



**FRESENIUS
KIDNEY CARE**

Fresenius Kidney Care

3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

October 27, 2017

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

Re: Fresenius Kidney Care Waukegan Park

Dear Ms. Avery,

I am submitting the enclosed application for consideration by the Illinois Health Facilities and Services Review Board. Please find the following:

1. An original and 1 copy of an application for permit to establish Fresenius Kidney Care Waukegan Park; and
2. A filing fee of \$2500.00 payable to the Illinois Department of Public Health.

Upon your staff's initial review of the enclosed application, please notify me of the total fee and the remaining fee due in connection with this application and I will arrange for payment of the remaining balance.

I believe this application conforms with the applicable standards and criteria of Part 1110 and 1120 of the Board's regulations. Please advise me if you require anything further to deem the enclosed application complete.

Sincerely,

Lori Wright
Senior CON Specialist

Enclosures

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.

RECEIVED

OCT 30 2017

Facility/Project Identification

Facility Name:	Fresenius Kidney Care Waukegan Park		
Street Address:	2602 Belvidere Road		
City and Zip Code:	Waukegan 60085		
County:	Lake	Health Service Area:	8
Health Planning Area:			

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

Exact Legal Name:	Fresenius Medical Care Lake County, LLC d/b/a Fresenius Kidney Care Waukegan Park		
Street Address:	920 Winter Street		
City and Zip Code:	Waltham, MA 02451		
Name of Registered Agent:	CT Corporation Systems		
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814		
Registered Agent City and Zip Code:	Chicago, IL 60604		
Name of Chief Executive Officer:	Bill Valle		
CEO Street Address:	920 Winter Street		
CEO City and Zip Code:	Waltham, MA 02451		
CEO Telephone Number:	800-662-1237		

Type of Ownership of Applicant

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ 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.		

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

Exact Legal Name:	Fresenius Medical Care Holdings, Inc.		
Street Address:	920 Winter Street		
City and Zip Code:	Waltham, MA 02451		
Name of Registered Agent:	CT Corporation Systems		
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814		
Registered Agent City and Zip Code:	Chicago, IL 60604		
Name of Chief Executive Officer:	Bill Valle		
CEO Street Address:	920 Winter Street		
CEO City and Zip Code:	Waltham, MA 02451		
CEO Telephone Number:	800-662-1237		

Type of Ownership of Co-Applicant

- ☐ Non-profit Corporation
☒ For-profit Corporation
☐ Limited Liability Company
Other

- ☐ Partnership
☐ Governmental
☐ Sole Proprietorship

☐

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Lori Wright
Title:	Senior CON Specialist
Company Name:	Fresenius Kidney Care
Address:	3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number:	630-960-6807
E-mail Address:	lori.wright@fmc-na.com
Fax Number:	630-960-6812

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

Name:	Coleen Muldoon
Title:	Regional Vice President
Company Name:	Fresenius Kidney Care
Address:	3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number:	630-960-6706
E-mail Address:	coleen.muldoon@fmc-na.com
Fax Number:	630-960-6812

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

Name:	Clare Connor
Title:	Attorney
Company Name:	McDermott, Will & Emory
Address:	444 West Lake Street, Chicago, IL 60606
Telephone Number:	312-984-3365
E-mail Address:	cranalli@mwe.com
Fax Number:	312-984-7500

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:	Lori Wright
Title:	Senior CON Specialist
Company Name:	Fresenius Kidney Care
Address:	3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number:	630-960-6807
E-mail Address:	lori.wright@fmc-na.com
Fax Number:	630-960-6812

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Health Property Services
Address of Site Owner: 40 Hartwell Avenue, Lexington, MA 02421
Street Address or Legal Description of the Site: 2602 Belvidere Road, Waukegan, 60085, which is the eastern-most out-lot of Lake Plaza Shopping Center and contains a total of 41,923 square feet of land, further identified as PIN: 08-30-200-033-0000
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
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: Fresenius Medical Care Lake County, LLC d/b/a Fresenius Kidney Care Waukegan Park	
Address: 920 Winter Street, Waltham, MA 02451	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:



Substantive



Non-substantive

2. Narrative Description

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

Fresenius Medical Care Lake County, LLC proposes to establish a 12-station dialysis facility, Fresenius Kidney Care Waukegan Park, at 2602 Belvidere Road, Waukegan which is located in a Federally Designated Medically Underserved Area (MUA). This is the eastern-most out-lot of Lake Plaza Shopping Center and contains a total of 41,923 square feet of land, further identified as PIN: 08-30-200-033-0000.

The facility will be in leased space in a shell building to be developed by the landlord. Fresenius will build out the interior.

Waukegan is located in HSA 8.

This project is "substantive" under Planning Board rule 1110.40 as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.

Aside from providing quality dialysis services, Waukegan area ESRD patients dialyzing at a Fresenius facility benefit from the Centers for Medicaid and Medicare Services (CMS) ESCO contracts with Fresenius Kidney Care. In 2015, CMS reached out to dialysis providers to see if they would be willing to work on a demonstration project designed to improve quality of care and reduce overall healthcare costs for ESRD patients. Fresenius Kidney Care accepted the challenge to participate in this Value Based Care Model and made significant investments in technology, personnel, and staff training. By focusing on caring for the patient we are changing the way care has traditionally been delivered in our industry.

This care model is called an ESCO, or ESRD Seamless Care Organization. **Fresenius Kidney Care is the only provider approved by CMS to participate in this type of program in Illinois.** We pioneered the program in the Chicagoland market in 2016 and, based upon the success of the program, CMS approved an additional ESCO for the Central Illinois Market for 2017 and we have now applied for an ESCO expansion into the southern Illinois market for 2018.

Under each ESCO, local nephrologists and dialysis providers partner to develop an innovative care model based on highly coordinated, patient-centered care. By monitoring and managing the total care of the ESRD patient, the ESCO aims to avoid hospitalizations and help patients move from high-risk to low-risk on the health care continuum.

The cornerstone of the ESCO program for Fresenius is its Care Navigation Unit (CNU), a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services. By focusing on both the physical and emotional needs of each patient, the CNU can anticipate issues before they arise and help patients respond more quickly when they happen. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospital admissions by up to 20 percent and readmissions by up to 27 percent in ESRD populations. This investment demonstrates the value FMCNA places on collaboration with CMS, policymakers and physicians for the benefit of its patients. It also shows the importance we place on patients taking active roles in their own care.

At Fresenius Kidney Care, we strive to be the partner of choice by leading the way with collaborative, entrepreneurial new models of value-based care that take full responsibility for the patients we serve while reducing costs and improving outcomes. This approach allows us to coordinate health care services at pivotal care points for thousands of chronically ill people in Illinois and enhance the lives of those trusted to our care.

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	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,077,440	305,760	1,383,200
Contingencies	106,560	30,240	136,800
Architectural/Engineering Fees	117,000	33,000	150,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	292,000	76,000	368,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	3,017,952	807,652	3,825,604
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	\$4,610,952	\$1,252,652	\$5,863,604
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	1,593,000	445,000	2,038,000
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	3,017,952	807,652	3,825,604
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	\$4,610,952	\$1,252,652	\$5,863,604
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 \$ <u>879,262</u> .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
☒ None or not applicable	☐ Preliminary
☐ Schematics	☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2019</u>	
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 <u>ATTACHMENT 8</u> , 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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-center Hemodialysis	\$4,610,952		5,920		5,920		
Total Clinical	\$4,610,952		5,920		5,920		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,252,652		1,680		1,680		
Total Non-clinical	\$1,252,652		1,680		1,680		
TOTAL	\$5,863,604		7,600		7,600		

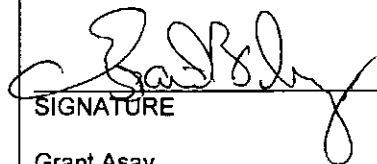
APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Fresenius Medical Care Lake County, LLC *
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 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 fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Grant Asay

PRINTED NAME

General Manager/Manager
PRINTED TITLE


SIGNATURE

Coleen Muldoon

PRINTED NAME

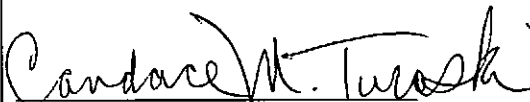
Regional Vice President/Manager
PRINTED TITLE

Notarization:

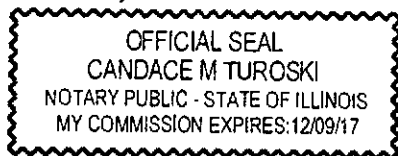
Subscribed and sworn to before me
this 26th day of Oct 2017

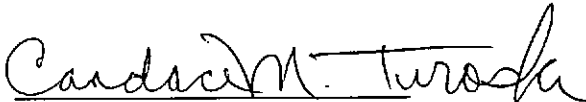
Notarization:

Subscribed and sworn to before me
this 26th day of Oct 2017


Signature of Notary

Seal




Signature of Notary

Seal



CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Fresenius Medical Care Holdings, 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 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 fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

PRINTED Thomas E. Brouillard, Jr.
Assistant Treasurer

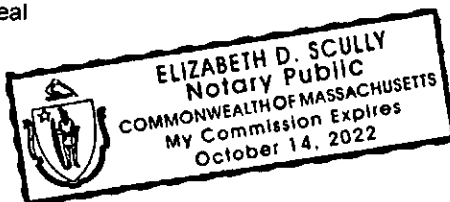
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of October 2017

Signature of Notary

Seal




SIGNATURE

PRINTED Bryan Mello
Assistant Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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

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

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

Criterion 1110.230 – Purpose of the Project, and Alternatives**PURPOSE OF PROJECT**

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

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

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: NOT APPLICABLE

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: NOT APPLICABLE:

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]:

<u>2,038,000</u>	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<u>N/A</u>	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.
<u>N/A</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>3,825,604</u>	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.
<u>N/A</u>	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;
<u>N/A</u>	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
<u>N/A</u>	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$5,863,604</u>	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	APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.			
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		182.00			5,920			1,077,440	1,077,440
Contingency		18.00			5,920			106,560	106,560
Total Clinical		\$200.00			5,920			\$1,184,000	\$1,184,000
Non Clinical		182.00			1,680			305,760	305,760
Contingency		18.00			1,680			30,240	30,240
Total Non		\$200.00			1,680			\$336,000	\$336,000
TOTALS		\$200.00			7,600			\$1,520,000	\$1,520,000

* 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 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	251	195	233
Charity (cost in dollars)	\$5,211,664	\$3,204,986	\$3,269,127
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	\$22,027,882	\$7,310,484	\$4,383,383

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

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

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 39.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	\$411,981,839	\$438,247,352	\$449,611,441
Amount of Charity Care (charges)	\$5,211,664	\$3,204,986	\$3,269,127
Cost of Charity Care	\$5,211,664	\$3,204,986	\$3,269,127

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

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
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2	Site Ownership	26-30
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14	Size of the Project	50
15	Project Service Utilization	51
16	Unfinished or Shell Space	
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18	Master Design Project	
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
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21	Acute Mental Illness	
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Applicant Identification

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

Exact Legal Name:	Fresenius Medical Care Lake County, LLC d/b/a Fresenius Kidney Care Waukegan Park
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership – Applicant

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ 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.

***Certificate of Good Standing for Fresenius Medical Care Lake County, LLC on following page.**

Co - Applicant Identification

Exact Legal Name:	Fresenius Medical Care Holdings, Inc.
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership – Co-Applicant

☐ Non-profit Corporation	☐ Partnership	
☒ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ 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.



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

FRESENIUS MEDICAL CARE LAKE COUNTY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 13, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of OCTOBER A.D. 2017 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1729901808 verifiable until 10/26/2018

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

Site Ownership

Exact Legal Name of Site Owner: Health Property Services
Address of Site Owner: 40 Hartwell Avenue, Lexington, MA 02421
Street Address or Legal Description of the Site: 2602 Belvidere Road, Waukegan, 60085, which is the eastern-most out-lot of Lake Plaza Shopping Center and contains a total of 41,923 square feet of land, further identified as PIN: 08-30-200-033-0000
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

Health Property Services, Inc.

Corporate Real Estate Solutions

October 24, 2017

Fresenius Medical Care
Attn: Mr. Miles Gateland
(781) 699-9994
Via email: Miles.Gateland@fmc-na.com

RE: 2602 Belvidere Road, Waukegan, IL 60085 Land Parcel

Fresenius Medical Care Build-to-Suit – Letter of Intent

Dear Miles,

We are pleased to present to you this letter of intent. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **Fresenius Medical Care Lake County, LLC** ("Tenant").

Premises: 7,600 square foot building to be constructed and located at 2602 Belvidere Road, Waukegan, IL 60085, which is the eastern most out-lot of Lake Plaza Shopping Center and contains a total of 41,923 square feet of land, further identified as PIN: 08-30-200-033-0000 ("Property").

Landlord: Health Property Services, or its Designated assignee

Tenant: Fresenius Medical Care Lake County, LLC, d/b/a Fresenius Kidney Care Waukegan Park

Guarantor: Fresenius Medical Care Holdings

Lease: Landlord's standard lease form.

Use: Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

Primary Term: 15 years

Letter of Intent for Leased Space
ATTACHMENT 2

<i>Option Term(s):</i>	Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.
<i>Base Rent over initial Term:</i>	Annual Rent: Starts at \$28.00sq. ft. and increases by 2% in Year 3 of the Primary Term
<i>Taxes, Insurance & CAM:</i>	Tenant will reimburse Landlord
<i>Utilities:</i>	Tenant will be responsible to pay for all of their own utilities.
<i>Tenant's Share:</i>	<u>100%</u>
<i>Condition of Premises Upon Delivery:</i>	Landlord shall deliver the Premises to Tenant in a shell condition in accordance with agreed upon plans and specifications as defined in (<u>Exhibit A</u>). In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.
<i>Rent Commencement Date:</i>	Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) ninety (90) days after the Delivery Date.
<i>Delivery Date:</i>	The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.
<i>Construction Drawings For Landlord's Work:</i>	Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.
<i>Tenant's Work:</i>	Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for therefor.
<i>Security Deposit:</i>	None,

Landlord Maintenance:

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

Signage:

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

Confidentiality:

The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants:

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

CON Contingency

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said

Acquisition Contingency:

said application to obtain the CON permit from the Planning Board.

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

Bill Popken

Bill Popken
Health Property Service

Landlord:

By: *Bill Popken*
Title: *Director of Real Estate*
Date: *10-24-17*

Tenant:

By: *Adam Thelen*
Title: *Regional Vice President*
Date: *10/25/17*

Operating Identity/Licensee

Exact Legal Name	<i>Fresenius Medical Care Lake County, LLC d/b/a Fresenius Kidney Care Waukegan Park</i>
Address:	<i>920 Winter Street, Waltham, MA 02451</i>
Name of Registered Agent:	<i>CT Systems</i>
Name of Chief Executive Officer:	<i>Bill Valle</i>
CEO Address:	<i>920 Winter Street, Waltham, MA 02451</i>
Telephone Number:	<i>800-662-1237</i>

Type of Ownership of Applicant

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

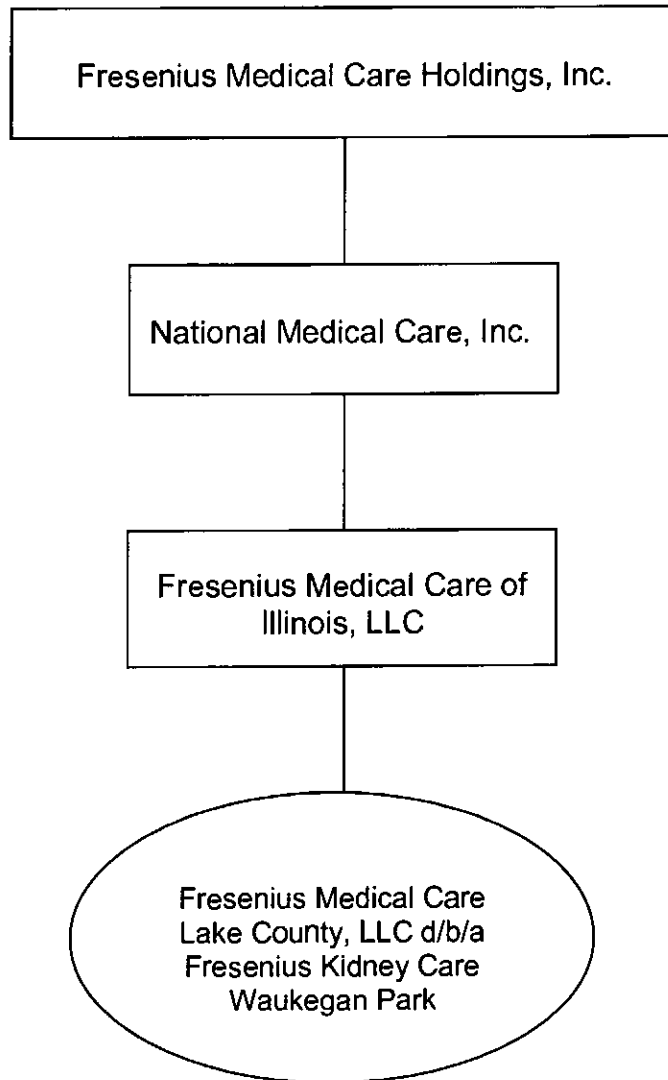
- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each
- o is a general or limited partner.

***Certificate of Good Standing at Attachment – 1.**

Ownership

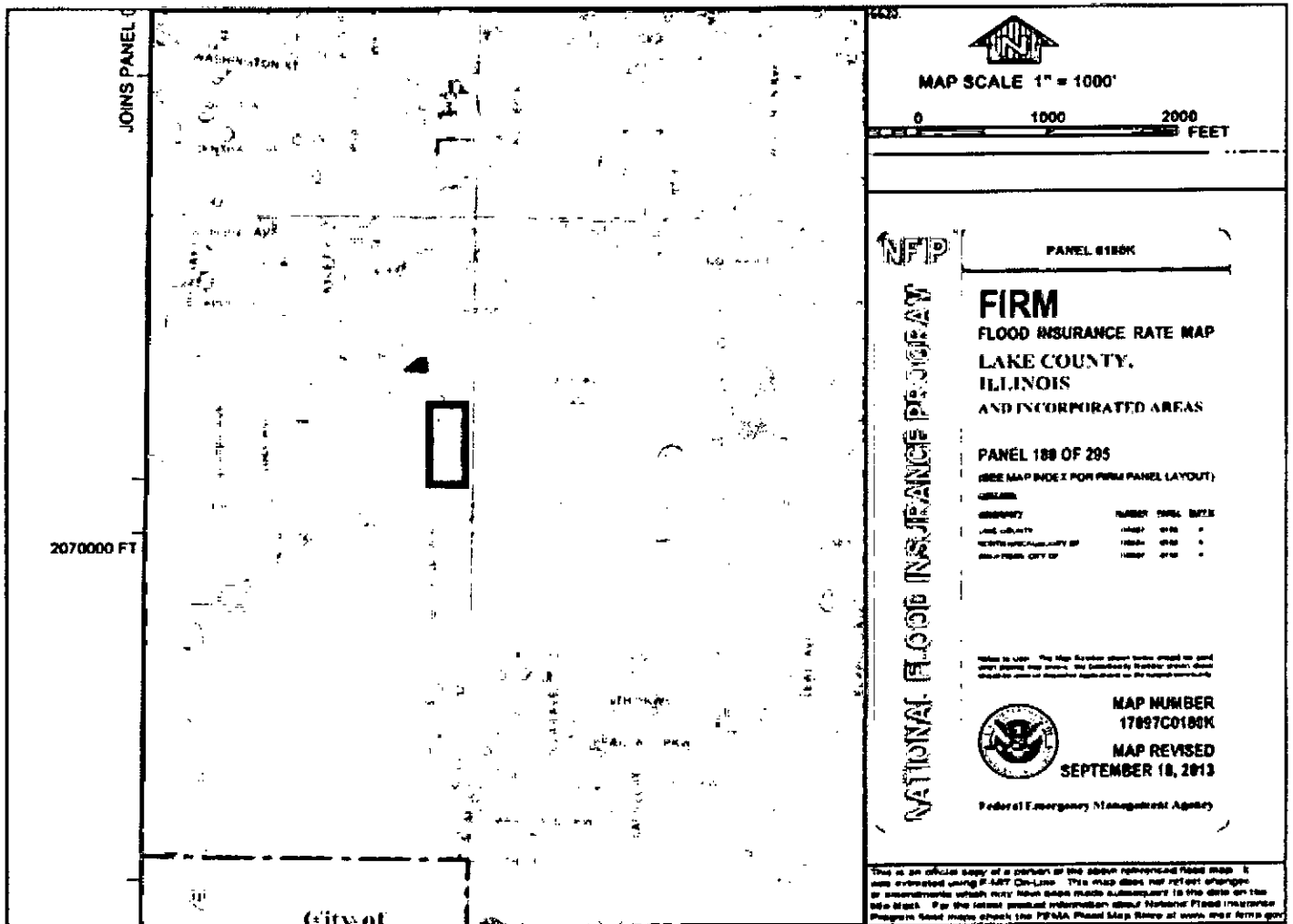
Fresenius Medical Care of Illinois, LLC has a 51% membership interest in Fresenius Medical Care Lake County, LLC.

Grahm Partners, LLC has a 49% membership interest in Fresenius Medical Care Lake County, LLC. Its address is 120 W. 22nd Street, Oak Brook, IL 60523.



Flood Plain Requirements

The proposed site for Fresenius Kidney Care Waukegan Park complies with the requirements of Illinois Executive Order #2005-5. The site, 2602 Belvidere Road, Waukegan, is not located in a flood plain.





FRESENIUS KIDNEY CARE

Fresenius Kidney Care

3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

October 25, 2017

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Preservation Services Division Manager
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Dear Ms. Leibowitz:

Fresenius Medical Care is seeking a Certificate of Need permit to establish a 12-station dialysis facility at 2602 Belvidere Road, Waukegan. This is currently vacant land. Fresenius Kidney Care Waukegan Park will be in leased space in a building to be built by the developer/landlord. They will be sending in a letter to you regarding their project.

In accordance with the Illinois Health Facilities Planning Board requirements for the Certificate of Need, I am requesting a letter of determination concerning the applicability of the Historic Preservation Act to this Project.

Attached you will find the following:

- Aerial Map of site
- Street View

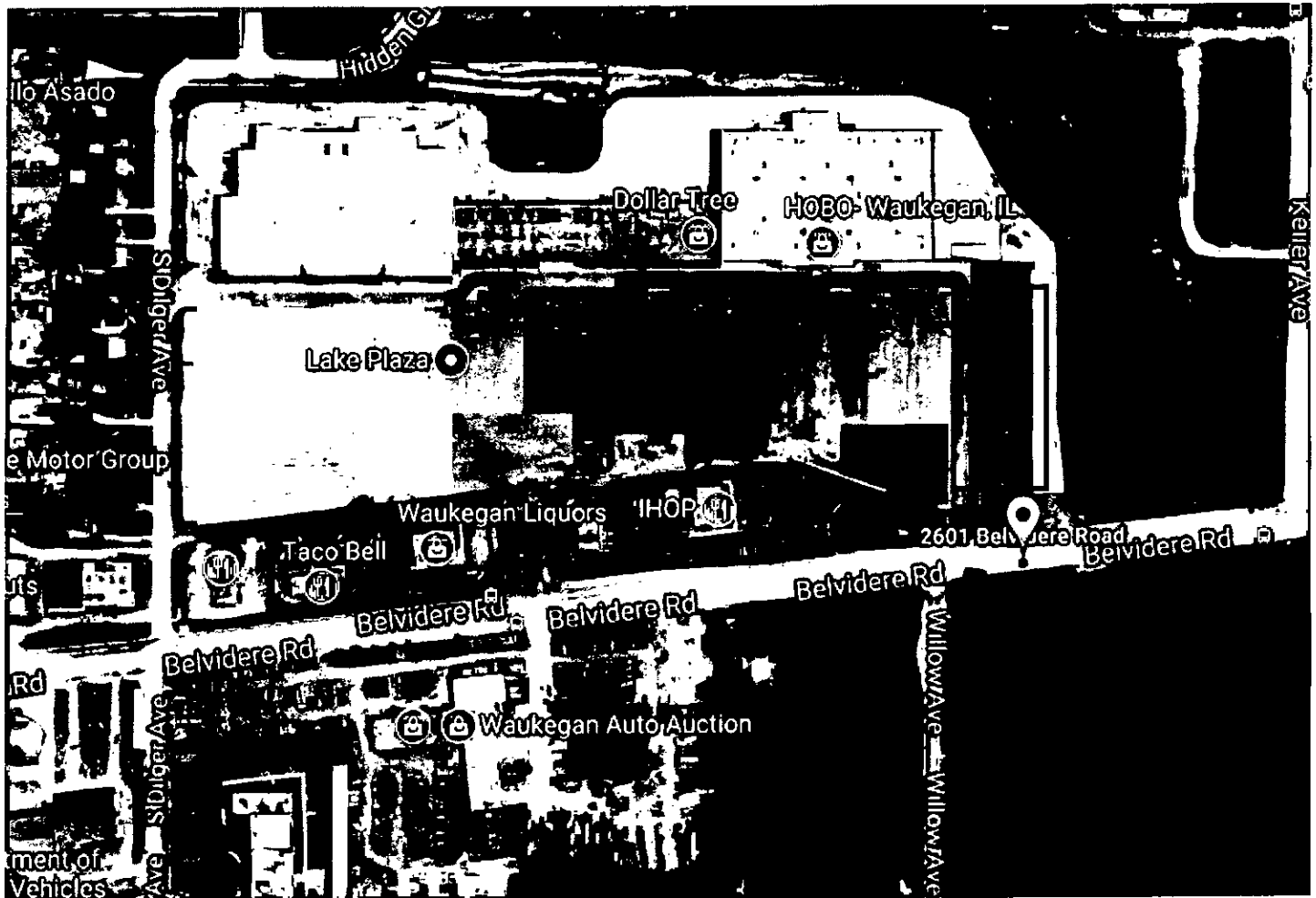
Please let me know as soon as possible if you require any additional information. Thank you for your assistance in this matter.

Sincerely,

Lori Wright

Senior CON Specialist
Phone 630-960-6807
Email lori.wright@fmc-na.com

2602 Belvidere Road, Waukegan, PIN: 08-30-200-033-0000



SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	69,160
Temp Facilities, Controls, Cleaning, Waste Management	3,460
Concrete	17,710
Masonry	21,000
Metal Fabrications	10,370
Carpentry	121,600
Thermal, Moisture & Fire Protection	24,620
Doors, Frames, Hardware, Glass & Glazing	94,750
Walls, Ceilings, Floors, Painting	223,390
Specialities	17,290
Casework, Fl Mats & Window Treatments	8,300
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	442,620
Wiring, Fire Alarm System, Lighting	266,680
Miscellaneous Construction Costs	62,250
Total	\$1,383,200
Contingencies	\$136,800
Architecture/Engineering Fees	\$150,000
Moveable or Other Equipment	
Dialysis Chairs	30,000
Clinical Furniture & Equipment	32,000
Office Equipment & Other Furniture	32,000
Water Treatment	180,000
TVs & Accessories	30,000
Telephones	20,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	14,000
Total	\$368,000
Fair Market Value of Leased Space and Equipment	
FMV Leased Space (7,600 GSF)	3,612,054
FMV Leased Dialysis Machines	200,550
FMV Leased Office Equipment	13,000
	\$3,825,604
Grand Total	\$5,863,604

Itemized Costs
ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#15-028	Fresenius Kidney Care Schaumburg	Establishment	02/28/2017	Obligated/ Construction End Date 10/2017
#15-036	Fresenius Kidney Care Zion	Establishment	06/30/2017	Obligated/Construction End Date 1/2018
#15-046	Fresenius Kidney Care Beverly Ridge	Establishment	06/30/2017	Obligated/Construction End Date 10/2017
#15-050	Fresenius Kidney Care Chicago Heights	Establishment	12/31/2017	Open
#15-062	Fresenius Kidney Care Belleville	Establishment	12/31/2017	Obligated/Construction End Date 10/2017
#16-024	Fresenius Kidney Care East Aurora	Establishment	09/30/2018	Obligated/Construction End Date 11/2017
#16-035	Fresenius Kidney Care Evergreen Park	Relocation	12/31/2017	Open, awaiting certification letter
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/ Expansion	12/31/2018	Permitted January 24, 2017
#16-034	Fresenius Kidney Care Woodridge	Establishment	12/31/2017	Obligated/Construction End Date 2/2018
#16-042	Fresenius Kidney Care Paris Community	Establishment	09/30/2018	Permitted March 14, 2017
#16-049	Fresenius Medical Care Macomb	Relocation/ Expansion	12/31/2018	Obligated/Construction End Date 11/2017
#17-004	Fresenius Kidney Care Mount Prospect	Establishment	12/31/2018	Permitted May 2, 2017
#17-033	Fresenius Kidney Care Palatine	Expansion	12/31/2018	Permitted September 26, 2017
#17-023	Fresenius Medical Care Oswego	Expansion	12/31/2018	Permitted September 26, 2017
#17-025	Fresenius Kidney Care Crestwood	Relocation	09/30/2019	Permitted September 26, 2017
#17-027	Fresenius Medical Care Sandwich	Expansion	12/31/2018	Permitted September 26, 2017

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

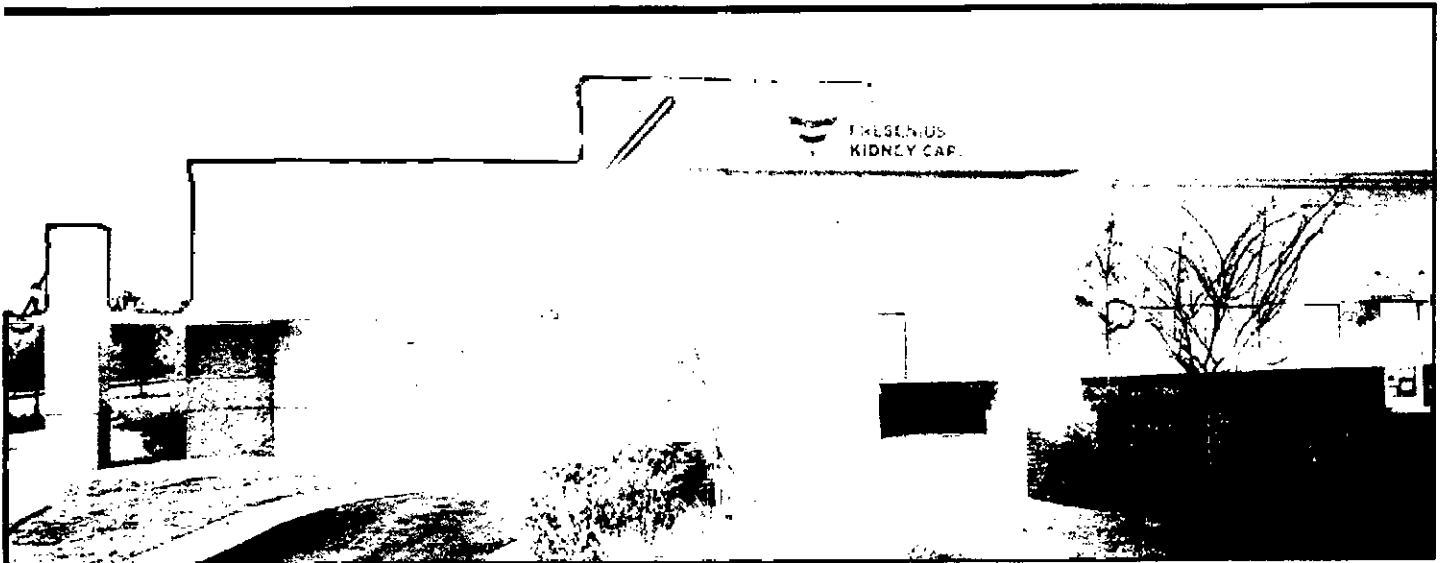
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
In-center Hemodialysis	\$4,610,952		5,920		5,920		
Total Clinical	\$4,610,952		5,920		5,920		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	\$1,252,652		1,680		1,680		
Total Non-clinical	\$1,252,652		1,680		1,680		
TOTAL	\$5,863,604		7,600		7,600		



About Us

Fresenius Kidney Care, a division of Fresenius Medical Care North America (FMCNA), provides dialysis treatment and services to nearly 180,000 people with kidney disease at more than 2,300 facilities nationwide. Fresenius Kidney Care patients have access to FMCNA's integrated network of kidney care services ranging from cardiology and vascular care to pharmacy and lab services as well as urgent care centers and the country's largest practice of hospitalist and post-acute providers. The scope and sophistication of this vertically integrated network provides us with seamless oversight of our patients' entire care continuum.

As a leader in renal care technology, innovation and clinical research, FMCNA's more than 67,000 employees are dedicated to the mission of delivering superior care that improves the quality of life for people with kidney disease. Fresenius Kidney Care supports people by helping to address both the physical and emotional aspects of kidney disease through personalized care, education and lifestyle support services so they can lead meaningful and fulfilling lives.



Bringing Our Mission to Life

At Fresenius Kidney Care, we understand that helping people with end stage renal disease (ESRD) live fuller, more active and vibrant lives is about much more than providing them with the best dialysis care. It's about caring for the whole person. That's why we use our vast resources to care for our patients emotional, medical, dietary, financial and well-being needs.

We also provide educational support for people with chronic kidney disease (CKD), including routine classes for people with later stage CKD. Our robust education programs are designed to improve patient outcomes and improve the quality of life for every patient.



- **KidneyCare:365**—A company-wide program designed to educate patients with CKD or ESRD about living with kidney disease. These classes are held routinely at a variety of locations including clinics, hospitals and physician offices. Class topics include understanding CKD, eating well, social support and treatment options.
- **Navigating Dialysis Program** – A patient education and engagement program focused on empowering patients with the knowledge they need to thrive during their first 90 days on dialysis. In-center and at-home patients receive a starter kit and supporting touchpoints from members of their care team covering topics like treatment, access, eating well and thriving.
- **Catheter Reduction Program** – A key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates.

Value Based Care Model

Healthcare is moving toward a value-based system focused on caring for the whole patient, improving efficiencies and reducing costs. One way that FMCNA has demonstrated its commitment is through a significant investment in End Stage Renal Disease Seamless Care Organizations (ESCOs), the nation's first disease-specific shared savings program designed to identify, test and evaluate new ways to improve care for Americans with ESRD.

In January 2017, the Centers for Medicaid and Medicare Services (CMS) awarded 18 new ESCO contracts to FMCNA, which was in addition to the six ESCOs the company was awarded in 2015. FMCNA now operates 24 of the 37 ESCOs awarded by CMS. FMCNA holds two ESCO contracts in Illinois, including Chicago and Bloomington.

Under each ESCO, local nephrologists and dialysis providers partner to develop an innovative care model based on highly coordinated, patient-centered care. By monitoring and managing the total care of the ESRD patient, the ESCO aims to avoid hospitalizations and help patients move from high-risk to lower-risk on the health care continuum.

The cornerstone of the ESCO program for FMCNA is its Care Navigation Unit (CNU), a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services. By focusing on both the physical and emotional needs of each patient, the CNU can anticipate issues before they arise and help patients respond more quickly when they happen. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospital admissions by up to 20 percent and readmissions by up to 27 percent in ESRD populations. This investment demonstrates the value FMCNA places on collaboration with CMS, policymakers and physicians for the benefit of its patients. It also shows the importance we place on patients taking active roles in their own care.

At FMCNA, we strive to be the partner of choice by leading the way with collaborative, entrepreneurial new models of value-based care that take full responsibility for the patients we serve while reducing costs and improving outcomes. This approach allows us to coordinate health care services at pivotal care points for hundreds of thousands of chronically ill people and enhance the lives of those trusted to our care.



FRESENIUS KIDNEY CARE



Five Star Quality Rated by CMS

Fresenius Kidney Care achieved the largest number of top-rated, Five Star dialysis centers in Illinois in 2016, based on the Dialysis Facility Compare Five Star Quality Rating System issued by CMS. This focus on quality continues to drive Fresenius Kidney Care's success in Illinois.

Overview of Services



Treatment Settings and Options

- ✓ In-center hemodialysis
- ✓ At-home hemodialysis
- ✓ At-home peritoneal dialysis



Patient Support Services

- ✓ Nutritional counseling
- ✓ Social work services
- ✓ Home training program
- ✓ Clinical care
- ✓ Patient travel services
- ✓ Patient education classes
- ✓ Urgent care (acute)



Counseling and Guidance for Non-Dialysis Options

- ✓ Kidney transplant
- ✓ Supportive care without dialysis

Our Local Commitment



Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI). The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Our Fresenius Kidney Care employees in the Chicago area raised over \$25,000 for the NKFI Kidney Walk in downtown Chicago through pledges and t-shirt sales. In addition to the local fundraising efforts, each year Fresenius Kidney Care donates \$25,000 to the NKFI and another \$5,000 in downstate Illinois.

Thrive On

Background

Fresenius Kidney Care in-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Bolingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deerfield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	-	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfeld Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Galesburg	14-8628	765 N Kellogg St, Ste 101	Galesburg	61401
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	14-2821	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	14-2798	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Mount Prospect	-	1710-1790 W. Golf Road	Mount Prospect	60056
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	14-2815	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Plainfield North	14-2596	24024 W. Riverwalk Court	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	14-2802	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care Lake County, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Lake County, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: Adam Kulis

ITS: Regional Vice President/Manager

Notarization:

Subscribed and sworn to before me
this 13th day of Sept, 2017

Candace M. Turosski
Signature of Notary

Seal



Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: [Signature]
ITS: Asst. Treasurer

By: [Signature]
ITS: Bryan Mello Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 16th day of October, 2017

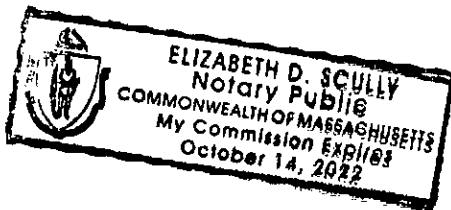
[Signature]
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

Seal



Criterion 1110.230 – Purpose of Project

The proposed 12-station Fresenius Kidney Care Waukegan Park ESRD facility, to be located in a Federally Designated Medically Underserved Area/Population (MUA/P) of HSA 8 in Lake County, will address the unique access issues that hinder health care for the disadvantaged patients residing in Waukegan. Specifically, a significant number of patients with income below the poverty level, that because of high area clinic utilization, do not have reasonable access to life saving dialysis services. The two dialysis providers located in Waukegan are operating at an average 97.17% utilization rate. The physician group supporting this project, Nephrology Associates of Northern Illinois (NANI), serve as Medical Directors of both of these dialysis facilities.

Waukegan residents are 17% African American and 55% Hispanic. These minority populations are more likely to experience diabetes and hypertension leading to kidney failure. 22% of Waukegan residents live below the poverty level. There are 220 dialysis patients residing in Waukegan which equates to one out of every 403 residents. This prevalence of ESRD is much higher than Lake County, where one out of every 697 residents is receiving dialysis treatment. For the State of Illinois it is 1 out of every 640 residents. Compounding this increased health burden for Waukegan residents is low income levels and lack of adequate insurance making chronic disease management more burdensome.

The physicians who are supporting this project admit patients to most of the clinics within 30 minutes, however the nearest clinics with access are not accessible to the inner city, low income resident of Waukegan where many patients rely on public transportation to and from treatment. The facilities located under ten miles from Waukegan are operating at a combined utilization rate of 85%. The nearest access is then 14 to 19 miles away and is not reasonable for this particular patient population.

The goal of Fresenius Kidney Care is to provide access to a medically underserved area of Lake County by establishing the Waukegan Park facility in Waukegan to directly address access issues where it is needed most. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. The current Fresenius Waukegan Harbor facility has exceptional quality outcomes and the same is expected of the proposed Waukegan Park facility as listed below:

- 99% of patients had a URR $\geq$ 65%
- 99% of patients had a Kt/V $\geq$ 1.2

As an aside, the patients who currently dialyze at FKC Waukegan Harbor and those who will be referred to the Waukegan Park facility, will benefit from being a part of care coordinated through the Centers for Medicaid and Medicare Services (CMS) ESCO contracts with Fresenius Kidney Care.

In 2015, CMS reached out to dialysis providers to see if they would be willing to work on a demonstration project designed to improve quality of care and reduce overall healthcare costs for ESRD patients. Fresenius Kidney Care accepted the challenge to participate in this Value Based Care Model and made significant investments in technology, personnel, and staff training. By focusing on caring for the patient we are changing the way care has traditionally been delivered in our industry.

This care model is called an ESCO, or ESRD Seamless Care Organization. **Fresenius Kidney Care is the only provider approved by CMS to participate in this type of program in Illinois.** We pioneered the program in the Chicagoland market in 2016 and, based upon the success of the program, CMS approved an additional ESCO for the Central Illinois Market for 2017 and we have now applied for an ESCO expansion into the southern Illinois market for 2018.

Under each ESCO, local nephrologists and dialysis providers partner to develop an innovative care model based on highly coordinated, patient-centered care. By monitoring and managing the total care of the ESRD patient, the ESCO aims to avoid hospitalizations and help patients move from high-risk to low-risk on the health care continuum.

The cornerstone of the ESCO program for Fresenius is its Care Navigation Unit (CNU), a team of specially trained nurses and care technicians who provide 24/7 patient support and care management services. By focusing on both the physical and emotional needs of each patient, the CNU can anticipate issues before they arise and help patients respond more quickly when they happen. The CNU has proven that through rigorous patient monitoring and appropriate intervention, they can significantly improve patient health outcomes, reducing hospital admissions by up to 20 percent and readmissions by up to 27 percent in ESRD populations. This investment demonstrates the value FMCNA places on collaboration with CMS, policymakers and physicians for the benefit of its patients. It also shows the importance we place on patients taking active roles in their own care.

At Fresenius Kidney Care, we strive to be the partner of choice by leading the way with collaborative, entrepreneurial new models of value-based care that take full responsibility for the patients we serve while reducing costs and improving outcomes. This approach allows us to coordinate health care services at pivotal care points for thousands of chronically ill people in Illinois and enhance the lives of those trusted to our care.

- Demographic data contained in the application was taken from U.S. Census Bureau.
- Clinic utilization was received from the IHFSRB.
- ESRD patient census was obtained from www.therenalnetwork.org

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.

The only option that would entail a lesser scope and cost than the project proposed in this application would be to do nothing. Not acting on the current over-utilization of ESRD clinics in Waukegan, which is medically underserved, will simply prolong the lack of access to dialysis services for the residents of Waukegan. There is no cost to this alternative.

The current FKC Waukegan Harbor facility has 21 stations and is unable to expand.

Nearby FKC Gurnee added 2 stations in 2016 and another 8 in 2017, however there were 53 patients who live in Gurnee who were identified who would be referred to that facility in less than two years from now bringing that facility beyond 80%. The cost of this project was \$161,519.

The FKC Zion facility will be opening in early 2018, however it is over 10 miles away, serves a separate medically underserved area and population, and had 69 patients identified in its application from the Zion area who would be referred to that facility in the next two years to bring that facility beyond 80% utilization. The cost of this project is expected to be within the permit amount of \$4,132,650.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.

This application was filed as a joint venture.

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

The two clinics immediately serving Waukegan (FKC Waukegan Harbor and DaVita Waukegan) are operating at a combined utilization rate of 97.17%. This is only 7 patients away from cutting off all access to dialysis services for the residents of Waukegan unless they travel elsewhere. Many current Waukegan Harbor patients utilize public transportation and longer travel distances would be an unnecessary burden.

The overall utilization of facilities within 30 minutes that have been in operation less than 2 years, or that are in ramp up phase with new stations, is 75.19%. The physicians supporting this project admit and treat patients at most of the area facilities already, however prefer to maintain access to dialysis services for Waukegan residents in Waukegan to avoid creating unnecessary transportation problems and loss of continuity of care for their patients. There is no monetary cost to sending patients to other facilities, the only cost is to the patient and the healthcare system with increased hospitalizations due to missed treatments when services are not readily accessible.

D. Reasons why the chosen alternative was selected

The most feasible long-term solution to maintaining access to dialysis services Waukegan itself is to establish Fresenius Kidney Care Waukegan Park as clinics in Waukegan are at capacity eliminating access. The cost of this project is \$5,863,604. While this is the costliest alternative, it is the only viable option to guarantee access for medically underserved residents of Waukegan. This expense is to Fresenius Medical Care and the NANI nephrologists who are willing to invest in this underserved community. Patients will benefit from continued access, being part of the ESCO (CMS ESRD Seamless Care Organization), choice of preferred treatment times and reduced travel times/expenses while maintaining continuity of care with their nephrologist and other healthcare services.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	\$0	Complete loss of access to dialysis services in Waukegan is just 7 patients away.	Patient clinical quality would remain above standards unless patients miss treatments travelling outside of healthcare market for services.	Patients will have higher transportations costs due to travelling out of their healthcare market for services, especially for those using public transportation
Form a Joint Venture	\$5,863,604	This application is filed as a joint venture.		
Utilize Area Providers	\$0	Physicians already admit patients to many area clinics. Due to capacity utilization in Waukegan, patients will have to go outside of market for services creating excessive transportation problems and loss of continuity of care.	Quality will decrease if patients miss treatments due to inaccessibility to treatment.	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times and higher healthcare costs due to inaccessibility to treatment.
Establish Fresenius Kidney Care Waukegan Park	\$5,863,604	Preservation of access to dialysis treatment for the Waukegan MUA and improved access to favored treatment times allowing patients more transportation options.	Fresenius Medical Care exceeds all quality standards and will offer the same high quality at the Waukegan Park facility as at all of its facilities.	The cost is to Fresenius Medical Care only.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care Waukegan Harbor had the exceptional quality outcomes listed below and the same is expected for Fresenius Kidney Care Waukegan Park where patients will benefit from participation in the ESCO outlined under Attachment 12 - Purpose.

- 99% of patients had a URR $\geq$ 65%
- 99% of patients had a Kt/V $\geq$ 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD 450-650 BGSF Per Station	DIFFERENCE	MET STANDARD?
ESRD IN-CENTER HEMODIALYSIS	5,920 (12 Stations)	5,400 – 7,800 BGSF	None	Yes
Non-clinical	1,680	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 5,920 BGSF for the in-center hemodialysis space meets the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	HISTORICAL UTILIZATION	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
	IN-CENTER HEMODIALYSIS	N/A Proposed Facility		80%	
YEAR 1	IN-CENTER HEMODIALYSIS		38%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		85%	80%	Yes

After accounting for patient attrition Dr. Alapishvili has 61 patients she will refer to the facility in the first two years of operation bringing the facility above 80% target utilization thereby meeting this requirement.

Background of the Applicant

Information on Applicant Background is found at Attachment 11.

Planning Area Need – Formula Need Calculation:

The proposed Fresenius Kidney Care Waukegan Park dialysis facility is located in Waukegan in HSA 8. HSA 8 is comprised of Lake, McHenry and Kane Counties. According to the September 2017 Inventory there is an excess of 10 stations in this HSA.

However, in the Waukegan/North Chicago MUA, where the facility will be located and which accounts for 17% of the population in Lake County, the two dialysis clinics operate at 97% average utilization, only 7 patients away from capacity and total loss of access in the MUA.

Aside from this there are other factors indicating need in the Waukegan/North Chicago MUA such as:

- A majority population that has a much higher propensity for diabetes and hypertension leading to kidney failure.
- A 35% higher prevalence of ESRD in the Waukegan/North Chicago MUA than Lake County or the State.
- A ratio of stations to population within 30-minutes that indicates need.

Planning Area Need – Service To Planning Area Residents:

- A. The primary purpose of this project is to provide in-center hemodialysis services to a medically underserved area that consists of Waukegan and North Chicago in HSA 8 (Lake, McHenry & Kane County).

County	HSA	Pre-ESRD Patients who will be referred to Fresenius Kidney Care Waukegan Park
Lake	8	61 patients – 100%

R. Khanna, DO, FASN

O. Degani, MD

N. Alapishvili, MD

L. Sujata, MD

S. Din, MD

P. Thomas, PA-C

October 25, 2017

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 in practice with Nephrology Associates of Northern Illinois (NANI) and am the Medical Director of the Fresenius Round Lake ESRD facility. My practice partners serve as Medical Directors of the Fresenius Round Lake, Gurnee, Waukegan Harbor and DaVita Waukegan facilities also located in Lake County and the Fresenius facility in McHenry. My practice was formerly North Suburban Nephrology (NSN) which served Lake County for over 35 years. This practice joined NANI about 3 years ago to better serve our Lake County patients.

There has been a continual increase in the number of dialysis patients in Waukegan, which is the most populated city in Lake County. Fresenius has been able to expand services in nearby areas, unfortunately the Waukegan Harbor facility has no available space for expansion and this is where my neediest patients live. Due to the demographics of the patients who live in Waukegan and neighboring North Chicago, who come to Waukegan for dialysis, I do not foresee the increase of ESRD here to slow down.

We were treating 323 hemodialysis patients at the end of 2014, 336 at the end of 2015, 337 at the end of 2016 and 340 patients as of September 30, 2017. Over the past year we referred 70 new hemodialysis patients for services to area Lake County facilities.

We have 349 CKD patients in our practice in various stages of chronic kidney failure that live in Waukegan and North Chicago combined. There are 15 that I expect to begin dialysis at the Waukegan Harbor facility in the upcoming year. Due to varying factors of disease progression and natural patient attrition, I expect approximately 61 of the total patients would begin dialysis at the Waukegan Park facility in the first two years it is operating.

R. Khanna, DO, FASN

O. Degani, MD

N. Alapishvili, MD

L. Sujata, MD

S. Din, MD

The remaining patients would require dialysis treatment in the following years. We also have a significant number of patients who present in the emergency room in kidney failure requiring immediate dialysis services that are not accounted for in these numbers.

Given the demographics of the Waukegan area and the continual high utilization of clinics in Waukegan, I respectfully ask the Health Facilities and Services Review Board to approve the Waukegan Park facility in order to provide ongoing access to dialysis services in the neediest area of Lake County. Thank you for your consideration.

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,

N. Alapishvili

Nino Alapishvili, M.D.

Notarization:

Subscribed and sworn to before me
this 27th day of October, 2017

Candace M. Turaski

Signature of Notary

Seal



**PRE-ESRD PATIENTS IDENTIFIED FOR
FRESENIUS KIDNEY CARE WAUKEGAN PARK**

Zip Code	Stage 5	Stage 4	Stage 3
60064		12	53
60085	15	49	220
Total	15	61	273

Dialysis Initiation Expected	Upcoming Year	Waukegan Park's 1st & 2nd Year of Operation	3+ Years

**NEW HEMODIALYSIS REFERRALS OF THE
SUPPORTING PHYSICIANS FOR THE PAST TWELVE MONTHS
10/01/2016 – 09/30/2017**

Zip Code	Fresenius Kidney Care				DaVita		Total
	Antioch	Gurnee	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53104	1						1
53142			1				1
53143		1					1
53168	1						1
60002	2						2
60030	1			1			2
60031		2					2
60044					1		1
60045					1		1
60047						1	1
60060					1		1
60064		2		2		2	6
60073			3		1		4
60083				1			1
60084					1		1
60085		2		5	1	8	16
60087		2		2		5	9
60088						1	1
60089					1		1
60096		1					1
60099	2	4		4	1	1	12
60411						1	1
60425				1			1
60642			1				1
60646			1				1
Total	7	14	6	16	8	19	70

HEMODIALYSIS PATIENTS OF NANI AT YEAR END 2014

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundelein	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53140		1							1
53168	1								1
60002	11								11
60005						1			1
60020					2				2
60025	1								1
60030		1		1			4		6
60031		10	1		2	2		3	18
60035							1		1
60041					2				2
60046	2				2				4
60047							1		1
60048			1				3		4
60060				2			5		7
60061			1	3			4		8
60064	1	5	4			6		11	27
60069							1		1
60071	1								1
60073	3				12		1	1	17
60083		1						2	3
60084				1	1				2
60085	1	34	3		1	32	5	50	126
60087		3	1			7		16	27
60096						1		2	3
60099	6	1	3			10		21	41
60110		1							1
60139							1		1
60181	1								1
60302				1					1
60612						1			1
60640								1	1
60649		1							1
Total	28	58	14	8	22	60	26	107	323

HEMODIALYSIS PATIENTS OF NANI AT YEAR END 2015

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundeleine	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53104	1								1
53140		1				1			2
53142	1								1
53168	1								1
53179	1								1
60002	10								10
60005						1			1
60020	1				1				2
60025	1								1
60030						1	4		5
60031		10	1		4	2		2	19
60035							1		1
60041					3				3
60046	2				2				4
60048			1				4		5
60050	1								1
60051					1				1
60060				2			6		8
60061				3			4		7
60064		5	3			10	1	9	28
60073	1				14		1		16
60081	1								1
60083	1	1				2			4
60084				1	1				2
60085	1	31	2			32	3	61	130
60087		3	2			8	2	16	31
60096						1			1
60099	5	2	1			14		20	42
60110								1	1
60139							1		1
60181	1								1
60302				1					1
60624						1			1
60649		1							1
60659						1			1
Total	29	54	10	7	26	74	27	109	336

HEMODIALYSIS PATIENTS OF NANI AS OF YEAR END 2016

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundelein	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53142					1				1
53143						1		1	2
53179							1		1
60002	6								6
60005						1			1
60020	1				1				2
60025	1								1
60030				1		1	3		5
60031		11	1		3	2		2	19
60035							1		1
60041					3				3
60044							1		1
60046	2				1				3
60048			1				3		4
60060				1			5		6
60061				2			3		5
60064		8	3			9	1	7	28
60069							1		1
60073	2				13		2		17
60076	1								1
60079								2	2
60083	1	2						1	4
60084				1	1				2
60085	1	27	1			39	2	66	136
60087	1	4	1			8	2	17	33
60088								1	1
60096						1			1
60099	3	4	2			14		18	41
60139							1		1
60160	1								1
60181	1								1
60201							1		1
60302				1					1
60609						1			1
60645					1				1
60649		1							1
60659						1			1
Total	21	57	9	6	24	78	27	115	337

HEMODIALYSIS PATIENTS OF NANI OF SEPTEMBER 30, 2017

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundelein	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53104	1								1
53142					1				1
53179	2								2
60002	5		1						6
60005						1			1
60020	1				1				2
60025	1								1
60030	1			2	1		2		6
60031		9	1		3	2			15
60035							1		1
60041					3				3
60045							1		1
60046	2				1				3
60047								1	1
60048							3		3
60060							6		6
60061				1			3		4
60064		11	3			9		8	31
60069							1		1
60073	1				14		4		19
60079								2	2
60083	1	2				2		1	6
60084				1	1				2
60085	1	25	1			40	5	63	135
60087		5	1			9	1	21	37
60089							1		1
60096						1			1
60099	4	6	1			13		13	37
60139							1		1
60181	1								1
60201							1		1
60302				1					1
60425						1			1
60609						1			1
60625		1							1
60642					1				1
60645					1				1
60649		1							1
60659						1			1
Total	21	60	8	5	27	80	30	109	340

Service Accessibility – Service Restrictions

The Fresenius Kidney Care Waukegan Park ESRD facility is being proposed to serve a Federally Designated Medically Underserved Area/Population consisting of approximately 120,000 residents living in Waukegan and North Chicago. Due to high utilization of the two clinics serving Waukegan (FKC Waukegan Harbor and DaVita Waukegan), a population that experiences a higher propensity for kidney disease, and faces severe economic barriers for appropriate healthcare, another dialysis clinic located in Waukegan to directly serve these patients will eliminate their current barriers to dialysis services.

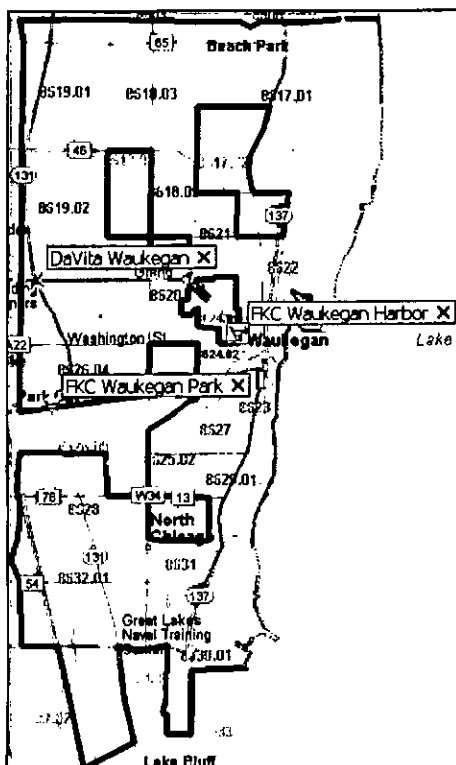
Facilities within 30 Minutes Travel Time of Fresenius Kidney Care Waukegan Park

Name	Address	City	Zip Code	MapQuest		Time Adj x1.15	September 2017			Utl Clinics <u>NOT</u> in 2-year Ramp-up
				Miles	Time		Stations	Patients	Utilization	
DaVita Waukegan	3300 Grand Avenue	Waukegan	60085	2	4	4.6	24	145	100.69%	100.69%
FKC Waukegan Harbor	110 N West Street	Waukegan	60085	2.2	5	5.75	21	118	93.65%	93.65%
FKC Gurnee ¹	50 Tower Court	Gurnee	60031	2.5	6	6.9	24	98	68.06%	
FKC Lake Bluff	101 Waukegan Road	Lake Bluff	60044	7	11	12.65	16	73	76.04%	76.04%
DaVita Lake County	565 Lakeview Parkway	Vernon Hills	60061	13.8	21	24.15	16	81	84.38%	84.38%
FKC Highland Park	1657 Old Skokie Road	Highland Park	60035	14	21	24.15	20	61	50.83%	50.83%
FKC Zion ²	1920 Sheridan Road	Zion	60099	10.4	22	25.3	12	0	0%	
FKC Round Lake	401 Nippersink Ave	Round Lake	60073	11.9	22	25.3	16	82	85.42%	85.42%
FKC Mundelein	1400 Townline Road	Mundelein	60060	15	22	25.3	14	59	70.24%	70.24%
FKC Deerfield	405 Lake Cook Rd	Deerfield	60015	19.2	25	28.75	12	29	40.28%	40.28%
Total/Avg							175	746	66.96%	75.19%

1) FKC Gurnee added 8 stations certified June 2017 per #17-003. Dr. Khanna certified there were 53 patients who reside in Gurnee who would be referred to the Gurnee facility in the next two years bringing that facility beyond the 80% State utilization target.

2) FKC Zion will be in operation in early 2018 per #15-036. Dr. Degani certified there were 69 patients residing in the immediate Zion area who would be referred to the Zion facility in the next two years bringing that facility beyond the 80% State utilization target.

Waukegan MUA



Due to high utilization at the two current Waukegan clinics, access to dialysis services for this underserved population is severely restricted. It will only take 7 more patients to bring utilization in Waukegan, which is a city of almost 90,000, to capacity eliminating access in Waukegan altogether. Nearly all the Waukegan and North Chicago areas, to be served by the proposed facility, are medically underserved.

Given the medically underserved nature of the area additional access limitations that exist in Waukegan relate to a demographic with inadequate insurance coverage, high unemployment and poverty levels, increased risk of diseases associated with kidney failure and lack of access to primary health care. As such, Waukegan and North Chicago have been designated as a Medically Underserved Area/Population (MUA/P).

Waukegan/North Chicago MUA/P Statistics

City	Population	# ESRD Patients	Ratio Patients/Population	% African American	% Hispanic	% Unemployed	% below Poverty	% Food Stamps/SNAP Benefits	% Government Insured	% Uninsured
Waukegan	88,570	220	1/403	17%	55%	11%	22%	20%	37%	21%
North Chicago	29,925	69	1/433	29%	30%	8%	22%	25%	41%	25%
Total	118,495	289	1/410							

Lake County	702,898	1,008	1/697
Illinois	12,978,800	20,276	1/640

Waukegan has a population of 118,495 residents with 17% African American and 55% Hispanic. An 11% unemployment rate is contributing to 22% of the residents living below the poverty level with 20% receiving food stamp benefits. 21% have no insurance coverage with 37% covered by a public insurance policy. For the 29,925 residents of North Chicago, also to be served by FKC Waukegan Park, the uninsured rate goes up to 25% with 41% covered by a public insurance policy.

As a result, the number of ESRD patients to the population in Waukegan and in North Chicago combined is 1 ESRD patient for every 410 residents. This is much higher ratio than Lake County which has one ESRD patient for every 697 residents as well as the State which has 1 ESRD patient for every 640 Illinois residents. Due to the above demographics, the prevalence of ESRD here is 35% higher than Lake County or Illinois.

The physicians group supporting this project, Nephrology Associates of Northern Illinois (NANI), have been treating patients in this area for over 37 years (formerly as North Suburban Nephrology) and are committed to continuing their service to the underserved residents of Waukegan as they currently do at both FKC Waukegan Harbor and DaVita Waukegan.

While there may be access at some area clinics, not all are feasible for Waukegan patients. Because of the financial constraints of residents, it is important to have dialysis access that is within reach of the unique patients here. Currently at our Waukegan Harbor facility approximately 25% of the 118 patients experience significant transportation problems in getting to and from treatment. This group of patients do not have insurance coverage for transporting and are not able to drive themselves. Half of these rely on the PACE bus system or cabs for their travel. The remainder must rely on a family member or friend who can give up their time three days a week. Requiring these patients to travel outside of Waukegan to other facilities that are many miles away creates unsurmountable transportation/financial problems. These patients need access in Waukegan and the chosen site for the Waukegan Park facility has a PACE bus stop in front of it for easy access for those taking the bus.

The FKC Gurnee facility is just outside of Waukegan and added stations in 2017, however Dr. Khanna certified that she had an additional 53 patients who live in Gurnee who would be referred to that facility to bring the utilization beyond the State utilization target of 80%. Likewise, FKC Zion is due to open in early 2018 and Dr. Degani certified that there were 69 Zion area residents to be referred to that facility in the next two years that would bring that clinic's utilization beyond the State target of 80% as well. Other area facilities below target utilization are not easily accessible for the disadvantaged patient population residing in Waukegan as mentioned previously.

The physicians group supporting this project, Nephrology Associates of Northern Illinois (NANI), have been treating patients in this area for over 37 years (formerly as North Suburban Nephrology) and are committed to continuing their service to the underserved residents of Waukegan.

HRSA Data Warehouse

Health Resources & Services Administration

[Topic Areas](#)
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[Data](#)
[FAQs & Resources](#)
[About HDW](#)
[HRSA.gov](#)
[Home](#) > [Tools](#) > [Analyzers](#) > Find Shortage Areas by Address

Find Shortage Areas by Address Results

Input address: 2602 Belvidere Road, Waukegan, Illinois
60085

Geocoded address: 2602 Belvidere Rd, Waukegan, Illinois,
60085

[Start Over](#)

HPSA Data as of 10/26/2017

MUA Data as of 10/26/2017

[\[+\] More about this address](#)

In a Dental Health HPSA: Yes

HPSA Name: Low Income - Waukegan/Zion/Benton

ID: 617999172Q

Designation Type: Hpsa Population

Status: Designated

Score: 12

Designation Date: 06/13/2005

Last Update Date: 04/23/2014

In a Mental Health HPSA: No

In a Primary Care HPSA: Yes

HPSA Name: Low Income - Waukegan/Zion/Benton

ID: 11799917QG

Designation Type: Hpsa Population

Status: Designated

Score: 11

Designation Date: 11/30/2012

Last Update Date: 11/30/2012

In a MUA/P: Yes [\[Additional result analysis\]](#)

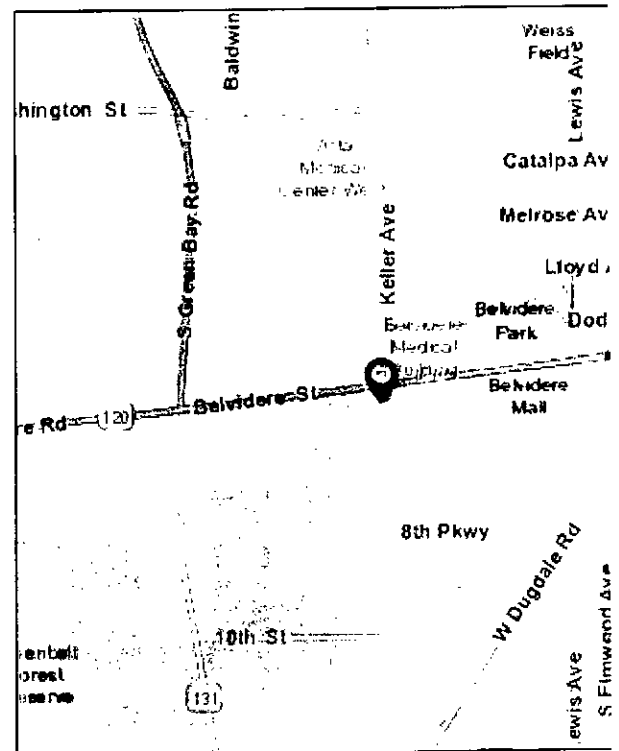
Service Area Name: Low Inc - Waukegan Service Area

ID: 00824

Designation Type: Medically Underserved Area – Governor's
Exception

Designation Date: 08/26/1992

Last Update Date: 02/03/1994



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National Kidney Foundation™

A TO Z HEALTH GUIDE

Hispanics and Kidney Disease

Hispanics are at greater risk for kidney disease and kidney failure than White Americans. In fact, Hispanics are 1½ times more likely to have kidney failure compared to other Americans. In 2010, 13% of new kidney failure patients were Hispanic.

Researchers do not fully understand why Hispanics are at a higher risk for kidney disease. However, 10% of Hispanic Americans have diabetes, which is the leading cause of kidney disease. High blood pressure, diet, obesity, and access to healthcare may also play a role.

What is kidney disease?

Healthy kidneys have many important jobs. They remove waste products and extra water from your body, help make red blood cells, help keep your bones healthy and help control blood pressure. When you have kidney disease, kidney damage keeps the kidneys from doing these important jobs the way they should. Kidney damage may be due to a physical injury or a disease like diabetes, high blood pressure, or other health problems.

If you have kidney disease, you may need to take medicines, limit salt and certain foods in your diet, get regular exercise, and more.

Finding and treating your kidney disease early can help slow or even stop kidney disease from getting worse. But if your kidney disease gets worse, it can lead to kidney failure. If your kidneys fail, you will need dialysis or a kidney transplant to stay alive.

Can anyone get kidney disease?

Yes. Anyone can get kidney disease at any age. But some people are more likely than others to get it, including Hispanics. Your chances of getting kidney disease are greater if you have diabetes, high blood pressure, a family history of chronic kidney disease, are obese, or 60 years or older. Being Hispanic also means you are at greater risk. The more risk factors you have, the greater your chances of getting kidney disease.

Why are Hispanics at greater risk for kidney disease?

Hispanics are almost twice as likely to have diabetes as white Americans; in fact 10% of Hispanic Americans have diabetes. In older Hispanics diabetes is even more common—about 1 in 4 Hispanics over 45 years has diabetes. Having diabetes can lead to kidney

disease and kidney failure, and diabetes causes kidney failure more often in Hispanics than in white Americans.

High blood pressure is also a serious problem for Hispanics. Nearly 1 in 4 Hispanics has high blood pressure and do not recognize the relationship between high blood pressure and kidney disease.

How does access to healthcare play a role?

Hispanics may have less access to healthcare than other Americans. For example, nearly 2 in 5 Hispanics are uninsured. Many Hispanics do not even know they have kidney disease until it's in the latest stages. By then it is too late to slow or stop the kidney damage from getting worse.

What to do?

Not all Hispanics will get kidney disease. And not everyone who has diabetes, high blood pressure, heart disease, older age, or a family history of kidney disease will get it. But if you have any of these risk factors you should:

- Get tested for kidney disease. There are two simple tests for kidney disease:
 - A simple urine test checks to see if you have protein in your urine. Your body needs protein. But it should be in the blood, not the urine. Having a small amount of protein in your urine may mean that your kidneys are not filtering your blood well enough. This can be an early sign of kidney disease.
 - A simple blood test for GFR, which stands for *glomerular filtration rate*. Your GFR number tells you how well your kidneys are working. The lab estimates your GFR using a simple blood test called creatinine (a waste product), along with your age, race, and gender.
- Get tested for diabetes, high blood pressure, and heart disease. If you don't know whether you have diabetes, high blood pressure, or heart disease, it's important for you to find out.
- Live a healthy lifestyle. Be sure to exercise, eat a healthy diet, lose weight if needed, avoid smoking, and limit alcohol. A healthy lifestyle can keep you from getting kidney disease, and it can also help slow or stop kidney disease from getting worse.

If you would like more information, please contact us.

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National Kidney Foundation™

A TO Z HEALTH GUIDE

African Americans and Kidney Disease

African Americans have a higher rate of kidney failure than any other group of people. In fact, African Americans are three to four times more likely to have kidney failure than white Americans.

It is not fully understood why African Americans are at a higher risk. However, diabetes, high blood pressure, family background, and access to healthcare play major roles. Being overweight is also a factor because it contributes to a higher rate of diabetes in African-Americans.

What is kidney disease?

Healthy kidneys do many important jobs. They remove waste products and extra water from your body, help make red blood cells, and help control blood pressure. When you have kidney disease, it means your kidneys are damaged and they cannot do these important jobs well enough. Kidneys can become damaged from a physical injury or a disease like diabetes, high blood pressure, or other disorders.

If you have kidney disease, you will need to follow a treatment plan that may include taking medicines, restricting salt, limiting certain foods, getting exercise, controlling diabetes, and more.

Finding and treating kidney disease early can help slow or even stop kidney disease from getting worse. But if kidney disease gets worse, it can lead to kidney failure. Once kidneys fail, treatment with dialysis or a kidney transplant is needed to stay alive.

Can anyone get kidney disease?

Yes. Anyone can get kidney disease at any age. But some people are more likely than others to get it, including African Americans. Having diabetes, high blood pressure, a family history of chronic kidney disease, and being 60 years or older also increases the risk for kidney disease. The more risk factors you have, the more likely you are to get kidney disease.

Why are African Americans at greater risk for kidney disease?

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African Americans have more diabetes and high blood pressure than other Americans. Having diabetes or high blood pressure can lead to kidney disease and kidney failure. Heart and blood vessel disease also plays a major role among African Americans.

Heredity or genetics may also be involved. According to a recent study by the National Institute of Health, some African Americans are born with a "high risk" gene. African Americans with kidney disease who have the high risk gene are twice as likely to progress to kidney failure as African Americans without the high-risk gene or white Americans.

How does access to healthcare play a role?

According to a recent study, many African Americans do not even know they have kidney disease until it's in the latest stages. This means it is not found early enough, when treatment can still help slow or stop the damage from getting worse. As a result, the rate of kidney failure for African Americans is three to four times higher than white Americans. And the problem appears to be specific for kidney disease. According to the same study, most African Americans who have diabetes, high blood pressure, or high cholesterol levels know that they have it.

What to do?

Not all African Americans will get kidney disease. And not everyone who has diabetes, high blood pressure, heart disease, older age, or a family history of kidney disease will get it. But if you have any of these risk factors, you should:

- Get tested for kidney disease. There are two simple tests for kidney disease:
 - A simple urine test checks to see if you have protein in your urine. Your body needs protein. But it should be in the blood, not the urine. Having a small amount of protein in your urine may mean that your kidneys are not filtering your blood well enough. Having protein in your urine is called "Albuminuria." This can be a sign of early kidney disease.
 - A simple blood test for GFR (glomerular filtration rate). Your GFR number tells you how well your kidneys are working. Your GFR is estimated from a simple blood test for a waste product called creatinine. Your creatinine number is used in a math formula along with your age, race, and gender to find your GFR.
- Get tested for diabetes, high blood pressure, and heart disease. If you don't know whether you have diabetes, high blood pressure, or heart disease, ask your healthcare provider. It's important to find out.
- Live a healthy lifestyle. Be sure to exercise, eat healthy, lose weight if needed, avoid smoking, and limit alcohol. A healthy lifestyle can keep you from getting kidney disease. It can also help slow or stop kidney disease from getting worse.

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National Kidney Foundation®

LOW INCOME LINKED TO HIGHER LEVELS OF KIDNEY DISEASE IN AFRICAN AMERICANS

Black Americans who live below the poverty line feel the impact beyond basic needs such as food and shelter. Low income is more strongly associated with chronic kidney disease among African Americans than it is among whites, according to a study published in the National Kidney Foundation's *American Journal of Kidney Diseases*.

African Americans already have a three to four- fold increased risk of developing kidney failure over whites, but the new study indicates that being poor may be a unique indicator of kidney disease risk for African Americans.

Poverty and African Americans

"Our overarching hypothesis is that there's something different about being poor for African Americans," said Deidra Crews, MD, Assistant Professor of Medicine at Johns Hopkins University School of Medicine's Division of Nephrology. "While poor whites are impacted by kidney disease as well, we assume that the cause is obesity and diabetes. Once we adjust for those conditions, the association disappears. That leads to the argument that there's something different, un-adjustable, in terms of what it means to be poor and African American."

The study included 22,800 black and white adults living in cities across the United States. Participants underwent extensive laboratory testing, including markers of kidney disease and answered questions about their income and health.

Key Findings

Results showed that African Americans who had incomes of less than \$20,000 had more than three times the risk of excessive protein in the urine – an indicator of chronic kidney disease– than African Americans earning more than \$75,000. These findings were adjusted for age, sex, diabetes, high blood pressure and lifestyle factors such as obesity and smoking.

Those with incomes between \$20,000 and \$35,000 had more than double the risk of kidney damage when compared to higher income African Americans. This trend was not seen among whites.

Importance of Screening

"This study's findings highlight how important it is for low income African Americans to be screened for chronic kidney disease and its risk factors. Clinicians should consider asking their patients about their socioeconomic status to help determine their likelihood of developing kidney disease," said Thomas Manley, Director of Scientific Activities for the National Kidney Foundation.

"This information could also help clinicians advise their 'at risk' patients appropriately," continued Manley. "It's important for clinicians to recognize patients with limited resources so that they can adjust their recommendations for lifestyle modifications that can reduce risk for kidney disease. Advising low income patients to join a gym or purchase expensive, healthy foods is unlikely to be effective. Clinicians need to discuss a variety of healthier options with these patients that can be accomplished within their financial means."

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DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

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.

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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	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	88,570	+/-424	88,570	(X)
Male	43,970	+/-810	49.6%	+/-0.9
Female	44,600	+/-846	50.4%	+/-0.9
Under 5 years	6,758	+/-431	7.6%	+/-0.5
5 to 9 years	7,548	+/-593	8.5%	+/-0.7
10 to 14 years	6,753	+/-497	7.6%	+/-0.6
15 to 19 years	7,115	+/-586	8.0%	+/-0.7
20 to 24 years	7,701	+/-607	8.7%	+/-0.7
25 to 34 years	13,366	+/-746	15.1%	+/-0.8
35 to 44 years	11,478	+/-605	13.0%	+/-0.7
45 to 54 years	11,342	+/-619	12.8%	+/-0.7
55 to 59 years	4,802	+/-493	5.4%	+/-0.6
60 to 64 years	4,215	+/-430	4.8%	+/-0.5
65 to 74 years	4,409	+/-323	5.0%	+/-0.4
75 to 84 years	2,056	+/-297	2.3%	+/-0.3
85 years and over	1,027	+/-220	1.2%	+/-0.2
Median age (years)	31.2	+/-0.6	(X)	(X)
18 years and over	63,369	+/-726	71.5%	+/-0.8
21 years and over	58,980	+/-804	66.6%	+/-0.9
62 years and over	9,842	+/-527	11.1%	+/-0.6
65 years and over	7,492	+/-493	8.5%	+/-0.6
18 years and over	63,369	+/-726	63,369	(X)
Male	31,289	+/-767	49.4%	+/-0.9
Female	32,080	+/-625	50.6%	+/-0.9
65 years and over	7,492	+/-493	7,492	(X)
Male	3,238	+/-267	43.2%	

Service Accessibility

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Subject	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,254	+/-369	56.8%	+/-2.7
RACE				
Total population	88,570	+/-424	88,570	(X)
One race	85,425	+/-645	96.4%	+/-0.7
Two or more races	3,145	+/-601	3.6%	+/-0.7
One race	85,425	+/-645	96.4%	+/-0.7
White	57,662	+/-1,486	65.1%	+/-1.7
Black or African American	15,103	+/-1,078	17.1%	+/-1.2
American Indian and Alaska Native	234	+/-130	0.3%	+/-0.1
Cherokee tribal grouping	6	+/-10	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	4,314	+/-613	4.9%	+/-0.7
Asian Indian	1,331	+/-403	1.5%	+/-0.5
Chinese	355	+/-235	0.4%	+/-0.3
Filipino	2,016	+/-506	2.3%	+/-0.6
Japanese	7	+/-12	0.0%	+/-0.1
Korean	227	+/-168	0.3%	+/-0.2
Vietnamese	95	+/-150	0.1%	+/-0.2
Other Asian	283	+/-186	0.3%	+/-0.2
Native Hawaiian and Other Pacific Islander	18	+/-25	0.0%	+/-0.1
Native Hawaiian	18	+/-25	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	8,094	+/-1,116	9.1%	+/-1.3
Two or more races	3,145	+/-601	3.6%	+/-0.7
White and Black or African American	1,033	+/-385	1.2%	+/-0.4
White and American Indian and Alaska Native	253	+/-134	0.3%	+/-0.2
White and Asian	395	+/-253	0.4%	+/-0.3
Black or African American and American Indian and Alaska Native	101	+/-87	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	88,570	+/-424	88,570	(X)
White	60,281	+/-1,636	68.1%	+/-1.9
Black or African American	16,710	+/-1,129	18.9%	+/-1.3
American Indian and Alaska Native	790	+/-228	0.9%	+/-0.3
Asian	5,166	+/-725	5.8%	+/-0.8
Native Hawaiian and Other Pacific Islander	250	+/-304	0.3%	+/-0.3
Some other race	8,915	+/-1,126	10.1%	+/-1.3
HISPANIC OR LATINO AND RACE				
Total population	88,570	+/-424	88,570	(X)
Hispanic or Latino (of any race)	48,790	+/-1,207	55.1%	+/-1.3
Mexican	40,841	+/-1,424	46.1%	+/-1.6
Puerto Rican	2,858	+/-463	3.2%	+/-0.5
Cuban	71	+/-77	0.1%	+/-0.1
Other Hispanic or Latino	5,020	+/-965	5.7%	+/-1.1
Not Hispanic or Latino	39,780	+/-1,167	44.9%	+/-1.3
White alone	19,107	+/-929	21.6%	+/-1.1
Black or African American alone	14,432	+/-1,010	16.3%	+/-1.1
American Indian and Alaska Native alone	80	+/-72	0.1%	+/-0.1
Asian alone	4,246	+/-604	4.8%	+/-0.7
Native Hawaiian and Other Pacific Islander alone	18	+/-25	0.0%	+/-0.1

Subject	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	415	+/-313	0.5%	+/-0.4
Two or more races	1,482	+/-438	1.7%	+/-0.5
Two races including Some other race	24	+/-26	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	1,458	+/-431	1.6%	+/-0.5
Total housing units	31,835	+/-490	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	44,980	+/-1,042	44.980	(X)
Male	21,964	+/-848	48.8%	+/-1.4
Female	23,016	+/-793	51.2%	+/-1.4

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.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

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.



S1703

SELECTED CHARACTERISTICS OF PEOPLE AT SPECIFIED LEVELS OF POVERTY IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	Waukegan city, Illinois				
	Total		Less than 50 percent of the poverty level		Less than 100 percent of the poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	86,737	+/-553	9.0%	+/-1.1	21.7%
SEX					
Male	42,675	+/-816	8.3%	+/-1.2	20.5%
Female	44,062	+/-833	9.6%	+/-1.4	22.8%
AGE					
Under 18 years	24,823	+/-770	14.0%	+/-2.5	33.0%
Related children of householder under 18 years	24,651	+/-798	13.7%	+/-2.5	32.7%
18 to 64 years	54,926	+/-802	7.4%	+/-0.9	17.8%
65 years and over	6,988	+/-464	3.9%	+/-1.6	12.0%
RACE AND HISPANIC OR LATIND ORIGIN					
One race	83,612	+/-722	9.1%	+/-1.1	21.9%
White	56,398	+/-1,457	7.8%	+/-1.3	19.7%
Black or African American	14,656	+/-1,057	19.1%	+/-3.9	36.1%
American Indian and Alaska Native	233	+/-130	0.0%	+/-11.1	2.6%
Asian	4,298	+/-614	2.7%	+/-3.2	8.9%
Native Hawaiian and Other Pacific Islander	13	+/-25	0.0%	+/-75.7	0.0%
Some other race	8,014	+/-1,120	3.8%	+/-2.2	18.8%
Two or more races	3,125	+/-603	6.0%	+/-4.4	15.5%
Hispanic or Latino origin (of any race)	48,277	+/-1,221	8.2%	+/-1.5	23.4%
White alone, not Hispanic or Latino	18,275	+/-909	5.6%	+/-1.4	11.5%
LIVING ARRANGEMENT					
In family households	75,515	+/-963	8.3%	+/-1.2	21.1%
In married-couple family	47,539	+/-2,108	2.2%	+/-0.9	12.2%
In Female householder, no husband present households	20,357	+/-1,756	21.9%	+/-4.2	39.0%
In other living arrangements	11,222	+/-806	13.3%	+/-2.6	25.2%

Service Accessibility

ATTACHMENT 24c - 5



DP03

SELECTED ECONOMIC CHARACTERISTICS

2011-2015 American Community Survey 5-Year Estimates

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Subject	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	66,148	+/-723	66,148	(X)
In labor force	46,199	+/-1,038	69.8%	+/-1.2
Civilian labor force	45,918	+/-1,054	69.4%	+/-1.3
Employed	40,934	+/-970	61.9%	+/-1.3
Unemployed	4,984	+/-530	7.5%	+/-0.8
Armed Forces	281	+/-115	0.4%	+/-0.2
Not in labor force	19,949	+/-806	30.2%	+/-1.2
Civilian labor force	45,918	+/-1,054	45,918	(X)
Unemployment Rate	(X)	(X)	10.9%	+/-1.1
Females 16 years and over	33,284	+/-620	33,284	(X)
In labor force	21,534	+/-689	64.7%	+/-1.7
Civilian labor force	21,430	+/-705	64.4%	+/-1.7
Employed	19,055	+/-683	57.2%	+/-1.7
Own children of the householder under 6 years	8,022	+/-502	8,022	(X)
All parents in family in labor force	5,874	+/-499	73.2%	+/-3.9
Own children of the householder 6 to 17 years	15,954	+/-758	15,954	(X)
All parents in family in labor force	11,746	+/-865	73.6%	+/-4.0
COMMUTING TO WORK				
Workers 16 years and over	40,476	+/-939	40,476	(X)
Car, truck, or van -- drove alone	30,038	+/-997	74.2%	+/-1.9
Car, truck, or van -- carpooled	6,530	+/-705	16.1%	+/-1.7
Public transportation (excluding taxicab)	1,420	+/-245	3.5%	+/-0.6
Walked	635	+/-202	1.6%	+/-0.5
Other means	459	+/-179	1.1%	+/-0.4
Worked at home	1,394	+/-278	3.4%	+/-0.7

Service Accessibility

ATTACHMENT 24c - 5

Subject	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean travel time to work (minutes)	25.8	+/-0.8	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	40,934	+/-970	40,934	(X)
Management, business, science, and arts occupations	9,041	+/-697	22.1%	+/-1.7
Service occupations	9,205	+/-769	22.5%	+/-1.7
Sales and office occupations	8,708	+/-703	21.3%	+/-1.6
Natural resources, construction, and maintenance occupations	3,232	+/-411	7.9%	+/-1.0
Production, transportation, and material moving occupations	10,748	+/-762	26.3%	+/-1.8
INDUSTRY				
Civilian employed population 16 years and over	40,934	+/-970	40,934	(X)
Agriculture, forestry, fishing and hunting, and mining	77	+/-44	0.2%	+/-0.1
Construction	2,383	+/-350	5.8%	+/-0.8
Manufacturing	9,381	+/-704	22.9%	+/-1.8
Wholesale trade	1,637	+/-331	4.0%	+/-0.8
Retail trade	4,370	+/-513	10.7%	+/-1.2
Transportation and warehousing, and utilities	1,730	+/-268	4.2%	+/-0.6
Information	401	+/-154	1.0%	+/-0.4
Finance and insurance, and real estate and rental and leasing	1,397	+/-228	3.4%	+/-0.6
Professional, scientific, and management, and administrative and waste management services	5,369	+/-506	13.1%	+/-1.2
Educational services, and health care and social assistance	6,671	+/-585	16.3%	+/-1.4
Arts, entertainment, and recreation, and accommodation and food services	4,654	+/-630	11.4%	+/-1.5
Other services, except public administration	1,649	+/-288	4.0%	+/-0.7
Public administration	1,215	+/-250	3.0%	+/-0.6
CLASS OF WORKER				
Civilian employed population 16 years and over	40,934	+/-970	40,934	(X)
Private wage and salary workers	35,520	+/-936	86.8%	+/-1.3
Government workers	3,974	+/-469	9.7%	+/-1.1
Self-employed in own not incorporated business workers	1,378	+/-282	3.4%	+/-0.7
Unpaid family workers	62	+/-53	0.2%	+/-0.1
INCOME AND BENEFITS (IN 2015 INFLATION-ADJUSTED DOLLARS)				
Total households	28,826	+/-543	28,826	(X)
Less than \$10,000	2,459	+/-353	8.5%	+/-1.2
\$10,000 to \$14,999	1,402	+/-189	4.9%	+/-0.6
\$15,000 to \$24,999	3,910	+/-421	13.6%	+/-1.5
\$25,000 to \$34,999	3,524	+/-378	12.2%	+/-1.3
\$35,000 to \$49,999	4,217	+/-385	14.6%	+/-1.3
\$50,000 to \$74,999	5,685	+/-511	19.7%	+/-1.7
\$75,000 to \$99,999	3,147	+/-334	10.9%	+/-1.2
\$100,000 to \$149,999	2,770	+/-322	9.6%	+/-1.1
\$150,000 to \$199,999	1,088	+/-217	3.8%	+/-0.7
\$200,000 or more	624	+/-138	2.2%	+/-0.5
Median household income (dollars)	45,845	+/-1,607	(X)	(X)
Mean household income (dollars)	60,594	+/-2,409	(X)	(X)
With earnings	23,767	+/-566	82.4%	+/-1.5
Mean earnings (dollars)	61,105	+/-2,304	(X)	(X)
With Social Security	5,982	+/-402	20.8%	+/-1.3
Mean Social Security income (dollars)	16,257	+/-656	(X)	(X)
With retirement income	3,716	+/-322	12.9%	+/-1.1
Mean retirement income (dollars)	22,301	+/-2,625	(X)	(X)

Subject	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With Supplemental Security Income	1,023	+/-229	3.5%	+/-0.8
Mean Supplemental Security Income (dollars)	8,975	+/-981	(X)	(X)
With cash public assistance income	1,310	+/-239	4.5%	+/-0.8
Mean cash public assistance income (dollars)	2,758	+/-575	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	5,894	+/-434	20.4%	+/-1.4
Families	20,089	+/-486	20.089	(X)
Less than \$10,000	1,487	+/-268	7.4%	+/-1.3
\$10,000 to \$14,999	943	+/-217	4.7%	+/-1.1
\$15,000 to \$24,999	2,352	+/-330	11.7%	+/-1.6
\$25,000 to \$34,999	2,207	+/-295	11.0%	+/-1.4
\$35,000 to \$49,999	2,902	+/-312	14.4%	+/-1.5
\$50,000 to \$74,999	4,056	+/-369	20.2%	+/-1.8
\$75,000 to \$99,999	2,364	+/-305	11.8%	+/-1.5
\$100,000 to \$149,999	2,245	+/-271	11.2%	+/-1.3
\$150,000 to \$199,999	944	+/-210	4.7%	+/-1.0
\$200,000 or more	589	+/-137	2.9%	+/-0.7
Median family income (dollars)	50,874	+/-2,590	(X)	(X)
Mean family income (dollars)	67,301	+/-3,492	(X)	(X)
Per capita income (dollars)	20,426	+/-843	(X)	(X)
Nonfamily households	8,737	+/-557	8,737	(X)
Median nonfamily income (dollars)	30,678	+/-1,895	(X)	(X)
Mean nonfamily income (dollars)	39,212	+/-2,469	(X)	(X)
Median earnings for workers (dollars)	22,797	+/-1,292	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	34,586	+/-2,647	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	28,406	+/-2,496	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	86,807	+/-511	86,807	(X)
With health insurance coverage	68,226	+/-1,147	78.6%	+/-1.3
With private health insurance	42,055	+/-1,590	48.4%	+/-1.8
With public coverage	31,741	+/-1,349	36.6%	+/-1.6
No health insurance coverage	18,581	+/-1,130	21.4%	+/-1.3
Civilian noninstitutionalized population under 18 years	25,174	+/-729	25,174	(X)
No health insurance coverage	980	+/-275	3.9%	+/-1.1
Civilian noninstitutionalized population 18 to 64 years	54,645	+/-824	54,645	(X)
In labor force:	44,086	+/-1,003	44,086	(X)
Employed:	39,466	+/-913	39,466	(X)
With health insurance coverage	27,545	+/-1,074	69.8%	+/-2.1
With private health insurance	24,376	+/-1,083	61.8%	+/-2.2
With public coverage	3,905	+/-414	9.9%	+/-1.1
No health insurance coverage	11,921	+/-841	30.2%	+/-2.1
Unemployed:	4,620	+/-491	4,620	(X)
With health insurance coverage	2,556	+/-367	55.3%	+/-5.7
With private health insurance	1,195	+/-234	25.9%	+/-4.1
With public coverage	1,406	+/-269	30.4%	+/-5.2
No health insurance coverage	2,064	+/-356	44.7%	+/-5.7
Not in labor force:	10,559	+/-627	10,559	(X)
With health insurance coverage	7,266	+/-610	68.8%	+/-3.6
With private health insurance	3,945	+/-462	37.4%	+/-3.4

Subject	Waukegan city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With public coverage	3,803	+/-443	36.0%	+/-3.6
No health insurance coverage	3,293	+/-399	31.2%	+/-3.6
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	20.1%	+/-1.8
With related children of the householder under 18 years	(X)	(X)	27.4%	+/-2.6
With related children of the householder under 5 years only	(X)	(X)	29.0%	+/-7.8
Married couple families	(X)	(X)	9.8%	+/-2.0
With related children of the householder under 18 years	(X)	(X)	14.1%	+/-3.0
With related children of the householder under 5 years only	(X)	(X)	12.9%	+/-8.0
Families with female householder, no husband present	(X)	(X)	39.9%	+/-4.4
With related children of the householder under 18 years	(X)	(X)	48.0%	+/-5.4
With related children of the householder under 5 years only	(X)	(X)	50.8%	+/-14.4
All people	(X)	(X)	21.7%	+/-1.6
Under 18 years	(X)	(X)	33.0%	+/-3.0
Related children of the householder under 18 years	(X)	(X)	32.7%	+/-3.0
Related children of the householder under 5 years	(X)	(X)	38.2%	+/-4.7
Related children of the householder 5 to 17 years	(X)	(X)	30.7%	+/-3.5
18 years and over	(X)	(X)	17.1%	+/-1.3
18 to 64 years	(X)	(X)	17.8%	+/-1.4
65 years and over	(X)	(X)	12.0%	+/-2.7
People in families	(X)	(X)	20.8%	+/-1.8
Unrelated individuals 15 years and over	(X)	(X)	26.3%	+/-3.1

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Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

Workers include members of the Armed Forces and civilians who were at work last week.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2011-2015 tables, industry data in the multiyear files (2011-2015) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at <https://www.census.gov/people/io/methodology/>.

Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 -- please see https://www.census.gov/library/working-papers/2010/demo/coverage_edits_final.html for more details. The 2008 data table in American FactFinder does not incorporate these edits. Therefore, the estimates that appear in these tables are not comparable to the estimates in the 2009 and later tables. Select geographies of 2008 data comparable to the 2009 and later tables are available at <https://www.census.gov/data/tables/time-series/acs/1-year-re-run-health-insurance.html>. The health insurance coverage category names were modified in 2010. See https://www.census.gov/topics/health/health-insurance/about/glossary.html#par_textimage_18 for a list of the insurance type definitions.

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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:

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DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	North Chicago city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	29,925	+/-228	29,925	(X)
Male	17,569	+/-575	58.7%	+/-1.9
Female	12,356	+/-570	41.3%	+/-1.9
Under 5 years	1,999	+/-275	6.7%	+/-0.9
5 to 9 years	1,933	+/-227	6.5%	+/-0.7
10 to 14 years	1,609	+/-217	5.4%	+/-0.7
15 to 19 years	5,126	+/-573	17.1%	+/-1.9
20 to 24 years	5,871	+/-541	19.6%	+/-1.8
25 to 34 years	5,259	+/-439	17.6%	+/-1.5
35 to 44 years	2,567	+/-294	8.6%	+/-1.0
45 to 54 years	2,238	+/-263	7.5%	+/-0.9
55 to 59 years	1,003	+/-175	3.4%	+/-0.6
60 to 64 years	754	+/-126	2.5%	+/-0.4
65 to 74 years	1,017	+/-166	3.4%	+/-0.6
75 to 84 years	447	+/-97	1.5%	+/-0.3
85 years and over	102	+/-53	0.3%	+/-0.2
Median age (years)	23.6	+/-0.4	(X)	(X)
18 years and over	23,602	+/-433	78.9%	+/-1.3
21 years and over	17,883	+/-549	59.8%	+/-1.8
62 years and over	1,942	+/-226	6.5%	+/-0.8
65 years and over	1,566	+/-213	5.2%	+/-0.7
18 years and over	23,602	+/-433	23,602	(X)
Male	14,370	+/-615	60.9%	+/-2.2
Female	9,232	+/-511	39.1%	+/-2.2
65 years and over	1,566	+/-213	1,566	(X)
Male	603	+/-129	38.5%	

Service Accessibility

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Subject	North Chicago city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	963	+/-145	61.5%	+/-5.6
RACE				
Total population	29,925	+/-228	29,925	(X)
One race	28,758	+/-437	96.1%	+/-1.2
Two or more races	1,167	+/-365	3.9%	+/-1.2
One race	28,758	+/-437	96.1%	+/-1.2
White	16,933	+/-822	56.6%	+/-2.7
Black or African American	8,525	+/-727	28.5%	+/-2.4
American Indian and Alaska Native	93	+/-70	0.3%	+/-0.2
Cherokee tribal grouping	0	+/-20	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-20	0.0%	+/-0.1
Navajo tribal grouping	25	+/-42	0.1%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	1,207	+/-265	4.0%	+/-0.9
Asian Indian	178	+/-99	0.6%	+/-0.3
Chinese	274	+/-149	0.9%	+/-0.5
Filipino	379	+/-136	1.3%	+/-0.5
Japanese	62	+/-47	0.2%	+/-0.2
Korean	79	+/-89	0.3%	+/-0.3
Vietnamese	190	+/-123	0.6%	+/-0.4
Other Asian	45	+/-48	0.2%	+/-0.2
Native Hawaiian and Other Pacific Islander	30	+/-51	0.1%	+/-0.2
Native Hawaiian	30	+/-51	0.1%	+/-0.2
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoan	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	1,970	+/-569	6.6%	+/-1.9
Two or more races	1,167	+/-365	3.9%	+/-1.2
White and Black or African American	150	+/-108	0.5%	+/-0.4
White and American Indian and Alaska Native	286	+/-183	1.0%	+/-0.6
White and Asian	290	+/-182	1.0%	+/-0.6
Black or African American and American Indian and Alaska Native	80	+/-78	0.3%	+/-0.3
Race alone or in combination with one or more other races				
Total population	29,925	+/-228	29,925	(X)
White	17,972	+/-845	60.1%	+/-2.8
Black or African American	8,840	+/-725	29.5%	+/-2.4
American Indian and Alaska Native	500	+/-243	1.7%	+/-0.8
Asian	1,608	+/-302	5.4%	+/-1.0
Native Hawaiian and Other Pacific Islander	116	+/-101	0.4%	+/-0.3
Some other race	2,218	+/-577	7.4%	+/-1.9
HISPANIC OR LATINO AND RACE				
Total population	29,925	+/-228	29,925	(X)
Hispanic or Latino (of any race)	8,989	+/-723	30.0%	+/-2.4
Mexican	7,698	+/-740	25.4%	+/-2.5
Puerto Rican	460	+/-173	1.5%	+/-0.6
Cuban	16	+/-37	0.1%	+/-0.1
Other Hispanic or Latino	905	+/-283	3.0%	+/-0.9
Not Hispanic or Latino	20,936	+/-743	70.0%	+/-2.4
White alone	10,331	+/-605	34.5%	+/-2.0
Black or African American alone	8,388	+/-735	28.0%	+/-2.5
American Indian and Alaska Native alone	79	+/-64	0.3%	+/-0.2
Asian alone	1,186	+/-264	4.0%	+/-0.9
Native Hawaiian and Other Pacific Islander alone	30	+/-51	0.1%	+/-0.2

Subject	North Chicago city, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	13	+/-20	0.0%	+/-0.1
Two or more races	909	+/-300	3.0%	+/-1.0
Two races including Some other race	93	+/-86	0.3%	+/-0.3
Two races excluding Some other race, and Three or more races	816	+/-287	2.7%	+/-1.0
Total housing units	8,152	+/-303	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	20,666	+/-631	20.666	(X)
Male	13,005	+/-673	62.9%	+/-2.5
Female	7,661	+/-536	37.1%	+/-2.5

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For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

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DP03

SELECTED ECONOMIC CHARACTERISTICS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60085			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	51,887	+/-972	51,887	(X)
In labor force	36,478	+/-937	70.3%	+/-1.3
Civilian labor force	36,302	+/-930	70.0%	+/-1.3
Employed	32,033	+/-903	61.7%	+/-1.4
Unemployed	4,269	+/-428	8.2%	+/-0.8
Armed Forces	176	+/-84	0.3%	+/-0.2
Not in labor force	15,409	+/-773	29.7%	+/-1.3
Civilian labor force	36,302	+/-930	36,302	(X)
Unemployment Rate	(X)	(X)	11.8%	+/-1.1
Females 16 years and over	25,840	+/-694	25,840	(X)
In labor force	16,696	+/-682	64.6%	+/-2.0
Civilian labor force	16,659	+/-683	64.5%	+/-2.0
Employed	14,714	+/-667	56.9%	+/-2.0
Own children of the householder under 6 years	7,298	+/-492	7,298	(X)
All parents in family in labor force	5,299	+/-527	72.6%	+/-4.7
Own children of the householder 6 to 17 years	13,072	+/-817	13,072	(X)
All parents in family in labor force	9,539	+/-827	73.0%	+/-4.4
COMMUTING TO WORK				
Workers 16 years and over	31,573	+/-899	31,573	(X)
Car, truck, or van – drove alone	22,293	+/-937	70.6%	+/-2.3
Car, truck, or van – carpooled	6,037	+/-712	19.1%	+/-2.2
Public transportation (excluding taxicab)	1,156	+/-258	3.7%	+/-0.8
Walked	622	+/-220	2.0%	+/-0.7
Other means	310	+/-124	1.0%	+/-0.4
Worked at home	1,155	+/-259	3.7%	+/-0.8

Service Accessibility

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Subject	ZCTA5 60085			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Mean travel time to work (minutes)	25.3	+/-0.9	(X)	(X)
OCCUPATION				
Civilian employed population 16 years and over	32,033	+/-903	32,033	(X)
Management, business, science, and arts occupations	5,751	+/-595	18.0%	+/-1.9
Service occupations	8,457	+/-738	26.4%	+/-2.0
Sales and office occupations	6,146	+/-484	19.2%	+/-1.4
Natural resources, construction, and maintenance occupations	2,755	+/-385	8.6%	+/-1.2
Production, transportation, and material moving occupations	8,924	+/-698	27.9%	+/-2.0
INDUSTRY				
Civilian employed population 16 years and over	32,033	+/-903	32,033	(X)
Agriculture, forestry, fishing and hunting, and mining	42	+/-33	0.1%	+/-0.1
Construction	1,822	+/-293	5.7%	+/-0.9
Manufacturing	7,488	+/-671	23.4%	+/-2.0
Wholesale trade	1,219	+/-284	3.8%	+/-0.9
Retail trade	3,237	+/-433	10.1%	+/-1.3
Transportation and warehousing, and utilities	1,395	+/-269	4.4%	+/-0.9
Information	293	+/-129	0.9%	+/-0.4
Finance and insurance, and real estate and rental and leasing	1,045	+/-184	3.3%	+/-0.6
Professional, scientific, and management, and administrative and waste management services	4,471	+/-491	14.0%	+/-1.5
Educational services, and health care and social assistance	4,611	+/-461	14.4%	+/-1.4
Arts, entertainment, and recreation, and accommodation and food services	4,159	+/-622	13.0%	+/-1.8
Other services, except public administration	1,500	+/-308	4.7%	+/-1.0
Public administration	751	+/-196	2.3%	+/-0.6
CLASS OF WORKER				
Civilian employed population 16 years and over	32,033	+/-903	32,033	(X)
Private wage and salary workers	28,181	+/-873	88.0%	+/-1.3
Government workers	2,547	+/-361	8.0%	+/-1.1
Self-employed in own not incorporated business workers	1,254	+/-273	3.9%	+/-0.8
Unpaid family workers	51	+/-50	0.2%	+/-0.2
INCOME AND BENEFITS (IN 2015 INFLATION-ADJUSTED DOLLARS)				
Total households	22,498	+/-575	22,498	(X)
Less than \$10,000	2,161	+/-274	9.6%	+/-1.2
\$10,000 to \$14,999	1,359	+/-188	6.0%	+/-0.8
\$15,000 to \$24,999	3,437	+/-403	15.3%	+/-1.8
\$25,000 to \$34,999	2,809	+/-308	12.5%	+/-1.3
\$35,000 to \$49,999	3,607	+/-377	16.0%	+/-1.6
\$50,000 to \$74,999	4,484	+/-432	19.9%	+/-1.8
\$75,000 to \$99,999	2,109	+/-248	9.4%	+/-1.1
\$100,000 to \$149,999	1,769	+/-266	7.9%	+/-1.2
\$150,000 to \$199,999	585	+/-159	2.6%	+/-0.7
\$200,000 or more	178	+/-70	0.8%	+/-0.3
Median household income (dollars)	40,601	+/-1,579	(X)	(X)
Mean household income (dollars)	51,325	+/-1,940	(X)	(X)
With earnings	18,802	+/-551	83.6%	+/-1.4
Mean earnings (dollars)	52,436	+/-2,258	(X)	(X)
With Social Security	4,279	+/-344	19.0%	+/-1.5
Mean Social Security income (dollars)	14,612	+/-778	(X)	(X)
With retirement income	2,350	+/-236	10.4%	+/-1.0
Mean retirement income (dollars)	20,883	+/-2,983	(X)	(X)

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Subject	ZCTA5 60085			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With Supplemental Security Income	831	+/-176	3.7%	+/-0.8
Mean Supplemental Security Income (dollars)	9,068	+/-1,098	(X)	(X)
With cash public assistance income	1,212	+/-200	5.4%	+/-0.9
Mean cash public assistance income (dollars)	2,780	+/-601	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	5,684	+/-413	25.3%	+/-1.7
Families	15,561	+/-464	15,561	(X)
Less than \$10,000	1,317	+/-238	8.5%	+/-1.5
\$10,000 to \$14,999	875	+/-201	5.6%	+/-1.3
\$15,000 to \$24,999	2,171	+/-294	14.0%	+/-1.8
\$25,000 to \$34,999	1,989	+/-298	12.8%	+/-1.9
\$35,000 to \$49,999	2,471	+/-302	15.9%	+/-1.9
\$50,000 to \$74,999	3,116	+/-334	20.0%	+/-2.1
\$75,000 to \$99,999	1,570	+/-229	10.1%	+/-1.5
\$100,000 to \$149,999	1,450	+/-241	9.3%	+/-1.5
\$150,000 to \$199,999	438	+/-146	2.8%	+/-0.9
\$200,000 or more	164	+/-71	1.1%	+/-0.5
Median family income (dollars)	42,250	+/-2,847	(X)	(X)
Mean family income (dollars)	55,038	+/-2,576	(X)	(X)
Per capita income (dollars)	16,929	+/-634	(X)	(X)
Nonfamily households	6,937	+/-451	6,937	(X)
Median nonfamily income (dollars)	27,290	+/-3,434	(X)	(X)
Mean nonfamily income (dollars)	37,191	+/-2,496	(X)	(X)
Median earnings for workers (dollars)	21,416	+/-723	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	31,167	+/-1,298	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	25,827	+/-1,261	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	69,536	+/-1,152	69,536	(X)
With health insurance coverage	52,441	+/-1,477	75.4%	+/-1.7
With private health insurance	27,707	+/-1,604	39.8%	+/-2.2
With public coverage	28,537	+/-1,162	41.0%	+/-1.5
No health insurance coverage	17,095	+/-1,173	24.6%	+/-1.7
Civilian noninstitutionalized population under 18 years	21,334	+/-884	21,334	(X)
No health insurance coverage	822	+/-252	3.9%	+/-1.2
Civilian noninstitutionalized population 18 to 64 years	43,342	+/-855	43,342	(X)
In labor force:	34,916	+/-877	34,916	(X)
Employed:	30,989	+/-853	30,989	(X)
With health insurance coverage	19,834	+/-1,023	64.0%	+/-2.8
With private health insurance	16,981	+/-1,054	54.8%	+/-2.9
With public coverage	3,445	+/-397	11.1%	+/-1.3
No health insurance coverage	11,155	+/-914	36.0%	+/-2.8
Unemployed:	3,927	+/-400	3,927	(X)
With health insurance coverage	2,097	+/-331	53.4%	+/-6.5
With private health insurance	758	+/-184	19.3%	+/-4.2
With public coverage	1,364	+/-271	34.7%	+/-6.0
No health insurance coverage	1,830	+/-319	46.6%	+/-6.5
Not in labor force:	8,426	+/-608	8,426	(X)
With health insurance coverage	5,384	+/-509	63.9%	+/-4.2
With private health insurance	2,287	+/-344	27.1%	+/-3.7

Subject	ZCTA5 60085			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With public coverage	3,452	+/-404	41.0%	+/-3.8
No health insurance coverage	3,042	+/-426	36.1%	+/-4.2
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	23.8%	+/-2.0
With related children of the householder under 18 years	(X)	(X)	29.9%	+/-2.8
With related children of the householder under 5 years only	(X)	(X)	33.7%	+/-8.9
Married couple families	(X)	(X)	13.0%	+/-2.6
With related children of the householder under 18 years	(X)	(X)	17.2%	+/-3.6
With related children of the householder under 5 years only	(X)	(X)	12.0%	+/-7.5
Families with female householder, no husband present	(X)	(X)	41.7%	+/-4.9
With related children of the householder under 18 years	(X)	(X)	49.3%	+/-6.0
With related children of the householder under 5 years only	(X)	(X)	54.8%	+/-16.1
All people	(X)	(X)	24.5%	+/-1.7
Under 18 years	(X)	(X)	35.5%	+/-3.0
Related children of the householder under 18 years	(X)	(X)	35.0%	+/-3.0
Related children of the householder under 5 years	(X)	(X)	41.6%	+/-5.0
Related children of the householder 5 to 17 years	(X)	(X)	32.5%	+/-3.8
18 years and over	(X)	(X)	19.8%	+/-1.5
18 to 64 years	(X)	(X)	20.2%	+/-1.8
65 years and over	(X)	(X)	15.7%	+/-3.5
People in families	(X)	(X)	24.0%	+/-2.0
Unrelated individuals 15 years and over	(X)	(X)	27.4%	+/-2.9

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.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

Workers include members of the Armed Forces and civilians who were at work last week.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2011-2015 tables, industry data in the multiyear files (2011-2015) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at <https://www.census.gov/people/io/methodology/>.

Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 – please see https://www.census.gov/library/working-papers/2010/demo/coverage_edits_final.html for more details. The 2008 data table in American FactFinder does not incorporate these edits. Therefore, the estimates that appear in these tables are not comparable to the estimates in the 2009 and later tables. Select geographies of 2008 data comparable to the 2009 and later tables are available at <https://www.census.gov/data/tables/time-series/acs/1-year-re-run-health-insurance.html>. The health insurance coverage category names were modified in 2010. See https://www.census.gov/topics/health/health-insurance/about/glossary.html#par_textimage_18 for a list of the insurance type definitions.

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.



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	ZCTA5 60085				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	69,451	+/-1,138	17,031	+/-1,188	24.5%
AGE					
Under 18 years	21,073	+/-892	7,471	+/-649	35.5%
Under 5 years	5,825	+/-392	2,421	+/-318	41.6%
5 to 17 years	15,248	+/-840	5,050	+/-602	33.1%
Related children of householder under 18 years	20,893	+/-906	7,321	+/-656	35.0%
18 to 64 years	43,518	+/-865	8,799	+/-771	20.2%
18 to 34 years	19,787	+/-762	4,506	+/-620	22.8%
35 to 64 years	23,731	+/-791	4,293	+/-506	18.1%
60 years and over	7,838	+/-542	1,365	+/-258	17.4%
65 years and over	4,860	+/-411	761	+/-194	15.7%
SEX					
Male	34,274	+/-883	7,946	+/-691	23.2%
Female	35,177	+/-918	9,085	+/-766	25.8%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	45,951	+/-1,335	10,287	+/-1,100	22.4%
Black or African American alone	12,258	+/-861	5,014	+/-595	40.9%
American Indian and Alaska Native alone	194	+/-119	16	+/-18	8.2%
Asian alone	3,715	+/-578	329	+/-211	8.9%
Native Hawaiian and Other Pacific Islander alone	13	+/-25	0	+/-26	0.0%
Some other race alone	5,025	+/-625	1,079	+/-313	21.5%
Two or more races	2,295	+/-655	306	+/-160	13.3%
Hispanic or Latino origin (of any race)	42,092	+/-1,237	10,228	+/-1,034	24.3%
White alone, not Hispanic or Latino	10,728	+/-823	1,808	+/-465	16.9%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	39,881	+/-862	7,646	+/-601	19.2%
Less than high school graduate	13,289	+/-725	3,450	+/-499	26.0%

Service Accessibility

ATTACHMENT 24c - 5

10/25/2017

Unnecessary Duplication/Maldistribution

ZIP Code	Population
60002	24,340
60015	27,356
60030	36,649
60031	37,800
60035	29,806
60040	5,391
60041	9,192
60044	9,715
60045	20,514
60046	35,013
60047	42,330
60048	28,966
60060	38,138
60061	26,352
60062	40,344
60064	15,954
60069	8,572
60073	61,118
60083	10,676
60084	15,695
60085	71,051
60087	26,545
60088	12,556
60089	41,594
60090	38,014
60096	6,871
60099	31,147
Total	751,699

1(A-B-C) The establishment of Fresenius Kidney Care Waukegan Park will not result in unnecessary duplication of services in the Waukegan market. Waukegan is a Federally Designated Medically Underserved Area (MUA) based on its high minority demographics, low income of residents and lack of adequate insurance and healthcare resources. Currently the two ESRD facilities serving Waukegan (FKC Waukegan Harbor and DaVita Waukegan) are operating at a combined utilization rate of 97.17%. Adding just seven more patients will put both facilities at capacity. Access to dialysis services for residents of Waukegan is simply being eliminated.

A new facility in Waukegan would provide access to dialysis services for a demographic that is socially and economically disadvantaged. FKC Waukegan park would not duplicate services, but would provide necessary access in an area of healthcare and economic limitations experiencing capacity utilization rates of dialysis clinics.

The clinics that are within 30-minutes travel time of Waukegan are operating 66.96% utilization, however one of these facilities, FKC Zion, will be opening in early 2018 with 69 patients identified to bring that clinic past 80% in two years. Likewise, the Gurnee facility, which just expanded in 2017, will go beyond 80% utilization in under two years with 53 Gurnee resident patients who will begin treatment there. Other facilities are not easily accessible for the disadvantaged residents of Waukegan. The Waukegan Park facility will provide much needed access to the Waukegan and North Chicago MUA and will also allow Waukegan area patients to remain in their city for treatment.

2) Maldistribution: The ratio of ESRD stations to population in the zip codes within a 30-minute radius of FKC Waukegan Park is 1 station per 4,953 residents according to the U.S. Census Bureau 2015 American Community Survey census, nearly half of what the State station availability is. The State ratio is 1 station per 2,817 residents (based on US Census projections for 2015 of 12,978,800 Illinois residents and September 2017 Board station inventory of 4,606). There are fewer stations available per resident in the Waukegan market than the State, indicating a barrier when it comes to access as well as a need for stations.

There is also a higher prevalence of ESRD in the Waukegan/North Chicago market. One out of every 410 residents here require dialysis services vs. Lake County's rate of one out of every 697 residents or the State rate of one out of every 640 residents. Fewer stations per resident combined with higher prevalence of ESRD further demonstrate the need in the Waukegan/North Chicago medically underserved area.

Facilities within 30 Minutes Travel Time of FKC Waukegan Park

Name	Address	City	Zip Code	MapQuest		Time Adj x1.15	September 2017			Utl Clinics <u>NOT</u> In 2-year Ramp-up
				Miles	Time		Stations	Patients	Utilization	
DaVita Waukegan	3300 Grand Avenue	Waukegan	60085	2	4	4.6	24	145	100.69%	100.69%
FKC Waukegan Harbor	110 N West Street	Waukegan	60085	2.2	5	5.75	21	118	93.65%	93.65%
FKC Gurnee ¹	50 Tower Court	Gurnee	60031	2.5	6	6.9	24	98	68.06%	
FKC Lake Bluff	101 Waukegan Road	Lake Bluff	60044	7	11	12.65	16	73	76.04%	76.04%
DaVita Lake County	565 Lakeview Parkway	Vernon Hills	60061	13.8	21	24.15	16	81	84.38%	84.38%
FKC Highland Park	1657 Old Skokie Road	Highland Park	60035	14	21	24.15	20	61	50.83%	50.83%
FKC Zion ²	1920 Sheridan Road	Zion	60099	10.4	22	25.3	12	0	0%	
FKC Round Lake	401 Nippersink Ave	Round Lake	60073	11.9	22	25.3	16	82	85.42%	85.42%
FKC Mundelein	1400 Townline Road	Mundelein	60060	15	22	25.3	14	59	70.24%	70.24%
FKC Deerfield	405 Lake Cook Rd	Deerfield	60015	19.2	25	28.75	12	29	40.28%	40.28%
Total/Avg							175	746	66.96%	75.19%

1) FKC Gurnee added 8 stations certified June 2017 per #17-003. Dr. Khanna certified there were 53 patients who reside in Gurnee who would be referred to the Gurnee facility in the next two years bringing that facility beyond the 80% State utilization target.

2) FKC Zion will be in operation in early 2018 per #15-036. Dr. Degani certified there were 69 patients residing in the immediate Zion area who would be referred to the Zion facility in the next two years bringing that facility beyond the 80% State utilization target.

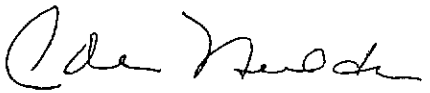
Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Kidney Care Waukegan Park will not create a maldistribution of services regarding there being excess capacity. The facilities directly serving Waukegan are full. This combined with the lower ratio of stations to population than the State standard; higher prevalence of end stage renal disease and the medically underserved status of Waukegan indicate a need for access to dialysis services in the Waukegan/North Chicago MUA.

3) Fresenius Kidney Care Waukegan Park will not have an adverse effect on any other area ESRD provider, but will have a positive impact by providing access to dialysis services to a medically underserved area that is currently restricted by capacity utilization rates. The facility will maintain access to dialysis services for Waukegan residents where the two facilities serving the City are full. The facility will also offer more patients access to services coordinated through the CMS ESRD Seamless Care Organization (ESCO) which improves coordination of care, quality and reduces healthcare costs.

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Waukegan Park facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

Fresenius Kidney Care Waukegan Park will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the Waukegan Park facility, just as they currently are able to at all Fresenius Kidney Care facilities.



Signature

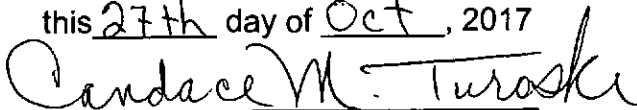
Coleen Muldoon

Printed Name

Regional Vice President/Manager

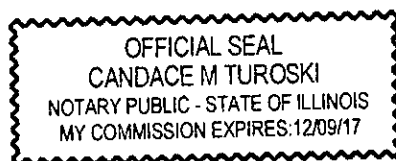
Title

Subscribed and sworn to before me
this 27th day of Oct, 2017



Signature of Notary

Seal



Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Nino Alapishvili is currently the Medical Director for Fresenius Medical Care Round Lake and will be the Medical Director of the Waukegan Park facility. Attached is her curriculum vitae.

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

- 3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

- 4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

Curriculum Vitae

Alapishvili, Nino (MD)

PERSONAL DATA

Date of Birth 06/12/1980

Marital Status
Citizenship USA
Social Security #
Residence

Primary Office Ghantous Group

Telephone Numbers

Business Office North Suburban Nephrology
1445 N. Hunt Club Rd., 201
Gurnee, IL 60031

Telephone Numbers

Federal Tax ID 26-3691964
UPIN
NPI 1508033226

EDUCATION

Medical 08/01/2002 - 05/01/2006
University of Illinois at Chicago
Chicago, IL
MD

Internship: Internship 06/01/2006 - 06/01/2007
Advocate Christ Medical Center
Oak Lawn, IL

Residency: Residency 07/01/2007 - 06/01/2009
Advocate Christ Medical Center
Oak Lawn, IL

Fellowship: Fellowship 07/01/2009 - 06/01/2011
University of Minnesota Hospitals and Clinics
Minneapolis, MN

HOSPITAL AFFILIATIONS

Active 09/01/2011 - Present
Midwestern Regional Hospital
Zion, IL

Active 10/01/2011 - Present
Vista Medical Center East
Waukegan, IL

MEDICAL LICENSURE

IL 036-128778 - 07/31/2017

DEA INFORMATION

Federal	IL	FA2878253
State	IL	336-090390

06/17/2014 - 06/30/2017
- 07/31/2017

Criterion 1110.1430 (f) – Support Services

I am the Regional President at Fresenius Kidney Care who will oversee the Fresenius Kidney Care Waukegan Park facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

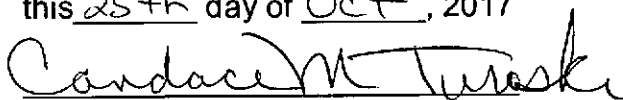
- Fresenius Kidney Care utilizes a patient data tracking system in all of its facilities.
- These support services are will be available at Fresenius Kidney Care Waukegan Park during all six shifts:
 - Nutritional Counseling
 - Psychiatric/Social Services
 - Home/self training
 - Clinical Laboratory Services – provided by Spectra Laboratories
- The following services will be provided via referral to Advocate Condell Medical Center, Libertyville:
 - Blood Bank Services
 - Rehabilitation Services
 - Psychiatric Services



Signature

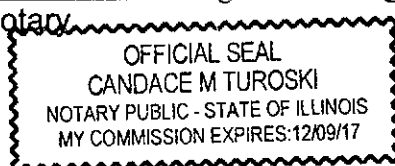
Coleen Muldoon/Regional Vice President/Manager
Name/Title

Subscribed and sworn to before me
this 25th day of Oct, 2017



Signature of Notary

Seal



Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Kidney Care Waukegan Park will be located in the Chicago-Naperville-Elgin, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in a MSA. Fresenius Kidney Care Waukegan Park will have 12 dialysis stations thereby meeting this requirement.

Criterion 1110.1430 (i) – Continuity of Care

The transfer agreement on the following pages between Fresenius Medical Care Lake County, LLC and Advocate Condell Medical Center (ACMC) will be in place at the proposed Fresenius Kidney Care Waukegan Park facility. The terms have been agreed upon by both sides and has been signed by Fresenius. The agreement is now being signed at ACMC and the fully executed copy will be forwarded to the HFSRB as soon as it is obtained.

**TRANSFER AGREEMENT
BETWEEN
ADVOCATE CONDELL MEDICAL CENTER
AND
FRESENIUS MEDICAL CARE LAKE COUNTY, LLC
D/B/A FRESENIUS KIDNEY CARE WAUKEGAN PARK**

This Transfer Agreement (the "**Agreement**") is entered into on the 1st day of November, 2017 ("**Effective Date**"), by and between Advocate Condell Medical Center ("**Hospital**"), an Illinois not-for-profit corporation, and Fresenius Medical Care Lake County, LLC d/b/a Fresenius Kidney Care Waukegan Park ("**Fresenius**"), a Delaware limited liability company.

WHEREAS, Hospital is licensed under Illinois law as an acute care hospital;

WHEREAS, Fresenius intends to establish a Medicare-certified End Stage Renal Dialysis facility;

WHEREAS, Hospital and Fresenius desire to cooperate in the transfer of patients between Fresenius and Hospital, when and if such transfer may, from time to time be deemed necessary and requested by the respective patient's physician, to facilitate appropriate patient care;

WHEREAS, the parties mutually desire to enter into a transfer agreement to provide for the medically appropriate transfer or referral of patients from Fresenius to Hospital, for the benefit of the community and in compliance with HHS regulations; and

WHEREAS, the parties desire to provide a full statement of their agreement in connection with the services to be provided hereunder.

NOW, THEREFORE, BE IT RESOLVED, that in consideration of the mutual covenants, obligations and agreements set forth herein, the parties agree as follows:

I. TERM

1.1 The term of this Agreement shall be for one (1) year(s) from the Effective Date. This Agreement shall automatically renew for one (1) year term(s) unless terminated by either party as set forth herein.

II. TERMINATION

2.1 Either party may terminate this Agreement at any time, with or without cause, upon ninety (90) days prior written notice to the other party. Additionally, this Agreement shall automatically terminate should either party fail to maintain the licensure or certification necessary to carry out the provisions of this Agreement.

III. OBLIGATIONS OF THE PARTIES

3.1 Fresenius agrees:

a. That Fresenius shall refer and transfer patients to Hospital for medical treatment only when such transfer and referral has been determined to be medically appropriate by

the patient's attending physician or, in the case of an emergency, the Medical Director for Fresenius, hereinafter referred to as the "Transferring Physician";

b. That the Transferring Physician shall contact Hospital's Emergency Department Nursing Coordinator, prior to transport, to verify the transport and acceptance of the emergency patient by Hospital. The decision to accept the transfer of the emergency patient shall be made by Hospital's Emergency Department physician, hereinafter referred to as the "Emergency Physician", based on consultation with the member of Hospital's Medical Staff who will serve as the accepting attending physician, hereinafter referred to as the "Accepting Physician". In the case of the non-emergency patient, the Medical Staff attending physician will act as the Accepting Physician and must indicate acceptance of the patient. Fresenius agrees that Hospital shall have the sole discretion to accept the transfer of patients pursuant to this Agreement subject to the availability of equipment and personnel at Hospital. The Transferring Physician shall report all patient medical information which is necessary and pertinent for transport and acceptance of the patient by Hospital to the Emergency Physician and Accepting Physician;

c. That Fresenius shall be responsible for affecting the transfer of all patients referred to Hospital under the terms of this Agreement, including arranging for appropriate transportation, and care for the patient during the transfer. The parties agree and acknowledge that the patient, or the patient's third party payor, if applicable, shall retain financial responsibility for the transfer. The Transferring Physician shall determine the appropriate level of patient care during transport in consultation with the Emergency Physician and the Accepting Physician;

d. That pre-transfer treatment guidelines, if any, will be augmented by orders obtained from the Emergency Physician and/or Accepting Physician;

e. That, prior to patient transfer, the Transferring Physician is responsible for insuring that written, informed consent to transfer is obtained from the patient, the parent or legal guardian of a minor patient, or from the legal guardian or next-of-kin of a patient who is determined by the Transferring Physician to be unable to give informed consent to transfer; and

f. To maintain and provide proof to Hospital of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

3.2 Hospital agrees:

a. To accept and admit in a timely manner, subject to bed availability, Fresenius patients referred for medical treatment, as more fully described in Section 3.1, Subparagraphs a through c;

b. To accept patients from Fresenius in need of inpatient hospital care, when such transfer and referral has been determined to be medically appropriate by the patient's attending physician and/or emergency physician at Fresenius;

c. That Hospital will seek to facilitate referral of transfer patients to specific Accepting Physicians when this is requested by Transferring Physicians and/or transfer patients;

d. That Hospital shall provide Fresenius patients with medically appropriate and available treatment provided that Accepting Physician and/or Emergency Physician writes appropriate orders for such services; and

e. To maintain and provide, upon request, proof to Fresenius of professional and public liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate with respect to the actions of its employees and agents connected with or arising out of services provided under this Agreement.

IV. GENERAL COVENANTS AND CONDITIONS

4.1 Release of Medical Information. In all cases of patients transferred for the purpose of receiving medical treatment under the terms of this Agreement, Fresenius shall ensure that copies of the patient's medical records, including X-rays and reports of all diagnostic tests, accompany the patient to Hospital if feasible, but in any event be transferred to Hospital within one (1) working day, subject to the provisions of applicable State and Federal laws governing the confidentiality of such information. Information to be exchanged shall include any completed transfer and referral forms mutually agreed upon for the purpose of providing the medical and administrative information necessary to determine the appropriateness of treatment or placement, and to enable continuing care to be provided to the patient. The medical records in the care and custody of Hospital and Fresenius shall remain the property of each respective institution.

4.2 Personal Effects. Fresenius shall be responsible for the security, accountability and appropriate disposition of the personal effects of patients prior to and during transfer to Hospital. Hospital shall be responsible for the security, accountability and appropriate disposition of the personal effects of transferred patients upon arrival of the patient at Hospital.

4.3 Indemnification. The parties agree to indemnify and hold each other harmless from any liability, claim, demand, judgment and costs (including reasonable attorney's fees) arising out of or in connection with the intentional or negligent acts of their respective employees and/or agents.

4.4 Independent Contractor. Nothing contained in this Agreement shall constitute or be construed to create a partnership, joint venture, employment, or agency relationship between the parties and/or their respective successors and assigns, it being mutually understood and agreed that the parties shall provide the services and fulfill the obligations hereunder as independent contractors. Further, it is mutually understood and agreed that nothing in this Agreement shall in any way affect the independent operation of either Hospital or Fresenius. The governing body of Hospital and Fresenius shall have exclusive control of the management, assets, and affairs at their respective institutions. No party by virtue of this Agreement shall assume any liability for any debts or obligations of a financial or legal nature incurred by the other, and neither institution shall look to the other to pay for service rendered to a patient transferred by virtue of this Agreement.

4.5 Publicity and Advertising. Neither the name of Hospital nor Fresenius (nor their respective affiliates) shall be used for any form of publicity or advertising by the other without the express written consent of the other.

4.6 Cooperative Efforts. The parties agree to devote their best efforts to promoting cooperation and effective communication between the parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. Parties shall each designate a representative who shall meet as often as necessary

to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/802101 et seq., as may be amended from time to time.

4.7 **Nondiscrimination.** The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age or handicap, under any program or activity receiving Federal financial assistance.

4.8 **Affiliation.** Each party shall retain the right to affiliate or contract under similar agreements with other institutions while this Agreement is in effect.

4.9 **Applicable Laws.** The parties agree to fully comply with applicable federal, and state laws and regulations affecting the provision of services under the terms of this Agreement.

4.10 **Governing Law.** All questions concerning the validity or construction of this Agreement shall be determined in accordance with the laws of Illinois.

4.11 **Writing Constitutes Full Agreement.** This Agreement embodies the complete and full understanding of Hospital and Fresenius with respect to the services to be provided hereunder. There are no promises, terms, conditions, or obligations other than those contained herein; and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. Neither this Agreement nor any rights hereunder may be assigned by either party without the written consent of the other party.

4.12 **Written Modification.** There shall be no modification of this Agreement, except in writing and exercised with the same formalities of this Agreement.

4.13 **Severability.** It is understood and agreed by the parties hereto that if any part, term, or provision of this Agreement is held to be illegal by the courts or in conflict with any law of the state where made, the validity of the remaining portions or provisions shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.

4.14 **Notices.** All notices permitted or required to be given under the terms of this Agreement shall be deemed received (i) when delivered personally; (ii) within three (3) days after it has been post-marked in the United States Mail, certified, postage prepaid; or (iii) upon delivery when sent by nationally recognized overnight courier, and addressed as follows:

If to the Hospital:	Advocate Condell Medical Center
	801 South Milwaukee Avenue
	Libertyville, Illinois 60048
	Attention: President

With a Copy to: Advocate Health Care
3075 Highland Parkway, Suite 600
Downers Grove, Illinois 60515
Attention: Senior Vice President & General Counsel

If to the Fresenius: Fresenius Medical Care Lake County, LLC
3500 Lacey Road
Suite 900
Downers Grove, Illinois 60515
Attention: Lori Wright

With a Copy to: Fresenius Medical Care Lake County, LLC
c/o Fresenius Medical Care North America
920 Winter Street
Waltham, Massachusetts 02451-1457
Attention: Corporate Legal Department

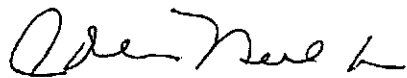
Any party may change the address for notice by notifying the other party, in writing, of the new address.

IN WITNESS WHEREOF, Hospital and Fresenius have executed this Agreement as of the Effective Date.

**ADVOCATE CONDELL MEDICAL
CENTER**

By: _____
Karen Lambert
President

**FRESENIUS MEDICAL CARE LAKE COUNTY,
LLC D/B/A FRESENIUS KIDNEY CARE
WAUKEGAN PARK**

By:  _____

Name: Coleen Muldoon

Title: Regional Vice President

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President Fresenius Medical Care who will oversee the Waukegan Park facility. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Kidney Care Waukegan Park I certify the following:

1. As supported in this application through expected referrals to Fresenius Kidney Care Waukegan Park in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;
2. Fresenius Medical Care hemodialysis patients in Illinois have achieved adequacy outcomes of:
 - o 97% of patients had a URR $\geq$ 65%
 - o 97% of patients had a Kt/V $\geq$ 1.2

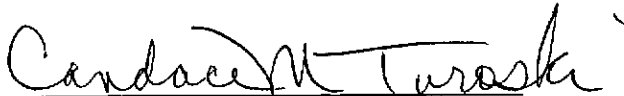
and same or higher is expected for Fresenius Kidney Care Waukegan Park.



Signature

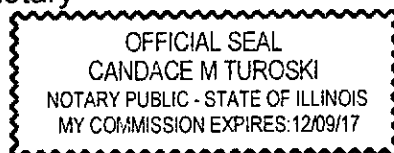
Coleen Muldoon/Regional Vice President/Manager
Name/Title

Subscribed and sworn to before me
this 25th day of Oct, 2017



Signature of Notary

Seal



Health Property Services, Inc.

Corporate Real Estate Solutions

October 24, 2017

Fresenius Medical Care

Attn: Mr. Miles Gateland

(781) 699-9994

Via email: Miles.Gateland@fmc-na.com

RE: 2602 Belvidere Road, Waukegan, IL 60085 Land Parcel

Fresenius Medical Care Build-to-Suit – Letter of Intent

Dear Miles,

We are pleased to present to you this letter of intent. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and **Fresenius Medical Care Lake County, LLC** ("Tenant").

Premises: 7,600 square foot building to be constructed and located at 2602 Belvidere Road, Waukegan, IL 60085, which is the eastern most out-lot of Lake Plaza Shopping Center and contains a total of 41,923 square feet of land, further identified as PIN: 08-30-200-033-0000 ("Property").

Landlord: Health Property Services, or its Designated assignee

Tenant: **Fresenius Medical Care Lake County, LLC, d/b/a Fresenius Kidney Care Waukegan Park**

Guarantor: Fresenius Medical Care Holdings

Lease: Landlord's standard lease form.

Use: Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.

Primary Term: 15 years

Option Term(s): Three (3) Five (5) year options to renew the lease at 2% annual increase in base rent.

Base Rent over initial Term: Annual Rent: Starts at \$28.00sq. ft. and increases by 2% in Year 3 of the Primary Term

Taxes, Insurance & CAM: Tenant will reimburse Landlord

Utilities: Tenant will be responsible to pay for all of their own utilities.

Tenant's Share: 100%

Condition of Premises Upon Delivery: Landlord shall deliver the Premises to **Tenant** in a shell condition in accordance with agreed upon plans and specifications as defined in (**Exhibit A**). In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

Rent Commencement Date: Tenant will not pay rent until the date that is the earlier of (a) the date that Tenant opens for business in the Premises, or (b) ninety (90) days after the Delivery Date.

Delivery Date: The date upon which Landlord's Work is substantially completed which is estimated to be 180 days after receipt of Landlord's building permit.

Construction Drawings For Landlord's Work: Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.

Tenant's Work: Tenant shall construct improvements in the Premises and install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use, subject to Landlord's approval of all plans and specifications for therefor.

Security Deposit: None,

Landlord Maintenance:

Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.

Signage:

Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).

Confidentiality:

The parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants:

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land/, owner, and/or municipality.

CON Contingency

Landlord and FMC 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, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said

Acquisition Contingency:

said application to obtain the CON permit from the Planning Board.

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the date upon which the CON is obtained by Tenant then Tenant then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

Bill Popken

Bill Popken
Health Property Service

Landlord:

By: *Bill Popken*
Title: *Director of Real Estate*
Date: *10-24-17*

Tenant:

By: *Adam Thiel*
Title: *Regional Vice President*
Date: *10/25/17*

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. 2016 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board with #17-027, Fresenius Medical Care Sandwich. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (c) Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		182.00			5,920			1,077,440	1,077,440
Contingency		18.00			5,920			106,560	106,560
Total Clinical		\$200.00			5,920			\$1,184,000	\$1,184,000
Non Clinical		182.00			1,680			305,760	305,760
Contingency		18.00			1,680			30,240	30,240
Total Non		\$200.00			1,680			\$336,000	\$336,000
TOTALS		\$200.00			7,600			\$1,520,000	\$1,520,000

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense:	\$9,248,256
Estimated Medical Supplies:	\$162,653
Estimated Other Supplies (Exc. Dep/Amort):	\$1,086,566
	<u>\$10,497,476</u>
Estimated Annual Treatments:	8,294
Cost Per Treatment:	\$1,265.61

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2019

Depreciation/Amortization:	\$210,000
Interest	<u>\$0</u>
Capital Costs:	\$210,000
Treatments:	8,294
Capital Cost per Treatment	\$25.32

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Lake County, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: *Adrian Ruiz*

ITS: Regional Vice President/Manager

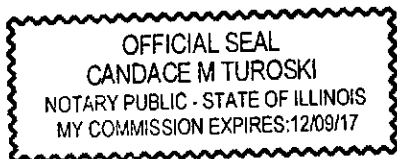
Notarization:

Subscribed and sworn to before me
this 13th day of Sept, 2017

Candace M. Turoski

Signature of Notary

Seal



Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

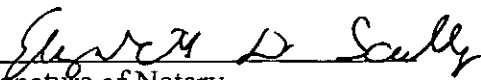
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By: 
Title: Thomas D. Brouillard, Jr.
Assistant Treasurer

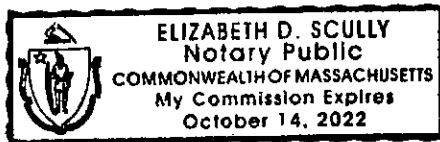
By: 
Title: Bryan Mello
Assistant Treasurer

Notarization:

Subscribed and sworn to before me
this 16th day of October, 2017


Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

Seal

111

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Lake County, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: *Adam Paul*

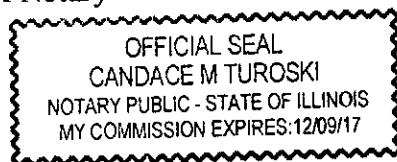
ITS: Regional Vice President/Manager

Notarization:

Subscribed and sworn to before me
this 13th day of Sept., 2017

Candace M. Turosski
Signature of Notary

Seal



Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

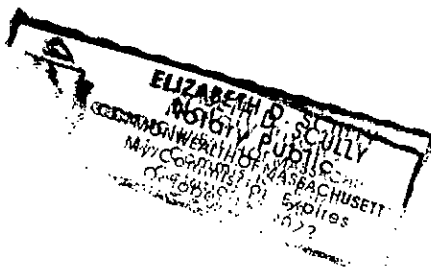
By: [Signature]
ITS: Assistant Treasurer

By: [Signature]
ITS: Bryan Mello
Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 16th day of October 2017

[Signature]
Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this _____ day of _____, 2017

Signature of Notary

Seal

Safety Net Impact Statement

The establishment of Fresenius Kidney Care Waukegan Park will not have any impact on safety net services in the Waukegan area of Lake County. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid for ESRD or insurance on the Healthcare Marketplace. Also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Kidney Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network, National Kidney Foundation and American Kidney Fund.

The table below shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Illinois Fresenius Kidney Care facilities.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	251	195	233
Charity (cost in dollars)	\$5,211,664	\$3,204,986	\$3,269,127
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	\$22,027,882	\$7,310,484	\$4,383,383

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible or are able to purchase insurance on the Healthcare Marketplace with premiums paid for by The American Kidney Fund. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented for ESRD only. Also, the American Kidney Fund funds health insurance premiums for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage on the Healthcare Marketplace funded by AKF. The applicants donate to the AKF to support its initiatives as do most dialysis providers.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively with the patient to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	\$411,981,839	\$438,247,352	\$449,611,441
Amount of Charity Care (charges)	\$5,211,664	\$3,204,986	\$3,269,127
Cost of Charity Care	\$5,211,664	\$3,204,986	\$3,269,127

Note:

- 1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
- 2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of \$22,664,352

Fresenius Medical Care North America - Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist. The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers assist patients in purchasing insurance on the Healthcare Marketplace and then connects patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient's insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.

In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of \$75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index).

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

YOUR TRIP TO:

3300 Grand Ave, Waukegan, IL, 60085-2206

**4 MIN | 2.0 MI** **Est. fuel cost: \$0.22**

Trip time based on traffic conditions as of 11:31 AM on October 25, 2017. Current Traffic: Moderate

TO DAVITA WAUKEGAN

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 0.38 miles

0.38 total miles

2. Turn **right** onto S Green Bay Rd/IL-131.*S Green Bay Rd is just past S Thaxter Ave.**If you are on IL-120 and reach S Birch Ave you've gone about 0.1 miles too far.*

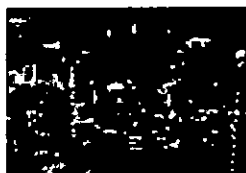
Then 1.55 miles

1.93 total miles

3. Turn **left** onto Grand Ave/IL-132.*Grand Ave is 0.1 miles past Sheeler Ave.**If you reach W Harrison Ave you've gone a little too far.*

Then 0.08 miles

2.01 total miles

4. 3300 Grand Ave, Waukegan, IL 60085-2206, 3300 GRAND AVE is on the **right**.*If you reach N Oakwood Ave you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.Book a hotel tonight and
save with some great deals!

(1-877-577-5766)

Car trouble mid-trip?
MapQuest Roadside
Assistance is here:

(1-888-461-3625)

YOUR TRIP TO:

110 N West St, Waukegan, IL, 60085-4330

**5 MIN | 2.2 MI** **Est. fuel cost: \$0.24**

Trip time based on traffic conditions as of 11:30 AM on October 25, 2017. Current Traffic: Light

TO FKC WAUKEGAN HARBOR

1. Start out going **west** on Belvidere Rd.

Then 0.13 miles 0.13 total miles

2. Make a **U-turn** at Pioneer Rd onto Belvidere Rd.

Then 0.97 miles 1.09 total miles

3. Turn **slight left** onto Glen Rock Ave.*Glen Rock Ave is just past Washington Park Park.**If you reach Benny Ave you've gone a little too far.*

Then 0.89 miles 1.98 total miles

4. Turn **right** onto Washington St/County Hwy-A22.

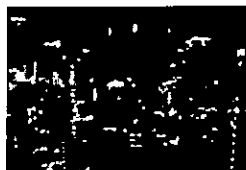
Then 0.13 miles 2.11 total miles

5. Take the 1st **left** onto N West St.*If you reach N Martin Luther King Jr Ave you've gone a little too far.*

Then 0.13 miles 2.24 total miles



6. 110 N West St, Waukegan, IL 60085-4330, 110 N WEST ST is on the left.

*Your destination is just past W Madison St.**If you reach W Clayton St you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.Book a hotel tonight and
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Car trouble mid-trip?
MapQuest Roadside
Assistance is here:

(1-888-461-3625)

MapQuest Travel Times

APPENDIX - 1

YOUR TRIP TO:



50 Tower Ct

6 MIN | 2.5 MI **Est. fuel cost: \$0.27**

Trip time based on traffic conditions as of 11:29 AM on October 25, 2017. Current Traffic: Moderate

TO FKC GURNEE

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 0.38 miles

0.38 total miles

2. Turn **right** onto S Green Bay Rd/IL-131.*S Green Bay Rd is just past S Thaxter Ave.**If you are on IL-120 and reach S Birch Ave you've gone about 0.1 miles too far.*

Then 0.70 miles

1.07 total miles

3. Turn **left** onto Washington St/County Hwy-A22.*Washington St is just past Jolley Ave.**If you are on N Green Bay Rd and reach Westwaukee Rd you've gone about 0.1 miles too far.*

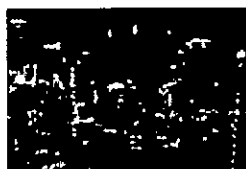
Then 1.30 miles

2.38 total miles

4. Turn **left** onto Tower Ct.*Tower Ct is just past N Frontage Rd.*

Then 0.16 miles

2.54 total miles

5. 50 Tower Ct, Gurnee, IL 60031-3376, 50 TOWER CT is on the **right**.*If you reach the end of Tower Ct you've gone about 0.1 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

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Car trouble mid-trip?
MapQuest Roadside
Assistance is here:
(1-888-461-3625)

MapQuest Travel Times
APPENDIX - 1

120

YOUR TRIP TO:



101 Waukegan Rd, Lake Bluff, IL, 60044

11 MIN | 7.0 MI **Est. fuel cost: \$0.76**

Trip time based on traffic conditions as of 11:30 AM on October 25, 2017. Current Traffic: Moderate

TO FKC LAKE BLUFF

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 1.36 miles

1.36 total miles

2. Merge onto US-41 S/Skokie Hwy toward **Chicago**.

Then 5.07 miles

6.43 total miles

3. Turn **right** onto W Washington Ave.*W Washington Ave is 0.6 miles past Northern Ave.**If you are on US-41 S and reach Gage Ln you've gone about 1.3 miles too far.*

Then 0.08 miles

6.51 total miles

4. Turn **left** onto Shagbark Rd.

Then 0.13 miles

6.64 total miles

5. Turn **right** onto Rockland Rd/IL-176.

Then 0.33 miles

6.96 total miles

6. Take the 1st **left** onto Waukegan Rd/IL-43.*Waukegan Rd is 0.1 miles past Thorntræ Ln.**If you reach Adelpia Ave you've gone about 0.1 miles too far.*

Then 0.08 miles

7.05 total miles

7. 101 Waukegan Rd, Lake Bluff, IL 60044, 101 WAUKEGAN RD is on the **left**.*Your destination is just past Knollwood Rd.**If you reach Carriage Park Ln you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:



565 Lakeview Pkwy, Vernon Hills, IL, 60061-1822

21 MIN | 13.8 MI **Est. fuel cost: \$1.40**

Trip time based on traffic conditions as of 12:13 PM on October 25, 2017. Current Traffic: Moderate

TO DAVITA LAKE COUNTY

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 2.98 miles

2.98 total miles

2. Merge onto I-94 E/Tri State Tollway S toward **Indiana** (Portions toll).

Then 7.70 miles

10.68 total miles

3. Take the **IL-60** exit toward **Town Line Rd.**

Then 0.29 miles

10.97 total miles

4. Merge onto W State Route 60/IL-60 toward **Mettawa.**

Then 2.15 miles

13.12 total miles

5. Turn **left** onto N Milwaukee Ave/IL-21.*If you are on E Townline Rd and reach Hawthorne Shopping Ctr you've gone about 0.1 miles too far.*

Then 0.38 miles

13.50 total miles

6. Turn **right** onto Executive Way.*If you are on N Milwaukee Ave and reach Continental Dr you've gone about 0.2 miles too far.*

Then 0.11 miles

13.60 total miles

7. Turn **right** onto Lakeview Pkwy.

Then 0.20 miles

13.80 total miles

8. 565 Lakeview Pkwy, Vernon Hills, IL 60061-1822, 565 LAKEVIEW PKWY is on the **right**.*If you reach N Fairway Dr you've gone about 0.2 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

1657 Old Skokie Rd

**21 MIN | 14.0 MI** **Est. fuel cost: \$1.51**

Trip time based on traffic conditions as of 11:54 AM on October 25, 2017. Current Traffic: Moderate

TO FKC HIGHLAND PARK

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 1.36 miles

1.36 total miles

2. Merge onto US-41 S toward **Chicago**.

Then 12.43 miles

13.79 total miles

3. Take the **Deerfield Rd W** exit.

Then 0.14 miles

13.93 total miles

4. Keep **right** to take the **OLD SKOKIE ROAD** ramp.

Then 0.05 miles

13.99 total miles

5. Turn **right** onto Old Skokie Rd.

Then 0.03 miles

14.01 total miles

6. 1657 Old Skokie Rd, Highland Park, IL 60035-2349, 1657 OLD SKOKIE RD is on the **right**.*If you reach the end of Old Skokie Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.Book a hotel tonight and
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(1-877-577-5766)

Car trouble mid-trip?
MapQuest Roadside
Assistance is here:

(1-888-461-3625)

YOUR TRIP TO:



1920 Sheridan Rd, Zion, IL, 60099-1890

22 MIN | 10.4 MI **Est. fuel cost: \$1.05**

Trip time based on traffic conditions as of 12:12 PM on October 25, 2017. Current Traffic: Moderate

TO FKC ZION

1. Start out going **west** on Belvidere Rd.

Then 0.13 miles

0.13 total miles

2. Make a **U-turn** at Pioneer Rd onto Belvidere Rd.

Then 2.02 miles

2.15 total miles

3. Turn **right** onto S Genesee St.

Then 0.26 miles

2.40 total miles

4. Turn **left** onto S Spring St/IL-137. Continue to follow IL-137.

Then 2.32 miles

4.72 total miles

5. Turn **left** onto W Greenwood Ave/IL-137.

Then 0.34 miles

5.06 total miles

6. Take the 1st **right** onto N Sheridan Rd/IL-137.*N Sheridan Rd is 0.3 miles past Melvin Amstutz Expy.**If you reach Glendenning Pl you've gone a little too far.*

Then 5.28 miles

10.33 total miles

7. Make a **U-turn** at Wilson Ct onto Sheridan Rd/IL-137.*If you reach 19th St you've gone a little too far.*

Then 0.02 miles

10.35 total miles

8. 1920 Sheridan Rd, Zion, IL 60099-1890, 1920 SHERIDAN RD is on the **right**.*If you reach 20th St you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:



401 W Nippersink Rd

22 MIN | 11.9 MI **Est. fuel cost: \$1.28**

Trip time based on traffic conditions as of 11:23 AM on October 25, 2017. Current Traffic: Moderate

TO FKC ROUND LAKE

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 5.76 miles

5.76 total miles



2. Belvidere Rd becomes IL-120.

Then 4.79 miles

10.55 total miles

3. Turn **slight right** onto IL-134/W Main St. Continue to follow IL-134.*IL-134 is just past N Hainesville Rd.*

Then 1.29 miles

11.84 total miles

4. Turn **left** onto W Nippersink Rd.*W Nippersink Rd is just past Orchard St.**If you are on Railroad Ave and reach N Cedar Lake Rd you've gone about 0.1 miles too far.*

Then 0.06 miles

11.90 total miles

5. 401 W Nippersink Rd, Round Lake, IL 60073-3280, 401 W NIPPERSINK RD is on the **left**.*Your destination is just past Lincoln Ave.**If you reach N Cedar Lake Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.Book a hotel tonight and
save with some great deals!

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Car trouble mid-trip?
MapQuest Roadside
Assistance is here:

(1-888-461-3625)

YOUR TRIP TO:



1400 Townline Rd, Mundelein, IL, 60060-4433

22 MIN | 15.0 MI **Est. fuel cost: \$1.62**

Trip time based on traffic conditions as of 11:27 AM on October 25, 2017. Current Traffic: Moderate

TO FKC MUNDELEIN

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 2.98 miles

2.98 total miles

2. Merge onto I-94 E/Tri State Tollway S toward **Indiana** (Portions toll).

Then 7.70 miles

10.68 total miles

3. Take the **IL-60** exit toward **Town Line Rd.**

Then 0.29 miles

10.97 total miles

4. Merge onto IL-60 toward **Mettawa.**

Then 4.03 miles

14.99 total miles

5. 1400 Townline Rd, Mundelein, IL 60060-4433, 1400 TOWNLINE RD is on the **right.***Your destination is 0.2 miles past S Butterfield Rd.**If you reach McCormick Blvd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.Book a hotel tonight and
save with some great deals!

(1-877-577-5766)

Car trouble mid-trip?
MapQuest Roadside
Assistance is here:

(1-888-461-3625)

YOUR TRIP TO:



405 Lake Cook Rd, Deerfield, IL, 60015-4918

25 MIN | 19.2 MI **Est. fuel cost: \$2.07**

Trip time based on traffic conditions as of 11:53 AM on October 25, 2017. Current Traffic: Moderate

TO FKC DEERFIELD

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 2.98 miles

2.98 total miles

2. Merge onto I-94 E/Tri State Tollway S toward **Indiana** (Portions toll).

Then 13.81 miles

16.79 total miles

3. Take the **Lake-Cook Road** exit.

Then 0.45 miles

17.24 total miles

4. Keep **left** to take the ramp toward **Deerfield**.

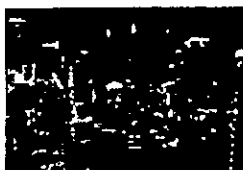
Then 0.05 miles

17.28 total miles

5. Turn **left** onto Lake Cook Rd.

Then 1.90 miles

19.18 total miles

6. 405 Lake Cook Rd, Deerfield, IL 60015-4918, 405 LAKE COOK RD is on the **right**.*Your destination is just past Corporate Ctr.**If you reach S Waukegan Rd you've gone about 0.1 miles too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

Book a hotel tonight and
save with some great deals!
(1-877-577-5766)



Car trouble mid-trip?
MapQuest Roadside
Assistance is here:
(1-888-461-3625)

YOUR TRIP TO:



480 Central Ave, Northfield, IL, 60093-3016

28 MIN | 20.0 MI **Est. fuel cost: \$1.54**

Trip time based on traffic conditions as of 11:22 AM on October 25, 2017. Current Traffic: Light

TO FKC NORTHFIELD - OVER 30 MINUTES TRAVEL TIME ADJUSTED

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 1.36 miles

1.36 total miles

2. Merge onto US-41 S toward **Chicago**.

Then 17.60 miles

18.97 total miles

3. Take EXIT 31 toward **Tower Rd E**.

Then 0.27 miles

19.24 total miles

4. Keep **left** to take the ramp toward **Kohi Children's Museum/Willow Rd**.

Then 0.03 miles

19.26 total miles

5. Turn **left** onto W Frontage Rd.

Then 0.65 miles

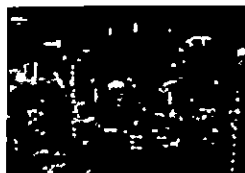
19.91 total miles



6. W Frontage Rd becomes Central Ave.

Then 0.09 miles

20.00 total miles

7. 480 Central Ave, Northfield, IL 60093-3016, 480 CENTRAL AVE is on the **right**.*Your destination is just past Oak St.**If you reach Cherry St you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

Book a hotel tonight and
save with some great deals!
(1-877-577-5766)



Car trouble mid-trip?
MapQuest Roadside
Assistance is here:
(1-888-461-3625)

YOUR TRIP TO:



2601 Compass Rd, Glenview, IL, 60026-8004

30 MIN | 24.7 MI **Est. fuel cost: \$1.91**

Trip time based on traffic conditions as of 11:19 AM on October 25, 2017. Current Traffic: Light

TO SATELLITE GLENVIEW - OVER THIRTY MINUTES TRAVEL TIME ADJUSTED

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 2.98 miles

2.98 total miles

2. Merge onto I-94 E/Tri State Tollway S toward **Indiana** (Portions toll).

Then 14.12 miles

17.10 total miles

3. Keep **right** to take I-294 S/Tri State Tollway S toward **Indiana-ÓHare** (Portions toll).

Then 3.58 miles

20.68 total miles

4. Take the **Willow Rd** exit.

Then 0.37 miles

21.05 total miles

5. Keep **left** to take the ramp toward **Northbrook/Glenview**.

Then 0.03 miles

21.07 total miles

6. Turn **left** onto Willow Rd.

Then 2.34 miles

23.41 total miles

7. Turn **right** onto Patriot Blvd.*Patriot Blvd is 0.2 miles past Shermer Rd.*

Then 0.90 miles

24.31 total miles

8. Make a **U-turn** at Tower Dr onto Patriot Blvd.*If you are on W Lake Ave and reach Mint Ln you've gone about 0.1 miles too far.*

Then 0.23 miles

24.53 total miles

9. Turn **right** onto Compass Rd.*Compass Rd is just past Goldenrod Ln.*

Then 0.17 miles

24.70 total miles



10. 2601 Compass Rd, Glenview, IL 60026-8004, 2601 COMPASS RD.

*If you reach Violet St you've gone about 0.2 miles too far.*MapQuest Travel Times
APPENDIX - 1

YOUR TRIP TO:



311 W Depot St, Antioch, IL, 60002-1525

31 MIN | 19.9 MI **Est. fuel cost: \$2.15**

Trip time based on traffic conditions as of 11:26 AM on October 25, 2017. Current Traffic: Moderate

TO FKC ANTIOCH - OVER 30 MINUTES TRAVEL TIME

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 0.38 miles

0.38 total miles

2. Turn **right** onto S Green Bay Rd/IL-131.*S Green Bay Rd is just past S Thaxter Ave.**If you are on IL-120 and reach S Birch Ave you've gone about 0.1 miles too far.*

Then 0.70 miles

1.07 total miles

3. Turn **left** onto Washington St/County Hwy-A22. Continue to follow Washington St.*Washington St is just past Jolley Ave.**If you are on N Green Bay Rd and reach Westwaukee Rd you've gone about 0.1 miles too far.*

Then 2.85 miles

3.92 total miles

4. Turn **left** onto N Riverside Dr/IL-21. Continue to follow IL-21.*IL-21 is 0.7 miles past Oplaine Rd.*

Then 0.43 miles

4.36 total miles

5. Merge onto I-94 W/Tri State Tollway N toward **Milwaukee** (Portions toll).*If you are on S State Route 21 and reach W Gages Lake Rd you've gone about 0.5 miles too far.*

Then 7.15 miles

11.50 total miles

6. Take the **IL-173/Rosecrans Rd** exit.

Then 0.54 miles

12.04 total miles

7. Turn **left** onto W State Route 173/IL-173.

Then 7.46 miles

19.50 total miles

130



8. Turn **right** onto Hillside Ave.

Hillside Ave is 0.1 miles past Osmond Ave.

If you reach State Route 59 you've gone a little too far.

Then 0.33 miles

19.83 total miles



9. Turn **right** onto W Depot St.

W Depot St is just past Crest Ln.

If you reach Blackman Ter you've gone a little too far.

Then 0.11 miles

19.94 total miles



10. 311 W Depot St, Antioch, IL 60002-1525, 311 W DEPOT ST is on the **right**.

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

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YOUR TRIP TO:

LAKE VILLA DIALYSIS

**34 MIN | 15.9 MI** **Est. fuel cost: \$1.72**

Trip time based on traffic conditions as of 11:24 AM on October 25, 2017. Current Traffic: Heavy

TO DAVITA LAKE VILLA - OVER THIRTY MINUTES TRAVEL TIME

1. Start out going **west** on Belvidere Rd toward Pioneer Rd.

Then 0.38 miles

0.38 total miles

2. Turn **right** onto S Green Bay Rd/IL-131.*S Green Bay Rd is just past S Thaxter Ave.**If you are on IL-120 and reach S Birch Ave you've gone about 0.1 miles too far.*

Then 1.55 miles

1.93 total miles

3. Turn **left** onto Grand Ave/IL-132. Continue to follow Grand Ave.*Grand Ave is 0.1 miles past Sheeler Ave.**If you reach W Harrison Ave you've gone a little too far.*

Then 13.56 miles

15.49 total miles

4. Turn **left** onto N State Route 59/IL-59/IL-132.*N State Route 59 is 0.8 miles past N Fairfield Rd.**If you are on W Entrance Dr and reach N Academy Dr you've gone a little too far.*

Then 0.31 miles

15.80 total miles

5. Make a **U-turn** at N Amber Way onto N State Route 59/IL-59/IL-132.*If you reach W Bald Eagle Rd you've gone about 0.2 miles too far.*

Then 0.15 miles

15.95 total miles



6. LAKE VILLA DIALYSIS, 37809 N IL Route 59, Lake Villa, IL, 37809 N ILLINOIS ROUTE 59.

*If you reach Gavin North Elementary School Rd you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

R. Khanna, DO, FASN
O. Degani, MD
N. Alapishvili, MD
L. Sujata, MD
S. Din, MD
P. Thomas, PA-C

October 25, 2017

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 in practice with Nephrology Associates of Northern Illinois (NANI) and am the Medical Director of the Fresenius Round Lake ESRD facility. My practice partners serve as Medical Directors of the Fresenius Round Lake, Gurnee, Waukegan Harbor and DaVita Waukegan facilities also located in Lake County and the Fresenius facility in McHenry. My practice was formerly North Suburban Nephrology (NSN) which served Lake County for over 35 years. This practice joined NANI about 3 years ago to better serve our Lake County patients.

There has been a continual increase in the number of dialysis patients in Waukegan, which is the most populated city in Lake County. Fresenius has been able to expand services in nearby areas, unfortunately the Waukegan Harbor facility has no available space for expansion and this is where my neediest patients live. Due to the demographics of the patients who live in Waukegan and neighboring North Chicago, who come to Waukegan for dialysis, I do not foresee the increase of ESRD here to slow down.

We were treating 323 hemodialysis patients at the end of 2014, 336 at the end of 2015, 337 at the end of 2016 and 340 patients as of September 30, 2017. Over the past year we referred 70 new hemodialysis patients for services to area Lake County facilities.

We have 349 CKD patients in our practice in various stages of chronic kidney failure that live in Waukegan and North Chicago combined. There are 15 that I expect to begin dialysis at the Waukegan Harbor facility in the upcoming year. Due to varying factors of disease progression and natural patient attrition, I expect approximately 61 of the total patients would begin dialysis at the Waukegan Park facility in the first two years it is operating.

R. Khanna, DO, FASN

O. Degani, MD

N. Alapishvili, MD

L. Sujata, MD

The remaining patients would require dialysis treatment in the following years. We also have a significant number of patients who present in the emergency room in kidney failure requiring immediate dialysis services that are not accounted for in these numbers. **S. Din, MD**
R. Thomas, PA-C

Given the demographics of the Waukegan area and the continual high utilization of clinics in Waukegan, I respectfully ask the Health Facilities and Services Review Board to approve the Waukegan Park facility in order to provide ongoing access to dialysis services in the neediest area of Lake County. Thank you for your consideration.

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,

N. Alapishvili

Nino Alapishvili, M.D.

Notarization:

Subscribed and sworn to before me
this 27th day of October, 2017

Candace M. Turossi
Signature of Notary

Seal



**PRE-ESRD PATIENTS IDENTIFIED FOR
FRESENIUS KIDNEY CARE WAUKEGAN PARK**

Zip Code	Stage 5	Stage 4	Stage 3
60064		12	53
60085	15	49	220
Total	15	61	273

Dialysis Initiation Expected	Upcoming Year	Waukegan Park's 1st. & 2nd Year of Operation	3+ Years

**NEW HEMODIALYSIS REFERRALS OF THE
SUPPORTING PHYSICIANS FOR THE PAST TWELVE MONTHS
10/01/2016 – 09/30/2017**

Zip Code	Fresenius Kidney Care				DaVita		Total
	Antioch	Gurnee	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53104	1						1
53142			1				1
53143		1					1
53168	1						1
60002	2						2
60030	1			1			2
60031		2					2
60044					1		1
60045					1		1
60047						1	1
60060					1		1
60064		2		2		2	6
60073			3		1		4
60083				1			1
60084					1		1
60085		2		5	1	8	16
60087		2		2		5	9
60088						1	1
60089					1		1
60096		1					1
60099	2	4		4	1	1	12
60411						1	1
60425				1			1
60642			1				1
60646			1				1
Total	7	14	6	16	8	19	70

HEMODIALYSIS PATIENTS OF NANI AT YEAR END 2014

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundelein	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53140		1							1
53168	1								1
60002	11								11
60005						1			1
60020					2				2
60025	1								1
60030		1		1			4		6
60031		10	1		2	2		3	18
60035							1		1
60041					2				2
60046	2				2				4
60047							1		1
60048			1				3		4
60060				2			5		7
60061			1	3			4		8
60064	1	5	4			6		11	27
60069							1		1
60071	1								1
60073	3				12		1	1	17
60083		1						2	3
60084				1	1				2
60085	1	34	3		1	32	5	50	126
60087		3	1			7		16	27
60096						1		2	3
60099	6	1	3			10		21	41
60110		1							1
60139							1		1
60181	1								1
60302				1					1
60612						1			1
60640								1	1
60649		1							1
Total	28	58	14	8	22	60	26	107	323

HEMODIALYSIS PATIENTS OF NANI AT YEAR END 2015

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundeleine	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53104	1								1
53140		1				1			2
53142	1								1
53168	1								1
53179	1								1
60002	10								10
60005						1			1
60020	1				1				2
60025	1								1
60030						1	4		5
60031		10	1		4	2		2	19
60035							1		1
60041					3				3
60046	2				2				4
60048			1				4		5
60050	1								1
60051					1				1
60060				2			6		8
60061				3			4		7
60064		5	3			10	1	9	28
60073	1				14		1		16
60081	1								1
60083	1	1				2			4
60084				1	1				2
60085	1	31	2			32	3	61	130
60087		3	2			8	2	16	31
60096						1			1
60099	5	2	1			14		20	42
60110								1	1
60139							1		1
60181	1								1
60302				1					1
60624						1			1
60649		1							1
60659						1			1
Total	29	54	10	7	26	74	27	109	336

HEMODIALYSIS PATIENTS OF NANI AS OF YEAR END 2016

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundelein	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53142					1				1
53143						1		1	2
53179							1		1
60002	6								6
60005						1			1
60020	1				1				2
60025	1								1
60030				1		1	3		5
60031		11	1		3	2		2	19
60035							1		1
60041					3				3
60044							1		1
60046	2				1				3
60048			1				3		4
60060				1			5		6
60061				2			3		5
60064		8	3			9	1	7	28
60069							1		1
60073	2				13		2		17
60076	1								1
60079								2	2
60083	1	2						1	4
60084				1	1				2
60085	1	27	1			39	2	66	136
60087	1	4	1			8	2	17	33
60088								1	1
60096						1			1
60099	3	4	2			14		18	41
60139							1		1
60160	1								1
60181	1								1
60201							1		1
60302				1					1
60609						1			1
60645					1				1
60649		1							1
60659						1			1
Total	21	57	9	6	24	78	27	115	337

HEMODIALYSIS PATIENTS OF NANI OF SEPTEMBER 30, 2017

Zip Code	Fresenius Kidney Care						DaVita		Total
	Antioch	Gurnee	Lake Bluff	Mundelein	Round Lake	Waukegan Harbor	Lake County	Waukegan	
53104	1								1
53142					1				1
53179	2								2
60002	5		1						6
60005						1			1
60020	1				1				2
60025	1								1
60030	1			2	1		2		6
60031		9	1		3	2			15
60035							1		1
60041					3				3
60045							1		1
60046	2				1				3
60047								1	1
60048							3		3
60060							6		6
60061				1			3		4
60064		11	3			9		8	31
60069							1		1
60073	1				14		4		19
60079								2	2
60083	1	2				2		1	6
60084				1	1				2
60085	1	25	1			40	5	63	135
60087		5	1			9	1	21	37
60089							1		1
60096						1			1
60099	4	6	1			13		13	37
60139							1		1
60181	1								1
60201							1		1
60302				1					1
60425						1			1
60609						1			1
60625		1							1
60642					1				1
60645					1				1
60649		1							1
60659						1			1
Total	21	60	8	5	27	80	30	109	340