



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-04	BOARD MEETING: January 9, 2018	PROJECT NO: 17-043	PROJECT COST: Original: \$4,115,927
FACILITY NAME: Romeoville Dialysis		CITY: Romeoville	
TYPE OF PROJECT: Substantive			HSA: IX

PROJECT DESCRIPTION: The applicants (DaVita Inc. and Tovell Dialysis, LLC d/b/a Romeoville Dialysis) are proposing to establish a twelve station (12) ESRD facility in 7,000 GSF of leased space located at 480-490 North Independence Boulevard, Romeoville, Illinois. The cost of the project is \$4,115,927 and the completion date is November 30, 2019.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (DaVita Inc. and Tovell Dialysis, LLC) are proposing to establish a twelve station (12) ESRD facility in 7,000 GSF of leased space located at 480-490 North Independence Boulevard, Romeoville, Illinois. The cost of the project is \$4,115,927 and the completion date is November 30, 2019.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The applicants are proposing to establish a health care facility as defined by the Illinois Health Facilities Planning Act. (20 ILCS 3960/3)

PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but none was requested. Letters of support and opposition were received by the State Board Staff and those comments are provided in Appendix II at the conclusion of this report.

CONCLUSIONS:

- There is a calculated need for twenty-five (25) additional ESRD stations in the HSA IX ESRD Planning Area, per the November 2017 ESRD Inventory Update.
- It appears that the applicants will be providing services to residents of the planning area, and based upon the number of physician referrals there appears to be sufficient demand for the number of stations requested.
- There are nineteen (19) facilities within thirty (30) minutes with an average utilization of approximately 67%. Four of the 19 facilities are not operational or are in “ramp-up” phases of operation. The 15 remaining facilities the average utilization is approximately 76.5% and it appears these 15 facilities could accommodate an additional 55 patients before reaching the target occupancy of 80%. Additionally based upon the number of stations per resident in the 30-minute service area; there appears to be a surplus of stations within this 30-minute service area at this time.
- The applicants addressed a total of twenty one (21) criteria and have failed to adequately address the following:

Criteria	Reasons for Non-Compliance
77 IAC 1110.1430(d)(1), (2) and (3) - Unnecessary Duplication of Service, Mal-distribution of Service, Impact on Other Providers	There are nineteen (19) facilities within thirty (30) minutes with an average utilization of approximately 67%. Four of these facilities are not operational or are in ramp-up phases of operation. The fifteen remaining facilities the average utilization is approximately 76.5%. Additionally there appears to be a surplus of ESRD stations in the 30 minute service area as the ratio of stations to population in this service area is 1.5 times the ratio of stations to population in the State of Illinois.

STATE BOARD STAFF REPORT
Project #17-043
Romeoville Dialysis

APPLICATION/CHRONOLOGY/SUMMARY	
Applicants	DaVita Inc. and Tovell Dialysis, LLC d/b/a Romeoville Dialysis
Facility Name	Romeoville Dialysis
Location	480-490 North Independence Boulevard, Romeoville, Illinois
Permit Holder	Tovell Dialysis, LLC
Operating Entity	Tovell Dialysis, LLC
Owner of Site	TD Romeoville, LLC
Description	Establish a twelve (12) station ESRD facility
Total GSF	7,000 GSF
Application Received	August 23, 2017
Application Deemed Complete	August 25, 2017
Review Period Ends	December 23, 2017
Financial Commitment Date	July 9, 2019
Project Completion Date	November 30, 2019
Review Period Extended by the State Board Staff?	No
Can the applicants request a deferral?	Yes
Expedited Review?	No

I. Project Description

The applicants (DaVita Inc. and Tovell Dialysis, LLC) are proposing to establish a twelve station (12) ESRD facility in 7,000 GSF of leased space located at 480-490 North Independence Boulevard, Romeoville, Illinois. The cost of the project is \$4,115,927 and the completion date is November 30, 2019.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is not in conformance with the provisions of 77 IAC 1110 (Part 1110).
- B. The State Board Staff finds the proposed project in conformance with the provisions of 77 IAC 1120 (Part 1120).

III. General Information

The applicants are DaVita Inc. and Tovell Dialysis, LLC d/b/a Romeoville Dialysis. DaVita Inc, a Fortune 500 company, is the parent company of Total Renal Care, Inc. and Tovell Dialysis, LLC. DaVita Inc. is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. DaVita serves patients with low incomes, racial and ethnic minorities, women, handicapped persons, elderly, and other underserved persons in its facilities in the State of Illinois.

Tovell Dialysis, LLC d/b/a as Romeoville Dialysis is a Delaware limited liability corporation jointly owned by DaVita, Inc. (51% Indirect), Total Renal Care, Inc. (51% Direct), DuPage Medical Group, Ltd. (24.5% Direct), and Nephron Ventures LLC, (24.5% Direct). Financial commitment will occur after permit issuance. This project is a substantive project subject to a Part 1110 and 1120 review.

Table One below outlines the current DaVita projects approved by the State Board and not yet completed.

TABLE ONE			
Current DaVita Projects			
Project Number	Name	Project Type	Completion Date
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Discontinuation/Establishment	04/30/2018
15-048	Park Manor Dialysis	Establishment	2/28/2018
15-049	Huntley Dialysis	Establishment	2/28/2018
15-052	Sauget Dialysis	Expansion	8/31/2017
15-054	Washington Heights Dialysis	Establishment	9/30/2017
16-004	O'Fallon Dialysis	Establishment	9/30/2017
16-015	Forest City Dialysis	Establishment	6/30/2018
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-023	Irving Park Dialysis	Establishment	8/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-037	Fox Point Dialysis	Establishment	7/31/2018
16-040	Jerseyville Dialysis	Establishment	7/31/2018
16-041	Taylorville Dialysis	Expansion	7/31/2018
16-051	Whiteside Dialysis	Relocation	3/31/2018
DuPage Medical Group, Ltd.			
16-028	Surgical Center of DuPage	Expansion	12/31/2017

IV. Project Costs and Sources of Funds

The applicants are funding the project with cash of \$2,212,097 and the FMV of leased space of \$1,903,830. The operating deficit and start-up costs are \$2,511,640. All project costs are classified as clinical.

TABLE TWO			
Project Costs and Sources of Funds			
USE OF FUNDS	Reviewable	Non Reviewable	Total
Modernization Contracts	\$1,354,426	\$0	\$1,354,426
Contingencies	\$100,000	\$0	\$100,000
Architectural/Engineering Fees	\$130,500	\$0	\$130,500
Consulting & Other Fees	\$78,500	\$0	\$78,500
Movable or Other Equipment (not in construction contracts)	\$548,671	\$0	\$548,671
Fair Market Value of Leased Space & Equipment	\$1,903,830	\$0	\$1,903,830
TOTAL USES OF FUNDS	\$4,115,927	\$0	\$4,115,927
SOURCE OF FUNDS	Reviewable	Non Reviewable	Total
Cash and Securities	\$2,212,097	\$0	\$2,212,097
Leases (fair market value)	\$1,903,830	\$0	\$1,903,830
TOTAL SOURCES	\$4,115,830	\$0	\$4,115,830

Source: Page 6 of the Application for Permit.

V. Health Planning Area

The proposed facility will be located in the HSA IX ESRD Planning Area. The HSA IX ESRD Planning Area includes Kendall, Grundy, Will, and Kankakee counties. As of November 2017 there is a calculated need for twenty-five (25) ESRD stations in this planning area. There are currently seventeen (17) dialysis facilities in this planning area with 276 ESRD stations.

VI. Background of the Applicants

A) Criterion 1110.1430(b)(1)-(3) – Background of the Applicants

An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character to adequately provide a proper standard of health care service for the community. To demonstrate compliance with this criterion the applicants must provide

- A) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;
- B) A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility;
- C) Authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH 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 the authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

D) An attestation that the applicants have has been no *adverse action*¹ taken against the any facility owned or operated by applicants.

1. The applicants have attested that there has been no adverse action taken against any of the facilities owned or operated by DaVita, Inc. and Tovell Dialysis, LLC during the three (3) years prior to filing the application. [Application for Permit page 69-70]
2. The applicants have authorized the Illinois Health Services Review Board and the Illinois Department of Public Health to have access to any documents necessary to verify information submitted in connection to the applicants' certificate of need to establish a twelve station ESRD facility. The authorization includes, but is not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. [Application for Permit pages 69-70]
3. The site is owned by TD Romeoville LLC and evidence of this can be found at pages 31-41 of the application for permit in the Letter of Intent to lease the property at 480-490 North Independence Boulevard, Romeoville, Illinois.
4. The applicants provided evidence that they were in compliance with Executive Order #2006-05 that requires *all State Agencies responsible for regulating or permitting development within Special Flood Hazard Areas shall take all steps within their authority to ensure that such development meets the requirements of this Order. State Agencies engaged in planning programs or programs for the promotion of development shall inform participants in their programs of the existence and location of Special Flood Hazard Areas and of any State or local floodplain requirements in effect in such areas. Such State Agencies shall ensure that proposed development within Special Flood Hazard Areas would meet the requirements of this Order.*
5. The proposed location of the ESRD facility is in compliance with the Illinois State Agency Historic Resources Preservation Act which requires *all State Agencies in consultation with the Director of Historic Preservation, institute procedures to ensure that State projects consider the preservation and enhancement of both State owned and non-State owned historic resources* (20 ILCS 3420/1).

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 IAC 1110.1430 (b) (1) (3))

VII. Purpose of the Project, Safety Net Impact, Alternatives

A) Criterion 1110.230 – Purpose of the Project

To demonstrate compliance with this criterion the applicants must document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other area, per the applicant's definition.

According to the applicants:

¹ ¹ “Adverse action is defined as a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type "A" and Type "AA" violations.” (77 IAC 1130.140)

“The purpose of the project is to improve access to life sustaining dialysis services to the residents of Romeoville, Illinois, and the surrounding area. There are 19 dialysis facilities within 30 minutes of the proposed Romeoville Dialysis. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 72.8%, or just below the State Board’s utilization standard of 80%. Furthermore, patient census among the existing facilities within the Romeoville Dialysis GSA has increased 6.9% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. Teresa Kravets, M.D., with Northeast Nephrology Consultants, Inc. (NENC), is currently treating 96 late stage CKD patients (Stage4-5), who reside within 30 minutes of the proposed Romeoville Dialysis. Conservatively, based on attrition due to patient death, transplant, stable disease, or relocation away from the area, and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kravets anticipates at least 58 of these 96 patients will initiate in-center hemodialysis within 12-24 months following project completion. DuPage Medical Group will also add 12 late-stage CKD patients in support of the application. Conservatively, based on attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities, it is anticipated that 7 of these 12 additional patients will initiate in-center dialysis within 12-24 months following project completion. Thus, a total of 65 patients (58 from NENC, 7 from DMG), will be expected to initiate in-center hemodialysis within 12-24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kravet’s and DuPage Medical Group’s combined projected ESRD patients.”

A map of the market area was provided, which encompasses an approximate 30-minute radius around the proposed facility. The boundaries of this market area are identified below.

- 30 minutes north to Villa Park, IL (DuPage County)
- 30 minutes northeast to Lyons, IL (Cook County)
- 30 minutes east to Orland Park (Cook County)
- 30 minutes southeast to Mokena, IL (Will County)
- 30 minutes south to Rockdale, IL (Will County)
- 30 minutes southwest to Minooka, IL (Grundy/Kendall/Will Counties)
- 30 minutes west to Oswego, IL (Kendall County)
- 30 minutes northwest to Naperville, IL (DuPage/Will Counties)

B) Criterion 1110.230 (b) - Safety Impact Statement

To demonstrate compliance with this criterion the applicants must document the safety net impact if any of the proposed project. *Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]*

DaVita stated the following:

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. 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 number 1 in 3 out of 4 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 90-day catheter rates among large dialysis providers. During 200-2014, DaVita improved its fistula adoption rate by 103%. Its commitment to improving

clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. The proposed Romeoville Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The utilization of existing dialysis facilities within the Romeoville GSA that have been operational for at least 2 years is 72.8%. Further, patient census among the existing facilities within the Romeoville GSA has increased 6.9% since March 31, 2015. The growth is anticipated to increase for the foreseeable future due to demographics of the community and the U.S. Centers for Disease Control and Prevention that estimates that 15% of American adults suffer from CKD. Further, a total of 65 patients (58 from NENC, 7 for DMG), will be expected to initiate in-center hemodialysis within 12-24 months following project completion. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

TABLE THREE
DaVita, Inc.

	2014	2015	2016
Net Patient Revenue	\$266,319,949	\$311,351,089	\$353,226,322
Amt 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
% of Charity Care/Net Patient Revenue	0.93%	0.90%	0.68%
Number of Charity Care Patients	146	109	110
Number of Medicaid Patients	708	422	297
Medicaid	\$8,603,971	\$7,381,390	\$4,692,716
% of Medicaid to Net Patient Revenue	3.23%	2.36%	1.33%

C) Criterion 1110.230 (c) – Alternatives to the Proposed Project

To demonstrate compliance with this criterion the applicants must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The applicants considered three (3) alternatives

A) Reducing the Scope and Size of Current Project

The applicants considered, but ultimately rejected, an 8-station in-center hemodialysis facility. This was rejected due to the expected utilization, as documented throughout this proposal. The applicants fully expect the facility to reach the required number of patients for a 12-station facility within two years. In order to establish a facility within the HSA proposed, the facility must not have less than eight stations, pursuant to 77 Ill. Adm. Code § 1110.1430(h). The physician's patient data and referral network exhibits a large number of expected patients from within 30 minutes of the proposed location. As a result of the expected referral numbers, the number of patients would quickly overcome the required utilization levels for an 8-station facility. Although the reduced number of stations would have reduced the size and cost of the proposed project, the applicants came to the decision that a 12-station facility would ultimately better serve the patient population, as it would allow for the expected growth of patients to benefit from the facility. The alternative plan of only establishing an 8-station facility was therefore rejected by the applicants.

B) Utilize Existing Facilities

There are 19 dialysis facilities within Romeoville GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 72.8%, or just below the State standard of 80%. Furthermore, patient census among the existing facilities within the Romeoville GSA has increased 6.9% since March 31, 2015. 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 Americans adults suffer CKD. Dr. Teresa Kravets, M.D., with Northeast Nephrology Consultants, Inc., anticipates the referral of at least 58 of her 96 patients currently being treated for CKD. This, combined with 7 estimated referrals from DuPage Medical Group, results in an estimated 65 patients who will be expected to require dialysis treatment within 12-24 months after project completion. Based on these referral data, existing facilities will not have sufficient capacity to accommodate Dr. Kravet's and DuPage Medical Group's combined projected ESRD patients. As a result, the applicants rejected this option. There is no capital cost with this alternative.

C) Pursue a Joint Venture for the Establishment of a New Facility

DaVita, Inc., DuPage Medical Group, Ltd. and Northeast Nephrology Consultants, Inc., have entered into a joint venture agreement to combine resources and areas of expertise in order to offer the highest level of patient care. Given the historic growth of ESRD patients and the current utilization levels of area clinics, it is expected that area clinics will exceed the 80% utilization mark over the next few years. The Romeoville Dialysis facility is necessary to address this growth and allow existing facilities to operate at an optimum capacity. Further, without any current partnerships with existing in-center hemodialysis facilities, DaVita is seeking to collaborate with DMG and NENC on the proposed facility in order to increase access to care for individuals with ESRD, and address identified issues with care coordination and physician communication in the treatment of patients with kidney disease. The establishment of a 12-station dialysis facility will improve access to life-sustaining dialysis treatment for those individuals in the Romeoville community who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, the applicants chose this option. The cost of this alternative is **\$4,115,927**.

D) Empirical Evidence

There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these measures has been directly linked to 15-20 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into a 7 percent reduction in hospitalizations among DaVita patients, which resulted in more than \$1.5 billion in savings to the health care system and the taxpayer from 2010 -2012. Although not quantifiable by empirical data, the applicants also anticipate the improvement of patient care and experiences through the development of the joint venture facility. Identified issues anticipated to be addressed include maintaining patients' continuum of care and resolving physician communication and care coordination deficiencies that are barriers to optimal care.

VIII. Size of the Project, Projected Utilization, and Assurances

A) Criterion 1110.234(a) –Size of the Project

To demonstrate compliance with this criterion the applicants must document that the size of the project is in conformance with State Board Standards published in Part 1110 Appendix B.

The applicants are proposing a twelve (12) station ESRD facility in 7,000 GSF of clinical space or 583.3 GSF per station. This is within the State Board Standard of 650 GSF per station or a total of 7,800 GSF.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SIZE OF THE PROJECT (77 IAC 1110.234(a))

B) Criterion 1110.234(b) – Projected Utilization

To demonstrate compliance with this criterion the applicants must document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Part 1110 Appendix B. The number of years projected shall not exceed the number of historical years documented.

The applicants are projecting sixty-five (65) patients by the second year after project completion.

Sixty-five (65) patients x 156 treatments per year = 10,140 treatments

Twelve (12) stations x 936 treatments available = 11,232 treatments

$10,140 \text{ treatments} / 11,232 \text{ treatments} = 90.2\%$ ²

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED UTILIZATION (77 IAC 1110.234(b))

C) Criterion 1110.234 (e) - Assurances

To demonstrate compliance with this criterion the applicants submit a signed and dated statement attesting to the applicant's understanding that, by the end of the second year of operation after the project completion, the applicant will meet or exceed the utilization standards specified in Appendix B.

² Assumes the proposed facility will operate six (6) days a week fifty-two (52) weeks a year three (3) shifts a day.

The necessary attestation is provided at pages 121-122 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234(e))

IX. In-Center Hemodialysis Projects

A) Criterion 1110.1430(c) - Planning Area Need

To demonstrate compliance with this criterion the applicants must document that the number of stations to be established or added is necessary to serve the planning area's population.

1) 77 Ill. Adm. Code 1100 (Formula Calculation)

To demonstrate compliance with this sub-criterion the applicants must document that the number of stations to be established is in conformance with the projected station need.

There is a calculated need for twenty-five (25) additional ESRD stations in the HSA 9 ESRD Planning Area per the November 8, 2017 Revised Station Need Determinations.

2) Service to Planning Area Residents

To demonstrate compliance with this sub-criterion the applicants must document that the primary purpose is to serve the residents of the planning area.

The primary purpose of the proposed project is to maintain access to life-sustaining dialysis services to the residents of Romeoville, Illinois and the surrounding communities. As evidenced in the physician referral letters, a combined total of one hundred-eight (108) late-stage pre-ESRD patients reside within 30 minutes of the proposed facility. The applicants are projecting sixty-five (65) patients by the second year after project completion. The sixty-five patients will come from the zip codes identified below. It would appear that the proposed facility will provide dialysis services to the residents of the planning area.

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

To demonstrate compliance with this sub-criterion the applicants must document that there is sufficient demand to justify the twelve stations being proposed.

The applicants have submitted two (2) referral letters, predicting that 108 patients from the service area will require dialysis services within 2 years of project completion (application for permit, pg. 82). Conservative estimates (based on attrition) has the number of referrals at sixty-five (65) patients requiring dialysis by the second year after project completion.

Zip Code	City	County	Patient #
60446	Romeoville	Will	8
60403	Crest Hill	Will	14
60490	Bolingbrook	Will	6
60544	Plainfield	Will	2
60435	Joliet	Will	15
60441	Lockport	Will	21
60439	Lemont	Cook	7
60586	Plainfield	Will	8
60431	Joliet	Will	4
60432	Joliet	Will	11
60491	Homer Glen	Will	2
60404	Shorewood	Will	10
Total			108

The applicants provided the necessary information at page 82 of the application for permit. From the referral letter it appears that there is sufficient demand (patient population) to justify the proposed number of stations (12) being requested by this application for permit.

5) Service Accessibility

To demonstrated compliance with this sub-criterion the applicants must document that the number of stations being established or added for the subject category of service is necessary to improve access for planning area residents. The applicant must document one of the following:

- i) The absence of the proposed service within the planning area;
 - ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
 - iii) Restrictive admission policies of existing providers;
 - iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;
 - iv) For purposes of this subsection (c) (5) only, all services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.
1. There are a total of seventeen (17) dialysis facilities in the HSA IX ESRD Planning Area.
 2. There has been no evidence of the access limitations due to payor status of patients.
 3. There has been no evidence of restrictive admission policies of existing providers.
 4. There are nineteen (19) facilities within thirty (30) minutes with an average utilization of approximately 67%. Four of the nineteen (19) facilities are not operational or are in “ramp-up” stage. The 16 remaining facilities the average utilization is approximately 77%. Seven of the 19

facilities (37%), are operating in excess of the State Board standard (80%)[See Table Below]

The State Board has estimated a need for 25 additional ESRD stations in the planning area by CY 2020 based upon the estimated population and the usage rate in the planning area.

TABLE FOUR
Facilities within thirty (30) minutes of proposed facility

Name	City	HSA	Stations	Adjusted Time ⁽²⁾	Utilization ⁽³⁾	Star Rating ⁽⁴⁾	Meets Standard?
USRC Bolingbrook Dialysis	Bolingbrook	9	13	8.05	83.30%	2	Yes
FMC Bolingbrook Dialysis	Bolingbrook	9	24	11.5	86.10%	4	Yes
FMC Naperville	Naperville	9	18	18.4	97.20%	5	Yes
FMC Joliet	Joliet	9	16	19.5	70.80%	3	No
FMC Willowbrook	Willowbrook	7	20	19.5	65%	3	No
DaVita Renal Center New Lenox	New Lenox	9	19	20.7	91.20%	3	Yes
DaVita Renal Center West Joliet	Joliet	9	29	20.7	71.80%	4	No
FMC Plainfield	Plainfield	9	10	21.8	83.33%	5	Yes
USRC Oak Brook	Downers Grove	7	13	23	88.40%	2	Yes
FMC Downers Grove	Downers Grove	7	16	25.3	72.90%	3	No
FMC Dialysis Center Orland Park	Orland Park	7	18	26.4	61.10%	4	No
Sun Health Joliet	Joliet	9	17	26.4	52.90%	5	No
Fox Valley Dialysis Center	Aurora	8	29	28.7	80.40%	5	Yes
DaVita Palos Park Dialysis	Orland Park	7	12	28.7	77.70%	2	No
FMC Mokena	Mokena	9	14	29.9	65.40%	3	No
Total Stations/Average Utilization			268		76.50%		
FMC Lemont	Lemont	7	12	11.5	29.10%	N/A	N/A
FMC Woodridge	Woodridge	7	12	16.1	0.00%	N/A	N/A
FMC Plainfield North	Plainfield	9	10	20.7	45%	3	N/A
FMC Summit	Summit	7	12	28.75	27.70%	NA	N/A
Total Stations/Average Utilization			314		65.75%		
1. Adjusted time taken from Map Quest and adjusted per 77 IAC 1100.510 (d) 2. Information as of September 30, 2017 3. Star Rating taken from Medicare Compare Website. An explanation of the Star Rating can be found at Appendix I at the end of this report. 4. NA – Not Available							

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 IAC 1110.1430(c) (1), (2), (3) and (5)).

B) Criterion 1110.1430(d) - Unnecessary Duplication/Mal-distribution

To demonstrate compliance with this criterion the applicants must document that the proposed project will not result in

1. An unnecessary duplication of service
 2. A mal-distribution of service
 3. An impact on other area providers
1. To determine if there is an unnecessary duplication of service the State Board identifies all facilities within thirty (30) minutes and ascertains if there is existing capacity to accommodate the demand identified in the application for permit. There are nineteen (19) facilities within thirty (30) minutes with an average utilization of approximately 67%. Four of the nineteen (19) facilities are not operational, or are in ramp-up phase. The fifteen remaining facilities the average utilization is approximately 77%. [See Table Above]
 2. To determine a mal-distribution (i.e. surplus) of stations in the thirty (30) minute service area the State Board compares the ratio of the number of stations per population in the thirty (30) minute service area to the ratio of the number of stations in the State of Illinois to the population in the State of Illinois. To determine a surplus of stations the number of stations per resident in the thirty (30) minute service area must be 1.5 times the number of stations per resident in the State of Illinois.

	Population	Stations	Ratio
30 Minute Service Area	539,704	314	1 Station per every 1,719 resident
State of Illinois (2015 est.)	12,978,800	4,613	1 Station per every 2,814 resident

The population in the thirty (30) minute service area is 539,704 residents. The number of stations in the (30) minute service area is 314 stations. The ratio of stations to population is one (1) station per every 1, 719 residents. The number of stations in the State of Illinois is 4, 613 stations (*as of November 2017*). The 2015 estimated population in the State of Illinois is 12, 978,800 residents (*Illinois Department of Public Health Office of Health Informatics Illinois Center for Health Statistics - 2014 Edition*). The ratio of stations to population in the State of Illinois is one (1) station per every 2, 814 resident. To have a surplus of stations in this thirty (30) minute service area the number of stations per population would need to be one (1) station per every 1,888 resident. Based upon this methodology there is a surplus of stations in this service area.

3. The applicants stated the following regarding the impact on other facilities.
The proposed dialysis facility will not have an adverse impact on existing facilities in the Romeoville GSA. Based on March 2017 data from the Renal Network, 672 ESRD patients live within 30 minutes of the proposed facility. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, average utilization of area dialysis facilities is 72.8%, or just below the State standard of 80%. The proposed facility is necessary to allow the existing facilities to operate at an optimum capacity, while at the same time accommodating the growing demand for dialysis services. As a result, the Romeoville Dialysis facility will not lower the utilization of area providers below the occupancy standards. Further, the three in-center hemodialysis facilities approved by the State Board within the last few years are either in development (FMC Woodridge), or operational less

than two years (FMC Plainfield North, FMC Summit). Each facility will serve a distinct patient base within the greater southwest suburban area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion.

There appears to be a surplus of stations in this 30 minute service area and there are currently underutilized facilities in the service area that could accommodate referral population contained in this application.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE, MALDISTRIBUTION OF SERVICE IMPACT ON OTHER FACILITIES (77 IAC 1110.1430(d)(1), (2) and (3))

C) Criterion 1110.1430(f) - Staffing

To demonstrate compliance with this criterion the applicants must document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and Joint Commission staffing requirements can be met.

The proposed facility will be staffed in accordance with all State and Medicare staffing requirements. The Medical Director will be Dr. Teresa Kravets, M.D. A copy of Dr. Kravets's curriculum vitae has been provided at required. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

- Administrator (1.04 FTE)
- Registered Nurse (4.53 FTE)
- Patient Care Technician (4.54 FTE)
- Biomedical Technician (0.29 FTE)
- Social Worker (licensed MSW) (0.57 FTE)
- Registered Dietitian (0.58 FTE)
- Administrative Assistant (0.84 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. 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 has been provided. Romeoville Dialysis will maintain an open medical staff.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION STAFFING (77 IAC 1110.1430(f))

D) Criterion 1110.1430(g) - Support Services

To demonstrate compliance with this criterion the applicants must submit a certification from an authorized representative that attests to each of the following:

- 1) Participation in a dialysis data system;
- 2) Availability of support services consisting of clinical laboratory service, blood bank, nutrition, rehabilitation, psychiatric and social services; and
- 3) Provision of training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training provided at the proposed facility, or the existence of a signed, written agreement for provision of these services with another facility.

The applicants have provided the necessary attestation as required at pages 107-108 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SUPPORT SERVICES (77 IAC 1110.1430(g))

E) Criterion 1110.1430(h) - Minimum Number of Stations

To demonstrate compliance with this criterion the applicants must document that the minimum number of in-center hemodialysis stations for an End Stage Renal Disease (ESRD) facility is:

- 1) Four dialysis stations for facilities outside an MSA;
- 2) Eight dialysis stations for a facility within an MSA.

The proposed twelve (12) station facility will be located in the Chicago-Arlington Heights-Naperville metropolitan statistical area ("MSA"). The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION MINIMUM NUMBER OF STATIONS (77 IAC 1110.1430(h))

F) Criterion 1110.1430(i) - Continuity of Care

To demonstrate compliance with this criterion the applicants document that a signed, written affiliation agreement or arrangement is in effect for the provision of inpatient care and other hospital services. Documentation shall consist of copies of all such agreements.

The applicants provided the necessary signed affiliation agreement with Silver Cross Hospital, New Lenox, as required at pages 109-120 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CONTINUITY OF CARE (77 IAC 1110.1430(i))

G) Criterion 1110.1430(k) - Assurances

To demonstrate compliance with this criterion the representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that:

- 1) By the second year of operation after the project completion, the applicant will achieve and maintain the utilization standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal; and
- 2) An applicant proposing to expand or relocate in-center hemodialysis stations will achieve and maintain compliance with the following adequacy of hemodialysis outcome measures for the latest 12-month period for which data are available:
≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65%
and ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II 1.2.

The necessary attestation has been provided at pages 121-122 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1430(k))

IX. Financial Viability

This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs. (20 ILCS 3960)

A) **Criterion 1120.120 – Availability of Funds**

To demonstrate compliance with this criterion the applicants must document that the resources are available to fund the project.

The applicants are funding this project with cash in the amount of \$2,212,097 and a lease with a FMV of \$1,903,830. The applicants attested that the total estimated project costs and related costs will be funded in total with cash and cash equivalents. A summary of the financial statements of the applicants is provided below. The applicants have sufficient cash to fund this project.

TABLE FIVE
Davita Inc.
December 31,
Audited
(in thousands)

	2016	2015
Cash	\$913,187	\$1,499,116
Current Assets	\$3,980,228	\$4,503,280
Total Assets	\$18,741,257	\$18,514,875
Current Liabilities	\$2,696,445	\$2,399,138
LTD	\$8,947,327	\$9,001,308
Patient Service Revenue	\$10,354,161	\$9,480,279
Total Net Revenues	\$14,745,105	\$13,781,837
Total Operating Expenses	\$12,850,562	\$12,611,142
Operating Income	\$1,894,543	\$1,170,695
Net Income	\$1,033,082	\$427,440

TABLE SIX
DuPage Medical Group Ltd.
December 31,
Audited
(in thousands)

	2015	2014
Cash	\$58,095	\$14,948
Current Assets	\$148,491	\$88,244
Total Assets	\$371,146	\$295,147
Current Liabilities	\$108,827	\$95,050
LTD	\$154,888	\$51,569
Patient Service Revenue	\$446,660	\$413,934
Total Net Revenues	\$569,418	\$518,612
Total Operating Expenses	\$539,721	\$498,127
Net Income	-\$109,373	\$12,792

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 IAC 1120.120)

B) Criterion 1120.130 - Financial Viability

To demonstrate compliance with this criterion the applicants must document that they have a Bond Rating of “A” or better, they meet the State Board’s financial ratio standards for the past three (3) fiscal years or the project will be funded from internal resources.

The applicants are funding this project with cash in the amount of \$2,212,097 and a lease with a FMV of \$1,903,830. The applicants have qualified for the financial waiver.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY (77 IAC 1120.130)

X. Economic Feasibility

A) Criterion 1120.140(a) – Reasonableness of Financing Arrangements

B) Criterion 1120.140(b) – Terms of Debt Financing

To demonstrate compliance with these criteria the applicants must document that leasing of the space is reasonable. The State Board considers the leasing of space as debt financing.

The applicants are funding this project with cash in the amount of \$2,212,097 and a lease with a FMV of \$1,903,830. The lease is for fifteen (15) years at a base rent of \$29.50/gsf for the first five (5) years, with a ten percent (10%) increase every five (5) years. It appears the lease is reasonable when compared to previously approved projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 IAC 1120.140(a) & (b))

C) Criterion 1120.140(c) – Reasonableness of Project Costs

To demonstrate compliance with this criterion the applicants must document that the project costs are reasonable by the meeting the State Board Standards in Part 1120 Appendix A.

As shown below, the applicants have met all of the State Board Standards published in Part 1120, Appendix A.

New Construction and Contingencies Costs are \$1,454,426 or \$207.77 per GSF for 7,000 GSF of clinical space. This appears reasonable when compared to the State Board Standard of \$278.19 per GSF, with 2018 listed as mid-point of construction.

Contingencies – These costs total \$100,000, and are 7.3% of the new construction costs identified for this project. This is in compliance with the State standard of 10%.

Architectural/Engineering Fees are \$130,500 and are 8.9% of new construction and contingencies. This appears reasonable when compared to the State Board Standard of 6.64% to 9.98%.

Consulting and Other Fees are \$78,500. The State Board does not have a standard for these costs.

Movable or Other Equipment – These costs are \$548,671 or \$45,722 per station (12 stations). This appears reasonable when compared to the State Board Standard of \$53,682 per station.

Fair Market Value of Leased Space and Equipment – These costs are \$1,903,830. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1120.140(c))

D) Criterion 1120.140(d) – Projected Operating Costs

To demonstrate compliance with this criterion the applicants must document that the projected direct annual operating costs for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The applicants are projecting \$247.70 operating expense per treatment.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140(d))

E) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs

To demonstrate compliance with this criterion the applicants must provide the total projected annual capital costs for the first full fiscal year at target utilization but no more than two years following project completion. Capital costs are defined as depreciation, amortization and interest expense.

The applicants are projecting capital costs of \$19.20 per treatment.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140(e))

Appendix I

Star Rating System

Centers for Medicare & Medicaid Services (CMS) Star Ratings

“The star ratings are part of Medicare’s efforts to make data on dialysis centers easier to understand and use. The star ratings show whether your dialysis center provides quality dialysis care - that is, care known to get the best results for most dialysis patients. The rating ranges from 1 to 5 stars. A facility with a 5-star rating has quality of care that is considered ‘much above average’ compared to other dialysis facilities. A 1- or 2- star rating does not mean that you will receive poor care from a facility. It only indicates that measured outcomes were below average compared to those for other facilities. Star ratings on Dialysis Facility Compare are updated annually to align with the annual updates of the standardized measures.”

CMS assigns a one to five ‘star rating’ in two separate categories: best treatment practices and hospitalizations and deaths. The more stars, the better the rating. Below is a summary of the data within the two categories.

➤ Best Treatment Practices

This is a measure of the facility’s treatment practices in the areas of anemia management; dialysis adequacy, vascular access, and mineral & bone disorder. This category reviews both adult and child dialysis patients.

➤ Hospitalization and Deaths

This measure takes a facility's expected total number of hospital admissions and compares it to the actual total number of hospital admissions among its Medicare dialysis patients. It also takes a facility's expected patient death ratio and compares it to the actual patient death ratio taking into consideration the patient’s age, race, sex, diabetes, years on dialysis, and any co-morbidities.

The Dialysis Facility Compare website currently reports on 9 measures of quality of care for facilities. These measures are used to develop the star rating. Based on the star rating in each of the two categories, CMS then compiles an ‘overall rating’ for the facility. As with the separate categories: the more stars, the better the rating. The star rating is based on data collected from January 1, 2012 through December 31, 2015.

Appendix II Support and Opposition Comments

Northeast Nephrology Consultants stated in support

“I am writing to express support of the Certificate of Need request for the development of new In-Center Hemodialysis facility located at 480 - 490 North Independence Boulevard, Romeoville, Illinois 60446 to provide life-sustaining dialysis treatment, education, and support for patients with kidney disease. I am a physician that is board certified in Nephrology and currently practicing within the market area for this facility. As related within the application, there is an identified need for additional dialysis stations to serve an identified patient population. In-center hemodialysis care is a burdensome and time intensive process for patients. Through this facility, we can transform the lives of patients and their families by having more options in their dialysis care providers, locations, and treatment times. As you know, it is not a simple matter of having one time slot available for a patient, as patients often cannot receive dialysis at the times dictated by limited facility openings. The utilization rate of area facilities is over 72% and it is projected to continue increasing on an annual basis. This will lead to even more competition for dialysis stations by patients and complicate their already difficult lives. Ensuring patients have practical access to dialysis care is a mission we all have a responsibility to support within the community. In partnership with DaVita, DuPage Medical Group, and other minority investors, we can bring high- quality, integrated, and necessary care to the Romeoville and surrounding community. By leveraging the latest technology and care platforms, we will be offering patient-centered care on the forefront of dialysis care. With well-resourced partners, a local focus, and a care model seeking coordination across the metropolitan area, the proposed facility will be a positive step for patients suffering from renal disease and the providers that care for them. For these reasons, I ask that the Illinois Health Facilities & Services Review Board approve the dialysis facility application for the proposed Romeoville Dialysis facility.”

Nephrology Associates of Northern Illinois, LTD stated in opposition

“Never in this history of the planning board have so many unnecessary dialysis stations been approved for a single operator in a defined geographic at one time. At the January Board meeting the Board will consider two applications by the applicants for the first time, and will consider four other applications which already received an Intent to Deny. However, all of the applications have three things in common: (1) the lack of referral letters to justify the patient population for the facilities; (2) overlapping service areas; and (3) emphasis on market share instead of patient care. It is inexplicable that the applicants would provide no new information to the Board regarding projects: #17-014 Rutgers Park Dialysis, #17-15 Stone Quarry, and #17-06 Salt Creek Dialysis. There are still substantial deficiencies that remain as evidenced by this letter and the staff report released for the November Board meeting and that justified the intent-to-deny that the applications received. Further, applications for project #17-029 Melrose Village Dialysis and 17-043 DaVita Romeoville Dialysis have identical deficiencies and introduce even more new problems that Board members cannot overlook. As simply as can be put - approving these projects would adversely alter the healthcare delivery system in this HSA in a way that is entirely inconsistent with the HFSRB at its rules. In an effort to help Board members visualize the issue with the applicant's proposal for 72 stations, we have created a map (Attachment A) which plots out each of the proposed facilities and creates a circle around a 10-mile service area per the Board's rule (77 Ill. Admin. 1110.1430.) This picture certainly is worth 1000 words. You can clearly see how each of the proposed facility service areas completely overlap with one another. There is only one way an applicant could explain this sort of unnecessary duplication of services. An applicant would have to be able to identify patients to fill these stations. But the applicants cannot do that and have refused to comply with the Board's rules.

Appendix II

Support and Opposition Comments

The applicant's referral letter included in these applications and referenced in the SBSR by the applicant's own admission do **not** meet HFSRB standards and serve as an indictment of the applicant's disregard for the HFSRB planning process. The HFSRB has in its possession six copies of the exact same letter (with the date changed on each), that word for word regurgitates the same flawed understanding the HFSRB planning process. It would alter longstanding practice to require referrals sufficient to justify a project - and even more so the express prohibition of utilizing the same patients to justify multiple projects. It is not clear how these "referrals" were accepted by Board staff- but they certainly should not be accepted by this Board. There have been instances in the past when the HFSRB has approved applications for new dialysis facilities with negative findings in an application. In many of those instances the applicant provided context for why they received a negative finding. After several public commenters noted this important issue for the Board at the September Meeting, the applicants responded to the elephant in the room but in the process only obfuscated the truth. The applicant's only explanation was that they expected to fill the facilities with "DMG patients and they are not patients of other providers at this time." With this one statement the applicants managed to not only admit their inability to identify patients for these facilities but they also neglected to mention that some of the "DMG patients" are already seen by other area nephrologists, and those same patients receive dialysis treatments at facilities with excess capacity. The applicant's "innovative" approach for these stations is to plant a flag and siphon patients from existing providers. If you approve it, we will build it, and they will come is not innovative and certainly is not responsible health planning. This will undoubtedly put great strain on other area providers who currently have excess capacity in HSA 7, and undermine the cost savings achieved through the area's End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO). This planning process is designed to protect against the very ill-conceived market saturation that the applicants propose. A more practicable approach would be for the applicants to withdraw their applications and assess where there is a true need in the HSA and then submit only necessary applications to this Board. For these reasons, we pray the HFSRB continue to deny these applications and allow for more organized development of ESRD services within these communities."

17-043 DaVita Romeoville Dialysis - Romeoville

