17-040

POLSINELLI

ORIGINAL

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

August 17, 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

Re: Application for Permit – Edgemont Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Total Renal Care, Inc. (collectively, "DaVita") to submit the attached Application for Permit to establish an 12-station dialysis facility in East St. Louis, 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; and
5. Physician Referral Letter.

DaVita and HSHS St. Elizabeth's Hospital are finalizing the patient transfer agreement for Edgemont Dialysis. It will be submitted under separate cover within the next two weeks.

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

17-040

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

AUG 21 2017

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Edgemont Dialysis	
Street Address:	8 Vieux Carre Drive	
City and Zip Code:	East Saint Louis, Illinois 62203	
County: St. Clair	Health Service Area: 11	Health Planning Area: 11

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

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

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	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:	Don Robbins
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	4102 North Water Tower Place, Mount Vernon, Illinois 62864
Telephone Number:	618-244-3407
E-mail Address:	don.robbins@davita.com
Fax Number:	866-319-2246

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:	Edgemont Dialysis	
Street Address:	8 Vieux Carre Drive	
City and Zip Code:	East Saint Louis, Illinois 62203	
County: St. Clair	Health Service Area: 11	Health Planning Area: 11

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

Exact Legal Name:	Total Renal Care, Inc.
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
CED City and Zip Code:	Denver, CO 80202
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Address:	4102 North Water Tower Place, Mount Vernon, Illinois 62864
Telephone Number:	618-244-3407
E-mail Address:	don.robbins@davita.com
Fax Number:	866-319-2246

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:	161 North Clark Street, Suite 4200, Chicago, Illinois 60601
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: Inner City Enhancement, Neighborhood Redevelopment Corporation

Address of Site Owner: 205 Lake Ridge Drive, Collinsville, Illinois 62234 Attn: Robert Bonner, Jr.

Street Address or Legal Description of the Site: 8 Vieux Carre Drive, East Saint Louis, Illinois 62203

Parcel Number	02-26.0-210-050
Parcel Year	2016
Township	EAST ST LOUIS
Legal Description Line 1	LOISEL PLACE 2ND ADD
Legal Description Line 2	LOT/SEC89 ALL LOTS 13 THRU 17 & VAC ST
Legal Description Line 3	ADJ LOTS 15 16 & 17 & ALL OF LOTS 84
Legal Description Line 4	THRU 89 & 78 THRU 83 EXC PT FOR RD

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc.

Address: 2000 16th Street, Denver, CO 80202

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in

the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATIDN AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

2. Narrative Description

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

DaVita, Inc. and Total Renal Care, Inc., (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 8 Vieux Carre Drive, East Saint Louis, Illinois 62203. The proposed dialysis facility will include a total of approximately 5,444 gross square feet in clinical space, 977 gross square feet of non-clinical space for a total of 6,421 gross rentable square feet.

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

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must 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	$922,500	$165,500	$1,088,000
Contingencies	$138,000	$24,500	$162,500
Architectural/Engineering Fees	$105,000	$19,000	$124,000
Consulting and Other Fees	$80,000	$16,000	$96,000
Movable or Other Equipment (not in construction contracts)	$592,578	$113,122	$705,700
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$456,103	$81,854	$537,957
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$2,294,181**	**$419,976**	**$2,714,157**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	**$1,838,078**	**$338,122**	**$2,176,200**
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$456,103	$81,854	$537,957
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$2,294,181**	**$419,976**	**$2,714,157**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ $1,870,859.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): May 31, 2019

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of 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 _____

See Attached

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 7th day of February, 2017

Monica D Meyer

Signature of Notary

Seal

MONICA MEYER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID # 20084018135
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 February 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official ~~seal~~.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Edgemont Dialysis / Total Renal Care, Inc.)

Document Date: February 14, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

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

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Total Renal Care 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

Secretary
PRINTED TITLE

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

See Attached

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 9th day of February, 2017

Monica Meyer

Signature of Notary

Seal

MONICA MEYER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID # 20084018135
MY COMMISSION EXPIRES 08-02-2020

*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

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(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

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Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

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

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

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

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

Criterion 1110.230 – Purpose of the Project, and Alternatives

PURPOSE OF PROJECT

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

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

NOTE: Information regarding the "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	MEET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

F. Criterion 1110.1430 - In-Center Hemodialysis

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
☒ In-Center Hemodialysis	0	12

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	

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

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

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

$2,176,200	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;
$537,957 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital

	improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions. e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$2,714,157	**TOTAL FUNDS AVAILABLE**

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.

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

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

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner

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

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

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

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

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 Total Renal Care Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Total Renal Care Inc. will be the operator of Edgemont Dialysis. Edgemont Dialysis is a trade name of Total Renal Care Inc. and is not separately organized. As the person with final control over the operator, DaVita 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.

Attachment - 1

Delaware

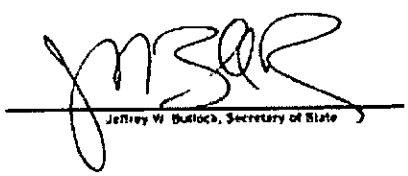
The First State

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

Authentication: 202957561

Date: 09-08-16

Attachment - 1

File Number 5823-002-2

To all to whom these Presents Shall Come, Greeting:

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

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

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

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

Jesse White

SECRETARY OF STATE

Attachment - 1

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

The letter of intent between Inner City Enhancement Neighborhood Development Corporation and Total Renal Care Inc. to lease the facility located at 8 Vieux Carre Drive, East Saint Louis, Illinois 62203 is attached at Attachment – 2.

Attachment - 2

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

December 5, 2016

Rob Berneking
AH Realty Advisors, LLC
330 North Fourth Street, Suite 300
Saint Louis, MO 63102

RE: LOI – 8 Vieux Carre Dr, East Saint Louis, IL 62203

Mr. Berneking:

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

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

PREMISES:	8 Vieux Carre Dr, East Saint Louis, IL 62203 *Parcel # 02-26.0-210-050*
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	*Inner City Enhancement Neighborhood Development Corporation*
SPACE REQUIREMENTS:	Requirement is for approximately 6,421 total SF that comprises 5,444 SF of Clinical and 977 SF of Non-Clinical contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	Base Rent is as follows: Years 1-5 $12.00 per sq. ft. NNN Years 6-10 $13.20 per sq. ft. NNN
ADDITIONAL EXPENSES:	*The current Triple Net Expenses (NNN's) are estimated at $2.20 per sq. ft.* *Tenant shall be responsible for its own utilities including Electricity and Natural Gas, Water, and Sewer. Tenant shall pay for its own telecommunication and data services.*

Attachment – 2

Landlord to limit the cumulative operating expense costs to $2.20 psf in the first full lease year and no greater than 3% increases (on controllable expenses) annually thereafter.

Please note that the property taxes for this development are Fully Abated (at $0.00) through 2025. From 2015 through 2040, the property taxes are abated at 50% of the assessed value.

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

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete (if any) within 60 days from the later of lease execution or waiver of contingencies. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM: Tenant's standard lease form.

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.

Please verify that the Use is permitted within the building's zoning.

Please verify there are not any CCR's or other documents that may impact tenancy. No Restrictions In Place

PARKING:	Tenant requests: a) A stated parking allocation of four stalls per 1,000 sf or higher if required by code b) Of the stated allocation, dedicated parking at one stall per 1,000 sf c) Handicapped stalls located near the front door to the Premises d) A patient drop off area
BASE BUILDING:	Landlord shall deliver to the Premises, the Minimum Base Building Improvements pursuant to the attached Exhibit B. HVAC: As part of Landlord's work, Landlord shall provide HVAC units meeting the specifications set forth in Exhibit B. Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. 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), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant. Landlord at minimum shall renovate or upgrade the finishes of the standalone building adjacent to the Premises prior to Tenant's receipt of certificate of occupancy.
BUILDING SYSTEMS:	Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.
OPTION TO RENEW:	Tenant desires three, five-year options to renew the lease. Option base rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.
RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:	Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease.
FAILURE TO DELIVER PREMISES:	If Landlord has not delivered the premises to Tenant with all base building items substantially completed by 60 days from the later of lease execution or waiver of contingencies, 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 30 day delivery period.
HOLDING OVER:	Tenant shall be obligated to pay 150% 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 per Section 27 of Schedule A with Landlord's written approval. Landlord approval shall not be unreasonably withheld. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.
BUILDING HOURS:	Tenant requires building hours of 24 hours a day, seven days a week.
SUBLEASE/ASSIGNMENT:	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee.
NON-COMPETE:	Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.
DELIVERIES:	TBD
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
CERTIFICATE OF NEED:	Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date.

CUSHMAN & WAKEFIELD

In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's local representative and shall pay a brokerage fee equal to seventy-five cents ($0.75) per square foot per lease term year, 50% shall be due upon lease signatures and 50% shall be due within one-hundred eighty (180) days from lease signatures. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS: CAD Drawings have been provided.

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

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operational Leadership
DaVita Team Genesis Real Estate

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **8 VIEUX CARRE DR**
EAST SAINT LOUIS, IL 62203

AGREED TO AND ACCEPTED THIS 7 **DAY OF DECEMBER 2016**

By: Mary Andersen

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

AGREED TO AND ACCEPTED THIS 15 **DAY OF DECEMBER 2016**

By: Robert Bu

ICE NRC, Inc.

("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

CUSHMAN & WAKEFIELD

EXHIBIT B

DaVita.

[OPTION 2: FOR EXISTING BUILDING V5.1]
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for 1 1.2 in California and other select States – see end of document for changes to that section)

At a minimum, the Landlord shall provide the following Base Building Improvements to meet Tenant's requirements for an Existing Base Building Improvements at Landlord's sole cost:

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

1.0 - Building Codes & Design *

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

Tenant shall have full control over the selection of the General Contractor for its tenant improvement work, so long as all contractors are fully licensed and insured and meet municipal and state requirements, if any.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

3.0 - Common Areas

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

4.0 - Demolition

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Tenant) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean and ready for interior improvements specific to the buildout of a dialysis facility. Building to be 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.

5.0 - Foundation and Floor *

Existing Foundations and Slab on Grade in Tenant space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the lease. Landlord to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

All repairs will be done by Landlord at his cost and be done prior to Tenant acceptance of space for construction. Any issues with slab during Tenant construction will be brought up to Landlord attention and cost associated with slab issue to repair will be paid by Landlord.

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 4,000-psi with wire or fiber mesh, and/or rebar reinforcement over 10mil vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4 bars or greater x 16" long or as designed per higher standards by Tenant's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 90% relative humidity as emitted per completed RH testing (ASTM F2170-11, 'Standard Test Method for Determining Relative Humidity in Concrete Floor Slabs Using in situ Probes') results after 28 day cure time. Relative humidity testing to be performed by Tenant at Tenant's sole cost. Means and methods to achieve this level will be responsihility of the Landlord and may preclude the requirement for Tenant's third party testing.

6.0 - Structural *

Existing exterior walls, lintels, floor and roof framing shall remain as-is and be free of defects. Should any defects be found repairs will be made by Landlord at his cost. Any repairs will meet with current codes and approved by a Structural Engineer and Tenant.

Landlord shall supply Tenant (if available) structural engineering drawings of space

7.0 – Existing Exterior Walls

All exterior walls shall be in good shape and properly maintained. Any damaged drywall and or Insulation will be replaced by Landlord prior to Tenant taking possession.

It will be the Landlord's responsibility for all cost to bring exterior walls up to code before Tenant takes possession.

8.0 – Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 – 2000) whichever is more stringent. If it does not meet this, Landlord will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

At Tenant's option and as agreed upon by Landlord, any new demising wall interior drywall to Tenant's space shall not be installed until after Tenant's improvements are complete in the wall.

9.0- Roof Covering *

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Landlord will provide Tenant the information on the Roof and Contractor holding warranty. Landlord to provide minimum of R30 roof insulation at roof deck. If the R30 value is not meet, Landlord to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

Any new penetrations made during buildout will be at the Tenant's cost. Landlord shall grant Tenant that right to conceal or remove existing skylights as deemed appropriate by Tenant and their Consultants.

10.0 – Canopy *

Landlord shall allow Tenant to design and construct a canopy structure for patient arrival and if allowed local code. There is already a front canopy installed on the building. Tenant may be allowed to install a drive through or walk up canopy on the North side of the building at its own cost. Landlord approval of all plans shall be required.

11.0 – Waterproofing and Weatherproofing

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

12.0 – Windows

Any single pane window systems must be replaced by Landlord with code compliant Energy efficient thermal pane windows with Low -E thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Landlord. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent film to the existing windows (per manufactures recommendations) per Tenant's tenant improvement design.

13.0 – Thermal Insulation

Landlord to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation. Any new roof deck insulation is to be installed to the underside of the roof deck.

14.0 – Exterior Doors

All exterior doors shall meet 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 his 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. 42" entry door can be placed in door positions 1, 2, 3, or 4 (please see attached building plan).

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset. Rear service door can be placed in positions 1, 2, or 4 (please see attached building plan).

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.

15.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant at a common location for access. Landlord is responsible for all tap/connection and impact fees for all new utilities required for a dialysis facility. All Utilities to be coordinated with Tenant's Architect.

16.0 – Plumbing *

Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

Where suitable building water already exists, Landlord to provide Tenant with a potable water supply to meet the above minimum requirements. Water flow and pressure to Tenant's space to be unaffected by any other building water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to Tenant's space, leaving off with a valve and cap for Tenant extension per Tenant direction or Tenant design plans.

Potable water supply to be provided with water meter and two (2) reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand. Backflow devices to be provided with adequate drainage per code and local authority. Meter to be per municipality or water provider standards.

Any existing hose bibs will be in proper working condition prior to Tenants possession of space.

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary drain to be stubbed into Tenant's space with a minimum invert level of 42 inches below finished slab. Sanitary drain to be sized based on the calculated drainage fixture unit (DFU) method in accordance to code for both the Tenant's DFU's combined with any other tenant DFU's sharing the drain however, in no case less than 4 inch diameter. Ejectors or lift stations are prohibited. Landlord to clean, power jet and televise existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

Landlord to provide a plumbing vent no less than 4 inch diameter stubbed into Tenant's space as high as possible with an elevation no less than the bottom of the lowest structural element of the framing to the deck above. Where deck above is the roof, Landlord to provide roof termination and all required roof flashing and waterproofing. Plumbing roof terminations to maintain a minimum separation of 15 feet, or more if required by local code, from any mechanical rooftop equipment with fresh air intake. Where required separation does not exist, Landlord to relocate to be within compliance at Landlord's cost.

Sanitary sampling manhole if required by local municipality on new line.

Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

17.0 - Fire Suppression and Alarm System

The subject building is 8,000 +/- sq. ft. It is a multi-tenant building. No sprinkler system shall be required as it is under Tenant's 10,000 sq. ft. threshold for fire-suppression.

18.0 – Electrical;

Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 800amp service) 120/208 volt, 3 phase, 4 wire derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include utility metering, tenant service feeder, and distribution panel board with main and branch circuit breakers. Tenant will not accept multiple services to obtain the necessary capacity. Should this not be available Landlord to upgrade electrical service to meet the following criteria:

Provide new service (preferably underground) with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 800amp service) 120/208 volt, 3 phase, 4 wire to a distribution panel board in the Tenant's utility room (location to be per NEC and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include transformer coordination with utility company, transformer pad and grounding, and underground conduit and wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC.

Tenant's Engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panel board. If 480V power is supplied, Landlord to provide step down transformer to Tenant requirements above.

If combined service meter cannot be provided then Landlord shall provide written verification from Power Utility supplier stating multiple meters are allowed for use by the facility for the duration of the lease term.

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

Landlord will allow Tenant to have installed, at Tenant cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Existing electrical raceway, wire, and cable extending through the Tenant's space but serving areas outside the Tenant's space shall be re-routed outside the Tenant's space and reconnected as required at the Landlord's cost.

19.0 - Gas Service

Existing Natural gas service at a minimum to have a 6" water column pressure and be able to supply 800,000-BTU's. Natural gas line shall be individually metered and sized per demand by Engineer. Gas service will be run to the Northwest Corner of the building (on the north wall just in from the west wall).

20.0 - Mechanical /Heating Ventilation Air Conditioning *

Landlord to provide a detailed report from a HVAC company on all existing HVAC units i.e. age, CFM's, cooling capacity, service records etc. for review by Tenant. HVAC Units, components and equipment that Tenant intends to reuse shall be left in place 'as is' by Landlord. Landlord shall allow Tenant, at Tenant's discretion to remove, relocate, replace or modify existing unit(s) as needed to meet HVAC code requirements and design layout requirements.

If determined by Tenant that the units need to be replaced and or additional units are needed, Landlord will be responsible for the cost of the replacement/additional HVAC units, Tenant will complete the all work with the replacement/additional HVAC Units. Units replaced or added will meet the design requirements as stated below.

The criteria is as follows:

- Equipment to be Lennox RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads.
- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-outAll ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol.
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenants' design criteria and local and state codes.

21.0 - Telephone

If in a multi-tenant building Landlord to provide a 1" conduit from Building Demark location to phone room location in Tenant space.

22.0 – Cable or Satellite TV

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

23.0 - Handicap Accessibility *

Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the Building and entrance to Tenant space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, detectable warnings, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Landlord shall provide pavement marking; curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Tenant delivery door and also link to the accessible path of travel.

24.0 - Generator

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

25.0 – Existing Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, for new and existing building access points. Parking lot lighting to be on a timer (and be programmed per Tenant business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Landlord house panel and equipped. If new lighting is provided it will need to be code compliant with a 90 minute battery back up at all access points.

26.0 – Exterior Building Lighting

Landlord to provide adequate lighting per code and to illuminate the building main and service entrance/exits with related sidewalks. Lighting shall be connected to and powered by Landlord house panel and equipped with a code compliant 90 minute battery back up at all access points.

27.0 – Parking Lot

Provide adequate amount of ADA curb cuts, handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be anchored in place onto the asphalt per stall layout.

28.0 – Refuse Enclosure *

If an area is not designated, Landlord to provide Refuse area for Tenant dumpsters. Landlord to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

29.0 - Signage

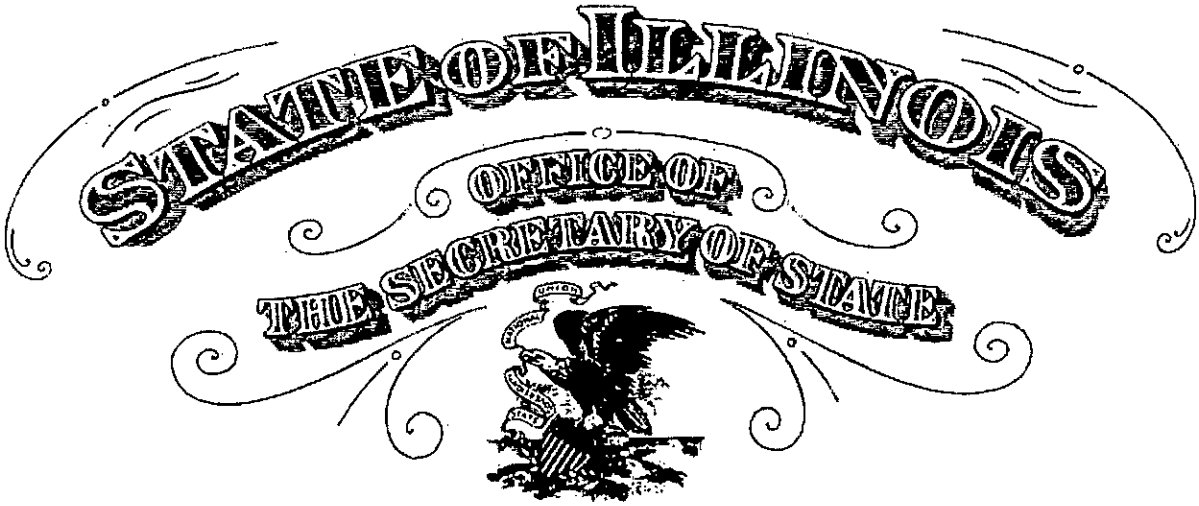
Landlord to allow for an illuminated façade mounted sign and rights to add signage to existing Pylon/monument sign. Final sign layout to be approved by Tenant and the City. Landlord, at its option, may provide space on the expanded pylon sign. All lettering and design work to be provided by Tenant. Should tenant require its own box on the existing pylon, it may do so at its own expense. All signage must be approved in writing by Landlord.

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

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

Attachment - 3

File Number 5823-002-2



To all to whom these Presents Shall Come, Greeting:

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

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

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

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

Jesse White

SECRETARY OF STATE

Attachment – 3

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

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

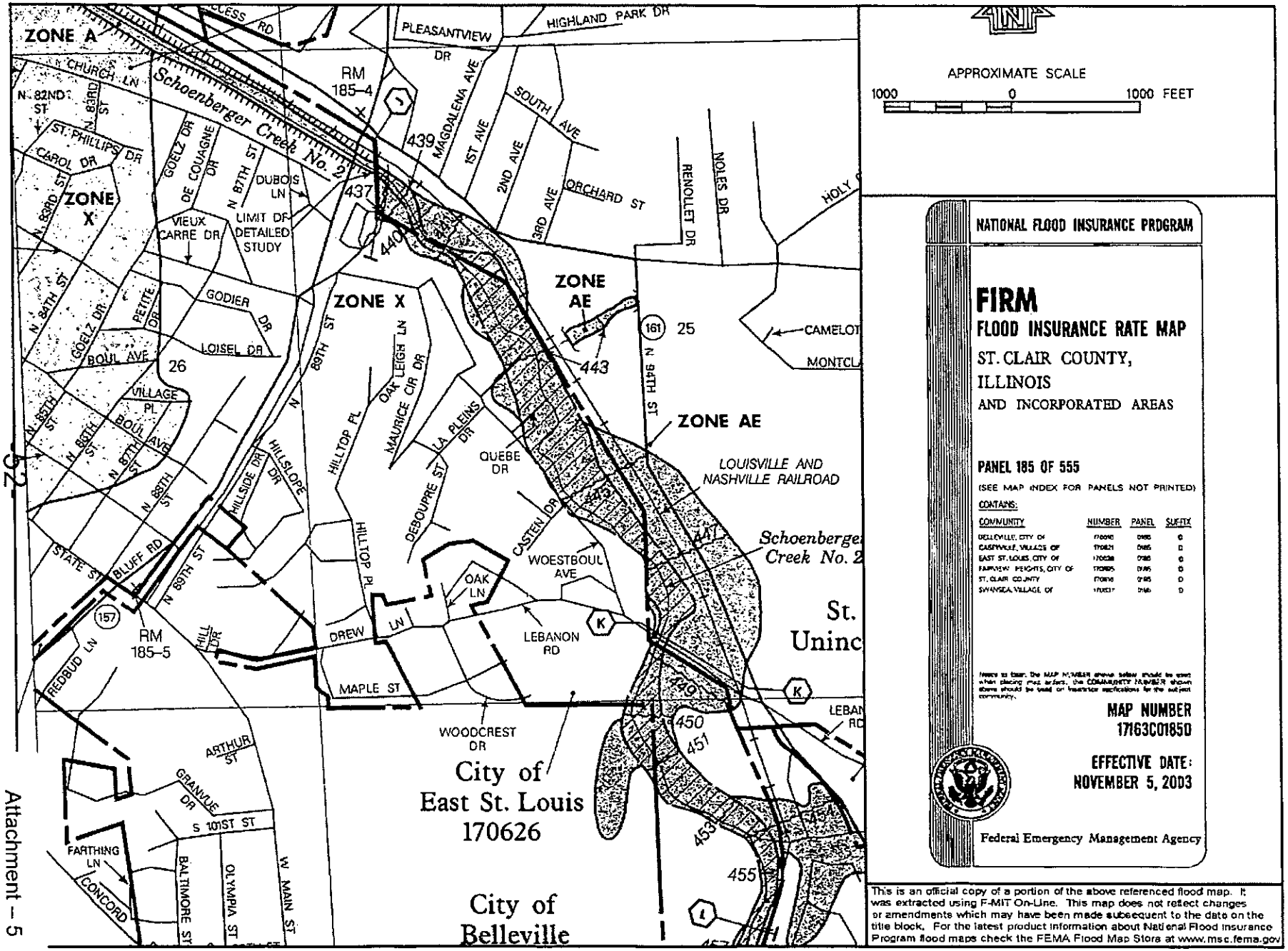
Attachment - 4

Edgemont Dialysis Organizational Chart

Attachment – 4

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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 8 Vieux Carre Drive, East Saint Louis, Illinois 62203. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17163C0185D reveals that this area is not included in the flood plain.



Attachment – 5

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.

Attachment - 6

Illinois Historic
Preservation Agency

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

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

St. Clair County
East St. Louis
CON - Lease to Establish a 12-Station Dialysis Facility
8 Vieux Carre Dr.
IHPA Log #015012417

February 2, 2017

Timothy Tincknell
DaVita Healthcare Partners, Inc.
2484 N. Elston Ave.
Chicago, IL 60647

Dear Mr. Tincknell:

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

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

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

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

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

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

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
New Construction Contracts			
Modernization Contracts	$922,500	$165,500	$1,088,000
Contingencies	$138,000	$24,500	$162,500
Architectural/Engineering Fees	$105,000	$19,000	$124,000
Consulting and Other Fees	$80,000	$16,0000	$96,000
Moveable and Other Equipment			
Communications	$93,144		$93,144
Water Treatment	$164,800		$164,800
Bio-Medical Equipment	$16,550		$16,550
Clinical Equipment	$295,024		$295,024
Clinical Furniture/Fixtures	$23,060		$23,060
Lounge Furniture/Fixtures		$3,855	$3,855
Storage Furniture/Fixtures		$6,862	$6,862
Business Office Fixtures		$45,905	$45,905
General Furniture/Fixtures		$44,500	$44,500
Signage		$12,000	$12,000
Total Moveable and Other Equipment	$592,578	$113,122	$705,700
Fair Market Value of Leased Space	$456,103	$81,854	$537,957
Total Project Costs	**$2,294,181**	**$419,976**	**$2,714,157**

Attachment - 7

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
Current Projects

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-052	Sauget Dialysis	Expansion	08/31/2017
15-054	Washington Heights Dialysis	Establishment	09/30/2017
16-004	O'Fallon Dialysis	Establishment	09/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019

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

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	$2,294,181		5,444		5,444		
Total Clinical	**$2,294,181**		**5,444**		**5,444**		
NON REVIEWABLE							
Administrative	$419,976		977		977		
Total Non-Reviewable	**$419,976**		**977**		**977**		
TOTAL	**$2,714,157**		**6,421**		**6,421**		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(a), 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 establishment of Edgemont Dialysis, a 12-station in-center hemodialysis facility to be located at 8 Vieux Carre Drive, East Saint Louis, Illinois 62203.

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 was previously included in the application for Proj. No, 17-032. 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.[1] 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.[2]
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.[3]
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).[4]
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).[5]
- 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.[6]
- 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.

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[1] 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 (last visited Jul. 20, 2017).

[2] 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).

[3] Id.

[4] Id. at 215.

[5] Id. at 216.

[6] Id. at 288.

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, 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.[7]

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.

- 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. 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. 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.

[7] Id. at 292-294.

- 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. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. 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. 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.

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 CKD 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 NAVII 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

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. 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,

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

- 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.

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 – 11A. 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 – 11B.

An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 5 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	CODK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MDRGAN	IL	626S0-1150	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	BDURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	CDDK	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 ELSTDN AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBDRO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MDUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH 5T		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	D'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE 5T		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMDN	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

Attachment – 11A

DaVita®

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 Total Renal Care Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1430(b)(3)(J), 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
Assistant Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

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

See Attached

Notary Public

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

State of California

County of Los Angeles

On February 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Edgemont Dialysis / Total Renal Care, Inc.)

Document Date: February 14, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

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

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of East Saint Louis, Illinois and the surrounding area. East St. Louis is an economically disadvantaged African-American community located in the Metro East region, across the Mississippi River from St. Louis. The community is almost entirely African-American (98%) with 46% of the population living below the Federal Poverty Level. See Attachment – 12A. Importantly, 63% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, East St. Louis is a Health Resources & Services Administration ("HRSA") designated primary care health professional shortage area ("HPSA") and a medically underserved area ("MUA"). See Attachment – 12B.

   Due to socioeconomic conditions in the East St. Louis community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension (high blood pressure). Diabetes and hypertension are the two leading causes of CKD and ESRD.[8] As a result, African Americans are at an increased risk of ESRD compared to the general population. In fact, the ESRD incident rate among African Americans is 3.3 times greater than whites.[9]

   Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the East St. Louis community. As of June 30, 2017, 247 ESRD patients reside within East St. Louis; however, there is no dialysis facility within the city limits. There are twelve dialysis facilities within 30 minutes of the proposed Edgemont Dialysis (the "Edgemont GSA"). Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[10] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[11] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the

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8 Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), *available at* http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext (last visited Aug. 10, 2017).

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

10 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (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)).

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

progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

While the State Board approved four in-center hemodialysis centers within the past two years, these facilities are dedicated to other patient bases. As documented in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. See Attachments – 12C – 12F. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

Finally, Erin L. Friedman, D.O., the medical director for the proposed Edgemont Dialysis, is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to operate at optimal utilization and accommodate Dr. Friedman's projected referrals.

2. A map of the market area for the proposed facility is attached at Attachment – 12G. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Rosewood Heights, IL.
- Northeast approximately 30 minutes normal travel time to Marine, IL.
- East approximately 30 minutes normal travel time to Summerfield, IL.
- Southeast approximately 30 minutes normal travel time to Freeburg, IL.
- South approximately 30 minutes normal travel time to Floraville, IL.
- Southwest approximately 14 minutes normal travel time to New Hanover, IL.
- West approximately 15 minutes normal travel time to St. Louis, MO
- Northwest approximately 20 minutes normal travel time to Granite City, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of East St. Louis, Illinois and the surrounding area. East St. Louis is a HRSA designated primary care HPSA and a MUA.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located in East Saint Louis, Illinois. Dr. Friedman expects at least 64 of the current 144 CKD patients that reside within 15 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

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).

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

CENTERS FOR DISEASE CONTROL & 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 (last visited Jul. 20, 2017).

5. The proposed facility will improve access to dialysis services to the residents of East St. Louis, Illinois. East St. Louis is an economically disadvantaged African-American community located in the Metro East region, across the Mississippi River from St. Louis. The community is almost entirely African-American (98%) with 46% of the population living below the Federal Poverty Level. Importantly, 63% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, East St. Louis is a HRSA designated primary care HPSA and a MUA. Accordingly, this project will provide access to critical dialysis services to the residents of East St. Louis.

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

U.S. Census Bureau

AMERICAN FactFinder

DP-1

Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: East St. Louis city, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	27,006	100.0
Under 5 years	2,273	8.4
5 to 9 years	2,214	8.2
10 to 14 years	2,070	7.7
15 to 19 years	2,212	8.2
20 to 24 years	1,955	7.2
25 to 29 years	1,733	6.4
30 to 34 years	1,465	5.4
35 to 39 years	1,553	5.8
40 to 44 years	1,496	5.5
45 to 49 years	1,617	6.0
50 to 54 years	1,776	6.6
55 to 59 years	1,691	6.3
60 to 64 years	1,361	5.0
65 to 69 years	1,141	4.2
70 to 74 years	833	3.1
75 to 79 years	673	2.5
80 to 84 years	529	2.0
85 years and over	414	1.5
Median age (years)	33.6	(X)
16 years and over	20,020	74.1
18 years and over	19,098	70.7
21 years and over	17,828	66.0
62 years and over	4,379	16.2
65 years and over	3,590	13.3
Male population	12,272	45.4
Under 5 years	1,169	4.3
5 to 9 years	1,114	4.1
10 to 14 years	993	3.7
15 to 19 years	1,108	4.1
20 to 24 years	829	3.1
25 to 29 years	745	2.8
30 to 34 years	629	2.3
35 to 39 years	708	2.6
40 to 44 years	709	2.6
45 to 49 years	771	2.9
50 to 54 years	791	2.9
55 to 59 years	752	2.8
60 to 64 years	571	2.1

Attachment – 12A

Subject	Number	Percent
65 to 69 years	515	1.9
70 to 74 years	318	1.2
75 to 79 years	260	1.0
80 to 84 years	179	0.7
85 years and over	111	0.4
Median age (years)	31.3	(X)
16 years and over	8,790	32.5
18 years and over	8,310	30.8
21 years and over	7,720	28.6
62 years and over	1,710	6.3
65 years and over	1,383	5.1
Female population	14,734	54.6
Under 5 years	1,104	4.1
5 to 9 years	1,100	4.1
10 to 14 years	1,077	4.0
15 to 19 years	1,104	4.1
20 to 24 years	1,126	4.2
25 to 29 years	988	3.7
30 to 34 years	836	3.1
35 to 39 years	845	3.1
40 to 44 years	787	2.9
45 to 49 years	846	3.1
50 to 54 years	985	3.6
55 to 59 years	939	3.5
60 to 64 years	790	2.9
65 to 69 years	626	2.3
70 to 74 years	515	1.9
75 to 79 years	413	1.5
80 to 84 years	350	1.3
85 years and over	303	1.1
Median age (years)	35.2	(X)
16 years and over	11,230	41.6
18 years and over	10,788	39.9
21 years and over	10,108	37.4
62 years and over	2,669	9.9
65 years and over	2,207	8.2
RACE		
Total population	27,006	100.0
One Race	26,782	99.2
White	241	0.9
Black or African American	28,454	98.0
American Indian and Alaska Native	28	0.1
Asian	26	0.1
Asian Indian	1	0.0
Chinese	8	0.0
Filipino	4	0.0
Japanese	4	0.0
Korean	1	0.0
Vietnamese	2	0.0
Other Asian [1]	6	0.0
Native Hawaiian and Other Pacific Islander	4	0.0
Native Hawaiian	2	0.0
Guamanian or Chamorro	0	0.0
Samoan	1	0.0

Attachment – 12A

Subject	Number	Percent
Other Pacific Islander [2]	1	0.0
Some Other Race	29	0.1
Two or More Races	224	0.8
White; American Indian and Alaska Native [3]	3	0.0
White; Asian [3]	0	0.0
White; Black or African American [3]	57	0.2
White; Some Other Race [3]	1	0.0
Race alone or in combination with one or more other races: [4]		
White	342	1.3
Black or African American	26,665	98.7
American Indian and Alaska Native	138	0.5
Asian	59	0.2
Native Hawaiian and Other Pacific Islander	18	0.1
Some Other Race	63	0.2
HISPANIC OR LATINO		
Total population	27,006	100.0
Hispanic or Latino (of any race)	133	0.5
Mexican	53	0.2
Puerto Rican	15	0.1
Cuban	8	0.0
Other Hispanic or Latino [5]	57	0.2
Not Hispanic or Latino	26,873	99.5
HISPANIC OR LATINO AND RACE		
Total population	27,006	100.0
Hispanic or Latino	133	0.5
White alone	22	0.1
Black or African American alone	76	0.3
American Indian and Alaska Native alone	6	0.0
Asian alone	2	0.0
Native Hawaiian and Other Pacific Islander alone	1	0.0
Some Other Race alone	10	0.0
Two or More Races	16	0.1
Not Hispanic or Latino	26,873	99.5
White alone	219	0.8
Black or African American alone	26,378	97.7
American Indian and Alaska Native alone	22	0.1
Asian alone	24	0.1
Native Hawaiian and Other Pacific Islander alone	3	0.0
Some Other Race alone	19	0.1
Two or More Races	208	0.8
RELATIONSHIP		
Total population	27,006	100.0
In households	26,573	98.4
Householder	10,119	37.5
Spouse [6]	1,652	6.1
Child	9,742	36.1
Own child under 18 years	6,075	22.5
Other relatives	3,749	13.9
Under 18 years	1,674	6.2
65 years and over	264	1.0
Nonrelatives	1,311	4.9
Under 18 years	70	0.3
65 years and over	84	0.3
Unmarried partner	663	2.5
In group quarters	433	1.6

Subject	Number	Percent
Institutionalized population	109	0.4
Male	62	0.2
Female	47	0.2
Noninstitutionalized population	324	1.2
Male	174	0.6
Female	150	0.6
HOUSEHOLDS BY TYPE		
Total households	10,119	100.0
Family households (families) [7]	6,368	62.9
With own children under 18 years	2,835	28.0
Husband-wife family	1,652	16.3
With own children under 18 years	454	4.5
Male householder, no wife present	665	6.6
With own children under 18 years	200	2.0
Female householder, no husband present	4,051	40.0
With own children under 18 years	2,181	21.6
Nonfamily households [7]	3,751	37.1
Householder living alone	3,377	33.4
Male	1,542	15.2
65 years and over	421	4.2
Female	1,835	18.1
65 years and over	756	7.5
Households with individuals under 18 years	3,653	36.1
Households with individuals 65 years and over	2,959	29.2
Average household size	2.63	(X)
Average family size [7]	3.38	(X)
HOUSING OCCUPANCY		
Total housing units	12,055	100.0
Occupied housing units	10,119	83.9
Vacant housing units	1,936	16.1
For rent	490	4.1
Rented, not occupied	40	0.3
For sale only	120	1.0
Sold, not occupied	53	0.4
For seasonal, recreational, or occasional use	11	0.1
All other vacants	1,222	10.1
Homeowner vacancy rate (percent) [8]	2.5	(X)
Rental vacancy rate (percent) [9]	8.1	(X)
HOUSING TENURE		
Occupied housing units	10,119	100.0
Owner-occupied housing units	4,602	45.5
Population in owner-occupied housing units	11,989	(X)
Average household size of owner-occupied units	2.61	(X)
Renter-occupied housing units	5,517	54.5
Population in renter-occupied housing units	14,584	(X)
Average household size of renter-occupied units	2.64	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six

Attachment – 12A

percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."
[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."
[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.
[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.
Source: U.S. Census Bureau, 2010 Census.

S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	East St. Louis city, Illinois				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	26,565	+/-95	12,168	+/-1,129	45.8%
AGE					
Under 18 years	7,404	+/-477	5,006	+/-700	67.6%
Under 5 years	2,355	+/-332	1,953	+/-355	82.9%
5 to 17 years	5,049	+/-428	3,053	+/-566	60.5%
Related children of householder under 18 years	7,374	+/-478	4,976	+/-702	67.5%
18 to 64 years	15,522	+/-475	6,422	+/-629	41.4%
18 to 34 years	6,091	+/-416	3,346	+/-410	54.9%
35 to 64 years	9,431	+/-431	3,076	+/-372	32.6%
60 years and over	5,193	+/-402	1,107	+/-190	21.3%
65 years and over	3,639	+/-281	740	+/-140	20.3%
SEX					
Male	11,947	+/-401	5,208	+/-650	43.6%
Female	14,618	+/-394	6,960	+/-638	47.6%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	472	+/-165	178	+/-98	37.7%
Black or African American alone	25,438	+/-380	11,559	+/-1,098	45.4%
American Indian and Alaska Native alone	51	+/-39	26	+/-31	51.0%
Asian alone	90	+/-95	68	+/-91	75.6%
Native Hawaiian and Other Pacific Islander alone	4	+/-7	0	+/-20	0.0%
Some other race alone	140	+/-195	122	+/-192	87.1%
Two or more races	370	+/-217	215	+/-195	58.1%
Hispanic or Latino origin (of any race)	156	+/-156	20	+/-26	12.8%
White alone, not Hispanic or Latino	468	+/-165	174	+/-98	37.2%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	16,343	+/-447	5,755	+/-526	35.2%
Less than high school graduate	3,073	+/-304	1,422	+/-237	46.3%

Subject	East St. Louis city, Illinois				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	5,643	+/-501	2,262	+/-375	40.1%
Some college, associate's degree	6,210	+/-446	1,941	+/-359	31.3%
Bachelor's degree or higher	1,417	+/-254	130	+/-58	9.2%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	9,386	+/-633	2,488	+/-342	26.5%
Employed	7,872	+/-534	1,894	+/-302	24.1%
Male	2,931	+/-368	364	+/-123	12.4%
Female	4,941	+/-403	1,530	+/-277	31.0%
Unemployed	1,514	+/-352	594	+/-172	39.2%
Male	743	+/-226	267	+/-147	35.9%
Female	771	+/-219	327	+/-114	42.4%
WORK EXPERIENCE					
Population 16 years and over	19,787	+/-515	7,449	+/-649	37.6%
Worked full-time, year-round in the past 12 months	4,974	+/-489	751	+/-241	15.1%
Worked part-time or part-year in the past 12 months	3,864	+/-451	1,405	+/-263	36.4%
Did not work	10,949	+/-515	5,293	+/-554	48.3%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	5,916	+/-869	(X)	(X)	(X)
125 percent of poverty level	15,089	+/-1,074	(X)	(X)	(X)
150 percent of poverty level	16,822	+/-979	(X)	(X)	(X)
185 percent of poverty level	19,119	+/-816	(X)	(X)	(X)
200 percent of poverty level	19,846	+/-821	(X)	(X)	(X)
300 percent of poverty level	22,885	+/-519	(X)	(X)	(X)
400 percent of poverty level	24,346	+/-368	(X)	(X)	(X)
500 percent of poverty level	25,433	+/-282	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	5,760	+/-450	2,518	+/-315	43.7%
Male	2,756	+/-319	1,217	+/-262	44.2%
Female	3,004	+/-309	1,301	+/-226	43.3%
15 years	0	+/-20	0	+/-20	-
16 to 17 years	9	+/-15	9	+/-15	100.0%
18 to 24 years	261	+/-113	189	+/-93	72.4%
25 to 34 years	574	+/-179	370	+/-156	64.5%
35 to 44 years	601	+/-187	368	+/-131	61.2%
45 to 54 years	1,217	+/-215	522	+/-129	42.9%
55 to 64 years	1,429	+/-232	545	+/-140	38.1%
65 to 74 years	952	+/-164	230	+/-103	24.2%
75 years and over	717	+/-136	285	+/-95	39.7%
Mean income deficit for unrelated individuals (dollars)	6,635	+/-529	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,463	+/-253	111	+/-74	7.6%
Worked less than full-time, year-round in the past 12 months	1,090	+/-210	452	+/-148	41.5%
Did not work	3,207	+/-354	1,955	+/-291	61.0%

Attachment – 12A

Subject	East St. Louis city, Illinois Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-4.3
AGE	
Under 18 years	+/-7.3
Under 5 years	+/-9.2
5 to 17 years	+/-8.5
Related children of householder under 18 years	+/-7.4
18 to 64 years	+/-4.2
18 to 34 years	+/-5.6
35 to 64 years	+/-4.2
60 years and over	+/-3.3
65 years and over	+/-3.5
SEX	
Male	+/-4.9
Female	+/-4.4
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-19.0
Black or African American alone	+/-4.3
American Indian and Alaska Native alone	+/-50.8
Asian alone	+/-36.6
Native Hawaiian and Other Pacific Islander alone	+/-100.0
Some other race alone	+/-35.2
Two or more races	+/-28.2
Hispanic or Latino origin (of any race)	+/-21.6
White alone, not Hispanic or Latino	+/-19.1
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-3.4
Less than high school graduate	+/-6.1
High school graduate (includes equivalency)	+/-5.7
Some college, associate's degree	+/-5.2
Bachelor's degree or higher	+/-3.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-4.0
Employed	+/-4.1
Male	+/-4.4
Female	+/-5.2
Unemployed	+/-11.2
Male	+/-15.2
Female	+/-15.4
WORK EXPERIENCE	
Population 16 years and over	+/-3.5
Worked full-time, year-round in the past 12 months	+/-4.9
Worked part-time or part-year in the past 12 months	+/-6.0
Did not work	+/-4.2
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	East St. Louis city, Illinois Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-4.3
Male	+/-7.2
Female	+/-6.1
15 years	**
16 to 17 years	+/-90.9
18 to 24 years	+/-19.2
25 to 34 years	+/-14.6
35 to 44 years	+/-14.5
45 to 54 years	+/-9.2
55 to 64 years	+/-8.6
65 to 74 years	+/-9.5
75 years and over	+/-10.4
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-4.8
Worked less than full-time, year-round in the past 12 months	+/-11.2
Did not work	+/-5.0

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

While the 2011-2015 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

Attachment – 12A

HRSA Data Warehouse

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
St. Clair County	163	117999175G	Southern Illinois Healthcare Foundation	Primary Care	Comprehensive Health Center			16	Designated	03/05/2014
St. Clair County	163	117999176X	Southern IL Regional Wellness Center	Primary Care	Federally Qualified Health Center Look A Like			0	Designated	05/15/2015
St. Clair County	163	117999178V	Southwestern Illinois Correctional Center	Primary Care	Correctional Facility		I	12	Designated	04/17/2012
St. Clair County	163	1179991711	East St. Louis	Primary Care	HPSA Geographic	Geographic Population	16	17	Designated	02/29/2012

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
St. Clair County	163		Canteen	Primary Care	Minor Civil Division			Designated	02/29/2012
St. Clair County	163		Centreville	Primary Care	Minor Civil Division			Designated	02/29/2012
St. Clair County	163		East St. Louis	Primary Care	Minor Civil Division			Designated	02/29/2012
St. Clair County	163		Sites	Primary Care	Minor Civil Division			Designated	02/29/2012
St. Clair County	163	117999172X	Low Income - Sparta	Primary Care	HPSA Population	Low Income Population HPSA	I	17	Designated	10/28/2013

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
St. Clair County	163		Fayetteville	Primary Care	Minor Civil Division			Designated	10/28/2013
St. Clair County	163		Lenzburg	Primary Care	Minor Civil			Designated	10/28/2013

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type		HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
St. Clair County	163		Marissa	Primary Care	Minor Civil Division				Designated	10/28/2013
St. Clair County	163		New Athens	Primary Care	Minor Civil Division				Designated	10/28/2013

Powered by HRSA Data Warehouse

Printed on: 8/10/2017

State: Illinois
County: St. Clair County
MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
St. Clair County	163	St. Clair Service Area	00869	Medically Underserved Area	Medically Underserved Area	54.60	05/18/1994	05/18/1994

CT 5004.00
CT 5005.00
CT 5009.00
CT 5011.00
CT 5012.00
CT 5013.00
CT 5014.00
CT 5015.01
CT 5015.02
CT 5016.02
CT 5016.03
CT 5016.04
CT 5016.05
CT 5017.00
CT 5018.00
CT 5019.00
CT 5021.00
CT 5022.00
CT 5024.01
CT 5024.04
CT 5025.00
CT 5026.03
CT 5027.00
CT 5028.00
CT 5029.00
CT 5031.00
CT 5032.02
CT 5032.03

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
CT 5032.11								
CT 5033.01								
CT 5033.23								
CT 5033.24								
CT 5039.03								
CT 5039.04								
CT 5040.01								
CT 5040.02								
CT 5045.00								
CT 5046.00								
St. Clair County	163	Low Inc - Cahokia	07238	Medically Underserved Population	MUP Low Income	61.10	07/25/2002	07/25/2002
CT 5023.00								
CT 5026.02								

Powered by HRSA Data Warehouse

Printed on: 8/10/2017

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

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Foxpoint Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 1300 Schaefer Road, Granite City, Illinois will directly benefit my patients.

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

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

A list of patients who have received care at existing facilities in the area, for the most recent 3 calendar years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year is provided at Attachment – 2. The list of zip codes for the 152 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

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

Sincerely,

A. S. Cheema

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

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

Brenda K Street
Notary Public

Brenda K. Street
Notary Public - Notary Seal, State of Missouri - Jefferson County
Commission #92528128
My Commission Expires 11/5/2019

54595710.1

Attachment – 12C

Attachment - 1

Granite City Dialysis
Historical Patient Utilization

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

Attachment - 1

Maryville Dialysis
Historical Patient Utilization

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

Attachment - 2

Granite City Dialysis
New Patients

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

Attachment - 2

Maryville Dialysis
New Patients

Zip Code	New Patients
62062	2
62061	1
Total	**3**

Attachment - 3

Pre-ESRD Patients

Zip Code	New Patients
62040	140
62060	12
Total	**152**

Sriraj (Tim) Kanungo, M.D
St. Louis Nephrology and Hypertension
1034 South Brentwood Boulevard, Suite 1280
St. Louis, Missouri 63117

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

Dear Chair Olson:

I am writing on behalf of St. Louis Nephrology and Hypertension in support of DaVita's establishment of Collinsville Dialysis. The proposed 8-station chronic renal dialysis facility, to be located at 101 Lanter Court, Bldg. 2, Collinsville Illinois will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services in Collinsville and the surrounding communities. 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.

We have identified 122 patients from our practice who are suffering from Stage 4, or 5 CKD. Conservatively, we predict at least 42 of these patients will progress to dialysis within 12 to 24 months of completion of Collinsville Dialysis.

A list of patients who have received care at existing facilities in the area, at the end of the year for the most recent 3 years and at the end of the most recent quarter, is provided at Attachment – 1. A list of new patients our practice has referred for in-center hemodialysis for the past 1 year is provided at Attachment – 2. The list of zip codes for the 122 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

Attachment – 12D

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

Sincerely,

Sriraj (Tim) Kanungo, M.D.
St. Louis Nephrology and Hypertension
1034 South Brentwood Boulevard, Suite 1280
St. Louis, Missouri 63117

Subscribed and sworn to me
This 2nd day of February 2016

"NOTARY SEAL"
Georgia Wood Updike, Notary Public
St. Louis County, State of Missouri
My Commission Expires 12/2/2016
Commission Number 12694006

Notary Public: Georgia Wood Updike

Attachment – 12D

ATTACHMENT 1

2012 DATA

Row Labels	Count of Zip Code
[redacted]	1
62226	1
[redacted]	1
62008	1
62025	5
62034	2
62040	2
62062	2
62097	1
62201	1
[redacted]	1
62025	3
62034	3
62040	6
62050	1
62062	4
62208	1
62232	1
62234	18
62249	1
62294	7
[redacted]	1
62025	1
Grand Total	**61**

Attachment – 12D

ATTACHMENT 1

2013 DATA

[illegible]	[illegible]
62040	1
[illegible]	[illegible]
62226	1
[illegible]	[illegible]
62008	1
62025	3
62034	2
62040	3
62062	1
62067	1
62097	1
62201	1
62249	1
[illegible]	[illegible]
62025	3
62034	2
62040	6
62050	1
62062	5
62232	1
62234	16
62249	1
62294	10
Grand Total	**61**

ATTACHMENT 1

2014 DATA

[illegible]	
62226	1
[illegible]	
62008	1
62025	4
62034	1
62040	2
62062	1
62067	1
62068	1
62095	1
62097	1
62201	1
[illegible]	
62040	3
[illegible]	
62001	1
62017	1
62025	2
62034	3
62040	5
62046	1
62050	1
62062	3
62234	16
62249	1
62281	1
62294	7
63401	1
Grand Total	61

ATTACHMENT - 2

New Patients

Row Labels	Count of Zip Code
62046	1
62008	1
62025	2
62067	1
62068	1
62095	1
62249	1
62040	3
62001	1
62017	1
62025	1
62034	1
62040	1
62062	1
62234	5
62281	1
62294	3
63401	1
Grand Total	**27**

ATTACHMENT 3

PRE - ESRD PATIENTS

Zip Code	CKD IV	CKD V	Grand Total
62001	3	2	5
62018	1		1
62025	17	1	18
62034	10	2	12
62040	13	1	14
62060	1		1
62061	1		1
62062	6		6
62203	1		1
62204		1	1
62206	3		3
62208	1		1
62221		1	1
62223	1		1
62232	3	1	4
62234	25	7	32
62249	2	3	5
62254	2		2
62269	1		1
62294	11	1	12
Grand Total	**107**	**22**	**122**

Midwest Nephrology & Hypertension Associates

Dr. Rashid Dalal
4550 Memorial Drive, Ste. 360
Medical Building One
Belleville, IL 62226
Ph: 618-239-9500 Fax: 618-239-9555
www.midwestnha.com

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

Dear Chair Olson:

I am please to support DaVita's establishment of O'Fallon Dialysis. The proposed 12 station facility to be located at 1941 Frank Scott Pkwy E Suite B, O'Fallon, Illinois will directly benefit my patients.

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

I have identified 99 patients from my practice who are suffering from Stage 4 or 5 CKD who all reside within an approximate 20 minute commute of the proposed facility. Conservatively, I predict at least 59 of these 99 patients will progress to dialysis within the 12 to 24 months of project completion.

A list of patients who have received care at existing facilities in the area over the past 3 ¾ years is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past 1 ½ years is provided at Attachment – 2. The list of zip codes for the 99 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

Attachment – 12E

Midwest Nephrology & Hypertension Associates

Dr. Rashid Dalal
4550 Memorial Drive, Ste. 360
Medical Building One
Belleville, IL 62226
Ph: 618-239-9500 Fax: 618-239-9555
www.midwestnha.com

DaVita is a leading provider of dialysis services in the United States and I support the establishment of O'Fallon Dialysis.

Sincerely,

Rashid A. Dalal, M.D.
Midwest Nephrology & Hypertension Associates
4550 Memorial Dr.
Belleville IL. 62226

Subscribed and sworn to me
This 2 day of December 2015

OFFICIAL SEAL
LAUREN N BEISHIR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/23/19

Notary Public:

Attachment – 12E

ATTACHMENT 1 Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 06/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt Count	Zip Code	Pt. Count
62206	1	62216	1	62231	1	62219	1
62216	2	62231	1	62249	1	62231	1
62231	1	62249	1	62254	1	62258	1
62258	2	62254	1	62258	1	62293	1
62803	1	62258	1	62293	1		

ATTACHMENT 1 Historical Patient Data					
GC Dialysis					
2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
		49202	1	62201	1
62203	1	62201	1	62203	1
62220	1	62203	1	62205	1
62221	3	62205	1	62207	3
62223	1	62208	1	62208	5
62226	3	62220	2	62214	1
62269	5	62221	6	62220	3
62298	1	62223	2	62221	8
		62226	5	62222	1
		62243	1	62223	3
		62254	2	62226	3
		62264	1	62243	1
		62266	1	62254	3
		62269	11	62267	1
		62282	1	62269	12
		62298	1	62282	1
				62286	1

ATTACHMENT 1 Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62040	2	62201	5	62040	1	62201	8
62201	4	62203	14	62201	6	62203	22
62203	11	62204	8	62203	18	62204	11
62204	10	62205	16	62204	10	62205	23
62205	12	62206	8	62205	20	62206	14
62206	9	62207	8	62206	11	62207	13
62207	8	62208	9	62207	13	62208	9
62208	9	62220	9	62208	10	62220	9
62220	12	62221	12	62220	10	62221	10
62221	10	62222	1	62221	11	62223	8
62222	1	62223	9	62222	1	62226	18
62223	13	62225	1	62223	12	62236	1
62225	1	62226	11	62225	1	62239	1
62226	21	62232	1	62226	15	62240	1
62232	3	62234	1	62232	1	62243	1
62234	1	62237	1	62239	1	62254	2
62237	1	62239	1	62243	1	62257	2
62240	1	62240	1	62249	1	62258	1
62243	2	62243	1	62254	2	62264	1
62254	5	62249	1	62257	4	62269	5
62257	4	62254	3	62258	2	62278	1
62258	5	62257	4	62264	2	62292	1
62260	2	62258	3	62265	1	62298	1
62264	4	62264	2	62269	9		
62265	1	62265	2	62278	1		
62269	15	62269	10	62285	2		
62278	1	62278	1	62286	1		
62285	2	62285	1	62294	1		
62286	1	62286	1	62298	1		
62292	1	62294	2	63139	1		
62294	2	62298	1	66205	1		
62298	1						
62919	1						

ATTACHMENT 1 Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
55445	1	61111	1	61101	1	61111	1
60428	1	62201	2	61111	1	62024	1
62201	3	62202	1	62201	4	62201	4
62202	1	62203	7	62202	1	62202	1
62203	5	62204	8	62203	9	62203	6
62204	14	62205	11	62204	7	62204	6
62205	8	62206	19	62205	16	62205	19
62206	20	62207	7	62206	23	62206	23
62207	11	62221	1	62207	10	62207	14
62221	1	62223	4	62221	2	62208	1
62223	2	62226	4	62223	3	62221	2
62226	4	62232	3	62226	6	62223	1
62232	2	62234	1	62232	3	62226	5
62234	1	62239	3	62234	1	62232	2
62236	1	62254	1	62239	4	62239	4
62239	1	622201	1	62254	1	62254	1
62254	1					63121	1
						66203	1

ATTACHMENT 1 Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62025	1	62025	1	62025	1	62034	2
62034	3	62034	2	62034	2	62040	2
62060	1	62040	1	62040	2	62204	1
62062	1	62205	1	62204	1	62205	2
62088	1	62234	3	62205	1	62222	1
62208	1	62239	1	62220	1	62232	1
62234	4	62249	1	62232	1	62234	4
62239	1	62294	1	62234	5	62249	2
62249	1			62249	2	62281	1
62281	1			62281	1		
62294	1						
63102	1						

ATTACHMENT 1 Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62025	1	62040	1	62040	1	62040	1
62040	1	62060	2	62060	2	62060	1
62060	2	62090	1	62090	1	62090	1
62090	1	62201	1	62201	1	62201	1
62201	1	62202	1	62202	1	62202	1
62203	3	62203	3	62203	3	62203	3
62204	4	62204	2	62204	1	62205	5
62205	3	62205	6	62205	7	62206	3
62206	5	62206	5	62206	3	62207	1
62207	3	62207	4	62207	4	62208	4
62208	6	62208	4	62208	5	62217	1
62220	1	62220	2	62220	2	62220	2
62221	5	62221	7	62221	4	62221	2
62223	1	62223	1	62223	1	62222	1
62226	9	62226	9	62226	11	62223	1
62232	2	62232	2	62232	1	62226	10
62234	4	62234	2	62234	3	62232	2
62236	1	62236	1	62236	1	62234	3
62237	1	62254	2	62254	3	62236	1
62254	1	62257	1	62257	1	62254	3
62258	2	62258	2	62258	2	62257	1
62269	4	62269	4	62269	6	62258	2
		62286	1	63116	1	62269	5

ATTACHMENT 1 Historical Patient Data							
GC Dialysis							
2012		2013		2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count	Zip Code	Pt. Count
62040	11	62040	10	62040	9	62040	7
62060	7	62060	6	62060	5	62060	6
62090	1	62090	1	62090	1	62090	2
62201	7	62201	5	62201	4	62201	3
62203	1	62203	1	62203	1	62203	1
62204	3	62204	1	62204	1	62234	1
62205	1	62205	1	62206	2	62260	1
62206	1	62206	1	62234	1		
62208	1	62234	1	62269	1		
62234	1	622206	1				

ATTACHMENT 2 New Patients			
Sauget Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
61101	1	62203	2
62201	2	62204	1
62203	1	62205	3
62205	5	62206	3
62206	4	62207	2
62207	2	62254	1
62221	1	63121	1
62226	1		
62239	1		

ATTACHMENT 2 New Patients			
Shiloh Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
62205	1	62214	1
62220	1	62221	1
62221	1	62222	1
		62243	1

ATTACHMENT 2 New Patients			
Metro East Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
62040	1	62201	2
62201	3	62203	3
62203	5	62204	2
62204	1	62205	5
62205	4	62206	7
62206	4	62207	3
62207	2	62208	2
62220	3	62220	1
62221	3	62221	1
62223	3	62226	5
62226	7	62239	1
62236	1	62240	1
62240	1	62269	2
62285	1		
62292	1		
63139	1		

ATTACHMENT 2 New Patients			
FVH Dialysis			
2014		2015 YTD 09/30	
Zip Code	Pt. Count	Zip Code	Pt. Count
62205	1	62221	1
62208	1	62226	1
62221	2	62254	1
62226	1	62269	2
62232	1		
62234	1		
62254	1		
63116	1		

ATTACHMENT -3

Zip Code	Total Patients
62226	22
62208	5
62232	6
62220	11
62243	5
62269	14
62221	18
62225	2
62258	6
62254	3
62234	7
Total	99

Attachment – 12E

Memorial Medical Group Nephrology

Specializing in Kidney Disease & Hypertension

· Dr. Matthew Koch · Dr. Rouba Ghoussoub

· Cynthia Whitcher A.C.N.P-B.C

Phone: 618.234.6003 Fax: 618.234.6156

November 30, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I am a nephrologist practicing in rural southern Illinois, specifically the Bellville area of St. Clair County. I am the Medical Director at Fresenius Medical Care Regency Park located in O'Fallon. I also refer patients to Fresenius Waterloo, DaVita Metro East, Sauget, Shiloh and Red Bud. I am writing in support of the much needed 12-station Belleville dialysis facility that is being proposed by Fresenius Medical Care. I admit patients to several area facilities and due to their current high utilization rates I often have difficulty finding a treatment time for my new patients that will accommodate their transportation and personal needs. I strongly recommend home dialysis for rural patients, however many patients are not good candidates for this modality. I currently follow approximately 35 patients who are receiving dialysis at home.

I was treating 33 hemodialysis patients at Fresenius Medical Care Regency Park at the end of 2012, 51 patients at the end of 2013 and 53 patients at the end of 2014. As of the most recent quarter, I was treating 94 hemodialysis patients at Fresenius Regency Park, DaVita Metro East, Sauget, Shiloh and Red Bud. As of the writing of this letter my hemodialysis patient count has grown to 116. Over the past twelve months I have referred 46 new patients for dialysis services.

I currently have 361 patients in different stages of chronic kidney disease in the Belleville area that may eventually require dialysis. Of these there are 72 that I expect to begin dialysis at the Belleville site in the first two years of operation. These numbers do not account for the fact that nearly half of the new patients I refer for dialysis are first seen by me in the emergency room.

Given the current high utilization of area clinics and the increasing number of pre-ESRD patients I am seeing in my practice additional access is needed in the Belleville area for my new patients that will be starting dialysis. I respectfully ask that you approve this project on their behalf. Thank you for your time in considering my comments.

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,

Matthew Koch, M.D.

Notarization:
Subscribed and sworn to before me
this 30 day of November, 2015

Signature of Notary

Seal

OFFICIAL SEAL
CYNTHIA L DAVIS
Notary Public - State of Illinois
My Commission Expires Feb 23, 2016

PRE-ESRD PATIENTS THAT WILL BEGIN DIALYSIS AT FRESENIUS MEDICAL CARE BELLEVILLE

City	Zip Code	Patients
East St. Louis	62206	8
East St. Louis	62207	3
Albers	62215	1
Belleville	62220	9
Belleville	62221	9
Belleville	62223	8
Belleville	62226	17
Dupo	62239	1
Freeburg	62243	4
Mascoutah	62258	2
Millstadt	62260	1
New Athens	62264	3
New Baden	62265	4
Smithton	62285	2
	Totals	**72**

DR. KOCH'S NEW REFERRALS FOR THE PAST TWELVE MONTHS
November 1, 2014 through October 31, 2015

Fresenius Regency Park	
Zip Code	Patients
62201	1
62203	1
62204	2
62205	1
62206	1
62208	2
62221	2
62223	2
62254	1
62269	4
Total	17

DaVita Metro East	
Zip Code	Patients
62203	6
62220	1
62223	2
62226	1
62258	1
62260	1
Total	12

DaVita Sauget	
Zip Code	Patients
62203	1
62205	1
62206	3
62207	3
Total	8

DaVita Shiloh	
Zip Code	Patients
62203	1
62205	1
62207	1
62220	1
62221	2
62243	1
62258	1
62269	1
Total	9

Total	46

DR. KOCH'S HEMODIALYSIS PATIENTS AS OF DECEMBER 31, 2012, 2013, 2014 and SEPTEMBER 30, 2015

Fresenius Medical Care Regency Park							
2012		2013		2014		2015	
Zip	Pts	Zip	Pts	Zip	Pts	Zip	Pts
62060	1	62060	1	62060	1	62060	1
62203	2	62203	4	62203	7	62201	2
62205	1	62204	3	62204	3	62203	7
62206	3	62205	1	62205	1	62204	3
62207	6	62206	4	62206	5	62205	2
62220	4	62207	3	62207	3	62206	3
62221	6	62208	2	62208	3	62207	3
62223	2	62220	1	62220	1	62208	1
62226	2	62221	10	62221	8	62220	1
62232	1	62222	1	62222	1	62221	9
62243	1	62223	2	62223	1	62222	1
62254	2	62226	3	62226	2	62223	3
62269	1	62232	1	62232	1	62226	2
62286	1	62243	1	62243	2	62234	2
Total	33	62254	1	62254	2	62236	1
		62258	2	62260	1	62243	2
		62265	1	62265	1	62254	4
		62267	1	62269	7	62260	1
		62269	5	62285	2	62269	4
		62278	1	62286	1	62285	2
		62285	2	Total	53	62286	1
		62286	1			Total	55
		Total	51				

DaVita Metro East	
2015	
Zip	Pts
62060	1
62203	3
62204	1
62205	1
62206	2
62220	1
62221	2
62223	2
62226	6
62286	1
62298	1
Total	21

DaVita Sauget	
2015	
Zip	Pts
62204	1
62205	1
62206	1
62207	1
62226	1
Total	5

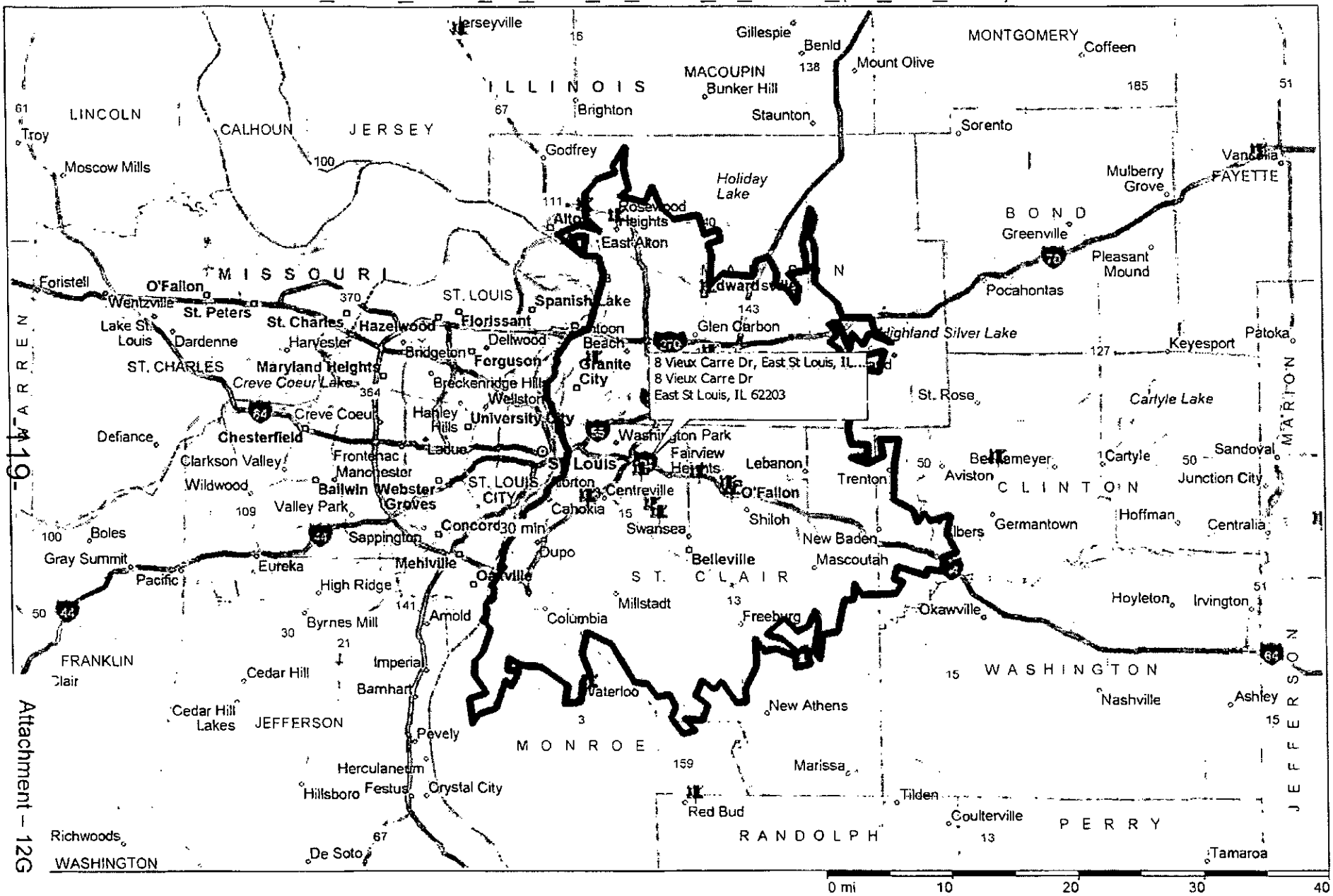
DaVita Shiloh	
2015	
Zip	Pts
62203	1
62207	1
62220	1
62221	4
62226	1
62258	1
62269	2
Total	11

DaVita Red Bud *	
2015	
Zip	Pts
62257	1
62278	1
Total	2

Total	2015	94

*2012, 13, & 14 patient data from DaVita was unavailable.

8_Vieux_Carre_Dr_East_St_Louis_IL_62203_(30_Min_GSA)



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

Alternatives

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

1. Maintain the Status Quo/Do Nothing

2. Utilize Existing Facilities.

3. Establish a new facility.

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

Maintain the Status Quo/Do Nothing

The Applicants considered the option not to do anything. East St. Louis is an economically disadvantaged African-American community located in the Metro East region, across the Mississippi River from St. Louis. The community is almost entirely African-American (98%) with 46% of the population living below the Federal Poverty Level. Importantly, 63% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, East St. Louis is a HRSA designated primary care HPSA and a MUA.

Due to socioeconomic conditions in the East St. Louis community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension (high blood pressure). Diabetes and hypertension are the two leading causes of CKD and ESRD.[12] As a result, African Americans are at an increased risk of ESRD compared to the general population. In fact, the ESRD incident rate among African Americans is 3.3 times greater than whites.[13]

Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the East St. Louis community. As of June 30, 2017, 247 ESRD patients reside within East St. Louis; however, there is no dialysis facility within the city limits. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families

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[12] Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), *available at* http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext (last visited Aug. 10, 2017).

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

obtain health insurance through the Affordable Care Act[14] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[15] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

While the State Board approved four in-center hemodialysis centers within the past two years, these facilities are dedicated to other patient bases. As documented in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

Maintaining the status quo will not address the lack of health services in East St. Louis or the growing need for dialysis services in the Edgemont GSA. Accordingly, this alternative was rejected.

There is no capital cost with this alternative.

Utilize Existing Facilities

Due socioeconomic factors, readily accessible dialysis services are imperative for the health of the East St. Louis community. As of June 30, 2017, 247 ESRD patients reside within East St. Louis; however, there is no dialysis facility within the city limits. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[16] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[17] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due

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[14] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (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)).

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

[16] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (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)).

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

to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

While the State Board approved four in-center hemodialysis centers within the past two years, these facilities are dedicated to other patient bases. As documented in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

Further, Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion.

Based upon historical utilization trends, the existing facilities will not have sufficient capacity to operate at optimal utilization and accommodate Dr. Friedman's projected referrals. Further, utilizing existing facilities will not address the need for health care services in East St. Louis. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

East St. Louis is an economically disadvantaged African-American community located in the Metro East region, across the Mississippi River from St. Louis. The community is almost entirely African-American (98%) with 46% of the population living below the Federal Poverty Level. Importantly, 63% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, East St. Louis is a HRSA designated primary care HPSA and a medically underserved area MUA.

Due to socioeconomic conditions in the East St. Louis community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension (high blood pressure). Diabetes and hypertension are the two leading causes of CKD and ESRD.[18] As a result, African Americans are at an increased risk of ESRD compared to the general population. In fact, the ESRD incident rate among African Americans is 3.3 times greater than whites.[19]

Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the East St. Louis community. As of June 30, 2017, 247 ESRD patients reside within East St. Louis; however, there is no dialysis facility within the city limits. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the

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[18] Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), *available at* http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext (last visited Aug. 10, 2017).

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

late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[20] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[21] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

While the State Board approved four in-center hemodialysis centers within the past two years, these facilities are dedicated to other patient bases. As documented in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

The growth of Shiloh Dialysis is emblematic of the increasing need for dialysis services in the Metro East market. Shiloh Dialysis, which is less than 30 minutes from the proposed site of Edgemont Dialysis, received a certificate of need permit in January 2012. In July 2013, Shiloh received it Medicare certification from the Centers for Medicare and Medicaid Services. In the third quarter of 2015, just over two years after receiving Medicare certification, Shiloh Dialysis exceeded the State Board's 80% utilization standard, and was operating at just over 89% utilization as of June 30, 2017.

Finally, Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to operate at optimal utilization and accommodate Dr. Friedman's projected referrals.

The proposed Edgemont Dialysis will address both the need for health care services as well as Dr. Friedman's projected referrals. Accordingly, DaVita selected this alternative.

The cost of this alternative is **$2,714,157**.

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[20] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (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)).

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

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the State Board's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Edgemont Dialysis is 5,444 of clinical gross square feet (or 453.7 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	5,444	4,320 – 6,240	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed 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. Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,984	8,986	Yes

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

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

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

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

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

1. Planning Area Need

East St. Louis is an economically disadvantaged African-American community located in the Metro East region, across the Mississippi River from St. Louis. The community is almost entirely African-American (98%) with 46% of the population living below the Federal Poverty Level. Importantly, 63% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). Further, East St. Louis is a HRSA designated primary care HPSA and a MUA.

Due to socioeconomic conditions in the East St. Louis community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension (high blood pressure). Diabetes and hypertension are the two leading causes of CKD and ESRD.[22] As a result, African Americans are at an increased risk of ESRD compared to the general population. In fact, the ESRD incident rate among African Americans is 3.3 times greater than whites.[23]

Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the East St. Louis community. As of June 30, 2017, 247 ESRD patients reside within East St. Louis; however, there is no dialysis facility within the city limits. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[24] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[25] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

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22 Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), *available at* http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext (last visited Aug. 10, 2017).

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

24 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (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)).

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

While the State Board approved four in-center hemodialysis centers within the past two years, these facilities are dedicated to other patient bases. As documented in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

Finally, Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to operate at optimal utilization and accommodate Dr. Friedman's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis services for those individuals living in East St. Louis who suffer from ESRD.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of East St. Louis, Illinois. East St. Louis is a HRSA designated primary care HPSA and a MUA. As evidenced in the physician referral letter attached at Appendix - 1, 144 pre-ESRD patients reside within 15 minutes of the proposed facility.

3. Service Demand

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

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
62201	3
62203	17
62204	7
62205	11
62206	19
62207	20
62223	34
62226	33
Total	**144**

4. Service Accessibility

East St. Louis is an economically disadvantaged African-American community located in the Metro East region, across the Mississippi River from St. Louis. The community is almost entirely African-American (98%) with 46% of the population living below the Federal Poverty Level. Importantly, 63% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level

is the income eligibility limit for the Medicaid program in Illinois). Further, East St. Louis is a HRSA designated primary care HPSA and a MUA.

Due to socioeconomic conditions in the East St. Louis community, this population exhibits a higher prevalence of obesity, which is a driver of diabetes and hypertension (high blood pressure). Diabetes and hypertension are the two leading causes of CKD and ESRD.[26] As a result, African Americans are at an increased risk of ESRD compared to the general population. In fact, the ESRD incident rate among African Americans is 3.3 times greater than whites.[27]

Given these socioeconomic factors, readily accessible dialysis services are imperative for the health of the East St. Louis community. As of June 30, 2017, 247 ESRD patients reside within East St. Louis; however, there is no dialysis facility within the city limits. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[28] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[29] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

While the State Board approved four in-center hemodialysis centers within the past two years, these facilities are dedicated to other patient bases. As documented in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

Finally, Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients

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[26] Michael F. Flessner, M.D., PhD et al., *Prevalence and Awareness of CKD Among African Americans: The Jackson Heart Study*, 53 Am. J. Kidney Dis. 183, 238-39 (2009), *available* at http://www.ajkd.org/article/S0272-6386(08)01575-8/fulltext (last visited Aug. 10, 2017).

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

[28] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (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)).

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

will initiate dialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to operate at optimal utilization and accommodate Dr. Friedman's projected referrals.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals living in East St. Louis who suffer from ESRD.

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

1. Unnecessary Duplication of Services

a. The proposed dialysis facility will be located at 8 Vieux Carre Drive, East Saint Louis, Illinois 62203. A map of the proposed facility's 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(d)(1)(A).

Table 1110.1430(d)(1)(A)
Population of Zip Codes within
30 Minutes of Proposed Facility

ZIP Code	City	Population
62018	COTTAGE HILLS	3,604
62024	EAST ALTON	9,775
62025	EDWARDSVILLE	33,748
62034	GLEN CARBON	13,819
62040	GRANITE CITY	43,735
62048	HARTFORD	1,459
62059	LOVEJOY	746
62060	MADISON	4,847
62061	MARINE	1,718
62062	MARYVILLE	7,658
62084	ROXANA	1,606
62087	SOUTH ROXANA	2,087
62090	VENICE	1,189
62095	WOOD RIVER	11,237
62201	EAST SAINT LOUIS	7,547
62203	EAST SAINT LOUIS	8,209
62204	EAST SAINT LOUIS	7,960
62205	EAST SAINT LOUIS	9,329
62206	EAST SAINT LOUIS	16,509
62207	EAST SAINT LOUIS	8,750
62208	FAIRVIEW HEIGHTS	17,376
62220	BELLEVILLE	20,504
62221	BELLEVILLE	27,858
62223	BELLEVILLE	17,560
62225	SCOTT AIR FORCE BASE	5,381
62226	BELLEVILLE	29,744
62232	CASEYVILLE	7,260

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	**City**	**Population**
62234	COLLINSVILLE	33,430
62236	COLUMBIA	12,562
62239	DUPO	4,954
62240	EAST CARONDELET	1,966
62243	FREEBURG	5,910
62254	LEBANON	6,089
62260	MILLSTADT	7,290
62269	O FALLON	31,348
62285	SMITHTON	4,484
62289	SUMMERFIELD	350
62294	TROY	14,367
Total		**443,965**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (last visited April 24, 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 average utilization of existing dialysis facilities within the GSA is 76.6% as of June 30, 2017. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Historic Utilization of Existing Facilities

There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[30] and 1.5 million Medicaid beneficiaries

[30] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE

transition from traditional fee for service Medicaid to Medicaid managed care,[31] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

b. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12--station dialysis facility. To achieve the State Board's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

a. The proposed dialysis facility will not lower utilization of area providers below the State Board utilization standards. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

Within the past 2 years, the State Board approved four in-center hemodialysis that are either in development (FMC Belleville and Fox Point Dialysis) or operational less than two years (O'Fallon Dialysis and Collinsville Park Dialysis). As stated in the attached physician letters, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in East St. Louis.

Further, Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion.

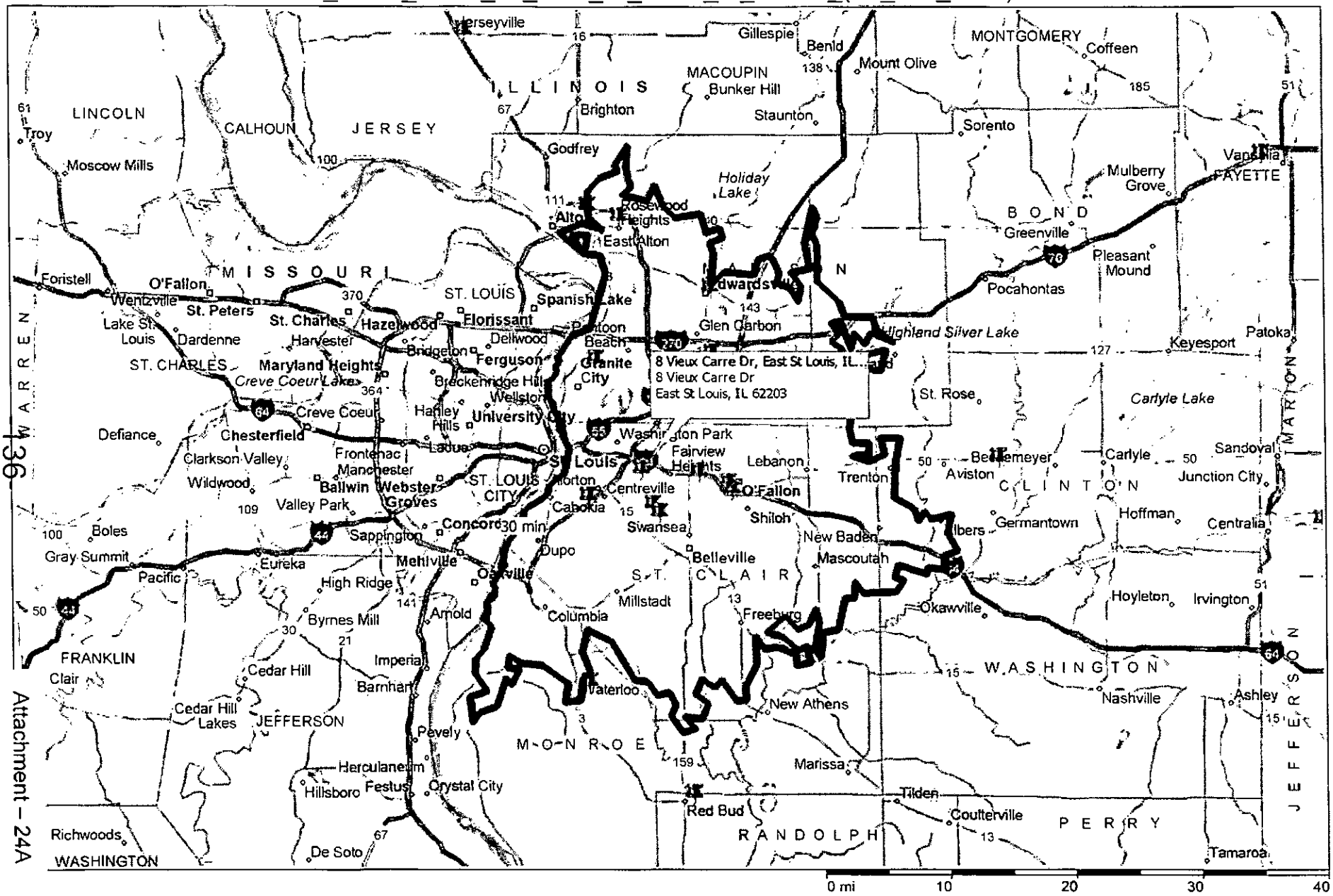
ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

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

Finally, no patients are expected to transfer from existing facilities. Accordingly, the proposed Edgemont Dialysis will not lower utilization of area providers below the State Board utilization standards

b. The proposed Edgemont Dialysis will not lower, to a further extent, the utilization of other area in-center hemodialysis facilities that are currently (during the latest 12-month period) operating below the occupancy standards. There are twelve dialysis facilities within the Edgemont GSA. As of June 30, 2017, three facilities operated at or above the State Board's 80% utilization standard (Metro East Dialysis, Shiloh Dialysis, and FMC Regency Park). Four remaining facilities (Granite City Dialysis, FMC Southwestern Illinois, Maryville Dialysis, Edwardsville Dialysis) are operating just below the State Board's 80% utilization standard. Based upon a 4% historical compound annual growth rate, these facilities are projected to achieve 80% utilization by 2021 (two years after project completion). Additionally, four facilities were either in development or operational for less than 2 years (FMC Belleville, O'Fallon Dialysis, Collinsville Dialysis, and Foxpoint Dialysis). As noted throughout this application, each referring nephrologist projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Finally, Sauget Dialysis, an 8 station expansion, received Medicare certification of its 8 stations in the second quarter of 2017 and not had put the additional stations into service as of June 30, 2017. Utilizing actual operational stations (16), Sauget Dialysis operated at 91% capacity. Accordingly, Edgemont Dialysis will not lower, to a further extent, the utilization of area in-center hemodialysis facilities currently operating below the occupancy standards.

8_Vieux_Carre_Dr_East_St_Louis_IL_62203_(30_Min_GSA)



Facility	Address	City	Distance	Drive Time	Number of Stations 06/30/2017	Number of Patients 6/30/2017	Utilization % 6/30/2017
Sauget Dialysis	2300 Goose Lake Road	Sauget	6.7 mi	9 min	24	87	60.4%
Fresenius Medical Care Belleville	6525 West Main Street	Belleville	3.3 mi	6 min	12	0	0.0%
Metro East Dialysis	5105 West Main Street	Belleville	4.1 mi	8 min	36	178	82.4%
Granite City Dialysis	American Village Shopping Ctr.	Granite City	14.7 mi	21 min	20	86	71.7%
Fox Point Dialysis	1300 Schaefer Rd	Granite City	16.1 mi	23 min	12	0	0.0%
Collinsville Dialysis	101 Lanter Court	Collinsville	9.9 mi	12 min	8	1	2.1%
Fresenius Medical Care Southwestern Illinois	Ill. Rte 3 & 143, Eastgate Plaza	East Alton	25.5 mi	29 min	19	85	74.6%
Shiloh Dialysis	1095 North Green Mount Road	Shiloh	9.9 mi	12 min	12	64	88.9%
O'Fallon Dialysis	1941 Frank Scott Parkway	O'Fallon	10.1 mi	12 min	12	3	4.2%
Fresenius Medical Care Regency Park	124 Regency Park Drive	O'Fallon	8.0 mi	11 min	20	105	87.5%
Maryville Dialysis- Renal Treatment Ctrs	2130 Vadalaberne Drive	Maryville	14.6 mi	18 min	14	63	75.0%
Edwardsville Dialysis	235 S. Buchanan	Edwardsville	22.9 mi	29 min	8	35	72.9%
Total					197	707	59.8%
Total - Less Facilities Operational Less than 2 Years					**153**	**703**	**76.6%**

Attachment – 24B

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: Erin L. Friedman, D.O. will serve as the Medical Director for the proposed facility. A copy of Dr. Friedman's curriculum vitae is attached at Attachment – 24C.

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

      Administrator
      Registered Nurse (2.46 FTE)
      Patient Care Technician (5.19 FTE)
      Biomedical Technician (0.26 FTE)
      Social Worker (0.54 FTE)
      Registered Dietitian (0.54 FTE)
      Administrative Assistant (0.79 FTE)

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

   c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 24D.

   d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Total Renal Care Inc., attached at Attachment – 24E, Edgemont Dialysis will maintain an open medical staff.

Erin L. Friedman, D.O.
Board Certified in Nephrology
Board Certified in Internal Medicine

6 Windsor Ln.
Kirkwood, MO. 63122
Cellular Phone: 314-607-4870
Email: moe1864@yahoo.com

Employment

Esse Health Shiloh Nephrology & Internal Medicine 1167 Fortune Blvd. Shiloh, IL 618-207-6900
Staff privileges at Memorial Hospital Belleville Dept of Nephrology 2012 to present
Clinical Nephrologist with Metro Detroit Kidney Associates, P.C.
August 2011-Present
Staff privileges within several hospitals in the St. John Health System and the Beaumont System
Outpatient dialysis privileges at both DaVita and FMC facilities
Teaching faculty for Internal Medicine Residents and students rotating at St. John Macomb Hospital

Education

Kempsville High School, Kempsville VA
Diploma June 1992
Old Dominion University, Norfolk VA
Bachelors of Science in Biology, Minor in Chemistry, June 1996
Kirksville College of Osteopathic Medicine / Andrew Taylor Still University, Kirksville MO
Doctor of Osteopathy, June 2005
Internal Medicine Tracking Internship
St. John Detroit Riverview Hospital, Detroit MI
Diploma June 2006
Internal Medicine Residency
St. John Detroit Riverview, Detroit MI and St. John Macomb Hospital, Warren MI
Diploma June 2008
Nephrology Fellowship
St. John Macomb – Oakland Hospital, Warren MI
Diploma June 2011

Internships/Employment

Center for Pediatric Research, Norfolk VA 1994-1996
Performed FISH (fluorescent in situ hybridization) for the study of
Oligoasthenoteratozoospermic males
Co-Founder and President of "Fetch-it" a research/resource based company, Norfolk VA 1996
Musculoskeletal Technician at Life Net Norfolk VA 1997-2000
Cut precision surgical grafts out of cadaveric donor tissue for such procedures as spinal fusion and pubovaginal slings
Member of the mandible processing team
Project Manager for the packaging of the Demineralized Bone Project 1999-2000
Designed an automated system/protocol for sterile packaging of demineralized cortical bone as well as its computer inventory
Member of the Research and Development team for the Bone Demineralization Project 2001
Designed the protocol and instruments for the project
IPC Hospitalists
July 2008-June 2009

Honors and Awards

St. John Detroit Riverview Intern of the Year 2006

St. John Macomb Internal Medicine Chief Resident July 2007-2008
National Congressional Youth Scholar for the State of Virginia 1992

Activities and Committees

Medical Ethics Committee 2006-2007
Medical Education Committee 2007-2008
Rapid Response Committee 2007-2008
Chief Resident Committee 2007-2008
American Osteopathic Association (AOA) member 2005-Present
Michigan Osteopathic Association (MOA) member 2005-Present
American College of Osteopathic Internists (ACOI) member 2005-Present
KCOM Student Government Association member 2002-2005
Founding Father of the Pi Kappa Alpha Social Fraternity 1993-Present
Community Service Chair for Pi Kappa Alpha 1994

Presentations and Research

Friedman EL, et al. The Use of Pretreatment Serum Renin Levels as a Predictor of Eficacy in the use of Selective Renin Inhibitors (Aliskiren) in Patients with Uncontrolled Hypertension. July 2009-June 2011. Ongoing research to be published at study completion.

Friedman EL, Knechtl FA. NHL/Kaposi's Sarcoma: A Case Report.
Michigan Osteopathic Association Annual Convention, May 2006

Pang MG, Haoegerman SF, Friedman EL, and Kearns WG. Detection by fluorescence in situ hybridization of chromosome 4,6,7,8,9,10,11,12,17,18, and 21, X and Y aneupliody in sperm from oligo-astheno-terato-zoospermic patients of an in vitro fertilization program. American Journal of Human Genetics. 57 (4), 1996.

Dedmond DM, Friedman EL, Morshedi M. Sephadex Filtration Gradients to Enrich for X-Bearing Human Spermatozoa; an Analysis by Fluorescence in situ Hybridization. 1996 Research Day: Eastern Virginia Medical School.

Skills Summary and Certification

Quinton Catheter Placement
Central Venous Catheter Placement
Arterial Line Placement
Endotracheal Intubation
Bronchoscopy
Thoracentesis
Paracentesis
Pericardiocentesis
Arthrocentesis
Lumbar Puncture
Joint and Soft Tissue Injection
Osteopathic Manipulative Medicine
BCLS and ACLS Certification

References

-Mathew Pyenta, D.O.
207.312.4148
Nephrology
-Jodi Dome, D.O.
419.462.4575
Nephrology
-Sean Hachey, D.O.
313.515.4153
Pulmonary and Critical Care
-Micheal Bunuan, D.O.
248.259.7313
Internal Medicine
-Hon. Mary Russell
573.751.6880

Personal Hobbies/Interests

Self taught vintage Land Rover mechanic
Interest in ancient engineering
Hiking/Fly fishing
Marksman/Riflery
Classic (Roman and Greek) and Civil War History buff

TITLE: BASIC TRAINING PROGRAM OVERVIEW

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

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

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

The **Table of Contents** is as follows:

Origination Date: 1995
Revision Date: March 2014

TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM DESCRIPTION

Introduction to Program

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

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

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

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

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

An **experienced teammate** is defined as:

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

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

Origination Date: 1995
Revision Date: Aug 2014, Oct 2014, Jul 2015, Sept 2015

"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

- 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.

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.

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.

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. and Total Renal Care Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

DaVita®

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 Edgemont Dialysis will maintain an open medical staff.

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

- DaVita utilizes a dialysis electronic data system;
- Edgemont 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
Assistant Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

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

See Attached

Notary Public

2000 16th Street, Denver, CO 80202 | P (303) 876-6000 | F (310) 536-2675 | DaVita.com

Attachment – 24E

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 February 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Edgemont Dialysis / Total Renal Care, Inc.)

Document Date: February 14, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

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

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(g), Minimum Number of Stations

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

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

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

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

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

DaVita®

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

Sincerely,

Print Name: Arturo Sida
Assistant Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

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

See Attached

Notary Public

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

State of California

County of Los Angeles

On February 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

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Signer's Name(s):

☐ Individual

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☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

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

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Inner City Enhancement Neighborhood Development Corporation. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017. A letter of intent to lease the facility is attached at Attachment – 34.

Attachment – 34

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

December 5, 2016

Rob Berneking
AH Realty Advisors, LLC
330 North Fourth Street, Suite 300
Saint Louis, MO 63102

RE: LOI – 8 Vieux Carre Dr, East Saint Louis, IL 62203

Mr. Berneking:

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

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

PREMISES:	8 Vieux Carre Dr, East Saint Louis, IL 62203 *Parcel # 02-26.0-210-050*
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	*Inner City Enhancement Neighborhood Development Corporation*
SPACE REQUIREMENTS:	Requirement is for approximately 6,421 total SF that comprises 5,444 SF of Clinical and 977 SF of Non-Clinical contiguous rentable square feet. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	Base Rent is as follows: Years 1-5 $12.00 per sq. ft. NNN Years 6-10 $13.20 per sq. ft. NNN
ADDITIONAL EXPENSES:	*The current Triple Net Expenses (NNN's) are estimated at $2.20 per sq. ft.* *Tenant shall be responsible for its own utilities including Electricity and Natural Gas, Water, and Sewer. Tenant shall pay for its own telecommunication and data services.*

Landlord to limit the cumulative operating expense costs to $2.20 psf in the first full lease year and no greater than 3% increases (on controllable expenses) annually thereafter.

Please note that the property taxes for this development are Fully Abated (at $0.00) through 2025. From 2015 through 2040, the property taxes are abated at 50% of the assessed value.

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

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete (if any) within 60 days from the later of lease execution or waiver of contingencies. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM: Tenant's standard lease form.

USE: The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection proccdures, 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.

Please verify that the Use is permitted within the building's zoning.

Please verify there are not any CCR's or other documents that may impact tenancy. No Restrictions In Place

CUSHMAN & WAKEFIELD

PARKING:

Tenant requests:

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

BASE BUILDING:

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

HVAC: As part of Landlord's work, Landlord shall provide HVAC units meeting the specifications set forth in Exhibit B.

Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. 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), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

Landlord at minimum shall renovate or upgrade the finishes of the standalone building adjacent to the Premises prior to Tenant's receipt of certificate of occupancy.

BUILDING SYSTEMS:

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

OPTION TO RENEW:

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

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:

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

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by 60 days from the later of lease execution or waiver of contingencies, 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 30 day delivery period.
HOLDING OVER:	Tenant shall be obligated to pay 150% 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 per Section 27 of Schedule A with Landlord's written approval. Landlord approval shall not be unreasonably withheld. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.
BUILDING HOURS:	Tenant requires building hours of 24 hours a day, seven days a week.
SUBLEASE/ASSIGNMENT:	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee.
NON-COMPETE:	Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.
DELIVERIES:	TBD
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
CERTIFICATE OF NEED:	Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date.

CUSHMAN & WAKEFIELD

In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's local representative and shall pay a brokerage fee equal to seventy-five cents ($0.75) per square foot per lease term year, 50% shall be due upon lease signatures and 50% shall be due within one-hundred eighty (180) days from lease signatures. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS: CAD Drawings have been provided.

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

Sincerely,

Matthew J. Gramlich

CC: DaVita Regional Operational Leadership
DaVita Team Genesis Real Estate

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **8 VIEUX CARRE DR**
EAST SAINT LOUIS, IL 62203

AGREED TO AND ACCEPTED THIS 7 DAY OF DECEMBER 2016

By: Mary Anderson

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

AGREED TO AND ACCEPTED THIS 15 DAY OF DECEMBER 2016

By:

ICE NRC, Inc.

("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B

DaVita.

[OPTION 2: FOR EXISTING BUILDING V5.1] [SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH CENTER PROJECT]

SCHEDULE A - TO WORK LETTER

MINIMUM BASE BUILDING IMPROVEMENT REQUIREMENTS

(Note: Sections with an Asterisk (*) have specific requirements for 1 1.2 in California and other select States – see end of document for changes to that section)

At a minimum, the Landlord shall provide the following Base Building Improvements to meet Tenant's requirements for an Existing Base Building Improvements at Landlord's sole cost:

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

1.0 - Building Codes & Design *

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

Tenant shall have full control over the selection of the General Contractor for its tenant improvement work, so long as all contractors are fully licensed and insured and meet municipal and state requirements, if any.

2.0 - Zoning & Permitting

Building and premises must be zoned to perform services as a dialysis clinic without the need for special-use approval by the AHJ. Landlord to provide all Zoning information related to the base building. Any new Zoning changes/variances necessary for use of the premises as a dialysis clinic shall be the responsibility of the Tenant with the assistance of the Landlord to secure Zoning change/variance. Permitting of the interior construction of the space will be by the Tenant.

3.0 - Common Areas

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

4.0 - Demolition

Landlord will be responsible for demolition of all interior partitions, doors and frames, plumbing, electrical, mechanical systems (other than what is designated for reuse by Tenant) and finishes of the existing building from slab to roof deck to create a "Vanilla box" condition. Space shall be broom clean and ready for interior improvements specific to the buildout of a dialysis facility. Building to be 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.

5.0 - Foundation and Floor *

Existing Foundations and Slab on Grade in Tenant space must be free of cracks and settlement issues. Any cracks and settlement issues evident at any time prior commencement of tenant improvement work shall be subject to inspection by a Licensed Structural Engineer stating that such cracks and / or settlement issues are within limits of the structural integrity and performance anticipated for this concrete and reinforcement design for the term of the lease. Landlord to confirm that the site does not contain expansive soils and to confirm the depth of the water table. Existing concrete slabs shall contain control joints and structural reinforcement.

All repairs will be done by Landlord at his cost and be done prior to Tenant acceptance of space for construction. Any issues with slab during Tenant construction will be brought up to Landlord attention and cost associated with slab issue to repair will be paid by Landlord.

Any slab replacement will be of the same thickness of the adjacent slab (or a minimum of 5") with a minimum concrete strength of 4,000-psi with wire or fiber mesh, and/or rebar reinforcement over 10mil vapor barrier and granular fill. Infill slab/trenches will be pinned to existing slab at 24" O.C. with # 4 bars or greater x 16" long or as designed per higher standards by Tenant's structural engineer depending on soils and existing slab condition.

Existing Concrete floor shall not have more than 90% relative humidity as emitted per completed RH testing (ASTM F2170-11, 'Standard Test Method for Determining Relative Humidity in Concrete Floor Slabs Using in situ Probes') results after 28 day cure time. Relative humidity testing to be performed by Tenant at Tenant's sole cost. Means and methods to achieve this level will be responsibility of the Landlord and may preclude the requirement for Tenant's third party testing.

6.0 - Structural *

Existing exterior walls, lintels, floor and roof framing shall remain as-is and be free of defects. Should any defects be found repairs will be made by Landlord at his cost. Any repairs will meet with current codes and approved by a Structural Engineer and Tenant.

Landlord shall supply Tenant (if available) structural engineering drawings of space

7.0 – Existing Exterior Walls

All exterior walls shall be in good shape and properly maintained. Any damaged drywall and or Insulation will be replaced by Landlord prior to Tenant taking possession.

It will be the Landlord's responsibility for all cost to bring exterior walls up to code before Tenant takes possession.

8.0 – Demising walls

New or Existing demising walls shall be a 1 or 2hr fire rated wall depending on local codes, state and or regulatory requirements (NFPA 101 – 2000) whichever is more stringent. If it does not meet this, Landlord will bring demising wall up to meet the ratings/UL requirements. Walls to be fire caulked in accordance with UL standards at floor and roof deck. Demising walls will have minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of deck.

At Tenant's option and as agreed upon by Landlord, any new demising wall interior drywall to Tenant's space shall not be installed until after Tenant's improvements are complete in the wall.

9.0- Roof Covering *

The roof shall be properly sloped for drainage and flashed for proper water shed. The roof, roof drains and downspouts shall be properly maintained to guard against roof leaks and can properly drain. Landlord will provide Tenant the information on the Roof and Contractor holding warranty. Landlord to provide minimum of R30 roof insulation at roof deck. If the R30 value is not meet, Landlord to increase R-Value by having installed additional insulation to meet GAHJ requirements to the underside of the roof structure/deck.

Any new penetrations made during buildout will be at the Tenant's cost. Landlord shall grant Tenant that right to conceal or remove existing skylights as deemed appropriate by Tenant and their Consultants.

10.0 – Canopy *

Landlord shall allow Tenant to design and construct a canopy structure for patient arrival and if allowed local code. There is already a front canopy installed on the building. Tenant may be allowed to install a drive through or walk up canopy on the North side of the building at its own cost. Landlord approval of all plans shall be required.

11.0 – Waterproofing and Weatherproofing

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

12.0 – Windows

Any single pane window systems must be replaced by Landlord with code compliant Energy efficient thermal pane windows with Low -E thermally broken aluminum frames. Broken, missing and/or damaged glass or frames will be replaced by Landlord. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent film to the existing windows (per manufactures recommendations) per Tenant's tenant improvement design.

13.0 – Thermal Insulation

Landlord to replace any missing and/or damaged wall or ceiling insulation with R-13, 19 or R30 insulation. Any new roof deck insulation is to be installed to the underside of the roof deck.

14.0 – Exterior Doors

All exterior doors shall meet 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 his 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. 42" entry door can be placed in door positions 1, 2, 3, or 4 (please see attached building plan).

- Service Doors: Provide 48" wide door (Alternates for approval by Tenant's Project Manager to include: a) 60" or 72"-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs), b) 60" Roll up door,) with 20 gauge insulated hollow metal , painted with rust inhibiting paint, Flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge each leaf, door viewer (peep), panic bar hardware (if required by code), push button programmable lockset. Rear service door can be placed in positions 1, 2, or 4 (please see attached building plan).

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.

15.0 – Utilities

All utilities to be provided at designated utility entrance points into the building at locations approved by the Tenant at a common location for access. Landlord is responsible for all tap/connection and impact fees for all new utilities required for a dialysis facility. All Utilities to be coordinated with Tenant's Architect.

16.0 – Plumbing *

Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

Where suitable building water already exists, Landlord to provide Tenant with a potable water supply to meet the above minimum requirements. Water flow and pressure to Tenant's space to be unaffected by any other building water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to Tenant's space, leaving off with a valve and cap for Tenant extension per Tenant direction or Tenant design plans.

Potable water supply to be provided with water meter and two (2) reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand. Backflow devices to be provided with adequate drainage per code and local authority. Meter to be per municipality or water provider standards.

Any existing hose bibs will be in proper working condition prior to Tenants possession of space.

Building sanitary drain size will be determined by Tenant's Mech Engineer based on total combined drainage fixture units (DFU's) for entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation. (Coordinate actual depth and location with Tenant's Architect and Engineer.) Provide with a cleanout structure at building entry point. New sanitary building drain shall be properly pitched to accommodate Tenant's sanitary system design per Tenant's plumbing plans, and per applicable Plumbing Code(s). Lift station/sewage ejectors will not be permitted.

Sanitary drain to be stubbed into Tenant's space with a minimum invert level of 42 inches below finished slab. Sanitary drain to be sized based on the calculated drainage fixture unit (DFU) method in accordance to code for both the Tenant's DFU's combined with any other tenant DFU's sharing the drain however, in no case less than 4 inch diameter. Ejectors or lift stations are prohibited. Landlord to clean, power jet and televisc existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

Landlord to provide a plumbing vent no less than 4 inch diameter stubbed into Tenant's space as high as possible with an elevation no less than the bottom of the lowest structural element of the framing to the deck above. Where deck above is the roof, Landlord to provide roof termination and all required roof flashing and waterproofing. Plumbing roof terminations to maintain a minimum separation of 15 feet, or more if required by local code, from any mechanical rooftop equipment with fresh air intake. Where required separation does not exist, Landlord to relocate to be within compliance at Landlord's cost.

Sanitary sampling manhole if required by local municipality on new line.

Landlord to provide and pay for all tap fees related to new sanitary sewer and water services in accordance with local building and regulatory agencies.

17.0 - Fire Suppression and Alarm System

The subject building is 8,000 +/- sq. ft. It is a multi-tenant building. No sprinkler system shall be required as it is under Tenant's 10,000 sq. ft. threshold for fire-suppression.

18.0 – Electrical;

Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 800amp service) 120/208 volt, 3 phase, 4 wire derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include utility metering, tenant service feeder, and distribution panel board with main and branch circuit breakers. Tenant will not accept multiple services to obtain the necessary capacity. Should this not be available Landlord to upgrade electrical service to meet the following criteria:

Provide new service (preferably underground) with a dedicated meter via a new CT cabinet per utility company standards. Service size to be determined by Tenant's engineer dependent on facility size and gas availability (400amp to 800amp service) 120/208 volt, 3 phase, 4 wire to a distribution panel board in the Tenant's utility room (location to be per NEC and coordinated with Tenant and their Architect) for Tenant's exclusive use in powering equipment, appliances, lighting, heating, cooling and miscellaneous use. Landlord's service provisions shall include transformer coordination with utility company, transformer pad and grounding, and underground conduit and wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC.

Tenant's Engineer shall have the final approval on the electrical service size and location and the size and quantity of circuit breakers to be provided in the distribution panel board. If 480V power is supplied, Landlord to provide step down transformer to Tenant requirements above.

If combined service meter cannot be provided then Landlord shall provide written verification from Power Utility supplier stating multiple meters are allowed for use by the facility for the duration of the lease term.

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

Landlord will allow Tenant to have installed, at Tenant cost, Transfer Switch for temporary generator hook-up, or permanent generator.

Existing electrical raceway, wire, and cable extending through the Tenant's space but serving areas outside the Tenant's space shall be re-routed outside the Tenant's space and reconnected as required at the Landlord's cost.

19.0 - Gas Service

Existing Natural gas service at a minimum to have a 6" water column pressure and be able to supply 800,000-BTU's. Natural gas line shall be individually metered and sized per demand by Engineer. Gas service will be run to the Northwest Corner of the building (on the north wall just in from the west wall).

20.0 - Mechanical /Heating Ventilation Air Conditioning *

Landlord to provide a detailed report from a HVAC company on all existing HVAC units i.e. age, CFM's, cooling capacity, service records etc. for review by Tenant. HVAC Units, components and equipment that Tenant intends to reuse shall be left in place 'as is' by Landlord. Landlord shall allow Tenant, at Tenant's discretion to remove, relocate, replace or modify existing unit(s) as needed to meet HVAC code requirements and design layout requirements.

If determined by Tenant that the units need to be replaced and or additional units are needed, Landlord will be responsible for the cost of the replacement/additional HVAC units, Tenant will complete the all work with the replacement/additional HVAC Units. Units replaced or added will meet the design requirements as stated below.

The criteria is as follows:

- Equipment to be Lennox RTU's
- Supply air shall be provided to the Premises sufficient for cooling and ventilation at the rate of 275 to 325 square feet per ton to meet Tenant's demands for a dialysis facility and the base building Shell loads.
- RTU Ductwork drops shall be concentric for air distribution until Tenant's General Contractor modifies distribution to align with Tenant's fit-out design criteria and layout and shall be extended 5' into the space for supply and return air. Extension of system beyond 5-feet shall be by Tenant's General Contractor.
- System to be a fully ducted return air design and will be by Tenant's General Contractor for the interior fit-outAll ductwork to be externally lined except for the drops from the units.
- Provide 100% enthalpy economizer
- Units to include Power Exhaust
- Control system must be capable of performing all items outlined in the Sequence of Operations specification section
- RTU controller shall be compatible with a Building Management System using BACnet communication protocol.
- Provide high efficiency inverter rated non-overloading motors
- Provide 18" curbs, 36" in Northern areas with significant snow fall
- Units to have disconnect and service outlet at unit
- Units will include motorized dampers for OA, RA & EA
- System shall be capable of providing 55deg supply air temperature when it is in the cooling mode

Equipment will be new and come with a full warranty on all parts including compressors (minimum of 5yrs) including labor. Work to include, but not limited to, the purchase of the units, installation, roof framing, mechanical curbs, flashings, gas & electrical hook-up, coordination with Building Management System supplier, temporary construction thermostats, start-up and commissioning. Anticipate minimum up to five (5) zones with programmable thermostat and or DDC controls (Note: The 5 zones of conditioning may be provided by individual constant volume RTU's, or by a VAV or VVT system of zone control with a single RTU). Tenant's engineer shall have the final approval on the sizes, tonnages, zoning, location and number of HVAC units based on Tenants' design criteria and local and state codes.

21.0 - Telephone

If in a multi-tenant building Landlord to provide a 1" conduit from Building Demark location to phone room location in Tenant space.

22.0 – Cable or Satellite TV

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

23.0 - Handicap Accessibility *

Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the Building and entrance to Tenant space including, but not limited to, the elevator, exterior and interior doors, concrete curb cuts, ramps and walk approaches to / from the parking lot, detectable warnings, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) HC stalls for units over 20 stations inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Landlord shall provide pavement marking; curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Tenant delivery door and also link to the accessible path of travel.

24.0 - Generator

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

25.0 – Existing Site Lighting

Landlord to provide adequate lighting per code and to illuminate all parking, pathways, for new and existing building access points. Parking lot lighting to be on a timer (and be programmed per Tenant business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Landlord house panel and equipped. If new lighting is provided it will need to be code compliant with a 90 minute battery back up at all access points.

26.0 – Exterior Building Lighting

Landlord to provide adequate lighting per code and to illuminate the building main and service entrance/exits with related sidewalks. Lighting shall be connected to and powered by Landlord house panel and equipped with a code compliant 90 minute battery back up at all access points.

27.0 – Parking Lot

Provide adequate amount of ADA curb cuts, handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be anchored in place onto the asphalt per stall layout.

28.0 – Refuse Enclosure *

If an area is not designated, Landlord to provide Refuse area for Tenant dumpsters. Landlord to provide a minimum 6" thick reinforced concrete pad approx. 100 to 150SF based and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

CUSHMAN & WAKEFIELD

29.0 - Signage

Landlord to allow for an illuminated façade mounted sign and rights to add signage to existing Pylon/monument sign. Final sign layout to be approved by Tenant and the City. Landlord, at its option, may provide space on the expanded pylon sign. All lettering and design work to be provided by Tenant. Should tenant require its own box on the existing pylon, it may do so at its own expense. All signage must be approved in writing by 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 on March 27, 2017.

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.

Attachment – 37A

DaVita®

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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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

Sincerely,

Print Name: Arturo Sida
Assistant Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

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

See Attached

Notary Public

2000 16th Street, Denver, CO 80202 | P (303) 876-6000 | F (310) 536-2675 | DaVita.com

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 February 14, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

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

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

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

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

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Edgemont Dialysis / Total Renal Care, Inc.)

Document Date: February 14, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

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

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD	$169.45				5,444			$922,500	$922,500
Contingency	$25.35				5,444			$138,000	$138,000
TOTAL CLINICAL	**$194.80**				**5,444**			**$1,060,500**	**$1,060,500**
NON-CLINICAL									
Admin	$169.40				977			$165,500	$165,500
Contingency	$25.07				977			$24,500	$24,500
TOTAL NON-CLINICAL	**$194.47**				**977**			**$190,000**	**$190,000**
TOTAL	**$194.75**				**6,421**			**$1,250,500**	**$1,250,500**
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Construction Contracts & Contingencies	$1,060,500	$194.87 x 5,444 GSF = $1,060,872	Meets State Standard
Contingencies	$138,000	10% - 15% of Modernization Construction Contracts 10% - 15% x $922,500 = $92,250 - $138,375	Meets State Standard
Architectural/Engineering Fees	$105,000	6.90% - 10.36% of Modernization Construction Contracts + Contingencies) = 6.9% - 10.36% x ($922,500 + $138,000) =	Meets State Standard

Attachment – 37C

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		6.90% - 10.36% x $1,060,500 = $73,174 - $109,867	
Consulting and Other Fees	$80,000	No State Standard	No State Standard
Moveable Equipment	$592,578	$53,682.74 per station x 12 stations $53,682.74 x 12 = $644,192	Below State Standard
Fair Market Value of Leased Space or Equipment	$456,103	No State Standard	No State Standard

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

Operating Expenses: $1,870,859

Treatments: 9,984

Operating Expense per Treatment: $187.39

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

Capital Costs:

Depreciation:	$208,077
Amortization:	$9,983
Total Capital Costs:	$218,060

Treatments: 9,984

Capital Costs per Treatment: $21.84

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, was previously included in the application for Proj. No, 17-032. 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.

2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The proposed dialysis facility will not lower utilization of area providers below the State Board utilization standards. There are twelve dialysis facilities within the Edgemont GSA. Collectively, these facilities operated at 59.8% as of June 30, 2017. Excluding the recently approved dialysis facilities, average utilization increases to 76.6%, or just below the State Board's utilization standard. Furthermore, over the past three years, the compound annual growth rate for the existing facilities within the Edgemont GSA is 4%. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

   Further, Dr. Friedman is currently treating 275 Stage 3, 4, and 5 CKD patients, who reside within the Edgemont GSA. Moreover, 144 of these patients live within 15 minutes of the proposed site of Edgemont Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Friedman anticipates that at least 64 of these patients will initiate dialysis within 12 to 24 months following project completion.

3. The proposed project is for the establishment of Edgemont Dialysis. As such, this criterion is not applicable.

4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	**2015**	**2016**
Charity (# of patients)	146	109	110
Charity (cost in dollars)	$2,477,363	$2,791,566	$2,400,299
MEDICAID			
	2014	**2015**	**2016**
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	$8,603,971	$7,381,390	$4,692,716

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 I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Erin Friedman projecting 64 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Erin L. Friedman, D.O.
Esse Health Shiloh Nephrology & Internal Medicine
1167 Fortune Boulevard
Shiloh, Illinois 62269

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Edgemont Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 15 Vieux Carre Drive, East St. Louis, Illinois 62203 will directly benefit patients residing in East St. Louis.

DaVita's proposed facility will improve access to necessary dialysis services in East St. Louis. This is an economically disadvantaged community with many barriers to accessing health care. A dialysis facility in East St. Louis will greatly assist patients in managing their health. If a dialysis facility is not proximately located to patients' homes, they may miss treatments, which results in involuntary non-compliance. Non-compliance has significant negative consequences. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. By locating the facility closer to where patients reside, they will be less likely to miss treatments and will have better outcomes.

The site of the proposed facility is close to Interstates 255 and 64 (I-255 and I-64) and will provide better access to patients residing in the medically underserved area of East St. Louis. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 77.9%, according to March 31, 2017 reported census data.

I have identified 275 patients from my practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within 30 minutes of the proposed facility. For the purpose of this application, I have identified 144 patients who all reside within 7 miles and under 15 minutes of the proposed facility. Conservatively, I predict at least 64 of these patients will progress to dialysis within 12 to 24 months of completion of Edgemont Dialysis. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

The list of zip codes for the 144 pre-ESRD patients previously referenced is provided at Attachment – 1.

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 establishment of Edgemont Dialysis.

Sincerely,

"OFFICIAL SEAL"
TONY GALLEGO
NOTARY PUBLIC — STATE OF ILLINOIS
MY COMMISSION EXPIRES AUG. 11, 2018

Erin L. Friedman, D.O.
Nephrologist
Esse Health Shiloh Nephrology & Internal Medicine
1167 Fortune Boulevard
Shiloh, Illinois 62269

Subscribed and sworn to me
This 25 day of July, 2017

Notary Public: Expires 8/11/2018

Attachment 1
Pre-ESRD Patients

Zip Code	Total
62201	3
62203	17
62204	7
62205	11
62206	19
62207	20
62223	34
62226	33
Total	144

Appendix 2 – Time & Distance Determination

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

YOUR TRIP TO:

8 Vieux Carre Dr

9 MIN | 6.7 MI

Est. fuel cost: $0.64

Trip time based on traffic conditions as of 3:27 PM on February 7, 2017. Current Traffic: Light

Sauget Dialysis to proposed site for Edgemont Dialysis

1. Start out going **northeast** on Goose Lake Rd toward Grizzlie Bear Blvd.

Then 0.52 miles — 0.52 total r

2. Take the 1st **right** onto Mousette Ln.

If you are on S 50th St and reach Church Rd you've gone about 0.4 miles too far.

Then 0.26 miles — 0.79 total r

3. Merge onto I-255 N/US-50 E via the ramp on the **left** toward **Chicago**.

If you reach Lorraine Dr you've gone about 0.3 miles too far.

Then 1.36 miles — 2.15 total r

4. Merge onto New Missouri Ave/IL-15 E via EXIT 17A toward **Belleville**.

Then 1.45 miles — 3.60 total r

5. Take the **IL-157** ramp toward **Bluff Rd/Cahokia**.

Then 0.17 miles — 3.78 total r

6. Turn **left** onto S 88th St/IL-157. Continue to follow IL-157.

If you reach IL-15 you've gone about 0.2 miles too far.

Then 2.83 miles — 6.60 total r

7. Turn **left** onto Vieux Carre Dr.

Vieux Carre Dr is 0.4 miles past Washington St.

If you reach Church Ln you've gone about 0.1 miles too far.

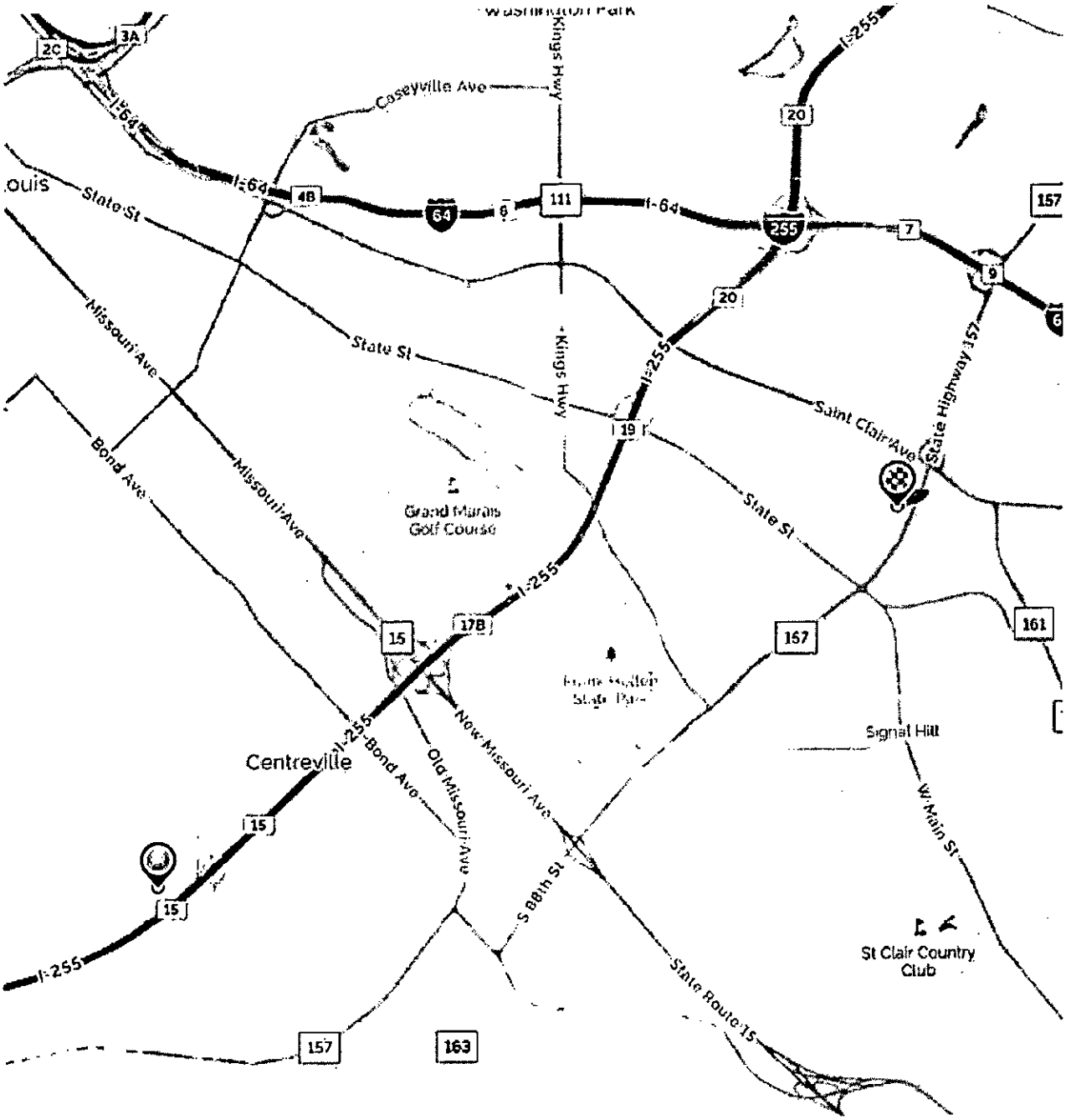
Then 0.07 miles — 6.67 total r

Appendix – 2

8. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.



Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

6 MIN | 3.3 MI

Est. fuel cost: $0.31

Trip time based on traffic conditions as of 3:29 PM on February 7, 2017. Current Traffic: Light

FMC Belleville to proposed site for Edgemont Dialysis

1. Start out going **northwest** on W Main St toward N 66th St.

   Then 2.66 miles — 2.66 total r

2. Turn **right** onto State Highway 157/IL-157.

   State Highway 157 is just past N 89th St.

   If you are on W Main St and reach IL-157 you've gone a little too far.

   Then 0.54 miles — 3.20 total r

3. Turn **left** onto Vieux Carre Dr.

   Vieux Carre Dr is 0.4 miles past Washington St.

   If you reach Church Ln you've gone about 0.1 miles too far.

   Then 0.07 miles — 3.27 total r

4. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on **the right**.

   Your destination is just past Loisel Vlg.

   If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

8 MIN | 4.1 MI

Est. fuel cost: $0.39

METRO EAST DIALYSIS TO PROPOSED SITE FOR EDGEMONT DIALYSIS

Trip time based on traffic conditions as of 3:32 PM on February 7, 2017. Current Traffic: Light

1. Start out going **northwest** on W Main St toward S 52nd St.

Then 3.53 miles — 3.53 total r

2. Turn **right** onto State Highway 157/IL-157.

State Highway 157 is just past N 89th St.

If you are on W Main St and reach IL-157 you've gone a little too far.

Then 0.54 miles — 4.07 total r

3. Turn **left** onto Vieux Carre Dr.

Vieux Carre Dr is 0.4 miles past Washington St.

If you reach Church Ln you've gone about 0.1 miles too far.

Then 0.07 miles — 4.13 total r

4. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

21 MIN | 14.7 MI

Est. fuel cost: $1.39

Trip time based on traffic conditions as of 3:37 PM on February 7, 2017. Current Traffic: Light

Granite City Dialysis to proposed site for Edgemont Dialysis

1. Start out going **east** on American Vlg toward Nameoki Rd/IL-203.	
Then 0.01 miles	0.01 total r
2. Turn **right** onto Nameoki Rd/IL-203.	
Then 1.72 miles	1.73 total r
3. Turn **right** onto Edwardsville Rd/IL-203. Continue to follow IL-203. *IL-203 is 0.1 miles past Herbert St.*	
Then 4.33 miles	6.06 total r
4. Merge onto I-55 S/US-40 W toward **St Louis**.	
Then 1.17 miles	7.23 total r
5. Take the **IL-3 N/St Clair Ave** exit, EXIT 3A, on the **left** toward **I-64 E/Louisville**.	
Then 0.25 miles	7.48 total r
6. Merge onto I-64 E via the ramp on the **left** toward **Louisville**.	
Then 5.44 miles	12.92 total r
7. Take the **IL-157** exit, EXIT 9, toward **Caseyville**.	
Then 0.38 miles	13.30 total r
8. Merge onto State Highway 157/IL-157 toward **Centreville/Our Lady of the Snows Shrine**.	
Then 1.34 miles	14.64 total r

Appendix – 2

9. Turn **right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

Then 0.06 miles

14.69 total r

10. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

12 MIN | 9.9 MI

Est. fuel cost: $0.94

Trip time based on traffic conditions as of 3:40 PM on February 7, 2017. Current Traffic: Light

Collinsville Dialysis to proposed site for Edgemont Dialysis

1. Start out going **east** on Lanter Ct toward Eastport Plaza Dr.

Then 0.04 miles — 0.04 total r

2. Turn **left** onto Eastport Plaza Dr.

Then 0.09 miles — 0.13 total r

3. Take the 2nd **left** onto Horseshoe Lake Rd.

Horseshoe Lake Rd is just past Schoolhouse Trl.

If you are on Fournie Ln and reach Mid America Ct you've gone a little too far.

Then 0.42 miles — 0.55 total r

4. Merge onto I-255 S toward **Memphis**.

If you reach Corvette Ln you've gone about 0.2 miles too far.

Then 5.53 miles — 6.07 total r

5. Take the **I-64 E/US-50 E/I-64 W/I-255 N** exit, EXIT 20, toward **Louisville/St Louis**.

Then 0.26 miles — 6.33 total r

6. Keep **left** at the fork in the ramp.

Then 0.42 miles — 6.76 total r

7. Merge onto I-64 E/US-50 E toward **US-50 E/Louisville**.

Then 1.38 miles — 8.13 total r

8. Take the **IL-157** exit, EXIT 9, toward **Caseyville**.

Then 0.38 miles — 8.51 total r

Appendix – 2

9. Merge onto State Highway 157/IL-157 toward **Centreville/Our Lady of the Snows Shrine**.

Then 1.34 miles 9.85 total r

10. Turn **right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

Then 0.06 miles 9.91 total r

11. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

29 MIN | 25.5 MI

Est. fuel cost: $1.70

Trip time based on traffic conditions as of 3:45 PM on February 7, 2017. Current Traffic: Light

FMC - BMA - Southern IL Dialysis Center to proposed site for Edgemont Dialysis

1. Start out going **northeast** on Eastgate Plz toward Lewis and Clark Blvd/IL-3.	
Then 0.01 miles	0.01 total r
2. Take the 1st **right** onto Lewis and Clark Blvd/IL-3. Continue to follow IL-3.	
Then 5.50 miles	5.51 total r
3. Turn **left** onto New Poag Rd.	
New Poag Rd is 0.1 miles past Levee Access Rd.	
If you are on IL-3 and reach Oldenburg Rd you've gone about 0.4 miles too far.	
Then 3.03 miles	8.53 total r
4. Merge onto IL-255 S toward **Interstate 270.**	
Then 10.19 miles	18.72 total r
5. IL-255 S becomes I-255 S.	
Then 2.94 miles	21.66 total r
6. Take the **I-64 E/US-50 E/I-64 W/I-255 N** exit, EXIT 20, toward **Louisville/St Louis.**	
Then 0.26 miles	21.92 total r
7. Keep **left** at the fork in the ramp.	
Then 0.42 miles	22.34 total r
8. Merge onto I-64 E/US-50 E toward **US-50 E/Louisville.**	
Then 1.38 miles	23.72 total r

Appendix – 2

EXIT **9.** Take the **IL-157** exit, EXIT 9, toward **Caseyville**.

Then 0.38 miles 24.10 total r

10. Merge onto State Highway 157/IL-157 toward **Centreville/Our Lady of the Snows Shrine**.

Then 1.34 miles 25.43 total r

11. Turn **right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

Then 0.06 miles 25.49 total r

12. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

12 MIN | 9.9 MI

Est. fuel cost: $0.94

Trip time based on traffic conditions as of 3:48 PM on February 7, 2017. Current Traffic: Moderate

Shiloh Dialysis to proposed site for Edgemont Dialysis

1. Start out going **north** on N Green Mount Rd/County Hwy-R18 toward Frank Scott Pkwy E. Continue to follow N Green Mount Rd.

Then 0.69 miles — 0.69 total r

2. Merge onto I-64 W/US-50 W via the ramp on the **left** toward **East St Louis**.

If you reach Regency Park you've gone about 0.1 miles too far.

Then 7.26 miles — 7.95 total r

EXIT 3. Take the **IL-157** exit, EXIT 9, toward **Centreville/Caseyville**.

Then 0.30 miles — 8.25 total r

4. Merge onto IL-157 toward **Centreville/Our Lady of the Snows Shrine**.

Then 1.55 miles — 9.80 total r

5. **Turn right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

Then 0.06 miles — 9.86 total r

6. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

YOUR TRIP TO:

mapquest

8 Vieux Carre Dr

12 MIN | 10.1 MI

Est. fuel cost: $0.97

Trip time baaed on traffic conditions as of 3:51 PM on February 7, 2017. Current Traffic: Moderate

O'Fallon Dialysis to proposed site for Edgemont Dialysis

1. Start out going **west** on Frank Scott Pkwy E toward Fortune Blvd.

Then 0.46 miles — 0.46 total r

2. Turn **right** onto N Green Mount Rd/County Hwy-R18. Continue to follow N Green Mount Rd.

N Green Mount Rd is just past Green Mount Crossing Dr.

If you reach Fountain Lakes Dr you've gone about 0.3 miles too far.

Then 0.48 miles — 0.93 total r

3. Merge onto I-64 W/US-50 W via the ramp on the **left** toward **East St Louis**.

If you reach Regency Park you've gone about 0.1 miles too far.

Then 7.26 miles — 8.19 total r

4. Take the **IL-157** exit, EXIT 9, toward **Centreville/Caseyville**.

Then 0.30 miles — 8.49 total r

5. Merge onto IL-157 toward **Centreville/Our Lady of the Snows Shrine**.

Then 1.55 miles — 10.04 total r

6. Turn **right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

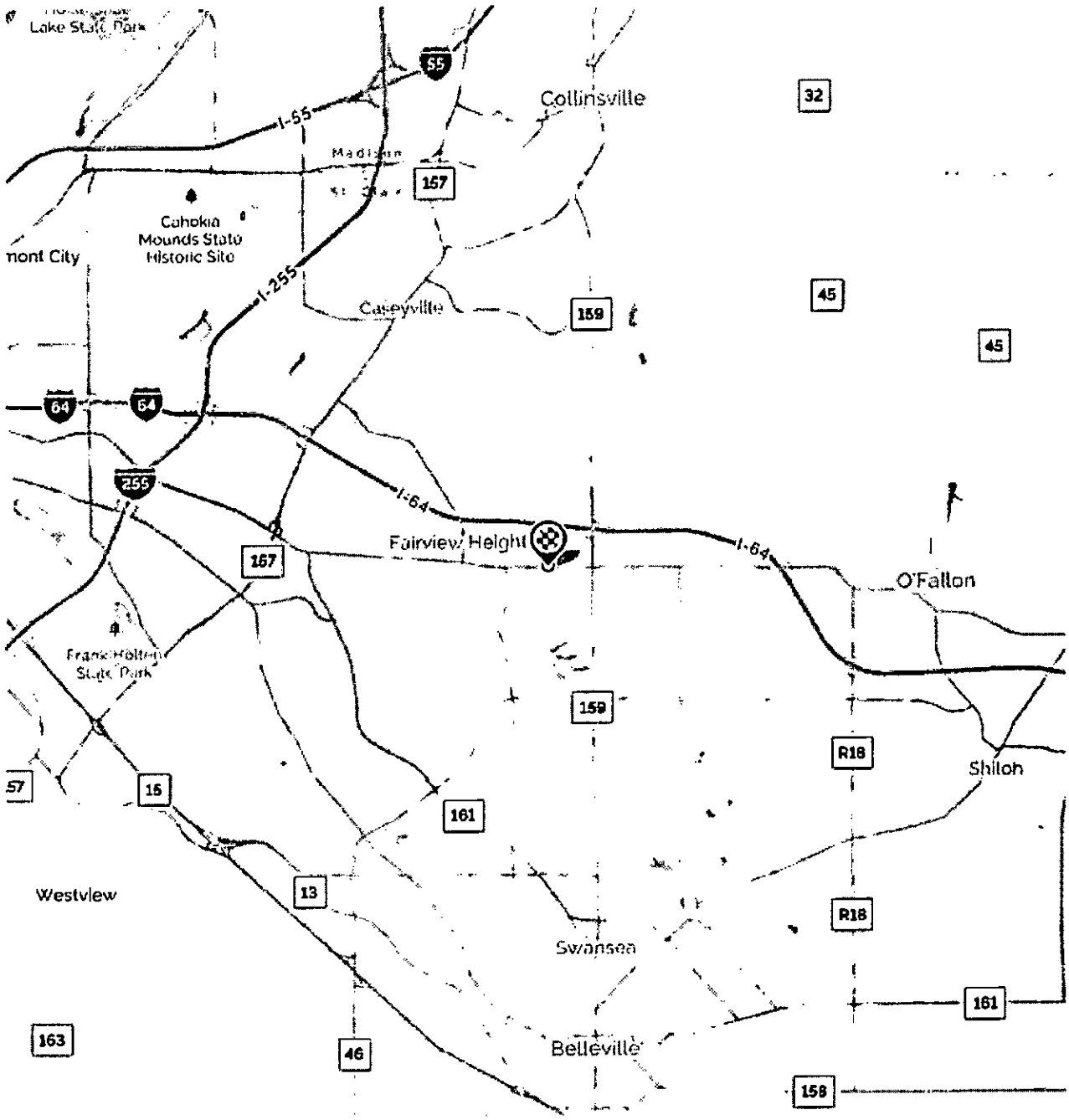
Then 0.06 miles — 10.10 total r

Appendix – 2

7. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.



Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

9 MIN | 5.2 MI

Est. fuel cost: $0.49

Trip time based on traffic conditions as of 3:53 PM on February 7, 2017. Current Traffic: Moderate

FMC - RAI - Fairview Heights to proposed site for Edgemont Dialysis

1. Start out going **west** on Lincoln Hwy toward Aubuchon Dr.	
Then 0.70 miles	0.70 total r
2. Lincoln Hwy becomes Lincoln Trl.	
Then 1.51 miles	2.21 total r
3. Lincoln Trl becomes Saint Clair Ave.	
Then 2.35 miles	4.56 total r
4. Merge onto IL-157/State Highway 157.	
If you reach N 79th St you've gone about 0.6 miles too far.	
Then 0.55 miles	5.10 total r
5. Take the 2nd **right** onto Vieux Carre Dr.	
Vieux Carre Dr is 0.1 miles past Church Ln.	
If you reach Boul Ave you've gone about 0.3 miles too far.	
Then 0.06 miles	5.16 total r
6. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the right.	
Your destination is just past Loisel Vlg.	
If you reach Bougainville Dr you've gone a little too far.	

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

18 MIN | 14.6 MI

Est. fuel cost: $1.38

Trip time based on traffic conditions as of 3:57 PM on February 7, 2017. Current Traffic: Light

Maryville Dialysis to proposed site for Edgemont Dialysis

	1. Start out going **southwest** on Vadalabene Dr toward N Center St/IL-159.	
	Then 0.26 miles	0.26 total r
	2. Turn **left** onto N Center St/IL-159.	
	Then 1.41 miles	1.67 total r
	3. Merge onto I-55 S/I-70 W/US-40 W toward **St Louis**.	
	Then 4.31 miles	5.98 total r
	4. Merge onto I-255 S via EXIT 10 toward **Memphis**.	
	Then 4.81 miles	10.79 total r
EXIT	5. Take the **I-64 E/US-50 E/I-64 W/I-255 N** exit, EXIT 20, toward **Louisville/St Louis**.	
	Then 0.26 miles	11.05 total r
	6. Keep **left** at the fork in the ramp.	
	Then 0.42 miles	11.47 total r
	7. Merge onto I-64 E/US-50 E toward **US-50 E/Louisville**.	
	Then 1.38 miles	12.84 total r
EXIT	8. Take the **IL-157** exit, EXIT 9, toward **Caseyville**.	
	Then 0.38 miles	13.22 total r
	9. Merge onto State Highway 157/IL-157 toward **Centreville/Our Lady of the Snows Shrine**.	
	Then 1.34 miles	14.56 total r

Appendix – 2

10. Turn **right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

Then 0.06 miles 14.62 total r

11. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

YOUR TRIP TO:

8 Vieux Carre Dr

29 MIN | 22.9 MI

Est. fuel cost: $1.55

Trip time based on traffic conditions as of 3:59 PM on February 7, 2017. Current Traffic: Moderate

Edwardsville Dialysis to proposed site for Edgemont Dialysis

	1. Start out going **south** on S Buchanan St toward E Schwarz St.	
	Then 0.35 miles	0.35 total r
↑	2. S Buchanan St becomes Troy Rd.	
	Then 1.83 miles	2.17 total r
↑	3. Troy Rd becomes S State Route 159/IL-159.	
	Then 1.48 miles	3.65 total r
	4. Merge onto I-270 W toward **St Charles**.	
	Then 4.74 miles	8.39 total r
	5. Merge onto I-255 S via EXIT 7A toward **Memphis**.	
	Then 10.67 miles	19.05 total r
EXIT	6. Take the **I-64 E/US-50 E/I-64 W/I-255 N** exit, EXIT 20, toward **Louisville/St Louis**.	
	Then 0.26 miles	19.31 total r
	7. Keep **left** at the fork in the ramp.	
	Then 0.42 miles	19.74 total r
	8. Merge onto I-64 E/US-50 E toward **US-50 E/Louisville**.	
	Then 1.38 miles	21.11 total r
EXIT	9. Take the **IL-157** exit, EXIT 9, toward **Caseyville**.	
	Then 0.38 miles	21.49 total r

Appendix – 2

10. Merge onto State Highway 157/IL-157 toward **Centreville/Our Lady of the Snows Shrine**.

Then 1.34 miles 22.83 total r

11. Turn **right** onto Vieux Carre Dr.

Vieux Carre Dr is 0.1 miles past Church Ln.

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

Then 0.06 miles 22.89 total r

12. 8 Vieux Carre Dr, East Saint Louis, IL 62203-1923, 8 VIEUX CARRE DR is on the **right**.

Your destination is just past Loisel Vlg.

If you reach Bougainville Dr you've gone a little too far.

Appendix – 2

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

INDEX OF ATTACHMENTS