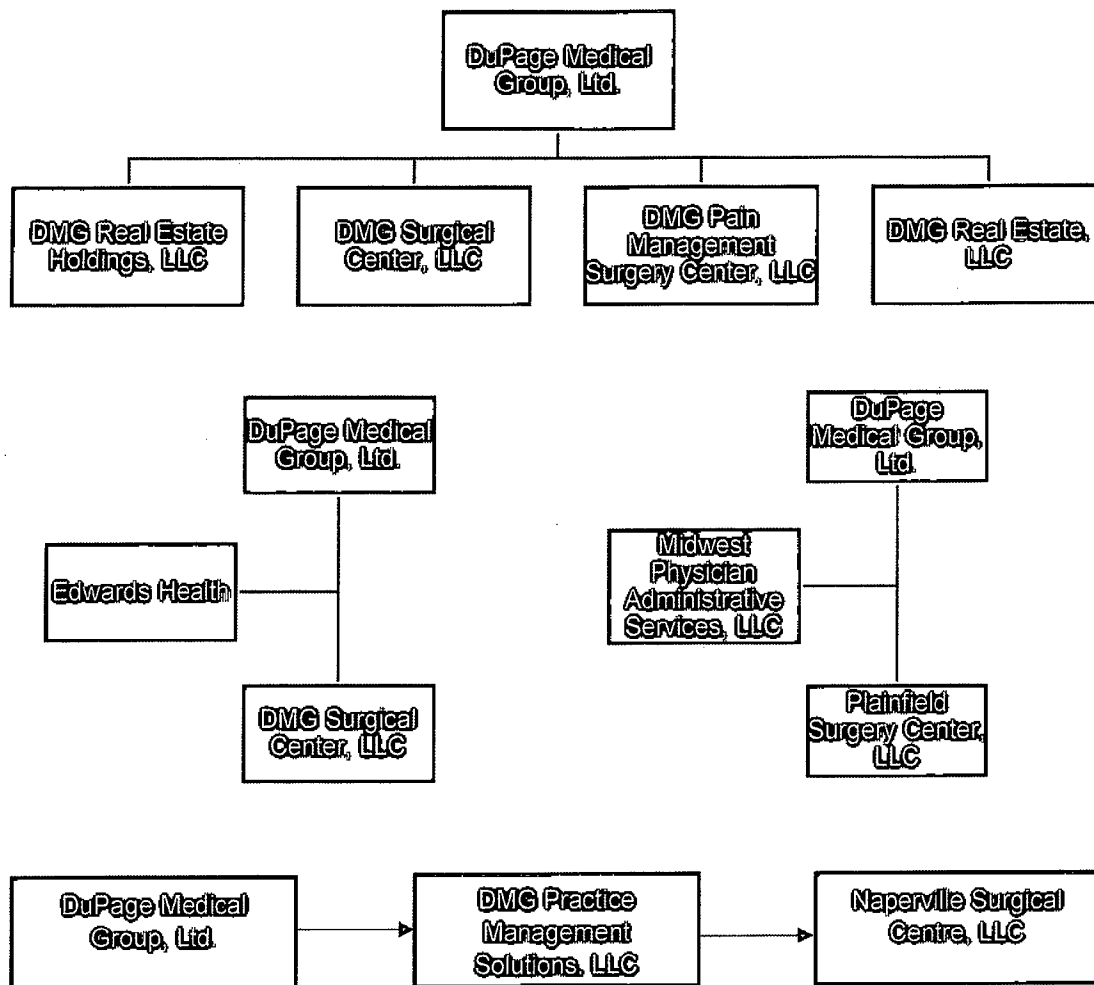
but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

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		FREEDPORT	STEPHENSON	IL	61032-6712	14-2747		
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701		
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580		
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529		
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511		
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101			
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728		
Freeport Dialysis	1028 S KUNKLE BLVD		FREEDPORT	STEPHENSON	IL	61032-6914	14-2642		
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		HUNTLEY	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		BELLEVEILLE	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 # 14C 0001139



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	EEB83B9982158		
Complimentary AAAHC Institute study participation code			82158FREEIQ

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.



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

1141



**Illinois Department of
PUBLIC HEALTH** HF111337

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

8/6/2017

Certificate

7003162

Ambulatory Surgery Treatment Center

Effective: 08/07/2016

DMG Pain Management Surgery Center, LLC
2840 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. #4012329 10M/2012

→
DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 8/6/2017

Lic Number 7003162

Date Printed 7/14/2016

Validation Num 248

DMG Pain Management Surgery Cent

2480 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

451112691

LICENSE RENEWAL CERTIFICATION REGISTRATION

THE STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF REGISTRATION

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

Director

EXP. DATE: 8/9/2017 7003023

Ambulatory Surgery Treatment Center

Effective: 09/10/2016

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



grants this

CERTIFICATE OF ACCREDITATION

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

2725 S. TECHNOLOGY DRIVE
LYNNHARD, IL 60148-5674

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.

68091

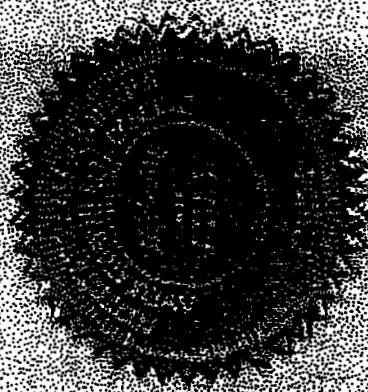
MAY 1, 2018

Signature of Accreditation Association Representative

[Signature]

Accreditation Association Representative

Signature of Accredited Organization Representative



[Signature]
Signature of Accredited Organization Representative

Signature of Accredited Organization Representative

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 Junta 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 Fine

Print Name: Dennis Fine

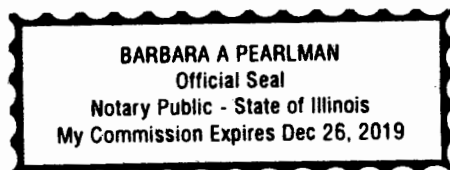
Its: COO

DuPage Medical Group Ltd.
Junta Dialysis, LLC

Subscribed and sworn to me
This 14th 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 Junta 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 Junta 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)

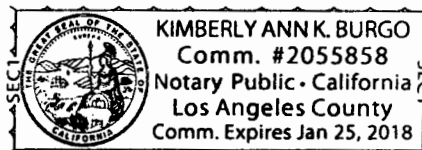
personally appeared *** Arturo Sida ***

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.

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 - Certification re CON Application (Junta 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. / Junta 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 Hodgkins area. Excluding the 6 facilities that are not yet open / operational for 2 years and 4 stations from 1 facility that recently added them, there are 25 dialysis facilities within 30 minutes of the proposed Stone Quarry Dialysis that have been operational for at least 2 years. Collectively, the 25 facilities were operating at 76.7% 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 treating 3,529 CKD patients, with 184 CKD patients that reside within 15 minutes of the proposed site for Stone Quarry 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 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 1,958 in-center hemodialysis patients residing within 30 minutes of the proposed Stone Quarry 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

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.

timing of patient referrals and poor communication between PCPs and nephrologists have been cited as key contributing factors²⁰.

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 Hodgkins 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 Hodgkins area who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

²⁰ 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.

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

2. Planning / Market Area: 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 30 minutes normal travel time to Park Ridge, IL.
- Northeast approximately 30 minutes normal travel time to Cicero, IL.
- East approximately 30 minutes normal travel time to West Elsdon (Chicago), IL.
- Southeast approximately 30 minutes normal travel time to Merrionette Park, IL.
- South approximately 30 minutes normal travel time to Orland Hills, IL.
- Southwest approximately 30 minutes normal travel time to Romeoville, IL.
- West approximately 35 minutes normal travel time to Naperville, IL.
- Northwest approximately 30 minutes normal travel time to Glen Ellyn, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of Hodgkins 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 Hodgkins, Illinois. DuPage Medical Group expects at least 61 of the current 184 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 18 months of project approval.
7. Modernization: This project involves new construction.

[illegible]

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

Alternatives

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

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 and Cook 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 Hodgkins 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 **\$4,684,621.**

Utilize Existing Facilities

Excluding the 6 facilities that are not yet open / operational for 2 years and 4 stations from 1 facility that recently added them, there are 25 dialysis facilities within 30 minutes of the proposed Stone Quarry Dialysis that have been operational for at least 2 years. Collectively, the 25 facilities were operating at 76.7% 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 1,958 in-center hemodialysis patients residing within 30 minutes of the proposed Stone Quarry 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 184 CKD patients that reside within 15 minutes of the proposed site for Stone Quarry 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 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 Stone Quarry 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 184 CKD patients that reside within 15 minutes of the proposed site for Stone Quarry 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 9340 Joliet Road, Hodgkins, Illinois 60525. As shown in Attachment – 24A, when excluding the 6 facilities that are not open / operational for 2 years, and 4 stations from the 1 facility that recently added them, there are 25 dialysis facilities within 30 minutes of the proposed Stone Quarry Dialysis that have been operational for at least 2 years. Collectively, the 25 facilities were operating at a utilization rate of 76.7% 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 1,958 in-center hemodialysis patients residing within 30 minutes of the proposed Stone Quarry 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 184 CKD patients that reside within 15 minutes of the proposed site for Stone Quarry 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.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the greater Hodgkins 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 Hodgkins area. As evidenced in the physician referral letter attached at Appendix - 1, 184 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 Nephrologist's 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
60525	18
60526	7
60513	4
60458	2
60501	1
60534	3
60558	5
60527	21
Total	61

5. 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 Hodgkins area. Currently, when excluding the 6 facilities that are not yet open / operational for 2 years, as well as the 4 stations from the 1 facility that recently added them, there are 25 dialysis facilities that have been in operation for at least 2 years, within 30 minutes of the proposed Stone Quarry Dialysis. The 25 facilities were all operating at an average utilization of 76.7% 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 1,958 in-center hemodialysis patients residing within 30 minutes of the proposed Stone Quarry 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 9340 Joliet Road, Hodgkins, Illinois 60525. 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
60544	PLAINFIELD	25,959
60446	ROMEOVILLE	39,807
60440	BOLINGBROOK	52,911
60441	LOCKPORT	36,869
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
60137	GLEN ELLYN	37,805
60523	OAK BROOK	9,890
60181	VILLA PARK	28,836
60126	ELMHURST	46,371
60162	HILLSIDE	8,111
60163	BERKELEY	5,209
60462	ORLAND PARK	38,723
60463	PALOS HEIGHTS	14,671
60445	MIDLOTHIAN	26,057
60464	PALOS PARK	9,620
60480	WILLOW SPRINGS	5,246
60465	PALOS HILLS	17,495
60457	HICKORY HILLS	14,049
60455	BRIDGEVIEW	16,446

60525	LA GRANGE	31,168
60526	LA GRANGE PARK	13,576
60458	JUSTICE	14,428
60501	SUMMIT ARGO	11,626
60513	BROOKFIELD	19,047
60534	LYONS	10,649
60482	WORTH	11,063
60415	CHICAGO RIDGE	14,139
60459	BURBANK	28,929
60803	ALSIP	22,285
60453	OAK LAWN	56,855
60456	HOMETOWN	4,349
60638	CHICAGO	55,026
60402	BERWYN	63,448
60430	HOMEWOOD	20,094
60429	HAZEL CREST	15,630
60428	MARKHAM	12,203
60472	ROBBINS	5,390
60469	POSEN	5,930
60406	BLUE ISLAND	25,460
60426	HARVEY	29,594
60655	CHICAGO	28,550
60805	EVERGREEN PARK	19,852
60652	CHICAGO	40,959
60154	WESTCHESTER	16,773
60155	BROADVIEW	7,927
60104	BELLWOOD	19,038
60165	STONE PARK	4,946
60153	MAYWOOD	24,106
60141	HINES	224
60546	RIVERSIDE	15,668
Total		1,310,269

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 7, 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 min utilization of the existing approved In-Center Hemodialysis (ICHD) facilities that have been operational for at least 2 years is 76.7% 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 105.3% of the State Average.

Table 1110.1430(c)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	1,310,269	491	1:2,669
State	12,830,632	4,566	1:2,810

b. Historic Utilization of Existing Facilities

Excluding the 6 facilities that are not yet open / operational for 2 years, as well as the 4 stations from the 1 facility that recently added them, there are 25 dialysis facilities within 30 minutes of the proposed Stone Quarry Dialysis that have been operational for at least 2 years. Their average 30 min utilization was 76.7% 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 1,958 in-center hemodialysis patients residing within 30 minutes of the proposed Stone Quarry 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 184 CKD patients that reside within 15 minutes of the proposed site for Stone Quarry 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 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 Stone Quarry Dialysis is 76.7%. 1,958 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 Stone Quarry Dialysis facility will not lower the utilization of area provider below the occupancy standards.

- b. Excluding the six facilities that are not yet open / operational for 2 years, as well as the four stations that were recently added to one facility, there are 25 existing dialysis facilities that have been operating for 2 or more years within the proposed 30 minute GSA for Stone Quarry Dialysis. As of December 31, 2016, the 25 facilities were operating at an average utilization of 76.7%. Based upon June 2016 data from The Renal Network (the most current data available), there were 1,958 in-center hemodialysis patients residing within 30 minutes of the proposed Geneva Crossing 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 Stone Quarry 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: Shivani Shah, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Shah's curriculum vitae is attached at Attachment – 24C.
 - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator (0.93 FTE)
Registered Nurse (3.21 FTE)
Patient Care Technician (3.63 FTE)
Biomedical Technician (0.28 FTE)
Social Worker (licensed MSW) (0.51 FTE)
Registered Dietitian (0.51 FTE)
Administrative Assistant 0.74 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, Stone Quarry 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 Stone Quarry 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(i), 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	12-31--2016 Stations	12-31-2016 Patients	12-31-2016 Utilization
Fresenius Medical Care Lemont*	16177 West 127th Street	Lemont	15	20	23	12	11	0.1528
USRC Bollingbrook Dialysis	396 Remington Blvd	Bollingbrook	13.8	24	27.6	13	63	0.8077
Bollingbrook Dialysis Center	329 Remington Blvd	Bollingbrook	13.4	24	27.6	24	123	0.8542
USRC Oak Brook	1201-B Butterfield Rd.	Downers Grove	14.5	22	25.3	13	55	0.7051
Downers Grove Dialysis Center	3825 Highland Ave., Suite 102	Downers Grove	14.9	23	26.45	16	71	0.7396
FMC Dialysis Services of Willowbrook	6300 South Kingery Highway #408	Willowbrook	6.6	15	17.25	20	75	0.625
NextStage Oak Brook	1600 West 16th Street	Oak Brook	10.2	19	21.85	8	14	0.2917
Nocturnal Dialysis Spa*	1634 South Ardmore Avenue	Villa Park	12.9	19	21.85	12	3	0.0417
FMC Elmhurst	133 E. Brush Hill Road	Elmhurst	11.2	18	20.7	28	112	0.6667
LaGrange Dialysis Center	2400 Wolf Road, Suite 101a	Westchester	6.4	20	23	20	78	0.65
Palos Park Dialysis	13155 S. La Grange Road	Orland Park	9.6	15	17.25	12	46	0.6389
Dialysis Center of America - Orland Park	9160 West 159th Street	Orland Park	13.5	25	28.75	18	72	0.6667
Country Hills Dialysis	4215 West 167th Street	Country Club Hills	21.8	25	28.75	24	103	0.7153
Concerto Dialysis - Crestwood	14255 S. Cicero Ave.	Crestwood	16.1	22	25.3	9	19	0.3519
Dialysis Center of America - Crestwood	4861-73 West Cal Sag Road	Crestwood	14.5	18	20.7	24	105	0.7292
USRC Hickory Hills*	9528 South Roberts Road, Suite B-2	Hickory Hills	6.6	12	13.8	13	0	0
Fresenius Medical Care Summit*	7319 Archer Avenue	Summit	4.1	8	9.2	12	12	0.1667
Chicago Ridge Dialysis*	10511 South Harlem Avenue	Chicago Ridge	9.8	21	24.15	16	36	0.375
Alsip Dialysis Center	12250 S. Cicero Ave. Suite 105	Alsip	13.7	22	25.3	20	85	0.7083
Dialysis Care Center of Oak Lawn*	9115 South Cicero Avenue, Suite 300	Oak Lawn	10.2	24	27.6	11	0	0
Stony Creek Dialysis	9115 S. Cicero Ave	Oak Lawn	10.2	23	26.45	14	76	0.9048
Fresenius Medical Care - Midway	6201 W. 63rd Street	Chicago	6.4	16	18.4	12	64	0.8889
FMC Dialysis Services - Burbank	4811 W. 77th Street	Burbank	9.2	21	24.15	26	132	0.8462
RCG-Scottsdale	4651 W. 79th Street	Chicago	8.9	20	23	36	163	0.7546
FMC - Blue Island Dialysis Ctr**	12200 South Western Avenue	Blue Island	19	24	27.6	28	119	0.7083
FMC - Merrionette Park	11630 S. Kedzie Avenue	Merrionette Park	16.5	23	26.45	24	137	0.9514
Mount Greenwood Dialysis	3401 W. 111th Street	Chicago	16.9	24	27.6	16	95	0.9896
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood	6.7	18	20.7	30	142	0.7889
Dialysis Center of America - Berwyn	2601 South Harlem Avenue	Berwyn	6.8	19	21.85	28	150	0.8929
Fresenius Medical Care Cicero	3000 South Cicero Avenue	Cicero	8.8	17	19.55	16	61	0.6354
DaVita Lawndale Dialysis	3934 West 24th Street	Chicago	10.2	25	28.75	16	98	1.0208
TOTAL						571	2320	0.6772
TOTAL excluding Facilities Operational < 2 Yrs* & 4 New Stations at FMC Blue Island**						491	2258	0.7665

This is a detailed black and white map of the Chicago area, showing major highways, cities, and geographical features. The map includes labels for various cities such as Chicago, Evanston, Oak Park, and Northbrook. It also shows the locations of several bridges and tunnels, including the Lake Shore Drive Bridge and the Chicago Lake Bridge. The map is oriented with North at the top and includes a scale bar indicating distances in miles.

SHIVANI SHAH, MD

CONTACT AND DEMOGRAPHIC INFORMATION

Home Address: 414 Water Street, Apartment 1503
Baltimore, MD 21202
Phone: 847-254-7595

Business Address: Division of Nephrology, Department of Medicine
301 Mason Lord Drive, Suite 2500
Johns Hopkins Bayview Medical Center
Baltimore, MD 21224
Phone: 410-550-2820
Fax: 410-550-7950
Email: sshah72@jhmi.edu

State and Country of Birth: Delaware, United States

POST GRADUATE TRAINING

7/2013 – 6/2015 Johns Hopkins Hospital
Nephrology Fellowship
Baltimore, MD

7/2009 – 6/2012 McGaw Medical Center of Northwestern University
Internship and Residency in Internal Medicine
Chicago, IL

EDUCATION

8/2005 – 5/2009 Feinberg School of Medicine, Northwestern University
Doctor of Medicine
Chicago, IL

8/2001 – 5/2005 Illinois Institute of Technology
Bachelor of Science in Molecular Biochemistry and Biophysics
Chicago, IL

CERTIFICATION/LICENSURE

2015 - present Diplomate in Nephrology, American Board of Internal Medicine
2012 - present Diplomate in Internal Medicine, American Board of Internal Medicine
2012 - present Licenced Physician, State of Illinois
2015 - present Licenced Physician, State of Maryland

ACADEMIC AND CLINICAL APPOINTMENTS

9/2016 – PRESENT Clinical Nephrologist
DuPage Medical Group

7/2015 – 6/2016 Clinical Associate/Clinical Instructor
Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center

7/2012 – 6/2013 Clinical Instructor
Chicago Lake Shore Medical Associates, Northwestern Medical Faculty
Foundation, and Feinberg School of Medicine, Northwestern University

HONORS

2013 Excellence in Teaching Award – Awarded to Selected Clinicians in the
Department of Medicine
Feinberg School of Medicine, Northwestern University

2009 - 2012 Residency Excellence in Teaching Award
Feinberg School of Medicine, Northwestern University, Multiple Recipient

2008 Elected to Alpha Omega Alpha Honor Medical Society

2006 Medical Student Summer Research Program Stipend
Feinberg School of Medicine, Northwestern University

2005 Outstanding Student in Department of Biological, Chemical and Physical
Sciences
Illinois Institute of Technology

2001 - 2005 Applied Sciences Full Tuition Scholarship
Illinois Institute of Technology

PRESENTATIONS/EDUCATIONAL CONFERENCES

Shah S. Role of Rituximab in ANCA Associated Vasculitis. Nephrology Grand
Rounds at Northwestern University. November 2015.

Shah S. Role of Rituximab in ANCA Associated Vasculitis. Nephrology Grand
Rounds at Johns Hopkins Hospital. April 2015.

Shah S. Fellowship Conferences:

“Rhabdomyolysis” - July 6, 2013

“Salicylate Toxicity” - July 19, 2013

“Landmark Articles in CRRT” - October 30, 2013

“Renal Disease in Pregnancy” - December 6, 2013

“Lithium Toxicity” - December 20, 2013

“Ethylene Glycol Toxicity” - January, 3, 2014

“Toxic Nephropathies due to Chemotherapeutic Agents” - May 14, 2014

“PREDIAN Trial and Diabetic Nephropathy” - March 16, 2015

“Acute Interstitial Nephritis” - May 4, 2015

Shah S. The Role of Diuretics in Hypertension and Heart Failure. Cardiology Nurse Practitioner Grand Rounds at Northwestern Memorial Hospital. March 2012.

Shah S, Friedewald J, Jie C et al. A Prospective Study of the XM-ONE Assay in Predicting Rejection Events in Kidney Transplant Recipients. Resident Research Day, Northwestern University, Feinberg School of Medicine, Chicago, IL. May 2011.

Shah S. The Fungus Among Us: A Rare Cause of Renal Abscess. Oral and Poster Presentation at the ACP Northern Illinois Associates Day, Chicago, IL. October 2010.

Shah S, Hyland K, Engman D. Vaccine Development for Chagas Disease – Comparison of DNA and Protein Immunization. Poster Presentation at Medical Student Summer Research Program, Feinberg School of Medicine, Chicago, IL. October 2006.

Shah S, Hyland K, Engman D. FCaBP: DNA vaccine candidate for Chagas Disease. Oral Presentation at the Drug Discovery Program, Feinberg School of Medicine, Chicago, IL. August 2006.

ABSTRACTS

Shah S, Rahman MH, Geetha D. Effect of Rituximab on Immunoglobulin Levels and Infection Risk in ANCA Associated Vasculitis. Accepted for abstract publication for ASN Kidney Week 2015.

Shah S, Fine D, Gottipati S. Oxalate Nephropathy: An Unexpected Cause of Acute Kidney Injury. Journal of the American Society of Nephrology Abstract Supplement, Philadelphia, PA. November 2014.

Friedewald J, Shah S, Jie C et al. Pre-Transplant Endothelial Crossmatch Correlates with Acute Rejection Episodes in Living Donor Kidney Transplant Recipients. European Society of Organ Transplantation Congress. Glasgow, Scotland. September 2011.

Friedewald J, Shah S, Jie C et al. A Prospective Trial of Screening Living Donor Kidney Transplant Recipients with the XM One Assay. American Transplant Congress, Philadelphia, PA. May 2011.

PUBLICATIONS

Shah S, Hruskova Z, Seglemark M et al. Treatment of severe renal disease in ANCA positive and negative small vessel vasculitis with rituximab. *Am J Nephrol*. 2015 Jun 2;41(4-5):296-301.

Zitner JR and Shah S, Jie C et al. A Prospective Study Evaluating the Role of Donor-specific Anti-endothelial Crossmatch (XM-ONE assay) in Predicting Living Donor Kidney Transplant Outcome. *Hum Immunol*. 2013 Nov;74(11):1431-6.

Shah S and Geetha D. Place in Therapy of Rituximab in the Treatment of Granulomatosis with Polyangiitis (GPA) and Microscopic Polyangiitis (MPA). *ImmunoTargets and Therapy*. 2015 Aug 7; Volume 4: 173-83.

Shah S, Carter-Monroe N, Atta MG. Granulomatous Interstitial Nephritis. *Clin Kidney J*. 2015 Oct; 8(5): 516-23.

Shah S, Sethi S, Geetha D. Crystal-storing Histiocytosis: a Crystal Clear Diagnosis. *Kidney Int*. 2016 Feb; 89(2): 507.

Shah S, Havill J, Rahman MH, Geetha D. A historical study of American patients with anti-neutrophil cytoplasmic antibody negative pauci-immune glomerulonephritis. *Clin Rheumatol*. 2015 Oct 7 (ahead of print).

Geetha D, Lee SM, Shah S, Rahman MH. Relevance of ANCA positivity at the time of renal transplantation in ANCA associated vasculitis. *J Nephrol*. 2015 Dec 8 (ahead of print).

RELEVANT COURSEWORK

- | | |
|------|---|
| 2015 | Home Dialysis University
Chicago, IL |
| 2014 | Introduction to Clinical Research Course
Johns Hopkins University Bloomberg School of Public Health |
| 2013 | Academy for Quality and Safety Improvement with Certificate of Achievement
awarded
Feinberg School of Medicine, Northwestern University |

MEMBERSHIPS/AFFILIATIONS

- | | |
|-----------------------------|---------------------------------|
| 2008 - present | Alpha Omega Alpha Honor Society |
| 2010 - 2011,
2013 - 2015 | American Society of Nephrology |
| 2015 - present | Renal Physicians Association |

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.

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DaVita HealthCare Partners Inc.**

TR1-01-02

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

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

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- 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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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.



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 Stone Quarry 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;
- Stone Quarry 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 Junta 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)

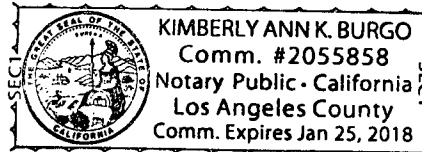
personally appeared *** Arturo Sida ***

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 - Certification of Support Services (Junta 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. / Junta 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:

Company:

Adventist GlenOaks Hospital

Total Renal Care, Inc.

By: DocuSigned by:
Suzette Mahneke
8A531DC056224AA...

Name: Suzette Mahneke

Its: AVP Nursing GlenOaks

Date: March 24, 2017

By: DocuSigned by:
Gaurav Bhattacharyya
28ED79BF5B9C4AC...
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:
Christy Hruska Berger
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, Stone Quarry Dialysis expects to achieve and maintain 80% target utilization; and
- Stone Quarry 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 Junta 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)

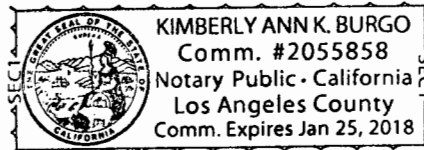
personally appeared *** Arturo Sida ***

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 - In-Center Hemodialysis Assurances (Junta 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. / Junta 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:

- By the second year after project completion, Stone Quarry Dialysis expects to achieve and maintain 80% target utilization; and
- Stone Quarry 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,

Dennis Fine

Print Name: Dennis Fine

Its: COO

DuPage Medical Group Ltd.

Junta Dialysis, LLC

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

Barbara A. Pearlman

Notary Public

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

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 Duc Tran. 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.

February 28, 2017

Doug Renner
Baum Realty Group
1030 W Chicago Ave, Suite 200
Chicago, IL 60642

RE: LOI for a newly constructed building on 9340 Joliet Rd, Hodgkins, IL 60525

Mr. Renner:

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

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

<u>PREMISES:</u>	To be constructed single tenant building on 9340 Joliet Rd, Hodgkins, IL 60525 <i>Please verify address of premises</i>
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>LANDLORD:</u>	<i>Duc Tran and his affiliates</i>
<u>SPACE REQUIREMENTS:</u>	Approximately 6,858 rentable square feet.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	\$36.00/psf NNN
<u>BASE RENT ESCALATIONS:</u>	Base rent shall increase by 10% every five (5) years starting in year 6 of the initial lease term.
<u>ADDITIONAL EXPENSES:</u>	Tenant is responsible for CAMIT expenses. Taxes are estimated at \$59,000 per year. Tenant's Prorata Share: 100% Tenant shall be responsible for its directly metered utility expenses.
<u>LANDLORD'S MAINTENANCE:</u>	None. Tenant is responsible for its structure, parking and capitalized items.

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant within 30 days from the later of lease execution, waiver of CON contingency, and any other Tenant contingencies which shall be defined prior to lease execution. Rent Commencement shall be the earlier of the following two events (a) Tenant opening for business and (b) nine (9) months from delivery of Possession by Landlord and Tenant obtaining building permits for its intended improvements so long as Tenant is diligently pursuing approvals. At no time shall rent commencement exceed 12 month's from the later of lease execution, waiver of CON contingency, and any other Tenant contingencies, whether Tenant has received permits or not. Landlord's delivery obligations hereunder shall be subject to force majeure.

LEASE FORM:

Tenant's standard lease form.

USE:

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

OEA has been provided.

PARKING:

Tenant requests:

- a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Of the stated allocation, dedicated parking at one stall per 1,000 sf
- c) Handicapped stalls located near the front door to the Premises
- d) A patient drop off area, preferably covered

TENANT IMPROVEMENTS:

Landlord will pay to Tenant's General Contractor an allowance ("**Tenant Allowance**") for costs incurred by Tenant in connection with the construction of the Premises. The Tenant Allowance will be an amount equal to \$180.00 per square foot of the Building Floor Area, payable in monthly draws on the first day of each month during the performance of Tenant's Improvements. With each draw request, Tenant's General Contractor shall include sworn statements and lien waivers from each contractor and subcontractor for which payments are being made. At the time of Lease execution, Landlord and Tenant will enter into an escrow agreement or tri-party agreement providing for the payment of the Tenant Allowance (the "**Security Agreement**"). If Landlord does not fund the escrow or fails to make any payment of the Tenant Allowance on a timely basis, Tenant will have the right to, stop construction of Tenant's Improvements and/or offset any unpaid amounts against Rent until the time Landlord makes payment. Landlord shall have 30 days to cure without penalty. The Security Agreement will authorize payment of damages or any applicable portion of Tenant's Costs from the account established for Tenant Allowance. Tenant's plans will be subject to Landlord's approval. Post letter of credit. Pay against sworn statements/lien waivers.

Building design shall be a mixture of brick, EIFS and glass.

Tenant will have the right to convert any overage in Tenant Allowance to be used towards Tenant Improvements.

OPTION TO RENEW:

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

HOLDING OVER:

Tenant shall be obligated to pay 120% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations.

BUILDING HOURS:

As a single Tenant building, Tenant will have access 24 hours a day, seven days a week and will have direct control of HVAC and other utilities.

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 the Landlord so long as entity has equal or greater net worth, or to unrelated entities with Landlord reasonable approval. No assignment or sublease will release Tenant from obligations.

ROOF RIGHTS:

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

CONDITION:

Landlord is delivery to Tenant the premises in "As Is" condition.

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's local representative and shall pay a brokerage fee equal to 2.5% of the aggregate base rent for the initial lease term, 50% shall be due upon the later of lease signatures, waiver of CON contingency, permit approval, and any other Tenant contingencies which shall be defined prior to lease execution, and 50% shall be due within thirty (30) days from payment of first month's rent.

CONTINGENCIES:

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

PLANS:

Please provide copies of site and construction plans or drawings.

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

Sincerely,
Matthew J. Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:

9340 Joliet Rd, Hodgkins, IL 60525

AGREED TO AND ACCEPTED THIS 14 DAY OF MARCH 2017By: 

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

AGREED TO AND ACCEPTED THIS 8 DAY OF MARCH 2017By: DUC TRAN

("Landlord")

EXHIBIT A**NON-BINDING NOTICE**

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

EXHIBIT B**POTENTIAL REFERRAL SOURCE QUESTIONNAIRE**

RE: 9340 Joliet Rd, Hodgkins, IL 60525

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

_____ Yes _____ No

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

_____ Yes _____ No

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

_____ Yes _____ No

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

_____ Yes _____ No

(Please add landlord or entity name)

By: _____

Print: _____

Its: _____

Date: _____

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,

Dennis Fine

Print Name: Dennis Fine

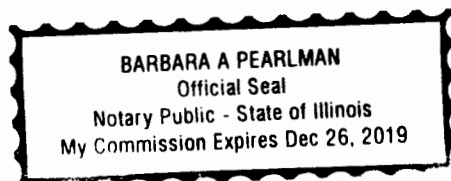
Its: CoO

DuPage Medical Group Ltd.
Junta Dialysis, LLC

Subscribed and sworn to me
This 14th 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

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 Junta 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)

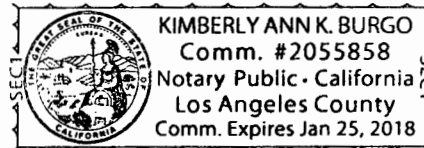
personally appeared *** Arturo Sida ***

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

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A Cost/Square Foot New	B Mod.	C Gross Sq. Ft. New	D Circ.*	E Gross Sq. Ft. Mod.	F Circ.*	G Const. \$ (A x C)	H Mod. \$ (B x E)	Total Cost (G + H)
CLINICAL									
ESRD	\$218.61		6,858				\$1,499,193		\$1,499,193
Contingency	\$16.77		6,858				\$115,000		\$115,000
TOTAL CLINICAL	\$235.38		6,858				\$1,614,193		\$1,614,193
NON-CLINICAL									
ESRD									
Contingency									
TOTAL NON-CLINICAL									
TOTAL	\$235.38		6,858				\$1,614,193		\$1,614,193

* 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	\$1,614,193	$\$278.19 \times 6,858 \text{ GSF} = \$1,907,827$	Meets State Standard
Contingencies	\$115,000	10% of New Construction Contracts $10\% \times \$1,499,193 = \$149,919$	Meets State Standard
Architectural/Engineering Fees	\$155,302	6.53% - 9.81% of New Construction Contracts + Contingencies) $= 6.53\% - 9.81\% \times (\$1,499,193 + \$115,000)$ $= 6.53\% - 9.81\% \times$	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		\$1,614,193 = \$105,406 - \$158,352	
Consulting and Other Fees	\$103,844	No State Standard	No State Standard
Moveable Equipment	\$535,095	\$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	\$2,276,187	No State Standard	No State Standard

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

Operating Expenses: \$2,268,755

Treatments: 9,516

Operating Expense per Treatment: \$238.41

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

Capital Costs:

Depreciation:	\$209,391
Amortization:	\$ 9,972
Total Capital Costs:	\$219,363

Treatments: 9,516

Capital Costs per Treatment: \$23.05

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 Stone Quarry Dialysis is 76.7%. There are 3,529 patients within DMG's practice suffering from CKD. 184 CKD patients reside within 15 minutes of the proposed site for Stone Quarry Dialysis. At least 61 of these patients will be expected to commence dialysis treatment at the proposed Stone Quarry Dialysis within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at a more optimum capacity, while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. The proposed project is for the establishment of Stone Quarry Dialysis. As such, this criterion is not applicable.
4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE – 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 64 pre-ESRD patients will progress to ESRD and require dialysis treatment at Stone Quarry 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 Stone Quarry Dialysis facility, located at 9340 Joliet Road, Hodgkins, IL 60525. 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 practice referral volumes will expand 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 8 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 Stone Quarry 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 76.65%, 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 Stone Quarry Dialysis facility.

We respectfully request the Board approve the Stone Quarry 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,

M. Barakat

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

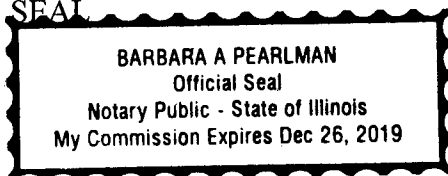
Notarization:

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

Barbara A. Pearlman

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

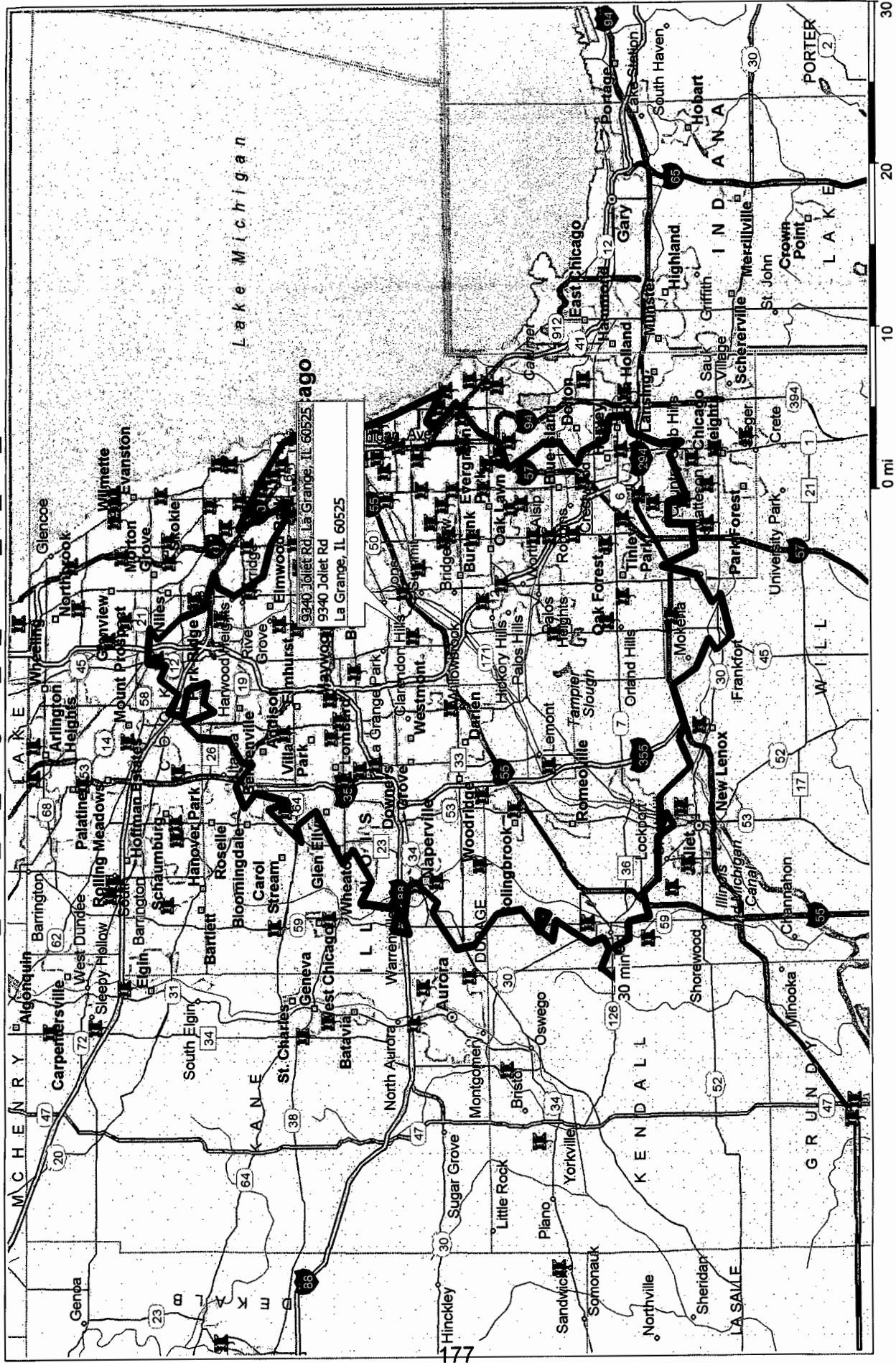
Attachment 3
Projected Patient Referrals

Zip Code	Pre-ESRD Patients
60525	18
60526	7
60527	21
60501	1
60534	3
60558	5
60513	4
60458	2
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.

9340 Joliet Rd Hodgkins IL 60525 30 Min_GSA



YOUR TRIP TO:



9340 Joliet Rd

20 MIN | 15.0 MI

Est. fuel cost: \$1.40

Trip time based on traffic conditions as of 3:12 PM on February 22, 2017. Current Traffic: Moderate

FMC Lemont to Hodgkins

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 3.20 miles

3.36 total r

3. Merge onto I-55 N via EXIT 12A toward **Chicago**.

Then 9.81 miles

13.18 total r



4. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

14.60 total r

5. Turn **right** onto Joliet Rd.

Then 0.35 miles

14.95 total r

6. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 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:

9340 Joliet Rd



24 MIN | 13.8 MI

Est. fuel cost: \$1.28

Trip time based on traffic conditions as of 3:14 PM on February 22, 2017. Current Traffic: Heavy

USRC Bolingbrook to Hodgkins



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 9.68 miles

10.92 total r



7. Merge onto Joliet Rd via EXIT 276C on the **left**.

Then 2.91 miles

13.84 total r



8. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

YOUR TRIP TO:

9340 Joliet Rd

mapquest

24 MIN | 13.4 MI 

Est. fuel cost: \$1.24

Trip time based on traffic conditions as of 3:18 PM on February 22, 2017. Current Traffic: Heavy

FMC Bolingbrook to Hodgkins



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 9.68 miles

10.50 total r



4. Merge onto Joliet Rd via EXIT 276C on the **left**.

Then 2.91 miles

13.42 total r



5. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 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:

9340 Joliet Rd



22 MIN | 14.5 MI

Est. fuel cost: \$1.37

Trip time based on traffic conditions as of 3:19 PM on February 22, 2017. Current Traffic: Moderate

USRC Oak Brook to Hodgkins



1. Start out going **east** on Butterfield Rd toward County Hwy-9/Highland Ave.

Then 0.34 miles

0.34 total r



2. Take the 1st **right** onto Highland Ave/County Hwy-9.

Then 0.13 miles

0.48 total r



3. Merge onto I-88 E/Chicago-Kansas City Expressway E/Ronald Reagan Memorial Tollway E via the ramp on the **left** toward **Chicago** (Portions toll).

If you are on Highland Ave and reach 31st St you've gone about 0.1 miles too far.

Then 4.25 miles

4.73 total r



4. Keep **right** to take I-294 S toward **Indiana** (Portions toll).

Then 6.19 miles

10.92 total r



5. Take the I-55 **N** exit.

Then 0.84 miles

11.76 total r



6. Keep **right** to take the Joliet Rd E ramp.

Then 0.22 miles

11.97 total r



7. Merge onto Joliet Rd.

Then 2.51 miles

14.48 total r



8. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

YOUR TRIP TO:

9340 Joliet Rd

mapquest

23 MIN | 14.9 MI 

Est. fuel cost: \$1.41

Trip time based on traffic conditions as of 3:21 PM on February 22, 2017. Current Traffic: Moderate

FMC Downers Grove to Hodgkins



1. Start out going north on Highland Ave/County Hwy-9 toward Black Oak Dr.

Then 0.93 miles

0.93 total r



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

Then 4.25 miles

5.18 total r



3. Keep right to take I-294 S toward Indiana (Portions toll).

Then 6.19 miles

11.37 total r



4. Take the I-55 N exit.

Then 0.84 miles

12.21 total r



5. Keep right to take the Joliet Rd E ramp.

Then 0.22 miles

12.43 total r



6. Merge onto Joliet Rd.

Then 2.51 miles

14.93 total r



7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the right.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 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:

9340 Joliet Rd



15 MIN | 6.6 MI

Est. fuel cost: \$0.64

Trip time based on traffic conditions as of 3:24 PM on February 22, 2017. Current Traffic: Heavy

FMC Willowbrook to Hodgkins



1. Start out going **south** on Kingery Hwy/IL-83 toward Lake Hinsdale Dr.

Then 0.86 miles

0.86 total r



2. Turn **left** 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 2.80 miles

3.66 total r



3. Turn **right** onto Wolf Rd.

Wolf Rd is just past Timber Ridge Ct.

If you reach 60th St you've gone a little too far.

Then 0.92 miles

4.58 total r



4. Turn **left** onto Joliet Rd.

Joliet Rd is just past Cochise Dr.

Then 2.07 miles

6.65 total r



5. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 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:



9340 Joliet Rd

19 MIN | 10.2 MI **Est. fuel cost: \$0.93**

Trip time based on traffic conditions as of 3:27 PM on February 22, 2017. Current Traffic: Moderate

NxStage Oak Brook to Hodgkins

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. Continue to follow IL-83.*If you reach Oakbrook Ctr you've gone about 0.1 miles too far.*

Then 4.61 miles

4.65 total r

3. Take the **55th St E** ramp.

Then 0.43 miles

5.08 total r



4. Merge onto W 55th St.

Then 4.01 miles

9.09 total r

5. Turn **right** onto S La Grange Rd/US-45 S/US-20 E/US-12 E.*If you reach 6th Ave you've gone a little too far.*

Then 0.82 miles

9.91 total r

6. Turn **left** onto Joliet Rd.*Joliet Rd is 0.1 miles past 60th Pl.**If you reach 63rd St you've gone about 0.1 miles too far.*

Then 0.34 miles

10.25 total r

7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 miles too far.*

YOUR TRIP TO:

mapquest

9340 Joliet Rd

19 MIN | 12.9 MI 

Est. fuel cost: \$1.17

Trip time based on traffic conditions as of 3:29 PM on February 22, 2017. Current Traffic: Moderate

Nocturnal Dialysis Spa to Hodgkins

1. Start out going **south** on S Ardmore Ave toward IL-38/W Roosevelt Rd.

Then 0.04 miles

0.04 total-r

2. Take the 1st **left** onto IL-38/E Roosevelt Rd.*If you are on Ardmore Ave and reach Param Apartments you've gone about 0.1 miles too far.*

Then 2.95 miles

2.99 total-r

3. Merge onto I-294 S/Tri State Tollway S toward **Indiana** (Portions toll).

Then 6.33 miles

9.33 total-r

4. Take the **I-55 N** exit.

Then 0.84 miles

10.16 total-r

5. Keep **right** to take the **Joliet Rd E** ramp.

Then 0.22 miles

10.38 total-r



6. Merge onto Joliet Rd.

Then 2.51 miles

12.89 total-r

7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 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:



9340 Joliet Rd

18 MIN | 11.2 MI

Est. fuel cost: \$1.11

Trip time based on traffic conditions as of 3:31 PM on February 22, 2017. Current Traffic: Moderate

FMC Elmhurst to Hodgkins



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 0.15 miles

0.49 total r



3. Merge onto IL-38 E/Roosevelt Rd.

Then 0.78 miles

1.27 total r



4. Merge onto I-294 S/Tri State Tollway S toward Indiana (Portions toll).

Then 6.33 miles

7.60 total r



5. Take the I-55 N exit.

Then 0.84 miles

8.44 total r



6. Keep **right** to take the Joliet Rd E ramp.

Then 0.22 miles

8.66 total r



7. Merge onto Joliet Rd.

Then 2.51 miles

11.16 total r



8. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.


Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

YOUR TRIP TO:

mapquest

9340 Joliet Rd

20 MIN | 6.4 MI 

Est. fuel cost: \$0.62

Trip time based on traffic conditions as of 3:33 PM on February 22, 2017. Current Traffic: Heavy

FMC LaGrange to Hodgkins



1. Start out going **south** on S Wolf Rd toward Windsor Dr.

Then 1.66 miles

1.66 total r



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

Ogden Ave is 0.9 miles past 31st St.

If you reach 39th St you've gone about 0.1 miles too far.

Then 2.07 miles

3.74 total r



3. Turn **right** onto East Ave/Eberly Ave. Continue to follow East Ave.

East Ave is just past Washington Ave.

If you are on Ogden Ave and reach Blanchan Ave you've gone a little too far.

Then 2.37 miles

6.10 total r



4. Turn **right** onto Joliet Rd.

Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

6.37 total r



5. Turn **left** onto Bonnie Brae.

Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

6.38 total r



6. Take the 1st **left** onto Joliet Rd.

Then 0.02 miles

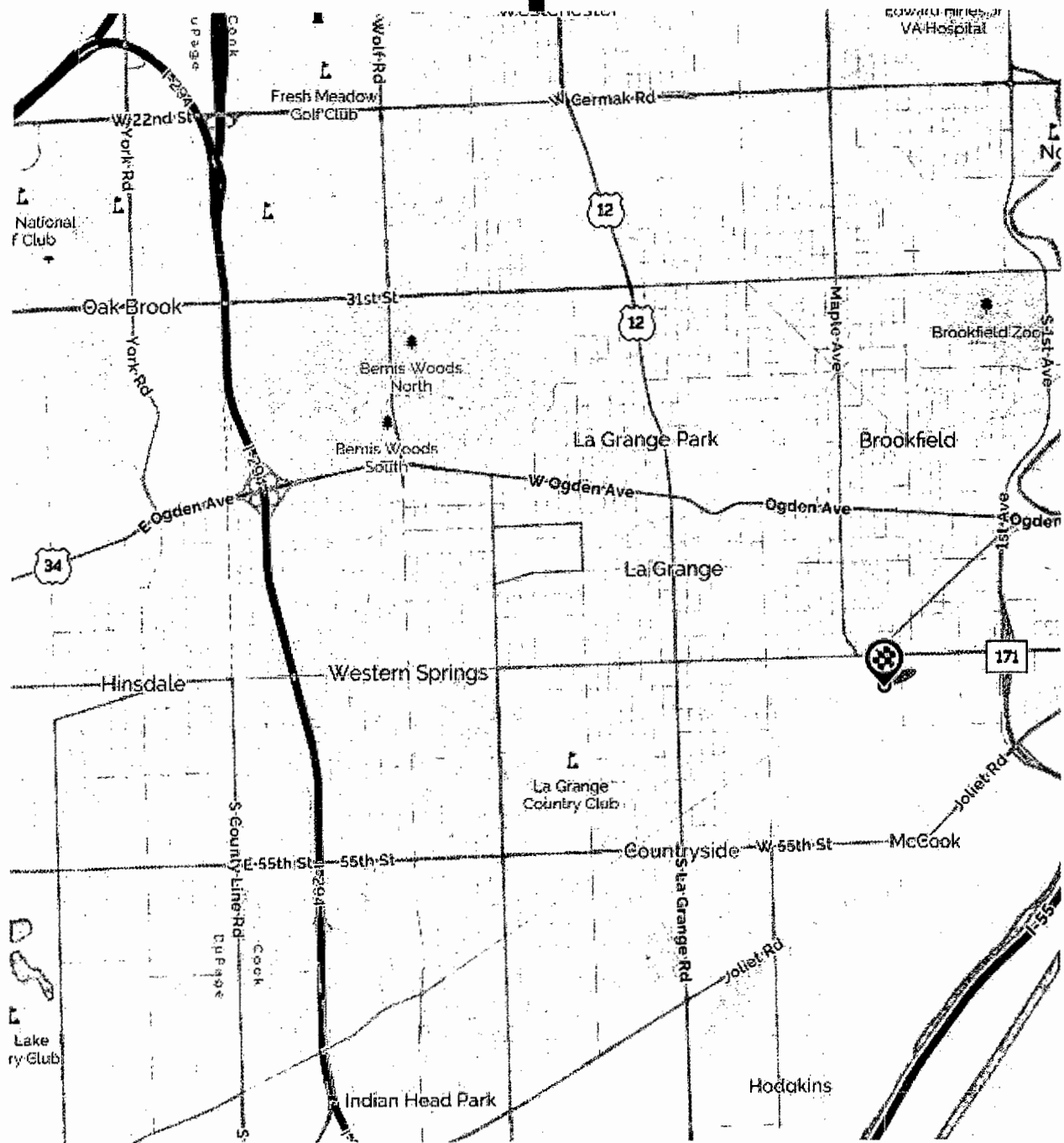
6.39 total r



7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the right.

If you reach Willow Ct you've gone about 0.1 miles too far.


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YOUR TRIP TO:

9340 Joliet Rd

mapquest

15 MIN | 9.6 MI 

Est. fuel cost: \$0.93

Trip time based on traffic conditions as of 3:36 PM on February 22, 2017. Current Traffic: Moderate

Palos Park Dialysis to Hodgkins



1. Start out going **north** on S La Grange Rd/US-45 N toward W 131st St.

Then 9.22 miles

9.22 total r



2. Turn **right** onto Joliet Rd.

Then 0.35 miles

9.57 total r



3. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:



9340 Joliet Rd

25 MIN | 13.5 MI

Est. fuel cost: \$1.25

Trip time based on traffic conditions as of 3:38 PM on February 22, 2017. Current Traffic: Heavy

FMC - Dialysis Center of America - Orland Park to Hodgkins



1. Start out going **west** on W 159th St/US-6 W toward S 94th Ave.

Then 0.56 miles

0.56 total r



2. Turn **right** onto S La Grange Rd/US-45 N.
S La Grange Rd is 0.2 miles past S 94th Ave.

Then 12.62 miles

13.18 total r



3. Turn **right** onto Joliet Rd.

Then 0.35 miles

13.53 total r



4. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.
Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:



9340 Joliet Rd

25 MIN | 21.8 MI **Est. fuel cost: \$1.48**

Trip time based on traffic conditions as of 3:41 PM on February 22, 2017. Current Traffic: Light

Country Hills Dialysis to Hodgkins

1. Start out going **east** on W 167th St toward Briargate Dr.

Then 0.12 miles

0.12 total r

2. Make a **U-turn** at Briargate Dr onto W 167th St.*If you reach Hamlin Ave you've gone a little too far.*

Then 0.65 miles

0.77 total r



3. Merge onto I-57 N.

Then 2.31 miles

3.09 total r

4. Merge onto I-294 N/Tri State Tollway N via EXIT 349 toward **Wisconsin** (Portions toll) (Electronic toll collection only).

Then 15.78 miles

18.87 total r

5. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

20.03 total r



6. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

21.46 total r

7. Turn **right** onto Joliet Rd.

Then 0.35 miles

21.81 total r

8. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 miles too far.*

YOUR TRIP TO:



9340 Joliet Rd

22 MIN | 16.1 MI

Est. fuel cost: \$1.50

Trip time based on traffic conditions as of 3:45 PM on February 22, 2017. Current Traffic: Moderate

Concerto Dialysis - Crestwood to Hodgkins



1. Start out going **north** on Cicero Ave/IL-50/IL-83 toward 145th St. Continue to follow Cicero Ave/IL-50.

Then 2.35 miles

2.35 total r



2. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 10.78 miles

13.12 total r



3. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

14.28 total r



4. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

15.71 total r



5. Turn **right** onto Joliet Rd.

Then 0.36 miles

16.06 total r



6. 9340 Joliet Rd, Cook, IL, 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:



9340 Joliet Rd

18 MIN | 14.5 MI

Est. fuel cost: \$1.41

Trip time based on traffic conditions as of 3:48 PM on February 22, 2017. Current Traffic: Light

FMC - Dialysis Center of America - Crestwood to Hodgkins



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).

Then 10.78 miles

11.54 total r



4. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

12.70 total r



5. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

14.12 total r



6. Turn **right** onto Joliet Rd.

Then 0.36 miles

14.47 total r



7. 9340 JOLIET RD is on the **right**.


Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

9340 Joliet Rd

12 MIN | 6.6 MI 

Est. fuel cost: \$0.61

Trip time based on traffic conditions as of 4:13 PM on February 22, 2017. Current Traffic: Moderate

USRC Hickory Hills to Hodgkins



1. Start out going north on Hickory Palos Sq toward W 95th St/US-20 E/US-12 E.

Then 0.08 miles

0.08 total r



2. Turn left onto W 95th St/US-20 W/US-12 W.

Then 1.65 miles

1.73 total r



3. Turn right onto La Grange Rd/US-45 N/US-20 W/US-12 W.

La Grange Rd is 0.2 miles past S Kean Ave.

Then 4.50 miles

6.23 total r



4. Turn right onto Joliet Rd.

Then 0.35 miles

6.58 total r



5. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the right.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

9340 Joliet Rd

8 MIN | 4.1 MI **Est. fuel cost: \$0.39**

Trip time based on traffic conditions as of 4:15 PM on February 22, 2017. Current Traffic: Moderate

FMC Summit to Hodgkins

**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 1.06 miles

1.42 total r

**4. Take the Joliet Rd ramp.**

Then 0.22 miles

1.64 total r

**5. Turn left onto Joliet Rd.**

Then 0.75 miles

2.39 total r

**6. Turn right onto W 55th St.***W 55th St is 0.3 miles past W 53rd St.*

Then 0.87 miles

3.26 total r

**7. Turn left onto East Ave.***East Ave is 0.1 miles past Sergo Dr.**If you reach Dansher Rd you've gone about 0.1 miles too far.*

Then 0.52 miles

3.78 total r



8. Turn right onto Joliet Rd.

Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

4.05 total r



9. Turn left onto Bonnie Brae.

Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

4.06 total r



10. Take the 1st left onto Joliet Rd.

Then 0.02 miles

4.07 total r



11. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the right.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:



9340 Joliet Rd

21 MIN | 9.8 MI

Est. fuel cost: \$0.91

Trip time based on traffic conditions as of 4:17 PM on February 22, 2017. Current Traffic: Heavy

Chicago Ridge Dialysis to Hodgkins



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 5.04 miles

6.87 total r



4. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

8.03 total r



5. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

9.45 total r



6. Turn **right** onto Joliet Rd.

Then 0.35 miles

9.81 total r



7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.


Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

9340 Joliet Rd

22 MIN | 13.7 MI 

Est. fuel cost: \$1.33

Trip time based on traffic conditions as of 4:18 PM on February 22, 2017. Current Traffic: Heavy

FMC Alsip to Hodgkins



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 10.58 miles

10.80 total r



4. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

11.96 total r



5. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

13.38 total r



6. Turn **right** onto Joliet Rd.

Then 0.35 miles

13.73 total r



7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

9340 Joliet Rd



24 MIN | 10.2 MI

Est. fuel cost: \$0.99

Trip time based on traffic conditions as of 4:20 PM on February 22, 2017. Current Traffic: Heavy

DCC of Oak Lawn to Hodgkins



1. Start out going **north** on S Cicero Ave/IL-50 toward W 91st St.

Then 1.54 miles

1.54 total r



2. Turn **left** onto W 79th St.

W 79th St is 0.2 miles past W 81st St.

If you reach W 78th St you've gone about 0.1 miles too far.

Then 5.04 miles

6.58 total r



3. Merge onto IL-171/Archer Ave.

Then 0.37 miles

6.96 total r



4. Merge onto US-45 N/US-20 W/US-12 W/La Grange Rd.

Then 2.90 miles

9.85 total r



5. Turn **right** onto Joliet Rd.

Then 0.35 miles

10.21 total r



6. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

9340 Joliet Rd



23 MIN | 10.2 MI 

Est. fuel cost: \$0.99

Trip time based on traffic conditions as of 4:26 PM on February 22, 2017. Current Traffic: Heavy

Stony Creek Dialysis to Hodgkins



1. Start out going **north** on S Cicero Ave/IL-50 toward W 91st St.

Then 1.54 miles

1.54 total r



2. Turn **left** onto W 79th St.

W 79th St is 0.2 miles past W 81st St.

If you reach W 78th St you've gone about 0.1 miles too far.

Then 5.04 miles

6.58 total r



3. Merge onto IL-171/Archer Ave.

Then 0.37 miles

6.96 total r



4. Merge onto US-45 N/US-20 W/US-12 W/La Grange Rd.

Then 2.90 miles

9.85 total r



5. Turn **right** onto Joliet Rd.

Then 0.35 miles

10.21 total r



6. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.


Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:**mapquest**

9340 Joliet Rd

16 MIN | 6.4 MI **Est. fuel cost: \$0.62****Trip time based on traffic conditions as of 4:27 PM on February 22, 2017. Current Traffic: Heavy**

FMC Midway to Hodgkins

**1. Start out going west on W 63rd St toward S Merrimac Ave.**

Then 1.26 miles

1.26 total r

**2. Turn right onto S Harlem Ave/IL-43.***S Harlem Ave is 0.1 miles past S Nottingham Ave.**If you reach S 73rd Ave you've gone about 0.1 miles too far.*

Then 1.01 miles

2.27 total r

**3. Turn left onto Archer Ave.***If you reach W Douglas Ave you've gone about 0.1 miles too far.*

Then 0.45 miles

2.72 total r

**4. Stay straight to go onto IL-171/State Route 171.**

Then 1.06 miles

3.79 total r

**5. Take the Joliet Rd ramp.**

Then 0.22 miles

4.01 total r

**6. Turn left onto Joliet Rd.**

Then 0.75 miles

4.76 total r

**7. Turn right onto W 55th St.***W 55th St is 0.3 miles past W 53rd St.*

Then 0.87 miles

5.63 total r



8. Turn left onto East Ave.

East Ave is 0.1 miles past Sergio Dr.

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

Then 0.52 miles

6.15 total r



9. Turn right onto Joliet Rd.

Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

6.42 total r



10. Turn left onto Bonnie Brae.

Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

6.42 total r



11. Take the 1st left onto Joliet Rd.

Then 0.02 miles

6.44 total r



12. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the right.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:



9340 Joliet Rd

21 MIN | 9.2 MI **Est. fuel cost: \$0.98**

Trip time based on traffic conditions as of 4:30 PM on February 22, 2017. Current Traffic: Heavy

FMC Burbank to Hodgkins

1. Start out going **south** on La Crosse Ave toward W 76th St.

Then 0.04 miles

0.04 total r

2. Take the 1st **left** onto W 76th St.

Then 0.10 miles

0.15 total r

3. Take the 1st **right** onto IL-50/S Cicero Ave.*If you reach Ford City Shopping Ctr you've gone a little too far.*

Then 0.35 miles

0.50 total r

4. Turn **right** onto W 79th St.*W 79th St is 0.1 miles past W 78th St.*

Then 5.03 miles

5.53 total r



5. Merge onto IL-171/Archer Ave.

Then 0.37 miles

5.90 total r



6. Merge onto US-45 N/US-20 W/US-12 W/La Grange Rd.

Then 2.90 miles

8.80 total r

7. Turn **right** onto Joliet Rd.

Then 0.35 miles

9.15 total r

8. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 miles too far.*

YOUR TRIP TO:

9340 Joliet Rd

20 MIN | 8.9 MI **Est. fuel cost: \$0.86**

Trip time based on traffic conditions as of 4:32 PM on February 22, 2017. Current Traffic: Heavy

DSI - RCG - Scottsdale to Hodgkins

**1. Start out going east on W 79th St toward S Knox Ave.**

Then 0.03 miles

0.03 total r

**2. Make a U-turn at S Knox Ave onto W 79th St.***If you are on W 79th St and reach S Kilpatrick Ave you've gone a little too far.*

Then 5.23 miles

5.26 total r

**3. Merge onto IL-171/Archer Ave.**

Then 0.37 miles

5.63 total r

**4. Merge onto US-45 N/US-20 W/US-12 W/La Grange Rd.**

Then 2.90 miles

8.53 total r

**5. Turn right onto Joliet Rd.**

Then 0.35 miles

8.88 total r

**6. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the right.***Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 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:



9340 Joliet Rd

24 MIN | 19.0 MI

Est. fuel cost: \$1.77

Trip time based on traffic conditions as of 4:36 PM on February 22, 2017. Current Traffic: Light

FMC Blue Island to Hodgkins

1. Start out going **south** on S Western Ave toward 141st St.

Then 0.80 miles

0.80 total r

2. Turn **right** onto W 147th St/IL-83.*W 147th St is just past Joliet St.**If you are on Dixie Hwy and reach W 148th St you've gone about 0.1 miles too far.*

Then 0.90 miles

1.70 total r



3. Merge onto I-294 N/Tri State Tollway N (Portions toll) (Electronic toll collection only).

If you are on IL-83 and reach S Richmond Ave you've gone a little too far.

Then 14.32 miles

16.02 total r



4. Merge onto I-55 N/Adlai E Stevenson Expy N toward Chicago.

Then 1.16 miles

17.18 total r



5. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

18.60 total r

6. Turn **right** onto Joliet Rd.

Then 0.35 miles

18.96 total r

7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 miles too far.*

YOUR TRIP TO:

9340 Joliet Rd

mapquest

23 MIN | 16.5 MI 

Est. fuel cost: \$1.59

Trip time based on traffic conditions as of 4:39 PM on February 22, 2017. Current Traffic: Moderate

FMC Merrionette Park to Hodgkins



1. Start out going **south** on S Kedzie Ave toward W Park Lane Dr.

Then 0.81 miles

0.81 total r



2. Turn **right** onto W 123rd St.

W 123rd St is 0.5 miles past W 119th St.

Then 2.02 miles

2.82 total r



3. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Spencer St.

If you reach S Lamon Ave you've gone about 0.1 miles too far.

Then 0.11 miles

2.94 total r



4. Merge onto I-294 N/Tri State Tollway N toward **West Suburbs** (Portions toll).

Then 10.58 miles

13.52 total r



5. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

14.68 total r



6. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

16.10 total r



7. Turn **right** onto Joliet Rd.

Then 0.35 miles

16.45 total r



8. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.

Your destination is just past Bonnie Brae.

If you reach Willow Ct you've gone about 0.1 miles too far.

YOUR TRIP TO:



9340 Joliet Rd

24 MIN | 16.9 MI

Est. fuel cost: \$1.63

Trip time based on traffic conditions as of 4:41 PM on February 22, 2017. Current Traffic: Moderate

Mt Greenwood Dialysis to Hodgkins

1. Start out going **west** on W 111th St toward S Trumbull Ave.

Then 1.77 miles

1.77 total r

2. Turn **left** onto S Cicero Ave/IL-50.*S Cicero Ave is just past S Keating Ave.**If you reach S Lamon Ave you've gone about 0.1 miles too far.*

Then 1.63 miles

3.40 total r

3. Merge onto I-294 N/Tri State Tollway N toward **West Suburbs** (Portions toll).

Then 10.58 miles

13.98 total r

4. Merge onto I-55 N/Adlai E Stevenson Expy N toward **Chicago**.

Then 1.16 miles

15.14 total r



5. Merge onto US-45 N/US-20 W/US-12 W/S La Grange Rd via EXIT 279B.

Then 1.42 miles

16.56 total r

6. Turn **right** onto Joliet Rd.

Then 0.35 miles

16.92 total r

7. 9340 Joliet Rd, Hodgkins, IL 60525-4187, 9340 JOLIET RD is on the **right**.*Your destination is just past Bonnie Brae.**If you reach Willow Ct you've gone about 0.1 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 L

YOUR TRIP TO:

9340 Joliet Rd

18 MIN | 6.7 MI 

Est. fuel cost: \$0.67

Trip time based on traffic conditions as of 4:52 PM on February 22, 2017. Current Traffic: Heavy

Loyola Dialysis Center to Hodgkins



1. Start out going **west** on W Roosevelt Rd toward S 13th Ave.

Then 0.29 miles

0.29 total r



2. Turn **left** 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 1.26 miles

1.55 total r



3. S 17th Ave becomes N Maple Ave. Pass through 1 roundabout.

Then 2.77 miles

4.32 total r



4. N Maple Ave becomes Elm Ave.

Then 0.05 miles

4.36 total r



5. Turn **right** onto W 47th St.

Then 0.50 miles

4.87 total r



6. Take the 1st **left** onto East Ave.

East Ave is just past Blanchan Ave.

If you are on E 47th St and reach Bluff Ave you've gone a little too far.

Then 1.53 miles

6.40 total r



7. Turn **right** onto Joliet Rd.

Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

6.67 total r



8. Turn **left** onto Bonnie Brae.

Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

6.68 total r



9. Take the 1st **left** onto Joliet Rd.

Then 0.02 miles

6.69 total r



10. 9340 JOLIET RD is on the **right**.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:



9340 Joliet Rd

19 MIN | 6.8 MI

Est. fuel cost: \$0.66

Trip time based on traffic conditions as of 4:56 PM on February 22, 2017. Current Traffic: Heavy

FMC - Dialysis Center of America - Berwyn to Hodgkins



1. Start out going **north** on Harlem Ave/IL-43 toward 26th St.

Then 0.04 miles

0.04 total r



2. Take the 1st **right** onto 26th St.

If you reach W 25th St you've gone about 0.2 miles too far.

Then 0.15 miles

0.18 total r



3. Take the 1st **right** onto Riverside Dr.

If you reach 26th Pkwy you've gone a little too far.

Then 0.21 miles

0.39 total r



4. Take the 3rd **left** onto Harlem Ave/IL-43.

Harlem Ave is just past Maple Ave.

If you are on Longcommon Rd and reach Byrd Rd you've gone a little too far.

Then 2.24 miles

2.64 total r



5. Turn **right** onto 47th St/W 47th St.

47th St is 0.1 miles past 45th St.

If you reach Forest View Terminal Dr you've gone about 0.1 miles too far.

Then 0.94 miles

3.57 total r



6. Turn **left** onto Joliet Rd.

Joliet Rd is 0.1 miles past Center Ave.

If you are on 47th St and reach Joliet Ave you've gone a little too far.

Then 1.59 miles

5.16 total r



7. Turn **right** onto W 55th St.
W 55th St is 0.3 miles past W 53rd St.

Then 0.87 miles

6.02 total r



8. Turn **left** onto East Ave.
East Ave is 0.1 miles past Sergo Dr.

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

Then 0.52 miles

6.54 total r



9. Turn **right** onto Joliet Rd.
Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

6.81 total r



10. Turn **left** onto Bonnie Brae.
Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

6.82 total r



11. Take the 1st **left** onto Joliet Rd.
Then 0.02 miles

6.84 total r




12. 9340 JOLIET RD is on the **right**.
If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

mapquest

9340 Joliet Rd

17 MIN | 8.8 MI 

Est. fuel cost: \$0.95

Trip time based on traffic conditions as of 5:03 PM on February 22, 2017. Current Traffic: Heavy

FMC Cicero to Hodgkins



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/Adlai E Stevenson Expy S.

If you are on S Cicero Ave and reach W 43rd St you've gone about 0.1 miles too far.

Then 3.99 miles

5.42 total r



3. Merge onto IL-171 N/State Route 171 via EXIT 282 toward **1st Avenue**.

Then 0.75 miles

6.17 total r



4. Take the **Joliet Rd** ramp.

Then 0.22 miles

6.39 total r



5. Turn **left** onto Joliet Rd.

Then 0.75 miles

7.14 total r



6. Turn **right** onto W 55th St.

W 55th St is 0.3 miles past W 53rd St.

Then 0.87 miles

8.01 total r



7. Turn **left** onto East Ave.

East Ave is 0.1 miles past Sergo Dr.

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

Then 0.52 miles

8.53 total r



8. Turn **right** onto Joliet Rd.

Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

8.80 total r



9. Turn **left** onto Bonnie Brae.

Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

8.80 total r



10. Take the 1st **left** onto Joliet Rd.

Then 0.02 miles

8.82 total r



11. 9340 JOLIET RD is on the **right**.

If you reach Willow Ct you've gone about 0.1 miles too far.

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YOUR TRIP TO:

9340 Joliet Rd

25 MIN | 10.2 MI 

Est. fuel cost: \$1.09

Trip time based on traffic conditions as of 5:05 PM on February 22, 2017. Current Traffic: Heavy

mapquest

Lawndale Dialysis to Hodgkins



1. Start out going **west** on W 24th St toward S Pulaski Rd.

Then 0.04 miles

0.04 total r



2. Take the 1st **left** onto S Pulaski Rd.

If you reach S Karlov Ave you've gone a little too far.

Then 1.69 miles

1.73 total r



3. Merge onto I-55 S/Adlai E Stevenson Expy S.

Then 5.06 miles

6.80 total r



4. Merge onto IL-171 N/State Route 171 via EXIT 282 toward **1st Avenue**.

Then 0.75 miles

7.54 total r



5. Take the **Joliet Rd** ramp.

Then 0.22 miles

7.77 total r



6. Turn **left** onto Joliet Rd.

Then 0.75 miles

8.52 total r



7. Turn **right** onto W 55th St.

W 55th St is 0.3 miles past W 53rd St.

Then 0.87 miles

9.38 total r



8. Turn **left** onto East Ave.

East Ave is 0.1 miles past Sergo Dr.

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

Then 0.52 miles

9.90 total r



9. Turn **right** onto Joliet Rd.

Joliet Rd is 0.1 miles past W 58th St.

Then 0.27 miles

10.17 total r



10. Turn **left** onto Bonnie Brae.

Bonnie Brae is 0.1 miles past Willow Ct.

If you reach S La Grange Rd you've gone about 0.3 miles too far.

Then 0.01 miles

10.18 total r



11. Take the 1st **left** onto Joliet Rd.

Then 0.02 miles

10.20 total r



12. 9340 JOLIET RD is on the **right**.

If you reach Willow Ct you've gone about 0.1 miles too far.

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