



17-032

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

August 3, 2017

Anne M. Cooper  
(312) 873-3606  
(312) 819-1910 fax  
acooper@polsinelli.com

**FEDERAL EXPRESS**

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**RECEIVED**

AUG 07 2017

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Re: Application for Permit – Illini Renal Dialysis**

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and DVA Renal Healthcare, Inc. (collectively, "DaVita") to submit the attached Application for Permit to discontinue a 12-station dialysis facility and establish an 18-station facility for a 6-station expansion, both in Champaign, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Check for \$2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Authorization to Access Information;
5. Physician Referral Letter; and

Thank you for your time and consideration of DaVita's application for permit. If you have any questions or need any additional information to complete your review of the DaVita's application for permit, please feel free to contact me.

Sincerely,

Anne M. Cooper

Attachments

polsinelli.com

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Nashville New York Phoenix  
St. Louis San Francisco Silicon Valley Washington, D.C. Wilmington

5999841.1  
Polsinelli PC, a Polsinelli LLP in California

17-032

[ ORIGINAL ]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 02/2017 Edition

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

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

AUG 07 2017

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

## Facility/Project Identification

Facility Name: Illini Renal Dialysis		
Street Address: 1004 West Anthony Drive		
City and Zip Code: Champaign, Illinois 61821		
County: Champaign	Health Service Area: 4	Health Planning Area: 4

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

Exact Legal Name: DaVita, Inc.	
Street Address: 2000 16 <sup>th</sup> 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 <sup>th</sup> 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: 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

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

Name: Lynanne Hike
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 622 Roxbury Road, Rockford, Illinois 61107
Telephone Number: 815-543-8015
E-mail Address: lynanne.hike@davita.com
Fax Number: 855-616-4279

**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: Illini Renal Dialysis		
Street Address: 1004 West Anthony Drive		
City and Zip Code: Champaign, Illinois 61821		
County: Champaign	Health Service Area: 4	Health Planning Area: 4

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

Exact Legal Name: DVA Renal Healthcare, Inc.		
Street Address: 2000 16 <sup>th</sup> 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 <sup>th</sup> 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 type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental        |                                |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other |

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

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Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 622 Roxbury Road, Rockford, Illinois 61107
Telephone Number: 815-543-8015
E-mail Address: <a href="mailto:lynanne.hike@davita.com">lynanne.hike@davita.com</a>
Fax Number: 855-616-4279

**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:	Kara Friedman
Title:	Attorney
Company Name:	Polsinelli PC
Address:	150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number:	312-873-3639
E-mail Address:	kfriedman@polsinelli.com
Fax Number:	312-873-3793

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Realty Income Corporation
Address of Site Owner:	11995 El Camino Real, San Diego, California 92130
Street Address or Legal Description of the Site:	See Exhibit B following this page
APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u> , 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:		DVA Renal Healthcare, Inc.	
Address:		2000 16 <sup>th</sup> Street, Denver, CO 80202	
<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
<ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>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.</li><li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>			
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u> , 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.

**LEGALLY DESCRIBED AS FOLLOWS:**

**PARCEL 1:**

**RYAN'S FIRST ADDITION TO THE CITY OF CHAMPAIGN, AS PER PLAT RECORDED IN PLAT BOOK "88" AT PAGE 230, SITUATED IN CHAMPAIGN COUNTY, ILLINOIS; DESCRIBED AS FOLLOWS:**

**A TRACT OF LAND BEING ALL OF LOTS 3 AND 4 AND THE SOUTH 27 FEET OF THE FEET 364 FEET OF LOT 1 (AS MEASURED ALONG THE SOUTH LINE THEREOF) OF "WAL-MART/SAM'S SUBDIVISION" AS RECORDED IN THE PLAT BOOK 88 PAGE 145, DOCUMENT NUMBER 91R23845 ON NOVEMBER 4, 1991, BEING PART OF THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 19 NORTH, RANGE 8 EAST OF THE THIRD PRINCIPAL MERIDIAN IN THE CITY OF CHAMPAIGN, CHAMPAIGN COUNTY, ILLINOIS, TO WIT:**

**BEGINNING AT A FOUND IRON ROD AT THE SOUTHEAST CORNER OF SAID LOT 4, ALSO BEING IN THE NORTH RIGHT OF WAY LINE OF ANTHONY DRIVE; THENCE ALONG SAID NORTH RIGHT OF WAY LINE, ALSO BEING THE SOUTH LINE OF SAID LOT 4 S75°23'10"W 78.09 FT. TO A FOUND IRON ROD, CONTINUE THENCE ALONG SAID SOUTH LINE AND THE SOUTH LINE OF SAID LOT 3 ALONG A CURVE DEFLECTING TO THE RIGHT HAVING A RADIUS OF 400.00 FT., AN ARC LENGTH OF 198.15 FT., A CHORD BEARING OF S89°32'58"W, A CHORD DISTANCE OF 198.13 FT. TO A POINT, THENCE ALONG A CURVE DEFLECTING TO THE RIGHT HAVING A RADIUS OF 12,277.67 FT., AN ARC LENGTH OF 101.24 FT., A CHORD BEARING OF N75°27'18"W, A CHORD DISTANCE OF 101.24 FT. TO A POINT AT THE SOUTHWEST CORNER OF SAID LOT 3; THENCE LEAVING SAID RIGHT OF WAY LINE ALONG THE WEST LINE OF SAID LOT 3 AND THE NORTHERLY PROJECTION THEREOF N01°33'38"E 202.29 FT. TO A POINT ON AN EXISTING CONCRETE CURB; THENCE ALONG SAID CURB AND THE EASTERLY PROJECTION THEREOF S88°26'22"E 363.41 FT. TO A SET IRON ROD IN THE EAST LINE OF SAID LOT 1; THENCE ALONG SAID EAST LINE, ALSO BEING THE EAST LINE OF SAID LOT 4 S00°18'12"W 197.00 FT. TO THE POINT OF BEGINNING, SITUATED IN CHAMPAIGN COUNTY, ILLINOIS.**

**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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. and DVA Renal Healthcare Inc. (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue a 12-station dialysis facility located at 507 East University Avenue, Champaign, Illinois 61820 and establish an 18-station facility at 1004 West Anthony Drive, Champaign, Illinois 61821. The proposed dialysis facility will include a total of 8,432 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			
Modernization Contracts	\$1,425,770		\$1,425,770
Contingencies	\$213,000		\$213,000
Architectural/Engineering Fees	\$163,450		\$163,450
Consulting and Other Fees	\$133,521		\$133,521
Movable or Other Equipment (not in construction contracts)	\$965,435		\$965,435
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,215,252		\$1,215,252
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$4,116,428</b>		<b>\$4,116,428</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,901,176		\$2,901,176
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,215,252		\$1,215,252
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$4,116,428</b>		<b>\$4,116,428</b>
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			



**Related Project Costs**

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

Land acquisition is related to project	<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 <b>non-capitalized</b> 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>0</u> .		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
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): May 31, 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.	
<b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**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
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

### 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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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**.

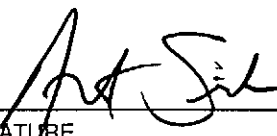
<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>					
		<b>From:</b>		<b>to:</b>	
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care	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

## CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o 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

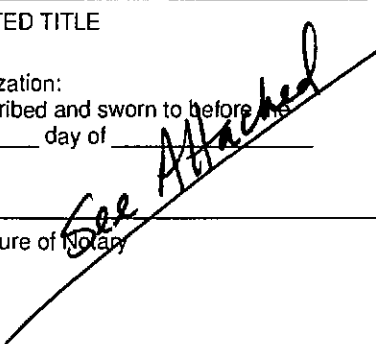
PRINTED NAME

Assistant Secretary

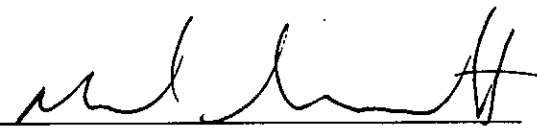
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

  
\_\_\_\_\_  
Signature of Notary

Seal

  
\_\_\_\_\_  
SIGNATURE

Michael D. Staffieri

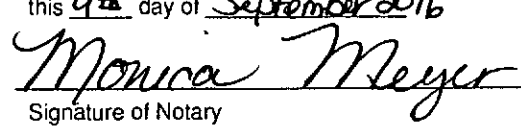
PRINTED NAME

Chief Operating Officer – Kidney Care

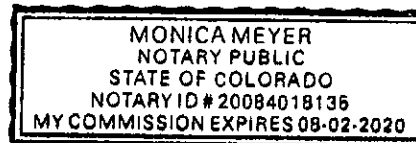
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 9<sup>th</sup> day of September 2016

  
\_\_\_\_\_  
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 September 12, 2016 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

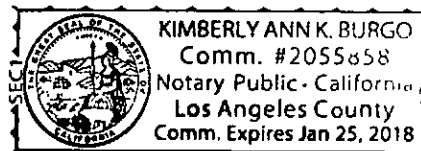
personally appeared \*\*\* Arturo Sida \*\*\*

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

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

WITNESS my hand and official seal.

Signature



#### OPTIONAL INFORMATION

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

#### DESCRIPTION OF ATTACHED DOCUMENT

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

Document Date: September 12, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: \_\_\_\_\_

Other Information: \_\_\_\_\_

#### CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: \_\_\_\_\_

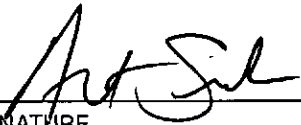
SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc.

## CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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

  
SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary


PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

  
Signature of Notary

Seal

  
SIGNATURE

Michael D. Staffieri

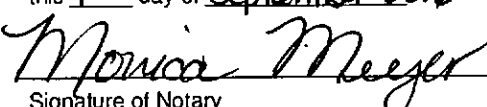
PRINTED NAME

Chief Operating Officer- Kidney Care

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 9<sup>th</sup> day of September 2016

  
Signature of Notary

Seal

MONICA MEYER  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID # 20084018136  
MY COMMISSION EXPIRES 06-02-2020

\*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 September 12, 2016 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

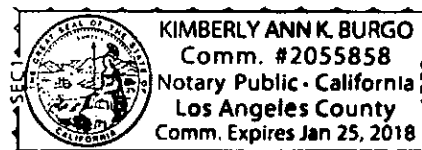
personally appeared \*\*\* Arturo Sida \*\*\*

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

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

WITNESS my hand and official seal.

Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

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

Document Date: September 12, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: \_\_\_\_\_

Other Information: \_\_\_\_\_

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: \_\_\_\_\_

**SIGNER IS REPRESENTING:** Name of Person or Entity DVA Renal Healthcare, Inc.

**SECTION II. DISCONTINUATION**

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

**NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 – Discontinuation (State-Owned Facilities and Relocation of ESRD's)**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



**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****PURPDSE OF PROJECT**

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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

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

**ASSURANCES:**

Submit the following:

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

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

**F. Criterion 1110.1430 - In-Center Hemodialysis**

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	12	18

3. 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	
<b>APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

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

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

## VII. 1120.120 - AVAILABILITY OF FUNDS

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

<u>\$2,901,176</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$1,215,252</u> (FMV of Lease)	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$4,116,428</b>	<b>TOTAL FUNDS AVAILABLE</b>

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**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.

	<b>Historical 3 Years</b>			<b>Projected</b>
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

**Variance**

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

**APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

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

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

**SECTION X. SAFETY NET IMPACT STATEMENT**

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

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

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

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

regarding teaching, research, and any other service.

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

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

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

**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			

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

**Section I, Identification, General Information, and Certification**  
**Applicants**

Certificates of Good Standing for DaVita Inc. and DVA Renal Healthcare Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. DVA Renal Healthcare Inc. is the operator of Illini Renal Dialysis. Illini Renal Dialysis is a trade name of DVA Renal Healthcare Inc. and is not separately organized. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. 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](http://corp.delaware.gov/authver.shtml)

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

Authentication: 202957561

Date: 09-08-16

Attachment - 1



***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*

DVA RENAL HEALTHCARE, INC., INCORPORATED IN TENNESSEE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 23, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1618901250 verifiable until 07/07/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 7TH  
day of JULY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

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

The letter of intent between Realty Income Corporation and DVA Renal Healthcare Inc. to lease the facility located at 1004 West Anthony Drive, Champaign, Illinois 61821 is attached at Attachment – 2A.





225 West Wacker Drive, Suite 3000  
Chicago, IL 60606

Web: [www.cushmanwakefield.com](http://www.cushmanwakefield.com)

## LETTER OF INTENT

July 10, 2017

Jenette O'Brien, REALTY INCOME CORP.  
c/o Jay Sikorski  
Coldwell Banker Commercial  
PO Box 140  
Champaign, IL 61824

**RE: LOI – 1004 W Anthony Dr., Champaign, IL 61821 (RI file #2100)**

Mr. Sikorski:

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

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

<b><u>PREMISES:</u></b>	Real property and improvements located at 1004 W Anthony Dr., Champaign, IL 61821
<b><u>TENANT:</u></b>	DVA Renal Healthcare, Inc. or related entity
<b><u>GUARANTOR:</u></b>	DaVita Inc.
<b><u>LANDLORD:</u></b>	Realty Income Corporation
<b><u>SPACE REQUIREMENTS:</u></b>	Requirement is for approximately 8,432SF of contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996.
<b><u>LEASE EXECUTION DATE:</u></b>	Upon mutual execution of Lease Agreement.
<b><u>PRIMARY TERM:</u></b>	Last day of the month 15 years from Rent Commencement Date.
<b><u>BASE RENT:</u></b>	\$126,650 NNN with two percent (2%) annual increases during the term and any options.
<b><u>ADDITIONAL EXPENSES:</u></b>	Tenant's Prorata Share: 100% Tenant shall be responsible for its directly metered utility expenses.

**LANDLORD'S MAINTENANCE:**

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property including the replacement of parking lot. Landlord's maintenance shall be further defined in the Lease.

**LEASE COMMENCEMENT  
DATE:**

Lease execution with the CON contingency provided below.

**POSSESSION AND  
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete within 60 days from the later of lease execution or waiver of CON contingency ("Possession Date"). Base Rent Commencement shall be the earlier of six (6) months from Possession Date or the date each of the following conditions have occurred:

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

**LEASE FORM:**

Tenant's standard lease form conforming to Mount Vernon base lease (RI file #2159).

**USE:**

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

Tenant shall be responsible to ensure its Use is permitted within the Premises zoning. This includes Tenant's review of any OEA's or other documents that may impact tenancy.

**LEASE CHARGES:**

Tenant to pay all expenses including insurance, maintenance, and utilities cost upon the Lease Commencement Date. Tenant shall pay all real property taxes for the Property, which payments shall be made directly to the applicable taxing authority as and when the same shall become due. Tenant shall have the right to appeal real estate taxes directly with taxing authority.

**PARKING:**

Tenant shall have the exclusive right to use all existing parking spaces.

**LANDLORD WORK:**

Landlord, at Landlord's expense, shall deliver the premises entirely demised and gutted. Landlord will be responsible for demolition of all interior partitions, doors and frames, coolers, freezers, grease trap, plumbing, electrical, mechanical systems (other than current HVAC and what is designated for reuse by Tenant), remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "raw shell" condition. Premises shall be broom clean and ready for interior improvements; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

Additionally, Landlord, at Landlord's expense, shall replace the existing roof. Landlord will coordinate necessary roof penetrations with Tenant prior to roof install.

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-21 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Landlord for the duration of the lease.

Landlord shall deliver roof, structure and foundation in good working order and shape within 60 days following the Lease Commencement Date. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), then Tenant shall have the right to terminate if Landlord does not repair at its sole cost and expense after Tenant provides written notice of such defect and provide Landlord adequate opportunity to cure. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations.

Landlord, at Landlord's expense, shall repair the existing asphalt condition in the parking lot.

Landlord, at Landlord's expense, shall deliver all exterior doors meeting all barrier-free requirements including but not limited to American Disabilities Act (ADA), Local Codes and State Department of Health requirements for egress. If not Landlord at its cost will need to bring them up to code, this will include installing push paddles and/or panic hardware or any other hardware for egress. Any missing weather

stripping, damage to doors or frames will be repaired or replaced by Landlord.

Landlord will provide, if not already present, a front entrance and rear door to space. Should one not be present at each of the locations Landlord, to have them installed per the following criteria:

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

Any doors that are designated to be provided modified or prepared by Landlord; Landlord shall provide to Tenant, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Tenant and Tenant's architect.

**TENANT IMPROVEMENTS:**

No contribution by Landlord. Landlord shall allow Tenant to make improvements provided that any improvements are approved in advance by Landlord and are completed using good workmanship and according to existing legal and municipal requirements. Tenant shall be responsible for all necessary permitting required by the City and any other governing agencies. Landlord will not unreasonably withhold, condition or delay such approval.

**OPTION TO RENEW:**

Tenant desires three, five-year options to renew the lease with 180 days' prior written notice. Option rent shall be increased by 2% annually after Year 15 of the initial term and following each successive five-year option periods.

**FAILURE TO DELIVER PREMISES:**

If Landlord has not delivered the premises to Tenant with all Landlord Work substantially completed within 90 days from the later of lease execution or waiver of CON contingency ("Delivery Period"), Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the Delivery Period

**HOLDING OVER:**

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

**TENANT SIGNAGE:**

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

**BUILDING HOURS:**

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

**SUBLEASE/ASSIGNMENT:**

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

**ROOF RIGHTS:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee provided such satellite dish does not void any roof warranty. Tenant shall reimburse Landlord for the cost of any roof work that is a result of Tenant's placement of the satellite dish.

**GOVERNMENTAL COMPLIANCE:**

Landlord shall represent and warrant to Tenant upon Possession Date that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s), will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA). Tenant to complete its due diligence to ensure it is in full compliance pursuant to its use. After Possession Date, Tenant shall maintain the parking lot and common areas with the exception of any capital repairs.

**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 an executed LOI. 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 an executed LOI 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.

**FURNITURE, FIXTURES  
AND EQUIPMENT:**

Landlord authorizes Tenant to utilize or remove any furniture, fixtures, and equipment present in the Premises at Lease Commencement; however, Landlord makes no representation or warranty with regards to condition, operability, or usability.

**FINANCIAL REPORTING  
REQUIREMENTS:**

As long as Tenant is a publically traded company, or is owned by an entity which is a publically traded company and with which Tenant's financial information is consolidated, Tenant is not required to deliver financial statements to any party. If at any time, Tenant is no longer a public company (or not owned by an entity which is a publically traded company and with which Tenant's financial information is consolidated), then must provide within 120 days of end of each fiscal year, Tenant's income statement, balance sheet, statement of changes in financial position, and notes to the financial statements as reviewed or audited by an independent certified public accountant or accounting firm.

**BROKERAGE FEE:**

Landlord recognizes C&W as the Tenant's sole representative. Brokerage fee shall be pursuant to separate agreement with Coldwell Banker Commercial.

**TENANT INSURANCE  
REQUIREMENTS:**

To be paid by Tenant. Please forward copy of insurance for Landlord review.

**CONTINGENCIES:**

Subject to final approval by Tenant's and Landlord's Investment Committee.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this 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:

1004 W Anthony Dr, Champaign, IL 61821

AGREED TO AND ACCEPTED THIS 18 DAY OF JULY 2017By: Molly E ChlingerOn behalf of DVA Renal Healthcare, Inc., a subsidiary of DaVita, Inc.  
("Tenant")AGREED TO AND ACCEPTED THIS 18 DAY OF JULY 2017By: Jenette S. O'BrienJenette S. O'Brien  
Vice President,  
Asset Management

("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. LANDLORD AND 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. ALL PARTIES RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES. 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.



**Section I, Identification, General Information, and Certification**  
**Operating Identity/Licensee**

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



**To all to whom these Presents Shall Come, Greeting:**

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

DVA RENAL HEALTHCARE, INC., INCORPORATED IN TENNESSEE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 23, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1618901250 verifiable until 07/07/2017

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

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 7TH  
day of JULY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

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

The organizational chart for DaVita Inc., DVA Renal Healthcare Inc., and Illini Renal Dialysis is attached at Attachment – 4.

# Illini Renal Dialysis Organizational Chart

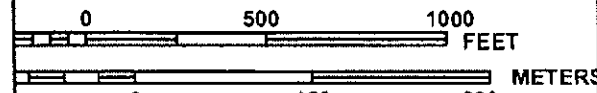


**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

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 1004 West Anthony Drive, Champaign, Illinois 61821. As shown on the National Flood Insurance Program FIRM map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



MAP SCALE 1" = 500'



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0294D

**FIRM**  
FLOOD INSURANCE RATE MAP  
CHAMPAIGN COUNTY,  
ILLINOIS  
AND INCORPORATED AREAS

PANEL 294 OF 625

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS

COMMUNITY	NUMBER	PANEL	SUFFIX
CHAMPAIGN COUNTY	170694	0294	D
CHAMPAIGN, CITY OF	170026	0254	D

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



MAP NUMBER  
17019C0294D

EFFECTIVE DATE  
OCTOBER 2, 2013

Federal Emergency Management Agency

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

Champaign County

Champaign

CON - Rehabilitation and Lease to Establish a 20-Station Dialysis Facility

1004 W. Anthony Dr.

IHPA Log #009051117

May 24, 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

Attachment - 6



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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
Site Preparation			
Site Survey and Soil Investigation			
New Construction Contracts			
Modernization Contracts	\$1,425,770		\$1,425,770
Contingencies	\$213,000		\$213,000
Architectural/Engineering Fees	\$163,450		\$163,450
Consulting and Other Fees	\$133,521		\$133,521
Moveable and Other Equipment			
Communications	\$96,786		\$96,786
Water Treatment	\$185,660		\$185,660
Bio-Medical Equipment	\$14,187		\$14,187
Clinical Equipment	\$531,044		\$531,044
Clinical Furniture/Fixtures	\$33,585		\$33,585
Lounge Furniture/Fixtures	\$6,175		\$6,175
Storage Furniture/Fixtures	\$7,093		\$7,093
Business Office Fixtures	\$35,905		\$35,905
General Furniture/Fixtures	\$43,000		\$43,000
Signage	\$12,000		\$12,000
Total Moveable and Other Equipment	\$965,435		\$965,435
Fair Market Value of Leased Space	\$1,215,252		\$1,215,252
<b>Total Project Costs</b>	<b>\$4,116,428</b>		<b>\$4,116,428</b>

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

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

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

Section I, Identification, General Information, and Certification  
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
<b>CLINICAL</b>							
ESRD	\$4,116,428		8,432		8,432		
<b>Total Clinical</b>	<b>\$4,116,428</b>		<b>8,432</b>		<b>8,432</b>		
<b>NON CLINICAL</b>							
<b>Total Non-clinical</b>							
<b>TOTAL</b>	<b>\$4,116,428</b>		<b>8,432</b>		<b>8,432</b>		

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

<b>DaVita Current Projects</b>			
<b>Project Number</b>	<b>Name</b>	<b>Project Type</b>	<b>Completion Date</b>
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
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
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	6/30/2018
16-023	Irving Park Dialysis	Establishment	8/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	3/31/2019
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

**Section II, Discontinuation**  
**Criterion 1110.130(a), General**

1. The Applicants seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue its existing 12-station dialysis facility at 507 East University Avenue, Champaign, Illinois 61820 (the "Existing Facility") and establish an 18-station dialysis facility at 1004 West Anthony Drive, Champaign, Illinois 61821 (the "Replacement Facility"). The Replacement Facility will be approximately 3.1 miles, or 10 minutes, from the Existing Facility.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: May 31, 2019
4. The Applicants lease space for the Existing Facility from LaSalle Bank National Association, successor trustee Land Trust 01-1195. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

## **Section II, Discontinuation**

### **Criterion 1110.130(b), Reasons for Discontinuation**

The design and size of the Existing Facility creates operational and logistical inefficiencies. The physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

The Existing Facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the Existing Facility will be fully utilized within 2 years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas.

As for the current configuration of the physical plant, it is congested and patients are extremely close to one another, creating challenges for teammates to converse privately with patients, particularly patients who are hard of hearing. There is no designated wheelchair storage or storage for the emergency evacuation kit or crash cart. The lack of adequate storage of these items hinders the operational efficiency of both the nurses and patient care technicians.

The current facility's parking lot is shared with several other businesses limiting the amount of dedicated parking for dialysis patients. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The Existing Facility's drop-off/pick up location has little to no overhead coverage, exposing frail patients to the elements when arriving and departing the facility. With the proposed relocation, patient safety will be enhanced. The Replacement Facility will be a standalone building with its own parking lot consisting of approximately 100 parking stalls. Further, larger patient transport vehicles will be able to park closer to the building during each drop off and pick up. With a better site plan configuration at the proposed site, weather related safety risks can be minimized in a facility with ample patient parking and a covered patient drop-off/pick up location.

The facility must be physically accessible (e.g., parking, accessible bus routes, space) to meet the rising need of the dialysis patients and increasing needs of a growing CKD population. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future dialysis patient needs.

The proposed project will have a positive impact on the delivery of dialysis care in the planning area in terms of improved access, long term institutional viability, and availability of services for meeting the health care needs of the population to be served by the project.

**Section It, Discontinuation**

**Criterion 1110.130(c), Impact on Access**

1. The relocation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining in-center hemodialysis to DaVita's end-stage renal disease ("ESRD") patient population by making it more accessible to patients and their families throughout Champaign County. All patients of the Existing Facility are expected to transfer to the Replacement Facility. The Applicants seek authority from the State Board to discontinue the Existing Facility and establish the Replacement Facility. The Replacement Facility will be approximately 3.1 miles, or 10 minutes, from the Existing Facility. While the Applicants request the addition of 6 stations with this application, the Replacement Facility will be plumbed to accommodate up to 24 stations to accommodate the expected future growth of the ESRD patient population in the greater Champaign County area.
2. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230, Project Purpose, Background and Alternatives**

**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 relocation and expansion of Illini Renal Dialysis, a 12-station in-center hemodialysis facility from 507 East University Avenue, Champaign, Illinois 61820 to an 18-station in-center hemodialysis facility at 1004 West Anthony Drive, Champaign, Illinois 61821.

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. A copy of DaVita's 2016 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach and is included in this application at Attachment – 11A. Some key initiatives of DaVita which are covered in that report are also outlined below,

**Kidney Disease Statistics**

30 million or 15% of U.S. adults are estimated to have CKD.<sup>1</sup> Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.<sup>2</sup>
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.<sup>3</sup>
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).<sup>4</sup>
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).<sup>5</sup>
- 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.<sup>6</sup>
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014,

<sup>1</sup> Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* [https://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf) (last visited Jul. 20, 2017).

<sup>2</sup> US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016).

<sup>3</sup> *Id.*

<sup>4</sup> *Id.* at 215.

<sup>5</sup> *Id.* at 216.

<sup>6</sup> *Id.* at 288.



24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.<sup>7</sup>

### **DaVita's Quality Recognition and Initiatives**

#### ***Awards and Recognition***

- **Quality Incentive Program.** DaVita ranked first in outcomes for the fourth straight year in the Centers for Medicare and Medicaid Services ("CMS") end stage renal disease ("ESRD") Quality Incentive Program. The ESRD QIP reduces payments to dialysis facilities that do not meet or exceed CMS-endorsed performance standards. DaVita outperformed the other ESRD providers in the industry combined with only 11 percent of facilities receiving adjustments versus 23 percent for the rest of the industry. See Attachment – 11B.
- **Coordination of Care.** On June 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. See Attachment – 11C. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.
- **Joint Commission Accreditation.** 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.
- **Military Friendly Employer Recognition.** DaVita has been repeatedly recognized for its commitment to its employees, 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 a 2017 Top Military Friendly Employer for the eighth consecutive year.. See Attachment – 11D. 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.
- **Workplace Awards.** In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. See Attachment – 11E. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita

<sup>7</sup> Id. at 292-294.

was recognized as a Top Workplace by The Denver Post. See Attachment – 11F. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. See Attachment – 11G. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall. See Attachment – 11H.

### ***Quality Initiatives***

DaVita has undertaken 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. These programs and others are described below.

- 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.
- To improve access to kidney care services, DaVita and Northwell Health in New York have joint ventured to serve thousands of patients in Queens and Long Island with integrated kidney care. The joint venture will provide kidney care services in a multi-phased approach, including:
  - Physician education and support
  - Chronic kidney disease education
  - Network of outpatient centers
  - Hospital services
  - Vascular access
  - Integrated care
  - Clinical research
  - Transplant services

The joint venture will encourage patients to better utilize in-home treatment options.

- DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. 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 as follows:
  - Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
  - Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and

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

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

- DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.
- DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.
- 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 250 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

Attachment – 11

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.

- **Transplant Education.** 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.
- **Dialysis Quality Indicators.** 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.
- **Pharmaceutical Compliance.** 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.

#### **Service to the Community**

- 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. DaVita Way of Giving program donated \$2.2 million in 2016 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2016, more than 560 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised \$1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids. See Attachment – 11I. Since 2011, DaVita teammates have donated \$9.1 million to thousands of organizations through DaVita Way of Giving.
- DaVita is committed to sustainability and reducing its carbon footprint. It is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Since 2013, DaVita has saved 645 million gallons of water through optimization projects. Through toner and cell phone recycling programs, more than \$126,000 has been donated to Bridge of Life. In 2016,

Attachment – 11

Village Green, DaVita's corporate sustainability program, launched a formal electronic waste program and recycled more than 113,000 pounds of e-waste. See Attachment – 11J.

- DaVita does not limit its community engagement to the U.S. alone. In 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 398 international and domestic medical missions and events in 25 countries.. More than 900 DaVita volunteers supported these missions, impacting more than 96,000 men, women and children. See Attachment – 11K.

**Other Section 1110.230(a) Requirements.**

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.

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11L. Dialysis facilities are currently not subject to State Licensure in Illinois.

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

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 – 11M.



**Davita.**

Attachment - 11A

-61-

# Community Care

THE DAVITA VISION FOR GLOBAL CITIZENSHIP - 2016



# Our trilogy of care

DaVita strives to be a community first and a company second. Our 70,000 teammates work together to serve more than 1.5 million patients around the world through DaVita Kidney Care, DaVita Medical Group and other health care services. We work hard to provide exceptional care for our patients, support the development of our teammates and partners, and care for the environment and communities in which we operate around the globe.

We call this vision for corporate social responsibility (CSR) our Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for the Planet. This trilogy is at the heart of our industry-leading clinical outcomes, philanthropic endeavors and environmental commitment.

# "A community produces most what it honors most."

• KENT J. THIRY, CHAIRMAN AND CEO

## OUR VISION

To Build the  
Greatest Health  
Care Community the  
World Has Ever Seen

## OUR MISSION

To Be the Provider,  
Partner and  
Employer of  
Choice

## OUR CORE VALUES

Service Excellence,  
Integrity, Team,  
Continuous  
Improvement,  
Accountability,  
Fulfillment, Fun

## OUR TRILOGY OF CARE

Caring for Our Patients  
Caring for Each Other  
Caring for Our World

## OUR GUIDING PRINCIPLES

Physician-Led  
Patient-Centered  
Clinically Focused

For the third year in a row, Davita  
Kidney Care is a clinical leader in  
the Centers for Medicare &  
Medicaid Services Five-Star  
Quality Rating System.

IN 2011, DAVITA  
WAS RECOGNIZED AS THE 10TH BEST  
HEALTH CARE PROVIDER IN THE  
NATION BY FORTUNE MAGAZINE'S  
"WORLD'S MOST ADAMANT COMPANIES" LIST.

DAVITA IS A COMPANY  
COMMITTED TO THE WELL-BEING OF  
THE COMMUNITY AND THE  
WORLD. WE ARE COMMITTED TO  
BEING A POSITIVE FORCE FOR  
CHANGE IN THE  
WORLD.

COMMUNITY CARE | The Davita Vision for Global Citizenship

3



# Caring for Our Patients

## Integrated Care, Improved Results

DaVita continuously works to improve our integrated model to provide optimal patient care. Through kidney care services and our medical group, DaVita provides compassionate care to more than 1.5 million patients around the world.

Our integrated approach offers preventive care and also addresses the health and lifestyle complexities of chronic conditions. We invest in creating user-friendly online tools to help patients learn about their health care options and take a more-active role in managing their health and diet. At DaVita, we believe that patients can live more healthy and fulfilling lives if given the proper support and encouragement.

## COMPLEX CARE PROGRAMS

The country's largest kidney care provider accredited by the National Committee for Quality Assurance (NCQA), DaVita VillageHealth has led the industry in providing renal population health management for more than two decades. We currently manage the total care for more than 20,000 people with end stage renal disease (ESRD), of whom nearly 7,000 are under at-risk arrangements, through partnerships with more than 20 health plans and health systems. DaVita VillageHealth has achieved these results:

- 20% lower hospitalization rate than the industry average
- 27% lower readmission rate than the industry average
- Up to 18% addressable cost savings

## COMMITMENT TO QUALITY

Our quality standards have been recognized publicly by the federal government: For the third year in a row, DaVita Kidney Care has been a clinical quality leader in the Centers for Medicare & Medicaid Services (CMS) Five-Star Rating System. DaVita had the highest percentage of centers that met or exceeded quality measures compared to the rest of the industry.\*



We also outperformed the rest of the industry in Medicare's Quality Incentive Program (QIP) for the fourth year in a row, with the highest percentage of centers that met or exceeded QIP quality standards.

DaVita Medical Group in California and The Everett Clinic in Washington earned the Elite Award in the California Association of Physician Groups (CAPG) annual 2016 Standards of Excellence survey. This recognition for giving quality care is the highest-possible designation given by CAPG, one of the nation's largest professional organizations of physician groups focused on coordinated care.

In 2016, DaVita Kidney Care continued to improve clinical outcomes within the infrastructure of the DaVita Patient-Focused Quality Pyramid, which builds on fundamental metrics to address complex issues (such as infection, medication, diabetes and fluid management programs). DaVita Medical Group helped patients achieve their best-possible health through innovative programs and initiatives, including transitions of care, flu vaccinations and hypertension management.

## IMPROVING KIDNEY CARE GLOBALLY

DaVita Kidney Care is committed to elevating health and quality of life for patients around the world. In 2016, we continued to expand our operations to improve access to kidney care in 11 countries outside the U.S. We reached more than 140 million Arabic speakers through our kidney disease awareness campaign, expanded kidney care to nine new cities in Germany, acquired eight clinics across three regions in Brazil and became the largest private dialysis provider in Malaysia, with more than 1,500 patients served in 38 centers.

## HEALTH-MANAGEMENT TOOLS

From DaVita Diet Helper™ to the DaVita® Health Portal, DaVita Kidney Care provides some of the most-comprehensive diet- and health-management tools available to kidney care patients.

**In 2016, Anthem recognized DaVita Medical Group for achieving quality scores that resulted in a cost savings of \$1.6 million from participation in its commercial Accountable Care Organization.**

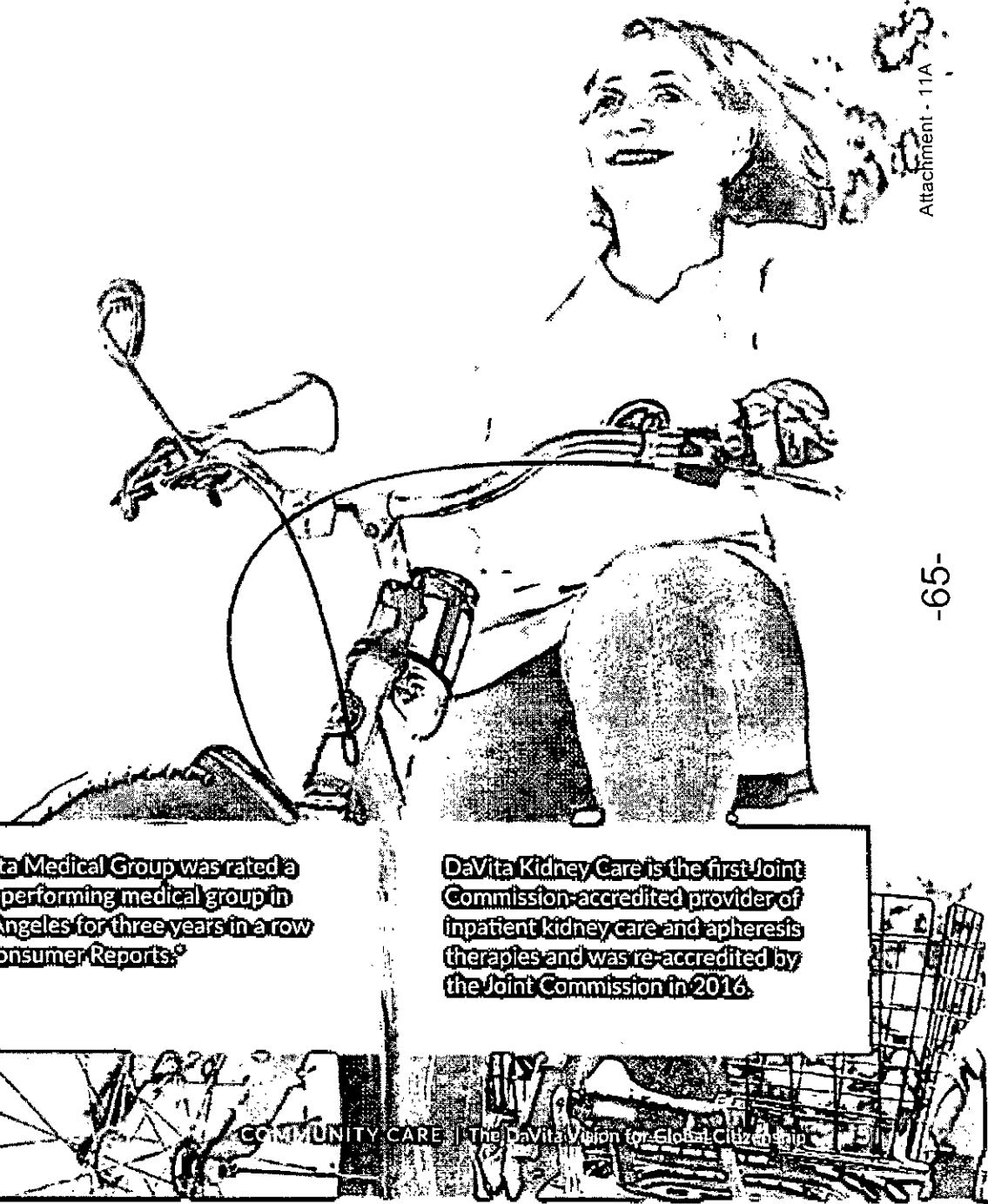
**DaVita Medical Group was rated a high-performing medical group in Los Angeles for three years in a row by Consumer Reports.\***

**DaVita Kidney Care is the first Joint Commission-accredited provider of inpatient kidney care and apheresis therapies and was re-accredited by the Joint Commission in 2016.**

BONNIE, DaVita patient

\*See report at <http://static.consumerreports.org/health/daivita/index.html>  
 \*\*See <http://www.jointcommission.org/press-releases/2016/04/2016-joint-commission-accreditation-report/>

COMMUNITY CARE | The DaVita Vision for Global Citizenship



# Caring For Each Other

## Powered by Teammates

Led by our teammates' enthusiasm, the DaVita Village is stronger than ever. We aim to bolster that enthusiasm by providing our teammates opportunities to thrive, both at work and at home. Leadership courses, professional development, educational scholarships for children and grandchildren, and support in times of crisis are only a few of the many efforts we make to support our teammates' growth and fulfillment.

## LEADERSHIP DEVELOPMENT AND CONTINUING EDUCATION

DaVita's award-winning training programs give our teammates the opportunity to learn and grow. Through **Academy** in 2016, we introduced 8,047 new teammates to the DaVita culture, empowering them to be leaders in their communities, families and teams. The **Redwoods Leadership Development Program** has provided on-the-job and classroom learning and executive mentorship to 564 teammates to date. **DaVita University** offers continuing education and leadership through a variety of classes.

## OPEN COMMUNICATION

At DaVita, we encourage conversations between teammates and leadership. Through **Idea Hub**, teammates submitted more than 1,600 innovative ideas for all areas of the business in 2016. During **Voice of the Village Calls**, senior leaders report on the state of the company, and teammates are encouraged to ask questions about any subject.

## WHOLE-PERSON WELLNESS SUPPORT

Our **Village Vitality** program offers teammates tools and incentives to help them make healthy choices, including free biometric screenings, stress-management courses, tobacco-use cessation programs, opportunities to reduce insurance premiums, and nutrition and fitness challenges.

## COMMITMENT TO OUR VETERANS

DaVita cares for our active service men and women and strives to assist our veterans as they transition from life in the military to life as teammates in the Village. We provide workshops and development courses designed to help foster a stronger community for veterans who become new teammates.

## SUPPORT IN TIMES OF NEED

The **DaVita Village Network (DVN)** provides teammates or their dependents financial assistance during times of crisis such as natural disasters, medical or funeral expenses and financial hardships as a result of military deployment. For every approved grant through the DVN, DaVita contributes the same amount as the teammate payroll contribution, up to \$250,000 per year.

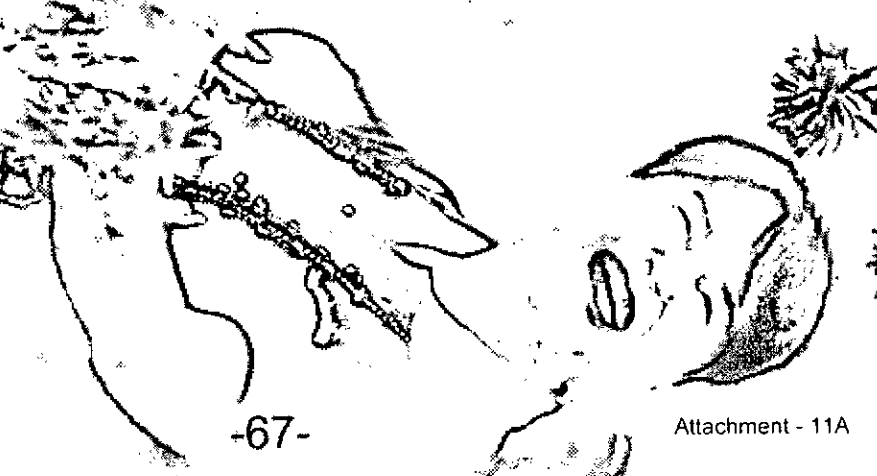
**DaVita Children's Foundation**, **KT Family Foundation** and the **Woody Brittain Scholarship** provide scholarships to teammates' children and grandchildren who excel in leadership, community service and academics. DaVita Children's Foundation and KT Family Foundation have together awarded more than \$2.1 million to nearly 1,100 students.



Through the Star Trooper program, enlisted and civilian staff have been a significant part of 10,000 (2007) of our program and will continue to provide support to the world since 2007.



Our community is a great place to live and work. We are proud to have more than 10,000 (2007) of our program and will continue to provide support to the world since 2007.



Through the Star Trooper program, enlisted and civilian staff have been a significant part of 10,000 (2007) of our program and will continue to provide support to the world since 2007.

COMMUNITY CARES

al Citizenship

## A Community First, A Company Second

Every year, our teammates reaffirm their commitment to caring for our world through service projects, outreach initiatives, charitable contributions and a continued focus on sustainability.

### GIVING BACK AROUND THE WORLD

**Bridge of Life (BOL)** is a nonprofit organization founded by DaVita to improve access to primary care and dialysis treatment in underserved communities around the world and emphasize prevention of kidney disease through early-detection testing and education. Since 2006, BOL has completed 398 domestic and international medical missions and events in 25 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.

### GIVING BACK IN OUR HOME COMMUNITIES

Nearly 90 percent of eligible teams participated in the annual **DaVita Way of Giving** campaign, directing donations of more than \$2.2 million to nonprofits across the country. Since 2011, DaVita has donated nearly \$9.1 million to nonprofits. In our home state of Colorado, we partnered with more than 100 nonprofits to develop volunteer projects and contributed nearly \$1.4 million through event and program sponsorship.

The **KT Community Foundation (KTC)** allocated \$22,000 in funds to teammate-led community service projects in 2016, and \$415,000 total since the program's inception.

Through **Village Service Days**, groups of three or more teammates can plan and execute a service project with a local nonprofit. Since 2006, DaVita teammates and their family and friends have volunteered nearly 140,000 hours through nearly 3,600 Village Service Days around the world in the service of our communities.

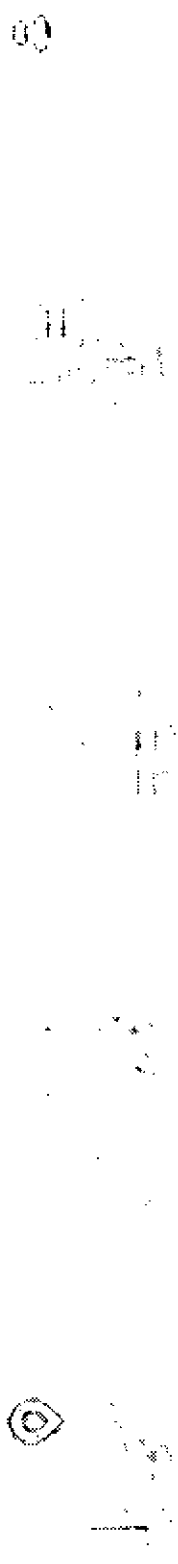
### CARING FOR THE WORLD TO ENSURE ITS FUTURE

At DaVita, we are expanding programs that emphasize environmental sustainability in our centers and offices around the world.

DaVita was recognized in 2016 for the first time by the **Dow Jones Sustainability Indices (DJSI)** as one of only six companies in the Health Care Providers and Services Industry on the DJSI World Index.

In 2016, DaVita's world headquarters building was awarded **LEED Platinum Certification for Operations and Maintenance** by the U.S. Green Building Council. The LEED Platinum certification is the highest recognition a building can earn from the U.S. Green Building Council.

# 2020 DeWitt-Kahney Care Environmental Goals



## ENERGY

Reduce energy use and carbon emissions 10% per treatment

## BUILDINGS

Certify one new LEED v4 or as prototype  
Certify major business offices as LEED Silver

Implement Village Green certification, our internally-developed green building certification process

## WASTE

Add solid waste recycling to at least 45% of kidney care locations

Reduce paper use by 15% per treatment  
Transition to reusable sharps containers in 70% of chronic facilities

## SUPPLY CHAIN

Conduct annual sustainability review with all national vendors

Increase availability of environmentally preferable products & equipment  
and reduce packaging

## WATER

Reduce water use by 30% per treatment

DeWitt diverted 148,000 pounds of electronic waste from landfill in 2016, which equates to the weight of 7.5 African elephants.

DeWitt's Smarter Building Initiative systems have been installed at over 375 clinics across the country since 2014. They reduce energy consumption between 8 and 14 percent.

Eighty-three percent of leanmates at our DeWitt headquarters take alternative transportation (public transit, walk, carpool, or bike) to work.

# Highlights & Recognition

Attachment - 11A

## 2016 Trilogy of Care Highlights

### CARING FOR OUR PATIENTS

- DaVita Medical Group was recognized as a SCAN Health Plan Top Performing Medical Group for its quality of care and services.
- DaVita VillageHealth® programs have achieved a 20 percent lower hospitalization rate than the industry average.

### CARING FOR EACH OTHER

- Idea Hub reviewed more than 1,600 teammate-submitted ideas in 2016, many of which became active Village projects.
- DaVita added a third female director to our group of 11 board members, furthering our goal for a majority diverse board.

### CARING FOR OUR WORLD

- For its 10th anniversary, Tour DaVita brought riders back to Tennessee, where we held our very first ride, and raised \$1.25 million to benefit Bridge of Life.
- In 2016, Bridge of Life impacted over 19,000 lives with the support of more than 300 teammate volunteers.

## 2016 Recognition

- Dow Jones Sustainability Index (DJSI)
- FORTUNE® World's Most Admired Companies
- Denver Post Top Workplaces Colorado
- Training Top 125
- LearningElite
- WorldBlu® Most Freedom-Centered Workplaces
- Becker's Hospital Review 150 Great Places to Work in Healthcare
- Top Military Employer (GI Jobs)
- Newsweek Green Rankings for corporate sustainability and environmental impact
- Communitas Award for corporate sustainability
- 77 DaVita Medical Group physicians received patient satisfaction or "Top Doctors" awards in California, Colorado, Florida, Nevada, New Mexico and Washington
- National Health Information
- Digital Health Information
- eHealthCare Leadership
- Modern Healthcare 100 Most Influential People in Healthcare
- SCAN Health Plan Top Performing Medical Group
- Anthem® Blue Cross Enhanced Personal Health Care Program
- CAPG Standards of Excellence Elite Status
- A clinical leader in the Centers for Medicare & Medicaid Services Five-Star Quality Rating System
- A clinical leader in the Quality Incentive Program from the Centers for Medicare & Medicaid Services

# Looking Ahead

We look forward to another year of working to improve quality of life for our patients and teammates and in the communities where we live and work.

## CARING FOR OUR PATIENTS

DaVita Medical Group will work in 2017 to develop defined national care models and protocols for specific areas of disease—cardiology, respiratory disease, dementia, behavioral health, chronic kidney disease and palliative care.

## CARING FOR EACH OTHER

In 2017, industry-leading support will go into effect for DaVita Kidney Care teammates who are new parents or caregivers, including paid caregiver leave benefits and expanded time-off benefits for maternity, paternity and adoptive parental leave.

## CARING FOR OUR WORLD

Our Village Programs continue to grow and adapt to best serve our teammates around the world. In 2017, DaVita Kidney Care will continue its pursuit of its 2020 environmental goals, with a particular emphasis on our goal to reduce water use by 30 percent.

DEBBIE, DaVita patient







## DaVita News

**Government Report Shows DaVita Has Top Clinical Outcomes**  
**Company outperforms competitors for the fourth year in a row**

DENVER, Feb. 8, 2017 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced that it ranked first in outcomes for the fourth year in a row in a recently released report issued by the Centers for Medicare & Medicaid Services (CMS) end stage renal disease (ESRD) Quality Incentive Program (QIP).

"These results are a byproduct of our team's passion and dedication to our patients," said Javier Rodriguez, president and CEO of DaVita Kidney Care.

The ESRD QIP reduces payments to ESRD centers that do not meet or exceed CMS-endorsed performance standards. DaVita outperformed the rest of the industry combined, with only 11 percent of centers receiving penalties versus 23 percent for the rest of the industry.

In addition, 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.

"Clinical quality is our first priority at DaVita, as patients trust in us to work with their doctors to provide the very best care," said Allen R. Nissenson, M.D., FACP, chief medical officer of DaVita Kidney Care. "We will build on this four-year record of clinical excellence as we design and execute our quality programs in 2017."

QIP is part of Medicare's ESRD program aimed at improving the quality of care provided to Medicare patients. It was designed and passed into law in part to be the nation's first pay-for-performance quality incentive program. CMS describes QIP as a "first-of-its-kind program [that] provides the ESRD community with the opportunity to enhance the overall quality of care that ESRD patients receive as they battle this devastating disease."

DaVita announced in October 2016 that it also outperformed the rest of the industry for the third straight year in the CMS Five-Star Quality Rating System, a separate system that rates dialysis centers based on clinical performance and patient outcomes.

The full ESRD QIP reports can be downloaded at CMS.gov.

**About DaVita Kidney Care**

DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company that, through its operating divisions, provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of September 30, 2016, DaVita Kidney Care operated or provided administrative services at 2,318 outpatient dialysis centers located in the United States serving approximately 186,000 patients. The company also

Attachment - 11B

operated 139 outpatient dialysis centers located in 11 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit [DaVita.com/About](http://DaVita.com/About).

DaVita is a registered trademark of DaVita Inc.

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SOURCE DaVita Kidney Care

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<http://pressreleases.davita.com/2017-02-08-Government-Report-Shows-DaVita-Has-Top-Clinical-Outcomes>



DaVita News

## **DaVita Medical Group Recognized for Excellence in Coordinated Care**

**Washington and California markets presented with Elite distinction by CAPG**

DENVER, June 29, 2017 /PRNewswire/ -- DaVita Medical Group, a division of DaVita Inc. (NYSE: DVA) and a leading independent medical group in the United States, today announced that it received top awards from CAPG, the nation's leading organization for physician groups practicing coordinated care.

This year, The Everett Clinic in Washington, and HealthCare Partners in California, both DaVita Medical Groups, were awarded CAPG's Standards of Excellence™ (SOE®) Elite awards. Physician groups that receive this distinction go above and beyond to provide effective, high-value, patient-centered care that aligns with national quality standards.

"At DaVita Medical Group, we are first and foremost a caregiving organization, which is why driving high-quality clinical outcomes continues to be the primary focus in our aim to become a leading independent medical group in America," said Chan Chuang, chief clinical officer at DaVita Medical Group. "We are proud to be consistently recognized among physician groups who are driving the nation's health reform movement from volume to value."

CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value-based care. The voluntary survey is offered to almost 300 CAPG medical group members in 43 states, the District of Columbia and Puerto Rico. Elite and exemplary awards are achieved by excelling in six domains including, Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.

"Notably this year, the majority of the Clinical Quality Leadership Committee voted to raise the bar for SOE® by increasing the attainment thresholds for each domain, aligning with the program's mission to drive enhanced performance and quality of care," said Amy Nguyen Howell, MD, CAPG's Chief Medical Officer.

This is the 11th year in a row that the DaVita Medical Group's California market has participated and received the Elite honor from CAPG.

### **About DaVita Medical Group**

DaVita Medical Group is a division of DaVita Inc., a Fortune 500® company that operates and manages medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington. A leading independent medical group in America, DaVita Medical Group has over two decades of experience providing coordinated, outcomes-based medical care in a cost-effective manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit [DaVitaMedicalGroup.com](http://DaVitaMedicalGroup.com).

Attachment - 11C

**About DaVita Inc.**

DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of March 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,382 outpatient dialysis centers located in the United States serving approximately 189,400 patients. The company also operated 162 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit [DaVita.com/about](http://DaVita.com/about).

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SOURCE DaVita Medical Group

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<http://pressreleases.davita.com/2017-06-29-DaVita-Medical-Group-Recognized-for-Excellence-in-Coordinated-Care>



## DaVita News

**DaVita Celebrates Military Appreciation Month**

DENVER, May 25, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading global provider of kidney care services, today honors the sacrifices military service members make while serving the United States of America.

National Military Appreciation Month was established in 1999 and is a reminder to show gratitude to those who have served on behalf of this country.

"This month gives us an opportunity to celebrate and honor the contributions and service of our teammates who have served in the military," said Kent Thiry, chairman and CEO of DaVita. "We have the chance to give back to these teammates that have sacrificed so much for this country."

DaVita offers ways to welcome veterans to the DaVita Village and help support them in their new roles through several programs:

- **Village Veterans** – Provides new veteran teammates mentorship from company leaders as they transition into their role within the company
- **Star Troopers** – Allows teammates to write thank-you notes and assemble care packages that are sent to those serving overseas
- **Military Spouse Employment Partnership** – Assists in aligning and matching veterans and their spouses to jobs within the company

DaVita's commitment to veterans has been recognized through multiple awards, including:

- G.I. Jobs® Top Military Friendly® Employers, 2009–2017
- RecruitMilitary Most Valuable Employers for Military®, 2017
- Military Times Best for Vets: Employers, 2010–2016
- G.I. Jobs® Top Military Spouse Friendly Employers®, 2013, 2014, 2016

For more information about DaVita's veterans' programs, please visit [Careers.DaVita.com/Military](http://Careers.DaVita.com/Military).

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Attachment - 11D

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SOURCE DaVita Inc.

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<http://pressreleases.davita.com/2017-05-25-DaVita-Celebrates-Military-Appreciation-Month>



## DaVita News

**Military-Friendly Employer for 8th Consecutive Year  
DaVita Strongly Emphasizes Hiring and Retaining Military Veterans**

DENVER, Jan. 4, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced that the company has been named a 2017 Military-Friendly® Employer for the 8<sup>th</sup> consecutive year by Victory Media, publisher of *G.I. Jobs®* and *Military Spouse Magazine*.

"We find that military veterans and families want to be part of our community," said Mike Blackburn, DaVita military recruiter. "Hiring those who have gained leadership experience and operational expertise through military service not only makes good business sense, but also expresses our gratitude to those who serve and sacrifice in uniform."

Since January 2010, DaVita has hired over 3,000 veterans, offering transitional support for teammates with a military background. The hires vary from patient care technicians to the organization's chief development officer. Since 2010, DaVita has received 28 awards for exceptional recruiting outreach in the veteran community. In 2013, DaVita was honored to receive the Freedom Award from the Department of Defense, the highest recognition given to employers for exceptional support of Guard and Reserve employees.

DaVita offers a variety of support options and programs for current and potential veteran and military teammates. For example, DaVita's dedicated military recruiter reaches out to all military referrals within 24 hours by either phone or email. In addition, the Veterans 2 Village program (V2V) offers formal mentoring for veteran teammates joining DaVita to seamlessly integrate and retain veterans.

DaVita continues to offer specialized benefits for veteran teammates, known as "DaVita Salutes," identifying additional resources and benefits for active duty military teammates including a program that offers differential pay and quarterly subsidy pay, as well as continuation of benefits and structured reintroduction support following deployment. DaVita stays connected with deployed military teammates throughout deployment through encouraging cards, letters, care packages and email messages.

Companies and organizations earning the Military-Friendly® Employer designation were evaluated using both public data sources and responses from Victory Media's proprietary survey. More than 200 companies participated in the Military-Friendly® Employers portion of the 2017 Military-Friendly® Companies survey. Final ratings were determined by combining an organization's survey score with an assessment of the organization's ability to meet thresholds for Applicant, New Hire Retention, Employee Turnover, and Promotion & Advancement of veterans and military employees.

"Companies that have earned the 2017 Military-Friendly® Employer designation have exceptionally strong hiring programs and meaningful jobs for transitioning service members, veterans and spouses," said Daniel Nichols, a Navy Reserve veteran and chief product officer at Victory Media.



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SOURCE DaVita

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<http://pressreleases.davita.com/2017-01-04-Military-Friendly-Employer-for-8th-Consecutive-Year>



DaVita News

## **DaVita Certified as Freedom-Centered Workplace by WorldBlu Company celebrates ten consecutive years of recognition**

DENVER, April 19, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading global provider of kidney care services today announced that the company has been certified as a "Freedom-Centered Workplace" by WorldBlu. This is the tenth consecutive year the company has been recognized on the list, formerly known as "most democratic" workplaces.

"At DaVita, we believe that empowering teammates to be active participants drives our vision of becoming the greatest healthcare community the world has ever seen," said Kent Thiry, chairman and CEO of DaVita. "Whether it's our regular Town Hall meetings, our enterprise-wide Voice of the Village calls or our engagement surveys, the individual voices of our teammates help define who we are as a community first and a company second."

DaVita is deeply committed to engaging the company's 71,000 teammates and regularly seeks their input on both small and large matters that impact the direction of the company. "Town Halls" and "Voice of the Village" calls serve as opportunities for teammates to hear directly from senior leaders and ask questions about the business, policies, strategic direction and more. Teammates also have opportunities to recognize one another for exemplifying the company's core values.

DaVita emphasizes collaboration and teamwork to deliver industry-leading care as reflected in two reports from the Centers for Medicare and Medicaid Services (CMS). Within both the CMS Five-Star Quality Rating program and the Quality Incentive program, DaVita Kidney Care outperformed the rest of the industry with the highest percentage of centers that meet or exceed quality measures.

Organizations become eligible for a spot on the WorldBlu List of Most Freedom-Centered Workplaces™ after teammates complete The WorldBlu Freedom at Work™ Assessment, a survey evaluating their practice of the WorldBlu 10 Principles of Organizational Democracy™. The assessment was developed based on a decade of research into what makes a successful freedom-centered company. Organizations from the for-profit and non-profit sectors that have been in operation for at least one full year and have five or more employees can apply for the certification.

Learn more about DaVita's award-winning culture at [DaVita.com/CSR](http://DaVita.com/CSR).

### **About DaVita Inc.**

DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of December 31, 2016, DaVita Kidney Care operated or provided administrative services at 2,350 outpatient dialysis centers located in the United States serving approximately 188,000 patients. The company also operated 154 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Nevada, New

Mexico, Florida, Colorado and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of December 31, 2016, DaVita Medical Group provided integrated care management for approximately 749,000 patients. For more information, please visit [DaVita.com/about](http://DaVita.com/about).

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SOURCE DaVita Inc.

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<http://pressreleases.davita.com/2017-04-19-DaVita-Certified-as-Freedom-Centered-Workplace-by-WorldBlu>



DaVita News

## **DaVita Inc. Recognized as Top Workplace by The Denver Post**

### **Teammate feedback lands company on list for sixth consecutive year**

DENVER, April 11, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced that the company was recognized as a 2017 Top Workplace by *The Denver Post*. This is the sixth consecutive year the company has appeared on the list.

"There are many reasons we're proud to call Denver home, including the local values of civic engagement and the great quality of life," said Javier Rodriguez, CEO of DaVita Kidney Care. "I'm continually impressed by the energy our teammates put into their personal and professional growth, ensuring our community continues to thrive."

Top Workplaces are determined based solely on employee feedback. The survey is conducted by WorkplaceDynamics, LLP, a leading research firm on organizational health and teammate engagement.

As a Top Workplace, DaVita strives to build a community that cares for patients, supports teammates and engages the community. Teammates have the opportunity to live out the DaVita Way through:

### **Training and Development**

Teammates have access to award-winning courses and trainings designed for personal and professional development through DaVita University. DaVita University offers teammates the following programs: School of Clinical Education, the School of External Degrees and the School of Leadership and Management. Each school focuses on building specific skills to help teammates become better coworkers, family members and citizens.

### **Mission and Core Values**

DaVita honors teammates' commitment to its mission and values, which help guide how teammates approach their work on a daily basis. During special ceremonies, awards are given to teammates who exemplify the company's core values: Service Excellence, Integrity, Team, Continuous Improvement, Accountability, Fulfillment and Fun.

### **Community Engagement**

Giving back to the communities in which teammates live and work is part of DaVita's vision for corporate social responsibility, referred to internally as the Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for Our World. Colorado teammates regularly participate in Village Service Days – or community service projects – as well as Village Green initiatives, which encourage sustainable living. A group of teammates also started a unique initiative called Dynamic Volunteerism through which teammates work with nonprofits to help their efforts in meeting core business objectives.

Learn more about DaVita's award-winning culture at [DaVita.com/CSR](http://DaVita.com/CSR).

**About DaVita Inc.**

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SOURCE DaVita Inc.

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<http://pressreleases.davita.com/2017-04-11-DaVita-Inc-Recognized-as-Top-Workplace-by-The-Denver-Post>



## DaVita News

**DaVita Recognized Among 2017 Training Top 125****Company offers exceptional training and development programs for teammates**

DENVER, Feb. 2, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced the company was recognized among *Training* magazine's Top 125 for its exceptional training and leadership development programs. The company has appeared on the list for 13 years in a row.

"We focus on whole-person growth and learning that empowers our teammates to take an active role in their personal and professional journeys," said Dave Hoerman, chief wisdom officer at DaVita. "Our goal is to help teammates lead more healthy and fulfilled lives, which translates into improved quality care for our patients."

DaVita offers a variety of in-person and online courses and programs to help create a special place for its teammates. For example, the company designed the DSS Leadership program to find, nurture and help teammates grow who have potential for management roles and the desire to develop as leaders. The six-month course teaches the fundamentals of leadership through lectures, self-assessment and reading assignments.

DaVita has also been named a finalist by *Chief Learning Officer* magazine in its LearningElite program, which recognizes organizations for their learning and development strategies that deliver business results.

Explore how DaVita invests in its teammates' professional and personal growth at [DaVita.com/CSR](http://DaVita.com/CSR).

**About DaVita Inc.**

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Attachment - 11G

SOURCE DaVita Inc.

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<http://pressreleases.davita.com/2017-02-02-DaVita-Recognized-Among-2017-Training-Top-125>



DaVita News

## **DaVita Celebrates 10 Consecutive Years Among FORTUNE® Magazine's World's Most Admired Companies®**

**Company offers exceptional training and development programs for teammates**

DENVER, March 7, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced has been recognized as one of FORTUNE Magazine's World's Most Admired Companies in 2017. This is the 10th consecutive year and 11th year overall the company has appeared on the list.

In addition to being named to the list, DaVita ranked first in Quality of Products/Services in the health care medical facilities category.

"Building a company with an award-winning culture starts with a commitment to community," said Kent Thiry, chairman and CEO of DaVita. "Our teammates' dedication to making DaVita a special place translates to exceptional quality care for our patients."

DaVita Kidney Care is the recognized clinical leader according to two government reports, the Centers for Medicare and Medicaid Services' (CMS) Quality Incentive Program and Five-Star Quality Star Rating System. For the third year in a row, DaVita outperformed other major dialysis providers in the Quality Incentive Program and outperformed the industry in the Five-Star Quality Rating System.

FORTUNE surveys company executives, board members and industry analysts to compile its rankings. Other factors include people management, use of corporate assets, quality of management, financial soundness, long-term investment and global competitiveness.

Learn how DaVita's award-winning culture helps deliver quality patient care at [DaVita.com/CSR](http://DaVita.com/CSR).

### **About DaVita Inc.**

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SOURCE DaVita  
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<http://pressreleases.davita.com/2017-03-07-DaVita-Celebrates-10-Consecutive-Years-Among-FORTUNE-R-Magazines-Worlds-Most-Admired-Companies-R>

**FORTUNE**  
**WORLD'S MOST**  
**ADMIRED**  
**COMPANIES® 2017**  
**10 YEARS IN A ROW**

DaVita News

## **"DaVita Way of Giving" Donates Record-breaking \$2.2 Million to Local Charities**

**DaVita Teammates Make a Difference this Holiday Season**

DENVER, Dec. 21, 2016 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced that the company donated more than \$2.2 million to charities across the United States through the "DaVita Way of Giving."

For the sixth year in a row, DaVita teammates were given the opportunity to choose local nonprofits to direct contributions of time and resources through the DaVita Way of Giving to assist nonprofits with their missions. Nearly \$9.1 million in donations have been directed through the program since 2011.

"The DaVita Way of Giving program is a true embodiment of what it means to be a community first and company second," said Dave Hoerman, chief wisdom officer for DaVita. "Many teammates are already involved in community causes, so giving them the opportunity to choose where we make the donations allows us, as a Village, to support what they're already doing."

Teammates choose charities that are locally based and have a positive impact in their communities. Charities include children's organizations, crisis centers, animal shelters, food banks and many more. Teammates extend the impact of donations beyond monetary support by hosting hands-on "Village Service Days," volunteer events that build strong community partnerships and allow teammates to donate their time to help charities however they need it most.

DaVita Way of Giving is one of many programs dedicated to spreading ripples of citizen leadership through DaVita's Trilogy of Care – Caring for Our Patients, Caring for Each Other and Caring for Our World.

For more information about DaVita's community engagement efforts, please visit [DaVita.com/CSR](http://DaVita.com/CSR).

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<http://pressreleases.davita.com/2016-12-21-DaVita-Way-of-Giving-Donates-Record-breaking-2-2-Million-to-Local-Charities>



## DaVita News

**DaVita Celebrates 10 Years of Sustainability****Teammates demonstrate commitment to caring for the world through service projects and continued focus on sustainability**

DENVER, June 8, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading global provider of kidney care services, is excited to celebrate 10 years of "Village Green," the company's corporate sustainability program.

Village Green was created in 2007 with the goal of reducing the environmental impact of the company's operations in field facilities and in business offices while educating both teammates and patients on the environmental impact of these changes and what they can do to help.

"At DaVita, we consider ourselves a community first and a company second," said Casey Stock, sustainability manager of DaVita. "As a community first, we believe this extends to our world. Together, we can make our Village a greener, healthier place for our patients, our teammates and our world."

Earth Day Village Service Days were created in 2014 to encourage teammates to volunteer for a service project in the month of April that would benefit the environment, such as planting trees or cleaning up a beach. This year, DaVita teammates volunteered nearly 15,000 hours in 11 countries through 328 community service projects.

In addition to Earth Day Village Service Days, Village Green works to reduce the company's environmental footprint through a variety of green initiatives.

- Since 2013, DaVita has saved 645 million gallons of water through water optimization projects.
- Through toner and cell phone recycling programs, more than \$126,000 has been donated to Bridge of Life, a nonprofit organization that is focused on improving access to primary care and dialysis treatment in underserved communities around the world.
- In 2016, Village Green launched a formal electronic waste program and recycled more than 113,000 pounds of e-waste.

Learn more about DaVita's commitment to environmental sustainability for the future here.

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SOURCE  
DaVita Inc.



<http://pressreleases.davita.com/2017-06-08-DaVita-Celebrates-10-Years-of-Sustainability>



DaVita News

## **DaVita Reports on 2016 Corporate Social Responsibility and Innovation**

### **Vision for Global Citizenship, Commitment to Patient Care, Sustainability and Goodwill Continues to Grow**

DENVER, May 22, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, today announced the release of its 2016 Community Care report, which highlights key clinical, operational and corporate social responsibility (CSR) achievements in the past year.

"The ways in which we care for our patients, each other and our world define who we are as a community first, company second," said Kent Thiry, chairman and CEO of DaVita. "We will continue spreading ripples in our local and global communities."

The report, available at [DaVita.com/CommunityCare](http://DaVita.com/CommunityCare), outlines the ways DaVita cares for its patients, each other and the world. The company's approach to CSR is what drives industry-leading clinical outcomes, award-winning leadership development programs, multiple goodwill initiatives and a commitment to environmental sustainability. Highlights from the 2016 report include the following.

#### **Caring for Our Patients**

DaVita's kidney care services and medical group provide compassionate care to more than 1.5 million primary and specialty care patients around the world. DaVita's integrated approach offers preventive care while addressing the health and lifestyle complexities of chronic conditions. DaVita continues to invest in creating online tools to help patients learn about their health care options and take a more active role in managing their health and diet.

#### **Leading Industry Quality**

DaVita continuously works to improve the quality of care and its standards have been recognized publicly by the federal government. For three years in a row, the Centers for Medicare and Medicaid Services (CMS) Five-Star Quality Rating System recognized DaVita Kidney Care as a leader in quality care, with the highest percentage of centers that met or exceeded quality measures compared to the rest of the industry. DaVita Medical Group in California and The Everett Clinic in Washington were also recognized for high-quality care through an elite status award from the CAPG 2016 Standards of Excellence survey.

#### **International**

DaVita Kidney Care is committed to elevating the health and quality of life for patients around the world. In 2016, the company achieved several milestones across the globe.

- DaVita Kidney Care reached more than 140 million Arabic speakers in Saudi Arabia through its kidney disease awareness program.

- DaVita became the largest dialysis provider in Malaysia, providing care to more than 1,500 patients served in 38 centers.
- In Brazil, DaVita acquired and began clinical operations in eight clinics across three regions, providing care for more than 1,900 patients.

### **Complex Care Programs**

The country's largest kidney care provider accredited by the National Committee for Quality Assurance (NCQA), DaVita VillageHealth has led the industry in providing renal population health management for more than two decades, resulting in a 20 percent lower hospitalization rate than the industry average and up to 18 percent addressable cost savings.

DaVita VillageHealth currently manages the total care for more than 20,000 renal patients, of which nearly 7,000 are under at-risk arrangements, through partnerships with more than 20 health plans and health systems.

### **Caring for Each Other**

DaVita provides unique opportunities for teammates to succeed at work and at home through leadership courses, professional development and education scholarships for children and grandchildren and support in times of crisis.

DaVita's Village Vitality program offers teammates several tools for making healthy choices including:

- Free biometric screenings at work sites
- Stress-management courses
- Tobacco-use cessation programs
- Challenges such as Match the Mayor, a six-week program in which teammates try to match Chairman and CEO Kent Thiry in adding a variety of fruits and vegetables to their daily meals.

### **DaVita Village Network**

The DaVita Village Network offers teammates the opportunity to help each other during times of crisis, such as a natural disaster, an accident or an illness through optional payroll contributions and DaVita provides funding to match up to \$250,000 per year.

### **Commitment to Veterans**

DaVita cares for active service men and women and strives to provide assistance to veterans as they transition from life in the military to life as teammates in the Village. DaVita offers workshops and development courses designed to help foster a stronger community for new veteran teammates.

The Veterans 2 Village program is a two-day class introduced in 2016 that focuses on self-development and introduces veterans to DaVita's existing military programs and benefits, with the goal of integrating an introductory veterans-specific course into the DaVita professional development curriculum in 2017.

## Open Communication

DaVita is deeply committed to engaging its more than 70,000 teammates in a dialogue about our company's objectives and their role in shaping the future of health care. DaVita has several channels for two-way communication with senior leadership. During Voice of the Village Calls, senior leaders report on the state of the company, and teammates are encouraged to ask questions about any subject.

## Caring for Our World

Each year, our teammates reaffirm their commitment to caring for our world through service projects, outreach initiatives, charitable contributions and a continued focus on sustainability. DaVita is working to improve the lives of patients, of the people in the regions in which it operates and those in need throughout the world by examining and reducing the company's environmental impact, performing international medical missions, offering health screenings and pursuing philanthropic endeavors.

## Bridge of Life

This nonprofit aims to improve access to primary care and dialysis treatments in underserved communities around the world. Since 2006, Bridge of Life has completed 398 domestic and international medical missions and events in 25 countries, impacted more than 96,000 lives and engaged more than 900 DaVita teammate volunteers.

## DaVita Way of Giving

DaVita continued its long tradition of supporting local communities this year by making charitable contributions across the nation through its DaVita Way of Giving program. In 2016, teammates directed donations of more than \$2.2 million to local nonprofits. In total, DaVita has donated nearly \$9.1 million to thousands of nonprofits since 2011.

## Home-State Engagement

In addition to teammates directing donations of more than \$2.2 million nationwide through DaVita Way of Giving in 2016, DaVita contributed nearly \$1.4 million to community and nonprofit organizations across Colorado.

Dynamic Volunteerism was created as a local initiative with the purpose of utilizing the unique skillsets of DaVita teammates, individually and collectively, to help nonprofits perform at a higher level. Teams are mobilized to assist in areas as specific as strategic planning, corporate development, board development, IT consultancy, coaching, capacity building, staffing and more.

## KT Community Foundation

The KT Community Foundation offers backing for teammate-led projects that make a difference in teammates' local communities and overseas. To date, it has funded more than \$415,000 for such projects.

## Village Service Days



DaVita teammates and their families and friends have volunteered more than 140,000 hours through 3,600 community service projects – known as Village Service Days – since 2006.

### Sustainability

DaVita continues to help improve patients' and teammates' health and quality of life while reducing its environmental footprint. DaVita Kidney Care's 2020 environmental goals were formally announced in 2016. These ambitious goals, organized around the categories of energy, water, waste, green buildings and supply chain, will set the course for the next four years.

1. Reduce energy use and carbon emissions 10 percent per treatment.
2. Reduce water use by 30 percent per treatment.
3. Add solid waste recycling to at least 45 percent of kidney care locations.
4. Conduct an annual sustainability review with all national vendors.
5. Increase availability of environmentally preferable products & equipment and reduce packaging.
6. Certify one new LEED clinic as prototype.
7. Certify major business offices as LEED silver.
8. Implement Village Green Certification, DaVita's internally developed green building certification process.

To learn more about DaVita's approach to corporate social responsibility, please visit [DaVita.com/CommunityCare](http://DaVita.com/CommunityCare).

### About DaVita Inc.

DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of March 31, 2017, DaVita Kidney Care operated or provided administrative services at 2,382 outpatient dialysis centers located in the United States serving approximately 189,400 patients. The company also operated 162 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of December 31, 2016, DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit [DaVita.com/about](http://DaVita.com/about).

### Contact Information

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[Caitlyn.Shuket@davita.com](mailto:Caitlyn.Shuket@davita.com)



Attachment - 11K

SOURCE DaVita Inc.

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<http://pressreleases.davita.com/2017-05-22-DaVita-Reports-on-2016-Corporate-Social-Responsibility-and-Innovation>

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	CDOK	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	BDURBDNNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S CDTTAGE 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		CHICAGD	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAR 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 NDRTH 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	60152-82D0	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

**DaVita HealthCare Partners Inc.**

**Illinois Facilities**

<b>Regulatory Name</b>	<b>Address 1</b>	<b>Address 2</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>	<b>Medicare Certification Number</b>
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	RANDDLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N RDCKTON 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
Stonecrest 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




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 DVA Renal Healthcare, Inc. in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,

  
Print Name: Arturo Sida  
Its: Assistant Secretary  
DaVita Inc.  
DVA Renal Healthcare, Inc.

Subscribed and sworn to me  
This \_\_\_\_ day of \_\_\_\_\_, 2016

*See Attached*  
\_\_\_\_\_  
Notary Public

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

**State of California**

County of Los Angeles

On September 12, 2016 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

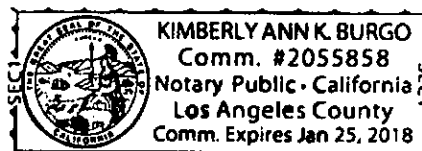
personally appeared \*\*\* Arturo Sida \*\*\*

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

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

WITNESS my hand and official seal.

Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

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

Document Date: September 12, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: \_\_\_\_\_

Other Information: \_\_\_\_\_

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: \_\_\_\_\_

**SIGNER IS REPRESENTING:** Name of Person or Entity DaVita Inc. / DVA Renal Healthcare, Inc.



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

**Purpose of the Project**

1. The Applicants propose to discontinue its Existing Facility and establish the Replacement Facility 3.1 miles, or 10 minutes away. The Existing Facility is one of only two facilities in the GSA. The Champaign County population has grown an estimated 3.6% from April 2010 to July 2016 and this growth along with the rise in CKD described in the Background of Applicant section, warrant additional stations at the Replacement Facility.

Further, the design and size of the Existing Facility creates operational and logistical inefficiencies. The physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

The Existing Facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the Existing Facility will be fully utilized within 2 years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas.

As for the current configuration of the physical plant, it is congested and patients are extremely close to one another, creating challenges for teammates to converse privately with patients, particularly patients who are hard of hearing. There is no designated wheelchair storage or storage for the emergency evacuation kit or crash cart. The lack of adequate storage of these items hinders the operational efficiency of both the nurses and patient care technicians.

The current facility's parking lot is shared with several other businesses limiting the amount of dedicated parking for dialysis patients. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The Existing Facility's drop-off/pick up location has little to no overhead coverage, exposing frail patients to the elements when arriving and departing the facility. With the proposed relocation, patient safety will be enhanced. The Replacement Facility will be a standalone building with its own parking lot consisting of approximately 100 parking stalls. Further, larger patient transport vehicles will be able to park closer to the building during each drop off and pick up. With a better site plan configuration at the proposed site, weather related safety risks can be minimized in a facility with ample patient parking and a covered patient drop-off/pick up location.

The facility must be physically accessible (e.g., parking, accessible bus routes, space) to meet the rising need of the dialysis patients and increasing needs of a growing CKD population. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future dialysis patient needs.

The Replacement Facility is needed to serve the existing and future need for dialysis services in the area. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Moreover, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal

dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. The Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion. Accordingly, there is insufficient capacity to accommodate the current and future need for dialysis services in Champaign County.

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

- North approximately 25 minutes normal travel time to Rantoul, Illinois.
- Northeast approximately 30 minutes normal travel time to Gifford, Illinois.
- East approximately 30 minutes normal travel time to Fithian, Illinois.
- Southeast approximately 25 minutes normal travel time to Philo, Illinois.
- South approximately 30 minutes normal travel time to Tuscola, Illinois.
- Southwest approximately 25 minutes normal travel time to Sadorus, Illinois.
- West approximately 25 minutes normal travel time to De Land, Illinois.
- Northwest approximately 25 minutes normal travel time to Mansfield, Illinois.

3. Source Information

CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* [https://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf) (last visited Jul. 20, 2017).

US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016) *available at* <https://www.usrds.org/2016/view/Default.aspx> (last visited Jul. 20, 2017).

THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

U.S. Census Bureau, Quick Facts, Champaign County.  
<https://www.census.gov/quickfacts/fact/table/champaigncountyillinois/PST045216> (last visited Jul. 26, 2017)

4. As stated above, the design and size of the Existing Facility creates operational and logistical inefficiencies. The physical space is inadequate for overall operations and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

The Existing Facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the Existing Facility will be fully utilized within 2 years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas.

As for the current configuration of the physical plant, it is congested and patients are extremely close to one another, creating challenges for teammates to converse privately with patients, particularly patients who are hard of hearing. There is no designated wheelchair storage or storage for the emergency evacuation kit or crash cart. The lack of adequate storage of these items hinders the operational efficiency of both the nurses and patient care technicians.

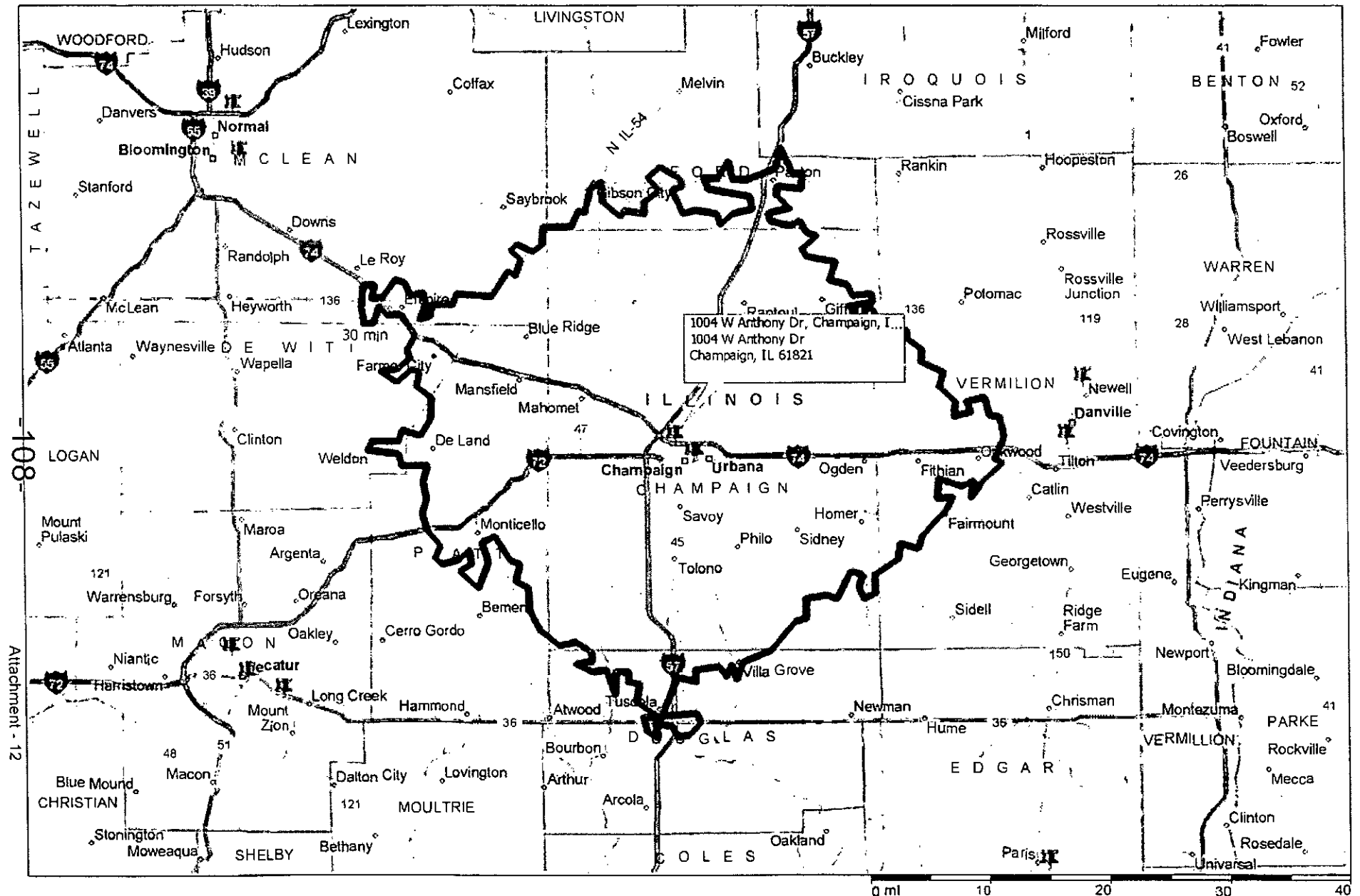
The current facility's parking lot is shared with several other businesses limiting the amount of dedicated parking for dialysis patients. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The Existing Facility's drop-off/pick up location has little to no overhead coverage, exposing frail patients to the elements when arriving and

departing the facility. With the proposed relocation, patient safety will be enhanced. The Replacement Facility will be a standalone building with its own parking lot consisting of approximately 100 parking stalls. Further, larger patient transport vehicles will be able to park closer to the building during each drop off and pick up. With a better site plan configuration at the proposed site, weather related safety risks can be minimized in a facility with ample patient parking and a covered patient drop-off/pick up location.

The facility must be physically accessible (e.g., parking, accessible bus routes, space) to meet the rising need of the dialysis patients and increasing needs of a growing CKD population. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future dialysis patient needs

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

# 1004\_W\_Anthony\_Dr\_Champaign\_IL\_61821\_(Illini\_Renal)\_30\_Min\_GSA



Attachment - 12

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

**Alternatives**

The Applicants had no other options in determining to relocate Illini Renal Dialysis. The design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility resides within a strip mall and there is no room to expand beyond the current 12-stations. In addition, the quantity of parking remains inadequate for both handicapped patients and visitors to the facility.

**Do Nothing**

The design and size of the Existing Facility creates operational and logistical inefficiencies. The physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

The Existing Facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the Existing Facility will be fully utilized within 2 years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas.

As for the current configuration of the physical plant, it is congested and patients are extremely close to one another, creating challenges for teammates to converse privately with patients, particularly patients who are hard of hearing. There is no designated wheelchair storage or storage for the emergency evacuation kit or crash cart. The lack of adequate storage of these items hinders the operational efficiency of both the nurses and patient care technicians.

The current facility's parking lot is shared with several other businesses limiting the amount of dedicated parking for dialysis patients. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The Existing Facility's drop-off/pick up location has little to no overhead coverage, exposing frail patients to the elements when arriving and departing the facility. With the proposed relocation, patient safety will be enhanced. The Replacement Facility will be a standalone building with its own parking lot consisting of approximately 100 parking stalls. Further, larger patient transport vehicles will be able to park closer to the building during each drop off and pick up. With a better site plan configuration at the proposed site, weather related safety risks can be minimized in a facility with ample patient parking and a covered patient drop-off/pick up location.

The facility must be physically accessible (e.g., parking, accessible bus routes, space) to meet the rising need of the dialysis patients and increasing needs of a growing CKD population. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future dialysis patient needs.

There is no capital cost with this alternative.

**Renovate the Existing Facility**

The Existing Facility is located in a strip mall and there is no room to expand beyond the current 12-stations. In addition, the quantity of parking remains inadequate for both disabled patients and visitors to the facility. There is no space available to expand the number of necessary parking spaces. Accordingly, this alternative was rejected.

#### Utilize Existing Facilities

The Replacement Facility is needed to serve the existing and future need for dialysis services in the area. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Moreover, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. The Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion. Accordingly, there is insufficient capacity to accommodate the current and future need for dialysis services in Champaign County.

There is no capital cost with this alternative.

#### Relocate Illini Renal Dialysis

DaVita determined the most effective and efficient way to serve its patients and address the dialysis needs of HSA 4 is to relocate the Existing Facility. The proposed site for the Replacement Facility is located 3.1 miles from the current site, and will adequately serve Illini Renal Dialysis' current and projected patient-base.

Thus, the Applicants selected this option.

The cost associated with this option is **\$4,116,428**

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

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard allows for a maximum of 6,480 to 9,360 gross square feet for 18 dialysis stations. The total gross square footage of the proposed dialysis facility is 8,432 gross square feet. The Replacement Facility meets the State standard.

Table 1110.234(a) SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	8,432 GSF	9,360 GSF	-	Meets



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

By the second year of operation, the proposed facility's annual utilization will meet the State Board's utilization standard of 80%. Pursuant to Section 1100.1430 of the State Board'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.

Abdel-Moneim Attia, M.D., the Medical Director for Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Furthermore, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed replacement facility, with 272 residing in the zip code of the proposed relocation site for Illini Renal Dialysis. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 30 of these CKD patients will require dialysis within 12 to 24 months of project completion. Thus, at least 92 patients (85.2% utilization) will receive treatment at the Replacement Facility within 24 months of project completion.

<b>Table 1110.234(b)</b>					
<b>Utilization</b>					
	<b>Dept./ Service</b>	<b>Historical Utilization (Treatments)</b>	<b>Projected Utilization</b>	<b>State Standard</b>	<b>Met Standard?</b>
<b>2015</b>	ESRD	6,711	N/A	8,237	No
<b>2016</b>	ESRD	7,783	N/A	8,376*	No
<b>2021 Projected</b>	ESRD	N/A	<b>14,352</b>	13,478	Yes

\*Facility added 1-station to go from 11-stations to 12-stations on October 24, 2016.

**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 11.10.234(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(b), Planning Area Need**

**1. Planning Area Need**

The Applicants propose to discontinue the Existing Facility and establish the Replacement Facility 3.1 miles, or 10 minutes away.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

The Existing Facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the Existing Facility will be fully utilized within 2 years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas.

As for the current configuration of the physical plant, it is congested and patients are extremely close to one another, creating challenges for teammates to converse privately with patients, particularly patients who are hard of hearing. There is no designated wheelchair storage or storage for the emergency evacuation kit or crash cart. The lack of adequate storage of these items hinders the operational efficiency of both the nurses and patient care technicians.

The current facility's parking lot is shared with several other businesses limiting the amount of dedicated parking for dialysis patients. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The Existing Facility's drop-off/pick up location has little to no overhead coverage, exposing frail patients to the elements when arriving and departing the facility. With the proposed relocation, patient safety will be enhanced. The Replacement Facility will be a standalone building with its own parking lot consisting of approximately 100 parking stalls. Further, larger patient transport vehicles will be able to park closer to the building during each drop off and pick up. With a better site plan configuration at the proposed site, weather related safety risks can be minimized in a facility with ample patient parking and a covered patient drop-off/pick up location.

The facility must be physically accessible (e.g., parking, accessible bus routes, space) to meet the rising need of the dialysis patients and increasing needs of a growing CKD population. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future dialysis patient needs.

The Replacement Facility is needed to serve the existing and future need for dialysis services in the area. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Moreover, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center

hemodialysis dialysis within 12 to 24 months of project completion. Accordingly, the Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion.

2. Service to Planning Area Residents

The primary purpose is to ensure that the ESRD patient population of Champaign County has access to life sustaining dialysis. As evidenced by the physician referral letter attached at Appendix – 1, all 62 current patients, who are expected to transfer to the Replacement Facility, projected ESRD patients reside within the geographic service area.

3. Service Demand – Establishment of In-Center Hemodialysis Service

Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Furthermore, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. Accordingly, the Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion.

4. Service Accessibility

The Replacement Facility is needed to serve the existing and future need for dialysis services in the area. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating above target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Furthermore, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. Accordingly, the Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion.

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

- a. The proposed Replacement Facility will be located at 1004 West Anthony Drive, Champaign, Illinois 61821. A map of the Illini Renal Dialysis market area is attached at Attachment – 24A. 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(c)(1)(A) below.

<b>Table 1110.1430(c)(1)(A)</b>		
<b>Population of Zip Codes within 30 Minutes of Proposed Facility</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
61821	CHAMPAIGN	30,174
61820	CHAMPAIGN	36,964
61822	CHAMPAIGN	21,608
61801	URBANA	30,937
61874	SAVOY	7,114
61815	BONDVILLE	228
61802	URBANA	19,052
61875	SEYMOUR	761
61880	TOLONO	4,183
61853	MAHOMET	13,206
61884	WHITE HEATH	1,244
61840	DEWEY	709
61878	THOMASBORO	1,433
61864	PHILO	1,715
61873	SAINT JOSEPH	6,250
61872	SADORUS	760
61843	FISHER	2,363
61866	RANTOUL	14,048
61854	MANSFIELD	1,438
61851	IVESDALE	436
61856	MONTICELLO	7,433
61859	OGDEN	1,297
61839	DE LAND	586
61953	TUSCOLA	6,216
<b>TOTAL</b>		<b>210,155</b>

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited May 11, 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 – 24B.

## 2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 57.1% of the State average, and the average utilization of existing and approved dialysis facilities within the GSA, as of March 31, 2017, is 74.8%. While the Applicants request the addition of 6 stations with this application, the Replacement Facility will be plumbed to accommodate up to 24 stations, which will allow for a future census capacity of 144 in-center ESRD patients. 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 57.1% of the State Average.

<b>Table 1110.1430(c)(2)(A)</b>				
<b>Ratio of Stations to Population</b>				
	<b>Population</b>	<b>Dialysis Stations</b>	<b>Stations to Population</b>	<b>Standard Met?</b>
Geographic Service Area	210,155	43	1:4,887	Yes
State	12,830,632	4,599	1:2,790	

### b. Historic Utilization of Existing Facilities

Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities reach the State Board standard. Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 30 of these CKD patients will require dialysis within 12 to 24 months of project completion. Accordingly, there is insufficient capacity to accommodate the current and future need for dialysis services in Champaign County.

### c. Sufficient Population to Achieve Target Utilization

The Applicants propose to discontinue their existing 12-station facility and establish an 18-station replacement facility. As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Furthermore, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 30 of these CKD patients will require dialysis within 12 to

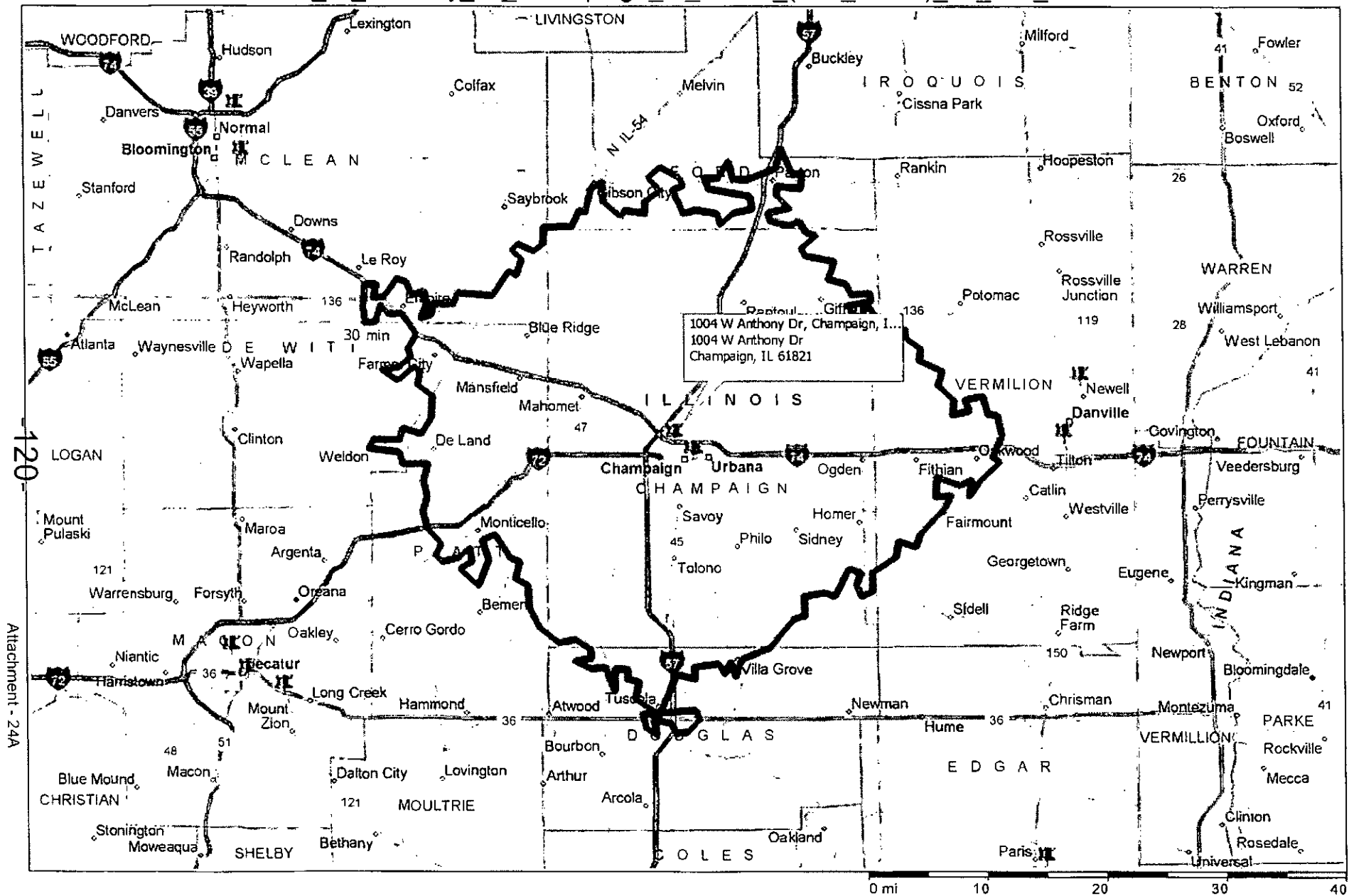
24 months of project completion. Accordingly, the Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the geographic service area. All of the identified patients will either transfer from the Existing Facility or will be referrals of CKD patients. No patients will be transferred from other existing dialysis facilities.
- b. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.



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End Stage Renal Disease Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	03-31-2017 Stations	03-31-2017 Patients	03-31-2017 Utilization
Illini Renal Dialysis	507 E. University Avenue	Champaign	3.1	10	10	12	62	86.11%
Champaign-Urbana Dialysis Center	1405 West Park Street	Urbana	3.2	10	10	25	104	69.33%
TOTAL						37	166	74.77%

**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 Abdel-Moneim, Attia, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Attia's curriculum vitae is attached at Attachment – 24C.
  - b. As discussed throughout this application, the Applicants seek authority to discontinue the Existing Facility and establish the Replacement Facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be trained under the direction of the 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.
3. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc., attached at Attachment – 24E, the Replacement Facility will maintain an open medical staff.

## **Curriculum Vitae**

### **Personal Information:**

- Name : Abdel-Moneim Mohamad Abdou Attia
  - Sex: Male.
  - Birth Date: 10/26/1954
  - Marital Status: Married.
  - Home Phone : ( 217) 398-0409
  - Mobile Phone : (217) 369-7682
- 

### **Education:**

- Bachelor Degree of Medicine and Surgery: Cairo University, EGYPT, December 1977.
  - Master Degree of Internal Medicine: Cairo University, EGYPT, May 1982.
  - American Board of Internal Medicine, August 2000.
  - American Board of Nephrology November 2003 and 2013.
  - Specialist in Hypertension 2004.
- 

### **Professional Experience:**

- Internship: Cairo University Hospitals, EGYPT, March 1978 – February 1979.
- Resident Internal Medicine: ESKO General Hospital, EGYPT, March 1979 – May 1982.
- Internist: ESKO General Hospital, EGYPT, June 1982 – July 1984.
- Internist: SWCC Polyclinic, Saudi Arabia, August 1984 – June 1997.
- Resident Internal Medicine: Nassau University Medical Center, East Meadow, NY July 1997– June 2000.
- Chief resident: Nassau University Medical Center, East Meadow, NY July 2000 – June 2001.
- Nephrology Fellow: Nassau University Medical Center, East Meadow, NY July 2001 – June 2003.
- Medical Emergency Attending: Nassau University Medical Center, East Meadow, NY July 2001 – June 2003.
- Nephrology Attending: Carle Hospital, Urbana, IL July 2003 till current.
- Medical Director CU Dialysis unit: 2010 till current
- Medical Director Illini Hemodialysis unit: 2012 till current.
- Medical Advisor at CU Regional Rehab.
- Clinical Assistant Professor: Medical School, University of Illinois Urbana Champaign: current

**TITLE: BASIC TRAINING PROGRAM OVERVIEW**

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**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**

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**Introduction to Program**

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

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

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

**A non-experienced teammate** is defined as:

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

**An experienced teammate** is defined as:

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

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

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

**TR1-01-02**

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

**Program Description**

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

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

Within the clinic setting this training includes

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

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

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

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

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

Attachment - 24D

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

**TR1-01-02**

- 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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**TR1-01-02**

Attachment - 24D



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

**TR1-01-02**

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.

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

**TR1-01-02**

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.

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

**TR1-01-02**

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

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

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

**Process of Program Evaluation**

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

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

Attached at Attachment – 24E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.



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

**Re: Certification of Support Services**

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Illini Renal 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;
- Illini Renal 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 Secretary  
DaVita Inc.  
DVA Renal Healthcare, Inc.

Subscribed and sworn to me  
This \_\_\_\_ day of \_\_\_\_\_, 2016

*See Attached*

\_\_\_\_\_  
Notary Public

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

State of California

County of Los Angeles

On September 12, 2016 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

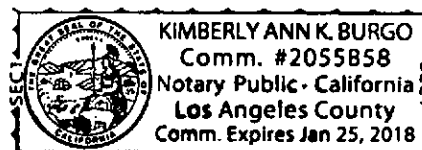
personally appeared \*\*\* Arturo Sida \*\*\*

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

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

WITNESS my hand and official seal.

Signature



#### OPTIONAL INFORMATION

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

#### DESCRIPTION OF ATTACHED DOCUMENT

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

Document Date: September 12, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: \_\_\_\_\_

Other Information: \_\_\_\_\_

#### CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: \_\_\_\_\_

**SIGNER IS REPRESENTING:** Name of Person or Entity DaVita Inc. / DVA Renal Healthcare, Inc.

**Section VII, Service Specific Review Criteria**

**In-Center Hemodialysis**

**Criterion 1110.1430(g), Minimum Number of Stations**

The proposed dialysis facility will be located in the Champaign-Urbana metropolitan statistical area ("MSA"). A dialysis facility located inside an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish an 18-station dialysis facility. Accordingly, this criterion is met.

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

DaVita Inc. has an agreement with Carle Foundation Hospital to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.



FOR COMPANY USE ONLY:  
Clinic #: 3580

### 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 Carle Foundation Hospital (hereinafter "Hospital") and DVA Renal Healthcare, Inc. a subsidiary of DaVita HealthCare Partners Inc. ("Company").

#### RECITALS

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

*Illini Renal Dialysis #3580  
507 E. University Ave.  
Champaign, IL 61820*

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

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the Hospital and the Center; 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. 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 reasonable efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of Det Norske Veritas ("DNV") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

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

2. COMPANY OBLIGATIONS.

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

i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefor until signed for by a representative of Hospital;

ii. Original medical records kept by each of the parties shall remain the property of that institution; and

iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

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

i. current medical findings;

ii. diagnosis;

iii. rehabilitation potential;

iv. discharge summary;

v. a brief summary of the course of treatment followed;

vi. nursing and dietary information;

vii. ambulating status; and

viii. administrative and pertinent social information.

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

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

4. **HIPAA.** Hospital and Company agree to comply with the 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 comply with requests by the other party hereto related to HIPAA.

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

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

7. **INDEMNIFICATION.**

- (a) Each party shall be responsible for its own acts and omissions and shall be liable for payment of that portion of any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds that are caused by any alleged malfeasance or neglect by said party, its employees, agents, or subcontractors, in the performance or omission of any act or responsibility of said party under this Agreement. In the event that a claim is made against

both parties, it is the intent of both parties to cooperate in the defense of said claim and to cause their insurers to do likewise. Both parties shall, however, retain the right to take any and all actions they believe necessary to protect their own interests.

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

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

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

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

9. TERM AND TERMINATION. This Agreement shall be effective for no initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least thirty (30) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the thirty (30) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this

Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

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

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

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

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

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

If to Hospital: Carle Foundation Hospital  
611 West Park St.  
Urbana, IL 61801  
Attention: Administrator

If to Company: DVA Renal Healthcare, Inc.  
C/o: DaVita HealthCare Partners Inc.  
2000 16<sup>th</sup> St., 12<sup>th</sup> Floor

Denver, CO 80202  
Attention: Group General Counsel

With copies to: Illini Renal Dialysis  
c/o DaVita HealthCare Partners Inc.  
507 E. University Ave.  
Champaign, IL 61820  
Attention: Facility Administrator

DaVita HealthCare Partners Inc.  
2000 16<sup>th</sup> St., 12<sup>th</sup> Floor  
Denver, CO 80202  
Attention: General Counsel

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

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

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

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

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

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

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

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

Hospital:

Carle Foundation Hospital

By: [Signature]

Name: Lynne C Barnes

Its: Vice President - Hospital Operations

Date: Feb 4, 2013

Company:

DVA Renal Healthcare, Inc.

By: [Signature]

Name: Jetta Little

Its: Assistant Facility Administrator

Date: 2/5/13

APPROVED AS TO FORM ONLY:

DAVITA HEALTHCARE PARTNERS

INC.

By: [Signature]

Name: Marcie Damisch

Its: Group General Counsel



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

The Applicants propose to discontinue the Existing Facility and establish the Replacement Facility 3.1 miles, or 10 minutes away.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The physical space is inadequate for overall operations, and there are too few handicapped parking spaces and an inadequate number of general parking spaces to accommodate all visitors.

The Existing Facility is located within a strip mall and cannot expand its current footprint. Over the past three years the facility's compound annual growth rate is 8%. Based upon its historical growth, the Existing Facility will be fully utilized within 2 years and cannot add stations to address the increasing need for dialysis services in Champaign County and the surrounding areas.

As for the current configuration of the physical plant, it is congested and patients are extremely close to one another, creating challenges for teammates to converse privately with patients, particularly patients who are hard of hearing. There is no designated wheelchair storage or storage for the emergency evacuation kit or crash cart. The lack of adequate storage of these items hinders the operational efficiency of both the nurses and patient care technicians.

The current facility's parking lot is shared with several other businesses limiting the amount of dedicated parking for dialysis patients. Designated handicapped parking is limited to two spaces, creating a hardship for many patients and their families and increasing risk for falls. Further, there is limited general parking for patients, visitors, vendors and staff. The Existing Facility's drop-off/pick up location has little to no overhead coverage, exposing frail patients to the elements when arriving and departing the facility. With the proposed relocation, patient safety will be enhanced. The Replacement Facility will be a standalone building with its own parking lot consisting of approximately 100 parking stalls. Further, larger patient transport vehicles will be able to park closer to the building during each drop off and pick up. With a better site plan configuration at the proposed site, weather related safety risks can be minimized in a facility with ample patient parking and a covered patient drop-off/pick up location.

The facility must be physically accessible (e.g., parking, accessible bus routes, space) to meet the rising need of the dialysis patients and increasing needs of a growing CKD population. Thus, the Applicants must relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future dialysis patient needs.

The Replacement Facility is needed to serve the existing and future need for dialysis services in the area. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Moreover, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. Accordingly, the Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion.

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

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.



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

**Re: In-Center Hemodialysis Assurances**

Dear Chair Olson:

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

- By the second year after project completion, Illini Renal Dialysis expects to achieve and maintain 80% target utilization; and
- Illini Renal 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 Secretary  
DaVita Inc.  
DVA Renal Healthcare, Inc.

Subscribed and sworn to me  
This \_\_\_\_ day of \_\_\_\_, 2016

*See Attached*  
\_\_\_\_\_  
Notary Public

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

State of California

County of Los Angeles

On September 12, 2016 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

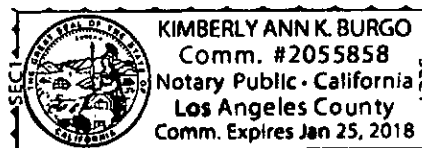
personally appeared \*\*\* Arturo Sida \*\*\*

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

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

WITNESS my hand and official seal.

Signature



#### OPTIONAL INFORMATION

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

#### DESCRIPTION OF ATTACHED DOCUMENT

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

Document Date: September 12, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: \_\_\_\_\_

Other Information: \_\_\_\_\_

#### CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: \_\_\_\_\_

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / DVA Renal Healthcare, Inc.

**Section VIII, Financial Feasibility**  
**Criterion 1120.120 Availability of Funds**

The project will be funded entirely with cash and cash equivalents, and a lease from Realty Income Corporation. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted. A letter of intent to lease the facility is attached at Attachment - 34.



225 West Wacker Drive, Suite 3000  
Chicago, IL 60606

Web: [www.cushmanwakefield.com](http://www.cushmanwakefield.com)

## LETTER OF INTENT

July 10, 2017

Jenette O'Brien, REALTY INCOME CORP.  
c/o Jay Sikorski  
Coldwell Banker Commercial  
PO Box 140  
Champaign, IL 61824

**RE: LOI – 1004 W Anthony Dr., Champaign, IL 61821 (RI file #2100)**

Mr. Sikorski:

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

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

<b><u>PREMISES:</u></b>	Real property and improvements located at 1004 W Anthony Dr., Champaign, IL 61821
<b><u>TENANT:</u></b>	DVA Renal Healthcare, Inc. or related entity
<b><u>GUARANTOR:</u></b>	DaVita Inc.
<b><u>LANDLORD:</u></b>	Realty Income Corporation
<b><u>SPACE REQUIREMENTS:</u></b>	Requirement is for approximately 8,432SF of contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996.
<b><u>LEASE EXECUTION DATE:</u></b>	Upon mutual execution of Lease Agreement.
<b><u>PRIMARY TERM:</u></b>	Last day of the month 15 years from Rent Commencement Date.
<b><u>BASE RENT:</u></b>	\$126,650 NNN with two percent (2%) annual increases during the term and any options.
<b><u>ADDITIONAL EXPENSES:</u></b>	Tenant's Prorata Share: 100% Tenant shall be responsible for its directly metered utility expenses.

**LANDLORD'S MAINTENANCE:**

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property including the replacement of parking lot. Landlord's maintenance shall be further defined in the Lease.

**LEASE COMMENCEMENT  
DATE:**

Lease execution with the CON contingency provided below.

**POSSESSION AND  
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete within 60 days from the later of lease execution or waiver of CON contingency ("Possession Date"). Base Rent Commencement shall be the earlier of six (6) months from Possession Date or the date each of the following conditions have occurred:

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

**LEASE FORM:**

Tenant's standard lease form conforming to Mount Vernon base lease (RI file #2159).

**USE:**

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

Tenant shall be responsible to ensure its Use is permitted within the Premises zoning. This includes Tenant's review of any OEA's or other documents that may impact tenancy.

**LEASE CHARGES:**

Tenant to pay all expenses including insurance, maintenance, and utilities cost upon the Lease Commencement Date. Tenant shall pay all real property taxes for the Property, which payments shall be made directly to the applicable taxing authority as and when the same shall become due. Tenant shall have the right to appeal real estate taxes directly with taxing authority.

**PARKING:**

Tenant shall have the exclusive right to use all existing parking spaces.

**LANDLORD WORK:**

Landlord, at Landlord's expense, shall deliver the premises entirely demised and gutted. Landlord will be responsible for demolition of all interior partitions, doors and frames, coolers, freezers, grease trap, plumbing, electrical, mechanical systems (other than current HVAC and what is designated for reuse by Tenant), remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "raw shell" condition. Premises shall be broom clean and ready for interior improvements; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

Additionally, Landlord, at Landlord's expense, shall replace the existing roof. Landlord will coordinate necessary roof penetrations with Tenant prior to roof install.

The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-21 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts to be connected into controlled underground discharge for the rain leaders into the storm system for the site or as otherwise required meeting local storm water treatment requirements. Storm water will be discharged away from the building, sidewalks, and pavement. Roof and all related systems to be maintained by the Landlord for the duration of the lease.

Landlord shall deliver roof, structure and foundation in good working order and shape within 60 days following the Lease Commencement Date. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), then Tenant shall have the right to terminate if Landlord does not repair at its sole cost and expense after Tenant provides written notice of such defect and provide Landlord adequate opportunity to cure. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations.

Landlord, at Landlord's expense, shall repair the existing asphalt condition in the parking lot.

Landlord, at Landlord's expense, shall deliver all exterior doors meeting all barrier-free requirements including but not limited to American Disabilities Act (ADA), Local Codes and State Department of Health requirements for egress. If not Landlord at its cost will need to bring them up to code, this will include installing push paddles and/or panic hardware or any other hardware for egress. Any missing weather



stripping, damage to doors or frames will be repaired or replaced by Landlord.

Landlord will provide, if not already present, a front entrance and rear door to space. Should one not be present at each of the locations Landlord, to have them installed per the following criteria:

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

Any doors that are designated to be provided modified or prepared by Landlord; Landlord shall provide to Tenant, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Tenant and Tenant's architect.

**TENANT IMPROVEMENTS:**

No contribution by Landlord. Landlord shall allow Tenant to make improvements provided that any improvements are approved in advance by Landlord and are completed using good workmanship and according to existing legal and municipal requirements. Tenant shall be responsible for all necessary permitting required by the City and any other governing agencies. Landlord will not unreasonably withhold, condition or delay such approval.

**OPTION TO RENEW:**

Tenant desires three, five-year options to renew the lease with 180 days' prior written notice. Option rent shall be increased by 2% annually after Year 15 of the initial term and following each successive five-year option periods.

**FAILURE TO DELIVER  
PREMISES:**

If Landlord has not delivered the premises to Tenant with all Landlord Work substantially completed within 90 days from the later of lease execution or waiver of CON contingency ("Delivery Period"), Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the Delivery Period

**HOLDING OVER:**

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

**TENANT SIGNAGE:**

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

**BUILDING HOURS:**

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

**SUBLEASE/ASSIGNMENT:**

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

**ROOF RIGHTS:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee provided such satellite dish does not void any roof warranty. Tenant shall reimburse Landlord for the cost of any roof work that is a result of Tenant's placement of the satellite dish.

**GOVERNMENTAL COMPLIANCE:**

Landlord shall represent and warrant to Tenant upon Possession Date that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s), will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA). Tenant to complete its due diligence to ensure it is in full compliance pursuant to its use. After Possession Date, Tenant shall maintain the parking lot and common areas with the exception of any capital repairs.

**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 an executed LOI. 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 an executed LOI 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.

**FURNITURE, FIXTURES  
AND EQUIPMENT:**

Landlord authorizes Tenant to utilize or remove any furniture, fixtures, and equipment present in the Premises at Lease Commencement; however, Landlord makes no representation or warranty with regards to condition, operability, or usability.

**FINANCIAL REPORTING  
REQUIREMENTS:**

As long as Tenant is a publically traded company, or is owned by an entity which is a publically traded company and with which Tenant's financial information is consolidated, Tenant is not required to deliver financial statements to any party. If at any time, Tenant is no longer a public company (or not owned by an entity which is a publically traded company and with which Tenant's financial information is consolidated), then must provide within 120 days of end of each fiscal year, Tenant's income statement, balance sheet, statement of changes in financial position, and notes to the financial statements as reviewed or audited by an independent certified public accountant or accounting firm.

**BROKERAGE FEE:**

Landlord recognizes C&W as the Tenant's sole representative. Brokerage fee shall be pursuant to separate agreement with Coldwell Banker Commercial.

**TENANT INSURANCE  
REQUIREMENTS:**

To be paid by Tenant. Please forward copy of insurance for Landlord review.

**CONTINGENCIES:**

Subject to final approval by Tenant's and Landlord's Investment Committee.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit C. The information in this 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:

1004 W Anthony Dr, Champaign, IL 61821

AGREED TO AND ACCEPTED THIS 18 DAY OF JULY 2017By: Molly EhlingerOn behalf of DVA Renal Healthcare, Inc., a subsidiary of DaVita, Inc.  
("Tenant")AGREED TO AND ACCEPTED THIS 18 DAY OF JULY 2017By: Jenette S. O'BrienJenette S. O'Brien  
Vice President,  
Asset Management

("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. LANDLORD AND 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. ALL PARTIES RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES. 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.

**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 evidencing sufficient internal resources to fund the project was previously submitted.

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

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.



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,

A handwritten signature in black ink, appearing to read "Arturo Sida".

Print Name: Arturo Sida  
Its: Assistant Secretary  
DaVita Inc.  
DVA Renal Healthcare, Inc.

Subscribed and sworn to me  
This \_\_\_\_ day of \_\_\_\_, 2016

*See Attached*

\_\_\_\_\_  
Notary Public



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

State of California

County of Los Angeles

On September 12, 2016 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

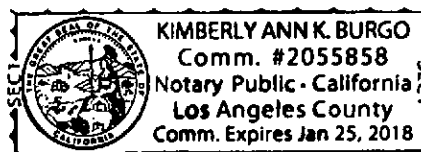
personally appeared \*\*\* Arturo Sida \*\*\*

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

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

WITNESS my hand and official seal

Signature



#### OPTIONAL INFORMATION

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

#### DESCRIPTION OF ATTACHED DOCUMENT

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

Document Date: September 12, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: \_\_\_\_\_

Other Information: \_\_\_\_\_

#### CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: \_\_\_\_\_

**SIGNER IS REPRESENTING:** Name of Person or Entity DaVita Inc. / DVA Renal Healthcare, 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 1120.310(c), Reasonableness of Project and Related Costs**

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

Table 1120.310(c) 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)	
ESRD		\$169.09			8,432			\$1,425,770	\$1,425,770
Contingency		\$25.26			8,432			\$213,000	\$213,000
TOTALS		\$194.35			8,432			\$1,638,770	\$1,638,770

\* 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 and Contingencies	\$1,638,770	\$194.87 per gross square foot x 8,432 gross square feet = \$1,643,143.	Below State Standard
Contingencies	\$213,000	10% - 15% of Modernization Construction Costs = 10% - 15% x \$1,425,770 = \$142,577 - \$213,865	Meets State Standard
Architectural/Engineering Fees	\$163,450	6.65% - 9.99% x (Construction Costs + Contingencies) = 6.65% - 9.99% x (\$1,425,770 + \$213,000) = 6.65% - 9.99% x \$1,638,770 = \$108,978 - \$163,713	Meets State Standard
Consulting and Other Fees	\$133,521	No State Standard	No State Standard
Moveable Equipment	\$965,435	\$53,682.74 per station \$53,682.74 x 18 = \$966,289	Below State Standard

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

Operating Expenses: \$3,259,528

Treatments: 14,352

Operating Expense per Treatment: \$227.11

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

**Capital Costs**

Depreciation:	\$312,054
Amortization:	\$15,120
Total Capital Costs:	\$327,174

**Treatments: 14,352**

**Capital Costs per Treatment: \$22.80**

## **Section XI, Safety Net Impact Statement**

1. This criterion is required for all substantive and discontinuation projects. 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 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, is included as part of this application. 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.

DaVita accepts and dialyzes patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care.

The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. Currently, there are two dialysis facilities within 30 minutes of the site of the proposed Replacement Facility. As of March 31, 2017, these facilities collectively operated at 75% utilization and can only accommodate 16 patients before both facilities are operating at target utilization. Based upon the compound historical annual growth rate of these two facilities, they will reach 80% utilization in the first quarter of 2019, just before the Replacement Facility is projected to become operational.

As of March 31, 2017, the Existing Facility treated 62 ESRD patients. Dr. Attia, the Medical Director of Illini Renal Dialysis, anticipates all 62 current patients will transfer to the Replacement Facility. Moreover, Dr. Attia is currently treating 1,696 CKD patients, who all reside within 30 minutes of the proposed Replacement Facility, with 272 patients residing in the zip code of the proposed Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, stable disease and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is projected that at least 30 of these CKD patients will require in-center hemodialysis dialysis within 12 to 24 months of project completion. Accordingly, the Applicants anticipate the Replacement Facility will treat 92 patients (85.2% utilization) within 24 months of project completion.

2. The proposed project is for the relocation of Illini Renal Dialysis just 3.1 miles from its current location. Patients currently treated at Illini Renal Dialysis will receive treatment at the new facility. As such, the discontinuation of service at the current location will not negatively impact the safety net.

<b>Table 1110.230(b)(2)</b>			
<b>CHARITY CARE</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Charity (# of patients)</b>	146	109	110
<b>Charity (cost in dollars)</b>	\$2,477,363	\$2,791,566	\$2,400,299
<b>MEDICAID</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Medicaid (# of patients)</b>	708	422	297
<b>Medicaid (revenue)</b>	\$8,603,971	\$7,381,390	\$4,692,716

**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			
	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



**Appendix 1 – Physician Referral Letter**

Attached as Appendix 1 is the physician referral letter from Dr. Attia confirming all 62 current ESRD patients will transfer from the Existing Facility to the Replacement Facility and projecting 30 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Abdel-Moneim Mohamad Abdou Attia, M.D.  
Carle Physician Group  
611 West Park Street  
Urbana, Illinois 61801

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

Dear Chair Olson:

As Medical Director for Illini Renal Dialysis, I am pleased to support DaVita's relocation of Illini Renal Dialysis. The proposed 18-station chronic renal dialysis facility, to be located at 1004 West Anthony Drive, Champaign, Illinois 61821 will directly benefit my patients.

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

The site of the proposed replacement facility is located 3.1 miles or approximately 10 minutes from the existing facility and will provide better access to my patients. According to March 31, 2017 reported census data, utilization of existing facilities within 30 minutes of the proposed facility was 74.8%.

I have identified 1,696 patients from my practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within an approximate 30 minute commute of the proposed replacement facility. 272 of these patients reside within the proposed relocation facility's ZIP code of 61821. Conservatively, I predict at least 30 of these patients will initiate dialysis within 12 to 24 months of the proposed replacement facility becoming operational. My patient base demonstrates considerable demand for this facility.

Illini Renal Dialysis treated 62 ESRD patients as of March 31, 2017 for a utilization rate of 86.1%. All of the patients at the existing facility are expected to transfer to the new facility. A list of my patients who have received care at facilities over the past 3 years and most recent quarter is provided at Attachment – 1. A list of my new patients that have been referred for in-center hemodialysis for the past 1 1/4 years is provided at Attachment – 2. The zip codes for the 272 pre-ESRD patients previously referenced from my practice is provided at Attachment – 3.

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

DaVita is a leading provider of dialysis services in the United States, and I support the proposed relocation of Illini Renal Dialysis.

Sincerely,



Abdel-Moneim Mohamad Abdou Attia, M.D.  
Carle Physician Group  
611 West Park Street  
Urbana, Illinois 61801

Subscribed and sworn to me  
This 27<sup>th</sup> day of June, 2017

Notary Public:



**Attachment 1**  
**Historical Patient Utilization**

Illini Renal Dialysis							
2014		2015		2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60707	1	60957	1	60970	1	61802	6
60957	3	61802	8	61802	6	61820	17
61801	1	61820	18	61820	22	61821	8
61802	8	61821	1	61821	3	61822	6
61820	5	61822	5	61822	5	61823	2
61821	5	61825	1	61823	1	61826	1
61822	1	61832	4	61825	1	61832	4
61832	3	61834	1	61826	3	61839	1
61834	1	61843	1	61832	3	61843	2
61843	1	61844	1	61839	1	61853	1
61844	1	61846	1	61842	1	61856	1
61846	1	61852	1	61843	2	61865	1
61856	2	61853	1	61846	1	61866	15
61858	2	61856	1	61852	1	61869	1
61866	5	61858	1	61853	1	61873	1
61873	1	61859	1	61856	2	61874	1
61874	2	61865	1	61865	1	61910	1
61876	1	61866	7	61866	11	62640	1
61882	1	61867	1	61867	1		
61910	1	61874	1	61869	1		
61956	1	61876	1	61874	1		
62535	1	61896	1	61896	1		
		61910	1				

**Attachment 1**  
**Historical Patient Utilization**

Mattoon Dialysis							
2014		2015		2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60957	1	61910	5	61910	4	61910	4
61910	5	61920	5	61920	11	61912	1
61917	1	61932	1	61931	1	61920	12
61920	3	61938	12	61938	19	61931	1
61932	1	61943	1	61943	2	61938	18
61934	1	62447	2	61944	1	61943	2
61938	12	62448	1	61951	1	61944	1
61951	1	62469	1	61953	1	61951	1
62447	1	62474	1	62436	1	61953	1
62469	1	62480	1	62447	1	62436	1
				62474	1	62447	1
				62480	1	62468	1
						62474	1
						62480	1

**Attachment 2**  
**New Patients**

Illini Renal Dialysis			
2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60970	1	61820	2
61802	1	61821	2
61820	12	61822	3
61821	2	61866	3
61822	2	61832	1
61823	1	61823	1
61826	3		
61832	2		
61839	1		
61842	1		
61856	1		
61866	6		
61867	1		
61869	1		

**Attachment 2**  
**New Patients**

Mattoon Dialysis			
2016		Q1 (3/31)	2017
Zip Code	Pt Count	Zip Code	Pt Count
61920	5	61912	1
61931	1	62468	1
61938	11		
61943	1		
61944	1		
91953	1		
62436	1		
61951	1		

Attachment 3  
Pre-ESRD Patients

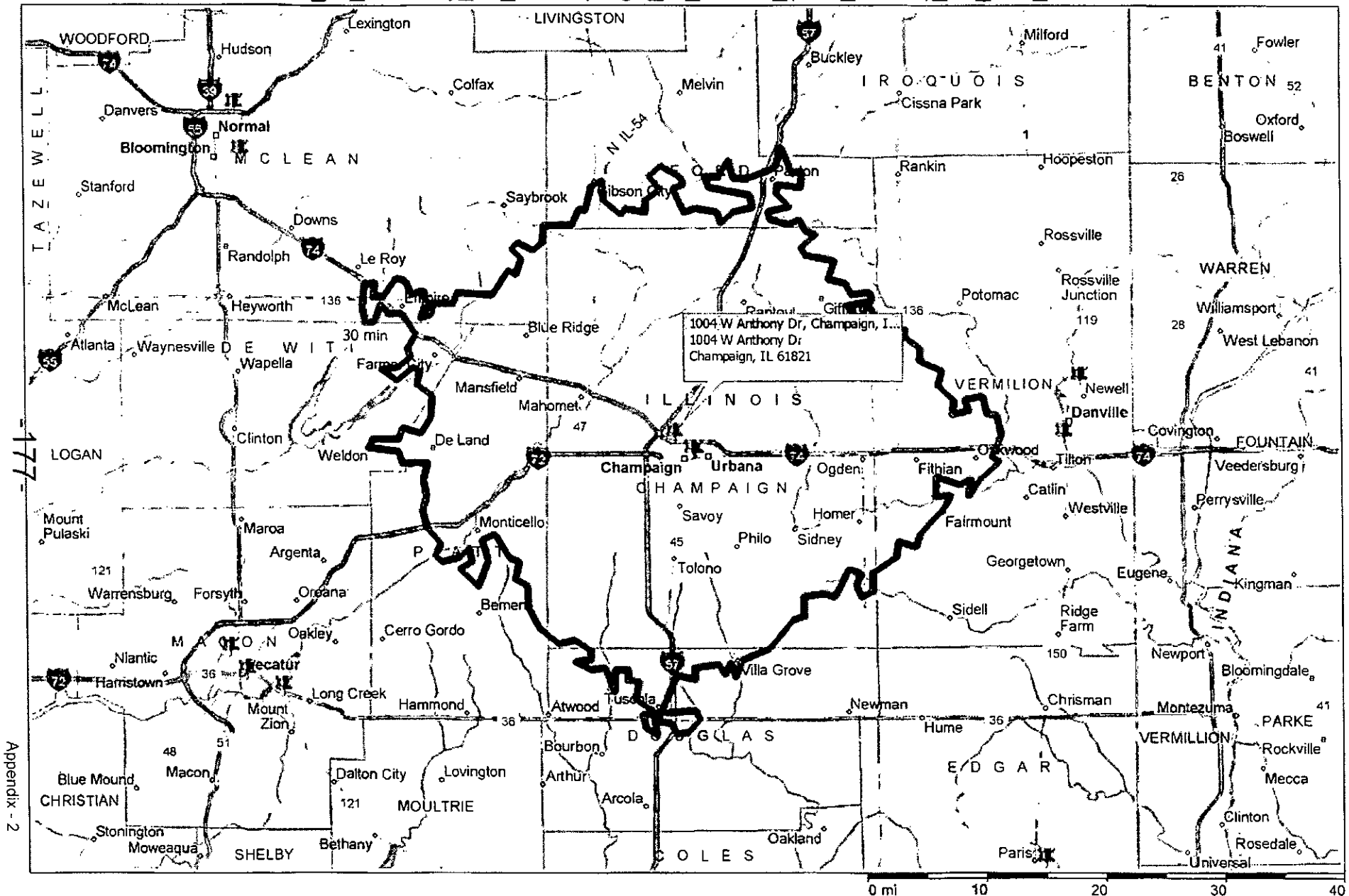
Zip Code	Total
61821	272
Total	272



**Appendix 2 – Time & Distance Determination: Replacement Facility**

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities to the proposed facility within 30 minutes normal travel time, as determined by MapQuest.

1004\_W\_Anthony\_Dr\_Champaign\_IL\_61821\_(Illini\_Renal)\_30\_Min\_GSA



## YOUR TRIP TO:

1004 W Anthony Dr



**10 MIN | 3.1 MI**

**Est. fuel cost: \$0.26**

Trip time based on traffic conditions as of 1:47 PM on May 10, 2017. Current Traffic: Heavy

Existing Illini Renal Dialysis facility to proposed relocation site



1. Start out going **west** on E University Ave toward N 5th St.

Then 0.61 miles

0.61 total r



2. Turn **right** onto N Walnut St.

*N Walnut St is just past N Market St.*

*If you reach S Neil St you've gone a little too far.*

Then 0.26 miles

0.87 total r



3. Turn **left** onto E Washington St.

*E Washington St is 0.1 miles past E Main St.*

*If you reach E Columbia Ave you've gone a little too far.*

Then 0.12 miles

0.99 total r



4. Turn **right** onto N Neil St.

Then 0.50 miles

1.50 total r



5. Turn **left** onto W Bradley Ave.

*W Bradley Ave is just past W Beardsley Ave.*

*If you reach E Garwood St you've gone a little too far.*

Then 0.18 miles

1.67 total r




6. Turn **slight right** onto Bloomington Rd.

*Bloomington Rd is just past N Randolph St.*

Then 0.68 miles


2.35 total r

-  7. Turn **right** onto N Prospect Ave.  
*N Prospect Ave is 0.2 miles past Hagan St.*

*If you are on W Bloomington Rd and reach N Highland Ave you've gone a little too far.*


Then 0.41 miles

2.76 total r

-  8. Turn **left** onto W Marketview Dr.  
*If you reach Baytowne Dr you've gone about 0.1 miles too far.*


Then 0.07 miles

2.82 total r

-  9. Take the 1st **left** onto W Anthony Dr.  
*If you reach Baytowne Dr you've gone about 0.2 miles too far.*

Then 0.26 miles

3.08 total r

-  10. 1004 W Anthony Dr, Champaign, IL 61821-1205, 1004 W ANTHONY DR.  
*If you reach Kankakee Dr 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:

1004 W Anthony Dr

**10 MIN | 3.2 MI** **Est. fuel cost: \$0.28**

Trip time based on traffic conditions as of 1:50 PM on May 10, 2017. Current Traffic: Heavy

FMC Champaign-Urbana to proposed relocation site for Illini Renal Dialysis

1. Start out going **west** on W Park St toward N Wright St.

Then 0.04 miles

0.04 total r

2. Take the 1st **left** onto N Wright St.*If you are on E Park St and reach N 6th St you've gone a little too far.*

Then 0.07 miles

0.11 total r

3. Take the 1st **right** onto E University Ave.*If you are on S Wright St and reach E Clark St you've gone a little too far.*

Then 0.86 miles

0.97 total r

4. Turn **right** onto N Randolph St.*N Randolph St is just past N Neil St.**If you reach N State St you've gone a little too far.*

Then 0.75 miles

1.72 total r

5. Turn **left** onto W Bradley Ave.

Then 0.09 miles

1.81 total r

6. Turn **slight right** onto Bloomington Rd.

Then 0.68 miles

2.48 total r

7. Turn **right** onto N Prospect Ave.*N Prospect Ave is 0.2 miles past Hagan St.**If you are on W Bloomington Rd and reach N Highland Ave you've gone a little too far.*

Then 0.41 miles

2.89 total r

Appendix - 2



8. Turn left onto W Marketview Dr.

*If you reach Baytowne Dr you've gone about 0.1 miles too far.*

Then 0.07 miles

2.96 total r



9. Take the 1st left onto W Anthony Dr.

*If you reach Baytowne Dr you've gone about 0.2 miles too far.*

Then 0.26 miles

3.22 total r



10. 1004 W Anthony Dr, Champaign, IL 61821-1205, 1004 W ANTHONY DR.

*If you reach Kankakee Dr 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

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

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