

17-068

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

NOV 30 2017

Facility/Project Identification

Facility Name:	Oak Meadows Dialysis	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address:	5020 West 95 th Street		
City and Zip Code:	Oak Lawn, Illinois 60453		
County:	Cook		Health Service Area: 7

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

Exact Legal Name:	DaVita Inc.
Street Address:	2000 16 th 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 th 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	

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:	The Advis Group
Address:	19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number:	708-478-7030
E-mail Address:	bniehaus@theadvisgroup.com
Fax Number:	708-478-7030

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:	Oak Meadows Dialysis		
Street Address:	5020 West 95 th Street		
City and Zip Code:	Oak Lawn, Illinois 60453		
County:	Cook	Health Service Area:	7
		Health Planning Area:	7

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

Exact Legal Name:	Motte Dialysis, LLC
Street Address:	2000 16 th 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 th 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"/> |

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

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Title:	Administrator
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Telephone Number:	773-278-4403
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:	The Advis Group
Address:	19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number:	708-478-7030
E-mail Address:	bniehaus@theadvisgroup.com
Fax Number:	708-478-7030

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	ShenLife Shoppes at Eagle Harbor, LLC
Address of Site Owner:	4415 Pheasant Ridge Road, Suite 300, Roanoke, Virginia 24014
Street Address or Legal Description of the Site:	5020 West 95 th Street, Oak Lawn, Illinois 60453
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Motte Dialysis, LLC
Address:	2000 16 th Street, Denver, CO 80202
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

- Substantive
 Non-substantive

2. Narrative Description

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

DaVita, Inc. and Motte 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 5020 West 95th Street, Oak Lawn, Illinois 60453. The proposed dialysis facility will include a total of approximately 4,672 gross square feet in clinical space and 1,988 gross square feet of non-clinical space for a total of 6,660 gross rentable square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$827,666	\$352,183	\$1,179,849
Contingencies	\$82,766	\$35,217	\$117,983
Architectural/Engineering Fees	\$96,000	\$25,000	\$121,000
Consulting and Other Fees	\$80,000	\$10,000	\$90,000
Movable or Other Equipment (not in construction contracts)	\$643,015	\$99,922	\$742,937
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,334,083	\$567,671	\$1,901,754
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$3,063,530	\$1,089,993	\$4,153,523
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,729,447	\$522,322	\$2,251,769
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,334,083	\$567,671	\$1,901,754
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$3,063,530	\$1,089,993	\$4,153,523
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>2,400,655</u>.</p>

Project Status and Completion Schedules

<p>For facilities in which prior permits have been issued please provide the permit numbers.</p> <p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p> <p>Anticipated project completion date (refer to Part 1130.140): April 30, 2020</p> <p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p><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</p> <p><input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.</p> <p>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals [Section 1130.620(c)]

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

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

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

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

Facility Bed Capacity and Utilization

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


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

CERTIFICATION

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

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

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



SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

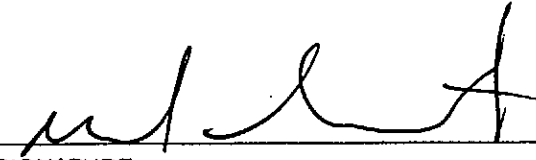
PRINTED TITLE

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



Signature of Notary

Seal



SIGNATURE

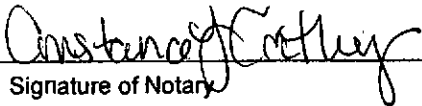
Michael D. Staffieri

PRINTED NAME

Chief Operating Officer – Kidney Care

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9th day of November 2017



Signature of Notary

Seal

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

*Insert EXACT legal name of the applicant

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

State of California

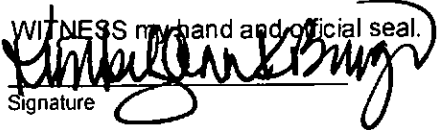
County of Los Angeles

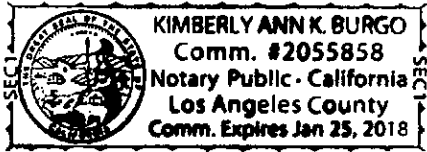
On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

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 (DaVita Inc. / Total Renal Care, Inc. - Motte Dialysis, LLC)

Document Date: November 15, 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 Corporate Secretary / Secretary

(Title(s))

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

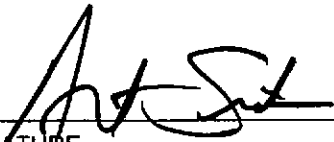
SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Motte Dialysis, LLC
(Oak Meadows Dialysis)

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 Motte 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

Arturo Sida

 PRINTED NAME


Secretary of Total Renal Care, Inc., Managing Mbr. of Motte Dialysis, LLC

 PRINTED TITLE

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

See Attached

 Signature of Notary
 Seal



 SIGNATURE

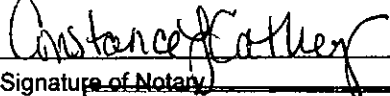
Michael D. Staffieri

 PRINTED NAME

Chief Operating Officer of Total Renal Care, Inc., Managing Mbr. of Motte Dialysis, LLC

 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me this 9th day of November 2017



 Signature of Notary

Seal

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

*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On November 15, 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)

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Document Date: November 15, 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 Corporate Secretary / Secretary

(Title(s))

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

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

(Oak Meadows Dialysis)

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 (1-8) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

F. Criterion 1110.1430 - In-Center Hemodialysis

- 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	

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

- 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.

<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>\$4,153,523</p>	<p>TOTAL FUNDS AVAILABLE</p>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</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
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

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

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

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

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

SECTION XI. CHARITY CARE INFORMATION

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

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

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Motte Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Motte Dialysis, LLC will be the operator of Oak Meadows Dialysis. Oak Meadows Dialysis is a trade name of Motte 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

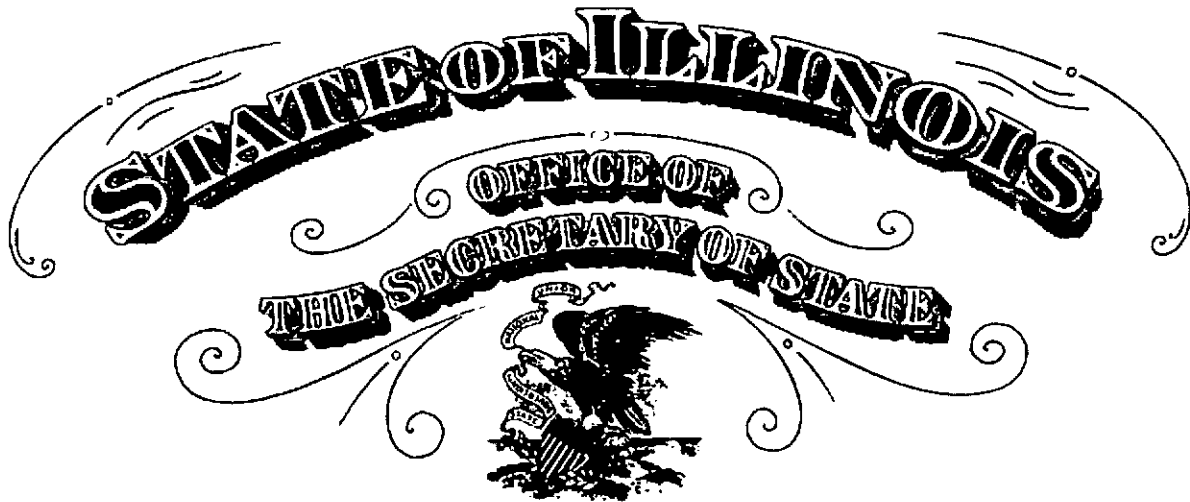
SR# 20165704525

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

MOTTE DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 13, 2017, 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 21ST day of NOVEMBER A.D. 2017 .



Authentication #: 1732502692 verifiable until 11/21/2018
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 ShenLife Shoppes at Eagle Harbor, LLC and the applicants to lease the facility located at 5020 West 95th Street, Oak Lawn, Illinois 60453 is attached at Attachment – 2.



225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

November 8, 2017

Doug Renner
Baum Realty Group
1030 W Chicago Ave, Suite 200
Chicago, IL 60642

RE: LOI – 5020 W 95th St, Oak Lawn, IL 60453

Mr. Renner:

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

- PREMISES:** 5020 W 95th St, Oak Lawn, IL 60453
- TENANT:** Total Renal Care, Inc. or related entity to be named
- LANDLORD:** ShenLife Shoppes at Eagle Harbor, LLC
- SPACE REQUIREMENTS:** Requirement is for approximately 6,660 SF of contiguous rentable square feet on the western side of the building. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
- PRIMARY TERM:** 15 years
- BASE RENT:** \$28.90 psf NNN and shall increase 2.5% annually in the initial term and options.
- ADDITIONAL EXPENSES:** *Estimated Tax, CAM, and Insurance is \$9.50 psf*
- Tenant's prorate share of the expenses are estimated to be 66.6% derived from the estimated 6,660 sf of rentable space of the 10,000 sf total building. All utilities will be separately metered and the responsibility of the Tenant.*
- Landlord to limit the cumulative operating expense costs to \$2.25 psf in the first full lease year and no greater than 5% increases annually thereafter on controllable expenses which shall not include snow removal, parking lot repair or insurance.

LANDLORD'S MAINTENANCE:

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

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 90 days from the later of lease execution or waiver of CON contingency. Landlord shall not be required to start work on the premises until Tenant has waived their contingencies. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

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

LEASE FORM:

Tenant's standard lease form subject to negotiations by both parties.

USE:

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

A special use will be required by Tenant.

PARKING:

Tenant requests:

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

BUILDING SYSTEMS:

Landlord shall deliver the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation 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 WORK:

Landlord shall deliver the premise with demised wall, electrical panel to the space, water and sewer connections to the space per Tenant's specifications outlined below or provide the equivalent in TIA which shall be mutually agreed upon:

Premises entirely demised and gutted. Landlord will be responsible for demolition of all interior partitions, doors and frames, coolers, plumbing, electrical, mechanical systems, remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "raw shell" condition. Premises shall be broom clean and ready for interior improvements; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

Landlord to install a UL approved 1hr rated demising wall separating the Premises into a separately demised space using mold and moisture resistant gypsum board on both sides of partition and sound attenuation and 6" rigid insulation at floor. Location of wall to be confirmed with Tenant's floor plan. The wall shall be constructed from the floor to the deck with the Landlord leaving the interior wall open and exposed. Tenant shall be responsible to drywall, tape, mud, and sand Tenant's side of demising wall up to 12'.

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

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

Landlord to make modifications to existing gas meter per Tenant's specifications.

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

Fire Alarm system shall be maintained and in good working order by Landlord prior to Tenant acceptance of space. Landlord to provide pertinent information on systems for Tenant's design. Landlord to provide current vendor for system and monitoring company. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction. If lease space is in a multi-tenant building then Landlord to provide an empty conduit stub in Tenant space from Landlord's Fire Alarm panel. If Fire Alarm system is unable to accommodate Tenant requirements and/or FA system is not within applicable code compliance, Landlord to upgrade panel at Landlord's cost.

Fire Alarm system equipment shall be equipped for double detection activation if required.

Landlord to provide a new water service with a minimum dedicated 2" line and booster pump if needed. Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

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

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

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

Landlord to clean, power jet and televise existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

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

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 the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS:

Landlord shall provide \$30.00 psf in TIA. TIA shall be paid upon submittal of all lien waivers and receipts provided by Tenant or Tenant's contractor.

Tenant shall have the option to have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion, offset in rent, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc. Any unused TIA shall be applied as a rent credit.

Landlord will provide early access for tenant improvements with Tenant's construction team once the space is demolished, subject to such early access not impairing or interfering with Landlord's completion of Landlord's Work.

OPTION TO RENEW:

Tenant desires three, five-year options to renew the lease. Option rent shall be at a continued 2.5% annual escalation.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all Landlord Work items (if any) substantially completed within 120 days, as an outside delivery date, from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive one day of rent abatement for every day of delay beyond the 120 day delivery period.

HOLDING OVER:

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

TENANT SIGNAGE:

At Tenant's sole cost, 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:

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 the Landlord, or to unrelated entities with Landlord reasonable approval.

ROOF RIGHTS:

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

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.

HVAC:

Landlord will provide an \$8.00/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

DELIVERIES:

Deliveries will be made to the rear of the building through Tenant's own door. No dock provided.

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s). To the

best of Landlord's knowledge, the building and premises is in compliance with the Americans with Disabilities Act (ADA).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes that Baum Realty group is the broker of record on behalf of the Landlord and shall be paid per a separate agreement and C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar (\$1.00) per square foot per lease term year, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due upon Tenant taking possession and rent commencement. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

CONTINGENCIES:

In the event the Landlord is not successful in obtaining all necessary approvals for Tenant's use including, but not limited to OEAs, the Tenant shall have the right, but not the obligation to terminate the lease. In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance, 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 B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,


Matthew Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE


LETTER OF INTENT: 5020 W 95th St, Oak Lawn, IL 60453

AGREED TO AND ACCEPTED THIS 15TH DAY OF NOVEMBER 2017

By:  _____

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

AGREED TO AND ACCEPTED THIS 10th DAY OF NOVEMBER 2017

By:  _____

Shen Life Shoppers at Eagle Harbor, LLC
("Landlord")

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B
POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

 RE: 5020 W 95th St, Oak Lawn, IL 60453

 (i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

 Yes No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

 Yes No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

 Yes* No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

 Yes No

ShanLife Shoppes at Eagle Harbor, LLC
 (Please add landlord or entity name)

 By: *Stephen Hilbisch*

 Print: Stephen Hilbisch

 Its VP, Investments - Shenandoah Life Insurance Company

 Date: 11/10/2017

* Shenandoah Life Insurance Company, the sole member of the Landlord, is in the business of selling Medicare Supplement insurance.

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

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



To all to whom these Presents Shall Come, Greeting:

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

MOTTE DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 13, 2017, 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 21ST day of NOVEMBER A.D. 2017 .



Authentication #: 1732502692 verifiable until 11/21/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

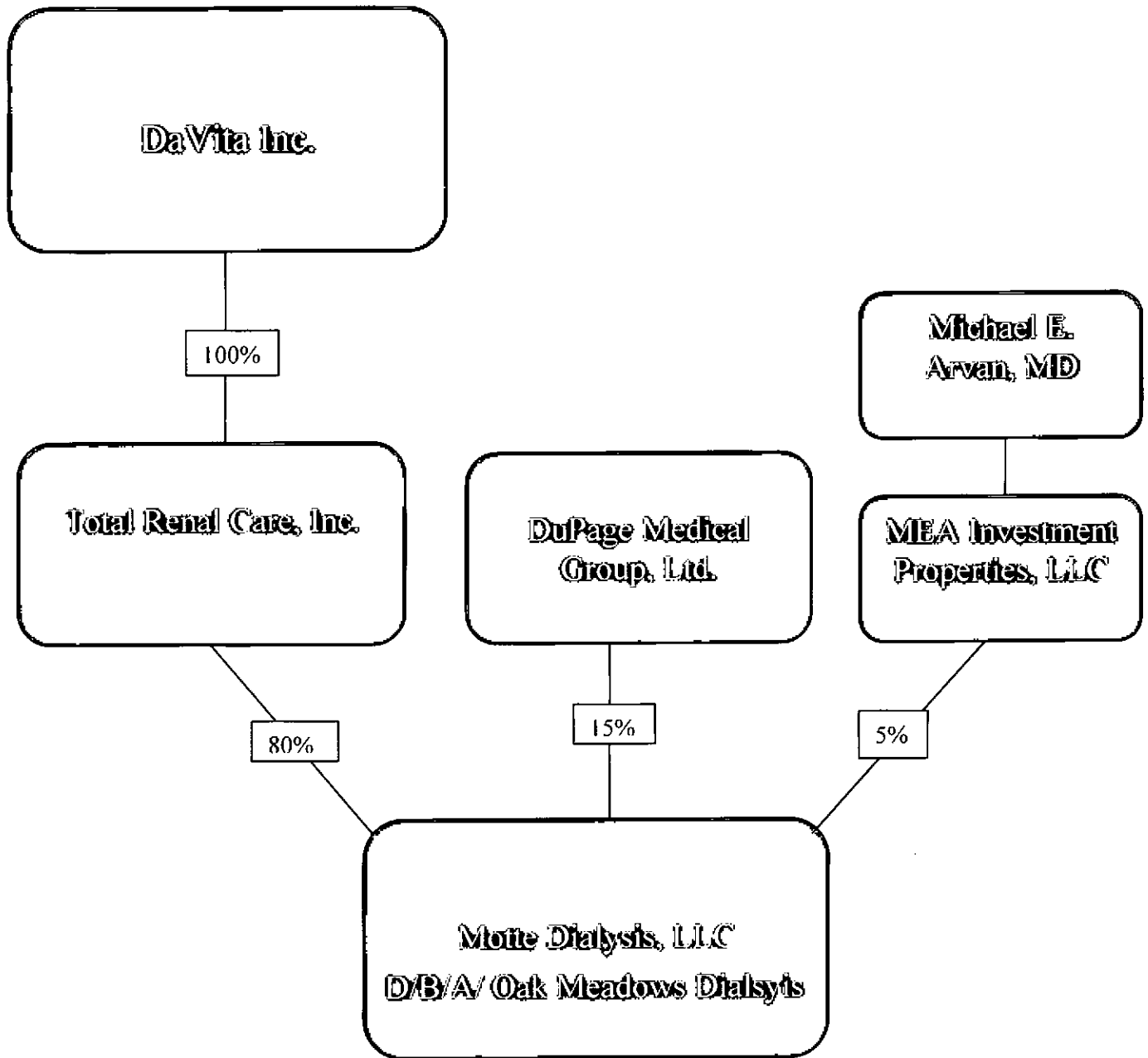
SECRETARY OF STATE

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

The organizational chart for DaVita Inc., Motte Dialysis, LLC and Oak Meadows Dialysis is attached at Attachment - 4.

Name	Address	Ownership Interest
DaVita Inc.	2000 16 th Street Denver, Colorado 80202	80% (Indirect)
Total Renal Care Inc.	2000 16 th Street Denver, Colorado 80202	80% (Direct)
DuPage Medical Group, Ltd.	1100 W 31 st Street Downers Grove, Illinois 60615	15% (Direct)
MEA Investment Properties, LLC.	1820 W Erie Street Chicago, Illinois 60622	5% (Direct)
Michael E. Arvan, MD	1820 W Erie Street Chicago, Illinois 60622	5% (Indirect)

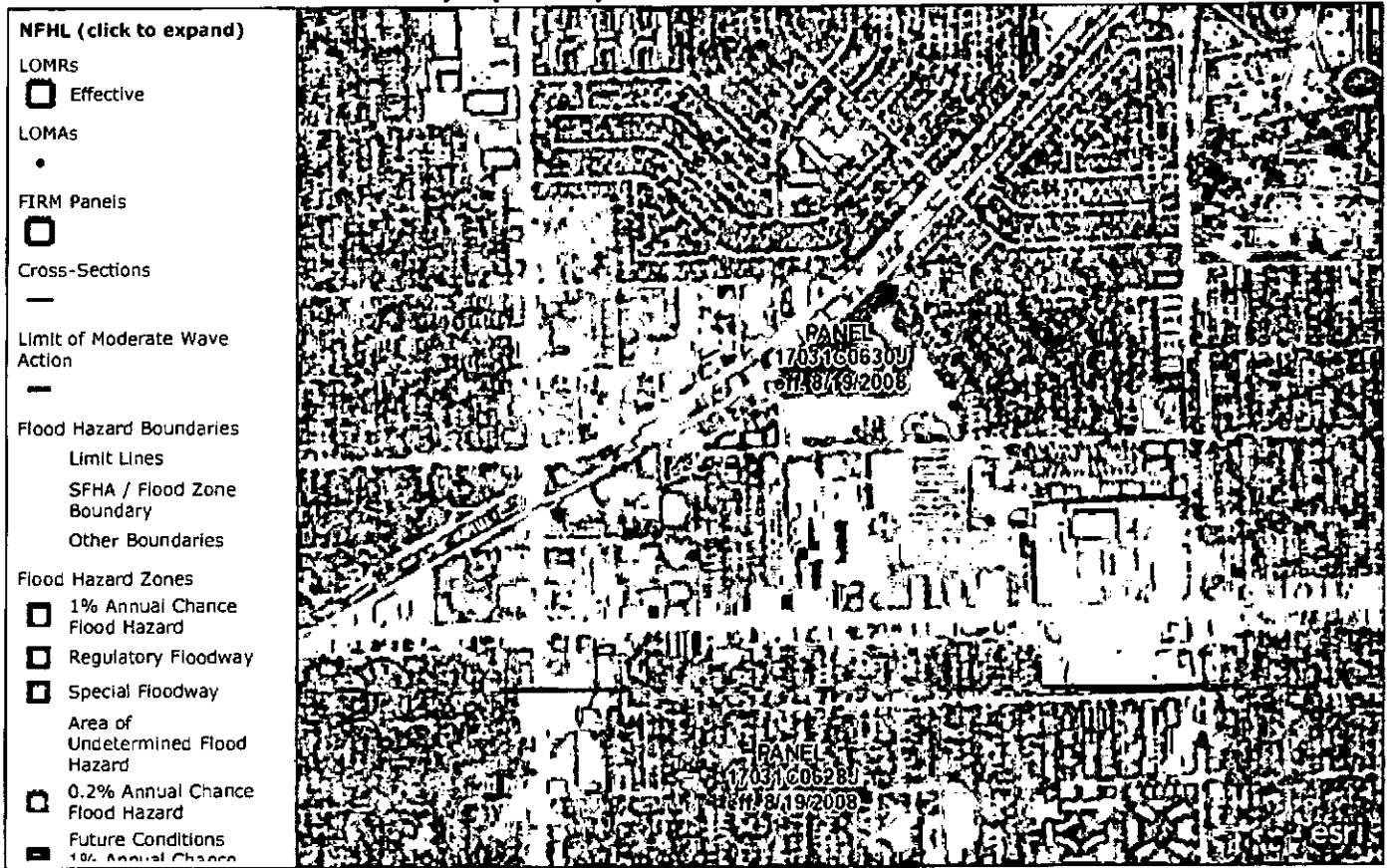
Organizational Relationships



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 5020 West 95th Street, Oak Lawn, Illinois 60453. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5, the interactive map for Panel 17031C0630J reveals that this area is not included in the flood plain.

FEMA's National Flood Hazard Layer (Official)



Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available:
<http://tinyurl.com/J4xwp5e>

National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | Print here instead: <http://tinyurl.com/J4xwp5e> Support:
FEMAMapSpecialist@riskmapcds.com | USGS The National Map: Ortholmagery

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

The applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.



Timothy V Tincknell, FACHE
(773) 278-4403
timothy.tincknell@davita.com

2484 N Elston Ave
Chicago, IL 60647
Fax: (866) 586-3214
www.davita.com

November 13, 2017

Ms. Rachel Leibowitz, PhD
Deputy State Historic Preservation Officer
Illinois Department of Natural Resources
Illinois State Historic Preservation Office
Attn: Review & Compliance
1 Natural Resources Way
Springfield, Illinois 62702

Re: Historic Preservation Act Determination

Dear Dr. Leibowitz:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita Inc. ("Requestor") seeks a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 12-station dialysis facility at 5020 West 95th Street, Oak Lawn, Illinois 60453 ("Proposed Project") affects historic resources. For reference, the legal description for this site is:

LEGAL DESCRIPTION / DEPICTION OF THE PROPERTY

See Exhibit "A" on the following page

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 12-station dialysis facility at 5020 West 95th Street, Oak Lawn, Illinois 60453.

2. Topographical or Metropolitan Map

Metropolitan maps showing the location of the Proposed Project are attached at Attachment 1.



November 13, 2017

Page 2

3. Historic Architectural Resources Geographic Information System

Maps from the Historic Architectural Resources Geographic Information System are attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

4. Address for Building/Structure

The proposed project will be located at 5020 West 95th Street, Oak Lawn, Illinois 60453.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 773-278-4403 or timothy.tincknell@davita.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy V Tincknell".

Timothy V Tincknell
Administrator

Enclosure

TVT:

EXHIBIT "A"

LEGAL DESCRIPTION OF THE PROPERTY

PARCEL 1

LOT 7 (EXCEPT THE SOUTH 16.0 FEET THEREOF) IN BLOCK 1, IN THE SUBDIVISION OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE EAST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPTING THEREFROM THE RIGHT OF WAY OF THE WABASH, ST. LOUIS AND PACIFIC RAILROAD) AS SHOWN ON THE PLAT REGISTERED IN THE REGISTRAR'S OFFICE AS DOCUMENT NUMBER 246066, IN COOK COUNTY, ILLINOIS.

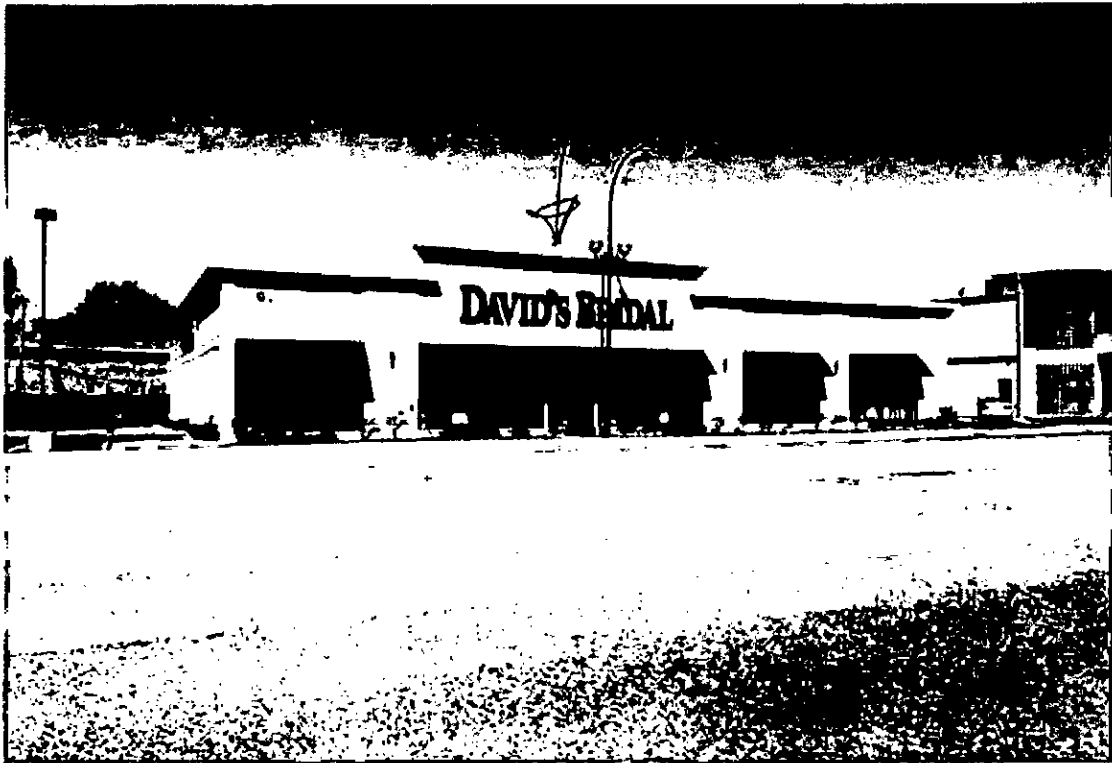
PARCEL 2

THAT PART OF VACATED 50TH AVENUE, 33 FEET IN WIDTH LYING NORTH OF THE NORTH LINE OF 95TH STREET AND EXTENDING NORTH TO THE SOUTH RIGHT OF WAY OF THE WABASH, ST. LOUIS AND PACIFIC RAILROAD AND LYING EAST OF AND ADJOINING LOT 7, IN BLOCK 1, IN THE SUBDIVISION OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE EAST 1/2 OF THE WEST 1/2 TO THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPTING THEREFROM THE RIGHT OF WAY OF THE WABASH, ST. LOUIS AND PACIFIC RAILROAD) AS SHOWN ON THE PLAT REGISTERED IN THE REGISTRAR'S OFFICE AS DOCUMENT NUMBER 246086 (EXCEPTING FROM SAID PORTION OF VACATED 50TH AVENUE THE SOUTH 16 FEET THEREOF) IN COOK COUNTY, ILLINOIS.

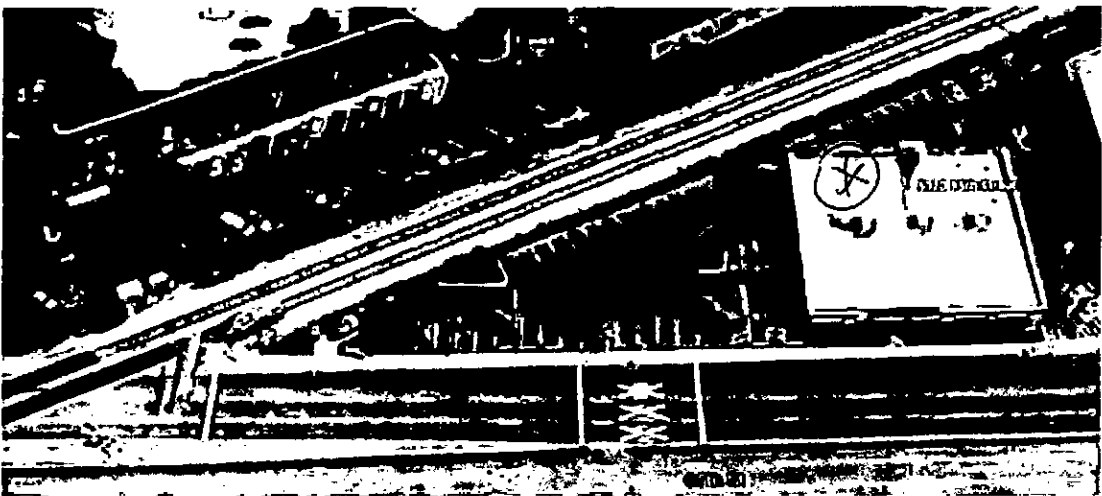
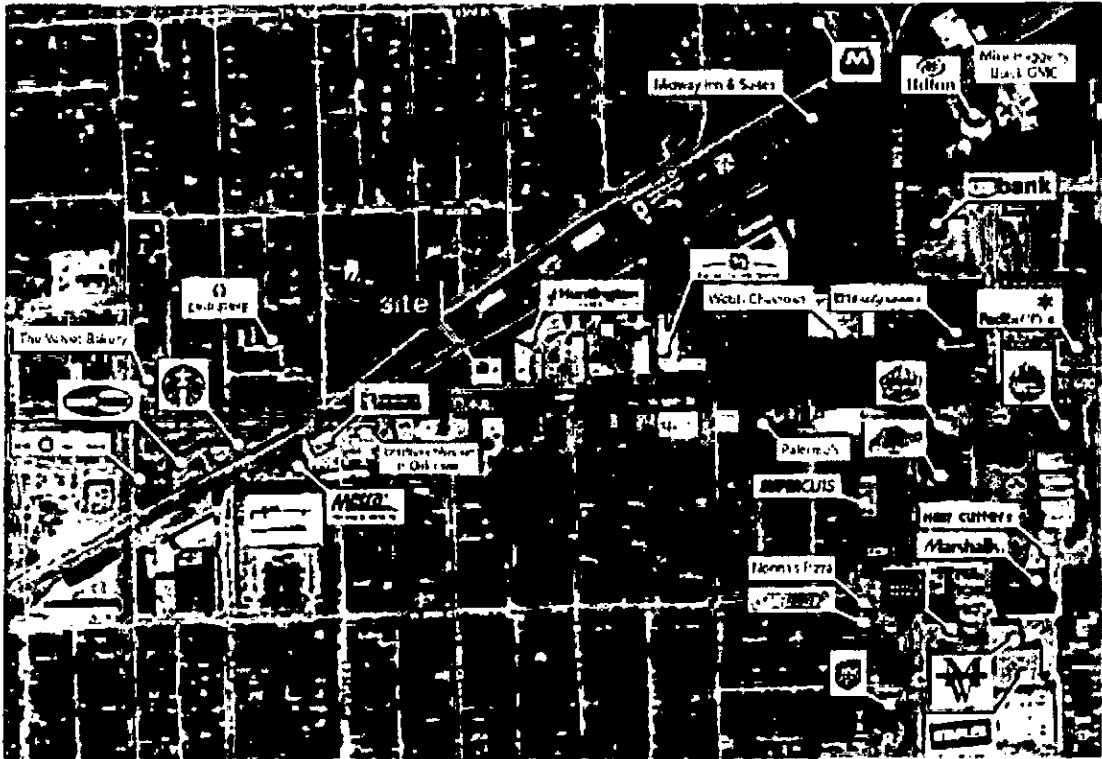
PARCEL 3

THE SOUTH 27.92 FEET (EXCEPT THE SOUTH 17.00 FEET THEREOF AND EXCEPT THAT PORTION FALLING WITHIN THE WABASH, ST. LOUIS AND PACIFIC RAILROAD NOW KNOWN AS THE NORFOLK AND WESTERN RAILROAD RIGHT OF WAY) OF LOT 7, IN BLOCK 1, IN MARR'S SUBDIVISION OF THE SOUTH 1/2 OF THE WEST 1/2 OF THE EAST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 37 NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

5020 WEST 95TH STREET, OAK LAWN, IL 60453



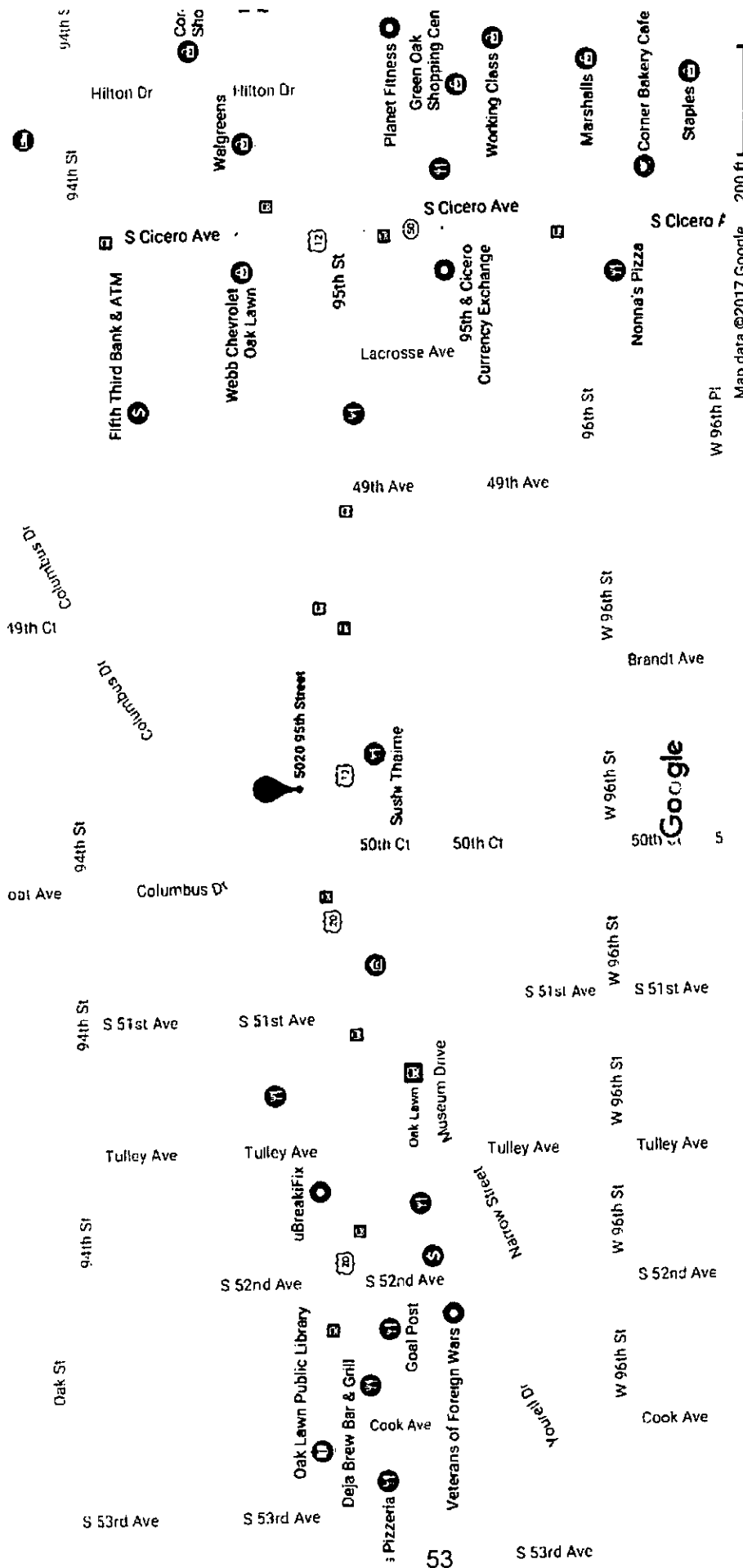
5020 WEST 95TH STREET, OAK LAWN, IL 60453



Google Maps

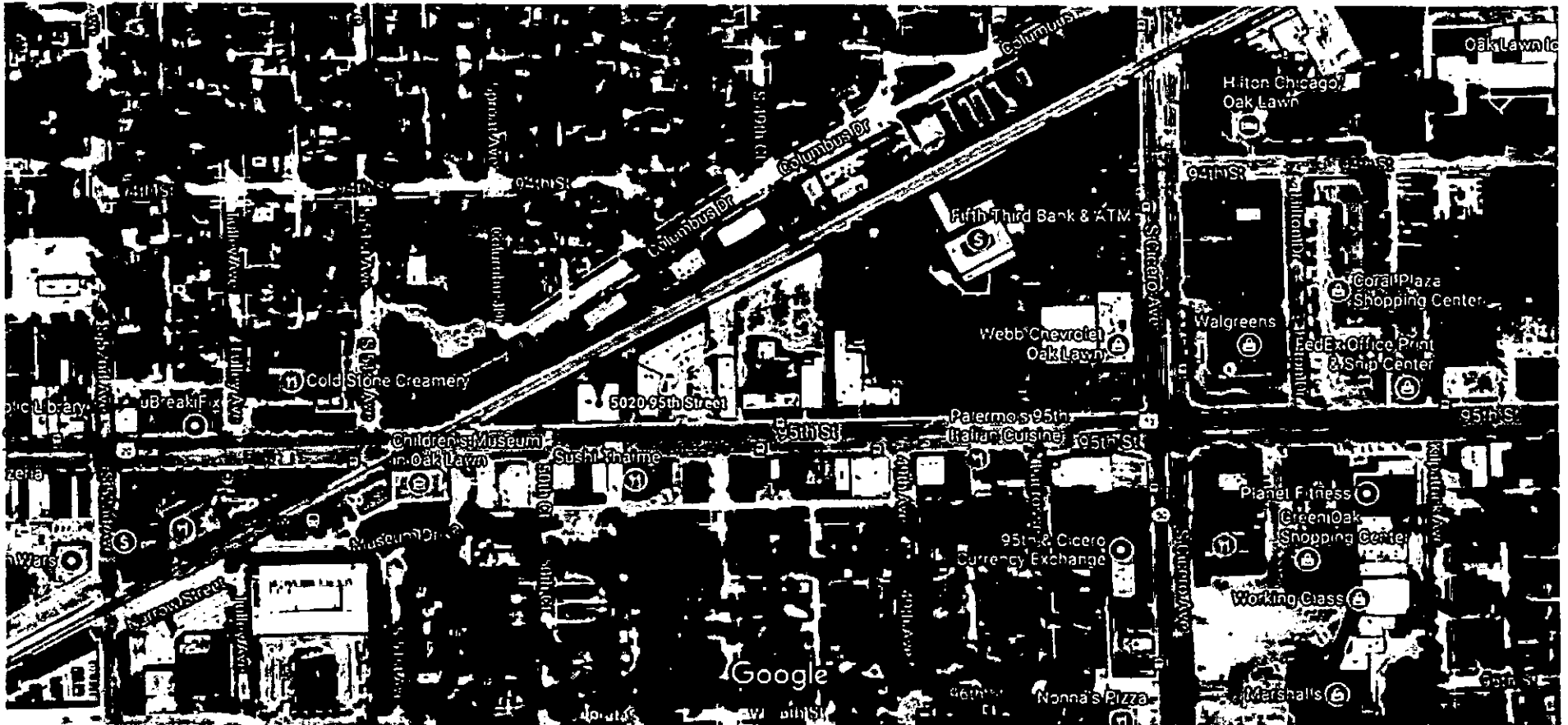
5020 95th St

Oak Lawn, IL 60453 --- proposed site for Oak Meadows Dialysis



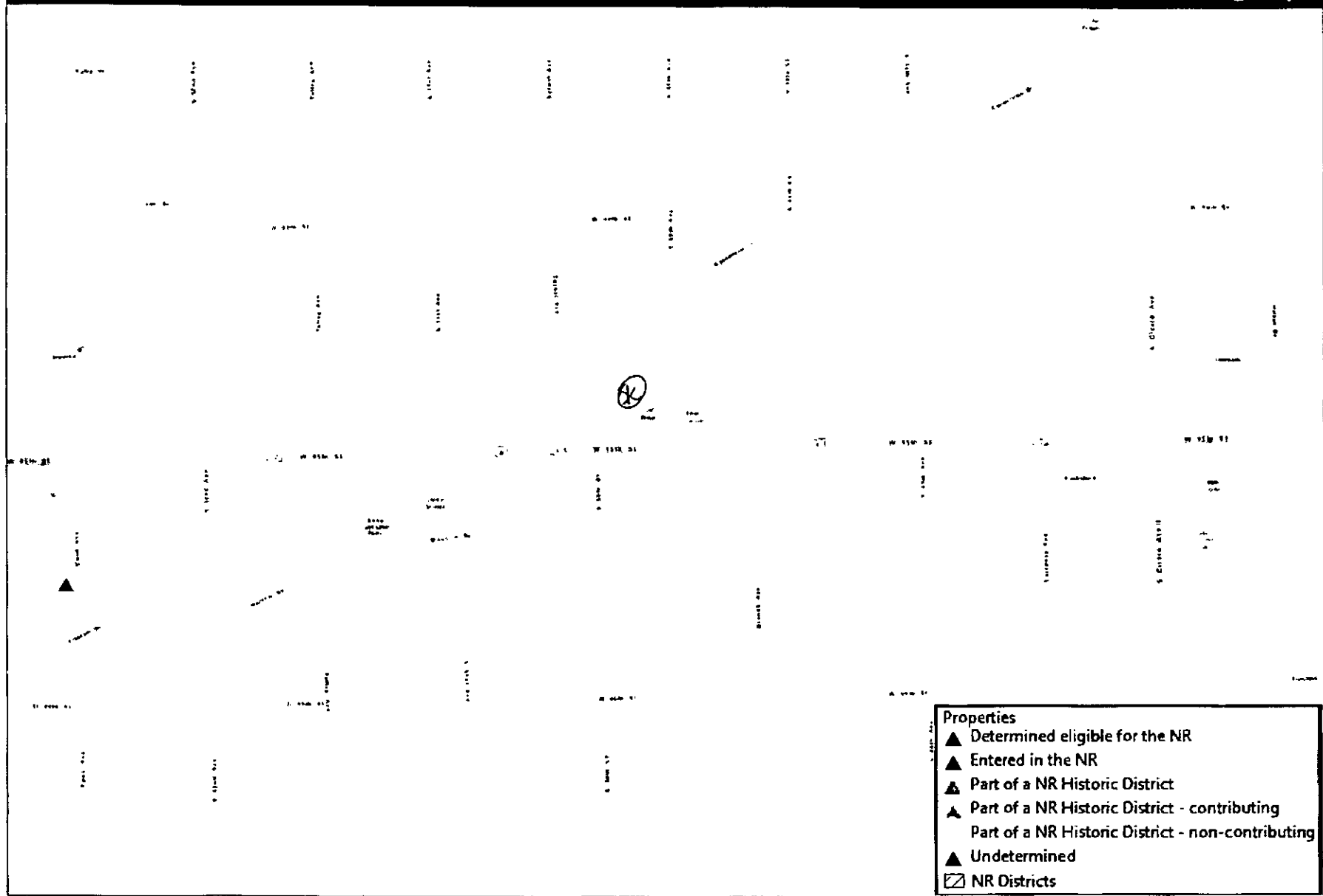
Google Maps 5020 95th St

Oak Lawn, IL 60453 --- proposed site for Oak Meadows Dialysis



Imagery ©2017 Google, Map data ©2017 Google 200 ft

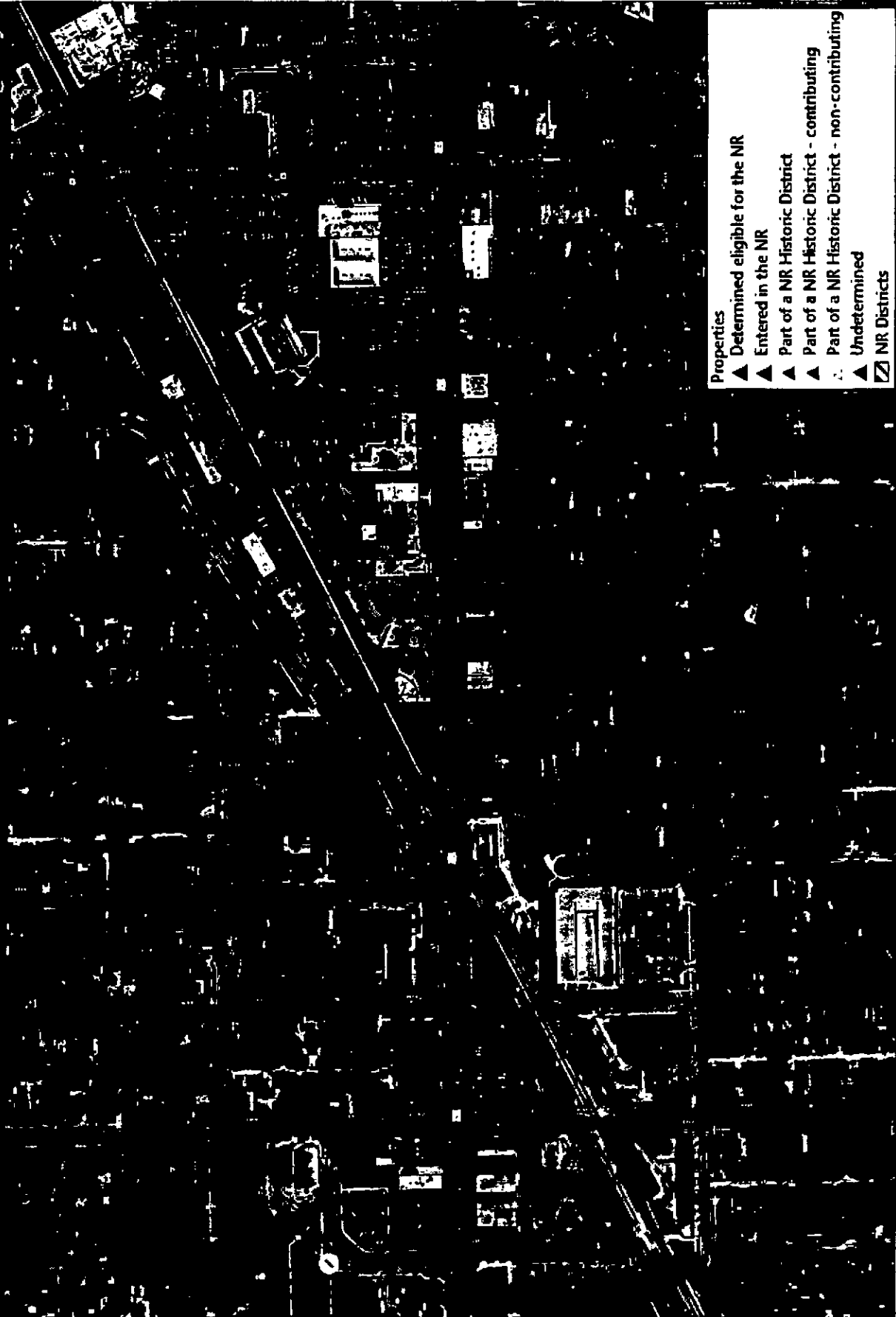
Attachment 6



5020 95th Street_Oak_Lawn_IL_60453_HARGIS_Hybrid

Created 11/14/17 9:35 AM

Illinois Historic
Preservation Agency



Copyright 2012 IHPA

UNRSHUNRBUA (1/3) 218-9493
TIA TINCHELL
DAVITA
2494 N ELSTON AVE
CHICAGO, IL 60647
UNITED STATES US

SHIP DATE: JANU 11
ACTMST: 0 5018
CAD: 1040105971AET3920

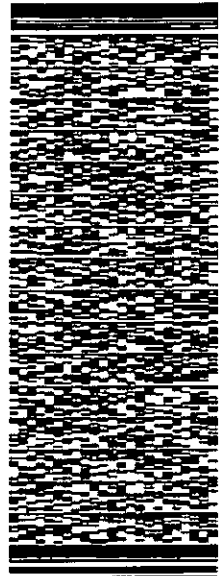
BILL SENDER

TO **MS. RACHEL LEIBOWITZ, PHD**
IL DEPARTMENT OF NATURAL RESOURCES
IL STATE HISTORIC PRESERVATION OFC
1 NATURAL RESOURCES WAY
SPRINGFIELD IL 62702

REF: (217) 785-5031
PO: NV

DEPT:

549J3F877H04C



TRK# 7707 4313 9813
0201

WED - 15 NOV 10:30A
PRIORITY OVERNIGHT

XX SP1A

62702
IL-US STL



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Attachment 6

Timothy Tincknell

From: TrackingUpdates@fedex.com
Sent: Wednesday, November 15, 2017 9:22 AM
To: Timothy Tincknell
Subject: FedEx Shipment 770743139813 Delivered

WARNING: This email originated outside of DaVita. Even if this looks like a DaVita email, it is not. DO NOT provide your username, password, or any other personal information in response to this or any other email.

DAVITA WILL NEVER ask you for your username or password via email.
DO NOT CLICK links or attachments unless you are positive the content is safe.
IF IN DOUBT about the safety of this message, use the Report Phishing button.

Your package has been delivered

Tracking # 770743139813

Ship date:
Tue, 11/14/2017
Tim Tincknell
DaVita
CHICAGO, IL 60647
US

Delivery date:
Wed, 11/15/2017 9:17
am

Ms. Rachel Leibowitz, PhD
IL Department of Natural
Resources
1 Natural Resources Way IL
State Historic Preservation Ofc
SPRINGFIELD, IL 62702
US



Shipment Facts

Our records indicate that the following package has been delivered.

Tracking number: 770743139813
Status: Delivered: 11/15/2017 09:17
AM Signed for By:
E.LINDGREN
Signed for by: E.LINDGREN
Delivery location: SPRINGFIELD, IL
Delivered to: Mailroom
Service type: FedEx Priority Overnight
Packaging type: FedEx Envelope
Number of pieces: 1
Weight: 0.50 lb.

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

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$827,666	\$352,183	\$1,179,849
Contingencies	\$82,766	\$35,217	\$117,983
Architectural/Engineering Fees	\$96,000	\$25,000	\$121,000
Consulting and Other Fees	\$80,000	\$10,000	\$90,000
Moveable and Other Equipment			
Communications	\$149,501		\$149,501
Water Treatment	\$179,955		\$179,955
Bio-Medical Equipment	\$20,816		\$20,816
Clinical Equipment	\$262,703		\$262,703
Clinical Furniture/Fixtures	\$30,040		\$30,040
Lounge Furniture/Fixtures		\$3,855	\$3,855
Storage Furniture/Fixtures		\$6,862	\$6,862
Business Office Fixtures		\$38,005	\$38,005
General Furniture/Fixtures		\$34,000	\$34,000
Signage		\$17,200	\$17,200
Total Moveable and Other Equipment	\$643,015	\$99,922	\$742,937
Fair Market Value of Leased Space	\$1,334,083	\$567,671	\$1,901,754
Total Project Costs	\$3,063,530	\$1,089,993	\$4,153,523

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

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Relocation	04/30/2018
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-054	Washington Heights Dialysis	Establishment	03/31/2018
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019

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

Cost Space Table							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$3,063,530		4,672		4,672		
Total Clinical	\$3,063,530		4,672		4,672		
NON REVIEWABLE							
Administrative	\$1,089,993		1,988		1,988		
Total Non-Reviewable	\$1,089,993		1,988		1,988		
TOTAL	\$4,153,523		6,660		6,660		

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 Oak Meadows Dialysis, a 12-station in-center hemodialysis facility to be located at 5020 West 95th Street, Oak Lawn, Illinois 60453.

Motte Dialysis, LLC (d/b/a OAK MEADOWS DIALYSIS)

With ultimate control of Oak Meadows Dialysis through Total Renal Care Inc.'s 80% membership interest, DaVita Inc. is an applicant for the proposed facility. In addition, DuPage Medical Group, Ltd ("DMG") holds a minority interest in Motte 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 Oak Meadows 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. 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.

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.

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.

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.

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 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care

Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.

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.¹ Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.²
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.³
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).⁴
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).⁵

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

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

³ *Id.*

⁴ *Id.* at 215.

⁵ *Id.* at 216.

- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.⁶
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.⁷

DaVita 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.

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.⁸ 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.

⁶ Id at 288.

⁷ Id at 292-294.

⁸ Id at 4.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead, patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. 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 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, particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and Military Spouse Magazine, recently recognized DaVita as a 2017 Top Military Friendly Employer for the eighth consecutive year. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.

In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall.

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.

Other Section 1110.230(a) Requirements.

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

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

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

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

DaVita Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 БЕЛОIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. OUNDEE 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	10S11 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 43RO 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 5TATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 5 COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		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	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITIDN 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 BDULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

DaVita Inc.

Illinois Facilities

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



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

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Motte 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,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member
of Motte 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 November 15, 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 (DaVita Inc. / Total Renal Care, Inc. - Motte Dialysis, LLC)

Document Date: November 15, 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 Corporate Secretary / Secretary

(Title(s))

Partner

Attorney-in-Fact

Trustee

Guardian/Conservator

Other: _____

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

(Oak Meadows Dialysis)

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 in the southwest suburbs of Chicago, Illinois and the surrounding area. There are 34 dialysis facilities within 30 minutes of the proposed Oak Meadows Dialysis (the "Oak Meadows GSA"). Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as facilities that are not yet operational for 2 years, average utilization of area dialysis facilities is 80.47%, exceeding the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients over the past 12 months, since September 30, 2016. 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 Act⁹ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁰ 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.

J. R. Nephrology & Associates, S.C. ("J. R. Nephrology") is currently treating 146 CKD patients, who reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. 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), J. R. Nephrology anticipates that at least 62 of these 146 patients will 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 J. R. Nephrology's projected ESRD patients.

Based on September 2017 data from the Renal Network, 2,480 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. 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 completion. The proposed Oak Meadows Dialysis is needed to ensure ESRD patients in the southwest suburbs of Chicago 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:

⁹ 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)).

¹⁰ 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.

- North approximately 30 minutes normal travel time to Cicero, IL.
- Northeast approximately 30 minutes normal travel time to W Garfield Ave & S Ashland Ave, Chicago, IL.
- East approximately 30 minutes normal travel time to S Stony Island Ave & E 95th St, Chicago, IL.
- Southeast approximately 30 minutes normal travel time to Riverdale, IL.
- South approximately 30 minutes normal travel time to Oak Forest, IL.
- Southwest approximately 30 minutes normal travel time to Orland Hills, IL.
- West approximately 30 minutes normal travel time to Darien, IL.
- Northwest approximately 30 minutes normal travel time to Hinsdale, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents in the southwest suburbs of Chicago, 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 the southwest suburb of Oak Lawn, Illinois. J. R. Nephrology expects at least 62 of the current 146 selected CKD patients, all of whom reside within 5 miles of the proposed site, will require dialysis within 12 to 24 months of project completion.

4. Source Information

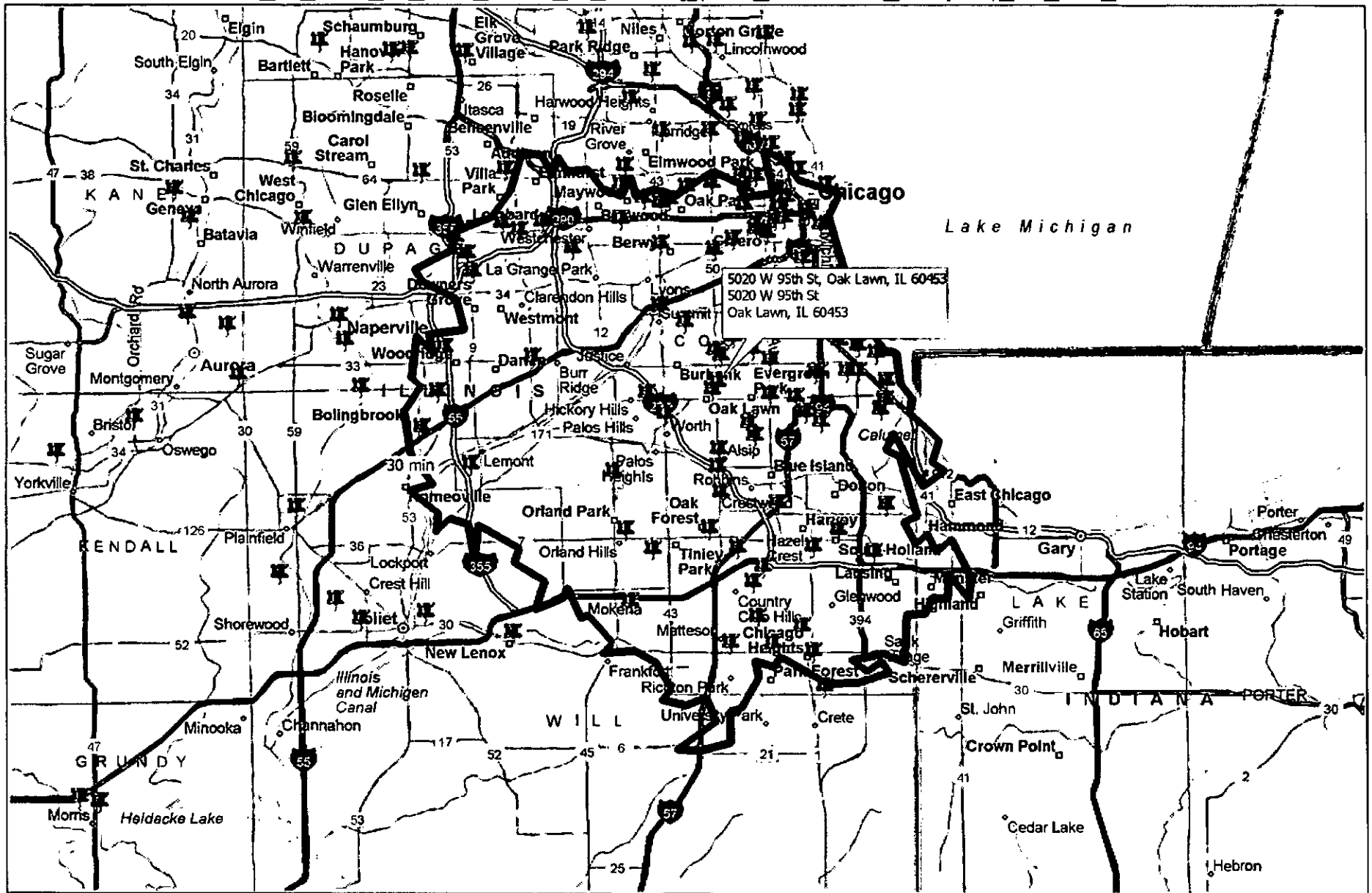
CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) available at https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

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%22colld%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 in the southwest suburbs of Chicago, Illinois and the surrounding area. 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 and be operational within approximately 24 months of project approval.

5020 W 95th St Oak Lawn IL 60453 (Oak Meadows Dialysis) 30 Min GSA



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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 and Joint Venture.
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.

Facility of Lesser or Greater Scope

The Applicants considered, and ultimately rejected establishing a facility of lesser or greater scope, 8-stations. The applicants fully expect the facility to reach the required number of patients for a 12-station facility within two years. The proposed Oak Meadows Dialysis is located within the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). 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).

As previously noted, new facilities in the Oak Meadows GSA recently came online or are projected to come online within the next year. Each of these facilities will serve a separate patient base and are projected to reach 80% occupancy within 2 years of project completion, and the Applicants do not want to create unnecessary duplication within the Oak Meadows GSA. 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.

Pursuant a Joint Venture for the Establishment of a New Facility

DaVita Inc., DuPage Medical Group, Ltd., and Michael E. Arvan, MD 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 34 dialysis facilities within 30 minutes of the Oak Meadows GSA. Collectively, these facilities were operating at 65.09% as of September 30, 2017. Excluding recently approved dialysis facilities, which are being developed to serve distinct groups of patients, as well as those facilities that have not yet been operational for 2 years, average utilization of area dialysis facilities is 80.47%, exceeding the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients within the past 12 months since September 30, 2016.

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 Act¹¹ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹² 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.

Additionally, September 2017 data from the Renal Network supports the need for additional stations in the southwest suburbs of Chicago. According to the Renal Network data 2,480 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. 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 completion.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the Oak Meadows GSA will not have sufficient capacity to accommodate J. R. Nephrology's projected ESRD patients. Based on September 2017 data from the Renal Network, 2,480 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. While additional stations either recently came online or are projected to come online in the next year, these stations are dedicated to different patient bases, and the facilities are anticipated to reach 80% utilization within two years of project completion. The proposed Oak Meadows Dialysis is needed to ensure ESRD patients in the southwest suburbs of Chicago have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **\$4,153,523**.

Utilize Existing Facilities

There are 34 dialysis facilities within 30 minutes of the proposed Oak Meadows Dialysis (the "Oak Meadows GSA"). Excluding recently approved dialysis facilities, which are being developed to serve distinct groups of patients, as well as facilities that have not yet been operational for 2 years, average utilization of area dialysis facilities is 80.47%, or just above the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients over the past 12 months, since September 30, 2016. 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 Act¹³ and 1.5 million Medicaid beneficiaries

¹¹ 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)).

¹² 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.

¹³ 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)).

transition from traditional fee for service Medicaid to Medicaid managed care,¹⁴ 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, the applicants anticipate 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.

J. R. Nephrology & Associates, S.C. ("J. R. Nephrology") is currently treating 146 CKD patients, who reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. 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), J. R. Nephrology anticipates that at least 62 of these 146 patients will 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 J. R. Nephrology's projected ESRD patients.

Finally, September 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 2,480 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. 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 completion. These facilities will not have adequate capacity to treat J. R. Nephrology's projected patients. There is no capital cost with this alternative.

The alternative plan of utilizing existing facilities was therefore rejected by the applicants.

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

¹⁴ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

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

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Oak Meadows Dialysis is 4,672 of clinical gross square feet (or 389.33 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	4,672	4,320 – 6,240	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed 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 J. R. Nephrology & Associates, S.C. is currently treating 146 selected CKD patients who all reside within 5 miles of the proposed Oak Meadows 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 Oak Meadows GSA, it is estimated that 62 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,672	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 in the southwest suburb of Oak Lawn, Illinois and the surrounding area. Excluding recently approved dialysis facilities, which are being developed to serve distinct groups of patients, as well as facilities that have not yet been operational for 2 years, average utilization of area dialysis facilities is 80.47%, or just above the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients over the past 12 months, since September 30, 2016. 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 Act¹⁵ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁶ 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.

J. R. Nephrology & Associates, S.C. is currently treating 146 CKD patients, who reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. 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), J. R. Nephrology anticipates that at least 62 of these 146 patients will 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 J. R. Nephrology's projected ESRD patients.

Finally, September 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 2,480 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. 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 completion. The proposed Oak Meadows Dialysis is needed to ensure ESRD patients in the southwest suburbs of Chicago have adequate access to dialysis services that are essential to their well-being.

¹⁵ 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%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

¹⁶ 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.

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 the southwest suburb of Oak Lawn, Illinois and the surrounding area. As evidenced in the physician referral letter attached at Appendix - 1, 146 pre-ESRD patients reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes. All 146 pre-ESRD patients reside within 5 miles of the proposed facility.

3. Service Demand

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

Zip Code	Total Patients
60453	97
60415	13
60482	5
60803	17
60455	14
Total	146

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents in the southwest suburbs of Chicago, Illinois and the surrounding area. There are 34 dialysis facilities within the Oak Meadows GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as facilities that have not yet been operation for 2 years, average utilization of area dialysis facilities is 80.47%, or just above the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients over the past 12 months, since September 30, 2016. 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 Act¹⁷ and 1.5 million Medicaid beneficiaries transition from traditional fee for service

¹⁷ 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)).

Medicaid to Medicaid managed care,¹⁸ 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.

J. R. Nephrology & Associates, S.C. is currently treating 146 CKD patients, who reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. 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), J. R. Nephrology anticipates that at least 62 of these 146 patients will 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 J. R. Nephrology's projected ESRD patients.

Finally, September 2017 data from the Renal Network supports the need for additional stations in the southwest suburbs of Chicago. According to the Renal Network data 2,480 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. 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 completion. The proposed Oak Meadows Dialysis is needed to ensure ESRD patients in the southwest suburbs of Chicago have adequate access to dialysis services that are essential to their well-being.

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

Section 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 5020 West 95th Street, Oak Lawn, Illinois 60453. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A)		
Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60453	OAK LAWN	56,855
60415	CHICAGO RIDGE	14,139
60456	HOMETOWN	4,349
60459	BURBANK	28,929
60805	EVERGREEN PARK	19,852
60652	CHICAGO	40,959
60482	WORTH	11,063
60803	ALSIP	22,285
60655	CHICAGO	28,550
60463	PALOS HEIGHTS	14,671
60457	HICKORY HILLS	14,049
60455	BRIDGEVIEW	16,446
60458	JUSTICE	14,428
60469	POSEN	5,930
60464	PALOS PARK	9,620
60465	PALOS HILLS	17,495
60643	CHICAGO	49,952
60445	MIDLOTHIAN	26,057
60480	WILLOW SPRINGS	5,246
60428	MARKHAM	12,203
60472	ROBBINS	5,390
60629	CHICAGO	113,916
60525	LA GRANGE	31,168
60638	CHICAGO	55,026
60406	BLUE ISLAND	25,460
60429	HAZEL CREST	15,630
60527	WILLOWBROOK	27,486

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60452	OAK FOREST	27,969
60501	SUMMIT ARGO	11,626
60426	HARVEY	29,594
60462	ORLAND PARK	38,723
60430	HOMWOOD	20,094
60620	CHICAGO	72,216
60628	CHICAGO	72,202
60558	WESTERN SPRINGS	12,960
60477	TINLEY PARK	38,161
Total		1,010,699

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 November 14, 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. 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 80.47% as of September 30, 2017, or just above the State Board's utilization standard of 80%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Historic Utilization of Existing Facilities

There are 34 dialysis facilities within the Oak Meadows GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as facilities that have not yet been operational for 2 years, average utilization of area dialysis facilities is 80.47%, or just above the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients since September 30, 2016. 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 Act¹⁹ and 1.5 million Medicaid beneficiaries

¹⁹ 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%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Jul. 24, 2017)).

transition from traditional fee for service Medicaid to Medicaid managed care,²⁰ 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 in-center hemodialysis facilities approved by the State Board within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater southwest suburban Chicago 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 Oak Meadows Dialysis will not adversely affect the recently approved facilities.

b. 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. J. R. Nephrology & Associates, S.C. is currently treating 146 CKD patients, who reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. 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), J. R. Nephrology anticipates that at least 62 of these 146 patients will 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 Oak Meadows GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as facilities that have been operational less than 2 years, average utilization of area dialysis facilities is 80.47%, or just above the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients over the past 12 months, since September 30, 2016. 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 Act²¹ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²² more individuals in high risk

²⁰ 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.

²¹ 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)).

²² 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.

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 in-center hemodialysis facilities approved by the State Board within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater southwest suburban Chicago 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 Oak Meadows Dialysis will not adversely impact existing facilities in the Oak Meadows 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 34 dialysis facilities within the Oak Meadows GSA. Excluding recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as facilities that have been operational for less than 2 years, average utilization of area dialysis facilities is 80.47%, or just above the State Board's utilization standard of 80%. Furthermore, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 over the past 12 months, since September 30, 2016. 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 Act²³ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁴ 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 in-center hemodialysis facilities approved by the State Board within the last 3.5 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater southwest suburban Chicago 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 Oak Meadows Dialysis will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards.

²³ 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)).

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

Section 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: Sreya Pallath, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Pallath's curriculum vitae is attached at Attachment – 24C.

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

Administrator (1.00 FTE)
Registered Nurse (4.24 FTE)
Patient Care Technician (3.92 FTE)
Biomedical Technician (0.34 FTE)
Social Worker (0.52 FTE)
Registered Dietitian (0.53 FTE)
Administrative Assistant (0.76 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 Motte Dialysis LLC, attached at Attachment – 24E, Oak Meadows 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 Motte 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-Joliet-Naperville 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 Advocate Christ Medical Center to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

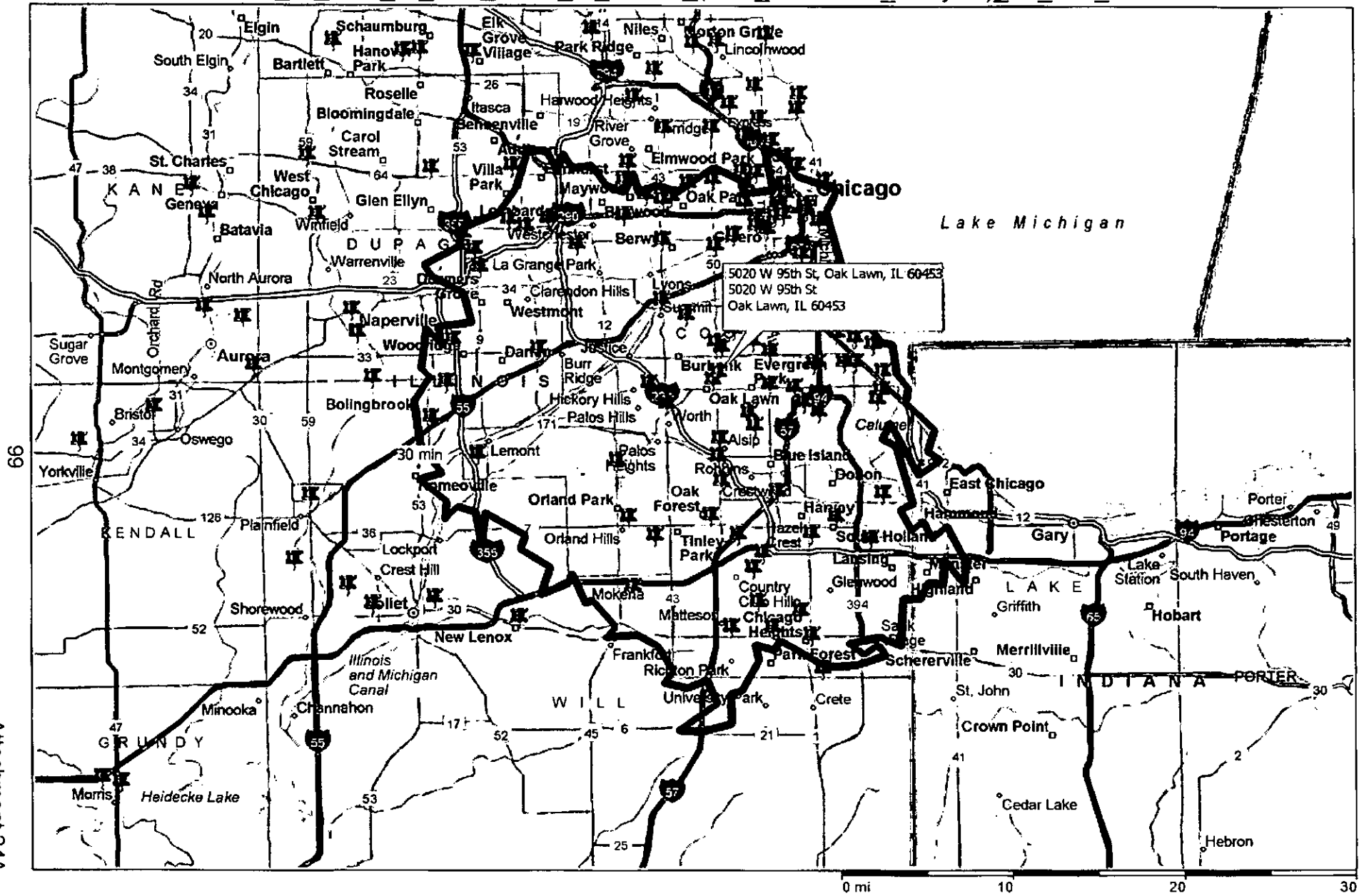
Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

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.

5020_W_95th_St_Oak_Lawn_IL_60453_(Oak_Meadows_Dialysis)_30_Min_GSA



Attachment 24A

Utilization of Existing and Approved Facilities
 Oak Meadows GSA
 September 30, 2017

Facility	Ownership	Address	City	HSA	Distance	Drive Time	Adjusted Drive Time	09-30-2017 Stations	09-30-2017 Patients	09-30-2017 Utilization
Palos Park Dialysis	DaVita	13155 S. La Grange Road	Orland Park	7	8.3	18	20.7	12	56	0.7778
DaVita Tinley Park	DaVita	16767 South 80th Avenue	Tinley Park	7	12.2	25	28.75	12	16	0.2222
Fresenius Medical Care Oak Forest	Fresenius	5340 West 159th Street	Oak Forest	7	13.3	24	27.6	12	59	0.8194
Country Hills Dialysis	DaVita	4215 West 167th Street	Country Club Hills	7	12.8	24	27.6	24	100	0.6944
Concerto Dialysis - Crestwood	Concerto	14255 S. Cicero Ave.	Crestwood	7	8.2	21	24.15	9	19	0.3519
Dialysis Center of America - Crestwood	Fresenius	4861-73 West Cal Sag Road	Crestwood	7	5.9	15	17.25	24	99	0.6875
USRC Hickory Hills	USRC	9528 South Roberts Road, Suite B-2	Hickory Hills	7	4	18	20.7	13	0	0
Fresenius Medical Care Summit	Fresenius	7319 Archer Avenue	Summit	7	8.4	22	25.3	12	20	0.2778
Chicago Ridge Dialysis	DaVita	10511 South Harlem Avenue	Chicago Ridge	7	4	12	13.8	16	49	0.5104
Alsip Dialysis Center	Fresenius	12250 S. Cicero Ave. Suite 105	Alsip	7	3.9	10	11.5	20	90	0.75
Dialysis Care Center of Oak Lawn	DCC	9115 South Cicero Avenue, Suite 300	Oak Lawn	7	0.8	4	4.6	11	0	0
Stony Creek Dialysis	DaVita	6246 95th Street	Oak Lawn	7	2.1	8	9.2	14	81	0.9643
Fresenius Medical Care - Midway	Fresenius	6201 W. 63rd Street	Chicago	6	6.1	25	28.75	12	71	0.9861
FMC Dialysis Services - Burbank	Fresenius	4811 W. 77th Street	Burbank	7	2.8	15	17.25	26	129	0.8269
RCG-Scottsdale	DSI	4651 W. 79th Street	Chicago	6	2.5	15	17.25	36	140	0.6481
West Lawn Dialysis	DaVita	7000 S. Pulaski Road	Chicago	6	3.9	17	19.55	12	64	0.8889
Hazel Crest Renal Center	DaVita	3470 West 183rd Street	Hazel Crest	7	14.9	24	27.6	20	103	0.8583
Fresenius Medical Care Hazel Crest	Fresenius	17524 Carriageway	Hazel Crest	7	13.1	22	25.3	16	79	0.8229
Chicago Heights Dialysis	DaVita	177 West Joe Drr Road	Chicago Heights	7	16.7	26	29.9	16	91	0.9479
FMC - Blue Island Dialysis Ctr	Fresenius	12200 South Western Avenue	Blue Island	7	10	19	21.85	28	117	0.6964
Community Dialysis of Harvey	DaVita	16641 S. Halsted St	Harvey	7	13	26	29.9	18	73	0.6759
South Holland Renal Center	DaVita	16136 South Park Avenue	South Holland	7	13.7	25	28.75	24	118	0.8194
FMC - Merrionette Park	Fresenius	11630 S. Kedzie Avenue	Merrionette Park	7	5	15	17.25	24	140	0.9722
Mount Greenwood Dialysis	DaVita	3401 W. 111th Street	Chicago	6	4.1	11	12.65	16	93	0.9688
Fresenius Medical Care Evergreen Park	Fresenius	8930 South Western Avenue	Evergreen Park	7	3.9	11	12.65	30	2	0.0111
Beverly Dialysis	DaVita	8111 South Western Avenue	Chicago	6	5.1	18	20.7	16	96	1
Washington Heights Dialysis	DaVita	10620 South Halsted Street	Chicago	6	6.9	18	20.7	16	0	0
FMC Beverly Ridge	Fresenius	9914 South Vincennes Avenue	Chicago	6	5.5	19	21.85	16	0	0
Fresenius Medical Care Chatham	Fresenius	8710 S. Holland Road	Chicago	6	6.4	22	25.3	16	91	0.9479
FMC - Southside	Fresenius	3134 West 76th Street	Chicago	6	3.6	15	17.25	39	201	0.859
FMC - Neomedica - Marquette Park	Fresenius	6535 South Western Avenue	Chicago	6	5.7	24	27.6	16	92	0.9583
USRC West Chicago	USRC	112 West 87th Street, Suite N	Chicago	6	6.7	24	27.6	13	0	0
Greenwood Dialysis Center	Fresenius	1111 East 87th Street, Suite 700	Chicago	6	8.3	26	29.9	28	120	0.7143
Fresenius Medical Care Cicero	Fresenius	3000 South Cicero Avenue	Cicero	7	8.5	25	28.75	16	63	0.6563
TOTAL								633	2472	0.6509
Less: Facilities Operational < 2 Years and Non-Operational Facilities								494	2385	0.8047

Sreya Pallath, M.D.

4542 W. 95th Street, Oak Lawn Illinois 60453

Phone: 708-425-0522

Fax: 708-425-4505

Email: sreypal@gmail.com

Present Employment:

J.R. Nephrology & Associates, S.C. (Nephrologist)

June 1,2005 – Present

HOSPITAL AFFILIATIONS:

Advocate Christ Medical Center
Little Company of Mary Hospital
University of Illinois at Chicago

Member of Medical Staff
Member of Medical Staff
Clinical Assistant Professor of
Medicine

Credentials:

Board Certified in Nephrology
Diplomate, American Board of Internal Medicine
Board Certified in Internal Medicine
U.S. Medical Licensure Examinations, Steps I-III
Licensure: Illinois

2015-2025

2012-2022

Education:

Rush Medical College, Chicago
- Doctorate of Medicine

1995-1999

University of Illinois at Urbana-Champaign
- Bachelor of Science
Major: Biology, Honor's; GPA: 4.5/5.0
Dean's List 1991-1995

1991-1995

Medical Education & Training:

Fellow, Department of Nephrology
University of Illinois at Chicago
Hospital Affiliations

2002-2004

- University of Illinois Medical Center, Chicago, IL
- V.A. Chicago Health Care System, West Side Division, Chicago, IL
- Cook County Hospital, Chicago, IL

Resident, Department of Internal Medicine
University of Illinois at Chicago

1999-2002

Professional Activities:

Medical Director, DaVita – Chicago Ridge	2015 – present
Advocate Christ Internal Medicine Residency Program Teaching Faculty Member	2005-present
Advocate Christ Family Practice Residency Program Teaching Faculty Member	2005-present
Clinical Competency Committee, Christ Hospital Committee Member	2013-2015
Peer Reviewer Journal of American Society of Nephrology	2008
American Journal of Nephrology	2004

Honors and Awards:

American Academy of Family Practice Certificate of Recognition for Teaching	2012
Advocate Physician Partners Exemplary Performance	2009
American Academy of Family Practice Certificate of Recognition for Teaching	2009
Fellow research presentation	2004

Professional Societies:

American Society of Nephrology; Member
Renal Physicians Association, Member
National Kidney Foundation; Member, Volunteer
American College of Physicians; Member
American Medical Association; Member

Publications:

Impaired integration of endothelial progenitor cells in capill of diabetic wounds is reversible with vascular endothelial growth factor infusion

Singh AK, Gudehithlu KP, Patri, S, Litbarg NO, Sethupathi P, Arruda JA, Dunea G.
Translational Research, May 2007, 149(5): 282-91

Gordon Syndrome – New Insights into the Pathogenetic Mechanisms

Sreya Pallath, M.D.

Kidney – A current survey of world literature; 2004; 13(5); 203-206

Research Experience:

- Role of angiogenesis factors on diabetic rats** 2003
 Mentors: Dr. A. K. Singh, Dr. J. A. Arruda
 Department of Nephrology: Cook County Hospital, Chicago
- Prepared pathologic slides with staining and immunofluorescence of granulomas specimens of subcutaneous tissue obtained from diabetic and control rats exposed to various angiogenesis factors.
 - Examined the effects of these angiogenesis factors on neovascularization.
- Assessment of urinary albumin using a new non-immunologic fluorescent dye** 2000
 Mentors: Dr. A. K. Singh, Dr. J. A. Arruda
 Department of Nephrology: Cook County Hospital, Chicago
- Collected urine samples of diabetic and non-diabetic patients and analyzed amount of proteinuria using a new non-immunologic immunofluorescent dye.
 - Compared this technique with assessment of total urinary protein using radioimmunoassay.
- Literature review on mechanisms of spore germination of *Bacillus subtilis*** 1993
 Mentor: Dr. H. Y. Cheung
 Department of Biology and Chemistry; City University of Hong Kong
- Assisted in preparation of review article discussing recent world literature on mechanisms of protein recognition of DNA.
- Immunohistochemical analysis of osteosarcoma** 1992
 Mentor: Dr. J. C. Lee
 Department of Anatomical and Cellular Pathology, Prince of Wales Hospital, Hong Kong
- Prepared pathologic slides of low grade osteosarcoma specimens and analyzed histology using immunohistochemistry.

Employment History:

- Ameritech; Champaign, IL (Telemarketer) 1994
 Laboratory Assistant 1992-1993
 Department of Plant Biology, University of Illinois at Urbana-Champaign

Service:

- Safe Families, Host Family 1995-1996
 Pilsen Homeless Shelter, Chicago, IL 1996-1997
 Franciscan Homeless Shelter, Chicago, IL 1992-1994
 Volunteer Illini Projects, Champaign, IL
 Director of Blood Program

Personal Information:

- Maiden Name Sreya Patri
 Home Address 8804 Robert Road
 Darien, IL 60561
 Date of Birth: July 28, 1973
 Place of Birth: Hyderabad, India

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

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**

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.

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DaVita, Inc.

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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

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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

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- 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.

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

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member
of Motte 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 November 15, 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 (DaVita Inc. / Total Renal Care, Inc. - Motte Dialysis, LLC)

Document Date: November 15, 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 Corporate Secretary / Secretary

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Motte Dialysis, LLC
(Oak Meadows Dialysis)



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, Oak Meadows Dialysis expects to achieve and maintain 80% target utilization; and
- Oak Meadows 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 of Total Renal Care, Inc., Managing Member
of Motte 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 November 15, 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

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

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Motte Dialysis, LLC
(Oak Meadows Dialysis)

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 ShenLife Shoppes at Eagle Harbor LLC. 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.

November 8, 2017

Doug Renner
Baum Realty Group
1030 W Chicago Ave, Suite 200
Chicago, IL 60642

RE: LOI – 5020 W 95th St, Oak Lawn, IL 60453

Mr. Renner:

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

PREMISES: 5020 W 95th St, Oak Lawn, IL 60453

TENANT: Total Renal Care, Inc. or related entity to be named

LANDLORD: ShenLife Shoppes at Eagle Harbor, LLC

SPACE REQUIREMENTS: Requirement is for approximately 6,660 SF of contiguous rentable square feet on the western side of the building. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.

PRIMARY TERM: 15 years

BASE RENT: *\$28.90 psf NNN and shall increase 2.5% annually in the initial term and options.*

ADDITIONAL EXPENSES: *Estimated Tax, CAM, and Insurance is \$9.50 psf*

Tenant’s prorate share of the expenses are estimated to be 66.6% derived from the estimated 6,660 sf of rentable space of the 10,000 sf total building. All utilities will be separately metered and the responsibility of the Tenant.

Landlord to limit the cumulative operating expense costs to \$2.25 psf in the first full lease year and no greater than 5% increases annually thereafter on controllable expenses which shall not include snow removal, parking lot repair or insurance.

LANDLORD'S MAINTENANCE:

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

**POSSESSION AND
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 90 days from the later of lease execution or waiver of CON contingency. Landlord shall not be required to start work on the premises until Tenant has waived their contingencies. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

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

LEASE FORM:

Tenant's standard lease form subject to negotiations by both parties.

USE:

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

A special use will be required by Tenant.

PARKING:

Tenant requests:

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

BUILDING SYSTEMS:

Landlord shall deliver the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation 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 WORK:

Landlord shall deliver the premise with demised wall, electrical panel to the space, water and sewer connections to the space per Tenant's specifications outlined below or provide the equivalent in TIA which shall be mutually agreed upon:

Premises entirely demised and gutted. Landlord will be responsible for demolition of all interior partitions, doors and frames, coolers, plumbing, electrical, mechanical systems, remove all lighting, ceiling grid, carpet and/or ceramic tile and finishes of the existing building from slab to roof deck to create a "raw shell" condition. Premises shall be broom clean and ready for interior improvements; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards.

Landlord to install a UL approved 1hr rated demising wall separating the Premises into a separately demised space using mold and moisture resistant gypsum board on both sides of partition and sound attenuation and 6" rigid insulation at floor. Location of wall to be confirmed with Tenant's floor plan. The wall shall be constructed from the floor to the deck with the Landlord leaving the interior wall open and exposed. Tenant shall be responsible to drywall, tape, mud, and sand Tenant's side of demising wall up to 12'.

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

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

Landlord to make modifications to existing gas meter per Tenant's specifications.

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

Fire Alarm system shall be maintained and in good working order by Landlord prior to Tenant acceptance of space. Landlord to provide pertinent information on systems for Tenant's design. Landlord to provide current vendor for system and monitoring company. Landlord's Fire Alarm panel shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with the local authority having jurisdiction. If lease space is in a multi-tenant building then Landlord to provide an empty conduit stub in Tenant space from Landlord's Fire Alarm panel. If Fire Alarm system is unable to accommodate Tenant requirements and/or FA system is not within applicable code compliance, Landlord to upgrade panel at Landlord's cost.

Fire Alarm system equipment shall be equipped for double detection activation if required.

Landlord to provide a new water service with a minimum dedicated 2" line and booster pump if needed. Landlord to provide a building water service sized to support Tenant's potable water demand, building fire sprinkler water demand (if applicable), and other tenant water demand (if applicable). Final size to be determined by building potable and sprinkler water combined by means of the total building water demand based on code derived water supply fixture unit method and the building fire sprinkler water hydraulic calculations, per applicable codes and in accordance to municipality and regulatory standards. Landlord to provide a minimum potable water supply to support 30 (60) GPM with a constant 50 PSI water pressure, or as determined by Tenant's Engineer based on Tenant's water demand. Maximum water pressure to Tenant space to not exceed 80 PSI, and where it does water supply to be provided with a pressure reducing valve. Landlord to provide Tenant with a current water flow test results (within current year) indicating pressure and flow, for Tenant's approval. Final location of new water service to be in Tenants space and determined by Tenant's Engineer.

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

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

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

Landlord to clean, power jet and televise existing sanitary drain and provide Tenant with a copy of results. Any drains displaying disrepair or improper pitch shall be corrected by Landlord prior to acceptance by Tenant. Where existing conditions are not met, Landlord to provide new sanitary drain to meet such requirements at Landlord's cost and include all relevant Sanitary District and local municipality permit, tap and other fees for such work.

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

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 the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS:

Landlord shall provide \$30.00 psf in TIA. TIA shall be paid upon submittal of all lien waivers and receipts provided by Tenant or Tenant's contractor.

Tenant shall have the option to have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion, offset in rent, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc. Any unused TIA shall be applied as a rent credit.

Landlord will provide early access for tenant improvements with Tenant's construction team once the space is demolished, subject to such early access not impairing or interfering with Landlord's completion of Landlord's Work.

- OPTION TO RENEW:** Tenant desires three, five-year options to renew the lease. Option rent shall be at a continued 2.5% annual escalation.
- FAILURE TO DELIVER PREMISES:** If Landlord has not delivered the premises to Tenant with all Landlord Work items (if any) substantially completed within 120 days, as an outside delivery date, from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive one day of rent abatement for every day of delay beyond the 120 day delivery period.
- HOLDING OVER:** Tenant shall be obligated to pay 125% of the then current rate.
- TENANT SIGNAGE:** At Tenant's sole cost, 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:** 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 the Landlord, or to unrelated entities with Landlord reasonable approval.
- ROOF RIGHTS:** Tenant shall have the right to place a satellite dish on the roof at no additional fee.
- NON-COMPETE:** Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.
- HVAC:** Landlord will provide an \$8.00/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.
- DELIVERIES:** *Deliveries will be made to the rear of the building through Tenant's own door. No dock provided.*
- GOVERNMENTAL COMPLIANCE:** Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s). To the

best of Landlord's knowledge, the building and premises is in compliance with the Americans with Disabilities Act (ADA).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes that Baum Realty group is the broker of record on behalf of the Landlord and shall be paid per a separate agreement and C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar (\$1.00) per square foot per lease term year, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due upon Tenant taking possession and rent commencement. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

CONTINGENCIES:

In the event the Landlord is not successful in obtaining all necessary approvals for Tenant's use including, but not limited to OEAs, the Tenant shall have the right, but not the obligation to terminate the lease. In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance, 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 B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT: 5020 W 95th St, Oak Lawn, IL 60453

AGREED TO AND ACCEPTED THIS 15TH DAY OF NOVEMBER 2017

By:  _____

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

AGREED TO AND ACCEPTED THIS 10th DAY OF NOVEMBER 2017

By:  _____

Shen Life Shopper at Eagle Harbor, LLC
("Landlord")

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B
POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 5020 W 95th St, Oak Lawn, IL 60453

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals:

Yes No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

Yes No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity, or

Yes* No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

Yes No

ShenLife Shoppes at Eagle Harbor, LLC
(Please add landlord or entity name)

By: 

Print: Stephen Hilbish

Its: VP, Investments - Shenandoah Life Insurance Company

Date: 11/10/2017

* Shenandoah Life Insurance Company, the sole member of the Landlord, is in the business of selling Medicare Supplement insurance.

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.

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

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the project involves the leasing of facilities and that the expenses incurred with leasing a facility is less costly than constructing a new facility.

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
CLINICAL									
ESRD		\$177.15			4,672			\$827,666	\$827,666
Contingency		\$17.72			4,672			\$82,766	\$82,766
TOTAL CLINICAL		\$194.87			4,672			\$910,432	\$910,432
NON- CLINICAL									
Admin		\$177.15			1,988			\$352,183	\$352,183
Contingency		\$17.72			1,988			\$35,217	\$35,217
TOTAL NON- CLINICAL		\$194.87			1,988			\$387,400	\$387,400
TOTAL		\$194.87			6,660			\$1,297,832	\$1,297,832

* Include the percentage (%) of space for circulation

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

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Construction Contracts & Contingencies	\$910,432	$\$194.87 \times 4,672 \text{ GSF} = \$910,432$	Meets State Standard
Contingencies	\$82,766	10% - 15% of Modernization Construction Contracts $10\% - 15\% \times \$910,432 = \$91,043 - \$136,564$	Below State Standard
Architectural/Engineering Fees	\$96,000	7.08% - 10.62% of Modernization Construction Contracts + Contingencies) $7.08\% - 10.62\% \times (\$827,666 + \$82,766) =$	Meets State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		7.08% - 10.62% x \$910,432 = \$64,458 - \$96,687	
Consulting and Other Fees	\$80,000	No State Standard	No State Standard
Moveable Equipment	\$643,015	\$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	\$1,901,754	No State Standard	No State Standard

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

Operating Expenses: \$2,400,655

Treatments: 9,672

Operating Expense per Treatment: \$248.21

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

Capital Costs:
Depreciation: \$200,846
Amortization: \$6,833
Total Capital Costs: \$207,679

Treatments: 9,672

Capital Costs per Treatment: \$21.47



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.

Further, the project involves the leasing of a facility. The expenses incurred with leasing the facility are less costly than constructing a new facility.

Sincerely,

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

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

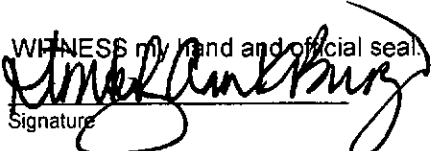
County of Los Angeles

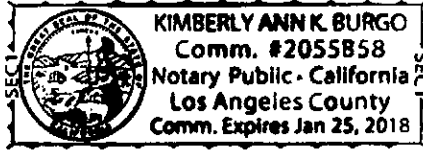
On November 15, 2017 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

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 (DaVita Inc. / Total Renal Care, Inc. - Motte Dialysis, LLC)
Document Date: November 15, 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 Corporate Secretary / Secretary
(Title(s))
 Partner
 Attorney-in-Fact
 Trustee
 Guardian/Conservator
 Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Motte Dialysis, LLC
(Oak Meadows Dialysis)

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 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.

2. The proposed Oak Meadows 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 Oak Meadows GSA that have been operational for at least 2 years is 80.47%. Further, patient census among the existing facilities within the Oak Meadows GSA has increased by 53 patients over the past year, since September 30, 2016. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

Further, J. R. Nephrology & Associates, S.C. is currently treating 146 CKD patients, who reside within either the ZIP code of the proposed Oak Meadows Dialysis (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. 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), J. R. Nephrology anticipates that at least 62 of these 146 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, the proposed Oak Meadows Dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Oak Meadows 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.

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

Section XII, Charity Care Information

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

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

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from J. R. Nephrology & Associates, S.C. projecting 62 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Sreya Pallath, M.D.
J. R. Nephrology & Associates, S.C.
4542 West 95th Street
Oak Lawn, Illinois 60453

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

Dear Chair Olson:

I am a nephrologist in practice with J. R. Nephrology & Associates, S.C. ("J. R. Nephrology"). I am writing on behalf of J. R. Nephrology in support of DaVita's establishment of Oak Meadows Dialysis, for which I will be the medical director. The proposed 12-station chronic renal dialysis facility, to be located in Oak Lawn, Illinois 60453 will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services in the 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 94, 57, and 294 (I-94, I-57, and I-294) and will provide better access to patients residing in the southwest suburbs of Chicago. Utilization of facilities in operation for more than two years within the 30 minute Geographic Service Area of the proposed facility was 80.47%, according to September 30, 2017 reported census data.

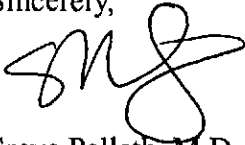
I have identified 146 patients from my practice who are suffering from CKD, who all reside within either the ZIP code of the proposed facility (60453) or 4 other nearby ZIP codes, all within 5 miles of 60453. Conservatively, I predict at least 62 of the 146 CKD patients will progress to dialysis within 12 to 24 months of completion of Oak Meadows 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 over 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 146 pre-ESRD patients previously referenced is provided at Attachment – 3.

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

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

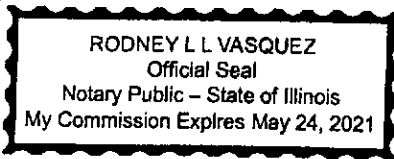
Sincerely,



Sreya Pallath, M.D.
Nephrologist
J. R. Nephrology & Associates, S.C.
4542 West 95th Street
Oak Lawn, Illinois 60453

Subscribed and sworn to me
This 22 day of November, 2017

Notary Public: 



Attachment 1
Historical Patient Utilization

Beverly Dialysis							
2014		2015		2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60445	1	60419	2	60406	1	60643	6
60453	1	60643	1	60419	1	60620	22
60473	1	60445	1	60430	1	60619	6
60609	1	60453	1	60473	1	60473	1
60610	1	60455	1	60609	2	60636	2
60617	5	60473	1	60610	1	60628	9
60619	4	60609	1	60617	6	60609	1
60620	12	60617	5	60619	5	60629	6
60626	1	60619	4	60620	18	60617	3
60628	6	60620	17	60626	1	60406	1
60629	4	60626	1	60628	8	60649	2
60636	3	60628	9	60629	3	60652	6
60643	2	60629	6	60636	4	60637	2
60649	1	60636	5	60643	3	60653	1
60652	6	60643	1	60649	2		
60653	2	60649	1	60652	11		
60805	1	60652	8	60653	2		
		60653	2	60803	1		
		60803	1				
		60805	1				
		60827	1				

Attachment 1
Historical Patient Utilization

Stony Creek Dialysis							
2014		2015		2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60459	1	60415	1	60415	5	60459	5
60115	1	60073	1	60445	1	60455	3
60415	2	60115	1	60453	18	60629	7
60445	1	60415	3	60455	4	60453	17
60450	1	60445	1	60456	1	60617	1
60453	9	60450	1	60457	2	60456	1
60455	4	60453	13	60458	1	60636	1
60456	3	60455	7	60459	5	60652	4
60457	3	60456	3	60465	2	60458	3
60458	2	60457	2	60491	1	60415	3
60459	2	60458	2	60609	1	60457	1
60463	1	60459	4	60617	2	60805	1
60465	1	60463	1	60620	2	60620	3
60467	1	60465	1	60628	2	60487	1
60482	1	60467	1	60629	7	60482	1
60491	1	60491	1	60632	1	60439	1
60501	1	60617	1	60636	2	60643	1
60617	1	60620	3	60643	1	60628	1
60620	4	60628	2	60652	5	60803	1
60628	2	60629	5	60655	2	60655	4
60629	4	60632	2	60803	1	60465	1
60632	3	60636	1	60805	1	60609	1
60636	1	60643	1				
60643	1	60652	3				
60652	4	60655	1				
60805	1	60803	1				

Attachment 1
Historical Patient Utilization

West Lawn Dialysis							
2014		2015		2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60629	14	60620	1	60457	1	60629	28
60632	3	60621	1	60619	1	60637	1
60638	1	60629	17	60620	1	60652	6
60652	1	60632	3	60621	1	60638	3
60805	1	60638	2	60629	23	60643	2
		60652	1	60632	3	60619	1
		60805	1	60636	1	60636	1
				60638	2	60457	1
				60652	3	60632	3
				60805	1	60620	2
						60621	1
						60464	1
						60419	1

Attachment 1
Historical Patient Utilization

Chicago Ridge Dialysis							
2014		2015		2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60415	1	60465	1
				60453	2	60458	2
				60457	2	60803	2
				60458	1	60551	1
				60465	1	60453	3
				60467	1	60415	3
				60477	1	60482	2
				60482	2	60457	2
				60487	1	60463	1
				60605	2	60638	1
				60620	2	60620	3
				60628	1	60467	1
				60652	1	60652	2
				60803	1	60459	3
						60455	2
						60464	1
						60629	2
						60477	1
						60628	1

Attachment 2
New Patients

Beverly Dialysis			
2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60406	1	60652	3
60609	1	60619	1
60617	1	60628	2
60620	2	60643	4
60629	2	60620	2
60636	1	60629	1
60643	1		
60649	1		
60651	1		
60652	1		
60827	1		

Attachment 2
New Patients

Stony Creek Dialysis			
2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60453	6
60453	7	60805	1
60455	1	60629	2
60457	1	60430	1
60459	2	60458	2
60465	2	60620	1
60609	1	60487	1
60617	1	60415	2
60629	3	60482	1
60636	1	60525	1
60652	2	60439	1
60655	1	60643	1
60805	1	60465	1
		60655	2

Attachment 2
New Patients

West Lawn Dialysis			
2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60073	1	60629	6
60457	1	60638	1
60619	1	60643	2
60620	1	60652	3
60629	7	60419	1
60636	2	60620	1
60652	3		

Attachment 2
New Patients

Chicago Ridge Dialysis			
2016		Q3 (9/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60445	1
60453	3	60463	1
60457	2	60501	1
60458	1	60638	1
60465	1	60803	1
60467	1	60620	1
60477	1	60459	2
60482	1	60455	2
60487	1	60458	1
60605	2	60415	1
60620	2	60629	1
60628	1	60464	1
60643	1	60652	1
60652	1	60453	1
60803	1		

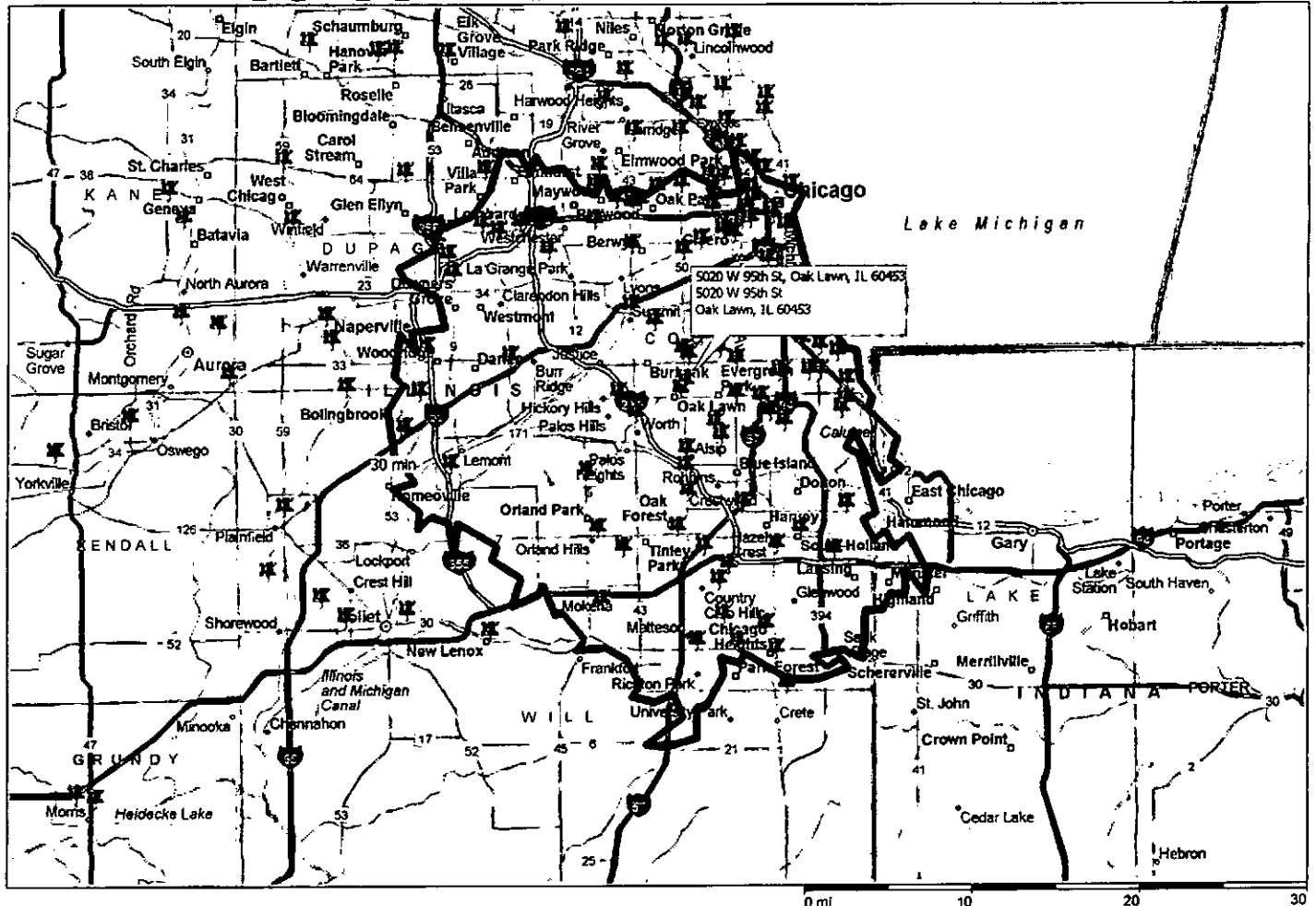
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60453	97
60415	13
60482	5
60803	17
60455	14
Total	146

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.

5020 W 95th St Oak Lawn IL 60453 (Oak Meadows Dialysis)_30_Min_GSA



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Certain mapping and direction data © 2010 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ © 2010 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2010 by Applied Geographic Systems. All rights reserved.

YOUR TRIP TO:




5020 W 95th St


18 MIN | 8.3 MI


Est. fuel cost: \$0.93


Trip time based on traffic conditions as of 4:09 PM on November 14, 2017. Current Traffic: Moderate


Palos Park Dialysis to proposed site for Oak Meadows Dialysis


- 

1. Start out going **north** on S La Grange Rd/US-45 N toward W 131st St.
Then 0.10 miles 0.10 total miles
- 

2. Take the 1st **right** onto W 131st St.
If you reach W Creek Rd you've gone about 0.2 miles too far.
Then 0.68 miles 0.78 total miles
- 

3. Turn **left** onto Southwest Hwy/IL-7. Continue to follow Southwest Hwy.
Southwest Hwy is 0.4 miles past Southmoor Dr.
Then 6.22 miles 7.00 total miles
- 

4. Turn **right** onto W 95th St/US-20 E/US-12 E.
W 95th St is 0.1 miles past Austin Ave.
Then 1.23 miles 8.24 total miles
- 

5. Make a **U-turn** at Brandt Ave onto W 95th St/US-20 W/US-12 W.
If you reach S 49th Ave you've gone a little too far.
Then 0.07 miles 8.31 total miles
- 

6. 5020 W 95th St, Oak Lawn, IL 60453-2402. 5020 W 95TH ST is on the **right**.
If you reach S 50th Ct you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:



5020 W 95th St

25 MIN | 12.2 MI

Est. fuel cost: \$1.36

Trip time based on traffic conditions as of 4:11 PM on November 14, 2017. Current Traffic: Moderate

Tinley Park Dialysis to proposed site for Oak Meadows Dialysis



1. Start out going **north** on 80th Ave toward 167th St.

Then 2.11 miles

2.11 total miles



2. Turn **right** onto W 151st St.

W 151st St is just past Sycamore Dr.

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

Then 1.02 miles

3.13 total miles



3. Turn **left** onto S Harlem Ave/IL-43.

Then 5.62 miles

8.75 total miles



4. Turn **right** onto Southwest Hwy.

Southwest Hwy is just past W 107th St.

If you are on IL-43 and reach W 105th St you've gone about 0.1 miles too far.

Then 2.10 miles

10.86 total miles



5. Turn **right** onto W 95th St/US-20 E/US-12 E.

W 95th St is 0.1 miles past Austin Ave.

Then 1.23 miles

12.09 total miles



6. Make a **U-turn** at Brandt Ave onto W 95th St/US-20 W/US-12 W.

If you reach S 49th Ave you've gone a little too far.

Then 0.07 miles

12.16 total miles



7. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

24 MIN | 13.3 MI

Est. fuel cost: \$1.49

Trip time based on traffic conditions as of 4:12 PM on November 14, 2017. Current Traffic: Moderate

FMC Oak Forest to proposed site for Oak Meadows Dialysis



1. Start out going **west** on 159th St/US-6 W.

Then 0.05 miles

0.05 total miles



2. Make a **U-turn** onto 159th St/US-6 E.

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

Then 2.54 miles

2.60 total miles



3. Merge onto I-57 N toward **Chicago**.

Then 1.15 miles

3.74 total miles



4. Merge onto I-294 N/Tri State Tollway N via EXIT 349 toward **Wisconsin**
(Portions toll) (Electronic toll collection only).

Then 4.94 miles

8.68 total miles



5. Merge onto S Cicero Ave/IL-50 N.

Then 4.31 miles

12.99 total miles



6. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

13.28 total miles



7. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:


5020 W 95th St


**24 MIN | 12.8 MI** **Est. fuel cost: \$1.44**


Trip time based on traffic conditions as of 4:14 PM on November 14, 2017. Current Traffic: Heavy


Country Hills Dialysis to proposed site for Oak Meadows Dialysis


- 


1. Start out going **east** on W 167th St toward Briargate Dr.
Then 0.93 miles 0.93 total miles
- 

2. Turn **left** onto Kedzie Ave.
Kedzie Ave is 0.1 miles past Spaulding Ave.
If you reach Albany Ave you've gone about 0.1 miles too far.
Then 1.00 miles 1.94 total miles
- 

3. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.1 miles past W 160th St.
If you reach W 158th St you've gone about 0.1 miles too far.
Then 0.72 miles 2.65 total miles
- 

4. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).
Then 5.53 miles 8.18 total miles
- 

5. Merge onto S Cicero Ave/IL-50 N.
Then 4.31 miles 12.49 total miles
- 

6. Turn **left** onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 96th St.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.29 miles 12.78 total miles
- 

7. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.
Your destination is just past Brandt Ave.
If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

21 MIN | 8.2 MI

Est. fuel cost: \$0.92

Trip time based on traffic conditions as of 4:15 PM on November 14, 2017. Current Traffic: Heavy

Concerto Dialysis - Crestwood to proposed site for Oak Meadows Dialysis

- 1. Start out going north** on Cicero Ave/IL-50/IL-83 toward 143rd St.
Then 0.41 miles 0.41 total miles
- 2. Take the 3rd right** onto Midlothian Turnpike.
Midlothian Turnpike is 0.1 miles past 141st St.

If you reach 138th Ct you've gone about 0.1 miles too far.

Then 1.03 miles 1.44 total miles
- 3. Turn left** onto S Crawford Ave.
S Crawford Ave is 0.1 miles past Karlov Ave.

If you are on W 137th St and reach S Springfield Ave you've gone about 0.1 miles too far.

Then 0.64 miles 2.08 total miles
- 4. S Crawford Ave becomes S Pulaski Rd.**
Then 0.77 miles 2.85 total miles
- 5. Turn left** onto W 127th St.
W 127th St is 0.2 miles past W 129th St.

If you reach W 126th St you've gone about 0.1 miles too far.

Then 0.98 miles 3.83 total miles
- 6. Turn right** onto IL-50/S Cicero Ave.
IL-50 is 0.4 miles past S Kostner Ave.

If you are on W 127th St and reach S Cicero Ave you've gone a little too far.

Then 4.05 miles 7.88 total miles
- 7. Turn left** onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles 8.17 total miles

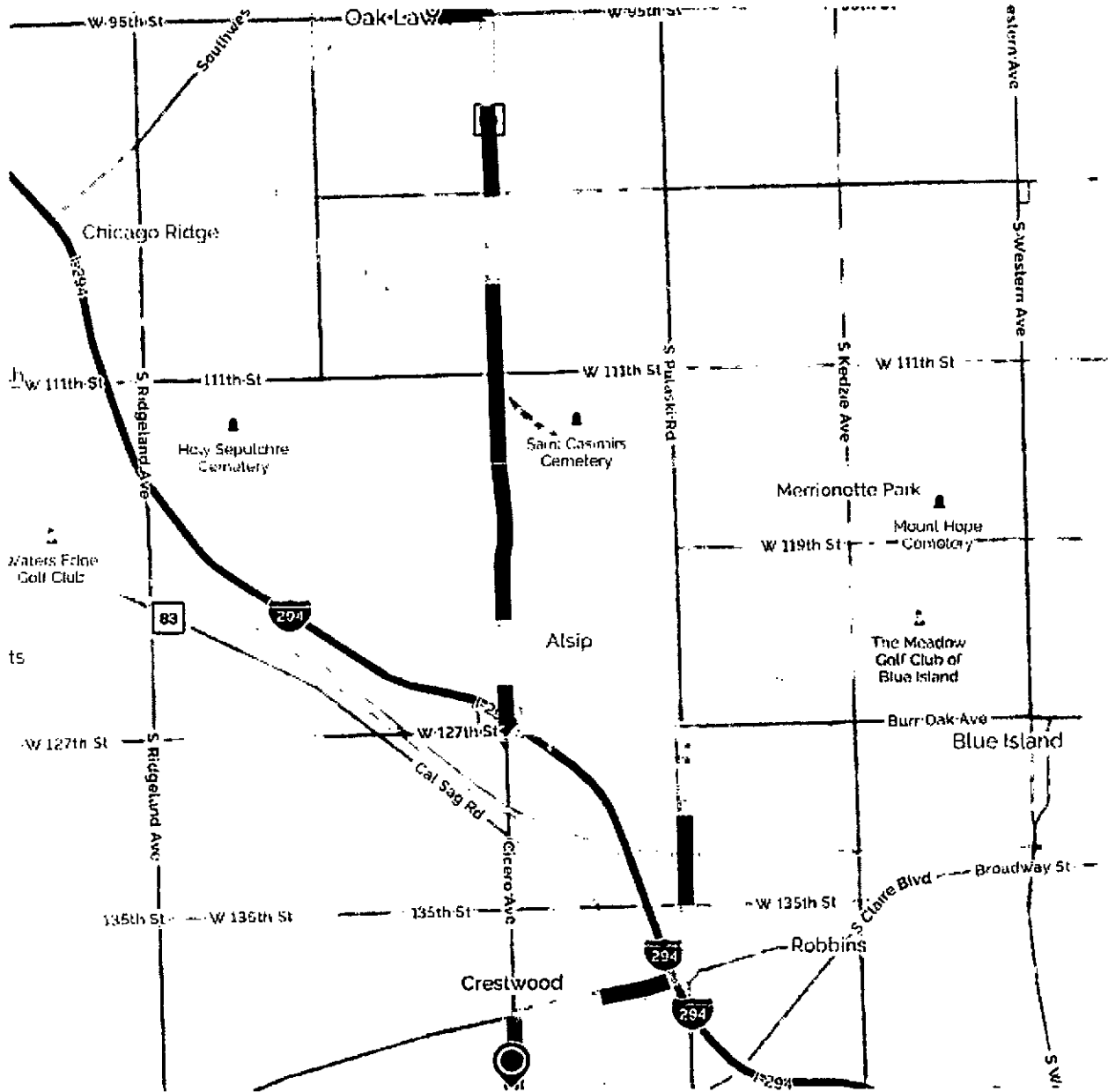


8. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

15 MIN | 5.9 MI

Est. fuel cost: \$0.68

Trip time based on traffic conditions as of 4:16 PM on November 14, 2017. Current Traffic: Heavy

FMC - Dialysis Center of America - Crestwood to proposed site for Oak Meadows Dialysis



1. Start out going **northwest** on Cal Sag Rd/IL-83 toward Rivercrest Dr.

Then 0.81 miles

0.81 total miles



2. Turn **right** onto W 127th St.

W 127th St is just past W Playfield Dr.

Then 0.73 miles

1.54 total miles



3. Turn **left** onto S Cicero Ave/IL-50.

Then 4.05 miles

5.59 total miles



4. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

5.87 total miles



5. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

18 MIN | 4.0 MI

Est. fuel cost: \$0.48

Trip time based on traffic conditions as of 4:35 PM on November 14, 2017. Current Traffic: Heavy

USRC Hickory Hills to proposed site for Oak Meadows Dialysis



1. Start out going **north** on Hickory Palos Sq toward W 95th St/US-20 E/US-12 E.

Then 0.07 miles

0.07 total miles



2. Take the 1st **right** onto W 95th St/US-20 E/US-12 E.

Then 3.88 miles

3.95 total miles



3. Make a **U-turn** at Brandt Ave onto W 95th St/US-20 W/US-12 W.

If you reach S 49th Ave you've gone a little too far.

Then 0.07 miles

4.02 total miles



4. 5020 W 95th St, Oak Lawn, IL 60453-2402. 5020 W 95TH ST is on the **right**.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

22 MIN | 8.4 MI

Est. fuel cost: \$0.94

Trip time based on traffic conditions as of 4:37 PM on November 14, 2017. Current Traffic: Heavy

FMC Summit to proposed site for Oak Meadows Dialysis



1. Start out going east on Archer Ave toward S 73rd Ave.

Then 0.15 miles

0.15 total miles



2. Turn right onto S Harlem Ave/IL-43.

S Harlem Ave is just past S 72nd Ct.

If you are on W Archer Ave and reach S Neva Ave you've gone a little too far.

Then 0.88 miles

1.03 total miles



3. Keep left at the fork to continue on S Harlem Ave/IL-43.

Then 4.28 miles

5.30 total miles



4. Merge onto US-20 E/US-12 E/W 95th St.

Then 3.01 miles

8.32 total miles



5. Make a U-turn at Brandt Ave onto W 95th St/US-20 W/US-12 W.

If you reach S 49th Ave you've gone a little too far.

Then 0.07 miles

8.39 total miles



6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

12 MIN | 4.0 MI

Est. fuel cost: \$0.49

Trip time based on traffic conditions as of 4:38 PM on November 14, 2017. Current Traffic: Heavy

Chicago Ridge Dialysis to proposed site for Oak Meadows Dialysis



1. Start out going **north** on S Harlem Ave/IL-43 toward W 105th St.

Then 1.13 miles

1.13 total miles



2. Merge onto W 95th St/US-20 E/US-12 E.

Then 2.85 miles

3.97 total miles



3. Make a **U-turn** at Brandt Ave onto W 95th St/US-20 W/US-12 W.

If you reach S 49th Ave you've gone a little too far.

Then 0.07 miles

4.05 total miles



4. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

10 MIN | 3.9 MI

Est. fuel cost: \$0.45

Trip time based on traffic conditions as of 4:40 PM on November 14, 2017. Current Traffic: Heavy

FMC Alsip to proposed site for Oak Meadows Dialysis



1. Start out going **west**.

Then 0.01 miles

0.01 total miles



2. Take the 1st **right**.

Then 0.10 miles

0.11 total miles



3. Turn **right** onto W 122nd St.

Then 0.09 miles

0.20 total miles



4. Turn **left** onto S Cicero Ave/IL-50.

Then 3.41 miles

3.61 total miles



5. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

3.90 total miles



6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

4 MIN | 0.8 MI

Est. fuel cost: \$0.10

Trip time based on traffic conditions as of 4:42 PM on November 14, 2017. Current Traffic: Heavy

DCC of Oak Lawn to proposed site for Oak Meadows Dialysis



1. Start out going **north** on S Cicero Ave/IL-50 toward W 91st St.

Then 0.03 miles

0.03 total miles



2. Make a **U-turn** at W 91st St onto S Cicero Ave/IL-50.
If you reach W 90th St you've gone about 0.1 miles too far.

Then 0.51 miles

0.54 total miles



3. Turn **right** onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

0.82 total miles



4. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.
Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

8 MIN | 2.1 MI

Est. fuel cost: \$0.25

Trip time based on traffic conditions as of 4:44 PM on November 14, 2017. Current Traffic: Heavy

Stony Creek Dialysis to proposed site for Oak Meadows Dialysis



1. Start out going west on W 95th St/US-20 W/US-12 W toward Mobile Ave.

Then 0.17 miles

0.17 total miles



2. Make a U-turn at Ridgeland Ave onto W 95th St/US-20 E/US-12 E.

Then 1.83 miles

2.00 total miles



3. Make a U-turn at Brandt Ave onto W 95th St/US-20 W/US-12 W.

If you reach S 49th Ave you've gone a little too far.

Then 0.07 miles

2.08 total miles



4. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

**25 MIN | 6.1 MI** **Est. fuel cost: \$0.68**

Trip time based on traffic conditions as of 4:46 PM on November 14, 2017. Current Traffic: Heavy

FMC Midway to proposed site for Oak Meadows Dialysis

1. Start out going **east** on W 63rd St toward S Melvina Ave.

Then 1.76 miles

1.76 total miles

2. Turn **right** onto S Cicero Ave/IL-50.*S Cicero Ave is just past S La Crosse Ave.**If you reach S Keating Ave you've gone a little too far.*

Then 4.02 miles

5.78 total miles

3. Turn **right** onto W 95th St/US-20 W/US-12 W.*W 95th St is 0.1 miles past W 94th St.**If you reach W 96th St you've gone about 0.1 miles too far.*

Then 0.28 miles

6.06 total miles

4. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.*Your destination is just past Brandt Ave.**If you reach S 50th Ct you've gone a little too far.*Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



YOUR TRIP TO:

5020 W 95th St

15 MIN | 2.8 MI

Est. fuel cost: \$0.32

Trip time based on traffic conditions as of 4:47 PM on November 14, 2017. Current Traffic: Heavy

FMC Burbank to proposed site for Oak Meadows Dialysis



1. Start out going **south** on La Crosse Ave toward W 76th St.

Then 0.04 miles

0.04 total miles



2. Take the 1st **left** onto W 76th St.

Then 0.10 miles

0.14 total miles



3. Take the 1st **right** onto IL-50/S Cicero Ave.

If you reach Ford City Shopping Ctr you've gone a little too far.

Then 2.36 miles

2.51 total miles



4. Turn **right** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

2.79 total miles



5. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

15 MIN | 2.5 MI

Est. fuel cost: \$0.29

Trip time based on traffic conditions as of 4:49 PM on November 14, 2017. Current Traffic: Heavy

DSI - RCG - Scottsdale to proposed site for Oak Meadows Dialysis



1. Start out going east on W 79th St toward S Knox Ave.

Then 0.03 miles

0.03 total miles



2. Make a U-turn at S Knox Ave onto W 79th St.

If you are on W 79th St and reach S Kilpatrick Ave you've gone a little too far.

Then 0.20 miles

0.23 total miles



3. Turn left onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Kaating Ave.

If you reach La Crosse Ave you've gone a little too far.

Then 2.01 miles

2.24 total miles



4. Turn right onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

2.52 total miles



5. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:


5020 W 95th St

17 MIN | 3.9 MI **Est. fuel cost: \$0.45**

Trip time based on traffic conditions as of 4:50 PM on November 14, 2017. Current Traffic: Heavy


West Lawn Dialysis to proposed site for Oak Meadows Dialysis


- 

1. Start out going south on S Pulaski Rd toward W 70th Pl.
Then 2.05 miles 2.05 total miles
- 

2. Turn slight right onto W Columbus Ave.
W Columbus Ave is just past W 86th St.


If you are on S Pulaski Rd and reach W 87th St you've gone a little too far.

Then 0.08 miles 2.13 total miles
- 

3. W Columbus Ave becomes Southwest Hwy.
Then 1.24 miles 3.36 total miles
- 


4. Turn left onto S Cicero Ave/IL-50.
S Cicero Ave is just past S Keating Ave.

If you reach S 48th Ct you've gone a little too far.

Then 0.26 miles 3.62 total miles
- 

5. Turn right onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles 3.89 total miles
- 

6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.
Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:


5020 W 95th St


**24 MIN | 14.9 MI** **Est. fuel cost: \$1.68**


Trip time based on traffic conditions as of 4:52 PM on November 14, 2017. Current Traffic: Light


Hazel Crest Renal Center to proposed site for Oak Meadows Dialysis


- 


1. Start out going **west** on 183rd St toward Fountainbleau Dr.
Then 0.59 miles 0.59 total miles
- 


2. Turn **right** onto Crawford Ave.
Crawford Ave is 0.1 miles past Springfield Ave.
If you are on 183rd St and reach Soleri Dr you've gone about 0.2 miles too far.
Then 2.01 miles 2.60 total miles
- 

3. Turn **left** onto 167th St.
167th St is just past W 167th St.
If you reach W 166th Pl you've gone about 0.1 miles too far.
Then 0.45 miles 3.05 total miles
- 

4. Merge onto I-57 N.
Then 2.31 miles 5.37 total miles
- 

5. Merge onto I-294 N/Tri State Tollway N via EXIT 349 toward Wisconsin
(Portions toll) (Electronic toll collection only).
Then 4.94 miles 10.31 total miles
- 

6. Merge onto S Cicero Ave/IL-50 N.
Then 4.31 miles 14.61 total miles
- 

7. Turn **left** onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 96th St.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.29 miles 14.90 total miles
- 

8. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.
Your destination is just past Brandt Ave.
If you reach S 50th Ct you've gone a little too far.

YOUR TRIP TO:





5020 W 95th St


22 MIN | 13.1 MI **Est. fuel cost: \$1.48**


Trip time based on traffic conditions as of 4:53 PM on November 14, 2017. Current Traffic: Moderate


FMC Hazel Crest to proposed site for Oak Meadows Dialysis


- 


1. Start out going **north** on E Carriageway Dr toward 175th St.
Then 0.10 miles 0.10 total miles
- 


2. Turn **left** onto 175th St.
Then 0.20 miles 0.30 total miles
- 

3. Take the 2nd **right** onto Kedzie Ave.
Kedzie Ave is 0.1 miles past Longfellow Ave.
Then 2.00 miles 2.29 total miles
- 

4. Turn **right** onto W 159th St/US-6 E.
W 159th St is 0.1 miles past W 160th St.
if you reach W 158th St you've gone about 0.1 miles too far.
Then 0.72 miles 3.01 total miles
- 

5. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).
Then 5.53 miles 8.54 total miles
- 

6. Merge onto S Cicero Ave/IL-50 N.
Then 4.31 miles 12.85 total miles
- 

7. Turn **left** onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 96th St.
if you reach W 94th St you've gone about 0.1 miles too far.
Then 0.29 miles 13.13 total miles
- 

8. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.
Your destination is just past Brandt Ave.
if you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:




5020 W 95th St


26 MIN | 16.7 MI


Est. fuel cost: \$1.74


Trip time based on traffic conditions as of 4:56 PM on November 14, 2017. Current Traffic: Light


Chicago Heights Dialysis to proposed site for Oak Meadows Dialysis


- 


1. Start out going **west** on W Joe Orr Rd toward Dixie Hwy.
Then 0.03 miles 0.03 total miles
- 


2. Take the 1st **right** onto Dixie Hwy.
If you reach Willow Dr you've gone about 0.1 miles too far.
Then 3.22 miles 3.25 total miles
- 

3. Turn **left** to stay on Dixie Hwy.
Dixie Hwy is just past Elm Rd.
If you are on Dixie Hwy and reach Harwood Ave you've gone a little too far.
Then 0.11 miles 3.36 total miles
- 

4. Turn **right** to stay on Dixie Hwy.
Then 0.52 miles 3.88 total miles
- 

5. Take the 1st **right** onto Wood St.
Wood St is just past Spruce Rd.
If you are on Dixie Hwy and reach Cheker Sq you've gone about 0.1 miles too far.
Then 0.55 miles 4.42 total miles
- 

6. Merge onto I-294 N/Tri State Tollway N via the ramp on the **left** (Portions toll).
If you reach 171st St you've gone a little too far.
Then 1.30 miles 5.73 total miles
- 

7. Merge onto I-294 N/Tri State Tollway N (Portions toll).
Then 6.39 miles 12.12 total miles
- 

8. Merge onto S Cicero Ave/IL-50 N.
Then 4.31 miles 16.42 total miles

- 9. Turn left onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

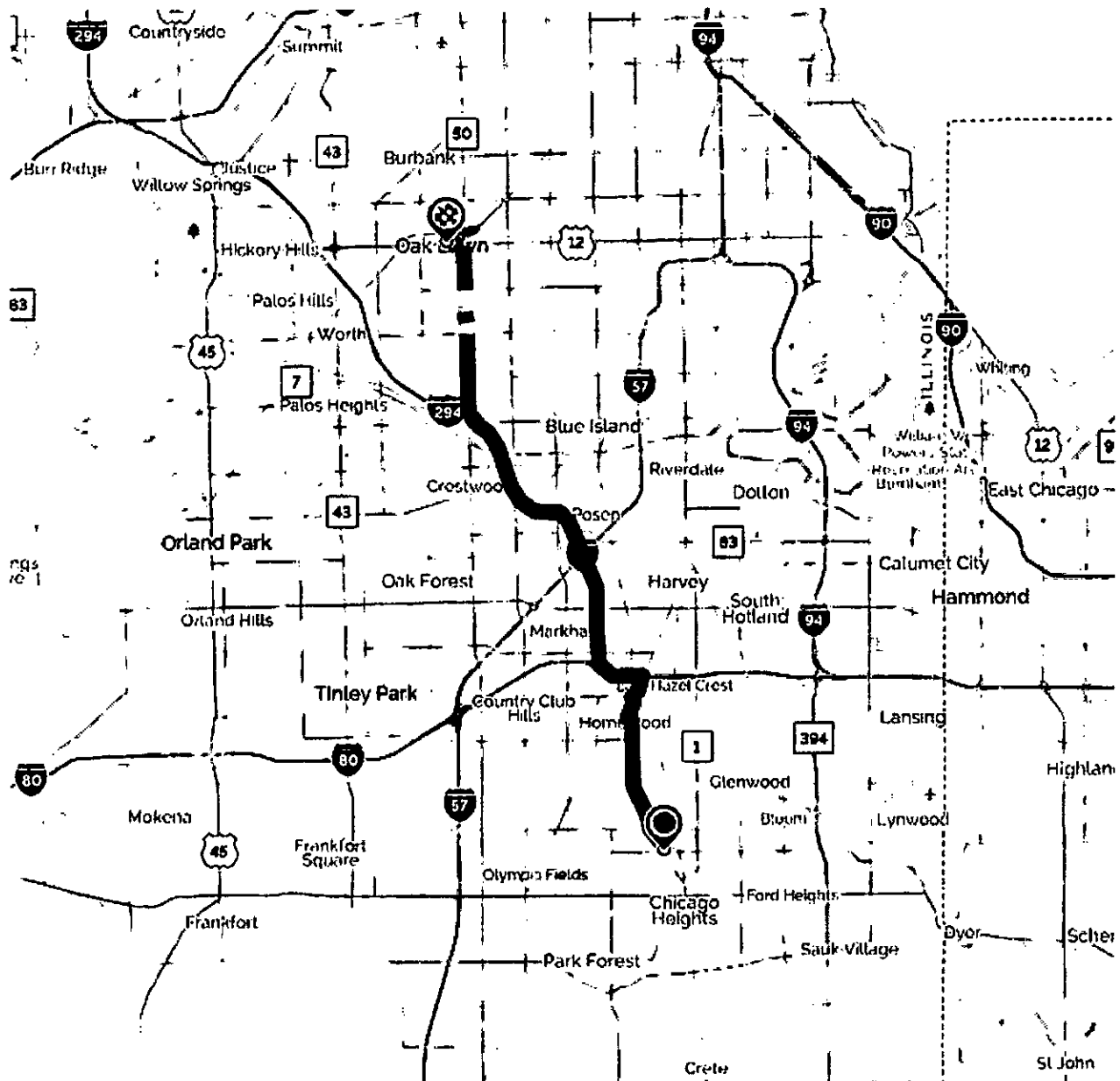
Then 0.29 miles

16.71 total miles

- 10. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.
Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

19 MIN | 10.0 MI

Est. fuel cost: \$1.12

Trip time based on traffic conditions as of 4:57 PM on November 14, 2017. Current Traffic: Moderate

FMC Blue Island to proposed site for Oak Meadows Dialysis



1. Start out going **south** on S Western Ave toward 141st St.

Then 0.98 miles

0.98 total miles



2. Turn **right** onto W 147th St/IL-83.

W 147th St is just past Joliet St.

If you are on Dixie Hwy and reach W 148th St you've gone about 0.1 miles too far.

Then 0.90 miles

1.89 total miles



3. Merge onto I-294 N/Tri State Tollway N (Portions toll) (Electronic toll collection only).

If you are on IL-83 and reach S Richmond Ave you've gone a little too far.

Then 3.48 miles

5.36 total miles



4. Merge onto S Cicero Ave/IL-50 N.

Then 4.31 miles

9.67 total miles



5. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

9.96 total miles



6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



YOUR TRIP TO:

5020 W 95th St

26 MIN | 13.0 MI

Est. fuel cost: \$1.46

Trip time based on traffic conditions as of 4:59 PM on November 14, 2017. Current Traffic: Heavy

Community Dialysis of Harvey to proposed site for Oak Meadows Dialysis



1. Start out going **north** on Halsted St/IL-1 toward E 166th St.

Then 0.93 miles

0.93 total miles



2. Turn **left** onto E 159th St/US-6 W.

E 159th St is 0.1 miles past E 160th St.

If you reach E 158th St you've gone about 0.1 miles too far.

Then 2.08 miles

3.00 total miles



3. Merge onto I-294 N/Tri State Tollway N toward **Wisconsin** (Portions toll).

Then 5.43 miles

8.44 total miles



4. Merge onto S Cicero Ave/IL-50 N.

Then 4.31 miles

12.74 total miles



5. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

13.03 total miles



6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

25 MIN | 13.7 MI

Est. fuel cost: \$1.53

Trip time based on traffic conditions as of 5:00 PM on November 14, 2017. Current Traffic: Moderate

South Holland Renal Center to proposed site for Oak Meadows Dialysis



1. Start out going **south** on S Park Ave toward E 161st Pl.

Then 0.08 miles

0.08 total miles



2. Take the 2nd **right** onto E 162nd St/US-6 W. Continue to follow US-6 W.
US-6 W is just past E 161st Pl.

If you reach E 163rd St you've gone about 0.1 miles too far.

Then 3.58 miles

3.66 total miles



3. Merge onto I-294 N/Tri State Tollway N toward Wisconsin (Portions toll).

Then 5.43 miles

9.09 total miles



4. Merge onto S Cicero Ave/IL-50 N.

Then 4.31 miles

13.40 total miles



5. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

13.68 total miles



6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:




5020 W 95th St


15 MIN | 5.0 MI


Est. fuel cost: \$0.59


Trip time based on traffic conditions as of 5:02 PM on November 14, 2017. Current Traffic: Heavy


FMC Merrionette Park to proposed site for Oak Meadows Dialysis

- 

1. Start out going north on S Kedzie Ave toward W 116th Pl.
Then 0.20 miles 0.20 total miles
- 

2. Take the 1st left onto W 115th St.
W 115th St is just past W Meadow Lane Dr.
If you reach W 114th Pl you've gone a little too far.
Then 2.01 miles 2.21 total miles
- 

3. Turn right onto S Cicero Ave/IL-50.
S Cicero Ave is 0.1 miles past S Joalyce Dr.
If you reach S Lamon Ave you've gone about 0.1 miles too far.
Then 2.52 miles 4.73 total miles
- 

4. Turn left onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 96th St.
If you reach W 94th St you've gone about 0.1 miles too far.
Then 0.29 miles 5.02 total miles
- 

5. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.
Your destination is just past Brandt Ave.
If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

11 MIN | 4.1 MI

Est. fuel cost: \$0.47

Trip time based on traffic conditions as of 5:04 PM on November 14, 2017. Current Traffic: Heavy

Mount Greenwood Dialysis to proposed site for Oak Meadows Dialysis



1. Start out going **west** on W 111th St toward S Trumbull Ave.

Then 1.74 miles

1.74 total miles



2. Turn **right** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

Then 2.03 miles

3.76 total miles



3. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 96th St.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 0.29 miles

4.05 total miles



4. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

11 MIN | 3.8 MI

Est. fuel cost: \$0.45

Trip time based on traffic conditions as of 5:05 PM on November 14, 2017. Current Traffic: Heavy

FMC Evergreen Park to proposed site for Oak Meadows Dialysis



1. Start out going **north** on S Western Ave toward W 99th St.

Then 0.53 miles

0.53 total miles



2. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past S Evergreen Park Plz.

If you reach W 94th Pl you've gone a little too far.

Then 3.32 miles

3.85 total miles



3. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:


5020 W 95th St


18 MIN | 5.1 MI **Est. fuel cost: \$0.59**


Trip time based on traffic conditions as of 5:06 PM on November 14, 2017. Current Traffic: Heavy


Beverly Dialysis to proposed site for Oak Meadows Dialysis


- 

1. Start out going north on S Western Ave toward W 81st St.
Then 0.02 miles 0.02 total miles
- 

2. Make a U-turn at W 81st St onto S Western Ave.
If you reach W 80th Pl you've gone a little too far.
Then 0.76 miles 0.78 total miles
- 

3. Turn right onto W 87th St.
W 87th St is 0.4 miles past W 83rd St.
If you reach W 90th St you've gone about 0.3 miles too far.
Then 2.01 miles 2.79 total miles
- 

4. Turn left onto S Pulaski Rd.
If you reach W Columbus Ave you've gone a little too far.
Then 0.99 miles 3.79 total miles
- 

5. Turn right onto W 95th St/US-20 W/US-12 W.
W 95th St is 0.1 miles past W 94th St.
If you reach W 96th St you've gone about 0.1 miles too far.
Then 1.28 miles 5.07 total miles
- 

6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.
Your destination is just past Brandt Ave.
If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St

18 MIN | 6.9 MI

Est. fuel cost: \$0.79

Trip time based on traffic conditions as of 5:07 PM on November 14, 2017. Current Traffic: Heavy

Washington Heights Dialysis to proposed site for Oak Meadows Dialysis



1. Start out going **south** on S Halsted St/IL-1 toward W 107th St.

Then 0.08 miles

0.08 total miles



2. Take the 1st **right** onto W 107th St.

If you reach W 108th St you've gone about 0.1 miles too far.

Then 1.25 miles

1.33 total miles



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

If you reach S Hale Ave you've gone about 0.1 miles too far.

Then 1.51 miles

2.85 total miles



4. Turn **left** onto W 95th St/US-20 W/US-12 W.

Then 4.08 miles

6.92 total miles



5. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

19 MIN | 5.5 MI

Est. fuel cost: \$0.64

Trip time based on traffic conditions as of 5:09 PM on November 14, 2017. Current Traffic: Heavy

FMC Beverly Ridge to proposed site for Oak Meadows Dialysis



1. Start out going **north** on S Vincennes Ave toward W 99th St.

Then 0.54 miles

0.54 total miles



2. Turn **left** onto W 95th St/US-20 W/US-12 W.

W 95th St is just past W 95th Pl.

If you reach W 94th St you've gone about 0.1 miles too far.

Then 4.95 miles

5.49 total miles



3. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:



5020 W 95th St

22 MIN | 6.4 MI

Est. fuel cost: \$0.73

Trip time based on traffic conditions as of 5:10 PM on November 14, 2017. Current Traffic: Heavy

FMC Chatham to proposed site for Oak Meadows Dialysis



1. Start out going **northwest** on S Holland Rd toward W 87th St.

Then 0.01 miles

0.01 total miles



2. Take the 1st **left** onto W 87th St.

If you reach W 85th St you've gone about 0.2 miles too far.

Then 4.64 miles

4.65 total miles



3. Turn **slight left** onto Southwest Hwy.

If you reach S Komensky Ave you've gone a little too far.

Then 1.25 miles

5.90 total miles



4. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach S 48th Ct you've gone a little too far.

Then 0.26 miles

6.16 total miles



5. Turn **right** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

6.43 total miles



6. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St



15 MIN | 3.6 MI

Est. fuel cost: \$0.41

Trip time based on traffic conditions as of 5:12 PM on November 14, 2017. Current Traffic: Heavy

FMC Southside to proposed site for Oak Meadows Dialysis



1. Start out going west on W 76th St toward S Kedzie Ave.

Then 0.02 miles

0.02 total miles



2. Turn left onto S Kedzie Ave.

Then 0.33 miles

0.35 total miles



3. Turn right onto W Columbus Ave.

W Columbus Ave is just past W 78th St.

If you are on S Kedzie Ave and reach W 79th St you've gone a little too far.

Then 1.51 miles

1.85 total miles



4. W Columbus Ave becomes Southwest Hwy.

Then 1.24 miles

3.09 total miles



5. Turn left onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach S 48th Ct you've gone a little too far.

Then 0.26 miles

3.34 total miles



6. Turn right onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

3.62 total miles



7. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

24 MIN | 5.7 MI

Est. fuel cost: \$0.65

Trip time based on traffic conditions as of 5:13 PM on November 14, 2017. Current Traffic: Heavy

FMC - Neomedica - Marquette Park to proposed site for Oak Meadows Dialysis



1. Start out going north on S Western Ave toward W 65th St.

Then 0.08 miles

0.08 total miles



2. Make a U-turn at W 65th St onto S Western Ave.

If you reach W 64th St you've gone about 0.1 miles too far.

Then 1.15 miles

1.24 total miles



3. Turn right onto W Columbus Ave.

W Columbus Ave is just past W 74th St.

If you reach W 75th St you've gone a little too far.

Then 2.66 miles

3.90 total miles



4. W Columbus Ave becomes Southwest Hwy.

Then 1.24 miles

5.13 total miles



5. Turn left onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach S 48th Ct you've gone a little too far.

Then 0.26 miles

5.39 total miles



6. Turn right onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

5.66 total miles



7. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

24 MIN | 6.7 MI

Est. fuel cost: \$0.77

Trip time based on traffic conditions as of 5:18 PM on November 14, 2017. Current Traffic: Heavy

USRC West Chicago to proposed site for Oak Meadows Dialysis



1. Start out going west.

Then 0.04 miles

0.04 total miles



2. Turn left.

Then 0.08 miles

0.12 total miles



3. Turn right onto W 87th St.

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

Then 4.84 miles

4.96 total miles



4. Turn slight left onto Southwest Hwy.

If you reach S Komensky Ave you've gone a little too far.

Then 1.25 miles

6.21 total miles



5. Turn left onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach S 48th Ct you've gone a little too far.

Then 0.26 miles

6.47 total miles



6. Turn right onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

6.74 total miles



7. 5020 W 95th St, Oak Lawn. IL 60453-2402, 5020 W 95TH ST is on the right.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:



5020 W 95th St

26 MIN | 8.3 MI

Est. fuel cost: \$0.95

Trip time based on traffic conditions as of 11:10 AM on November 17, 2017. Current Traffic: Heavy

FMC Greenwood to proposed site for Oak Meadows Dialysis



1. Start out going **west** on E 87th St toward S Greenwood Ave.

Then 6.52 miles

6.52 total miles



2. Turn **slight left** onto Southwest Hwy.

If you reach S Komensky Ave you've gone a little too far.

Then 1.25 miles

7.76 total miles



3. Turn **left** onto S Cicero Ave/IL-50.

S Cicero Ave is just past S Keating Ave.

If you reach S 48th Ct you've gone a little too far.

Then 0.26 miles

8.02 total miles



4. Turn **right** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

8.30 total miles



5. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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YOUR TRIP TO:

5020 W 95th St



25 MIN | 8.5 MI

Est. fuel cost: \$1.00

Trip time based on traffic conditions as of 11:38 AM on November 17, 2017. Current Traffic: Heavy

FMC Cicero to proposed site for Oak Meadows Dialysis



1. Start out going **south** on S Cicero Ave/IL-50 toward W 31st St.

Then 8.20 miles

8.20 total miles



2. Turn **right** onto W 95th St/US-20 W/US-12 W.

W 95th St is 0.1 miles past W 94th St.

If you reach W 96th St you've gone about 0.1 miles too far.

Then 0.28 miles

8.47 total miles



3. 5020 W 95th St, Oak Lawn, IL 60453-2402, 5020 W 95TH ST is on the **right**.

Your destination is just past Brandt Ave.

If you reach S 50th Ct you've gone a little too far.

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

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17-068

November 28, 2017

Courtney Avery, Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RECEIVED

NOV 30 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Dear Ms. Avery,

Please find enclosed with this cover letter a completed Certificate of Need Application, submitted on behalf of applicants DaVita, Inc. and Motte Dialysis, LLC. The applicants propose to establish an in-center hemodialysis facility at 5020 West 95th Street, Oak Lawn, Illinois 60453.

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,

Bryan Niehaus, JD, CHC
Senior Consultant
The Advis Group