

17-063

[ ORIGINAL ]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

NOV 06 2017

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Hickory Creek Dialysis		
Street Address:	214 Collins Street		
City and Zip Code:	Joliet, Illinois 60432		
County:	Will	Health Service Area:	9
		Health Planning Area:	9

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

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

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
Other	
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an <b>Illinois certificate of good standing.</b></li> <li>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.</li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Bryan Niehaus
Title:	Senior Consultant
Company Name:	Murer Consultants, Inc.
Address:	19065 Hickory Creek Drive, Suite 115, Mokena, Illinois 60448
Telephone Number:	708-478-7030
E-mail Address:	bniehaus@murer.com
Fax Number:	708-478-7094

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

Name:	Tim Tincknell
Title:	Administrator
Company Name:	DaVita Inc.
Address:	2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number:	773-278-4403
E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

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

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

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name:	Hickory Creek Dialysis	
Street Address:	214 Collins Street	
City and Zip Code:	Joliet, Illinois 60432	
County:	Will	Health Service Area: 9      Health Planning Area: 9

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

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

**Type of Ownership of Applicants**

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

- 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.

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

**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name:	Bryan Niehaus
Title:	Senior Consultant
Company Name:	Murer Consultants, Inc.
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E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name:	Bryan Niehaus
Title:	Senior Consultant
Company Name:	Murer Consultants, Inc.
Address:	19065 Hickory Creek Drive, Suite 115, Mokena, Illinois 60448
Telephone Number:	708-478-7030
E-mail Address:	bniehaus@murer.com
Fax Number:	708-478-7094

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	National Shopping Plazas
Address of Site Owner:	200 West Madison Street, Suite 4200, Chicago, Illinois 60606
Street Address or Legal Description of the Site:	214 Collins Street, Joliet, Illinois 60432

**Legal Description**

See Attached Exhibit A on following page

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:	Joliet Dialysis, LLC
Address:	2000 16 <sup>th</sup> Street, Denver, CO 80202

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

- 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.]

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**EXHIBIT A**  
**210-220 COLLINS**  
**JOLIET, ILLINOIS**  
**LEGAL DESCRIPTION**

**PARCEL 1:**

THE SOUTH 40 FEET OF THE NORTH 58.20 FEET OF LOT 5, BLOCK 43 IN BOWEN'S ADDITION TO JOLIET, IN THE CITY OF JOLIET, IN WILL COUNTY, ILLINOIS.

**PARCEL 2:**

THE SOUTH 25.13 FEET OF LOT 4 AND THE NORTH 18.20 FEET OF LOT 5, ALL IN BLOCK 43, IN BOWEN'S ADDITION TO JOLIET, LOCATED IN THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 10, IN TOWNSHIP 35 NORTH, AND IN RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN WILL COUNTY, ILLINOIS.

**PARCEL 3:**

LOT 6 (EXCEPT THE NORTH 25 FEET THEREOF) AND THE NORTH 4 FEET OF LOT 7 IN BLOCK 43, IN BOWEN'S ADDITION TO JOLIET, A SUBDIVISION OF BLOCKS 8, 9 AND 10 OF EAST JOLIET, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 18, 1836, IN BOOK 2 OF TRANSCRIBED RECORDS, PAGE 11, IN WILL COUNTY, ILLINOIS.

**PARCEL 4:**

LOT 5 (EXCEPT THE NORTH 58.20 FEET THEREOF), AND THE NORTH 25 FEET OF LOT 6 IN BLOCK 43 IN BOWEN'S ADDITION TO JOLIET, IN THE CITY OF JOLIET, IN WILL COUNTY, ILLINOIS.

**PARCEL 5:**

LOT 7, EXCEPT THE NORTH 4 FEET THEREOF, IN BLOCK 43, IN BOWEN'S ADDITION TO JOLIET, A SUBDIVISION OF BLOCKS 8, 9 AND 10 OF EAST JOLIET, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 18, 1836, IN BOOK 2 OF TRANSCRIBED RECORDS, PAGE 11, AND ALSO EXCEPTING THEREFROM THAT PART CONVEYED TO THE PEOPLE OF THE STATE OF ILLINOIS, DEPARTMENT OF TRANSPORTATION BY WARRANTY DEED RECORDED SEPTEMBER 20, 1984 AS DOCUMENT NO. R84-29008, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 7; THENCE ON AN ASSUMED BEARING OF NORTH 02 DEGREES 31 MINUTES 42 SECONDS EAST ALONG THE WEST LINE OF SAID LOT 7 A DISTANCE OF 11.74 FEET TO AN ILLINOIS DEPARTMENT OF TRANSPORTATION, DIVISION OF HIGHWAYS SURVEY MARKER; THENCE SOUTH 03 DEGREES 10 MINUTES 27 SECONDS EAST A DISTANCE OF 11.77 FEET TO A POINT ON THE SOUTH LINE OF SAID LOT 7; THENCE NORTH 88 DEGREES 47 MINUTES 07 SECONDS WEST ALONG THE SAID SOUTH LINE A DISTANCE OF 1.17 FEET TO THE POINT OF BEGINNING, IN WILL COUNTY, ILLINOIS.

**PIN NUMBERS:**

07-10-318-007  
07-10-318-008  
07-10-318-009  
07-10-318-010  
07-10-318-011

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

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT**

**1. Project Classification**

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

Part 1110 Classification:	
<input checked="" type="checkbox"/>	Substantive
<input type="checkbox"/>	Non-substantive

**2. Narrative Description**

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

DaVita, Inc. and Joliet Dialysis, LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 214 Collins Street, Joliet, Illinois 60432. The proposed dialysis facility will include a total of approximately 7,000 contiguous rentable square feet.

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

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$1,354,367		\$1,354,367
Modernization Contracts			
Contingencies	\$100,000		\$100,000
Architectural/Engineering Fees	\$130,500		\$130,500
Consulting and Other Fees	\$78,500		\$78,500
Movable or Other Equipment (not in construction contracts)	\$548,671		\$548,671
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,823,222		\$1,823,222
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$4,035,260</b>		<b>\$4,035,260</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,212,038		\$2,212,038
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,823,222		\$1,823,222
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$4,035,260</b>		<b>\$4,035,260</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>2,405,411</u> .		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>November 30, 2019</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FDRM.	

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>



**Cost Space Requirements**

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

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

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

**Facility Bed Capacity and Utilization**

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

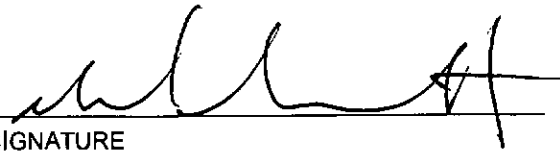
<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive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

**CERTIFICATION**

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

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

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



SIGNATURE

Michael D. Staffieri

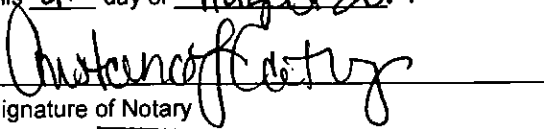
PRINTED NAME

Chief Operating Officer, DaVita Kidney Care

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 11<sup>th</sup> day of August 2017

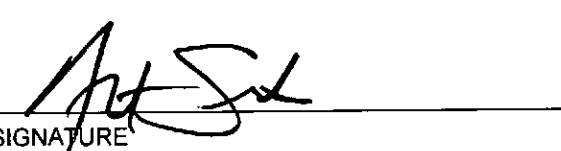


Signature of Notary

Seal

CONSTANCE L CATHEY  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY IO 20024033248  
MY COMMISSION EXPIRES JANUARY 16, 2018

\*Insert EXACT legal name of the applicant



SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

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

*See Attached*

Signature of Notary

Seal

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

State of California

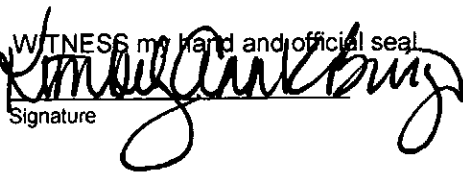
County of Los Angeles

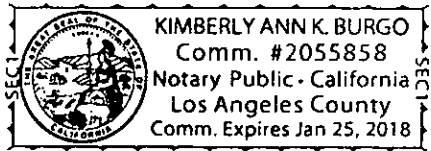
On August 7, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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

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

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

WITNESS my hand and official seal  
  
Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Joliet Dialysis, LLC / Total Renal Care, Inc.)

Document Date: August 7, 2017 Number of Pages: 1 (one)

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

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

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

Signer's Name(s): \_\_\_\_\_

- Individual
- Corporate Officer Assistant Secretary / Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: \_\_\_\_\_

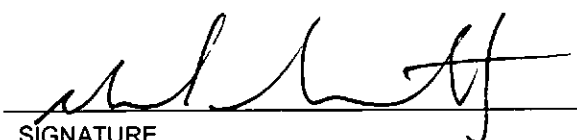
**SIGNER IS REPRESENTING:** Name of Person or Entity DaVita Inc. / Joliet Dialysis, LLC / Total Renal Care, Inc.

**CERTIFICATION**

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

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

**This Application for Permit is filed on the behalf of Joliet Dialysis, 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 for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**



SIGNATURE

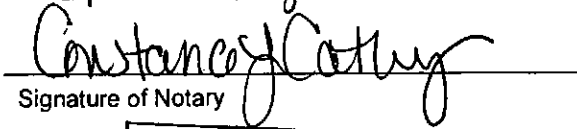
Michael D. Staffieri

PRINTED NAME

Chief Operating Officer, Total Renal Care, Inc.  
Managing Member of Joliet Dialysis, LLC

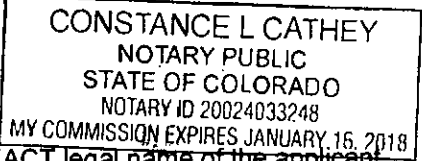
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 4<sup>th</sup> day of August 2017

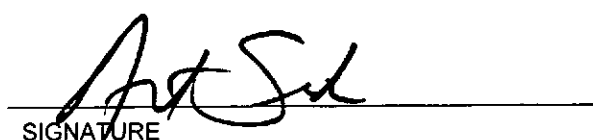


Signature of Notary

Seal



\*Insert EXACT legal name of the applicant



SIGNATURE

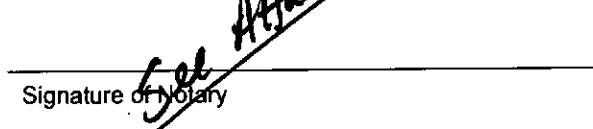
Arturo Sida

PRINTED NAME

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

PRINTED TITLE

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



Signature of Notary

Seal

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

State of California

County of Los Angeles

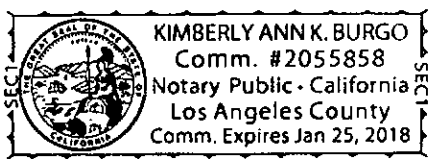
On August 7, 2017 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

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

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

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

WITNESS my hand and official seal.  
*Kimberly Ann K. Burgo*  
Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Joliet Dialysis, LLC / Total Renal Care, Inc.)

Document Date: August 7, 2017 Number of Pages: 1 (one)

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

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

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

Signer's Name(s): \_\_\_\_\_

- Individual
- Corporate Officer Assistant Secretary / Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: \_\_\_\_\_

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

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

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

#### Background

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

#### Criterion 1110.230 – Purpose of the Project, and Alternatives

##### PURPOSE OF PROJECT

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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



**SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED DR SHELL SPACE:**

Provide the following information:

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

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

**ASSURANCES:**

Submit the following:

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

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

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

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

- READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

- 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>\$2,212,038</u>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
_____	<p>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.</p>
_____	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<u>\$1,823,222</u> (FMV of Lease)	<p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital</li> </ol>

<p>_____</p> <p>_____</p> <p>_____</p>	<p>improvements to the property and provision of capital equipment;</p> <p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>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;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p><b>\$4,035,260</b></p>	<p><b>TOTAL FUNDS AVAILABLE</b></p>
<p><b>APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>	

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

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

**Variance**

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

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

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

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

Read the criterion and provide the following:

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

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

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

**D. Projected Operating Costs**

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

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

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

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

**SECTION X. SAFETY NET IMPACT STATEMENT**

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

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

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

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



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

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

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

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

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

**SECTION XI. CHARITY CARE INFORMATION**

**Charity Care information MUST be furnished for ALL projects [1120.20(c)].**

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

**Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.**

**A table in the following format must be provided for all facilities as part of Attachment 41.**

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

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

Certificates of Good Standing for DaVita Inc. and Joliet Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Joliet Dialysis, LLC will be the operator of Hickory Creek Dialysis. Hickory Creek Dialysis is a trade name of Joliet Dialysis, LLC and is not separately organized. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2391269 8300

SR# 20165704525

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 202957561

Date: 09-08-16



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

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

JOLIET DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 07, 2007, 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 27TH day of JULY A.D. 2017 .***



Authentication #: 1720802264 verifiable until 07/27/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

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

The letter of intent between National Shopping Plazas Inc. and Total Renal Care, Inc. to lease the facility located at 214 Collins Street, Joliet, Illinois 60432 is attached at Attachment - 2. The legal description of the site is also attached.



225 West Wacker Drive, Suite 3000  
Chicago, IL 60606

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

June 29, 2017

Jonathan Hanus  
National Shopping Plazas, Inc.  
200 West Madison Street, Suite 4200  
Chicago, IL 60606

**RE: LOI – 214 Collins St, Joliet, IL 60432**

Mr. Hanus:

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

- PREMISES:** To be constructed single tenant building located at 214 Collins St, Joliet, IL 60432
- TENANT:** Total Renal Care, Inc. or related entity to be named with DaVita Inc. as lease guarantor.
- LANDLORD:** National Shopping Plazas, Inc., an Illinois corporation, as leasing agent
- SPACE REQUIREMENTS:** Requirement is for approximately 7,000 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on the most recent ANSI/BOMA standards. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
- PRIMARY TERM:** 15 years
- BASE RENT:** \$28.25 per square foot NNN Years 1-5;  
\$31.08 per square foot NNN Years 6-10;  
\$34.18 per square foot NNN Years 11-15.
- ADDITIONAL EXPENSES:** If the cumulative pass-through costs for CAM, insurance and real estate taxes exceed \$5.50 psf per annum for the period from rent commencement through December 31, 2018, Landlord, not Tenant, shall bear such excess for such period. Tenant’s reimbursement obligation relative to Controllable CAM costs (e.g., not including snow and ice removal costs, utility charges, insurance premiums and other uncontrollable CAM costs) shall be capped at \$2.00 psf per annum through December 31, 2018, and such cap shall increase on a cumulative basis at 5% per annum, rounded to the nearest penny, each year thereafter (i.e., \$2.00 psf per annum through 2018, \$2.10 psf per annum for 2019, \$2.21 psf per annum for 2020, etc.).

1336123.v3

Tenant will be responsible for paying for all utilities from use of the Premises.

**LANDLORD'S MAINTENANCE:**

Landlord, at its sole cost and expense, shall be responsible for the structural components, roof and foundations of the Premises.

**POSSESSION AND  
RENT COMMENCEMENT:**

Subject to force majeure, Landlord shall deliver Possession of the Premises to Tenant with Landlord's Work complete (except for punch list work) within 250 days from the latest of lease execution, waiver of CON contingency or Landlord's receipt of its building permits for Landlord's Work. Rent Commencement shall be the earlier of Tenant's opening for business at the Premises or 150 days from Possession. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to Tenant, subject to such working together and methods not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

**LEASE FORM:**

The lease shall be based on the lease between Landlord's affiliate and Tenant for property in Woodridge, IL with changes thereto per the terms of this letter.

**USE:**

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

*Landlord to provide any CCR's or other documents that may impact tenancy, if any.*

**PARKING:**

Parking shall be provided in compliance with applicable law. If Tenant requests, Landlord shall endeavor to locate handicapped parking spaces adjacent to the Premises.

**BUILDING SYSTEMS:**

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



**LANDLORD'S WORK:**

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

Landlord's Work includes constructing the Premises building shell and site construction per mutually approved plans and specifications. Landlord to construct the building shell without a floor slab. Tenant shall construct the floor slab as part of Tenant's interior improvements. The parties agree that Landlord's Work shall be considered completed, for purposes of delivery of the Premises to Tenant, calculation of the rent commencement date and all other purposes of the Lease, when Landlord's Work (except for Punch List work) has been completed, providing Punch List completion signoff to Tenant.

Prior to construction start, Landlord and Tenant shall coordinate schedules to allow for building shell, site improvements and Tenant's interior improvements to not impact work timing and turnover.

Landlord will provide early access for tenant improvements with Tenant's construction team. Early turnover shall occur once the building foundation is installed and building shell is under roof, and exterior walls are installed, subject to such early access not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in Landlord's Work are found, prior to or during Tenant construction (which are not the fault of Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

**TENANT IMPROVEMENTS:**

Landlord will provide Tenant with a \$5.50/psf Tenant Improvement Allowance ("TIA") in lieu of Landlord Work installation of HVAC units. Tenant shall have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion and the right to select architectural and engineering firms, no supervision fees associated with construction, and no charges may be imposed by Landlord.

**OPTION TO RENEW:**

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

**FAILURE TO DELIVER PREMISES:**

If Landlord has not delivered the Premises to Tenant with Landlord's Work substantially completed (except for punch list work) by 280 days from the latest of lease execution, Tenant's waiver of CON contingency or Landlord's receipt of building permits for Landlord's Work (such 280

days date, as extended for any delays caused by force majeure, the "Penalty Delivery Date"), Tenant shall be entitled to receive one day of rent abatement for every day of delay beyond the Penalty Delivery Date that the Premises are not so delivered to Tenant.

**HOLDING OVER:**

Tenant shall be obligated to pay 150% of the then current rate.

**TENANT SIGNAGE:**

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

**BUILDING HOURS:**

If permitted by applicable laws and codes, Tenant requires building hours of 24 hours a day, seven days a week.

**SUBLEASE/ASSIGNMENT:**

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Inc. without the consent of Landlord, or to unrelated entities with Landlord's reasonable approval.

**ROOF RIGHTS:**

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

**NON-COMPETE:**

None.

**HVAC:**

In lieu of delivering HVAC units that meet Tenant's specifications, Landlord will provide a TIA as described above.

**GOVERNMENTAL  
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause Landlord's Work to be performed in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and that, to the best of Landlord's knowledge, no environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, that violate applicable law exist with respect to the Premises, and Landlord shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

**CERTIFICATE OF NEED:**

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review



process, Tenant does not expect to receive a CON permit prior to December 1, 2017. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises on or prior to December 1, 2017, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

**BROKERAGE FEE:**

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee per a separate agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

**CONTINGENCIES:**

This proposal is subject to the Landlord securing and closing on the property and aforementioned premises.

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

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

Sincerely,  
Matthew Gramlich

CC: DaVita Regional Operational Leadership



SIGNATURE PAGE

LETTER OF INTENT: 214 Collins St, Joliet, IL 60432

AGREED TO AND ACCEPTED THIS 6 DAY OF JULY 2017

By: [Signature]

On behalf of Total Renal Care, Inc., a wholly owned subsidiary of DaVita Inc.

("Tenant")

AGREED TO AND ACCEPTED THIS 29<sup>th</sup> DAY OF ~~JULY~~ <sup>JUNE</sup> 2017

NATIONAL SHOPPING PLAZAS, INC., AS LEASING AGENT

By: [Signature]

ITS: VP  
("Landlord")

EXHIBIT A

**EXHIBIT A**  
**210-220 COLLINS**  
**JOLIET, ILLINOIS**  
**LEGAL DESCRIPTION**

**PARCEL 1:**

THE SOUTH 40 FEET OF THE NORTH 58.20 FEET OF LOT 5, BLOCK 43 IN BOWEN'S ADDITION TO JOLIET, IN THE CITY OF JOLIET, IN WILL COUNTY, ILLINOIS.

**PARCEL 2:**

THE SOUTH 25.13 FEET OF LOT 4 AND THE NORTH 18.20 FEE OF LOT 5, ALL IN BLOCK 43, IN BOWEN'S ADDITION TO JOLIET, LOCATED IN THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 10, IN TOWNSHIP 35 NORTH, AND IN RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN WILL COUNTY, ILLINOIS.

**PARCEL 3:**

LOT 6 (EXCEPT THE NORTH 25 FEET THEREOF) AND THE NORTH 4 FEET OF LOT 7 IN BLOCK 43, IN BOWEN'S ADDITION TO JOLIET, A SUBDIVISION OF BLOCKS 8, 9 AND 10 OF EAST JOLIET, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 18, 1836, IN BOOK 2 OF TRANSCRIBED RECORDS, PAGE 11, IN WILL COUNTY, ILLINOIS.

**PARCEL 4:**

LOT 5 (EXCEPT THE NORTH 58.20 FEET THEREOF), AND THE NORTH 25 FEET OF LOT 6 IN BLOCK 43 IN BOWEN'S ADDITION TO JOLIET, IN THE CITY OF JOLIET, IN WILL COUNTY, ILLINOIS.

**PARCEL 5:**

LOT 7, EXCEPT THE NORTH 4 FEET THEREOF, IN BLOCK 43, IN BOWEN'S ADDITION TO JOLIET, A SUBDIVISION OF BLOCKS 8, 9 AND 10 OF EAST JOLIET, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 18, 1836, IN BOOK 2 OF TRANSCRIBED RECORDS, PAGE 11, AND ALSO EXCEPTING THEREFROM THAT PART CONVEYED TO THE PEOPLE OF THE STATE OF ILLINOIS, DEPARTMENT OF TRANSPORTATION BY WARRANTY DEED RECORDED SEPTEMBER 20, 1984 AS DOCUMENT NO. R84-29008, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 7; THENCE ON AN ASSUMED BEARING OF NORTH 02 DEGREES 31 MINUTES 42 SECONDS EAST ALONG THE WEST LINE OF SAID LOT 7 A DISTANCE OF 11.74 FEET TO AN ILLINOIS DEPARTMENT OF TRANSPORTATION, DIVISION OF HIGHWAYS SURVEY MARKER; THENCE SOUTH 03 DEGREES 10 MINUTES 27 SECONDS EAST A DISTANCE OF 11.77 FEET TO A POINT ON THE SOUTH LINE OF SAID LOT 7; THENCE NORTH 88 DEGREES 47 MINUTES 07 SECONDS WEST ALONG THE SAID SOUTH LINE A DISTANCE OF 1.17 FEET TO THE POINT OF BEGINNING, IN WILL COUNTY, ILLINOIS.

**PIN NUMBERS:**

07-10-318-007  
07-10-318-008  
07-10-318-009  
07-10-318-010  
07-10-318-011

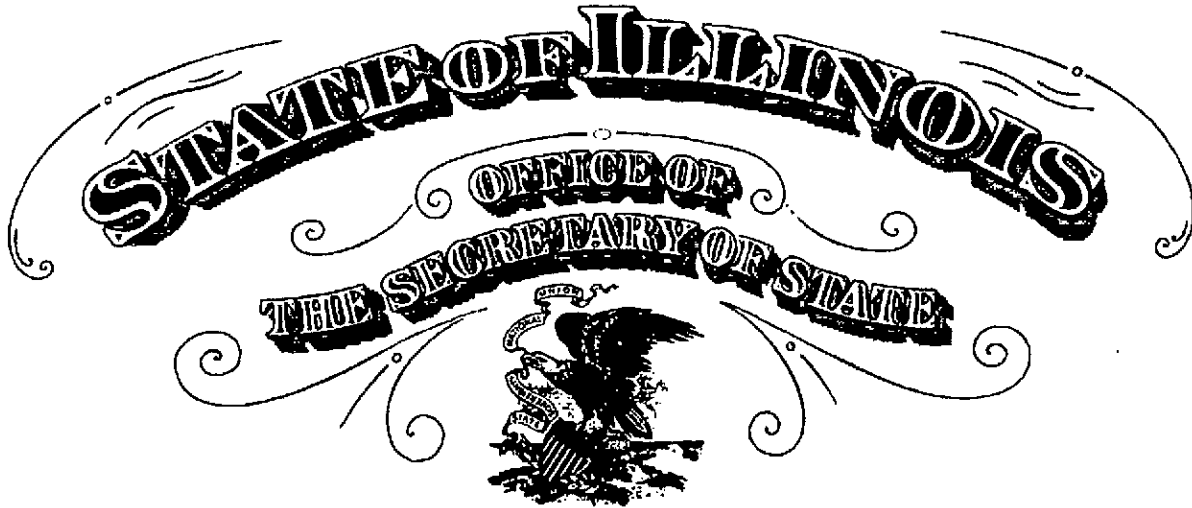
**Section I, Identification, General Information, and Certification**  
**Operating Entity/Licensee**

The Illinois Certificate of Good Standing for Joliet Dialysis, LLC is attached at Attachment – 3.

<b>Hickory Creek Dialysis</b>		
<b>Name</b>	<b>Address</b>	<b>Ownership Interest</b>
DaVita Inc.	2000 16th Street Denver, Colorado 80202	51% (Indirect)
Total Renal Care Inc.	2000 16th Street Denver, Colorado 80202	51% (Direct)
DuPage Medical Group, Ltd.	1100 W. 31st St. Downers Grove, IL 60515	34%
Sun Ventures, LLC	2121 Oneida Street Joliet, IL, 60435	15% (Direct)
Dr. Bhuvan Chawla	2121 Oneida Street Joliet, IL, 60435	7.5% (Indirect)
Dr. Beata Kisiel	2121 Oneida Street Joliet, IL, 60435	7.5% (Indirect)

File Number

0233009-1



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

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

JOLIET DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON SEPTEMBER 07, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1720802264 verifiable until 07/27/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JULY A.D. 2017 .***

*Jesse White*

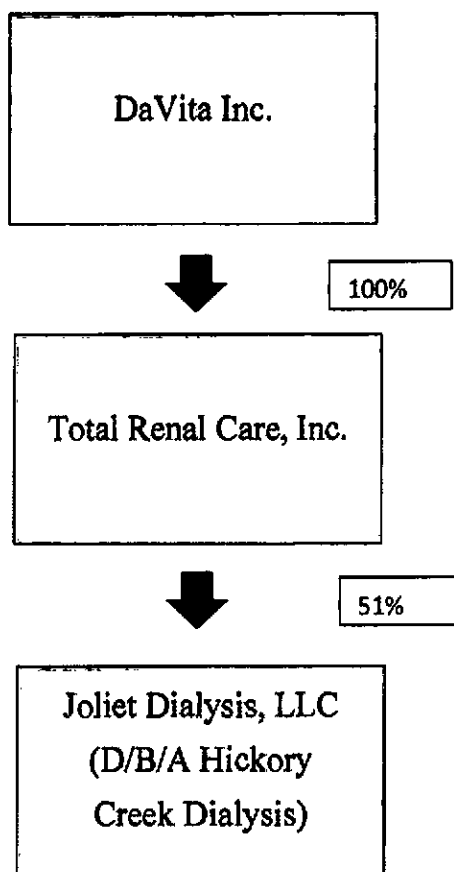
SECRETARY OF STATE

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

The organizational chart for DaVita Inc., Joliet Dialysis, LLC and Hickory Creek Dialysis is attached at Attachment - 4.

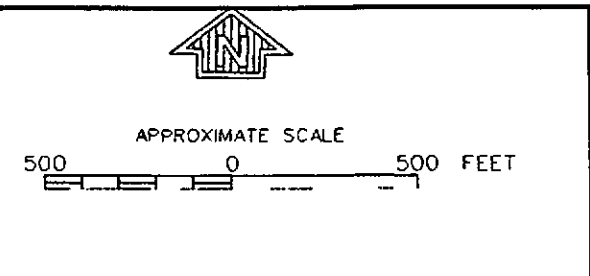
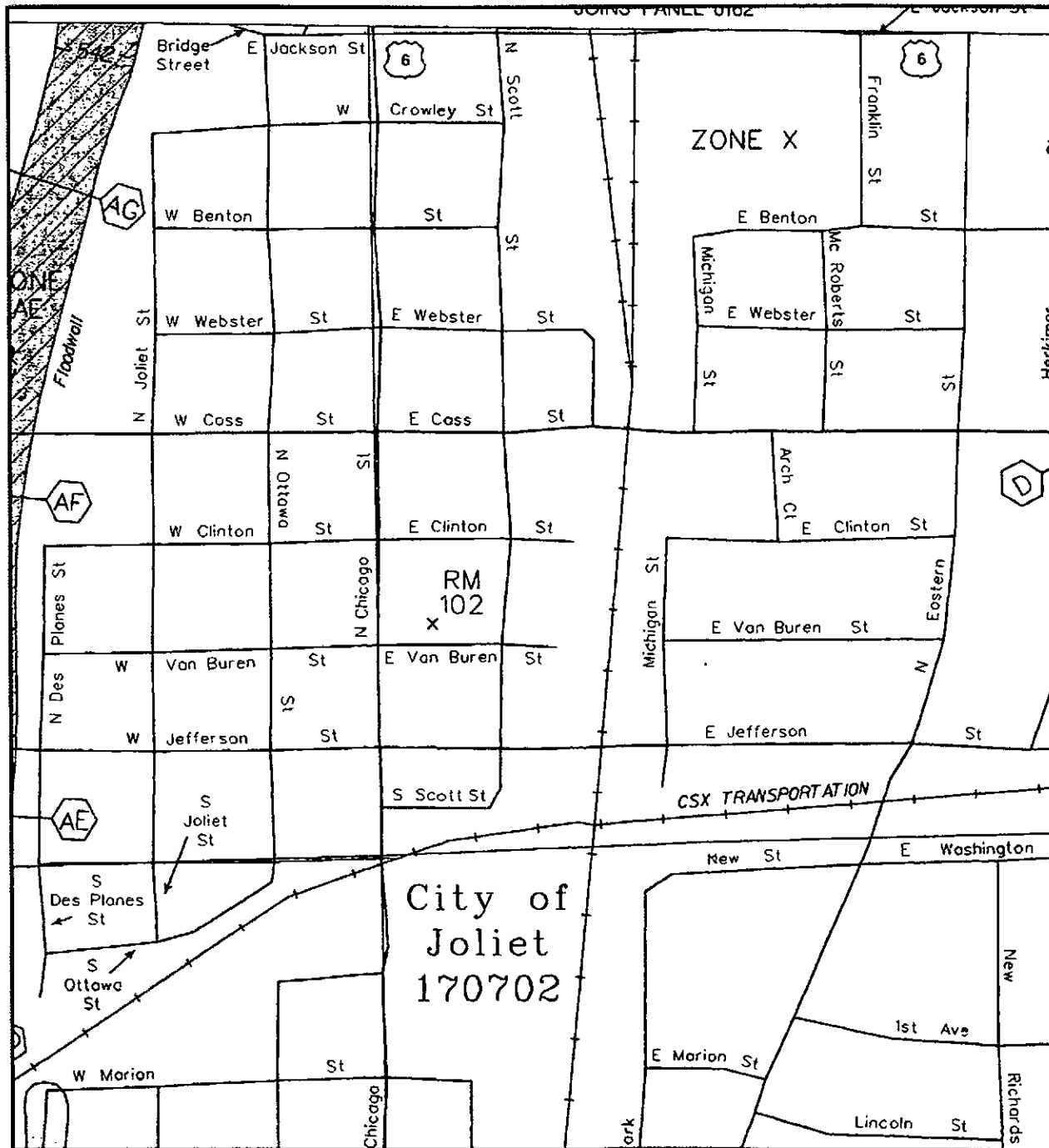


# ORGANIZATIONAL CHART



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 214 Collins Street, Joliet, Illinois 60432. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17197C0164E reveals that this area is not included in the flood plain.



NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**  
FLOOD INSURANCE RATE MAP

**WILL COUNTY,  
ILLINOIS  
AND INCORPORATED AREAS**

PANEL 164 OF 585  
(SEE MAP INDEX FOR PANELS NOT PRINTED)


CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
JOLIET CITY OF	17072	064	E
UNINCORPORATED AREAS	02095	064	E

NOTE: TO USE THE MAP NUMBER ABOVE SHOULD BE USED WHEN ORDERING MAP COPIES, THE COMMUNITY NUMBER SHOWN ABOVE SHOULD BE USED ON INSURANCE APPLICATIONS FOR THE SUBJECT COMMUNITY.

MAP NUMBER  
17197C0164 E

EFFECTIVE DATE:  
SEPTEMBER 6, 1995



Federal Emergency Management Agency

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

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

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



## Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
www.dnr.illinois.gov

Bruce Rauner, Governor

Wayne A. Rosenthal, Director  
FAX (217) 524-7525

Will County  
Joliet

CON - Demolition and New Construction for a Lease to Establish a 12-Station Dialysis Facility  
210-220 Collins St.  
SHPO Log #011072417

August 16, 2017

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

Dear Mr. Tincknell:

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

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

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

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

Sincerely,

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

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

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

<b>Table 1120.110</b>			
<b>Project Cost</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
New Construction Contracts	\$1,354,367		\$1,354,367
Modernization Contracts			
Contingencies	\$100,000		\$100,000
Architectural/Engineering Fees	\$130,500		\$130,500
Consulting and Other Fees	\$78,500		\$78,500
<b>Moveable and Other Equipment</b>			
Communications	\$76,244		\$76,244
Water Treatment	\$142,960		\$142,960
Bio-Medical Equipment	\$11,550		\$11,550
Clinical Equipment	\$214,410		\$214,410
Clinical Furniture/Fixtures	\$21,885		\$21,885
Lounge Furniture/Fixtures	\$3,855		\$3,855
Storage Furniture/Fixtures	\$5,862		\$5,862
Business Office Fixtures	\$30,905		\$30,905
General Furniture/Fixtures	\$29,000		\$29,000
Signage	\$12,000		\$12,000
<b>Total Moveable and Other Equipment</b>	<b>\$548,671</b>		<b>\$548,671</b>
Fair Market Value of Leased Space	\$1,823,222		\$1,823,222
<b>Total Project Costs</b>	<b>\$4,035,260</b>		<b>\$4,035,260</b>

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

The Applicants anticipate project completion within approximately **24** months of project approval.

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

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

<b>DaVita Current Projects</b>			
<b>Project Number</b>	<b>Name</b>	<b>Project Type</b>	<b>Completion Date</b>
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Relocation	10/31/2017
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-054	Washington Heights Dialysis	Establishment	09/30/2017
16-004	O'Fallon Dialysis	Establishment	09/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019



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

<b>Cost Space Table</b>							
<b>Dept. / Area</b>	<b>Cost</b>	<b>Gross Square Feet</b>		<b>Amount of Proposed Total Gross Square Feet That Is:</b>			
		<b>Existing</b>	<b>Proposed</b>	<b>New Const.</b>	<b>Modernized</b>	<b>As Is</b>	<b>Vacated Space</b>
<b>CLINICAL</b>							
ESRD	\$4,035,260		7,000	7,000			
<b>Total Clinical</b>	<b>\$4,035,260</b>		<b>7,000</b>	<b>7,000</b>			
<b>NON REVIEWABLE</b>							
Administrative							
<b>Total Non-Reviewable</b>							
<b>TOTAL</b>	<b>\$4,035,260</b>		<b>7,000</b>	<b>7,000</b>			

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Hickory Creek Dialysis, a 12-station in-center hemodialysis facility to be located at 214 Collins Street, Joliet, Illinois 60432.

**JOLIET DIALYSIS, LLC (d/b/a HICKORY CREEK DIALYSIS)**

With ultimate control of Joliet Dialysis through Total Renal Care Inc.'s 51% membership interest, DaVita Inc. is an applicant for the proposed facility. In addition, DuPage Medical Group, Ltd ("DMG") holds a significant minority interest in Joliet Dialysis, LLC. DaVita and DMG are leaders within the medical community and strive to continually improve clinical outcomes and deliver the highest level of care through innovative practices. DaVita and DMG envision that the Hickory Creek Dialysis station will address a need for ESRD services within the community.

DaVita consistently differentiates itself from other kidney care companies and surpasses national averages for clinical outcomes. DuPage Medical Group distinguishes itself through quality care, with clinical outcomes and cost savings for DMG's Medicare programs ranking in the top percentile in the nation. DaVita's proprietary patient care tools, educational resources, quality initiatives, and in-center hemodialysis operational expertise, along with DMG's medical staff collaboration, integrated EHR systems, patient-oriented health portal, and robust administrative support tools, will support ESRD patients along their continuum of care.

Today, chronic kidney disease ("CKD") and end stage renal disease ("ESRD") is common and associated with excess mortality. A diagnosis of CKD is ascribed to over 10 million people within the United States, with many more at risk. The rise in diabetes mellitus and hypertension are contributing to the rise in CKD and ESRD, with these risk factors highly prevalent throughout the United States.

An optimal care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Early identification of CKD and deliberate treatment of ESRD by multidisciplinary teams leads to improved disease management and care, mitigating the risk of disease advancement and patient mortality.

Accordingly, timely referral to and treatment by a multidisciplinary clinical team may improve patient outcomes and reduce cost. Indeed, research has found that late referral and suboptimal care result in higher mortality and hospitalization rates<sup>1</sup>. Deficient knowledge about appropriate timing of patient referrals and poor communication between primary care physicians ("PCPs") and nephrologists have been cited as key contributing factors<sup>2</sup>.

Critically, addressing the failure of communication and coordination among PCPs, nephrologists, and other specialists may alleviate a systemic barrier to mitigating the risk of patient progression from CKD to ESRD, and to effective care of patients with ESRD. Indeed a 2016 issue brief developed by the National Kidney Foundation and the Medicare Advantage Care Coordination ("MACC") Task Force found that because most patients with kidney disease have multiple complex health conditions, and see multiple providers and specialists, care coordination presents a particular challenge<sup>3</sup>.

<sup>1</sup> Navaneethan SD, Aloudat S, Singh S. A systematic review of patient and health system characteristics associated with late referral in chronic kidney disease. *BMC Nephrol.* 2008; 9:3.

<sup>2</sup> *Id.*

<sup>3</sup>[http://medicarechoices.org/wp-content/uploads/2016/04/MACC-Task-Force\\_CKD-and-Care-Coordination-Working-Together-to-Improve-Outcomes.pdf](http://medicarechoices.org/wp-content/uploads/2016/04/MACC-Task-Force_CKD-and-Care-Coordination-Working-Together-to-Improve-Outcomes.pdf)

Currently, DMG patients from the Joliet area who require dialysis services may be removed from DMG's continuum of care. Remaining within DMG's continuum of care optimizes patient health and outcomes through provider collaboration and coordinated administrative tools. In addition to research emphasizing the value of care coordination among providers, research has generally displayed that the more information on a single EHR, the better the outcomes are for patient care. Patients receiving care on a single integrated EHR often experience reduced clinical errors and better outcomes as a result.<sup>4</sup> With the development of the proposed facility, patient data generated at the dialysis facility will be migrated to the EHR systems accessible by all DMG providers.

This data integration ensures their PCP, nephrologist, and other specialists can access the patient dialysis records on demand. The applicants have the ability to design additional functionalities to address communication and coordination issues between physicians. This removes administrative burden and alleviates risks that a patient's PCP or specialist is missing information regarding their care, including dialysis treatments. By streamlining these processes, the applicants anticipate improved patient care and experiences.

The tailoring of familiar DaVita and DMG tools eases the burden on physicians and enhances the likelihood of success. In fact, studies have indicated that alleviating the perceived burden by physicians of implementation and participation to be vital to the success of new mechanisms designed to improve care<sup>5</sup>.

Patients will be empowered through DaVita and DMG's interest in the Hickory Creek Dialysis facility. DMG's "MyChart" enables a patient to access all their billing records and medical records stored within DMG's Epic-based EHR system. Similarly, DaVita maintains the "DaVita Health Portal," which tracks a patient's progress by sharing the patient's lab values, nutrition reports, health records, and for DaVita Rx members: prescriptions and medication lists. DMG and DaVita will integrate patient information from dialysis services and make it available to the patients through MyChart & DaVita Health Portal.

Through the development of the proposed facility, DMG and DaVita will improve the identification and treatment of CKD and ESRD patients. The increased communication and improvement in co-management between PCPs, nephrologists, and specialists will decrease disease progression, mortality rates, and hospitalization rates.

As detailed below, the applicants have the requisite qualifications, background, character and financial resources to provide dialysis services to the community. As discussed above, the applicants have a unique opportunity to develop an innovative continuum of care designed to improve the lives of area residents requiring dialysis treatment.

#### **DAVITA, INC.**

**Pursuant to 20 ILCS 3960/2, the applicant DaVita Inc. has the requisite qualifications, background, character and financial resources to adequately provide a proper service for the community.**

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. As of September 30, 2016, DaVita provided services to approximately 199,000 patients. As detailed below, DaVita is committed to innovation, improving clinical outcomes, compassionate care, educating and empowering patients, and community outreach.

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<sup>4</sup> Nir Menachemi, Taleah H Collum, Risk Management Healthcare Policy. 2011; 4: 47-55. May 11, 2011).

<sup>5</sup> Id.

**DaVita is focused on providing quality care.**

Based upon 2016 data from the Centers for Medicare and Medicaid Services, DaVita is the clinical leader in the Quality Incentive Program ("QIP") for the fourth straight year. DaVita had the highest average total performance score among large dialysis organizations, which are organizations that have at least 200 dialysis centers in the U.S. Further, DaVita ranked first in four clinical measures in the end stage renal disease ("ESRD") QIP program. QIP is part of Medicare's ESRD program aimed at improving the quality of care provided to Medicare patients. It was designed as the nation's first pay-for-performance quality incentive program.

In October of 2016, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the third year in a row, DaVita outperformed the rest of the industry with the highest percentage of four- and five-star centers and lowest percentage of one- and two-star centers in the country. The Five-Star Quality Rating System was created as a way to help patients decide where they want to receive healthcare by providing more transparency about dialysis center performance. The rating system measures dialysis centers on seven different quality measures and compiles these scores into an overall rating. Stars are awarded for each center's performance.

On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCOs are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCOs encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications.

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

On June 17, 2016, CAPG awarded Healthcare Partners, DaVita's medical group division, multiple honors. CAPG awarded HealthCare Partners California and The Everest Clinic in Washington its Standards of Excellence™ Elite Award. Colorado Springs Health Partners received a Standards of Excellence™ Exemplary Award. Standards of Excellence™ awards are achieved by surpassing rigorous, peer-defined benchmarks in survey categories: Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care, and Administrative and Financial Capability.

In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from The Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care.

## Improving Patient Care

### Kidney Disease Statistics

30 million or 15% of U.S. adults are estimated to have CKD.<sup>6</sup> Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.<sup>7</sup>
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.<sup>8</sup>
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).<sup>9</sup>
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).<sup>10</sup>
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.<sup>11</sup>
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.<sup>12</sup>

DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, FluidWise, WipeOut, MedsMatter, StepAhead, and transplant assistance programs.

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<sup>6</sup> Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* [https://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf) (last visited Jul. 20, 2017).

<sup>7</sup> US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016).

<sup>8</sup> Id.

<sup>9</sup> Id. at 215.

<sup>10</sup> Id. at 216.

<sup>11</sup> Id. at 288.

<sup>12</sup> Id. at 292-294.

DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.<sup>13</sup> Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD:

- (i) Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
- (ii) Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- (iii) Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

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

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

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

In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. WipeOut, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid infection-related hospitalizations. DaVita led the industry with more than 90 percent of its dialysis patients immunized for influenza in 2016.

DaVita's FluidWise initiative aims to reduce fluid-related hospitalizations and mortality while enhancing the patient experience. Davita develops fluid-related clinical care pathways to identify patients who are most at-risk for fluid-related hospitalizations, building care processes—such as achieving target weight, obtaining accurate vitals, standardizing dialysate sodium, and restricting fluid and sodium intake—to

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<sup>13</sup> Id at 4.

reduce fluid overload. To help ESRD patients prevent avoidable complications from diabetes mellitus, DaVita's StepAhead initiative provides an opt-in diabetes management program that includes an annual eye exam, annual glucometer check and monthly foot exams.

DaVita seeks to improve medication compliance rates, eliminate adverse interactions and reactions, and help keep patients healthy and out of the hospital. Through its MedsMatter initiative, DaVita provides medication management support, including targeted medication reviews and education, through a specialty renal pharmacy. DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provides information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

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

### **Awards**

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of *GI Jobs*® and *Military Spouse* magazine, recently recognized DaVita as the best 2016 Military Friendly Employer in the health care industry and 34<sup>th</sup> among all industries. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service. DaVita was also named as a Civilianjobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2016, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the ninth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the fifth consecutive year, DaVita was recognized as a Top Workplace by *The Denver Post*. DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the twelfth year in a row. Finally, DaVita has been recognized as one of *Fortune*® magazine's Most Admired Companies in 2016 – for the ninth consecutive year and tenth year overall.

### **Service to the Community**

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. *Newsweek* Green Rankings recognized DaVita as a 2016 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85 percent of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees (or teammates), make up the "DaVita Village," assisting in these initiatives.

DaVita Way of Giving program donated \$2 million in 2016 to locally based charities across the United States. Since 2011, DaVita teammates have donated \$9.1 million to thousands of organizations through DaVita Way of Giving. Through Village Service Days, groups of three or more teammates can plan and execute a service project with a local nonprofit. DaVita teammates and their families and friends have volunteered more than 140,000 hours through 3,600 Village Service Days projects since 2006.



DaVita does not limit its community engagement to the U.S. alone. Bridge of Life is the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, which supports approximately 30 international medical missions and over 50 domestic missions and CKD screening events each year. In 2016, more than 300 DaVita volunteers supported these missions, impacting nearly 19,000 men, women and children in 15 countries.

In 2016, DaVita celebrated the 10th anniversary of Tour DaVita, an annual, three-day, 250-mile bicycle ride, to raise awareness about kidney disease. The ride raised \$1.25 million to benefit Bridge of Life. Since 2007, DaVita cyclists and Tour supporters have raised more than \$8.6 million to fight kidney disease. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids.

## **DUPAGE MEDICAL GROUP**

**Although not an applicant, DuPage Medical Group is a minority owner and the applicants have included an overview of DuPage Medical Group's background in order to convey the importance of the proposed facility for DuPage Medical Group and their patients.**

DuPage Medical Group was formed in 1999 when three healthcare groups serving the suburbs of Chicago since the 1960s joined together. The legal entity, DuPage Medical Group, Ltd., was incorporated as a medical corporation in the State of Illinois in July 1968 and is a for-profit, taxable corporation. DuPage Medical Group is now Illinois' leading multi-specialty independent physician group practice, and remains committed to superior care and innovation.

With more than 600 physicians, approximately 800 providers, and 50 specialties in more than 70 locations, DuPage Medical Group handles upwards of 1.1 million patient visits annually, treating about a third of DuPage County's population. Consistent with its physician growth, DuPage Medical Group has grown as an employer in the community. DuPage Medical Group employed 3908 people in 2016, an increase of nearly 30% from the 2996 people employed in 2015.

**DuPage Medical Group is focused on providing quality care.**

DuPage Medical Group is focused on providing access to the finest health care available and operating on the principal that physicians make the best decisions for patient care. DMG is led by experienced physicians who continually seek innovations through a model of QEA: Quality, Efficiency and Access.

Managing such a proactive model of medicine allows DMG to provide quality care, construct the most advanced facilities and implement the latest technology. Through secure access of an electronic health record and DMG's patient portal, MyChart, its physicians and patients stay closely connected on the care that forms the bigger picture of each patient's health. DMG promotes strong collaboration among its medical staff and solicits helpful feedback from patients. Strong administrative support creates stability for DMG physicians, empowering them to help drive the group forward.

DMG's commitment to quality and cost efficiency is further demonstrated by numerous value-based care initiatives, including DMG's Accountable Care Organization ("ACO") leadership, operation of the BreakThrough Care Center, and a CMS BPCI initiative.

DMG is a founding member of Illinois Health Partners, the 7th largest accountable care organization in the nation. DMG accounts for nearly 50% of the patients served by Illinois Health Partners, which is comprised of healthcare organizations such as Naperville, Ill.-based Edward Hospital and Arlington Heights, Ill.-based Northwest Community Hospital, along with 22 other organizations. According to 2015 data released by CMS, Illinois Health Partners ("IHP") maintained the lowest cost of care per beneficiary for any ACO in the Chicagoland area at \$8,847. IHP is also in the 76th percentile nationally in overall cost efficiency and in the 88th percentile nationally in clinical quality. This makes IHP one of 38 of 393 (9%) of ACOs in the top quartile for both quality and cost efficiency

Since 2014, DMG has operated the BreakThrough Care Center, a comprehensive, holistic outpatient clinic serving the most vulnerable Chicagoland seniors struggling with chronic disease. Currently, the BreakThrough Care Center operates and accepts patients throughout DuPage County, with locations in the cities of Lisle, Naperville, and Wheaton. The BreakThrough Care Center is designed to improve medical outcomes while lowering healthcare costs and improving patients' ability to manage their health outcomes.

Improved care quality for BreakThrough Care Center patients is documented by improvements in patients'; biometrics for LDL-C levels, Total Cholesterol, A1C, Blood Pressure, and Body Mass Index. The BreakThrough Care Center optimizes the utilization of healthcare services, with all patients seen within 24 hours of hospital discharge, and patients experiencing lower ER admission rates, lower acute admissions, a 30-day chronic readmission rate of 7.2 percent, and high generic pharmacy utilization of 89 percent. Patients give the BreakThrough Care Center scores of over 91 percent on access to care and coordination of care metrics.

DMG has also demonstrated its commitment to promoting the development of orderly, value driven, healthcare facilities via the CMS Bundled Payments for Care Improvement ("BPCI") initiative. DMG reduced costs by over \$1.1 million under the BPCI program for major joint replacement of the lower extremity in Q3 and Q4 of 2015, lowering the cost of care and improving outcomes. DMG's participation and performance in these value-based care programs and organizations serves a critical role in cost containment and maximizing the quality of care in DuPage County and the surrounding communities served by DMG. DuPage Medical Group continues to expand the services and specialties it offers patients.

In September of 2016, DMG opened a new nephrology division when Kidney & Hypertension Associates joined the practice. DMG has always strived to provide its patients with access to timely, quality, and affordable health care. This mission is supported by the addition of the nephrology practice to DMG's wide array of medical specialties. Patients of DMG physicians with an identified need for nephrology services now have more immediate and reliable access through their existing provider's practice. DMG has continued to add additional nephrologists over the past year and now has ten board-certified nephrologists offering services in the South and West Suburbs of Chicago.

With physician scheduling and patient coverage determinations available throughout the DMG practices, DMG is able to eliminate common obstacles to patients obtaining necessary medical care. Managing patient's across specialties drives down costs by coordinating care and increasingly addressing the health of patients on a proactive basis.

In order to increase dialysis access points, DMG is partnering with DaVita in requesting authority to build the proposed facility in Joliet to serve a growing ESRD population. By collaborating with an experienced dialysis provider, DMG is able to bring its patients excellent care while simultaneously bridging the gap between DMG and existing access points. This growth supports DMG's mission to deliver physician oriented healthcare at the highest level to its patients.

#### **DMG promotes the orderly and economic development of health care facilities in Illinois.**

DMG's trend of responsible, positive growth is tied to DMG's commitment to its physician and patient population. This focus is closely aligned with the Board's own mission for serving the patients of Illinois. In keeping with the purpose identified by the State: "The CON program promotes the development of a comprehensive health care delivery system that assures the availability of quality facilities, related services, and equipment to the public, while simultaneously addressing the issues of community need, accessibility, and financing. In addition, it encourages health care providers to engage in cost containment, better management and improved planning."<sup>14</sup>

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<sup>14</sup> <https://www.illinois.gov/sites/hfsrb/CONProgram/Pages/default.aspx>

DMG practices the values and goals expressed by the CON program, and believes in the value of DMG's services and facilities to the Illinois healthcare system. As DMG has grown, quantitatively and qualitatively, it has continued to emphasize quality and accessibility for the community and its patients, tempered by responsible planning and growth. DMG has consistently presented accurate and conservative projections of patient population growth and referral patterns before the Board. *DMG's healthcare facilities operate above established state utilization levels, a clear sign of DMG's commitment to avoiding the development of unnecessary services within the community.*

In 2015, DuPage Medical Group received the Henry C. Childs Economic Development and Community Improvement Award from the Wheaton Chamber of Commerce. The Henry C. Childs Economic Development and Community Improvement Award was named after a local businessman responsible for designing safe community infrastructure, and it recognizes the development or redevelopment of a property that positively impacts economic development in the City of Wheaton.

DMG was recognized for the property redevelopment and construction of its 40,000-square-foot Wheaton Medical Office Building, which houses over 30 DMG physicians in Family Medicine, Internal Medicine, Pediatrics and Obstetrics/Gynecology, as well as the BreakThrough Care Center. DMG's Breakthrough Care Program is an intensive outpatient care model that has help significantly reduce hospitalizations of the participating patients. On average, prior to entering into the Breakthrough Care Program patient hospitalization rates are more than five time per year. After joining the Breakthrough Care Program those patients' hospitalization rates dropped to two per year.

**DMG promotes philanthropy and service within the communities it serves.**

DuPage Medical Group is actively involved in philanthropy and community service as a way of giving back to the community in which it operates. As part of this effort, DMG established the DuPage Medical Group Charitable Fund in partnership with the DuPage Foundation. Providing a coordinated approach for combining the efforts of its physicians, care providers and staff into a single force.

The DuPage Medical Group Charitable Fund, which operates as a donor-advised fund under the umbrella of the DuPage Foundation's status as a 501(c)(3) public charity, seeks to make a significant impact within the communities DMG serves by combining impactful financial support with hands-on volunteerism.

The Fund seeks out community and health partners that serve those in need. In March, 2016 DMG reached \$1 million in grants to the community.<sup>15</sup> In addition to providing some financial support to area organizations, the Charitable Fund provides in-kind donations, such as food, toys, coats and books. Volunteer service is also a key component of DMG's giving. Its financial contributions are extended by physicians and staff taking a hands-on role in helping these organizations. The Charitable Fund has also focused on magnifying its impact through volunteer service. Earlier this year DMG was honored with the Governor's Volunteer Service Award for Outstanding Business Volunteer Engagement for its work with People's Resource Center and DuPage Habitat for Humanity.<sup>16</sup>

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

Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

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

<sup>15</sup> <http://www.dmgcharitablefund.com/news/story/4651>

<sup>16</sup> <http://www.dailyherald.com/article/20161125/business/161129874/>

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

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

**DaVita HealthCare Partners Inc.**

**Illinois Facilities**

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

**DaVita HealthCare Partners Inc.**

**Illinois Facilities**

<b>Regulatory Name</b>	<b>Address 1</b>	<b>Address 2</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>	<b>Medicare Certification Number</b>
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSDNVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNDN HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	45S7B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

**DaVita HealthCare Partners Inc.**

**Illinois Facilities**

<b>Regulatory Name</b>	<b>Address 1</b>	<b>Address 2</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>	<b>Medicare Certification Number</b>
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDOEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

**DaVita HealthCare Partners Inc.**

**Illinois Facilities**

<b>Regulatory Name</b>	<b>Address 1</b>	<b>Address 2</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>	<b>Medicare Certification Number</b>
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310





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

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Joliet Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,

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

Print Name: Arturo Sida  
Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc., Managing Member  
of Joliet Dialysis, LLC

Subscribed and sworn to me  
This \_\_\_ day of \_\_\_\_\_, 2017

Notary Public

*See Attached*

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

State of California

County of Los Angeles

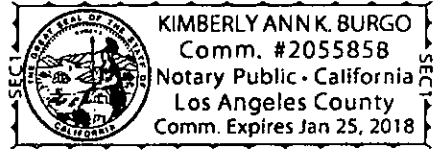
On August 7, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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

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

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

WITNESS my hand and official seal.  
*Kimberly Ann K. Burgo*  
Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Ioliet Dialysis, LLC / Total Renal Care, Inc.)

Document Date: August 7, 2017 Number of Pages: 1 (one)

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

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

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

Signer's Name(s):

- Individual
- Corporate Officer Assistant Secretary / Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: \_\_\_\_\_

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

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

Purpose of Project

1. The purpose of the project is to improve access to life sustaining dialysis services to the residents of Joliet, Illinois and the surrounding area. There are 9 dialysis facilities within 30 minutes of the proposed Hickory Creek Dialysis center (the "Hickory Creek GSA"). Excluding recently opened dialysis facilities which were developed to serve distinct groups of patients and have yet to operate for 2 years, average utilization of area dialysis facilities is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek Dialysis GSA has increased 5.33% since March 31, 2015.

This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>17</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>18</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Beata Kisiel, M.D. with Sun Health Inc. is currently treating 66 late stage CKD patients (Stage 4 and 5 CKD), who reside within 30 minutes of the proposed Hickory Creek Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kisiel anticipates that at least 41 of these 66 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. DuPage Medical Group will also add 36 late stage CKD patients (Stage 4 and 5 CKD) in support of the application. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is anticipated that at least 23 of these 36 additional patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kisiel's and DuPage Medical Group's combined projected ESRD patients.

Based on March 2017 data from the Renal Network, 962 ESRD patients live within 30 minutes of the proposed facility. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project

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<sup>17</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

<sup>18</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

completion. The proposed Hickory Creek Dialysis is needed to ensure ESRD patients in the greater Joliet area have adequate access to dialysis services that are essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12A. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:
  - North approximately 25 minutes normal travel time to Romeoville, IL.
  - Northeast approximately 25 minutes normal travel time to Homer Glen, IL.
  - East approximately 30 minutes normal travel time to Frankfort, IL.
  - Southeast approximately 25 minutes normal travel time to Wilton Center, IL.
  - South approximately 30 minutes normal travel time to Wilmington, IL.
  - Southwest approximately 30 minutes normal travel time to Channahon, IL.
  - West approximately 30 minutes normal travel time to Seward, IL.
  - Northwest approximately 25 minutes normal travel time to Plainfield, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of Joliet, Illinois and the surrounding area.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located in Joliet, Illinois. Dr. Kisiel expects at least 41 of the current 66 selected CKD patients and DuPage Medical Group expects at least 23 of the current 36 selected CKD patients, all of whom reside within 30 minutes of the proposed site, will require dialysis within 12 to 24 months of project completion.

4. Source Information

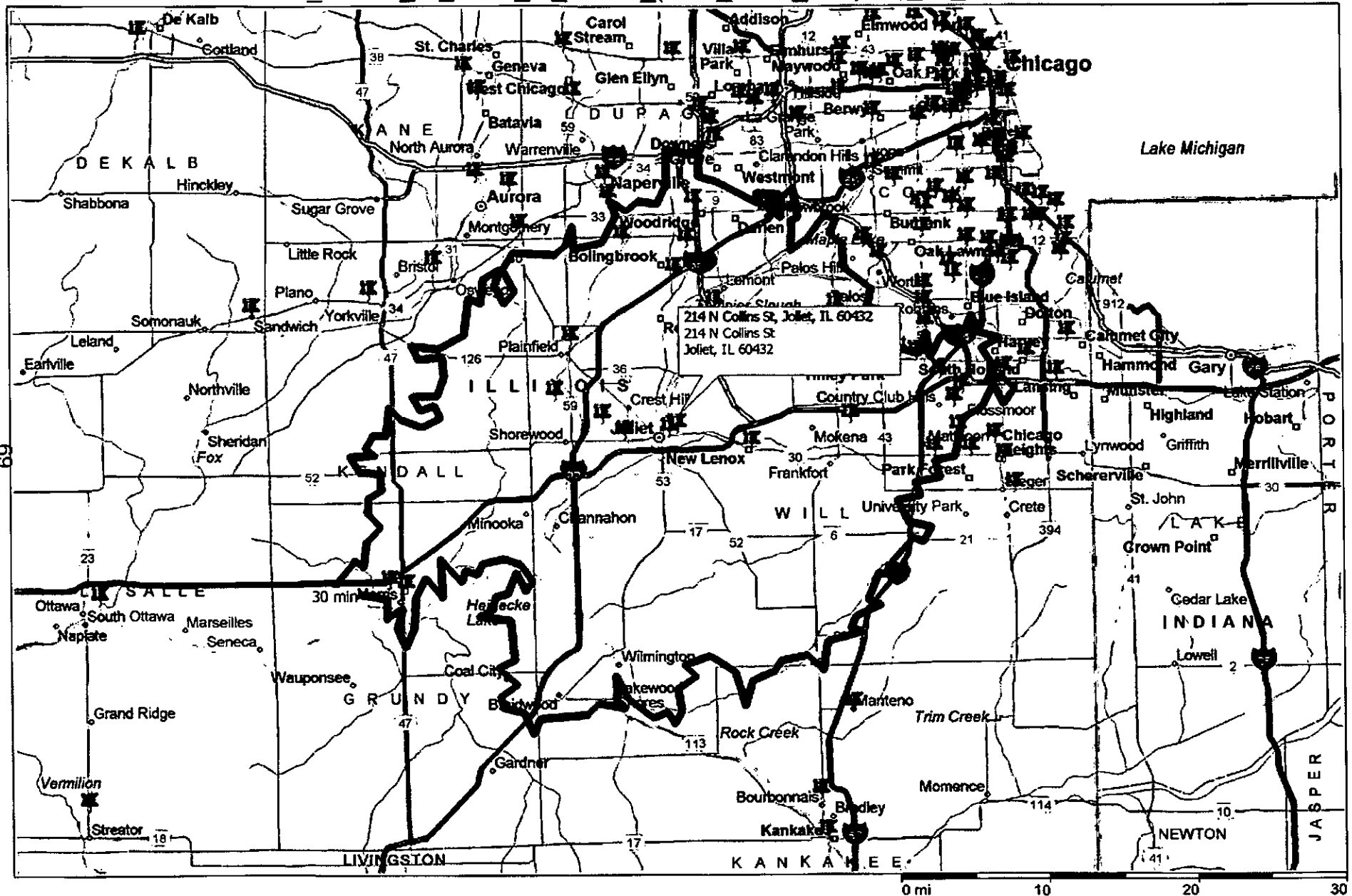
CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) available at [https://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf)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

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

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

5. The proposed facility will improve access to dialysis services to the residents of Joliet, Illinois and the surrounding area by adding 12 dialysis stations. Given the high concentration of ESRD and CKD in the GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. Project Goals: The above response details the overall goal of the project to addressing the identified issues to improve the health and well-being of the community. The significant objective and specific timeframe for completing the project is to complete the construction of the facility be operational within approximately 24 months of project approval.

HICKORY CREEK  
214 Collins St Joliet IL 60432 (East Joliet Dialysis) 30 Min GSA



Attachment - 12A

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

Alternatives

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

1. Reducing the Scope and Size.
2. **Chosen Alternative:** Pursue a Joint Venture for the Establishment of a New Facility
3. Utilize Existing Facilities.

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

Reducing the Scope and Size of the Current Project

The applicants considered, but ultimately rejected, an 8-station in-center hemodialysis facility. This was rejected due to the expected utilization, as documented throughout this proposal. The applicants fully expect the facility to reach the required number of patients for a 12-station facility within two years. In order to establish a facility within the HSA proposed, the facility must not have less than eight stations, pursuant to 77 IL Adm. Code §1110.1430(h).

The physician patient data and referral networks exhibit a large number of expected patients from within 30-minutes of the proposed location. As a result of the expected referral numbers, the number of patients would quickly overcome the required utilization levels for an 8-station facility. Although the reduced number of stations would have reduced the size and cost of the proposed project, the applicants came to the decision that a 12-station facility would ultimately better serve the patient population, as it would allow for the expected growth of patients to benefit from the facility.

The alternative plan of only establishing an 8-station facility was therefore rejected by the applicants.

Pursue a Joint Venture for the Establishment of a New Facility

DaVita Inc., DuPage Medical Group, Ltd., and Sun Ventures, LLC have entered into a joint venture agreement to combine resources and areas of expertise in order to offer the highest level of patient care.

As noted above, there are 9 dialysis facilities within 30 minutes of the proposed Hickory Creek Dialysis center. Excluding recently opened dialysis facilities, which were developed to serve distinct groups of patients, and have yet to operate for 2 years, average utilization of area dialysis facilities is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek Dialysis GSA has increased 5.33% since March 31, 2015, supporting the expectation that these facilities will be over the 80% utilization standard within the next two years.

Given the historic growth of ESRD patients and the current utilization levels of area clinics, it is expected that area clinics will exceed the 80% utilization mark over the next few years. The Hickory Creek Dialysis facility is necessary to address this growth and allow existing facilities to operate at an optimum capacity. Further, DaVita is seeking to collaborate with DMG on the proposed facility in order to increase access to care for individuals with ESRD patients and address identified issues with

care coordination and physician communication in the treatment of patients with kidney disease. (See Attachments 11 & 12).

The establishment of a 12-station dialysis facility will improve access to life-sustaining dialysis treatment for those individuals in the community who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, the applicants chose this option.

The cost of this alternative is **\$4,035,260**.

#### Utilize Existing Facilities

There are 9 dialysis facilities within the Hickory Creek GSA. Excluding recently opened dialysis facilities which were developed to serve distinct groups of patients and have yet to operate for 2 years, average utilization of area dialysis facilities is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>19</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>20</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Beata Kisiel, M.D. with Sun Health Inc. is currently treating 66 late stage CKD patients (Stage 4 and 5 CKD), who reside within 30 minutes of the proposed Hickory Creek Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kisiel anticipates that at least 41 of these 66 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. DuPage Medical Group will also add 36 late stage CKD patients (Stage 4 and 5 CKD) in support of the application. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is anticipated that at least 23 of these 36 additional patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kisiel's and DuPage Medical Group's combined projected ESRD patients.

According to March 2017 Renal Network data, 962 ESRD patients live within 30 minutes of the proposed facility. As noted above, additional stations either recently came online or are projected to

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<sup>19</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

<sup>20</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. These existing facilities will not have sufficient capacity to accommodate Dr. Kisiel's and DuPage Medical Group's combined projected ESRD patients. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

#### Empirical Evidence

There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these measures has been directly linked to 15-20 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into a 7 percent reduction in hospitalizations among DaVita patients, which resulted in more than \$1.5 billion in savings to the health care system and the taxpayer from 2010 – 2012.

Although not quantifiable by empirical data, the applicants also anticipate the improvement of patient care and experiences through the development of the joint venture facility. Identified issues anticipated to be addressed include maintaining patients' continuum of care and resolving physician communication and care coordination deficiencies that are barriers to optimal care.



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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 5,400 – 7,800 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Hickory Creek Dialysis is 7,000 of contiguous rentable square feet (or 583.33GSF per station). Accordingly, the proposed facility meets the State standard per station.

<b>SIZE OF PROJECT</b>				
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD</b>	<b>DIFFERENCE</b>	<b>MET STANDARD?</b>
ESRD	7,000	5,400 – 7,800	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. The practice of Dr. Kisiel is currently treating 66 selected late-stage CKD patients who all reside within 30 minutes of the proposed Hickory Creek Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Hickory Creek GSA, it is estimated that 41 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Similarly, DuPage Medical Group is currently treating 36 selected late-stage CKD patients who all reside within 30 minutes of the proposed Hickory Creek Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Hickory Creek GSA, it is estimated that 23 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion.

<b>Table 1110.234(b)</b>					
<b>Utilization</b>					
	<b>Dept./ Service</b>	<b>Historical Utilization (Treatments)</b>	<b>Projected Utilization</b>	<b>State Standard</b>	<b>Met Standard?</b>
Year 2	ESRD	N/A	9,984	8,986	Yes

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

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

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

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

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

**1. Planning Area Need**

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Joliet, Illinois and the surrounding area. Excluding recently opened dialysis facilities, which were developed to serve distinct groups of patients, and have yet to operate for 2 years, average utilization of area dialysis facilities is 75.2%, or just below the State Board's utilization standard. Furthermore, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>21</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>22</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Beata Kisiel, M.D. with Sun Health Inc. is currently treating 66 late stage CKD patients (Stage 4 and 5 CKD), who reside within 30 minutes of the proposed Hickory Creek Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kisiel anticipates that at least 41 of these 66 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. DuPage Medical Group will also add 36 late stage CKD patients (Stage 4 and 5 CKD) in support of the application. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is anticipated that at least 23 of these 36 additional patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kisiel's and DuPage Medical Group's combined projected ESRD patients.

Finally, according to March 2017 Renal Network data, 962 ESRD patients live within 30 minutes of the proposed facility. As noted above, additional stations recently came online in the past year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion.

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<sup>21</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

<sup>22</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

The proposed Hickory Creek Dialysis is needed to ensure ESRD patients in the greater Joliet area have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of Joliet, Illinois. As evidenced in the physician referral letters attached at Appendix - 1, a combined total of 102 late stage pre-ESRD patients reside within 30 minutes of the proposed Hickory Creek Dialysis. (66 of the patients are from Sun Health Inc. and 36 are from DMG.)

3. Service Demand

Attached at Appendix - 1 are physician referral letters from Sun Health Inc. and DuPage Medical Group and schedules of their pre-ESRD and current patients by zip code. A summary of the combined CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) below.

<b>Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code</b>	
<b>Zip Code</b>	<b>Total Patients</b>
60432	2
60433	6
60441	4
60435	18
60451	3
60403	10
60491	3
60436	6
60442	3
60446	2
60448	7
60467	4
60487	3
60404	6
60431	11
60423	6
60586	6
60447	2
<b>Total</b>	<b>102</b>

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of Joliet, Illinois and the surrounding area. In addition, the facility is located in an area designated as a medically underserved population. Therefore it is paramount that

this vulnerable patient population be afforded access to additional high quality care health care services, as proposed in this application.

There are 9 dialysis facilities within the Hickory Creek GSA. Excluding recently opened dialysis facilities which were developed to serve distinct groups of patients and have yet to operate for 2 years, average utilization of area dialysis facilities is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>23</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>24</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

The two in-center hemodialysis facilities approved by the State Board within the last few years have been operational for less than two years (FMC Lemont and Tinley Park). Each of these facilities will serve a distinct patient base within the greater southwest suburban area. Further, as stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the recently approved in-center hemodialysis facilities cannot accommodate the increasing need for dialysis services in Joliet.

Beata Kisiel, M.D. with Sun Health Inc. is currently treating 66 late stage CKD patients (Stage 4 and 5 CKD), who reside within 30 minutes of the proposed Hickory Creek Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kisiel anticipates that at least 41 of these 66 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. DuPage Medical Group will also add 36 late stage CKD patients (Stage 4 and 5 CKD) in support of the application. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is anticipated that at least 23 of these 36 additional patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Kisiel's and DuPage Medical Group's combined projected ESRD patients.

Furthermore, DaVita is the only provider within the state of Illinois who currently accepts IlliniCare, IlliniCare Health is a managed care organization (MCO) contracted with the state of Illinois to provide health services for Medicaid recipients under the integrated care program and family Health Plan.

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<sup>23</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

<sup>24</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

IlliniCare Health was also selected by the Department of Healthcare and Family Services as one of the remaining managed care organizations to participate in the Medicare-Medicaid Alignment Initiative (MMAI) within the greater Chicagoland area. As IlliniCare's only dialysis provider it is imperative that this patient group be afforded convenient high quality care.

Finally, based on March 2017 data from the Renal Network, 962 ESRD patients live within 30 minutes of the proposed facility. As noted above, additional stations recently came online in the past year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Hickory Creek Dialysis is needed to ensure ESRD patients in the greater Joliet area have adequate access to dialysis services that are essential to their well-being.



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

1. Unnecessary Duplication of Services

- a. The proposed dialysis facility will be located at 214 Collins Street, Joliet, Illinois 60432. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

<b>Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility</b>		
<b>ZIP Code</b>	<b>City</b>	<b>Population</b>
60410	CHANNAHON	12,687
60421	ELWOOD	3,968
60442	MANHATTAN	9,924
60447	MINOOKA	13,709
60404	SHOREWOOD	17,395
60586	PLAINFIELD	46,251
60431	JOLIET	22,577
60436	JOLIET	18,315
60435	JOLIET	48,899
60403	CREST HILL	17,529
60446	ROMEDEVILLE	39,807
60433	JOLIET	17,160
60432	JOLIET	21,403
60441	LOCKPORT	36,869
60451	NEW LENOX	34,063
60491	HOMER GLEN	22,743
60517	WOODRIDGE	32,038
60439	LEMONT	22,919
60561	DARIEN	23,115
60527	WILLOWBROOK	27,486
60423	FRANKFORT	30,423
60448	MOKENA	24,423
60487	TINLEY PARK	26,928
60467	ORLAND PARK	26,046
60477	TINLEY PARK	38,161
60443	MATTESON	21,145
60478	COUNTRY CLUB HILLS	16,833
60428	MARKHAM	12,203
60469	POSEN	5,930

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
<b>Total</b>		<b>690,949</b>

Source: U.S. Census Bureau, Census 2010, American Factfinder available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited August 2, 2017).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of existing dialysis facilities that have been operational for at least 2 years within the GSA is 75.2% as of March 31, 2017. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is less than one and one-half times the State Average.

Table 1110.1430(c)(2)(A) Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	539,704	284	1:1,900
State	12,830,632	4,585	1:2,798

b. Historic Utilization of Existing Facilities

There are 9 dialysis facilities within the Hickory Creek GSA. Excluding recently opened dialysis facilities which were developed to serve distinct groups of patients and have yet to operate for 2 years, average utilization of area dialysis facilities, as of March 31, 2017 is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>25</sup> and 1.5 million Medicaid beneficiaries transition from

<sup>25</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace->

traditional fee for service Medicaid to Medicaid managed care,<sup>26</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

The two in-center hemodialysis facilities approved by the State Board within the last few years have been operational less than two years (FMC Lemont and Tinley Park). Each facility will serve a distinct patient base within the greater southwest suburban area. Further, as stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Hickory Creek Dialysis will not adversely affect the recently approved facilities.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Beata Kisiel, M.D. with Sun Health Inc. is currently treating 66 late stage CKD patients (Stage 4 and 5 CKD), who reside within 30 minutes of the proposed Hickory Creek Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kisiel anticipates that at least 41 of these 66 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. DuPage Medical Group will also add 36 late stage CKD patients (Stage 4 and 5 CKD) in support of the application. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is anticipated that at least 23 of these 36 additional patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the Hickory Creek GSA. Excluding recently opened dialysis facilities which were developed to serve distinct groups of patients and have yet to operate for 2 years, average utilization of area dialysis facilities, as of March 31, 2017 is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression.

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enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

<sup>26</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

As more working families obtain health insurance through the Affordable Care Act<sup>27</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>28</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the two in-center hemodialysis facilities approved by the State Board within the last few years have been operational less than two years (FMC Lemont and Tinley Park). Each facility will serve a distinct patient base within the greater southwest suburban area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Hickory Creek Dialysis will not adversely impact existing facilities in the Hickory Creek GSA.

- b. The proposed dialysis facility will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards. As noted above, there are 9 dialysis facilities within the Hickory Creek GSA. Excluding recently opened dialysis facilities which were developed to serve distinct groups of patients and have yet to operate for 2 years, average utilization of area dialysis facilities, as of March 31, 2017 is 75.2%, or just below the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>29</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>30</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will

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<sup>27</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

<sup>28</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

<sup>29</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

<sup>30</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

require dialysis in the next two years available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the two in-center hemodialysis facilities approved by the State Board within the last few years have been operational less than two years (FMC Lemont and Tinley Park). Each facility will serve a distinct patient base within the greater southwest suburban area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion.

Accordingly, the proposed Hickory Creek Dialysis will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards.

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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
  - a. Medical Director: Beata Kisiel, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Kisiel's curriculum vitae is attached at Attachment – 24C.
  - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator (1.02 FTE)  
Registered Nurse (4.24 FTE)  
Patient Care Technician (3.98 FTE)  
Biomedical Technician (0.29 FTE)  
Social Worker (0.54 FTE)  
Registered Dietitian (0.55 FTE)  
Administrative Assistant (0.79 FTE)

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

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

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

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

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

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



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

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

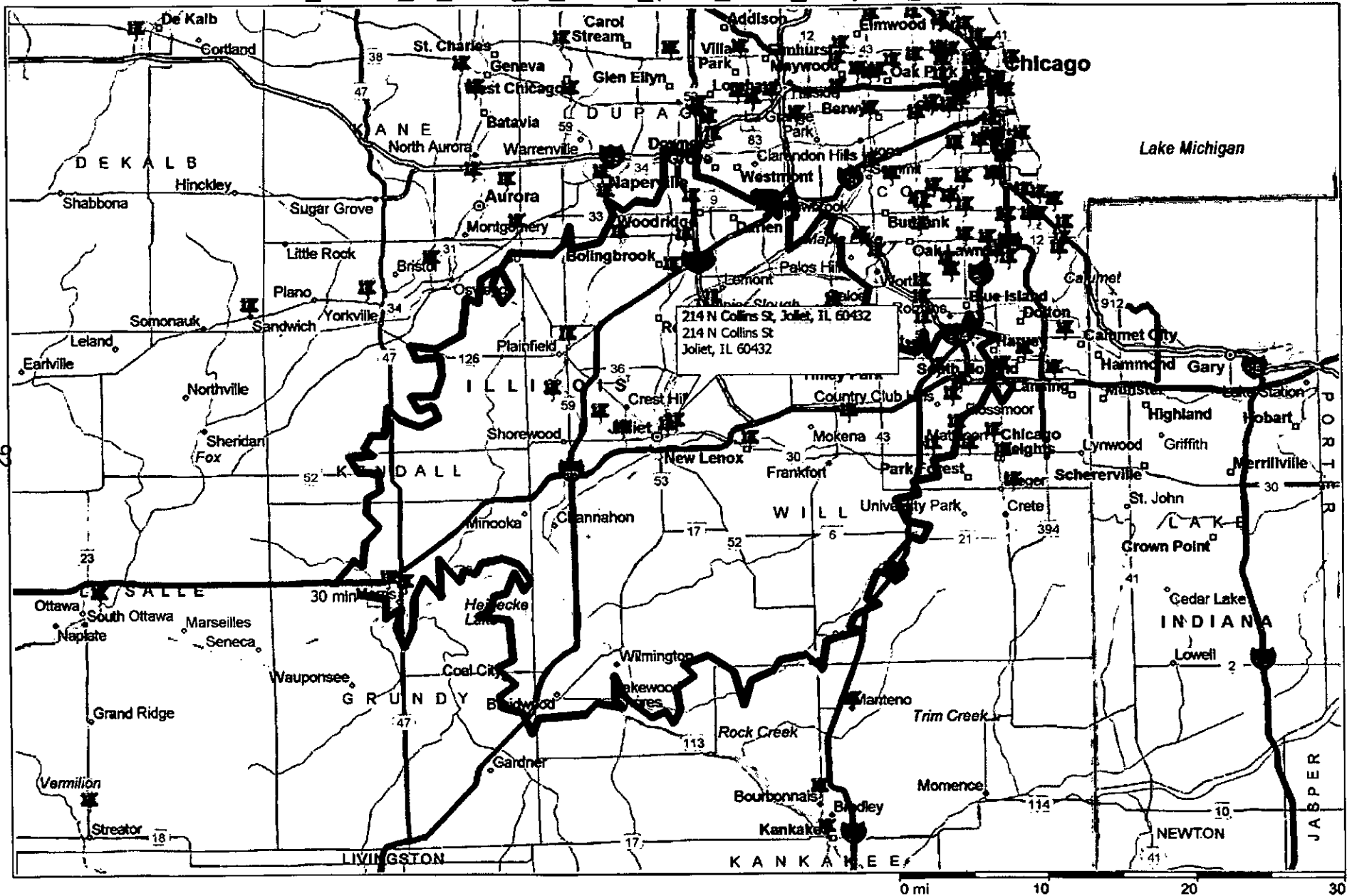
**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(i), Relocation of Facilities**

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

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

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

HICKORY CREEK  
 214 Collins St Joliet IL 60432 (East Joliet Dialysis) 30 Min GSA



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Facility	Ownership	Address	City	HSA	Distance	Drive Time	Adjusted Drive Time
Fresenius Medical Care of Plainfield	Fresenius	2320 Michas Drive	Plainfield	9	9.3	23	26.45
Renal Center West Joliet	DaVita	1051 Essington Road Ste 140	Joliet	9	5.7	17	19.55
Sun Health	Sun Health	2121 Oneida St. Ste 104	Joliet	9	3.5	12	13.8
Fresenius Medical Care Joliet	Fresenius	721 East Jackson Street	Joliet	9	0.8	2	2.3
Fresenius Medical Care Lemont*	Fresenius	16177 West 127th Street	Lemont	7	13.6	22	25.3
Renal Center New Lenox	DaVita	1890 Silver Cross Blvd.	New Lenox	9	5.4	13	14.95
Fresenius Medical Care of Mokena	Fresenius	8910 W. 192nd Street	Mokena	9	15.9	22	25.3
Dialysis Center of America - Orland Park	Fresenius	9160 West 159th Street	Orland Park	7	17.3	24	27.6
DaVita Tinley Park*	DaVita	16767 South 80th Avenue	Tinley Park	7	17.8	25	28.75

\* = Operational < 2 years

Distances measured from addresses above to: 214 Collins St, Joliet, IL 60432 (Hickory Creek Dialysis)

## **CURRICULUM VITAE**

**Beata Kisiel, MD**

Email: beatakisiel@hotmail.com

- CURRENT POSITION:** 2006 till present  
Nephrologist  
Private Practice: Sun Clinic  
2121 Oneida Street  
Joliet, 60435  
Ph: 815-741-8480  
Fax: 815-741-8497
- HOSPITAL PRIVILAGES:** 1. Presence Saint Joseph Medical Center in Joliet  
2. Silver Cross Hospital in New Lenox
- PROFESSIONAL AFFILIATIONS:**
- American Society of Nephrology
- EDUCATION:**
- 1991-1997 Collegium Medicum Jagiellonian University  
Krakow, Poland
- 1997-1998 Internships - rotations in Internal Medicine,  
Surgery, Pediatrics and Gynecology;  
Hospitals affiliated with Collegium  
Medicum Jagiellonian University, Krakow,  
Poland
- 2001-2004 Residency In Internal Medicine  
St.Francis Hospital, Evanston, Illinois
- July 2002 Nephrology Rotation with Dr A.Berns  
St. Francis Hospital, Evanston, Illinois
- July 2003 Nephrology Rotation with Prof. D.Leehey,  
Loyola University Medical Center, Chicago
- 2004-2006 Nephrology Fellowship  
University Of Iowa Hospitals and Clinics  
Iowa City, Iowa

STUDENT EXCHANGE INTERNSHIPS:

- July 1994, EALING HOSPITAL, London, UK  
Clerkship in Surgery  
Sept. 1995, SAN TELMO HOSPITAL, Palencia, Spain  
Clerkship in Internal Medicine

RESEARCH:

St. Francis Hospital

1. "Surgical vs non-surgical treatment of empyema."  
Preceptor Dr H. Friedman
2. "ENOX TIME as a determinant of the adequacy of  
Anticoagulation with enoxaparin"  
Preceptor Dr. S.Dadkhah, MD
3. Case report "Noncirrhotic portal hypertension  
associated with protein C deficiency" submitted for  
American Society of Internal Medicine

University of Iowa Hospitals and Clinics

1. "Hormonal regulation of Eating and Energy Balance in  
the Chronic Renal Failure Population" AMGEN grant,  
Preceptor Dr. V.Lim
2. "Acute humoral rejection in kidney transplants at the  
University of Iowa"  
Preceptor Dr. R.Kalil

HONORS AND AWARDS:

1. June 1997, Graduated with Honors, Colloegium  
Medicum Jagiellonian University
2. June 2002, Best Intern Of The Year  
St.Francis Hospital, Evanston, IL
3. one of the finalists for the 2016 Physician Of The Year,  
Presence Saint Joseph Medical Center, Joliet

BOARD CERTIFICATION: Internal Medicine (2004)  
Nephrology (2007)

PERSONAL : 44 y/o, married, 8 y/o son  
Languages: Polish, English

**TITLE: BASIC TRAINING IN-CENTER HEMODIALYSIS PROGRAM  
OVERVIEW**

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**Mission**

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

**Explanation of Content**

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

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

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

- I. Program Overview (TR1-01-01)
- II. Program Description (TR1-01-02)
  - Basic Training Class ICHD Outline (TR1-01-02A)
  - Basic Training Nursing Fundamentals ICHD Class Outline (TR1-01-02B)
  - DVU2069 Enrollment Request (TR1-01-02C)
- III. Education Enrollment Information (TR1-01-03)
- IV. Education Standards (TR1-01-04)
- V. Verification of Competency
  - New teammate without prior experience (TR1-01-05)
  - New teammate with prior experience (TR1-01-06)
  - Medical Director Approval Form (TR1-01-07)
- VI. Evaluation of Education Program
  - Basic Training Classroom Evaluation (Online)
  - Basic Training Nursing Fundamentals ICHD Classroom Evaluation (Online)
- VII. Additional Educational Forms
  - New Teammate Weekly Progress Report for the PCT (TR1-01-09)
  - New Teammate Weekly Progress Report for Nurses (TR1-01-10)
  - Training hours tracking form (TR1-01-11)
- VIII. Initial and Annual Training Requirements for Water and Dialysate Concentrate (TR1-01-12)



**TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS**  
**PROGRAM DESCRIPTION**

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**Introduction to Program**

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

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

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

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

- A newly hired patient care teammate without prior in-center hemodialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous incenter hemodialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.
- A DaVita patient care teammate with experience in a different treatment modality who transfers to in-center hemodialysis. Examples of different treatment modalities include acute dialysis, home hemodialysis, peritoneal dialysis, and pediatric dialysis.

**An experienced teammate** is defined as:

- A newly hired or rehired teammate who is either certified in hemodialysis under a State certification program or a national commercially available certification program, or can show proof of completing an in-center hemodialysis training program,
- And has provided at least 3 months of hands on in-center hemodialysis care to patients within the past 12 months.

**Note:**

Experienced teammates who are rehired outside of a 90 day window must complete the required training as outlined in this policy.

**Training Program Manual**  
**Basic Training for In-center Hemodialysis**  
**DaVita, Inc.**

**TR1-01-02**

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

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

**Program Description**

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

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

Within the clinic setting this training includes

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

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

**Training Program Manual**  
**Basic Training for In-center Hemodialysis**  
**DaVita, Inc.**

**TR1-01-02**

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

- Acute Kidney Injury vs. Chronic Renal Failure
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Conflict Resolution
- Data Collection and Assessment
- Documentation & Flow Sheet Review
- Fluid Management
- Importance of P&P
- Infection Control
- Laboratory
- Manifestations of Chronic Renal Failure
- Motivational Interviewing
- Normal Kidney Function vs. Hemodialysis
- Patient Self-management
- Pharmacology
- Renal Nutrition
- Role of the Renal Social Worker
- Survey Savvy for Teammates
- The DaVita Quality Index
- The Hemodialysis Delivery System
- Vascular Access
- Water Treatment

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

Theory class concludes with the *DaVita Basic Training Final Exam*. A comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase.

The *DaVita Basic Training Final Exam* can be administered as a paper-based exam by the instructor in a classroom setting, or be completed online (DVU2069-EXAM) either in the classroom or in the facility. If the exam is completed in the facility, the new teammate's preceptor will proctor the online exam.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in the classroom setting, or be completed online.

**Training Program Manual**  
**Basic Training for In-center Hemodialysis**  
**DaVita, Inc.**

**TR1-01-02**

Only the new teammate's manager will be able to enroll the new teammate in the online exam. The CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in DVU2069-EXAM. To protect the integrity of the online exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored

**Note:**

- FA teammate enrollment in DVU2069-EXAM is limited to one time.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. The enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the facility.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the in-center hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training Workbook for In-center Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate with **previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic

**Training Program Manual**  
**Basic Training for In-center Hemodialysis**  
**DaVita, Inc.**

TR1-01-02

Training Workbook for In-center Hemodialysis and progress at his/her own pace under the guidance of the facility's preceptor. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

As with new teammates without previous experience, the **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate the skills required to perform the in-center hemodialysis procedures in a safe and effective manner and a *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training.

Ideally teammates with previous experience will also attend Basic Training Class, however, they may opt-out of class by successfully passing the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources reading assignments to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the in-center hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care.

After the new teammate with experience has sufficiently prepared for the *DaVita Basic Training Final Exam*, the teammate's manager will enroll him/her in the online exam. To protect the integrity of the exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored by the preceptor.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam*, this teammate will be required to attend Basic Training Class. After conclusion of class, the teammate will then receive a second attempt to pass the Final Exam either as a paper-based exam or online as chosen by the Basic Training instructor and outlined in the section for inexperienced teammates of this policy.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. This enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

The **didactic phase** for nurses regardless of previous experience includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P

**Training Program Manual**  
**Basic Training for In-center Hemodialysis**  
**DaVita, Inc.**

**TR1-01-02**

- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
  - Culture of Safety, Conducting a Homeroom Meeting
  - Nurse Responsibilities, Time Management
  - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
  - Surfing the VillageWeb – Important sites and departments, finding information

**Independent Care Assignments**

Prior to the new teammate receiving an independent patient-care assignment, the Procedural Skills Verification Checklist must be completed and signed and a passing score of the DaVita Basic Training Final Exam must be achieved.

**Note:**

Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

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

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

**Training Program Manual**  
**Basic Training for In-center Hemodialysis**  
**DaVita, Inc.**

**TR1-01-02**

**Process of Program Evaluation**

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



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

**Re: Certification of Support Services**

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Hickory Creek Dialysis will maintain an open medical staff.

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

- DaVita utilizes an electronic dialysis data system;
- Hickory Creek Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

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

Print Name: Arturo Sida  
Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc., Managing Member  
of Joliet Dialysis, LLC

Subscribed and sworn to me  
This \_\_\_ day of \_\_\_\_\_, 2017

Notary Public

*See Attached*



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

State of California

County of Los Angeles

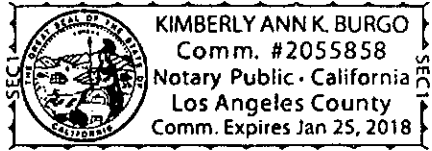
On August 7, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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

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

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

WITNESS my hand and official seal.  
*Kimberly Ann K. Burgo*  
Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Joliet Dialysis, LLC / Total Renal Care, Inc.)

Document Date: August 7, 2017 Number of Pages: 1 (one)

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

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

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

Signer's Name(s):

- Individual
- Corporate Officer Assistant Secretary / Secretary

- (Title(s))
- Partner
  - Attorney-in-Fact
  - Trustee
  - Guardian/Conservator
  - Other: \_\_\_\_\_

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

**FOR COMPANY USE ONLY:**  
**Clinic #: 4301**

## **PATIENT TRANSFER AGREEMENT**

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **Silver Cross Hospital** (hereinafter "Hospital") and **Joliet Dialysis, LLC**, a subsidiary of DaVita Inc. ("Company").

### **RECITALS**

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

*Hickory Creek Dialysis  
214 Collins Street  
Joliet, IL 60432*

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

**WHEREAS**, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

**WHEREAS**, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

**NOW THEREFORE**, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **HOSPITAL OBLIGATIONS.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

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

**2. COMPANY OBLIGATIONS.**

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

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

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

- i. current medical findings;
- ii. diagnosis;
- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

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

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

**4. HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this

Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

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

7. **INDEMNIFICATION.**

(a) **Hospital Indemnity.** Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) **Company Indemnity.** Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) **Survival.** The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to

any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

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

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

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

**9. TERM AND TERMINATION.** This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

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

**11. ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction

shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

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

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

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

If to Hospital: Silver Cross Hospital  
1900 Silver Cross Blvd.  
New Lenox, IL 60451  
Attention: Chief Nursing Officer

If to Company: Joilet Dialysis, LLC  
c/o: DaVita Inc.  
5200 Virginia Way  
Brentwood, TN 37027  
Attention: Group General Counsel

With a copy to: Hickory Creek Dialysis  
c/o: DaVita Inc.  
214 Collins Street  
Joliet, IL 60432  
Attention: Facility Administrator

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

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

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

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

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

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

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

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

**Hospital:**

**Silver Cross Hospital**

By: DocuSigned by: Peggy Gricus  
2670335FD7384A1...

Name: Peggy Gricus

Its: CNO/VP

Date: August 14, 2017

**Company:**

**Joliet Dialysis, LLC**

By: DocuSigned by: Kelly Ladd  
997DD6384B054E9...

Name: Kelly Ladd

Its: Regional Operations Director

Date: 8/14/2017

**APPROVED AS TO FORM ONLY:**

By: DocuSigned by: Kanika M Rankin  
355898701D484B4..

Name: Kanika M. Rankin

Its: Senior Corporate Counsel - Operations



**Certificate Of Completion**

Envelope Id: A25A5F8825CF49A9A25DE1AED8B0A652  
 Subject: Please DocuSign: IL - PTA - Hickory Creek Dialysis #4301 and Silver Cross Hospital.pdf  
 Source Envelope:  
 Document Pages: 7 Signatures: 3  
 Supplemental Document Pages: 0 Initials: 0  
 Certificate Pages: 5  
 AutoNav: Enabled Payments: 0  
 Envelope Stamping: Enabled  
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:  
 Jennifer Schroeder

2000 16th Street  
 Denver, CO 80202  
 jennifer.schroeder@davita.com  
 IP Address: 70.231.38.98

**Record Tracking**

Status: Original  
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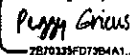
Holder: Jennifer Schroeder  
 jennifer.schroeder@davita.com

Location: DocuSign

**Signer Events**

Peggy Gricus  
 pgricus@silvercross.org  
 CNO/VP  
 Security Level: Email, Account Authentication (None)

**Signature**

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 Signed: 8/14/2017 9:10:48 AM

**Electronic Record and Signature Disclosure:**  
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Kelly Ladd  
 Kelly.Ladd@davita.com  
 RDD  
 Security Level: Email, Account Authentication (None)

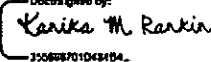
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**Electronic Record and Signature Disclosure:**  
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Kanika M. Rankin  
 Kanika.Rankin@davita.com  
 Senior Corporate Counsel  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 355628701043404..

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 Signed using mobile

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 Signed: 8/14/2017 10:04:05 AM

**Electronic Record and Signature Disclosure:**  
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**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent

Hashed/Encrypted

8/14/2017 9:36:56 AM

Certified Delivered

Security Checked

8/14/2017 10:03:49 AM

Signing Complete

Security Checked

8/14/2017 10:04:05 AM

Completed

Security Checked

8/14/2017 10:04:05 AM

**Payment Events**

**Status**

**Timestamps**

**Electronic Record and Signature Disclosure**

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact DaVita:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [emily.briggs@davita.com](mailto:emily.briggs@davita.com)

**To advise DaVita of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [jennifer.vanhyning@davita.com](mailto:jennifer.vanhyning@davita.com) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from DaVita**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [emily.briggs@davita.com](mailto:emily.briggs@davita.com) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with DaVita**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [emily.briggs@davita.com](mailto:emily.briggs@davita.com) and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>•Allow per session cookies</li> <li>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li> </ul>

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.



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

**Re: In-Center Hemodialysis Assurances**

Dear Chair Olson:

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

- By the second year after project completion, Hickory Creek Dialysis expects to achieve and maintain 80% target utilization; and
- Hickory Creek Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
  - $\geq 85\%$  of hemodialysis patient population achieves urea reduction ratio (URR)  $\geq 65\%$ ; and
  - $\geq 85\%$  of hemodialysis patient population achieves Kt/V Daugirdas II .1.2.

Sincerely,

Print Name: Arturo Sida  
Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc., Managing Member  
of Joliet Dialysis, LLC

Subscribed and sworn to me  
This \_\_\_ day of \_\_\_\_\_, 2017

*See Attached*

Notary Public

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

State of California

County of Los Angeles

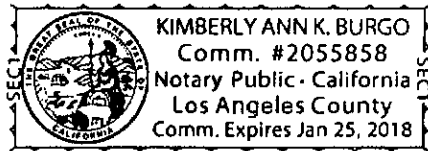
On August 7, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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

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

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

WITNESS my hand and official seal  
*Kimberly Ann K. Burgo*  
Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Joliet Dialysis, LLC / Total Renal Care, Inc.)

Document Date: August 7, 2017 Number of Pages: 1 (one)

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

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

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

Signer's Name(s):

- Individual
- Corporate Officer Assistant Secretary / Secretary

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: \_\_\_\_\_

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

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

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





225 West Wacker Drive, Suite 3000  
Chicago, IL 60606  
Web: [www.cushmanwakefield.com](http://www.cushmanwakefield.com)

June 29, 2017

Jonathan Hanus  
National Shopping Plazas, Inc.  
200 West Madison Street, Suite 4200  
Chicago, IL 60606

**RE: LOI – 214 Collins St, Joliet, IL 60432**

Mr. Hanus:

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

- PREMISES:** To be constructed single tenant building located at 214 Collins St, Joliet, IL 60432
- TENANT:** Total Renal Care, Inc. or related entity to be named with DaVita Inc. as lease guarantor.
- LANDLORD:** National Shopping Plazas, Inc., an Illinois corporation, as leasing agent
- SPACE REQUIREMENTS:** Requirement is for approximately 7,000 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on the most recent ANSI/BOMA standards. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
- PRIMARY TERM:** 15 years
- BASE RENT:** \$28.25 per square foot NNN Years 1-5;  
\$31.08 per square foot NNN Years 6-10;  
\$34.18 per square foot NNN Years 11-15.
- ADDITIONAL EXPENSES:** If the cumulative pass-through costs for CAM, insurance and real estate taxes exceed \$5.50 psf per annum for the period from rent commencement through December 31, 2018, Landlord, not Tenant, shall bear such excess for such period. Tenant’s reimbursement obligation relative to Controllable CAM costs (e.g., not including snow and ice removal costs, utility charges, insurance premiums and other uncontrollable CAM costs) shall be capped at \$2.00 psf per annum through December 31, 2018, and such cap shall increase on a cumulative basis at 5% per annum, rounded to the nearest penny, each year thereafter (i.e., \$2.00 psf per annum through 2018, \$2.10 psf per annum for 2019, \$2.21 psf per annum for 2020, etc.).

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Tenant will be responsible for paying for all utilities from use of the Premises.

**LANDLORD'S MAINTENANCE:**

Landlord, at its sole cost and expense, shall be responsible for the structural components, roof and foundations of the Premises.

**POSSESSION AND RENT COMMENCEMENT:**

Subject to force majeure, Landlord shall deliver Possession of the Premises to Tenant with Landlord's Work complete (except for punch list work) within 250 days from the latest of lease execution, waiver of CON contingency or Landlord's receipt of its building permits for Landlord's Work. Rent Commencement shall be the earlier of Tenant's opening for business at the Premises or 150 days from Possession. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to Tenant, subject to such working together and methods not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

**LEASE FORM:**

The lease shall be based on the lease between Landlord's affiliate and Tenant for property in Woodridge, IL with changes thereto per the terms of this letter.

**USE:**

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

*Landlord to provide any CCR's or other documents that may impact tenancy, if any.*

**PARKING:**

Parking shall be provided in compliance with applicable law. If Tenant requests, Landlord shall endeavor to locate handicapped parking spaces adjacent to the Premises.

**BUILDING SYSTEMS:**

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

**LANDLORD'S WORK:**

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

Landlord's Work includes constructing the Premises building shell and site construction per mutually approved plans and specifications. Landlord to construct the building shell without a floor slab. Tenant shall construct the floor slab as part of Tenant's interior improvements. The parties agree that Landlord's Work shall be considered completed, for purposes of delivery of the Premises to Tenant, calculation of the rent commencement date and all other purposes of the Lease, when Landlord's Work (except for Punch List work) has been completed, providing Punch List completion signoff to Tenant.

Prior to construction start, Landlord and Tenant shall coordinate schedules to allow for building shell, site improvements and Tenant's interior improvements to not impact work timing and turnover.

Landlord will provide early access for tenant improvements with Tenant's construction team. Early turnover shall occur once the building foundation is installed and building shell is under roof, and exterior walls are installed, subject to such early access not impairing or interfering with Landlord's prosecution and completion of Landlord's Work.

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in Landlord's Work are found, prior to or during Tenant construction (which are not the fault of Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

**TENANT IMPROVEMENTS:**

Landlord will provide Tenant with a \$5.50/psf Tenant Improvement Allowance ("TIA") in lieu of Landlord Work installation of HVAC units. Tenant shall have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion and the right to select architectural and engineering firms, no supervision fees associated with construction, and no charges may be imposed by Landlord.

**OPTION TO RENEW:**

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

**FAILURE TO DELIVER  
PREMISES:**

If Landlord has not delivered the Premises to Tenant with Landlord's Work substantially completed (except for punch list work) by 280 days from the latest of lease execution, Tenant's waiver of CON contingency or Landlord's receipt of building permits for Landlord's Work (such 280



days date, as extended for any delays caused by force majeure, the "Penalty Delivery Date"), Tenant shall be entitled to receive one day of rent abatement for every day of delay beyond the Penalty Delivery Date that the Premises are not so delivered to Tenant.

**HOLDING OVER:**

Tenant shall be obligated to pay 150% of the then current rate.

**TENANT SIGNAGE:**

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

**BUILDING HOURS:**

If permitted by applicable laws and codes, Tenant requires building hours of 24 hours a day, seven days a week.

**SUBLEASE/ASSIGNMENT:**

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Inc. without the consent of Landlord, or to unrelated entities with Landlord's reasonable approval.

**ROOF RIGHTS:**

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

**NON-COMPETE:**

None.

**HVAC:**

In lieu of delivering HVAC units that meet Tenant's specifications, Landlord will provide a TIA as described above.

**GOVERNMENTAL COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause Landlord's Work to be performed in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and that, to the best of Landlord's knowledge, no environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, that violate applicable law exist with respect to the Premises, and Landlord shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

**CERTIFICATE OF NEED:**

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review



process, Tenant does not expect to receive a CON permit prior to December 1, 2017. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises on or prior to December 1, 2017, neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

**BROKERAGE FEE:**

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee per a separate agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

**CONTINGENCIES:**

This proposal is subject to the Landlord securing and closing on the property and aforementioned premises.

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

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

Sincerely,  
Matthew Gramlich

CC: DaVita Regional Operational Leadership



SIGNATURE PAGE

LETTER OF INTENT: 214 Collins St, Joliet, IL 60432

AGREED TO AND ACCEPTED THIS 6 DAY OF JULY 2017

By: [Signature]

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

AGREED TO AND ACCEPTED THIS 29<sup>th</sup> DAY OF <sup>JUNE</sup> JULY 2017

NATIONAL SHOPPING PLAZAS, INC., AS LEASING AGENT

By: [Signature]

ITS: VP  
("Landlord")

EXHIBIT A

8

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**Section IX, Financial Feasibility**

**Criterion 1120.130 – Financial Viability Waiver**

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017.

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

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





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

**Re: Reasonableness of Financing Arrangements**

Dear Chair Olson:

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

Sincerely,

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

Print Name: Arturo Sida  
Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc., Managing Member  
of Joliet Dialysis, LLC

Subscribed and sworn to me  
This \_\_\_ day of \_\_\_\_\_, 2017

*See Attached*

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

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

State of California

County of Los Angeles

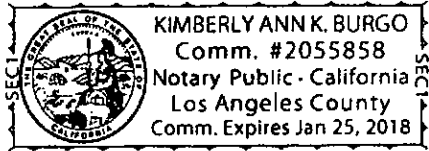
On August 7, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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

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

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

WITNESS my hand and official seal.  
*Kimberly Ann K. Burgo*  
Signature



**OPTIONAL INFORMATION**

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

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: IL CON Application Certification (DaVita Inc. / Joliet Dialysis, LLC / Total Renal Care, Inc.)

Document Date: August 7, 2017 Number of Pages: 1 (one)

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

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

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

Signer's Name(s): \_\_\_\_\_

- Individual
- Corporate Officer Assistant Secretary / Secretary  
(Title(s))
- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: \_\_\_\_\_

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

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	A	B	C	D	E	F	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)	
<b>CLINICAL</b>									
ESRD	\$193.48		7,000				\$1,354,367		\$1,354,367
Contingency	\$14.29		7,000				\$100,000		\$100,000
<b>TOTAL CLINICAL</b>	<b>\$207.77</b>		<b>7,000</b>				<b>\$1,454,367</b>		<b>\$1,454,367</b>
<b>NON- CLINICAL</b>									
Admin									
Contingency									
<b>TOTAL NON- CLINICAL</b>									
<b>TOTAL</b>	<b>\$207.77</b>		<b>7,000</b>				<b>\$1,454,367</b>		<b>\$1,454,367</b>

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

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

<b>Table 1120.310(c)</b>			
	<b>Proposed Project</b>	<b>State Standard</b>	<b>Above/Below State Standard</b>
Modernization Construction Contracts & Contingencies	\$1,354,367	\$278.19 x 7,000 GSF = \$1,947,330	Below State Standard
Contingencies	\$100,000	10% of New Construction Contracts 10% x \$1,354,367 = \$135,436	Meets State Standard
Architectural/Engineering Fees	\$130,500	6.64% - 9.98% of New Construction Contracts + Contingencies) 6.64% - 9.98% x (\$1,354,367 + \$100,00) 6.64% - 9.98% x \$1,454,367 = \$96,569 - \$145,145	Meets State Standard
Consulting and Other Fees	\$78,500	No State Standard	No State Standard
Moveable Equipment	\$548,671	\$53,682.74 per station x 12 stations \$53,682.74 x 12 = \$644,192	Meets State Standard
Fair Market Value of Leased Space or Equipment	\$1,823,222	No State Standard	No State Standard

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

Operating Expenses: \$2,405,411

Treatments: 9,984

Operating Expense per Treatment: \$240.93

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

Capital Costs:

Depreciation:	\$188,391
Amortization:	\$6,324
Total Capital Costs:	\$194,715

Treatments: 9,984

Capital Costs per Treatment: \$19.50

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

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was included as part of our Illini Renal Dialysis CON application (Proj. No. 17-032). As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

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

Furthermore, DaVita is the only provider within the state of Illinois who currently accepts IlliniCare, IlliniCare Health is a managed care organization (MCO) contracted with the state of Illinois to provide health services for Medicaid recipients under the integrated care program and family Health Plan. IlliniCare Health was also selected by the Department of Healthcare and Family Services as one of the remaining managed care organizations to participate in the Medicare-Medicaid Alignment Initiative (MMAI) within the greater Chicagoland area. As IlliniCare's only dialysis provider it is imperative that this patient group be afforded convenient high quality care.

2. The proposed Hickory Creek Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The utilization of existing dialysis facilities within the Hickory Creek GSA that have been operational for at least 2 years, as of March 31, 2017 is 75.2%. Further, patient census among the existing facilities within the Hickory Creek GSA has increased 5.33% since March 31, 2015. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
3. Further, Beata Kisiel, M.D. with Sun Health Inc. is currently treating 66 late stage CKD patients (Stage 4 and 5 CKD), who reside within 30 minutes of the proposed Hickory Creek Dialysis. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Kisiel anticipates that at least 41 of these 66 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. DuPage Medical Group will also add 36 late stage CKD patients (Stage 4 and 5 CKD) in support of the application. See Appendix - 1.



Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), it is anticipated that at least 23 of these 36 additional patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Thus, a total of 64 patients (41 from Sun Health Inc. and 23 from DMG) will be expected to initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

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

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

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

**Section XII, Charity Care Information**

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

<b>CHARITY CARE</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Net Patient Revenue</b>	<b>\$266,319,949</b>	<b>\$311,351,089</b>	<b>\$353,226,322</b>
Amount of Charity Care (charges)	\$2,477,363	\$2,791,566	\$2,400,299
Cost of Charity Care	\$2,477,363	\$2,791,566	\$2,400,299

**Appendix I – Physician Referral Letter**

Attached as Appendix 1 are the physician referral letters from Dr. Beata Kisiel projecting 41 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion and DuPage Medical Group projecting an additional 23 patients will initiate dialysis within 12 to 24 months of project completion.

Beata Kisiel, M.D.  
Sun Clinic, LLC  
2121 Oneida Street  
Joliet, Illinois 60435

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

Dear Chair Olson:

I am pleased to support DaVita's establishment of Hickory Creek Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 214 Collins Street, Joliet, Illinois 60432 will directly benefit my patients.

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

The site of the proposed facility is close to Interstates 55, 80 and 355 (I-55, I-80, and I-355) and will provide better access to patients residing in the far southwest suburbs of Chicago. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 75.2%, according to March 31, 2017 reported census data.

I have identified 66 late stage CKD patients from my practice (Stage 4 or 5 CKD) who reside within 30 minutes of the proposed facility. Conservatively, I predict at least 41 of these patients will progress to dialysis within 12 to 24 months of the completion of Hickory Creek Dialysis. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, for the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment – 2. The list of zip codes for the 66 pre-ESRD patients previously referenced is provided at Attachment – 3A.

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

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

Sincerely,



Beata Kisiel, M.D.  
Nephrologist  
Sun Clinic, LLC  
2121 Oneida Street  
Joliet, Illinois 60435

Subscribed and sworn to me

This 31 day of Oct, 2017

Notary Public: Michael R Grubb



August 14, 2017

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

Dear Chair Olson,

On behalf of DuPage Medical Group, Ltd. ("DMG"), specifically Drs. Barakat, Delaney, Mataria, Rawal, Samad, Diab, and Shah, I am writing this letter in support of the Certificate of Need ("CON") application for the proposed Hickory Creek Dialysis facility, located at 214 Collins Street, Joliet, Illinois, 60432. The proposed facility will directly benefit our patients and improve access to dialysis services within the community for our growing practice.

Based on our records, we treated 67 end stage renal disease ("ESRD") patients in 2014, 72 ESRD patients in 2015, 86 ESRD patients in 2016, and 94 ESRD patients in the first quarter of 2017. (See Attachment 1). We referred 27 new patients for in-center hemodialysis in 2016 and 17 new patients in the first quarter of 2017. (See Attachment 2). We anticipate that 5 to 10% of our existing hemodialysis patients will no longer require dialysis within one year due to a change in their health status.

The above historical patterns primarily represent Drs. Barakat, Mataria, and Samad. Drs. Delaney, Rawal, and Shah have only recently started practicing and treating patients living within 30 minutes of the proposed facility. As such, it is anticipated that the practice referral volumes will expand as the patient base grows around Drs. Delaney, Rawal, Diab, and Shah.

Based on our records, there are 3,529 pre-ESRD patients of DMG who currently have Chronic Kidney Disease ("CKD") Stage 3, 4, or 5. For the purpose of this application, I have identified 36 Stage 4 or 5 CKD patients who reside within 30 minutes of the proposed facility. We conservatively estimate that at least 23 of these patients will be treated by our practice, develop end stage renal disease, and require dialysis within the first 12 to 24 months following the proposed project's completion. We anticipate referring these 23 patients to the proposed Hickory Creek Dialysis facility within the first two years following project completion. (See Attachment 3).

In addition, utilization of dialysis facilities that have been operational for 2 years and located within 30 minutes of the proposed facility are at 75.2%, according to the March 31, 2017 census data.

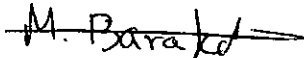
The large CKD population identified within DuPage Medical Group, Ltd.'s current patient base, the expected referral patterns for these patients, the significant utilization of nearby facilities, and the organic growth of the nephrology practice's patient population through our new physicians all demonstrate a considerable need and demand for the Hickory Creek Dialysis facility.

We respectfully request the Board approve the Hickory Creek Dialysis CON application so that the facility can provide In-Center Hemodialysis services for the ESRD population in the community. Thank you for your consideration.

CERTIFICATION

I hereby attest that, to the best of my knowledge, all the information in this letter is true and correct and that these patient referrals have not been used to support another pending or approved CON application.

Sincerely,



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

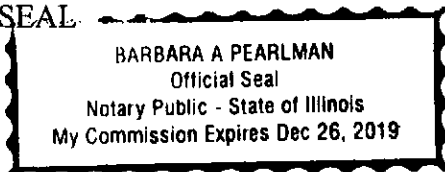
Notarization:

Subscribed and sworn to me this 14<sup>th</sup> day of August, 2017.



Signature of Notary

SEAL



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

Mount Greenwood Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zipcode	Pt Count	Zipcode	Pt Count
60406	2	65803	1	60628	15	60628	17
60409	1	60628	9	60406	7	60643	17
60419	1	60406	5	60472	2	60406	7
60453	3	60472	1	60643	14	60629	1
60459	1	60643	13	60803	3	60803	3
60469	1	60419	2	60636	3	60636	3
60477	1	60453	3	60655	1	60652	1
60617	1	67207	1	60805	1	60655	1
60619	1	60655	1	60617	1	60827	2
60620	3	60619	1	60620	3	60409	1
60628	17	60615	1	60453	5	60619	2
60636	1	60636	3	60827	2	60805	1
60643	14	60827	1	60478	1	60426	1
60655	1	60805	1	60419	1	60453	5
60803	4	60617	2	60619	3	60617	1
60805	2	60803	3	60652	1	60620	2
		60620	3			60478	1
		60478	1			60419	1
		60659	1			60472	1



**Historical Patient Utilization**

<b>Hazel Crest Renal Center</b>							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60628	1	60409	1	60409	1
						60827	1

**Historical Patient Utilization**

Olympia Fields Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60426	1	60429	1	60471	1	60443	1
60449	1	60447	1	60447	1	60827	1
		60471	1	60429	1	60447	1
		60827	1	60443	1	60429	1
				60827	1		

**Historical Patient Utilization**

Palos Park Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60451	1	60462	3	60462	3
60451	1	60455	1	60451	1	60451	1
60455	1	60458	1	60453	1	60453	1
60458	1	60462	2	60467	1	60477	1
60462	3	60480	1	60463	1	60463	2
		60487	1				
		60655	1				

**Historical Patient Utilization**

Stony Creek Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60453	2	60453	1	60459	3	60482	1
60455	1	60455	1	60411	1	60459	2
60643	1	60459	2	60482	1	60628	1
		60628	1	60453	1	60453	1
		60636	1	60636	1	60643	1
				60455	2	60636	1
						60619	1
						60455	2

**Historical Patient Utilization**

<b>Renal Center New Lenox</b>							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60443	1	60443	1
				60441	1		

**Historical Patient Utilization**

<b>Beverly Dialysis</b>							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60620	1	60620	1

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

<b>Mount Greenwood Dialysis</b>			
<b>2016</b>		<b>2017 YTD 3/31</b>	
<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>
60628	4	60643	5
60406	4	60628	2
60636	1	60406	1
60803	1		
60827	1		
60478	1		
60643	2		
60455	1		
60651	1		
60477	1		
60619	1		

**New Patients**

<b>Hazel Crest Renal Center</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60409	1	60827	1



**New Patients**

<b>Olympia Fields Dialysis</b>			
<b>2016</b>		<b>2017 YTD 3/31</b>	
<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>
60443	1	60443	1

**New Patients**

<b>Palos Park Dialysis</b>			
<b>2016</b>		<b>2017 YTD 3/31</b>	
<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>
60467	2	60463	1
60462	1		
60478	1		
60463	1		

**New Patients**

<b>Stony Creek Dialysis</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60459	2	60628	1
60411	1	60643	1
60482	1	60619	1
60455	1		

**New Patients**

<b>Renal Center New Lenox</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60441	1	NA	NA
60449	1		

**New Patients**

<b>Beverly Dialysis</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA

**New Patients**

<b>Alsip Dialysis</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60463	1	60477	1
60478	1		
60445	1		

**New Patients**

Fresenius Dialysis Naperville			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
N/A	N/A	60540	1

**New Patients**

<b>Fresenius Dialysis of Burbank</b>			
<b>2016</b>		<b>2017 YTD 3/31</b>	
<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>
60450	1	N/A	N/A



**New Patients**

<b>Fresenius Dialysis of Orland Park</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60477	1	N/A	N/A

**New Patients**

<b>Blue Island Dialysis Center</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60463	1	N/A	N/A
60429	1		

**New Patients**

<b>Glenshire Dialysis</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60433	1	60540	1
60471	1		

**New Patients**

<b>Fresenius Dialysis Oak Forest</b>			
<b>2016</b>		<b>2017 YTD 3/31</b>	
<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>
60452	1	N/A	N/A

**New Patients**

<b>Mt. Greenwood Dialysis</b>			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60477	1	N/A	N/A
60478	1		

**New Patients**

<b>Fresenius Dialysis of Mokena</b>			
<b>2016</b>		<b>2017 YTD 3/31</b>	
<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>
60477	1	N/A	N/A

**Attachment 3B**  
**Pre-ESRD Patients**

<b>Zip Code</b>	<b>Total</b>
60433	2
60435	2
60451	1
60403	4
60491	2
60448	7
60467	4
60487	3
60404	2
60431	3
60423	6
<b>Total</b>	<b>36</b>

**Attachment 3C (TOTAL)**  
**Pre-ESRD Patients**

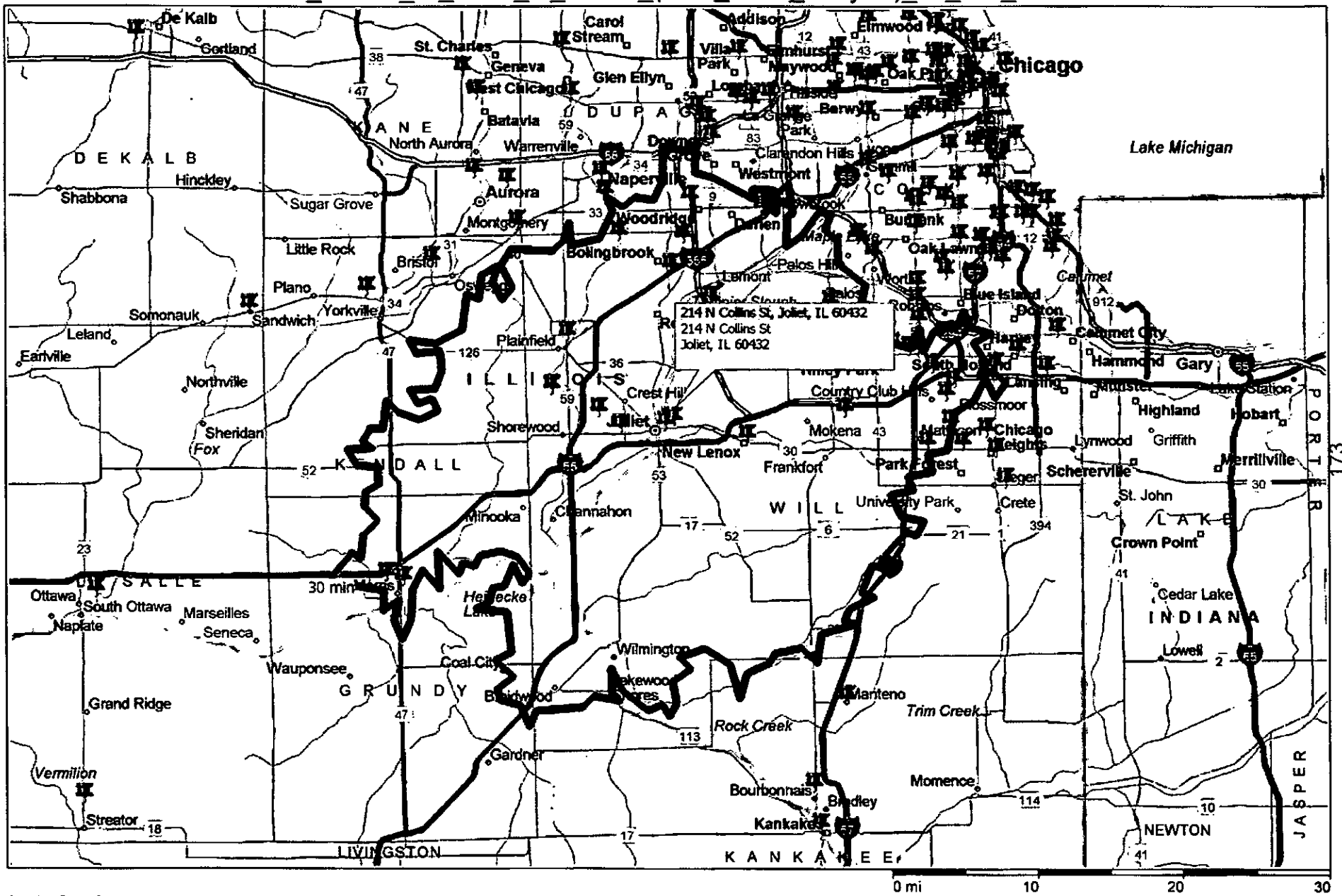
<b>Zip Code</b>	<b>Total</b>
60432	2
60433	6
60441	4
60435	18
60451	3
60403	10
60491	3
60436	6
60442	3
60446	2
60448	7
60467	4
60487	3
60404	6
60431	11
60423	6
60586	6
60447	2
<b>Total</b>	<b>102</b>



**Appendix 2 – Time & Distance Determination**

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

HICKORY CRSEK  
 214 Collins St Joliet IL 60432 (~~East Joliet~~ Dialysis) 30 Min GSA



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# YOUR TRIP TO:




214 Collins St


**23 MIN | 9.3 MI**


**Est. fuel cost: \$0.85**


Trip time based on traffic conditions as of 3:13 PM on July 24, 2017. Current Traffic: Heavy


~~HICKORY CREEK~~  
FMC Plainfield to proposed site for ~~East Joliet~~ Dialysis

- 

1. Start out going **north** on Michas Dr toward Caton Farm Rd/County Hwy-5.  
Then 0.05 miles 0.05 total miles
- 

2. Take the 1st **right** onto Caton Farm Rd/County Hwy-5. Continue to follow Caton Farm Rd.  
Then 4.13 miles 4.18 total miles
- 

3. Turn **right** onto US-30 E/Plainfield Rd. Continue to follow US-30 E.  
*US-30 E is just past Jorie Ct.*  
  
*If you reach Hacker Dr you've gone a little too far.*  
Then 5.15 miles 9.33 total miles
- 

4. Stay **straight** to go onto Collins St/US-6 E.  
Then 0.02 miles 9.35 total miles
- 

5. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the **right**.  
*If you reach E Benton St 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.

# YOUR TRIP TO:



214 Collins St

**17 MIN | 5.7 MI**

**Est. fuel cost: \$0.51**

Trip time based on traffic conditions as of 3:16 PM on July 24, 2017. Current Traffic: Heavy

Renal Center West Joliet to proposed site for ~~East Joliet~~ <sup>HICKORY CREEK</sup> Dialysis



1. Start out going **south** on Essington Rd toward Executive Dr.

Then 0.30 miles

0.30 total miles



2. Turn left onto Black Rd.

*Black Rd is 0.2 miles past Executive Dr.*

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

Then 3.08 miles

3.38 total miles



3. Turn **slight right** onto Plainfield Rd/US-30 E. Continue to follow US-30 E.

*US-30 E is 0.1 miles past N Prairie Ave.*

*If you are on Ruby St and reach Kelly Ave you've gone a little too far.*

Then 2.27 miles

5.65 total miles



4. Stay **straight** to go onto Collins St/US-6 E.

Then 0.02 miles

5.67 total miles



5. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the **right**.

*If you reach E Benton St you've gone about 0.1 miles too far.*

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# YOUR TRIP TO:



214 Collins St

**12 MIN | 3.5 MI**

**Est. fuel cost: \$0.32**

Trip time based on traffic conditions as of 3:40 PM on July 24, 2017. Current Traffic: Heavy

Sun Health to proposed site for ~~East Joliet~~ <sup>Hickory Creek</sup> Dialysis



1. Start out going east on Oneida St toward N Hammes Ave.

Then 0.02 miles

0.02 total miles



2. Take the 1st right onto N Hammes Ave.

*If you reach N Larkin Ave you've gone about 0.3 miles too far.*

Then 0.19 miles

0.21 total miles



3. Take the 1st left onto W Jefferson St/US-52 E. Continue to follow W Jefferson St.

*If you reach Marmion Ave you've gone about 0.1 miles too far.*

Then 3.04 miles

3.24 total miles



4. W Jefferson St becomes Collins St/US-6 E.

Then 0.25 miles

3.49 total miles



5. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the right.

*Your destination is just past E Cass St.*

*If you reach E Benton St you've gone about 0.1 miles too far.*

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# YOUR TRIP TO:




214 Collins St


**2 MIN | 0.8 MI**


**Est. fuel cost: \$0.08**

Trip time based on traffic conditions as of 3:42 PM on July 24, 2017. Current Traffic: Moderate

FMC Joliet to proposed site for ~~Foot Joliet~~ <sup>*Herkimer Creek*</sup> Dialysis

- 

1. Start out going **west** on E Jackson St/US-6 W toward Abe St.  
Then 0.58 miles 0.58 total miles
- 

2. Turn **left** onto Collins St/US-6 W.  
*Collins St is 0.1 miles past Parks Ave.*  
*If you reach Herkimer St you've gone a little too far.*  
Then 0.24 miles 0.81 total miles
- 

3. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the **left**.  
*Your destination is 0.1 miles past E Benton St.*  
*If you reach E Cass St you've gone a little too far.*

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# YOUR TRIP TO:




214 Collins St


**22 MIN | 13.6 MI**


**Est. fuel cost: \$1.36**


Trip time based on traffic conditions as of 3:43 PM on July 24, 2017. Current Traffic: Moderate


FMC Lemont to proposed site for ~~East Joliet~~ <sup>Herkimer Creek</sup> Dialysis


- 

1. Start out going **west** on W 127th St toward Timberline Dr.  
Then 0.30 miles 0.30 total miles
- 

2. Merge onto I-355 S/Veterans Memorial Tollway S via the ramp on the **left** toward **Southwest Suburbs** (Portions toll).  
Then 7.58 miles 7.88 total miles
- 

3. Take the **US-6/Southwest Hwy** exit, EXIT 1.  
Then 0.37 miles 8.25 total miles
- 

4. Merge onto US-6 W toward Joliet.  
Then 5.16 miles 13.41 total miles
- 

5. Turn **left** onto Collins St/US-6 W.  
*Collins St is 0.1 miles past Parks Ave.*  
  
*If you reach Herkimer St you've gone a little too far.*  
Then 0.24 miles 13.64 total miles
- 

6. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the **left**.  
*Your destination is 0.1 miles past E Benton St.*  
  
*If you reach E Cass St you've gone a little too far.*

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# YOUR TRIP TO:



214 Collins St

**13 MIN | 5.4 MI**

**Est. fuel cost: \$0.49**

Trip time based on traffic conditions as of 3:46 PM on July 24, 2017. Current Traffic: Heavy

Renal Center New Lenox to proposed site for ~~East Joliet~~ <sup>Herkimer Creek</sup> Dialysis



1. Start out going north.

Then 0.08 miles

0.08 total miles



2. Turn left.

Then 0.04 miles

0.13 total miles



3. Take the 1st right onto Silver Cross Blvd.

Then 0.18 miles

0.30 total miles



4. Turn left onto Maple Rd/US-6 W. Continue to follow US-6 W.

Then 4.83 miles

5.14 total miles



5. Turn left onto Collins St/US-6 W.

*Collins St is 0.1 miles past Parks Ave.*

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

Then 0.24 miles

5.37 total miles



6. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the left.

*Your destination is 0.1 miles past E Benton St.*

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

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# YOUR TRIP TO:




214 Collins St


**22 MIN | 15.9 MI**


**Est. fuel cost: \$1.43**


Trip time based on traffic conditions as of 3:53 PM on July 24, 2017. Current Traffic: Moderate


~~FMC Mokena to proposed site for East Joliet Dialysis~~  
**HICKORY CREEK**


- 


1. Start out going east on W 192nd St toward 88th Ave.  
Then 0.16 miles 0.16 total miles
- 


2. Turn left onto 88th Ave.  
Then 0.19 miles 0.36 total miles
- 


3. Take the 1st left onto W 191st St/County Hwy-84.  
*If you reach Spring Lake Dr you've gone about 0.4 miles too far.*  
Then 0.97 miles 1.32 total miles
- 

4. Turn right onto La Grange Rd/US-45 N. Continue to follow US-45 N.  
*US-45 N is just past Old LaGrange Rd.*  
Then 0.73 miles 2.05 total miles
- 

5. Merge onto I-80 W toward Joliet.  
Then 12.59 miles 14.64 total miles
- 

6. Take the **Richards St** exit, EXIT 133.  
Then 0.20 miles 14.84 total miles
- 

7. Turn slight right onto Richards St.  
Then 0.76 miles 15.60 total miles
- 

8. Turn right onto E Jefferson St/US-30 E/US-6 E. Continue to follow US-6 E.  
*US-6 E is just past E Washington St.*  
Then 0.32 miles 15.92 total miles
- 

9. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the right.  
*Your destination is just past E Cass St.*  
  
*If you reach E Benton St you've gone about 0.1 miles too far.*

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# YOUR TRIP TO:




214 Collins St


**24 MIN | 17.3 MI**


**Est. fuel cost: \$1.58**


Trip time based on traffic conditions as of 3:58 PM on July 24, 2017. Current Traffic: Moderate


FMC - Dialysis Center of America-- Orland Park to proposed site for ~~East Joliet~~ <sup>Highway Creek</sup> Dialysis


- 


1. Start out going west on W 159th St/US-6 W toward S 94th Ave.  
Then 0.57 miles 0.57 total miles
- 

2. Turn left onto S La Grange Rd/US-45 S. Continue to follow US-45 S.  
*US-45 S is 0.2 miles past S 94th Ave.*  
Then 3.04 miles 3.61 total miles
- 

3. Merge onto I-80 W toward Joliet.  
Then 12.37 miles 15.98 total miles
- 

4. Take the Richards St exit, EXIT 133.  
Then 0.20 miles 16.18 total miles
- 

5. Turn slight right onto Richards St.  
Then 0.76 miles 16.94 total miles
- 

6. Turn right onto E Jefferson St/US-30 E/US-6 E. Continue to follow US-6 E.  
*US-6 E is just past E Washington St.*  
Then 0.32 miles 17.26 total miles
- 

7. 214 Collins St, Joliet, IL 60432-2919, 214 COLLINS ST is on the right.  
*Your destination is just past E Cass St.*  
  
*If you reach E Benton St you've gone about 0.1 miles too far.*

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# YOUR TRIP TO:




214 Collins St


**25 MIN | 17.8 MI**


**Est. fuel cost: \$1.63**


Trip time based on traffic conditions as of 4:01 PM on July 24, 2017. Current Traffic: Moderate


Tinley Park Dialysis to proposed site for ~~East Joliet~~ <sup>Henry Creek</sup> Dialysis


- 


1. Start out going **north** on 80th Ave toward 167th St.  
Then 0.10 miles 0.10 total miles
- 


2. Take the 1st **left** onto 167th St.  
*If you reach Nottingham Rd you've gone about 0.2 miles too far.*  
Then 0.51 miles 0.60 total miles
- 


3. Turn **left** onto 84th Ave.  
*84th Ave is just past Farmview Ct.*  
*If you reach Clover Ln you've gone a little too far.*  
Then 0.50 miles 1.10 total miles
- 

4. Turn **right** onto 171st St.  
*171st St is just past Plum Ct.*  
*If you reach Carriage Ln you've gone about 0.1 miles too far.*  
Then 1.52 miles 2.63 total miles
- 

5. Turn **left** onto La Grange Rd/US-45 S. Continue to follow US-45 S.  
Then 1.53 miles 4.16 total miles
- 

6. Merge onto I-80 W toward Joliet.  
Then 12.37 miles 16.53 total miles
- 

7. Take the **Richards St** exit, EXIT 133.  
Then 0.20 miles 16.73 total miles
- 

8. Turn **slight right** onto Richards St.  
Then 0.76 miles 17.48 total miles
- 

9. Turn **right** onto E Jefferson St/US-30 E/US-6 E. Continue to follow US-6 E.  
*US-6 E is just past E Washington St.*  
Then 0.32 miles 17.80 total miles



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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	27-29
2	Site Ownership	30-37
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	38-39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	40-41
5	Flood Plain Requirements	42-43
6	Historic Preservation Act Requirements	44-45
7	Project and Sources of Funds Itemization	46
8	Financial Commitment Document if required	47-48
9	Cost Space Requirements	49
10	Discontinuation	N/A
11	Background of the Applicant	50-66
12	Purpose of the Project	67-69
13	Alternatives to the Project	70-72
14	Size of the Project	73
15	Project Service Utilization	74
16	Unfinished or Shell Space	75
17	Assurances for Unfinished/Shell Space	76
18	Master Design Project	N/A
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	77-119
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	125-131
35	Financial Waiver	127
36	Financial Viability	N/A
37	Economic Feasibility	128-135
38	Safety Net Impact Statement	136-137
39	Charity Care Information	138
	Appendix 1	139-171
	Appendix 2	172-183



November 3, 2017

Courtney Avery, Administrator  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Ms. Avery,

Please find enclosed with this cover letter a completed Certificate of Need Application, submitted on behalf of applicants DaVita, Inc. and Sappington Dialysis, LLC. The applicants propose to establish an in-center hemodialysis facility at 7939 South Western Avenue, Chicago, IL, 60620.

As detailed within the application, this project is subject to substantive review because it involves the establishment of a health care facility.

Thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions regarding the proposed project to establish an in-center hemodialysis facility.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Niehaus".

Bryan Niehaus, JD, CHC  
Senior Consultant  
Murer Consultants, Inc.