

18-001

ORIGINAL

1-3-18 D.W.

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: Garfield Kidney Center
Street Address: 408 - 418 North Homan Avenue
City and Zip Code: Chicago, Illinois 60624
County: Cook      Health Service Area: 6      Health Planning Area: 6

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

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

Type of Ownership of Applicants

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

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

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

Name: Brent Habitz
Title: Regional Operations Director
Company Name: DaVita Inc.
Address: 1600 West 13 <sup>th</sup> Street, Suite 3, Chicago, Illinois 60608
Telephone Number: 312-243-9286
E-mail Address: brent.habitz@davita.com
Fax Number: 855-237-5324

**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**

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City and Zip Code: Chicago, Illinois 60624		
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

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

**Type of Ownership of Applicants**

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

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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Fax Number: 855-237-5324

**Post Permit Contact**

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number: 312-873-3793

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Clark Street Real Estate LLC
Address of Site Owner: 980 North Michigan Avenue, Suite 1280, Chicago, Illinois 60611
Street Address or Legal Description of the Site:
No survey exists yet on the property and therefore the Landlord / Developer cannot provide a legal description at this time. Please see attached Pin Nos: 1611227022 & 1611227023 on the following pages.
APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

Exact Legal Name: Total Renal Care Inc.
Address: 2000 16 <sup>th</sup> Street, Denver, CO 80202
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u> , 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.

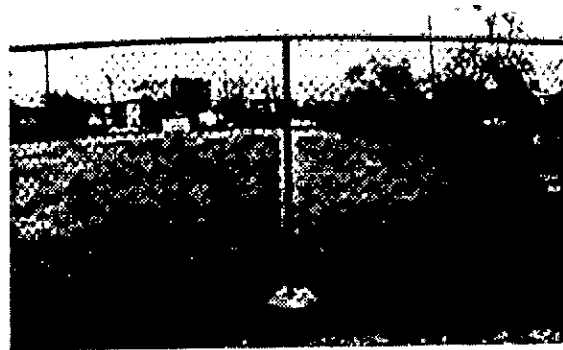
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Property Data    Exemption History    Appeal History    Certificate of Error

### Property Characteristics

#### 2017 Tax Year Property Information

**PIN:** 16-11-227-023-0000  
**\*Property Location:** 408 N HOMAN AVE  
**City:** CHICAGO  
**Township:** West Chicago  
**Property Classification:** 0  
**Square Footage (Land):**  
**Neighborhood:** 101  
**Taxcode:** 77052



16112270230000 11/06/2006

#### Assessed Valuation

2017 First Pass

2016 Board of Review Certified

**Land Assessed Value**  
**Building Assessed Value**  
**Total Assessed Value**

#### Property Characteristics

Estimated 2017 Market Value

Estimated 2016 Market Value

Description

Age

Building Square Footage

Assessment Pass First Pass

\* "Property Location" is not a legal/postal mailing address. Its sole purpose is to help our Office locate the property. Therefore, you should not utilize the property location for any purpose, however, you may update the Property Location with your Legal/Postal Mailing Address should you choose to do so. Updating the address will not change the Property Location to a Legal/Postal Mailing Address.

\*\* Information may be available by submitting an FOIA Request

Property Data   Exemption History   Appeal History   Certificate of Error

### Property Characteristics

#### 2017 Tax Year Property Information

**PIN:** 16-11-227-022-0000  
**\*Property Location:** 418 N HOMAN AVE  
**City:** CHICAGO  
**Township:** West Chicago  
**Property Classification:** 0  
**Square Footage (Land):**  
**Neighborhood:** 101  
**Taxcode:** 77052



16112270220000 11/06/2006

#### Assessed Valuation

2017 First Pass

2016 Board of Review Certified

**Land Assessed Value**  
**Building Assessed Value**  
**Total Assessed Value**

#### Property Characteristics

**Estimated 2017 Market Value**  
**Estimated 2016 Market Value**  
**Description**  
**Age**  
**Building Square Footage**  
**Assessment Pass First Pass**

\* "Property Location" is not a legal/postal mailing address. Its sole purpose is to help our Office locate the property. Therefore, you should not utilize the property location for any purpose, however, you may update the Property Location with your Legal/Postal Mailing Address should you choose to do so. Updating the address will not change the Property Location to a Legal/Postal Mailing Address.

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**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

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

Part 1110 Classification:

- Substantive  
 Non-substantive

**2. Narrative Description**

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

DaVita Inc. and Total Renal Care Inc. (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue a 16-station dialysis facility located at 3250 West Franklin Boulevard, Chicago, Illinois 60624 and establish a 24-station facility at 408 – 418 North Homan Avenue, Chicago, Illinois 60624. The proposed dialysis facility will include a total of 10,450 clinical 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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	\$1,935,298		\$1,935,298
Modernization Contracts			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$137,113		\$137,113
Consulting and Other Fees	\$69,463		\$69,463
Movable or Other Equipment (not in construction contracts)	\$603,562		\$603,562
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$2,854,670		\$2,854,670
Other Costs To Be Capitalized (Net Book Value of Existing Equipment)	\$499,236		\$499,236
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$6,209,342</b>		<b>\$6,209,342</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$2,855,436		\$2,855,436
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$2,854,670		\$2,854,670
Governmental Appropriations			
Grants			
Other Funds and Sources (Net Book Value of Existing Equipment)	\$499,236		\$499,236
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$6,209,342</b>		<b>\$6,209,342</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>0</u> _____.		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): June 30, 2020	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT B, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

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

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry <b>NOT APPLICABLE</b>
<input type="checkbox"/> APORS <b>NOT APPLICABLE</b>
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**Cost Space Requirements**

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

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

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

**Facility Bed Capacity and Utilization**

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

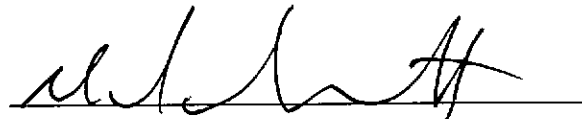
<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>		<b>to:</b>	
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive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

**CERTIFICATION**

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

- 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

Michael D. Staffieri

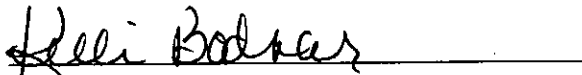
PRINTED NAME

Chief Operating Officer, DaVita Kidney Care

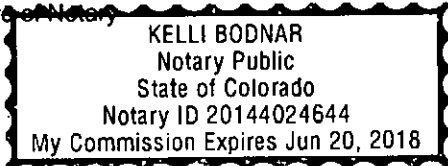
PRINTED TITLE

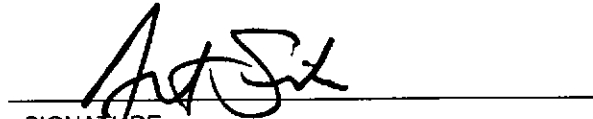
Notarization:

Subscribed and sworn to before me  
this 21<sup>st</sup> day of September, 2017

  
\_\_\_\_\_  
Signature of Notary

Seal



  
\_\_\_\_\_  
SIGNATURE

Arturo Sida

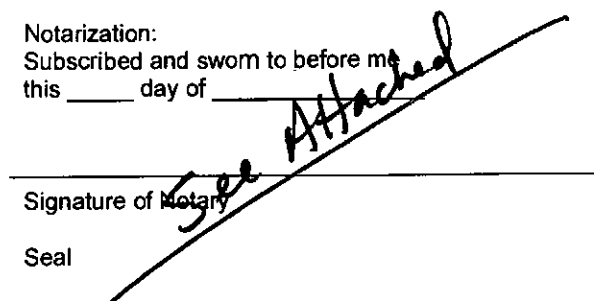
PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

Notarization:

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

  
\_\_\_\_\_  
Signature of Notary

Seal

\*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

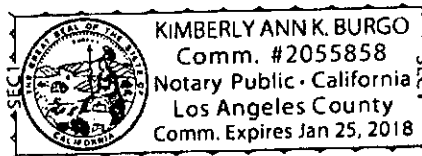
On September 22, 2017 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

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. - Garfield Kidney Center)

Document Date: September 22, 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: \_\_\_\_\_

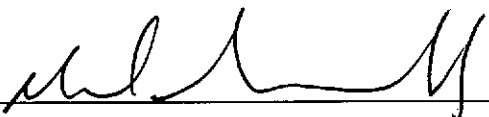
**SIGNER IS REPRESENTING:** Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. (Garfield Kidney Center)

**CERTIFICATION**

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- 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.

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\_\_\_\_\_  
SIGNATURE

Michael D. Staffieri

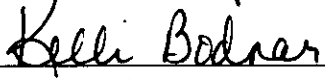
PRINTED NAME

Chief Operating Officer

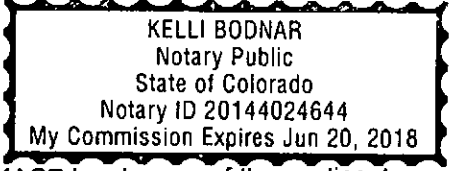
PRINTED TITLE

Notarization:

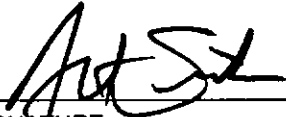
Subscribed and sworn to before me  
this 21<sup>st</sup> day of September, 2017

  
\_\_\_\_\_  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

  
\_\_\_\_\_  
SIGNATURE

Arturo Sida

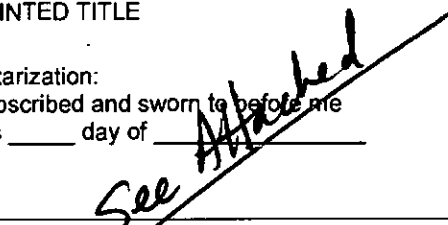
PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

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

  
\_\_\_\_\_  
Signature of Notary

Seal

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

State of California

County of Los Angeles

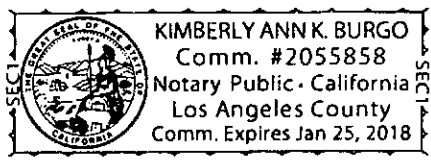
On September 22, 2017 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

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. - Garfield Kidney Center)

Document Date: September 22, 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. (Garfield Kidney Center)

**SECTION II. DISCONTINUATION**

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

**NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 – Discontinuation (State-Owned Facilities and Relocation of ESRD's)**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

**APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



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

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

#### Background

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

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

##### PURPOSE OF PROJECT

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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

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

**ASSURANCES:**

Submit the following:

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

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

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

- 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	16	24

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

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

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

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

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

**VII. 1120.120 - AVAILABILITY OF FUNDS**

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

<p><u>\$2,855,436</u></p>      <p><u>\$2,854,670</u> (FMV of Lease)</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol> <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
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_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$499,236	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$6,209,342</b>	<b>TOTAL FUNDS AVAILABLE</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

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

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

**Variance**

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

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



**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

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

Read the criterion and provide the following:

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

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									
<b>TOTALS</b>									

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

**D. Projected Operating Costs**

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

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

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

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

**SECTION X. SAFETY NET IMPACT STATEMENT**

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

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

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information

regarding teaching, research, and any other service.

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

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

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

**SECTION XI. CHARITY CARE INFORMATION**

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

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

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

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

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

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

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

Certificates of Good Standing for DaVita Inc. and Total Renal Care Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

Total Renal Care Inc. is the operator of Garfield Kidney Center. Garfield Kidney Center is a trade name of Total Renal Care Inc. and is not separately organized.

As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

# Delaware

Page 1

The First State

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

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

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

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



2391269 8300

SR# 20165704525

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

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

Authentication: 202957561

Date: 09-08-16



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

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

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

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of JULY A.D. 2017 .***



Authentication #: 1720501710 verifiable until 07/24/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

Attachment - 1

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

The letter of intent between Clark Street Real Estate LLC and Total Renal Care Inc. to lease the property located at 408 – 418 North Homan Avenue, Chicago, Illinois 60624 is attached at Attachment – 2.



December 15, 2017

Mr. Andy Stein  
Clark Street Real Estate  
980 N Michigan Ave Suite 1280  
Chicago, IL 60611

**RE: LOI – 408-418 N Homan Ave, Chicago, IL 60624**

Mr. Stein:

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:

<b><u>PREMISES:</u></b>	To be constructed building at 408-418 N Homan Ave, Chicago, IL 60624
<b><u>TENANT:</u></b>	Total Renal Care, Inc. or related entity to be named
<b><u>GUARANTY:</u></b>	DaVita, Inc.
<b><u>LANDLORD:</u></b>	Clark Street Real Estate LLC or its assignees or designees
<b><u>SPACE REQUIREMENTS:</u></b>	Requirement is for approximately 10,450 SF of ground floor contiguous rentable square feet. Tenant shall have the right to measure space and final measurement standards will be agreed to by parties.
<b><u>PRIMARY TERM:</u></b>	15 years
<b><u>BASE RENT:</u></b>	\$29.63 PSF, NNN with ten percent (10%) increases every 5 years during the term and any options.
<b><u>ADDITIONAL EXPENSES:</u></b>	It is the intention of the Landlord that this Lease is “absolute NNN” and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
<b><u>LANDLORD’S MAINTENANCE:</u></b>	Landlord, at its sole cost and expense, shall be responsible for the structural components of the Property (to be further defined in lease). Tenant at its sole cost and expense shall maintain and keep in good order and repair (including sweeping, salting, snow, and ice removal) to the (i) parking areas, sidewalks, loading areas, and drive aisles serving the building and (ii) all landscaping locate on the premises and (iii) all common areas.

**POSSESSION AND RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant upon the latter of: completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Landlord's substantial completion of the shell and MBB. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to the Tenant.

**LEASE FORM:**

Tenant's standard lease form that will conform to the Brighton Park lease as a starting point for negotiations.

**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.

*Property is zoned M1-2 in the City of Chicago and medical is a permitted use under this zoning classification*

**PARKING:**

Per attached site plan, which might be modified

**BASE BUILDING:**

Landlord, at Landlord's expense, shall deliver to the premises the Base Building improvements included in the attached Exhibit B, subject to Tenant's architect and project manager approval.

Landlord will make reasonable efforts to coordinate early access for tenant improvements with Tenant's project manager once the building slab is poured, under roof, and exterior walls are up.

**OPTION TO RENEW:**

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and following each successive five-year option periods, so long as tenant is not in default of the lease.

**FAILURE TO DELIVER PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed 270 days after Landlord acquires property and all necessary approvals and permits Tenant may receive one day of rent abatement for every day of delay beyond the 270 day delivery period.

**HOLDING OVER:**

Tenant shall be obligated to pay 110% for the then current rate.

**TENANT SIGNAGE:**

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

**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. Inc. with the consent of the Landlord, whose consent shall not be unreasonably held or delayed.

**ROOF RIGHTS:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by mutually agreed upon contractor so as not damage roof or violate roof warranty. Tenant shall be responsible for its own permits.

**NON-COMPETE:**

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

**HVAC:**

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

**DELIVERIES:**

To be determined.

**GOVERNMENTAL  
COMPLIANCE:**

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

**CERTIFICATE OF NEED:**

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. 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 Cushman & Wakefield ("C&W") as the Tenant's local representative and shall pay a brokerage fee equal 2% of the base rent over the initial 10 year period, 50% shall be due upon receipt of a fully executed lease and satisfaction of all contingencies (including CON) and 50% payable upon Tenant's certificate of occupancy receipt and payment of first month's rent.

**CONTINGENCIES:**

This proposal is subject to the Landlord securing and closing on the subject parcel and timing is subject to all necessary governmental, city and adjoining landowner approval.

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

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

Sincerely,

**Matthew J. Gramlich**  
CC: DaVita Regional Operations

## SIGNATURE PAGE

LETTER OF INTENT: 408-418 N HOMAN AVE, CHICAGO, IL 60624

AGREED TO AND ACCEPTED THIS 15 DAY OF DECEMBER 2017

By:  \_\_\_\_\_

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

AGREED TO AND ACCEPTED THIS 15<sup>TH</sup> DAY OF DECEMBER 2017

By:  \_\_\_\_\_

AUTHORIZED SIGNATORY

MARK STREET REAL ESTATE LLC.  
("Landlord")

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

The Illinois Certificate of Good Standing for Total Renal Care Inc. 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*

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

**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of JULY A.D. 2017 .



*Jesse White*

SECRETARY OF STATE

Attachment - 3

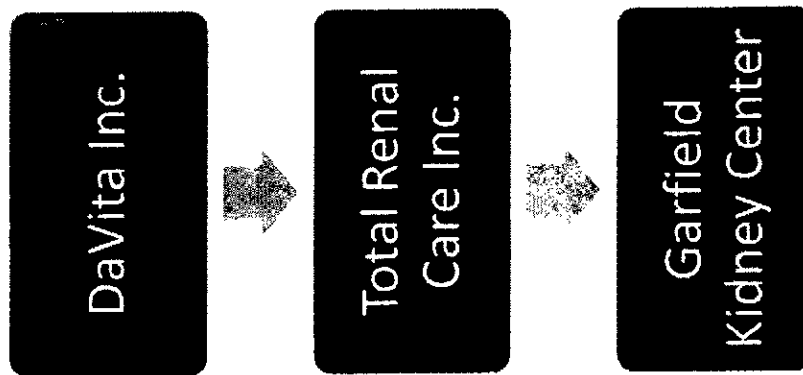
Authentication #: 1720501710 verifiable until 07/24/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

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

The organizational chart for Total Renal Care Inc. d/b/a Garfield Kidney Center is attached at Attachment  
- 4.



Garfield Kidney Center Organizational Chart



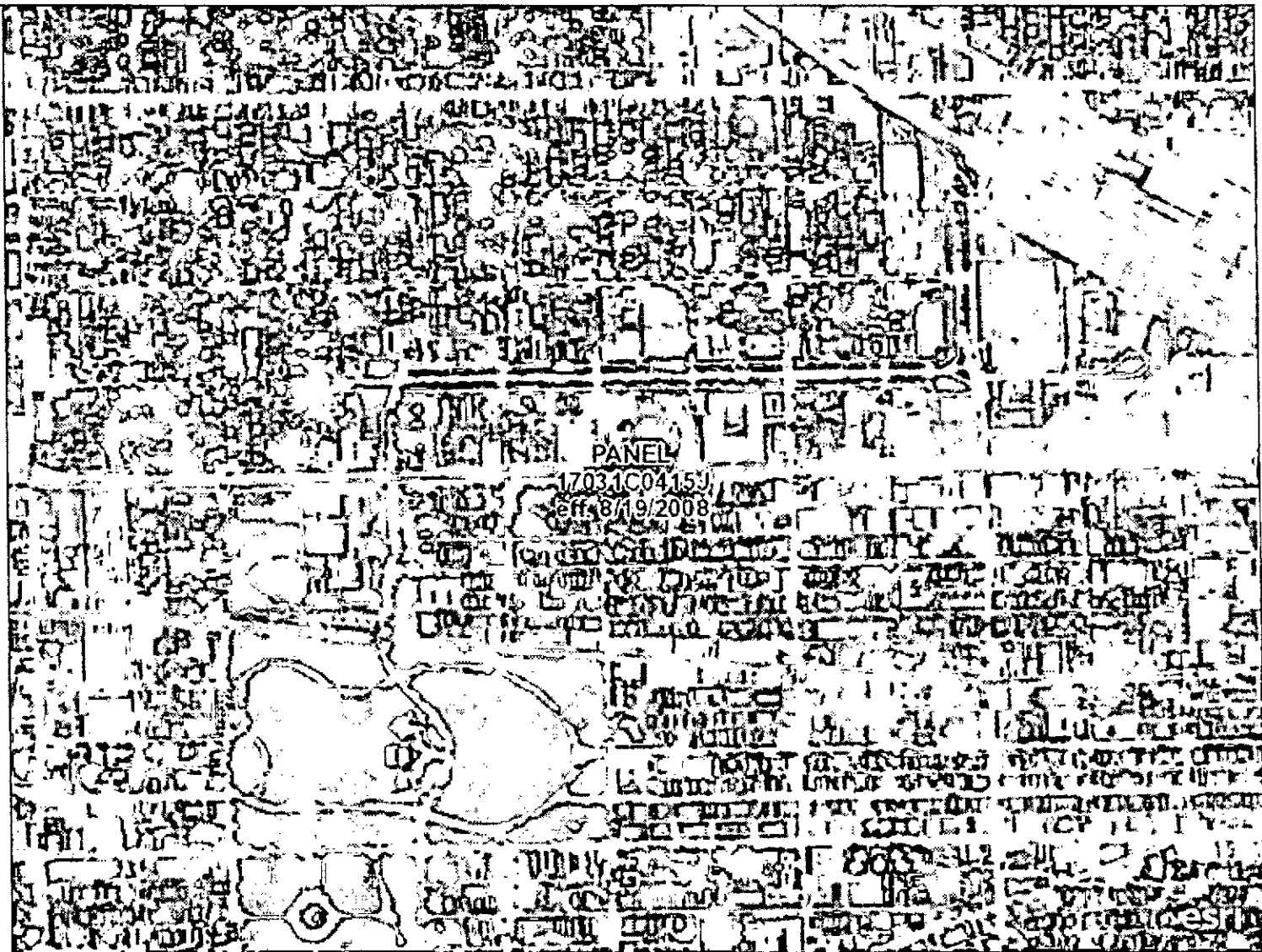
**Section I, Identification, General information, and Certification**  
**Flood Plain Requirements**

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 408 – 418 North Homan Avenue, Chicago, Illinois 60624. As shown on the National Flood Insurance Program FIRM map (Panel #17031C0415J) attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.

# FEMA's National Flood Hazard Layer (Official)

**NFHL (click to expand)**

- LOMRs
  - Effective
- LOMAS
  -
- FIRM Panels
  -
- Cross-Sections
  -
- Flood Hazard Boundaries
  - Limit Lines
  - SFHA / Flood Zone Boundary
  - Other Boundaries
- Flood Hazard Zones
  - 1% Annual Chance Flood Hazard
  - Regulatory Floodway
  - Special Floodway
  - Area of Undetermined Flood Hazard
  - 0.2% Annual Chance Flood Hazard
  - Future Conditions 1% Annual Chance Flood Hazard
  - Area with Reduced Risk Due to Levee



Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available:

<http://tinyurl.com/j4xwp5e>

0.3mi

USGS The National Map: Orthoimagery | National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | Print here instead:  
<http://tinyurl.com/j4xwp5e> Support: [FEMAMapSpecialist@riskmapcds.com](mailto:FEMAMapSpecialist@riskmapcds.com) | USGS The National Map: Orthoimagery

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

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



# Illinois Department of Natural Resources

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

Bruce Rauner, Governor  
Wayne A. Rosenthal, Director

Cook County  
Chicago  
408-412 North Homan Avenue  
IHFSRB  
New construction, 24-station dialysis facility

PLEASE REFER TO: SHPO LOG #006091117

September 28, 2017

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

Dear Mr. Tincknell:

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed please contact Joe Phillippe at 217/785-1279 or joe.phillippe@illinois.gov.

Sincerely,

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

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

Attachment – 6

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

<b>Table 1120.110</b>			
<b>Project Cost</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
Site Preparation			
Site Survey and Soil Investigation			
New Construction Contracts	\$1,935,298		\$1,935,298
Modernization Contracts			
Contingencies	\$110,000		\$110,000
Architectural/Engineering Fees	\$137,113		\$137,113
Consulting and Other Fees	\$69,463		\$69,463
Moveable and Other Equipment			
Communications	\$140,030		\$140,030
Water Treatment	\$162,200		\$162,200
Bio-Medical Equipment	\$22,331		\$22,331
Clinical Equipment	\$121,184		\$121,184
Clinical Furniture/Fixtures	\$41,050		\$41,050
Lounge Furniture/Fixtures	\$4,055		\$4,055
Storage Furniture/Fixtures	\$8,037		\$8,037
Business Office Fixtures	\$39,675		\$39,675
General Furniture/Fixtures	\$45,000		\$45,000
Signage	\$20,000		\$20,000
Total Moveable and Other Equipment	\$603,562		\$603,562
Fair Market Value of Leased Space	\$2,854,670		\$2,854,670
Other Costs to be Capitalized (Net Book Value of Existing Equipment)	\$499,236		\$499,236
<b>Total Project Costs</b>	<b>\$6,209,342</b>		<b>\$6,209,342</b>

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

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

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

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

<b>DaVita Current Projects</b>			
<b>Project Number</b>	<b>Name</b>	<b>Project Type</b>	<b>Completion Date</b>
15-025	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
17-032	Illini Renal	Relocation/Expansion	05/31/2019



**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
<b>CLINICAL</b>							
ESRD	\$6,209,342		10,450	10,450			
<b>Total Clinical</b>	<b>\$6,209,342</b>		<b>10,450</b>	<b>10,450</b>			
<b>NON CLINICAL</b>							
<b>Total Non-clinical</b>							
<b>TOTAL</b>	<b>\$6,209,342</b>		<b>10,450</b>	<b>10,450</b>			

**Section II, Discontinuation**  
**Criterion 1110.130(a), General**

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "State Board") to discontinue its existing 16-station dialysis facility located at 3250 West Franklin Boulevard, Chicago, Illinois 60624 (the "Existing Facility") and simultaneously establish a 24-station dialysis facility at 408 – 418 North Homan Avenue, Chicago, Illinois 60624 (the "Replacement Facility"). The Replacement Facility will be approximately 1/3 mile, or 2 minutes, from the Existing Facility.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: June 30, 2020.
4. The Applicant (Total Renal Care, Inc.) presently owns the building that houses the Existing Facility at 3250 West Franklin Boulevard, Chicago, Illinois 60624. Upon relocation of the Existing Facility operations to the Replacement Facility, the Applicants plan to sell the building, most likely to a nearby business to use the site as potential parking.
5. All medical records of patients of the Existing Facility will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

## **Section II, Discontinuation**

### **Criterion 1110.130(b), Reasons for Discontinuation**

Based on the State Board's September 30, 2017 utilization data, Garfield Kidney Center is one of the most heavily utilized facilities in the State, averaging 103% utilization over the past six years, and 110% as of November 30, 2017. Due to the size of the facility (7,705 GSF), there is no room to expand the facility within the current footprint of the building.

To accommodate the current demand for dialysis services, the facility operates four shifts six days a week rather than the more optimal care delivery model of three shifts per day, six days a week. This high occupancy results in the fourth shift of patients receiving treatment past midnight. This is suboptimal particularly considering that dialysis patients are suffering from a chronic illness and are often frail and elderly. It is also undesirable for patients, their transporters and staff, from a security perspective given the high crime rate in the City of Chicago. East Garfield Park has one of highest crime rates in the City of Chicago, and staff and patients are more vulnerable to becoming victims of a violent crime when arriving and departing the facility during evening and late night hours.

When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it past midnight. Further, staffing a fourth shift is difficult for clinic personnel. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark.

The Replacement Facility will have 24 stations with the ability to expand to 28 stations if demand continues to grow. This larger facility will allow the Applicants to eliminate the fourth late-night shift and will allow Garfield Kidney Center to operate at a more optimal utilization level. The existing treatment room is congested and patients are situated very close to one another, which makes it challenging for teammates to have private conversations with patients, especially with those patients who are hard of hearing. In addition, patients have to walk through teammate office spaces to get to the treatment floor which is disruptive. In the Existing Facility, weight bearing pillars on the treatment floor create visual barriers which prevent the nurses from having a clear sightline to all of the patients which is not optimal.

As for support services in the Existing Facility, the staff break room space for teammates is also insufficient. HVAC problems due to the aging infrastructure of the facility lead to an inconsistent air temperature throughout the building.

The current parking lot contains an inadequate number of parking spaces. This results in many patients and teammates needing to park on the street, which is a safety concern. Ample enclosed patient and teammate parking in a parking lot adjacent to the Replacement Facility would help minimize this safety risk.

Relocating the Existing Facility is necessary to meet the demand for hemodialysis services and to provide for adequate direct patient care space along with supporting spaces including parking. Thus, the Applicants must relocate to a modern facility with more stations, enhanced accommodations and support functions, and improved utilities to better provide for current and future ESRD patient needs.

The proposed project will have a positive impact on the health care delivery system of the planning area in terms of improved access, long term institutional viability, and availability of services for meeting the health care needs of the population to be served by the project. It will also help address the need for an additional 87 dialysis stations needed in HSA 6.

**Section II, Discontinuation**  
**Criterion 1110.130(c), Impact on Access**

The relocation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to DaVita's ESRD patient population by making it more accessible to patients and their families on the west side of Chicago and will partially address the demand in HSA 6 for an additional 87 dialysis stations. All existing patients of the Existing facility are expected to transfer their care to the Replacement Facility which is only 1/3 mile (two minutes) from the Existing Facility. The Applicants seek authority from the State Board to discontinue the Existing Facility and establish a 24-station Replacement Facility. The Replacement Facility will be have capacity to accommodate an additional four stations in the future to meet future demand for dialysis services on the west side of Chicago.

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

**Background of the Applicant**

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the relocation and expansion of Garfield Kidney Center, a 16-station in-center hemodialysis facility located at 3250 West Franklin Boulevard, Chicago, Illinois 60620 to a 24-station in-center hemodialysis facility at 408 – 418 North Homan Avenue, Chicago, Illinois 60620.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2016 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in the application for Proj. No. 17-032.

**Kidney Disease Statistics**

30 million or 15% of U.S. adults are estimated to have CKD.<sup>1</sup> Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.<sup>2</sup>
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.<sup>3</sup>
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).<sup>4</sup>
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).<sup>5</sup>
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.<sup>6</sup>
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014,

<sup>1</sup> Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) available at [https://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf) (last visited Dec. 28, 2017).

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

<sup>3</sup> Id.

<sup>4</sup> Id. at 215.

<sup>5</sup> Id. at 216.

<sup>6</sup> Id. at 288.

24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.<sup>7</sup>

## DaVita's Quality Recognition and Initiatives

### *Awards and Recognition*

- **Quality Incentive Program.** DaVita ranked first in outcomes for the fourth straight year in the Centers for Medicare and Medicaid Services ("CMS") end stage renal disease ("ESRD") Quality Incentive Program. The ESRD QIP reduces payments to dialysis facilities that do not meet or exceed CMS-endorsed performance standards. DaVita outperformed the other ESRD providers in the industry combined with only 11 percent of facilities receiving adjustments versus 23 percent for the rest of the industry.
- **Coordination of Care.** On June 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.
- **Joint Commission Accreditation.** In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from the Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.
- **Military Friendly Employer Recognition.** DaVita has been repeatedly recognized for its commitment to its employees, particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and *Military Spouse Magazine*, recently recognized DaVita as a 2017 Top Military Friendly Employer for the eighth consecutive year. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.
- **Workplace Awards.** In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top

<sup>7</sup> Id. at 292-294.

Workplace by The Denver Post. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall.

### **Quality Initiatives**

DaVita has undertaken many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and ESRD. With the ongoing shift from volume to value in healthcare, providers—more than ever—are focusing their attention on generating optimal clinical outcomes in order to enhance patient quality of life. The extensive tools and initiatives that were built into the DaVita Patient-Focused Quality Pyramid help affiliated physicians succeed in this important undertaking. The pyramid serves as a framework for nephrologists to address the complex factors that impact patients, such as mortality, hospitalizations and the patient experience. Complex programs serve as an important tier in the DaVita Patient-Focused Quality Pyramid. They include:

X Clinical initiatives such as preventing missed treatments and managing vascular access, fluid, infection, medications and diabetes.

X Pneumococcal pneumonia and influenza initiatives: Increase pneumonia and influenza vaccination rates.

X Catheter removal: Help patients transition from central venous catheters (CVCs) to arteriovenous (AV) fistulas to reduce risk of hospitalization from infections and blood clots.

X Dialysis transition management: Support patients through any transition of care to improve outcomes and reduce mortality.

DaVita's patient centered quality programs also include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. These programs and others are described below.

- On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care.
- To improve access to kidney care services, DaVita and Northwell Health in New York have joint ventured to serve thousands of patients in Queens and Long Island with integrated kidney care. The joint venture will provide kidney care services in a multi-phased approach, including:
  - Physician education and support
  - Chronic kidney disease education
  - Network of outpatient centers
  - Hospital services
  - Vascular access
  - Integrated care
  - Clinical research

- Transplant services

The joint venture will encourage patients to better utilize in-home treatment options.

- DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD as follows:
  - Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
  - Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
  - Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

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

- DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.
- DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.
- For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provides information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 250 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers.



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

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

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

- Transplant Education. DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.
- Dialysis Quality Indicators. In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.
- Pharmaceutical Compliance. DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

#### Service to the Community

- DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. DaVita Way of Giving

program donated \$2.2 million in 2016 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2016, more than 560 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised \$1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids. Since 2011, DaVita teammates have donated \$9.1 million to thousands of organizations through DaVita Way of Giving.

- DaVita is committed to sustainability and reducing its carbon footprint. It is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Since 2013, DaVita has saved 645 million gallons of water through optimization projects. Through toner and cell phone recycling programs, more than \$126,000 has been donated to Bridge of Life. In 2016, Village Green, DaVita's corporate sustainability program, launched a formal electronic waste program and recycled more than 113,000 pounds of e-waste.
- DaVita does not limit its community engagement to the U.S. alone. In 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 398 international and domestic medical missions and events in 25 countries. More than 900 DaVita volunteers supported these missions, impacting more than 96,000 men, women and children.

#### Other Section 1110.230(a) Requirements

1. 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 Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.
2. A list of Illinois health care facilities owned or operated by the Applicants is attached at Attachment – 11A. Dialysis facilities are currently not subject to State licensure in Illinois.
3. Certification that no adverse action has been taken 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.
4. An authorization permitting the Illinois Health Facilities and Services Review Board and IDPH access to any documents necessary to verify information submitted herein, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

## DaVita Inc.

## Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	CODK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		CDUNTRY 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		OIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1S07	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	CDOK	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	60624-15D9	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

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Attachment - 11A

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 S COTTAGE GROVE AVENUE		CHICAGO	CODK	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 NDRTH 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	CODK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	CODK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	CODK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE 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 Total Renal Care Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1430(b)(3)(J) I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

A handwritten signature in black ink that reads "Arturo Sida".

Print Name: Arturo Sida

Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc.

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

*See Attached*

Notary Public

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

State of California

County of Los Angeles

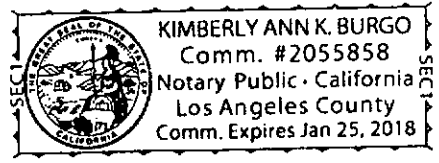
On September 22, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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. - Garfield Kidney Center)

Document Date: September 22, 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. (Garfield Kidney Center)



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

**Purpose of the Project**

1. There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire State of Illinois. In fact, over half of the dialysis stations needed according to the most recent State Board need determinations (Revised Need Determinations for ESRD Stations dated 11/8/2017) are in the City of Chicago. The purpose of the project is meet this need and to improve access to life sustaining dialysis services to residents of East Garfield Park and the surrounding communities. The Applicants propose to discontinue the Existing Facility and establish a 24-station facility Replacement Facility 1/3 mile, or 2 minutes away. Importantly, the site of the Replacement Facility is located in a Health Professional Shortage Area (HPSA) and a low income Medically Underserved Area (MUA), as designated by the Health Resources & Services Administration (HRSA). See Attachment – 12A

East Garfield Park is a low-income African-American community located on the west side of Chicago. This minority population has a higher incidence and prevalence of CKD than the general population. Further, according to the U.S. Census bureau, approximately 45% of the population lives below the Federal Poverty Level, which is the 13<sup>th</sup> highest percentage of population living below the Federal Poverty Level in Illinois. See Attachment – 12B. There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.<sup>8</sup>

The higher incidence and prevalence of ESRD in this low income community is shown in the State Board's September 30, 2017 utilization data. Garfield Kidney Center is one of the most heavily utilized facilities in the State, averaging 103% utilization over the past six years, and 110% as of November 30, 2017. Due to the size of the facility (7,705 GSF), there is no room to expand the facility within the current footprint of the building. To accommodate the current need for dialysis, the facility operates four shifts, resulting in patients receiving treatment past midnight, which is suboptimal and sometimes dangerous for patients and staff. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it past midnight. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Moreover, East Garfield Park has one of highest crime rates in the City of Chicago, and staff and patients are more vulnerable to becoming victims of a violent crime when arriving and departing the facility during evening and late night hours. Finally, a fourth shift increases operating costs by adding additional staffing and utilities costs.

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Garfield Park. The Replacement Facility will have 24 stations with the ability to expand to 28 stations if demand continues to grow. Increasing available stations will not only result in the elimination of the fourth shift, but it will allow Garfield Kidney Center to operate at a more optimal utilization level and provide a better treatment experience for patients. The existing treatment room is congested and patients are very close to one another, which makes it challenging for teammates to have private conversations with patients, especially those that are hard of hearing. In addition, patients have to walk through teammate office spaces to get to the treatment floor which is disruptive

<sup>8</sup> Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) available at [http://www.ajkd.org/article/S0272-6386\(08\)01473-X/fulltext](http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext) (last visited Dec. 27, 2017).

to activities in these areas. Pillars on the treatment floor create visual barriers which prevent the nurses from having a clear sightline to all of the patients which is not optimal. The current break room space for teammates is also insufficient. HVAC problems due to the aging infrastructure of the facility lead to an inconsistent air temperature throughout the building.

The current parking lot is gated, but contains an inadequate amount of parking spaces. This results in many patients and teammates needing to park on the street, which is a safety concern in this particular neighborhood. Ample patient and teammate parking in a parking lot adjacent to a new facility would help minimize this safety risk.

The Garfield Kidney Center geographic service area (the "Garfield GSA") has experienced significant hemodialysis patient growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017). Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. CKD is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>9</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>10</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. Given the shortage of health care providers in East Garfield Park, 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 Replacement Facility is needed to serve the existing demand for dialysis services in the area. As of November 30, 2017, the Existing Facility serves 106 in-center ESRD patients. Ogonnaya Aneziokoro, M.D., the Medical Director for the Existing Facility, anticipates all 106 current patients will transfer to the Replacement Facility. Furthermore, Dr. Aneziokoro is currently treating 92 CKD patients, who all reside within either the ZIP code of the proposed replacement facility (60624), or 2 adjacent ZIP codes (60612 and 60644), with 41 coming from 60624, the ZIP code of the Replacement Facility. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 18 of these 41 pre-ESRD patients from the 60624 ZIP code will require dialysis within the next 12 to 24 months. With 18 projected ESRD patients and 8 additional ESRD stations, the utilization rate will exceed 80% within 12 to 24 months of the Replacement Facility becoming operational. The Replacement Facility will be plumbed to accommodate 28-stations. This will allow for a future census capacity of 168 in-center ESRD patients.

As shown in Attachment – 12C, including the Existing Facility, there are currently 31 existing or approved dialysis facilities within 30 minutes normal travel time of the proposed location of the Replacement Facility. Excluding Rush University Medical Center, which is a pediatric facility, and

<sup>9</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Dec. 27, 2017)).

<sup>10</sup> In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

FMC Humboldt Park,<sup>11</sup> utilization of area dialysis facilities was 76%, as of September 30, 2017. Given the historical utilization trends, the existing facilities will reach 80% by September 2020, the year the Replacement Facility is projected to come online.

With the expected growth in patient volume, the Existing Facility must relocate in order to have the capacity to expand to ensure current and future ESRD patients in East Garfield Park have adequate access to dialysis services that are essential to their survival.

2. A map of the market area for the proposed facility is attached at Attachment – 12D. While the actual patient base of the Existing Facility comes from a considerably smaller geographic area, the boundaries of the Replacement Facility's GSA based on the State Board's rules are as follows:

- North approximately 30 minutes normal travel time to Albany Park (Chicago).
- Northeast approximately 30 minutes normal travel time to Lincoln Park (Chicago).
- East approximately 15 minutes normal travel time to Grant Park (Chicago).
- Southeast approximately 30 minutes normal travel time to Hyde Park (Chicago).
- South approximately 30 minutes normal travel time to Archer Heights (Chicago).
- Southwest approximately 30 minutes normal travel time to Lyons, Illinois.
- West approximately 30 minutes normal travel time to Broadview, Illinois.
- Northwest approximately 30 minutes normal travel time to River Grove, Illinois.

Over 2 million people reside in this area.

3. Source Information

U.S. Census Bureau, American FactFinder, Fact Sheet, available at [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en) (last visited September 13, 2017).

CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) available at [https://www.cdc.gov/diabetes/pubs/pdf/kidney\\_factsheet.pdf](https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf) (last visited Dec. 28, 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)).

Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) available at [http://www.ajkd.org/article/S0272-6386\(08\)01473-X/fulltext](http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext) (last visited Dec. 27, 2017).

4. As stated above, the design and size of the Existing Facility does not allow for expansion and even as sized with 16 stations requires the operation of a fourth shift and is suboptimal from an operational perspective. The physical space is inadequate for overall operations and there is an inadequate quantity of parking spaces to accommodate all visitors and teammates. Further, the Garfield GSA has

<sup>11</sup> The FMC Humboldt Park facility became Medicare certified on August 21, 2017 is currently is in its two year ramp up period. It was developed to serve a distinct patient base of Remegio M. Vilbar, M.D.'s patients who are in the immediate zip codes of Humboldt Park.

experienced significant growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017). Assuming historical utilization trends continue, the existing facilities are anticipated to reach 80% utilization by the time the Replacement Facility comes online. Accordingly, the Replacement Facility is needed to ensure current and future ESRD patients in East Garfield Park have adequate access to dialysis services that are essential to their survival.

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



# HRSA Data Warehouse

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**Service Notice:** The HRSA Data Warehouse website will be intermittently unavailable from 7 p.m. ET on Thursday, Dec. 27, 2017, through 1 a.m. ET on Friday, Dec. 28, 2017, for scheduled maintenance. We apologize for any inconvenience.

## Find Shortage Areas by Address Results

Input address: 408 north homan avenue, chicago, illinois  
60624  
Geocoded address: 408 N Homan Ave, Chicago, Illinois,  
60624

Start Over ^

HPSA Data as of 12/27/2017

MUA Data as of 12/27/2017

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

**In a Dental Health HPSA: Yes** [\[Additional result analysis\]](#)

HPSA Name: Low Income - Near North (Chicago)

ID: 6175977436

Designation Type: Hpsa Population

Status: Designated

Score: 4

Designation Date: 09/06/2000

Last Update Date: 10/28/2017

**In a Mental Health HPSA: Yes**

HPSA Name: Chicago Central

ID: 7177789035

Designation Type: Hpsa Geographic

Status: Designated

Score: 18

Designation Date: 07/11/2003

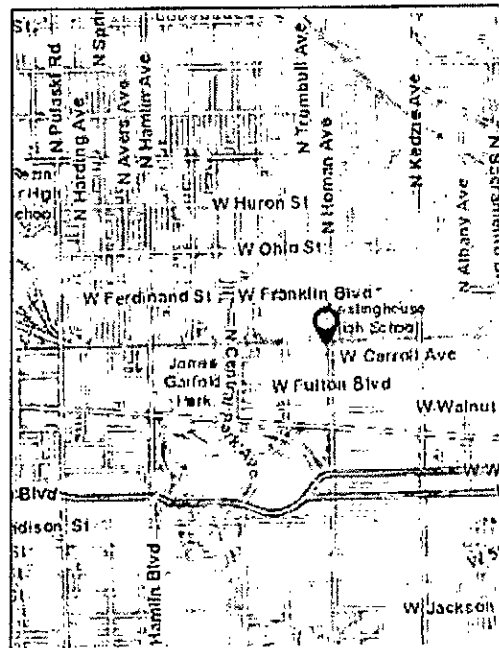
Last Update Date: 12/26/2017

**In a Primary Care HPSA: Yes** [\[Additional result analysis\]](#)

HPSA Name: Humboldt Park

ID: 1174612306

Designation Type: Hpsa Geographic



Click on the image to see an expanded image



Status: Designated  
Score: 9  
Designation Date: 05/30/1979  
Last Update Date: 09/01/2017

In a MUA/P: Yes [\[Additional result analysis\]](#)  
Service Area Name: Humboldt Park Service Area  
ID: 07335  
Designation Type: Medically Underserved Area  
Designation Date: 05/14/2003  
Last Update Date: 05/14/2003

Service Area Name: Communities Asian-American Population  
ID: 00801  
Designation Type: Medically Underserved Population – Governor's  
Exception  
Designation Date: 03/31/1988  
Last Update Date: 03/31/1988

Note: The address entered is geocoded and then compared against the HPSA and MUA/P data in the HRSA Data Warehouse. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination.

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DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2012-2016 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60624			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>SEX AND AGE</b>				
Total population	38,134	+/-1,478	38,134	(X)
Male	17,973	+/-944	47.1%	+/-1.5
Female	20,161	+/-913	52.9%	+/-1.5
Under 5 years	3,603	+/-489	9.4%	+/-1.2
5 to 9 years	3,166	+/-449	8.3%	+/-1.0
10 to 14 years	3,313	+/-367	8.7%	+/-0.9
15 to 19 years	3,264	+/-407	8.6%	+/-1.0
20 to 24 years	3,461	+/-357	9.1%	+/-0.9
25 to 34 years	5,080	+/-501	13.3%	+/-1.1
35 to 44 years	4,700	+/-455	12.3%	+/-1.1
45 to 54 years	4,353	+/-434	11.4%	+/-1.1
55 to 59 years	1,810	+/-239	4.7%	+/-0.6
60 to 64 years	1,446	+/-190	3.8%	+/-0.5
65 to 74 years	2,199	+/-235	5.8%	+/-0.6
75 to 84 years	1,328	+/-200	3.5%	+/-0.6
85 years and over	411	+/-94	1.1%	+/-0.2
Median age (years)	28.7	+/-1.2	(X)	(X)
18 years and over	26,120	+/-1,043	68.5%	+/-1.7
21 years and over	23,940	+/-989	62.8%	+/-1.7
62 years and over	4,706	+/-328	12.3%	+/-0.9
65 years and over	3,938	+/-283	10.3%	+/-0.8
18 years and over	26,120	+/-1,043	26,120	(X)
Male	11,874	+/-718	44.7%	+/-1.8
Female	14,446	+/-688	55.3%	+/-1.8
65 years and over	3,938	+/-283	3,938	(X)
Male	1,389	+/-190	35.3%	+/-3.9

Subject	ZCTA5 60624			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,549	+/-231	64.7%	+/-3.9
<b>RACE</b>				
Total population	38,134	+/-1,478	38,134	(X)
One race	37,855	+/-1,495	99.3%	+/-0.4
Two or more races	279	+/-145	0.7%	+/-0.4
One race	37,855	+/-1,495	99.3%	+/-0.4
White	1,058	+/-250	2.8%	+/-0.6
Black or African American	35,566	+/-1,379	93.3%	+/-1.7
American Indian and Alaska Native	43	+/-32	0.1%	+/-0.1
Cherokee tribal grouping	0	+/-23	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	53	+/-44	0.1%	+/-0.1
Asian Indian	27	+/-42	0.1%	+/-0.1
Chinese	0	+/-23	0.0%	+/-0.1
Filipino	0	+/-23	0.0%	+/-0.1
Japanese	0	+/-23	0.0%	+/-0.1
Korean	6	+/-8	0.0%	+/-0.1
Vietnamese	7	+/-12	0.0%	+/-0.1
Other Asian	13	+/-16	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	25	+/-40	0.1%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	25	+/-40	0.1%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	1,110	+/-590	2.9%	+/-1.5
Two or more races	279	+/-145	0.7%	+/-0.4
White and Black or African American	70	+/-53	0.2%	+/-0.1
White and American Indian and Alaska Native	25	+/-36	0.1%	+/-0.1
White and Asian	0	+/-23	0.0%	+/-0.1
Black or African American and American Indian and Alaska Native	10	+/-11	0.0%	+/-0.1
<b>Race alone or in combination with one or more other races</b>				
Total population	38,134	+/-1,478	38,134	(X)
White	1,272	+/-266	3.3%	+/-0.7
Black or African American	35,787	+/-1,378	93.8%	+/-1.7
American Indian and Alaska Native	129	+/-71	0.3%	+/-0.2
Asian	117	+/-86	0.3%	+/-0.2
Native Hawaiian and Other Pacific Islander	72	+/-56	0.2%	+/-0.1
Some other race	1,155	+/-587	3.0%	+/-1.5
<b>HISPANIC OR LATINO AND RACE</b>				
Total population	38,134	+/-1,478	38,134	(X)
Hispanic or Latino (of any race)	1,392	+/-584	3.7%	+/-1.5
Mexican	1,067	+/-532	2.8%	+/-1.4
Puerto Rican	100	+/-60	0.3%	+/-0.2
Cuban	6	+/-12	0.0%	+/-0.1
Other Hispanic or Latino	219	+/-194	0.6%	+/-0.5
Not Hispanic or Latino	36,742	+/-1,385	96.3%	+/-1.5
White alone	857	+/-229	2.2%	+/-0.6
Black or African American alone	35,468	+/-1,378	93.0%	+/-1.6
American Indian and Alaska Native alone	43	+/-32	0.1%	+/-0.1
Asian alone	53	+/-44	0.1%	+/-0.1
Native Hawaiian and Other Pacific Islander alone	25	+/-40	0.1%	+/-0.1



Subject	ZCTA5 60624			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	65	+/-75	0.2%	+/-0.2
Two or more races	231	+/-129	0.6%	+/-0.3
Two races including Some other race	0	+/-23	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	231	+/-129	0.6%	+/-0.3
Total housing units	15,834	+/-272	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	25,581	+/-991	25.581	(X)
Male	11,367	+/-713	44.4%	+/-1.9
Female	14,214	+/-661	55.6%	+/-1.9

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

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

While the 2012-2016 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

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

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

#### Explanation of Symbols:

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



S1701

POVERTY STATUS IN THE PAST 12 MONTHS

2012-2016 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60624				
	Total		Below poverty level		Percent below poverty level Estimate
	Estimate	Margin of Error	Estimate	Margin of Error	
Population for whom poverty status is determined	37,581	+/-1,503	17,011	+/-1,331	45.3%
<b>AGE</b>					
Under 18 years	11,792	+/-928	6,901	+/-758	58.5%
Under 5 years	3,541	+/-498	2,416	+/-469	88.2%
5 to 17 years	8,251	+/-695	4,485	+/-500	54.4%
Related children of householder under 18 years	11,762	+/-926	6,871	+/-756	58.4%
18 to 64 years	21,851	+/-1,031	8,828	+/-726	40.4%
18 to 34 years	9,601	+/-696	4,470	+/-543	46.6%
35 to 64 years	12,250	+/-693	4,358	+/-380	35.6%
60 years and over	5,384	+/-359	1,733	+/-262	32.2%
65 years and over	3,938	+/-283	1,282	+/-221	32.6%
<b>SEX</b>					
Male	17,479	+/-941	7,429	+/-689	42.5%
Female	20,102	+/-915	9,582	+/-849	47.7%
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>					
White alone	927	+/-238	320	+/-145	34.5%
Black or African American alone	35,163	+/-1,388	15,923	+/-1,228	45.3%
American Indian and Alaska Native alone	43	+/-32	27	+/-28	62.8%
Asian alone	39	+/-43	1	+/-2	2.6%
Native Hawaiian and Other Pacific Islander alone	25	+/-40	0	+/-23	0.0%
Some other race alone	1,105	+/-588	606	+/-505	54.8%
Two or more races	279	+/-145	134	+/-96	48.0%
Hispanic or Latino origin (of any race)	1,376	+/-583	801	+/-519	58.2%
White alone, not Hispanic or Latino	737	+/-218	228	+/-119	30.9%
<b>EDUCATIONAL ATTAINMENT</b>					
Population 25 years and over	21,089	+/-880	7,919	+/-621	37.6%
Less than high school graduate	5,644	+/-529	2,912	+/-366	51.6%

Subject	ZCTA5 60624				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	7,587	+/-634	2,778	+/-361	36.6%
Some college, associate's degree	6,238	+/-431	1,951	+/-245	31.3%
Bachelor's degree or higher	1,620	+/-224	278	+/-99	17.2%
<b>EMPLOYMENT STATUS</b>					
Civilian labor force 16 years and over	12,909	+/-768	3,497	+/-452	27.1%
Employed	10,581	+/-759	2,039	+/-307	19.3%
Male	4,684	+/-494	677	+/-193	14.5%
Female	5,897	+/-473	1,362	+/-208	23.1%
Unemployed	2,328	+/-384	1,458	+/-315	62.6%
Male	1,145	+/-237	680	+/-205	59.4%
Female	1,183	+/-230	778	+/-165	65.8%
<b>WORK EXPERIENCE</b>					
Population 16 years and over	26,946	+/-1,071	10,728	+/-859	39.8%
Worked full-time, year-round in the past 12 months	7,439	+/-621	795	+/-180	10.7%
Worked part-time or part-year in the past 12 months	4,512	+/-345	1,780	+/-262	39.5%
Did not work	14,995	+/-986	8,153	+/-777	54.4%
<b>ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS</b>					
50 percent of poverty level	9,222	+/-1,051	(X)	(X)	(X)
125 percent of poverty level	19,972	+/-1,450	(X)	(X)	(X)
150 percent of poverty level	23,215	+/-1,802	(X)	(X)	(X)
185 percent of poverty level	25,616	+/-1,790	(X)	(X)	(X)
200 percent of poverty level	26,509	+/-1,728	(X)	(X)	(X)
300 percent of poverty level	30,981	+/-1,597	(X)	(X)	(X)
400 percent of poverty level	34,423	+/-1,460	(X)	(X)	(X)
500 percent of poverty level	35,811	+/-1,528	(X)	(X)	(X)
<b>UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED</b>					
Male	3,301	+/-381	1,791	+/-310	54.3%
Female	2,805	+/-279	1,546	+/-215	55.1%
15 years	0	+/-23	0	+/-23	-
16 to 17 years	30	+/-25	30	+/-25	100.0%
18 to 24 years	252	+/-119	168	+/-103	66.7%
25 to 34 years	793	+/-214	449	+/-148	56.6%
35 to 44 years	1,095	+/-185	550	+/-140	50.2%
45 to 54 years	1,332	+/-247	807	+/-200	60.6%
55 to 64 years	1,030	+/-165	632	+/-144	61.4%
65 to 74 years	948	+/-178	470	+/-138	49.6%
75 years and over	626	+/-130	231	+/-95	36.9%
Mean income deficit for unrelated individuals (dollars)	7,491	+/-447	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	1,531	+/-241	76	+/-64	5.0%
Worked less than full-time, year-round in the past 12 months	883	+/-173	512	+/-125	58.0%
Did not work	3,692	+/-304	2,749	+/-304	74.5%

Subject	ZCTA5 60624
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-2.9
<b>AGE</b>	
Under 18 years	+/-4.4
Under 5 years	+/-6.9
5 to 17 years	+/-4.8
Related children of householder under 18 years	+/-4.4
18 to 64 years	+/-2.9
18 to 34 years	+/-4.4
35 to 64 years	+/-2.9
60 years and over	+/-3.9
65 years and over	+/-4.6
<b>SEX</b>	
Male	+/-3.0
Female	+/-3.4
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>	
White alone	+/-13.6
Black or African American alone	+/-3.0
American Indian and Alaska Native alone	+/-35.6
Asian alone	+/-7.6
Native Hawaiian and Other Pacific Islander alone	+/-54.6
Some other race alone	+/-27.3
Two or more races	+/-25.0
Hispanic or Latino origin (of any race)	+/-22.4
White alone, not Hispanic or Latino	+/-15.3
<b>EDUCATIONAL ATTAINMENT</b>	
Population 25 years and over	+/-2.5
Less than high school graduate	+/-4.1
High school graduate (includes equivalency)	+/-4.3
Some college, associate's degree	+/-3.6
Bachelor's degree or higher	+/-5.5
<b>EMPLOYMENT STATUS</b>	
Civilian labor force 16 years and over	+/-3.4
Employed	+/-3.0
Male	+/-3.8
Female	+/-3.7
Unemployed	+/-6.5
Male	+/-9.8
Female	+/-8.5
<b>WORK EXPERIENCE</b>	
Population 16 years and over	+/-2.8
Worked full-time, year-round in the past 12 months	+/-2.5
Worked part-time or part-year in the past 12 months	+/-5.0
Did not work	+/-3.4
<b>ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS</b>	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60624 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-4.3
Male	+/-5.8
Female	+/-5.4
15 years	**
16 to 17 years	+/-49.8
18 to 24 years	+/-17.4
25 to 34 years	+/-10.7
35 to 44 years	+/-9.7
45 to 54 years	+/-8.5
55 to 64 years	+/-9.4
65 to 74 years	+/-10.1
75 years and over	+/-11.0
Mean Income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-4.0
Worked less than full-time, year-round in the past 12 months	+/-9.8
Did not work	+/-3.9

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

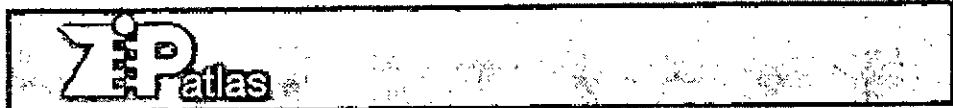
While the 2012-2016 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

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

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

#### Explanation of Symbols:

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



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- Percentage of Population Below Poverty Level in the United States by City
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#	Zip Code	Location	City	Population	% Poverty Level	National Rank
1.	61426	41.119635, -89.706009	Castleton, Illinois	114	100.00 %	#18
2.	62201	38.627798, -90.145445	East Saint Louis, Illinois	8,452	73.00 %	#257
3.	62059	38.653018, -90.173336	Lovejoy, Illinois	668	68.60 %	#326
4.	60653	41.819722, -87.611809	Chicago, Illinois	34,502	66.40 %	#370
5.	62204	38.632079, -90.091268	East Saint Louis, Illinois	10,725	65.47 %	#390
6.	61605	40.676123, -89.635420	Peoria, Illinois	18,529	62.08 %	#470
7.	60621	41.776404, -87.640058	Chicago, Illinois	47,514	60.68 %	#515
8.	61731	40.605396, -88.492337	Cropsey, Illinois	254	60.28 %	#527
9.	62963	37.093719, -89.172080	Mound City, Illinois	730	59.75 %	#544
10.	62993	37.147184, -89.278179	Unity, Illinois	143	58.92 %	#561
11.	62953	37.209266, -88.846999	Joopa, Illinois	427	57.57 %	#617
12.	62090	38.670035, -90.173245	Venice, Illinois	1,589	56.90 %	#644
13.	60624	41.880048, -87.722352	Chicago, Illinois	45,647	54.54 %	#759
14.	60609	41.812680, -87.656935	Chicago, Illinois	79,469	53.99 %	#778
15.	62207	38.583745, -90.126397	East Saint Louis, Illinois	9,841	52.30 %	#856
16.	62915	37.778432, -89.119355	Cambria, Illinois	189	51.85 %	#974
17.	62962	37.055863, -89.329533	Miller City, Illinois	93	50.90 %	#920
18.	60472	41.643958, -87.709960	Robbins, Illinois	6,672	49.65 %	#1,003
19.	60637	41.780673, -87.603500	Chicago, Illinois	57,090	49.15 %	#1,023
20.	61077	42.237411, -89.358030	Seward, Illinois	42	49.09 %	#1,026
21.	62874	37.923441, -88.973766	Orient, Illinois	74	46.55 %	#1,204
22.	60623	41.847079, -87.719446	Chicago, Illinois	108,144	45.39 %	#1,296
23.	60612	41.880500, -87.687967	Chicago, Illinois	37,990	45.09 %	#1,321
24.	60636	41.775708, -87.669011	Chicago, Illinois	51,451	44.65 %	#1,357
25.	62964	37.127788, -89.217003	Mounds, Illinois	1,740	43.75 %	#1,431
26.	62523	39.843835, -88.952387	Decatur, Illinois	879	43.73 %	#1,432
27.	62914	37.064055, -89.222426	Cairo, Illinois	4,044	42.74 %	#1,515
28.	61037	41.787710, -89.760595	Galt, Illinois	138	42.25 %	#1,568
29.	60644	41.880614, -87.756903	Chicago, Illinois	59,059	42.22 %	#1,573
30.	60827	41.650561, -87.636071	Riverdale, Illinois	33,209	42.06 %	#1,588
31.	62901	37.682417, -89.169992	Carbondale, Illinois	30,069	38.96 %	#2,002
32.	60651	41.902029, -87.740432	Chicago, Illinois	77,583	38.82 %	#2,017
33.	61602	40.663381, -89.617227	Peoria, Illinois	774	38.60 %	#2,042
34.	61416	40.501883, -90.561856	Bardolph, Illinois	152	37.23 %	#2,239

35.	62206	38.570196, -90.156123	East Saint Louis, Illinois	18,315	36.97 %	#2,280
36.	62060	38.676709, -90.147954	Madison, Illinois	5,816	36.20 %	#2,405
37.	61820	40.115811, -88.244336	Champaign, Illinois	33,624	35.14 %	#2,595
38.	61949	39.655073, -87.855368	Redmon, Illinois	110	34.48 %	#2,726
39.	60649	41.763484, -87.570411	Chicago, Illinois	54,823	34.35 %	#2,753
40.	62886	38.374108, -88.532268	Sims, Illinois	437	33.99 %	#2,820
41.	60608	41.848647, -87.672320	Chicago, Illinois	52,472	33.53 %	#2,922
42.	62956	37.285746, -88.948018	Karnak, Illinois	989	33.24 %	#3,012
43.	62879	38.766243, -88.358796	Sailor Springs, Illinois	120	32.95 %	#3,085
44.	60616	41.844977, -87.629846	Chicago, Illinois	47,073	32.84 %	#3,106
45.	62205	38.608534, -90.123577	East Saint Louis, Illinois	10,343	32.22 %	#3,262
46.	61603	40.714851, -89.573251	Peoria, Illinois	19,433	32.14 %	#3,286
47.	62203	38.600158, -90.077777	East Saint Louis, Illinois	10,275	32.01 %	#3,318
48.	62825	37.996145, -89.066678	Coello, Illinois	216	31.60 %	#3,423
49.	62346	40.150624, -90.951257	La Prairie, Illinois	254	31.57 %	#3,435
50.	62030	39.159104, -90.182563	Fidelity, Illinois	128	31.57 %	#3,437
51.	62817	37.954714, -88.471238	Broughton, Illinois	610	31.43 %	#3,471
52.	62984	37.719730, -88.148471	Shawneetown, Illinois	2,147	31.26 %	#3,516
53.	62083	39.356961, -89.196229	Rosamond, Illinois	317	31.17 %	#3,545
54.	60607	41.874503, -87.651322	Chicago, Illinois	15,552	31.17 %	#3,546
55.	62238	38.040860, -89.549993	Cutler, Illinois	830	31.15 %	#3,550
56.	62819	37.979678, -89.000767	Buckner, Illinois	470	30.62 %	#3,673
57.	62861	38.031714, -88.062825	Maunie, Illinois	187	30.32 %	#3,748
58.	60426	41.606262, -87.667160	Harvey, Illinois	47,549	29.90 %	#3,872
59.	60647	41.921117, -87.701899	Chicago, Illinois	98,769	29.81 %	#3,904
60.	60432	41.541455, -88.043075	Joliet, Illinois	21,431	29.41 %	#4,027
61.	60974	40.707896, -87.732175	Woodland, Illinois	340	29.05 %	#4,137
62.	62077	39.031100, -89.522915	Panama, Illinois	116	28.71 %	#4,277
63.	62362	39.771659, -90.749688	Perry, Illinois	468	28.14 %	#4,476
64.	61102	42.228769, -89.162524	Rockford, Illinois	20,383	28.08 %	#4,496
65.	61101	42.346079, -89.146087	Rockford, Illinois	23,347	27.92 %	#4,555
66.	60617	41.718172, -87.555846	Chicago, Illinois	96,288	27.82 %	#4,589
67.	61801	40.107923, -88.212433	Urbana, Illinois	29,369	27.81 %	#4,590
68.	62949	37.848719, -89.143599	Hurst, Illinois	612	27.74 %	#4,623
69.	60628	41.692200, -87.617859	Chicago, Illinois	87,827	27.66 %	#4,666
70.	62422	39.240360, -88.878849	Cowden, Illinois	1,173	27.12 %	#4,869
71.	62703	39.758573, -89.632289	Springfield, Illinois	31,211	27.12 %	#4,870
72.	60615	41.801502, -87.603332	Chicago, Illinois	45,096	27.10 %	#4,881
73.	60640	41.972347, -87.663982	Chicago, Illinois	74,030	27.01 %	#4,922
74.	61606	40.699744, -89.611257	Peoria, Illinois	9,674	26.94 %	#4,947
75.	61104	42.251735, -89.077975	Rockford, Illinois	20,421	26.85 %	#4,994
76.	60064	42.324027, -87.856704	North Chicago, Illinois	16,121	26.78 %	#5,016
77.	62978	37.210737, -89.213805	Pulaski, Illinois	564	26.72 %	#5,039
78.	62940	37.738486, -89.471814	Gortam, Illinois	432	26.62 %	#5,080
79.	62990	37.219531, -89.389703	Thebes, Illinois	1,098	26.59 %	#5,090
80.	60622	41.901894, -87.672630	Chicago, Illinois	76,015	26.29 %	#5,213
81.	62673	40.085541, -89.978731	Oakford, Illinois	620	26.26 %	#5,227
82.	62921	37.806125, -89.083374	Colp, Illinois	353	26.21 %	#5,242
83.	62087	38.824782, -90.060193	South Roxana, Illinois	1,889	26.18 %	#5,258
84.	60626	42.009340, -87.669902	Chicago, Illinois	59,251	26.12 %	#5,276
85.	61470	40.605855, -90.508137	Prairie City, Illinois	617	26.06 %	#5,350
86.	62850	39.502052, -88.601216	Johnsonville, Illinois	579	25.70 %	#5,451
87.	62091	39.058246, -89.610567	Walshville, Illinois	352	25.68 %	#5,459
88.	62639	40.037670, -90.486012	Frederick, Illinois	341	25.44 %	#5,564
89.	61920	39.512041, -88.154193	Charleston, Illinois	24,572	25.23 %	#5,657
90.	61552	40.818012, -89.563057	Mossville, Illinois	135	25.21 %	#5,678
91.	62871	37.875359, -88.272861	Omaha, Illinois	734	25.15 %	#5,710
92.	62942	37.649362, -89.472870	Grand Tower, Illinois	742	25.12 %	#5,721
93.	60620	41.740481, -87.653749	Chicago, Illinois	85,771	25.03 %	#5,739
94.	62938	37.374526, -88.548249	Golconda, Illinois	3,077	24.97 %	#5,802
95.	61519	40.460257, -90.094048	Bryant, Illinois	261	24.86 %	#5,844
96.	62998	37.512070, -89.458153	Wolf Lake, Illinois	491	24.85 %	#5,852
97.	62822	37.973966, -89.057671	Christopher, Illinois	2,972	24.66 %	#5,952
98.	62356	39.589680, -91.076672	New Canton, Illinois	725	24.38 %	#6,127
99.	61321	40.964825, -88.980863	Dana, Illinois	342	24.34 %	#6,134
100.	62426	38.892302, -88.664028	Edgewood, Illinois	1,187	23.88 %	#6,354

1-100 out of 1,338 total 1 2 3 4 5 E [Last >>] [Next >>]

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Attachment – 12B

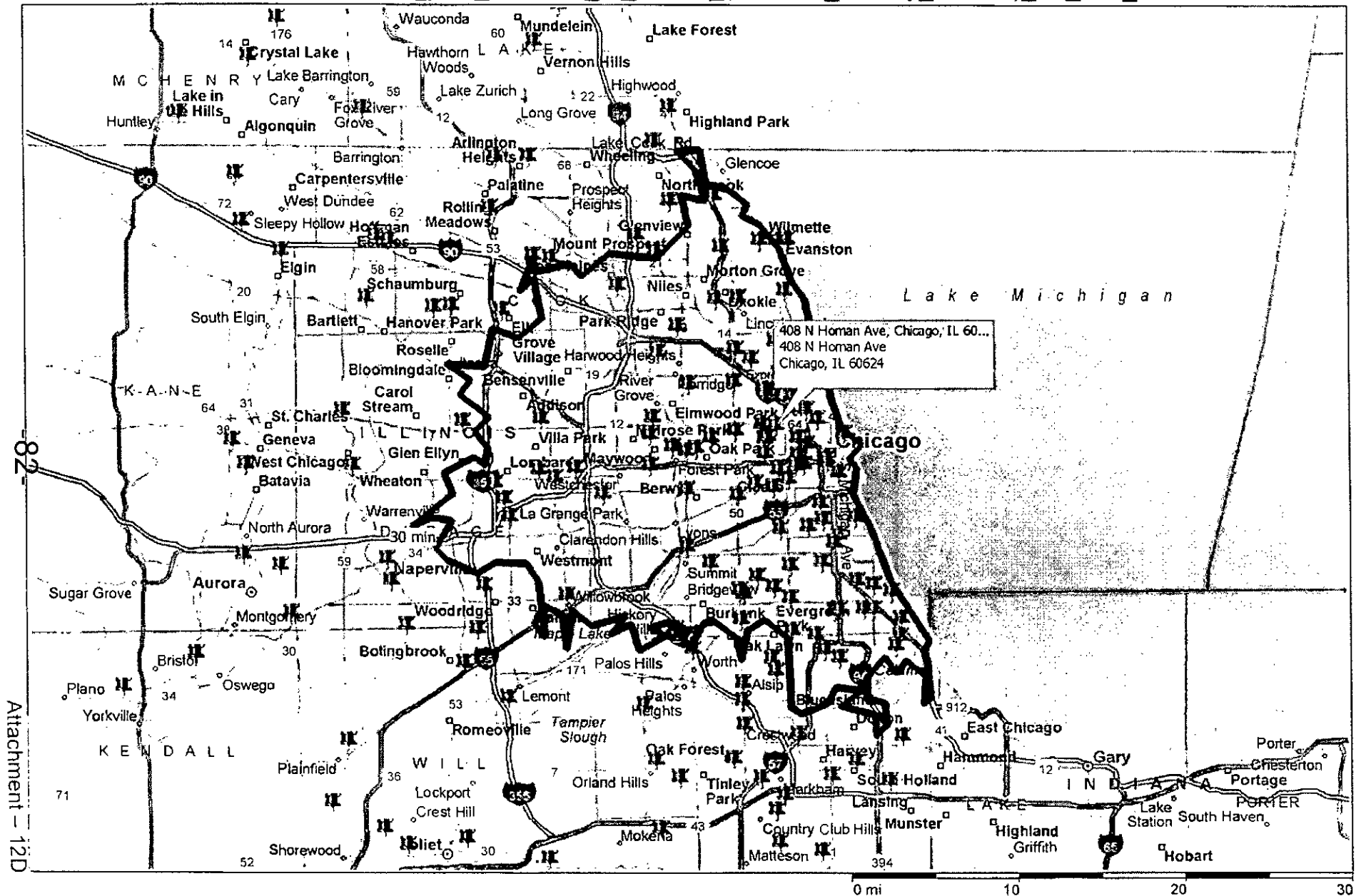


Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	Number of Stations 09/30/17	Number Patients 9/30/17	Utilization % 9/30/2017
Austin Community Kidney Center	Chicago & Cicero Avenues	Chicago	2.3	8	10	16	54	56.25%
Circle Medical Management	1426 West Washington Blvd.	Chicago	3.1	9	11.25	27	117	72.22%
Davita Lawndale	3934 West 24th Street	Chicago	3.6	18	22.5	16	102	106.25%
Davita West Side	1600 West 13th Street	Chicago	4	16	20	12	38	52.78%
FMC Dialysis Services of Congress Parkway	3410 West Van Buren Street	Chicago	0.9	3	3.75	30	108	60.00%
FMC Humboldt Park <sup>1</sup>	3500 West Grand Avenue	Chicago	1	3	3.75	34	2	0.98%
Fresenius Medical Care Chicago Dialysis Center	1806 West Hubbard Street	Chicago	2.6	7	8.75	21	60	47.62%
Fresenius Medical Care Logan Square	2721 N. Spaulding	Chicago	3.3	19	23.75	12	59	81.94%
Fresenius Medical Care Northcenter	2620 W. Addison	Chicago	4.9	23	28.75	16	55	57.29%
Fresenius Medical Care of Chicago - West	1340 S. Damen Avenue	Chicago	4.5	18	22.5	31	67	36.02%
Fresenius Medical Care West Belmont	484B West Belmont	Chicago	4.6	22	27.5	17	94	92.16%
Garfield Kidney Center	West Franklin @ Spaulding Ave.	Chicago	0.3	1	1.25	16	103	107.29%
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	3.5	13	16.25	9	23	42.59%
Lincoln Park Dialysis Center	3155-57 N. Lincoln Avenue	Chicago	4.4	23	28.75	22	97	73.48%
Little Village Dialysis	2335 W. Cermack Road	Chicago	4	18	22.5	16	94	97.92%
Logan Square Dialysis	2816 North Kimball Avenue	Chicago	3.5	20	25	28	146	86.90%
Loop Renal Center	55 East Washington	Chicago	5.3	15	18.75	28	110	65.48%
Mt. Sinai Hospital Med Ctr	15th Street @ California Ave.	Chicago	2.6	11	13.75	16	88	91.67%
Neomedica Loop East Delaware	557 West Polk Street	Chicago	5.2	13	16.25	24	58	40.28%
RCG MidAmerica - Prairie	1712 S. Prairie, 2nd Floor,	Chicago	6.5	19	23.75	24	111	77.08%
Rush Univ. Med. Ctr. <sup>2</sup>	1653 West Congress Parkway	Chicago	3.2	13	16.25	5	0	0.00%
SAH Dialysis at 26th Street	3059 West 26th Street	Chicago	3.4	16	20	15	47	52.22%
University of Illinois Hospital	1740 West Taylor	Chicago	3.4	14	17.5	26	138	88.46%
West Metro Dialysis Center	1044 North Mozart	Chicago	1.5	8	10	12	182	252.78%
FMC Berwyn	2601 South Harlem Avenue	Berwyn	8.1	18	22.5	30	153	85.00%
Fresenius Medical Care Elmhurst	133 E Brush Hill Road	Elmhurst	13.6	24	30	28	110	65.48%
Fresenius Medical Care Melrose Park	1111 Superior Street	Melrose Park	9.4	23	28.75	18	75	69.44%
Fresenius Medical Care River Forest	103 Forest Avenue	River Forest	8.8	18	22.5	22	87	65.91%
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood	8.6	15	18.75	30	145	80.56%
Maple Avenue Kidney Center	610 South Maple Avenue	Dak Park	6.4	13	16.25	18	73	67.59%
North Avenue Dialysis Center	719 West North Avenue	Melrose Park	10.5	23	28.75	24	120	83.33%
Oak Park Dialysis Center	733 West Madison Street	Oak Park	4.9	18	22.5	12	66	91.67%
West Suburban Hosp. Dialysis Unit	Erie at Austin Boulevard	Oak Park	3.8	12	15	46	245	88.77%
<b>Total</b>						<b>701</b>	<b>3027</b>	<b>71.97%</b>
<b>Total Less: FMC Humboldt Park and Rush University Medical Center</b>						<b>662</b>	<b>3025</b>	<b>76.16%</b>

<sup>1</sup> Medicare certified August 21, 2017

<sup>2</sup> Pediatric dialysis facility

408 - 412 N Homan Ave Chicago IL 60624 (Garfield Kidney Center) 30\_Min\_GSA



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

**Alternatives**

The Applicants had no other options in determining to relocate Garfield Kidney Center. The physical space is inadequate for overall operations and cannot accommodate expansion which is needed to address the demand in the HSA for an additional 87 stations. There is an inadequate number of parking spaces to accommodate all visitors and teammates. Further, the Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017). Assuming historical utilization trends continue, the existing facilities are anticipated to reach 80% utilization by the time the Replacement Facility comes online. Accordingly, the Replacement Facility is needed to ensure current and future ESRD patients in East Garfield Park have adequate access to dialysis services that are essential to their survival.

**Do Nothing**

Garfield Kidney Center is one of the most heavily utilized facilities in the State, averaging 103% utilization over the past six years, and 110% as of November 30, 2017. To accommodate the current demand of patients requiring dialysis, the facility operates four shifts, resulting in patients receiving treatment past midnight, which is suboptimal in many respects. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it around midnight. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Moreover, East Garfield Park has one of highest crime rates in the City of Chicago, and staff and patients are more vulnerable to becoming victims of a violent crime when arriving and departing the facility during evening and late night hours.

The Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017). Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. Given the historical utilization trends, the existing facilities will reach 80% by September 2020, the year the Replacement Facility is projected to come online.

The additional reasons for not continuing with the status quo are described in other sections of this application. Doing nothing would not help the current demand and projected future growth and would put patients' lives at risk for obtaining necessary dialysis treatment. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

**Renovate the Existing Facility**

Due to the size of the facility (7,705 GSF), there is no room to expand the Existing Facility within the current footprint of the building to accommodate more than the existing 16 stations. The Existing Facility resides within an aging building. In addition, the number of parking spaces remains inadequate for patients, visitors, and teammates of the facility. There is no space available to expand the number of necessary parking spaces. As a result, DaVita rejected this option.

**Utilize Existing Facilities**

There is a need for an additional 87 dialysis stations in the subject planning area. The Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.3%

annually (or total increase of 10% from September 2014 to September 2017). Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community.

Including the Existing Facility, there are currently 31 existing or approved dialysis facilities within 30 minutes normal travel time of the proposed location of the Replacement Facility. Excluding Rush University Medical Center, which is a pediatric facility, and FMC Humboldt Park,<sup>12</sup> utilization of area dialysis facilities was 76%, as of September 30, 2017. Furthermore, Dr. Aneziokoro is currently treating 92 CKD patients, who all reside within either the ZIP code of the Replacement Facility (60624), or 2 adjacent ZIP codes (60612 and 60644), with 41 coming from 60624, the ZIP code of the Replacement Facility. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 18 of these 41 pre-ESRD patients from the 60624 ZIP code will require dialysis within the next 12 to 24 months. With 18 projected ESRD patients and 8 additional ESRD stations, the utilization rate will exceed 80% within 12 to 24 months of the Replacement Facility becoming operational.

Given the historical utilization trends, the existing facilities will reach 80% by September 2020, the year the Replacement Facility is projected to come online. Accordingly, additional stations at Garfield Kidney Center are warranted to accommodate current and future demand for dialysis services. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

#### Relocate Garfield Kidney Center

DaVita determined that the only way and hence the most effective and efficient way to serve its patients and address the dialysis needs of HSA 6 is to relocate the Existing Facility. The proposed site for the Replacement Facility is located 1/3 mile from the current site, and will adequately serve Garfield Kidney Center's current and projected patient-base.

Thus, the Applicants selected this option.

The cost associated with this option is **\$6,209,342**.

<sup>12</sup> The FMC Humboldt Park facility became Medicare certified on August 21, 2017 is currently in its two year ramp up period. It was developed to serve a distinct patient base of Remegio M. Vilbar, M.D.'s patients who are in the immediate zip codes of Humboldt Park.

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

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the State Board's rules, the State standard allows for up to 15,600 gross square feet for 24 dialysis stations. The total gross square footage of the proposed dialysis facility is 10,450 gross square feet. The Replacement Facility falls below the State standard.

<b>Table 1110.234(a)</b>			
<b>SIZE OF PROJECT</b>			
<b>DEPARTMENT/SERVICE</b>	<b>PROPOSED BGSF/DGSF</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
<b>ESRD</b>	<b>10,450 GSF</b>	<b>Up to 15,600 GSF</b>	<b>YES</b>

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

By the second year of operation, the proposed facility's annual utilization will meet State Board's utilization standard of 80%. Pursuant to Section 1100.1430 of the State Board's rules, facilities providing in-center hemodialysis should operate at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week.

Ogbonnaya Aneziokoro, M.D., the Medical Director for the Existing Facility, anticipates all 106 current patients will transfer their care to the Replacement Facility particularly given the close proximity of the Replacement Facility to the Existing Facility. Furthermore, Dr. Aneziokoro is currently treating 92 CKD patients, who all reside within either the ZIP code of the Replacement Facility (60624), or 2 adjacent ZIP codes (60612 and 60644), with 41 coming from 60624, the ZIP code of the Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 18 of these 41 pre-ESRD patients from the 60624 ZIP code will require dialysis within the next 12 to 24 months. Thus, at least 124 patients will receive treatment at the Replacement Facility within 24 months of project completion.

	<b>Dept./ Service</b>	<b>Historical Utilization (Treatments)</b>	<b>Projected Utilization</b>	<b>State Standard</b>	<b>Met Standard?</b>
<b>2016</b>	ESRD	14,382	N/A	11,981	Yes
<b>2017*</b>	ESRD	15,064*	N/A	11,981	Yes
<b>2021 Projected</b>	ESRD	N/A	19,344	17,971	Yes

\*2017 Historical Utilization (Treatments) are annualized from 8-months of data (JAN 1 – AUG 31) which saw 10,043 treatments.

**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(b), Planning Area Need**

1. Planning Area Need

There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire State of Illinois. In fact, over half of the dialysis stations needed according to the most recent State Board need determinations (Revised Need Determinations for ESRD Stations dated 11/8/2017) are in the City of Chicago. The purpose of the project is meet this need and to improve access to life sustaining dialysis services to residents of East Garfield Park and the immediately surrounding communities. The Applicants propose to discontinue the Existing Facility and establish a 24-station Replacement Facility 1/3 mile, or 2 minutes away. Importantly, the site of the Replacement Facility is located in a HPSA and a low income MUA, as designated by HRSA.

East Garfield Park is a low-income African-American community located on the west side of Chicago. This minority population has a higher incidence and prevalence of CKD than the general population. Further, according to the U.S. Census Bureau, approximately 45% of the population lives below the Federal Poverty Level, which is the 13<sup>th</sup> highest percentage of population living below the Federal Poverty Level in Illinois. There is a growing body of evidence showing increased incidence and prevalence of CKD among individuals living in the lowest socioeconomic status quartile. Such income-based disparities may be caused by an inability of less affluent patients to overcome structural barriers to care, financial barriers faced by poorer patients that may be overcome with health insurance, or personal and environmental factors that differ by socioeconomic status.<sup>13</sup>

The higher incidence and prevalence of ESRD in this low income community is shown in the State Board's September 30, 2017 utilization data. Garfield Kidney Center is one of the most heavily utilized facilities in the State, averaging 103% utilization over the past six years, and 110% as of November 30, 2017. Due to the size of the facility (7,705 GSF), there is no room to expand the facility within the current footprint of the building. To accommodate the current need for dialysis, the facility operates four shifts, resulting in patients receiving treatment past midnight, which is suboptimal and sometimes dangerous for patients and staff. When a fourth shift is operated, the dialysis facility operates nearly around the clock with staff opening the facility around 5:00 a.m. and closing it past midnight. Not only is staffing a fourth shift difficult for clinic personnel, it is also suboptimal for the patients themselves who are chronically ill and usually elderly. Patients, many of whom rely on assistive devices, such as canes and walkers, are faced with additional safety hazards when arriving and departing the facility in the dark. Moreover, East Garfield Park has one of highest crime rates in the City of Chicago, and staff and patients are more vulnerable to becoming victims of a violent crime when arriving and departing the facility during evening and late night hours. Finally, a fourth shift increases operating costs by adding additional staffing and utilities costs.

The Replacement Facility will have 24 stations with the ability to expand to 28 stations as the need warrants. This will not only result in discontinuation of the fourth shift, but it will allow Garfield Kidney Center to operate at a more optimal utilization level and provide a better treatment experience for patients. The existing treatment room is congested and patients are very close to one another, which makes it challenging for teammates to have private conversations with patients, especially those that are hard of hearing. In addition, patients have to walk through teammate office spaces to get to the treatment floor, creating additional privacy concerns. Pillars

<sup>13</sup> Mohammed P. Hossian, M.D. et al., *CKD and Poverty: A Growing Global Challenge*, 53 Am. J. Kidney Disease 166, 167 (2009) available at [http://www.ajkd.org/article/S0272-6386\(08\)01473-X/fulltext](http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext) (last visited Dec. 27, 2017).

on the treatment floor create visual barriers for the nurses to see the patients, resulting in ongoing patient safety concerns. The current break room space for teammates is also insufficient. HVAC problems due to the aging infrastructure of the facility lead to an inconsistent air temperature throughout the building. Finally, the facility is adjacent to a vacant hospital building, a combined eyesore and safety risk, in which looters trespass through the Existing Facility's property to get to the hospital.

The current parking lot is gated, but contains an inadequate number of parking spaces. This results in many patients and teammates needing to park on the street, which is a safety concern in this particular neighborhood. Ample patient and teammate parking in a parking lot adjacent to a new facility would help minimize this safety risk.

The Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017). Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. CKD is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act<sup>14</sup> and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,<sup>15</sup> more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. Given the shortage of health care providers in East Garfield Park, 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 Replacement Facility is needed to serve the existing demand for dialysis services in the area. As of November 30, 2017, the Existing Facility serves 106 in-center ESRD patients. Ogonnaya Aneziokoro, M.D., the Medical Director for Garfield Kidney Center, anticipates all 106 current patients will transfer to the Replacement Facility. Furthermore, Dr. Aneziokoro is currently treating 92 CKD patients, who all reside within either the ZIP code of the Replacement Facility (60624), or 2 adjacent ZIP codes (60612 and 60644), with 41 coming from 60624, the ZIP code of the Replacement Facility. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 18 of these 41 pre-ESRD patients from the 60624 ZIP code will require dialysis within the next 12 to 24 months. With 18 projected ESRD patients and 8 additional ESRD stations, the utilization rate will exceed 80% within 12 to 24 months of the Replacement Facility becoming operational. The Replacement Facility will be plumbed to accommodate 28-stations. This will allow for a future census capacity of 168 in-center ESRD patients.

Including the Existing Facility, there are currently 31 existing or approved dialysis facilities within 30 minutes normal travel time of the proposed location of the Replacement Facility. Excluding

<sup>14</sup> According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Dec. 27, 2017)).

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

Rush University Medical Center, which is a pediatric facility, and FMC Humboldt Park,<sup>16</sup> utilization of area dialysis facilities was 76%, as of September 30, 2017. Given the historical utilization trends, the existing facilities will reach 80% by September 2020, the year the Replacement Facility is projected to come online.

With the expected growth in patient volume, the Existing Facility must relocate in order to have the capacity to expand to ensure current and future ESRD patients in East Garfield Park have adequate access to dialysis services that are essential to their survival

2. Service to Planning Area Residents

Both the Existing Facility and the Replacement Facility are located in a HPSA and a low income MUA, as designated by HRSA. There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire State of Illinois. In fact, over half of the dialysis stations needed according to the most recent State Board need determinations (Revised Need Determinations for ESRD Stations dated 11/8/2017) are in the City of Chicago. The purpose of the project is to meet this need and to ensure that the ESRD patient population of East Garfield Park in Health Service Area 6 has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Appendix – 1, all 106 ESRD patients of the Existing Facility are expected to transfer their care to the Replacement Facility. The 41 pre-ESRD patients anticipated to initiate dialysis within two years of project completion reside in the ZIP code (60624) of the Replacement Facility.

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

Ogbonnaya Aneziokoro, M.D., the Medical Director for the Existing Facility anticipates all 106 current ESRD patients will transfer their care to the Replacement Facility. Furthermore, Dr. Aneziokoro is currently treating 92 CKD patients, who all reside within either the ZIP code of the Replacement Facility (60624), or 2 adjacent ZIP codes (60612 and 60644), with 41 coming from 60624, the ZIP code of the Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 18 of these 41 pre-ESRD patients from the 60624 ZIP code will require dialysis within the next 12 to 24 months. Thus, at least 124 patients will receive treatment at the Replacement Facility within 24 months of project completion.

4. Service Accessibility

As set forth throughout this application, the proposed relocation is needed to address the need for 87 additional dialysis stations and to maintain access to life-sustaining dialysis for patients in East Garfield Park and the immediately surrounding communities. The Replacement Facility will provide essential care to ESRD patients in East Garfield Park and the surrounding communities, as the Existing Facility's design and size creates operational and logistical inefficiencies. The Replacement Facility will better accommodate current and future demand for dialysis services and ensure dialysis services are accessible to residents East Garfield Park and the surrounding communities.

<sup>16</sup> The FMC Humboldt Park facility became Medicare certified on August 21, 2017 is currently in its two year ramp up period. It was developed to serve a distinct patient base of Remegio M. Vilbar, M.D.'s patients who are in the immediate zip codes of Humboldt Park.

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

1. Unnecessary Duplication

- a. The proposed dialysis facility will be located at 408 – 418 North Homan Avenue, Chicago, Illinois 60624. A map of the Garfield Kidney Center 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(c)(1)(A) below.

Zip Code	City	Population
60624	CHICAGO	38,105
60612	CHICAGO	33,472
60607	CHICAGO	23,897
60304	OAK PARK	17,231
60651	CHICAGO	64,267
60130	FOREST PARK	14,167
60644	CHICAGO	48,648
60661	CHICAGO	7,792
60606	CHICAGO	2,308
60602	CHICAGO	1,204
60604	CHICAGO	570
60153	MAYWOOD	24,106
60804	CICERO	84,573
60623	CHICAGO	92,108
60603	CHICAGO	493
60608	CHICAGO	82,739
60642	CHICAGO	18,480
60141	HINES	224
60605	CHICAGO	24,668
60601	CHICAGO	11,110
60155	BROADVIEW	7,927
60302	OAK PARK	32,108
60654	CHICAGO	14,875
60162	HILLSIDE	8,111
60402	BERWYN	63,448

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

<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60305	RIVER FOREST	11,172
60301	OAK PARK	2,539
60639	CHICAGO	90,407
60546	RIVERSIDE	15,668
60647	CHICAGO	87,291
60523	OAK BROOK	9,890
60163	BERKELEY	5,209
60104	BELLWOOD	19,038
60622	CHICAGO	52,548
60532	LISLE	27,066
60526	LA GRANGE PARK	13,576
60154	WESTCHESTER	16,773
60126	ELMHURST	46,371
60513	BROOKFIELD	19,047
60707	ELMWOOD PARK	42,920
60610	CHICAGO	37,726
60611	CHICAGO	28,718
60160	MELROSE PARK	25,432
60171	RIVER GROVE	10,246
60641	CHICAGO	71,663
60616	CHICAGO	48,433
60657	CHICAGO	65,996
60165	STONE PARK	4,946
60630	CHICAGO	54,093
60618	CHICAGO	92,084
60534	LYONS	10,649
60653	CHICAGO	29,908
60614	CHICAGO	66,617
60613	CHICAGO	48,281
60181	VILLA PARK	28,836
60164	MELROSE PARK	22,048
60632	CHICAGO	91,326
60621	CHICAGO	35,912
60609	CHICAGO	64,906
<b>TOTAL</b>		<b>2,013,966</b>

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited September 13, 2017).

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

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 96.8% of the State average. And the average utilization of existing and approved dialysis facilities within the GSA that have been operational for 2 years, as of September 30, 2017, is 76%. The Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017) and anticipated to continue for the foreseeable future. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

- a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 96.8% of the State Average.

<b>Table 1110.1430(c)(2)(A) Ratio of Stations to Population</b>				
	<b>Population</b>	<b>Dialysis Stations</b>	<b>Stations to Population</b>	<b>Standard Met?</b>
Geographic Service Area	2,013,966	701	1:2,873	Yes
State	12,830,632	4,613	1:2,781	

- b. Historic Utilization of Existing Facilities

The Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.3% annually (or total increase of 10% from September 2014 to September 2017). Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. Given the historical utilization trends, the existing facilities will reach 80% by September 2020, the year the Replacement Facility is projected to come online. Accordingly, additional stations are necessary to treat the higher incidence and prevalence of ESRD patients who will require dialysis in the future.

- c. Sufficient Population to Achieve Target Utilization

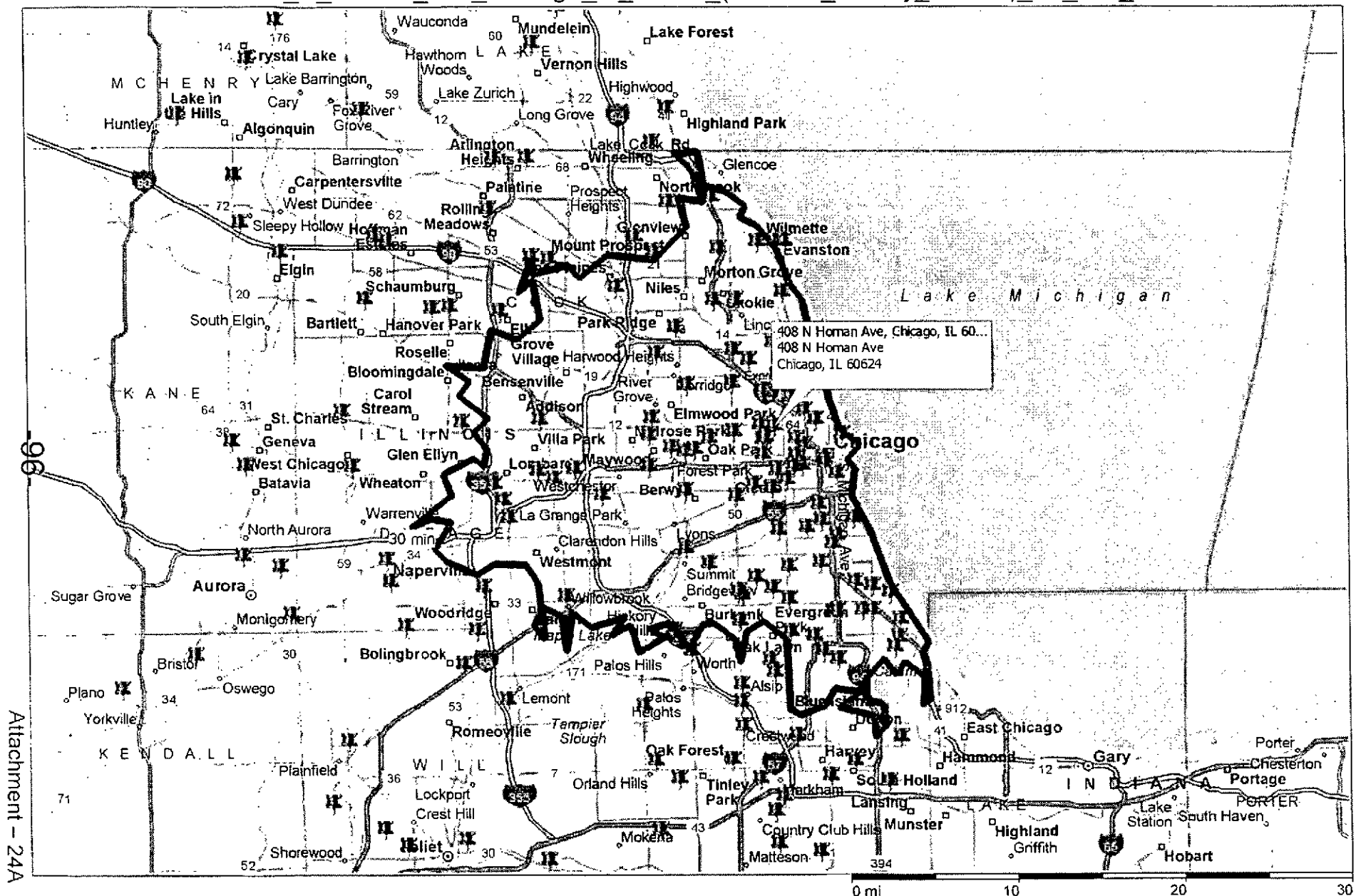
The Applicants propose to discontinue their existing 16-station facility and establish a 24-station facility. The Existing Facility treated 106 patients, as of November 30, 2017. To achieve the State Board's 80% utilization standard for a 24-station facility, within the first two years after project completion, the Applicants would need only 10 additional patient referrals. As stated in Appendix – 1, conservatively, Dr. Aneziokoro anticipates referring 18 of the current pre-ESRD patients within 12 to 24 months of project completion. Thus, at least 124

patients will receive treatment at the Replacement Facility within 24 months of project completion. Accordingly, there is sufficient population to achieve target occupancy.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the Garfield GSA. All of the identified patients will either transfer from the Existing Facility or will be referrals of pre-ESRD patients. No patients will be transferred from other existing dialysis facilities.
- b. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.

408 - 412 N Homan Ave Chicago IL 60624 (Garfield Kidney Center) 30 Min\_GSA



Attachment - 24A



Facility	Address	City	Distance	Drive Time	Adjusted Drive Time	Number of Stations 09/30/17	Number Patients 9/30/17	Utilization % 9/30/2017
Austin Community Kidney Center	Chicago & Cicero Avenues	Chicago	2.3	8	10	16	54	56.25%
Circle Medical Management	1426 West Washington Blvd.	Chicago	3.1	9	11.25	27	117	72.22%
Davita Lawndale	3934 West 24th Street	Chicago	3.6	18	22.5	16	102	106.25%
Davita West Side	1600 West 13th Street	Chicago	4	16	20	12	38	52.78%
FMC Dialysis Services of Congress Parkway	3410 West Van Buren Street	Chicago	0.9	3	3.75	30	108	60.00%
FMC Humboldt Park <sup>1</sup>	3500 West Grand Avenue	Chicago	1	3	3.75	34	2	0.98%
Fresenius Medical Care Chicago Dialysis Center	1806 West Hubbard Street	Chicago	2.6	7	8.75	21	60	47.62%
Fresenius Medical Care Logan Square	2721 N. Spaulding	Chicago	3.3	19	23.75	12	59	81.94%
Fresenius Medical Care Northcenter	2620 W. Addison	Chicago	4.9	23	28.75	16	55	57.29%
Fresenius Medical Care of Chicago - West	1340 S. Damen Avenue	Chicago	4.5	18	22.5	31	67	36.02%
Fresenius Medical Care West Belmont	4848 West Belmont	Chicago	4.6	22	27.5	17	94	92.16%
Garfield Kidney Center	West Franklin @ Spaulding Ave.	Chicago	0.3	1	1.25	16	103	107.29%
John H. Stroger Jr. Hospital of Cook County	1835 W. Harrison	Chicago	3.5	13	16.25	9	23	42.59%
Lincoln Park Dialysis Center	3155-57 N. Lincoln Avenue	Chicago	4.4	23	28.75	22	97	73.48%
Little Village Dialysis	2335 W. Cermack Road	Chicago	4	18	22.5	16	94	97.92%
Logan Square Dialysis	2816 North Kimball Avenue	Chicago	3.5	20	25	28	146	86.90%
Loop Renal Center	55 East Washington	Chicago	5.3	15	18.75	28	110	65.48%
Mt. Sinai Hospital Med Ctr	15th Street @ California Ave.	Chicago	2.6	11	13.75	16	88	91.67%
Neomedica Loop East Delaware	557 West Polk Street	Chicago	5.2	13	16.25	24	58	40.28%
RCG MidAmerica - Prairie	1712 S. Prairie, 2nd Floor,	Chicago	6.5	19	23.75	24	111	77.08%
Rush Univ. Med. Ctr. <sup>2</sup>	1653 West Congress Parkway	Chicago	3.2	13	16.25	5	0	0.00%
SAH Dialysis at 26th Street	3059 West 26th Street	Chicago	3.4	16	20	15	47	52.22%
University of Illinois Hospital	1740 West Taylor	Chicago	3.4	14	17.5	26	138	88.46%
West Metro Dialysis Center	1044 North Mozart	Chicago	1.5	8	10	12	182	252.78%
FMC Berwyn	2601 South Harlem Avenue	Berwyn	8.1	18	22.5	30	153	85.00%
Fresenius Medical Care Elmhurst	133 E Brush Hill Road	Elmhurst	13.6	24	30	28	110	65.48%
Fresenius Medical Care Melrose Park	1111 Superior Street	Melrose Park	9.4	23	28.75	18	75	69.44%
Fresenius Medical Care River Forest	103 Forest Avenue	River Forest	8.8	18	22.5	22	87	65.91%
Loyola Dialysis Center	1201 West Roosevelt Road	Maywood	8.6	15	18.75	30	145	80.56%
Maple Avenue Kidney Center	610 South Maple Avenue	Dak Park	6.4	13	16.25	18	73	67.59%
North Avenue Dialysis Center	719 West North Avenue	Melrose Park	10.5	23	28.75	24	120	83.33%
Oak Park Dialysis Center	733 West Madison Street	Oak Park	4.9	18	22.5	12	66	91.67%
West Suburban Hosp. Dialysis Unit	Erie at Austin Boulevard	Oak Park	3.8	12	15	46	245	88.77%
<b>Total</b>						<b>701</b>	<b>3027</b>	<b>71.97%</b>
<b>Total Less: FMC Humboldt Park and Rush University Medical Center</b>						<b>662</b>	<b>3025</b>	<b>76.16%</b>

<sup>1</sup> Medicare certified August 21, 2017

<sup>2</sup> Pediatric dialysis facility

**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 Ogbonnaya Aneziokoro, M.D. is the Medical Director of Garfield Kidney Center. A copy of Dr. Aneziokoro's curriculum vitae is attached at Attachment – 24C.
  - b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 16-station dialysis facility and establish a 24-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be trained under the direction of the 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.
3. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc., attached at Attachment – 24E, the Replacement Facility will maintain an open medical staff.

*Personal-Profile*

1

Ogbonnaya Aneziokoro, M.D

*Personal-Profile*

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Ogbonnaya Aneziokoro, M.D

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Chicago IL 60605

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Fax- 773- 227-2006  
Cell Phone - 630-667-5496  
Pager- 312-250-0753  
E-Mail: Geebs72@Hotmail.com

**Visa Status**                                      US Citizen

**Education**                                      *June 2003 - June 2006* Fellowship – Nephrology  
Section of Nephrology  
Department of Medicine  
University of Chicago

*July 2002 - Nephrology Research*  
University of Chicago

*June 2001- June 2002* Chief Medical Resident  
St Joseph Hospital Chicago Illinois

*June 1998 –2001, Residency, Internal Medicine*  
St Joseph Hospital Chicago Illinois

*1995 –1996, Internship*  
University College Hospital, Ibadan, Nigeria

*1988 –1995* M.B.B.S., Bachelor of Medicine & Surgery  
University College Hospital, Ibadan, Nigeria

**Academic Positions**                                      Renal Clinical Pathophysiology Workshops: Taught renal clinical Pathophysiology to groups of 20-30 4<sup>th</sup> year medical students at The University of Chicago  
*2003-2005*

Attachment – 24C

**Ogbonnaya Aneziokoro, M.D**

**Attending Physician Laboure Medicine Clinic**  
*June 2001- June 2002*

**Member, Medical Education Committee**  
**St Joseph Hospital,, Chicago, IL**  
*June 2001- June 2002*

**Member, Critical Care Committee**  
**St Joseph Hospital, Chicago, IL**  
*June 2001- June 2002*

**Member, Institutional Coordination Committee**  
**St Joseph Hospital, Chicago, IL**  
*June 2001- June 2002*

**Member Advisory Committee**  
**Laboure Outpatient Center**  
**St Joseph Hospital, Chicago, IL**  
*June 2001- June 2002*

**Medical Director**  
**St Anthony Hospital PHO**  
**Physician Health Organization**  
**2011- Present**

**Chairman**  
**Drug Nutrition and Therapeutics**  
**St Anthony Hospital**  
**2010- Present**

**Secretary**  
**St Anthony Hospital Medical Staff**  
**2012- 2014**

**Vice President**  
**St Anthony Hospital Medical Staff**  
**2014- Present**

**Medical Director**  
**Davita Little Village Dialysis Center**  
**Chicago IL.**  
**2012- Present**

**Ogbonnaya Aneziokoro, M.D**

**Medical Director  
Davita Garfield Dialysis Center  
2013- Present**

**Medical Director  
Davita Lawndale Dialysis Center  
2013- Present**

**Research/Publications**

**Membranous and Crecenteric Glomerulonephritis in a Patient with Anti-nuclear and Anti-cytoplasmic Antibody  
*Kidney international 2007 feb;71(4):360-5***

**Distinct and Separable Roles of the Complement System in Factor H Deficient Bone Marrow Chimeric Mice with Immune complex Disease.  
*J Am Society of Nephrology 17:1354-1361, April 2006***

**Gene Expression Profile in Mesangial Cells Cultured From Streptozotocin Induced Diabetes in C57Bl6 Mice.**

**Vase-Alert Surveillance Monitoring of Chronic Hemodialysis Access  
With Radiological Determination of Venous Stenosis.**

**Clearance, Efficacy, and Safety of Pre-Filter Citrate during High Dose Continous Venovenous Hemofiltration.**

**RAD - 002: A Multi-center, Open -label, Randomized, Phase II Study to Asses Safety and Preliminary Efficacy with the Renal Assist Device(RAD) in Patients with Acute Renal Failure**

**Essentials of Patient Oriented Research – A year long course offered at the University of Chicago on Ethics of clinical research, biostatistics and epidemiology and clinical investigation.**

**Schistosomiasis in adult Idere community establish a link between prevalence of schistosomiasis and habits  
In Local - 2003**

**Ogbonnaya Aneziokoro, M.D**

**Presentations**

**Epigenetic Effects In Diabetic Nephropathy**  
*Midwest Nephrology Research Day*  
*Chicago*  
*March 2006*

**Mesangial Cells Cultured From Diabetic Mice Have  
Hyperglycemic  
Memory.**  
*Midwest Nephrology Research Day Indianapolis Sponsored by  
University of Indiana and Renal Network Inc.*  
*Indianapolis Indiana.*  
*May 2005*

**Awards**

**Lillian Magana Award**  
**Best Teaching Attending 2014**  
**Presence/ St Mary and Elizabeth**  
**Medical Center**

**Core Value Service of Excellence Award**  
**Amongst Davita Medical Directors**  
**PLM- 2014**

**Professional  
Memberships**

**American Medical Association**  
**American College of Physicians**  
**American Society of Nephrology**

**Community  
Service**

**Voluntary work for underserved population at the  
Community health clinic in Chicago for 3 years**  
*Jan 1999- June 2002*

**Work experience**

**Horizon Hospice, Chicago, IL Part time Internist**  
**Nov 2000- July 2001**

**Internal medicine consultant for Hospital Care Associates**  
**A hospitalist group at St Joseph Hospital**  
*Sept 2001- June 2002*

**Ogbonnaya Aneziokoro, M.D**

**Attending Nephrologist  
Illinois Masonic Hospital Chicago, IL  
Nov 2006- Present**

**Attending Nephrologist  
St Joseph Hospital Chicago, IL  
2008- Present**

**Attending Nephrologist  
St Anthony Hospital, Chicago, IL  
Nov 2006- Present**

**Attending Nephrologist  
St Mary and Elizabeth Hospital  
Chicago IL  
2012- Present**

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

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**Mission**

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

**Explanation of Content**

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

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

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

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



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

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**Introduction to Program**

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

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

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

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

- A newly hired patient care teammate without prior in-center hemodialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous in-center 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.

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**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.

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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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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 – vidco
- 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.

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**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.

**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. 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.





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 Garfield Kidney Center will maintain an open medical staff.

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

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

Sincerely,

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

Print Name: Arturo Sida

Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc

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

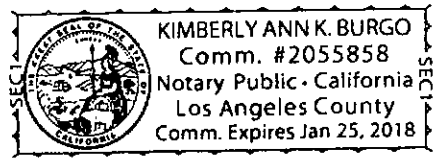
On September 22, 2017 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

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. - Garfield Kidney Center)

Document Date: September 22, 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. (Garfield Kidney Center)

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

The proposed dialysis facility will be located in the Chicago-Naperville-Joliet metropolitan statistical area ("MSA"). A dialysis facility located inside an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 24-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 Saint Anthony Hospital to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

**FOR COMPANY USE ONLY:**  
Clinic #: 06960

**PATIENT TRANSFER AGREEMENT**

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature (the "Effective Date"), by and between Saint Anthony Hospital, an Illinois not for profit company (hereinafter "Hospital") and Total Renal Care, Inc., a California corporation and subsidiary of DaVita HealthCare Partners Inc. ("Company").

**RECITALS**

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

*Garfield Kidney Center  
3250 W. Franklin Blvd.  
Chicago, IL 60624*

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

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

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

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

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

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

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

2. COMPANY OBLIGATIONS.

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

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

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

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

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

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

4. HIPAA. Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company

acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

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

7. **INDEMNIFICATION.**

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

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

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

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

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

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

9. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall be automatically renewed for one (1) year up to five (5) years after such initial term. Either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

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



11. **ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

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

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

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

If to Hospital: Saint Anthony Hospital  
2875 W. 19<sup>th</sup> Street  
Chicago, IL 60623  
Attn: Vice President Patient Care

With copies to: Vice President General Counsel

If to Company: Total Renal Care, Inc.  
C/o: DaVita HealthCare Partners Inc.  
2000 16th Street  
Denver, CO 80202  
Attn: Chief Legal Officer

With copies to: Total Renal Care, Inc.  
C/o: DaVita HealthCare Partners Inc.  
2000 16th Street  
Denver, CO 80202  
Attn: Associate General Counsel

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

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

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

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

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

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

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

Hospital:  
Saint Anthony Hospital

Company:  
Total Renal Care, Inc.

By: [Signature]  
Name: Jill Spemmerman  
Its: Vice President  
Patrent Care  
Date: 4/25/14

By: [Signature]  
Name: Beth Markus-Boles  
Its: Regional Operations Director  
Date: 5/16/2014

APPROVED AS TO FORM ONLY:

By: [Signature]  
Name: ~~Marcie Marcus Damisch~~ Amy Marie Sanford  
Its: Associate General Counsel



**Certificate of Completion**

Envelope Number: 176D2100AC9D4AAF980791A4EA2A8A5D  
Subject: Please DocuSign this document: PTA\_Saint Anthony\_Gerfield-signed.pdf  
Source Envelope:  
Document Pages: 7  
Certificate Pages: 4  
AutoNav: Enabled  
Envelope Stamping: Enabled

Status: Completed

Signatures: 1  
Initials: 0

Envelope Originator:  
Amanda Kadlick  
2000 16th Street  
Denver, CO 80202  
amanda.kadlick@devita.com  
IP Address: 208.31.38.197

**Record Tracking**

Status: Original  
5/19/2014 10:39:14 AM PT

Holder: Amade Kadlick  
amanda.kadlick@devita.com

Location: DocuSign

**Signer Events**

Amy Marie Sanford  
amy.sanford@devita.com  
Security Level: Email, Account Authentication (None)  
Electronic Record and Signature Disclosure:  
Accepted: 5/19/2014 10:49:48 AM PT  
ID: ab8128d4-fcf6-4ee9-a3c3-603229787c89

**Signature**

*Amy Marie Sanford*

Using IP Address: 207.41.203.5

**Timestamp**

Sent: 5/19/2014 10:41:49 AM PT  
Viewed: 5/19/2014 10:49:48 AM PT  
Signed: 5/19/2014 10:50:05 AM PT

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

**Notary Events**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent Hashed/Encrypted  
Certified Delivered Security Checked  
Signing Complete Security Checked  
Completed Security Checked

5/19/2014 10:41:48 AM PT  
5/19/2014 10:49:48 AM PT  
5/19/2014 10:50:05 AM PT  
5/19/2014 10:50:05 AM PT

**Electronic Record and Signature Disclosure**

## **CONSUMER DISCLOSURE**

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

### **Getting paper copies**

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

### **Withdrawing your consent**

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

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

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

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

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

electronically from us.

**How to contact DaVita:**

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

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

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

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

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

**To request paper copies from DaVita**

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

**To withdraw your consent with DaVita**

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

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

**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari®, 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

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

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

By checking the "I agree"™ box, I confirm that:

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

Garfield Kidney Center  
c/o DaVita Inc.  
3250 W. Franklin Blvd  
Chicago, IL 60624  
(P): 773-638-1160  
(F): 773-638-2020



October 4, 2017

VIA U.S. MAIL  
Saint Anthony Hospital  
2875 W. 19<sup>th</sup> Street  
Chicago, IL 60623  
Attn: Vice President Patient Care

**Re: Notification of Change of Address for Garfield Kidney Center**

To Whom It May Concern:

This letter is to notify Saint Anthony Hospital of Garfield Kidney Center's change of address. The new address will be 408-12 North Homan Avenue, Chicago, IL 60624. The effective date of this change will be January 2019. Should you have any questions or need anything further, please do not hesitate to contact me at the telephone number listed above.

Warm Regards,

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

Brent Habitz  
Regional Operations Director  
DaVita Inc.

Attachment – 24F



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

1. The Existing Facility has met the utilization targets detailed in 77 Ill. Adm. Code 1100.630 for the latest 12-month period for which data is available.
  
2. There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire State of Illinois. In fact, over half of the dialysis stations needed according to the most recent State Board need determinations (Revised Need Determinations for ESRD Stations dated 11/8/2017) are in the City of Chicago. The purpose of the project is to meet this need and to ensure that the ESRD patient population in East Garfield Park and the immediately surrounding communities has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Appendix – 1, all 106 current patients are expected to transfer their care to the Replacement Facility. The 41 pre-ESRD patients anticipated to initiate dialysis within two years of project completion reside in the ZIP code (60624) of the Replacement Facility.

**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 of DaVita Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.



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, Garfield Kidney Center expects to achieve and maintain 80% target utilization; and
- Garfield Kidney Center 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,

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

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

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

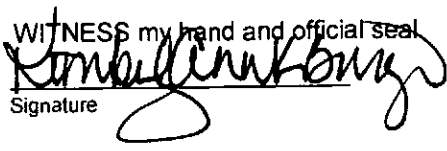
County of Los Angeles

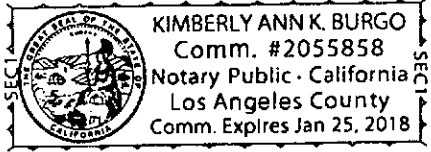
On September 22, 2017 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

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. - Garfield Kidney Center)

Document Date: September 22, 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. (Garfield Kidney Center)

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

The project will be funded entirely with cash and cash equivalents, and a lease from Clark Street Real Estate LLC. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted. A letter of intent to lease the facility is attached at Attachment - 36.



225 West Wacker Drive, Suite 3000  
Chicago, IL 60606

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

December 15, 2017

Mr. Andy Stein  
Clark Street Real Estate  
980 N Michigan Ave Suite 1280  
Chicago, IL 60611

**RE: LOI – 408-418 N Homan Ave, Chicago, IL 60624**

Mr. Stein:

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:

<b><u>PREMISES:</u></b>	To be constructed building at 408-418 N Homan Ave, Chicago, IL 60624
<b><u>TENANT:</u></b>	Total Renal Care, Inc. or related entity to be named
<b><u>GUARANTY:</u></b>	DaVita, Inc.
<b><u>LANDLORD:</u></b>	Clark Street Real Estate LLC or its assignees or designees
<b><u>SPACE REQUIREMENTS:</u></b>	Requirement is for approximately 10,450 SF of ground floor contiguous rentable square feet. Tenant shall have the right to measure space and final measurement standards will be agreed to by parties.
<b><u>PRIMARY TERM:</u></b>	15 years
<b><u>BASE RENT:</u></b>	\$29.63 PSF, NNN with ten percent (10%) increases every 5 years during the term and any options.
<b><u>ADDITIONAL EXPENSES:</u></b>	It is the intention of the Landlord that this Lease is “absolute NNN” and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
<b><u>LANDLORD’S MAINTENANCE:</u></b>	Landlord, at its sole cost and expense, shall be responsible for the structural components of the Property (to be further defined in lease). Tenant at its sole cost and expense shall maintain and keep in good order and repair (including sweeping, salting, snow, and ice removal) to the (i) parking areas, sidewalks, loading areas, and drive aisles serving the building and (ii) all landscaping locate on the premises and (iii) all common areas.

**POSSESSION AND  
RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant upon the latter of: completion of Landlord's required work (if any) or mutual lease execution. Rent Commencement shall be the earlier of five (5) months from Landlord's substantial completion of the shell and MBI. Landlord and Tenant shall work together to save time while Landlord is constructing the building shell and will consider any and all time saving methods for faster completion and delivery of the space to the Tenant.

**LEASE FORM:**

Tenant's standard lease form that will conform to the Brighton Park lease as a starting point for negotiations.

**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.

*Property is zoned M1-2 in the City of Chicago and medical is a permitted use under this zoning classification*

**PARKING:**

Per attached site plan, which might be modified

**BASE BUILDING:**

Landlord, at Landlord's expense, shall deliver to the premises the Base Building improvements included in the attached Exhibit B, subject to Tenant's architect and project manager approval.

Landlord will make reasonable efforts to coordinate early access for tenant improvements with Tenant's project manager once the building slab is poured, under roof, and exterior walls are up.

**OPTION TO RENEW:**

Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10% after Year 15 of the initial term and following each successive five-year option periods, so long as tenant is not in default of the lease.

**FAILURE TO DELIVER  
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed 270 days after Landlord acquires property and all necessary approvals and permits Tenant may receive one day of rent abatement for every day of delay beyond the 270 day delivery period.

**HOLDING OVER:**

Tenant shall be obligated to pay 110% for the then current rate.

**TENANT SIGNAGE:**

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

**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. Inc. with the consent of the Landlord, whose consent shall not be unreasonably held or delayed.

**ROOF RIGHTS:**

Tenant shall have the right to place a satellite dish on the roof at no additional fee. Installation to be performed by mutually agreed upon contractor so as not damage roof or violate roof warranty. Tenant shall be responsible for its own permits.

**NON-COMPETE:**

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

**HVAC:**

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

**DELIVERIES:**

To be determined.

**GOVERNMENTAL  
COMPLIANCE:**

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

**CERTIFICATE OF NEED:**

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. 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 Cushman & Wakefield ("C&W") as the Tenant's local representative and shall pay a brokerage fee equal 2% of the base rent over the initial 10 year period, 50% shall be due upon receipt of a fully executed lease and satisfaction of all contingencies (including CON) and 50% payable upon Tenant's certificate of occupancy receipt and payment of first month's rent.

**CONTINGENCIES:**

This proposal is subject to the Landlord securing and closing on the subject parcel and timing is subject to all necessary governmental, city and adjoining landowner approval.

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

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

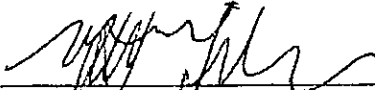
Sincerely,

**Matthew J. Gramlich**  
CC: DaVita Regional Operations

## SIGNATURE PAGE

LETTER OF INTENT:

408-418 N HOMAN AVE, CHICAGO, IL 60624

AGREED TO AND ACCEPTED THIS 15 DAY OF DECEMBER 2017By:  \_\_\_\_\_On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.  
("Tenant")AGREED TO AND ACCEPTED THIS 15<sup>th</sup> DAY OF DECEMBER 2017By:  AUTHORIZED SIGNATORY\_\_\_\_\_  
CLARK STREET REAL ESTATE LLC.  
("Landlord")

**Section IX, Financial Feasibility**  
**Criterion 1120.130 – Financial Viability Waiver**

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

**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 and cash equivalents.



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

**Re: Reasonableness of Financing Arrangements**

Dear Chair Olson:

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

Sincerely,

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

Print Name: Arturo Sida

Its: Assistant Corporate Secretary, DaVita Inc.  
Secretary, Total Renal Care, Inc.

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

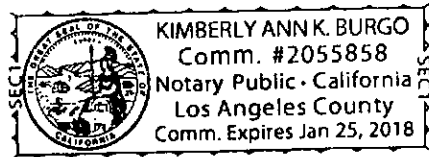
On September 22, 2017 before me, Kimberly Ann K. Burgo, Notary Public,  
(here insert name and title of the officer)

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. - Garfield Kidney Center)

Document Date: September 22, 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. (Garfield Kidney Center)

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

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

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.310(c), Reasonableness of Project and Related Costs**

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

Table 1120.310(c)									
COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
ESRD		\$185.19			10,450			\$1,935,298	\$1,935,298
Contingency		\$10.53			10,450			\$110,000	\$110,000
TOTALS		\$195.72			10,450			\$2,045,298	\$2,045,298

\* 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
New Construction Contracts and Contingencies	\$2,045,298	\$278.19 per gross square foot x 10,450 gross square feet = \$2,907,085.50	Below State Standard
Contingencies	\$110,000	10% - 15% of Modernization Construction Costs = 10% - 15% x \$1,935,298 = \$193,530 - \$290,294	Below State Standard
Architectural/Engineering Fees	\$137,113	6.22% - 9.34% x (Construction Costs + Contingencies) = 6.65% - 9.99% x (\$1,935,298 + \$110,000) = \$127,218 - \$191,031	Meets State Standard
Consulting and Other Fees	\$69,463	No State Standard	No State Standard
Moveable Equipment	\$603,562	\$53,682.74 per station \$53,682.74 x 24 = \$1,288,385	Below State Standard
Fair Market Value of Leased Space	\$2,854,670	No State Standard	No State Standard
Other Costs to be Capitalized (Net Book Value of Existing Equipment)	\$499,236	No State Standard	No State Standard



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

Operating Expenses: \$4,006,145

Treatments: 19,344

Operating Expense per Treatment: \$207.10

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

Capital Costs

Depreciation:	\$226,856
Amortization:	\$13,089
Total Capital Costs:	\$239,945

Treatments: 19,344

Capital Costs per Treatment: \$12.40

## 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 its 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 Replacement Facility will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The Garfield GSA has experienced significant growth over the past three years, with patient census increasing 3.33% annually (or total increase of 10% from September 2014 to September 2017). Excluding Rush University Medical Center, which is a pediatric facility, and FMC Humboldt Park,<sup>17</sup> utilization of area dialysis facilities was 76%, as of September 30, 2017. Given the historical utilization trends, the existing facilities will reach 80% by September 2020, the year the Replacement Facility is projected to come online.

Ogbonnaya Aneziokoro, M.D., the Medical Director for Garfield Kidney Center, anticipates all 106 current patients will transfer their care to the Replacement Facility. Furthermore, Dr. Aneziokoro is currently treating 92 CKD patients, who all reside within either the ZIP code of the Replacement Facility (60624), or 2 adjacent ZIP codes (60612 and 60644), with 41 coming from 60624, the ZIP code of the Replacement Facility. See Appendix 1. Conservatively, based upon attrition due to patient death, transplant, or return of function, it is projected that at least 18 of these 41 pre-ESRD patients from the 60624 ZIP code will require dialysis within the next 12 to 24 months. Thus, at least 124 patients will receive treatment at the Replacement Facility within 24 months of project completion. Accordingly, the Replacement Facility will not impact other general health care providers' ability to cross-subsidize safety net services.

<sup>17</sup> The FMC Humboldt Park facility became Medicare certified on August 21, 2017 is currently is in its two year ramp up period. It was developed to serve a distinct patient base of Remegio M. Vilbar, M.D.'s patients who are in the immediate zip codes of Humboldt Park.

3. The proposed project is for the discontinuation of the Existing Facility and the establishment of the Replacement Facility. As such, this criterion is not applicable.
4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

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

**Section XII, Charity Care Information**

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

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

**Appendix 1 – Physician Referral Letter**

Attached as Appendix 1 is the physician referral letter from Dr. Aneziokoro confirming all 106 current ESRD patients will transfer their care from the Existing Facility to the Replacement Facility for Garfield Kidney Center and projecting 18 pre-ESRD patients will initiate dialysis within the next 12 to 24 months.

Ogbonnaya Aneziokoro, M.D.  
Northwest Medical Associates of Chicago, Inc.  
2222 W. Division Street, Suite 210  
Chicago, Illinois 60622

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

Dear Chair Olson:

As Medical Director for Garfield Kidney Center, I am pleased to support DaVita's relocation of Garfield Kidney Center. The proposed 24-station chronic renal dialysis facility, to be located at 408 – 412 North Homan Avenue, Chicago, Illinois 60624 will directly benefit my patients.

DaVita's proposed replacement facility will improve access to necessary dialysis services on the west side 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 replacement facility is located 0.3 miles or approximately 1 minute from the existing facility and will provide better access to my patients. According to September 30, 2017 reported census data, utilization of existing facilities within 30 minutes of the proposed facility was 76.39%.

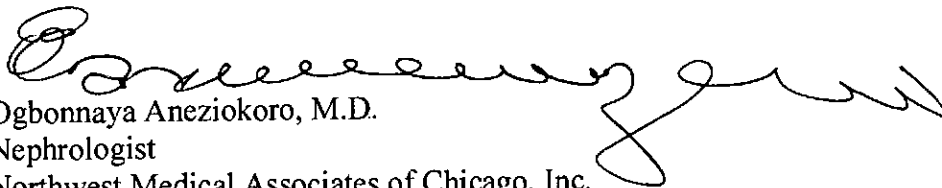
Garfield Kidney Center treated 103 ESRD patients as of September 30, 2017 for a utilization rate of 107.29%. All of the patients at the existing facility are expected to transfer to the new facility. A list of my patients who have received care at facilities over the past 3 years and most recent quarter is provided at Attachment – 1. A list of my new patients that have been referred for in-center hemodialysis for the past 1 3/4 years is provided at Attachment – 2.

Further, I have identified 92 patients from my practice who are suffering from Stage 3, 4, or 5 CKD, who all reside within either the ZIP of the proposed replacement facility (60624), or 2 adjacent ZIP codes (60612 and 60644). 41 of the 92 patients reside within the proposed relocation facility's ZIP code of 60624. Conservatively, I predict at least 18 of these 41 patients will initiate dialysis within 12 to 24 months of the proposed replacement facility becoming operational. A list of the 41 pre-ESRD patients by zip code is attached at Attachment – 3. Thus, approximately 121 patients will receive treatment at Garfield Dialysis within 24 months following project completion.

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 relocation of Garfield Kidney Center.

Sincerely,



Ogbonnaya Aneziokoro, M.D.  
Nephrologist  
Northwest Medical Associates of Chicago, Inc.  
2222 W. Division Street, Suite 210  
Chicago, Illinois 60622

Subscribed and sworn to me  
This 7 day of December, 2017



Notary Public: Melissa Bolwin



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

Big Oaks Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60046	1	60053	1	60053	1	60630
1	60053	1	60068	1	60068		
1	60068						

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

Emerald Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60636	2	60636	2	60636	3	60616
1	60649	1	60616	3	60616	2	60653
1	60624	2	60653	2	60653	5	60609
1	60609	1	60637	1	60637	1	60621
1	60620	1	60649	1	60617	1	60617
1	60623	1	60624	1	60632	2	60636
1	60621	1	60619	3	60609	2	60632
		3	60609			2	60637
		1	60647			1	60624
		1	60629			1	60628
		2	60621			2	60620
						2	60615

Historical Patient Utilization

Garfield Kidney Center							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60612	6	60651	8	60651	7	60651
1	60652	2	60623	2	60623	2	60623
1	60153	6	60624	11	60624	3	60612
1	60619	2	60612	4	60612	1	60652
2	60624	1	60652	1	60652	5	60624
1	60622	1	60619	1	60639	1	60639
		1	60153	1	60630	1	60630
		2	60608	4	60644	4	60644
		1	60647	1	60618	1	60618
		1	60620	2	60622	3	60622
		1	60644	1	60616	1	60616
		1	60616	1	60707	2	60707
		2	60622	1	60614	1	60614
		1	60707	1	60621	1	60624
		1	60628	1	60609	1	60609
				1	60608	1	60620
				1	60620	1	60605
				1	60619		

**Historical Patient Utilization**

Lawndale Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
6	60804	7	60804	4	60402	38	60623
26	60623	35	60623	1	60619	1	60659
1	60636	3	60629	37	60623	3	60644
1	60644	1	60644	2	60608	2	60629
1	60651	2	60638	5	60644	10	60804
1	60612	1	60651	1	60130	2	60624
1	60402	4	60632	9	60804	5	60632
		4	60402	5	60632	1	60651
		3	60624	2	60638	2	60402
		1	60612	1	60659	1	60608
		1	60659	2	60629	1	60609
		1	60110	2	60624	1	60501
		1	60639	1	60651	1	60612
						1	60638

**Historical Patient Utilization**

Lincoln Park Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60624	1	60659	1	60625	1	60625
2	60625	1	60625	3	60614	4	60614
1	60618	1	60618	1	60641	1	60641
2	60614	2	60614	2	60613	1	60624
2	60639	2	60639	1	60612	2	60613
1	60641	1	60641			1	60610
1	60640	1	60640			1	60640
1	60653	1	60624			1	60644
1	60659	1	60612			1	60622
1	60612					1	60639
1	60659						

**Historical Patient Utilization**

Little Village Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60402	1	60402	30	60608	35	60608
25	60608	24	60608	2	60616	2	60616
4	60609	4	60609	17	60623	16	60623
1	60612	1	60612	3	60644	2	60644
2	60616	1	60616	20	60632	19	60632
1	60620	1	60620	1	60615	1	60615
19	60623	20	60623	6	60629	3	60629
1	60624	1	60624	1	60612	2	60637
9	60629	10	60629	3	60637	1	60402
18	60632	18	60632	1	60402	1	60804
1	60636	1	60636	1	60622	1	60459
1	60637	1	60637	1	60804	1	60636
2	60644	2	60644	1	60459	1	60609
1	60804	1	60804	1	60636	2	60629
				1	60609	1	60612
				1	60624	1	60624

**Historical Patient Utilization**

Logan Square Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
6	60639	9	60639	13	60639	10	60639
4	60641	8	60647	10	60647	10	60647
1	60651	5	60641	6	60641	6	60641
2	60618	1	60428	3	60618	3	60618
6	60647	2	60651	1	60428	2	60651
1	60625	2	60618	2	60651	2	60622
1	60644	1	60625	1	60622	2	60625
1	60804	1	60644	2	60625	1	60644
1	60624	1	60804	1	60644	1	60804
		1	60624	1	60804	1	60642
				1	60624		

**Historical Patient Utilization**

Loop Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60608	1	60608	1	60610	1	60610



Historical Patient Utilization

Montclare Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60634	1	60620	1	60626	2	60639
1	60651	2	60634	4	60634	2	60707
				2	60639	3	60634
				2	60707	1	60618
				1	60618	1	60651
				1	60620		
				1	60651		

**Historical Patient Utilization**

Schaumburg Renal Center							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
3	60193	4	60193	7	60193	6	60193
2	60194	2	60194	2	60194	3	60194
4	60133	5	60133	5	60133	4	60133
1	60107	2	60107	2	60107	2	60107
		2	60169	2	60169	2	60169
		1	60138	1	60138	1	60138
		1	60143	1	60143	1	60143
				1	60157		
				1	60194		

Historical Patient Utilization

West Side Dialysis							
2014		2015		2016		END Q3 2017 (9/30)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
NA	NA	1	60624	1	60624	1	60637
		1	60637	1	60637	1	60632
				1	60632	2	60623
						1	60644
						1	60608
						1	60609
						1	60653

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

Big Oaks Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
NA	NA	1	60630

**New Patients**

Emerald Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60617	1	60615
1	60632	1	60609
2	60616		
1	60609		

**New Patients**

Garfield Kidney Center			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
4	60644	8	60624
9	60651	1	60632
2	60608	4	60651
1	60612	5	60644
8	60624	1	60453
1	60707	1	60634
1	60153	1	60612
1	60630	1	60707
1	60618	1	60622
1	60621	1	60620
1	60639	1	60605
		1	60623
		1	60639
		1	60660

New Patients

Lawndale Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
3	60402	10	60623
1	60619	1	60073
12	60623	4	60804
2	60608	2	60632
2	60644	1	60546
1	60130		
6	60804		
2	60632		
1	60638		

**New Patients**

<b>Lincoln Park Dialysis</b>			
<b>2016</b>		<b>2017 YTD 9/30</b>	
<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>
1	60613	1	60610
1	60622	2	60624
1	60647	1	60614
2	60614	1	60613
1	60610	1	60640
		1	60622
		1	60639



**New Patients**

<b>Little Village Dialysis</b>			
<b>2016</b>		<b>2017 YTD 9/30</b>	
<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>
10	60608	4	60632
10	60632	10	60608
1	60622	1	60525
6	60623	1	60623
1	60618	1	60612
1	60609		
2	60629		
1	60644		
2	60624		
2	60637		

**New Patients**

<b>Logan Square Dialysis</b>			
<b>2016</b>		<b>2017 YTD 9/30</b>	
<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>
1	60618	1	60642
1	60428	1	60622
2	60647	1	60639
4	60639		
1	60622		
1	60625		
1	60641		

New Patients

Loop Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60610	NA	NA

New Patients

Montclare Dialysis			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60626	1	60639
2	60634	1	60104
2	60639	1	60634
2	60707		
1	60618		
1	60651		

**New Patients**

<b>Schaumburg Renal Center</b>			
2016		2017 YTD 9/30	
Pt Count	Zip Code	Pt Count	Zip Code
1	60089	2	60133
3	60193	1	60193
1	60194		
1	60157		

**New Patients**

<b>West Side Dialysis</b>			
<b>2016</b>		<b>2017 YTD 9/30</b>	
<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>
1	60632	1	60623
		1	60644
		1	60608
		1	60609
		1	60653

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

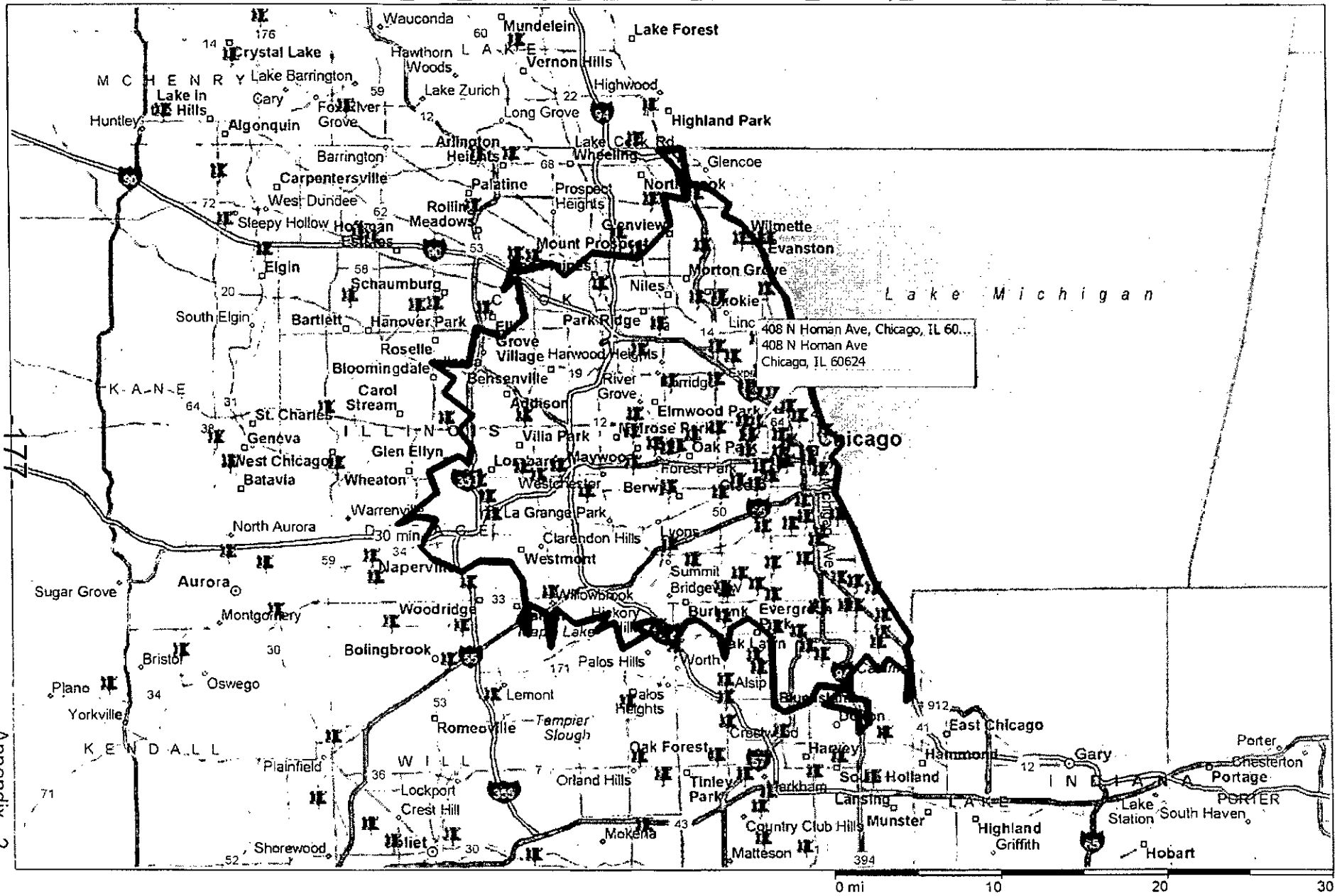
<b>Zip Code</b>	<b>Total</b>
60624	41
<b>Total</b>	<b>41</b>

**Appendix 2 – Time & Distance Determination: Replacement Facility**

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities to the proposed facility within 30 minutes normal travel time, as determined by MapQuest.



408 - 412 N Homan Ave Chicago IL 60624 (Garfield Kidney Center) 30\_Min\_GSA



Appendix - 2

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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:


408 N Homan Ave


**24 MIN | 13.6 MI**


**Est. fuel cost: \$1.54**


Trip time based on traffic conditions as of 2:50 PM on September 8, 2017. Current Traffic: Heavy


FMC Elmhurst to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **east** on E Brush Hill Rd toward Fronza Pkwy.  
Then 0.25 miles 0.25 total miles
- 


2. Take the 1st **right** onto S York St.  
*S York St is just past Fronza Pkwy.*  
  
*If you are on S York St and reach E Harvard St you've gone about 0.2 miles too far.*  
  
Then 0.15 miles 0.39 total miles
- 


3. Merge onto IL-38 E/Roosevelt Rd.  
Then 0.61 miles 1.01 total miles
- 

4. Take the **I-88 E** ramp toward **I-290 E/Eisenhower Expy/Chicago Loop**.  
Then 0.91 miles 1.92 total miles
- 

5. Merge onto Chicago-Kansas City Expressway E.  
Then 9.91 miles 11.84 total miles
- 

6. Take **EXIT 26A** toward **3800 W**.  
Then 0.20 miles 12.03 total miles
- 

7. Merge onto W Harrison St.  
Then 0.54 miles 12.57 total miles
- 

8. Turn **left** onto S Homan Ave.  
*S Homan Ave is 0.1 miles past S Saint Louis Ave.*  
  
*If you reach S Spaulding Ave you've gone about 0.1 miles too far.*  
  
Then 1.03 miles 13.60 total miles
- 

9. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
*Your destination is just past W Governors Pkwy.*  
  
*If you reach W Franklin Blvd you've gone a little too far.*

Appendix - 2

# YOUR TRIP TO:



408 N Homan Ave

**15 MIN | 8.6 MI**

**Est. fuel cost: \$0.97**

Trip time based on traffic conditions as of 3:10 PM on September 8, 2017. Current Traffic: Moderate

Loyola Dialysis Center to proposed relocation site for Garfield Kidney Center



1. Start out going **east** on W Roosevelt Rd toward S 12th Ave.

Then 0.22 miles

0.22 total miles



2. Turn **left** onto S 9th Ave.

*S 9th Ave is just past S 10th Ave.*

*If you reach S 8th Ave you've gone a little too far.*

Then 0.45 miles

0.67 total miles



3. Turn **right** onto Bataan Dr.

*Bataan Dr is just past Lexington St.*

*If you reach Harrison St you've gone a little too far.*

Then 0.02 miles

0.70 total miles



4. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E via the ramp on the **left**.

Then 6.16 miles

6.86 total miles



5. Take EXIT 26A toward **3800 W**.

Then 0.20 miles

7.05 total miles



6. Merge onto W Harrison St.

Then 0.54 miles

7.59 total miles



7. Turn **left** onto S Homan Ave.

*S Homan Ave is 0.1 miles past S Saint Louis Ave.*

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

Then 1.03 miles

8.62 total miles



8. 408 N Homan Ave, Chicago, IL 60624. 408 N HDMAN AVE is on the **left**.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

# YOUR TRIP TO:




408 N Homan Ave


**23 MIN | 9.4 MI**


**Est. fuel cost: \$1.06**


Trip time based on traffic conditions as of 3:14 PM on September 8, 2017. Current Traffic: Heavy


FMC Melrose Park to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **east** on Superior St toward N 11th Ave.  
Then 0.02 miles 0.02 total miles
- 


2. Turn **right** onto N 11th Ave.  
*If you reach N 9th Ave you've gone about 0.1 miles too far.*  
Then 0.08 miles 0.10 total miles
- 

3. Take the 1st **left** onto W Lake St.  
Then 0.67 miles 0.77 total miles
- 

4. Turn **right** onto N 1st Ave/IL-171.  
*N 1st Ave is just past N 2nd Ave.*  
*If you reach Des Plaines Ave you've gone a little too far.*  
Then 1.23 miles 2.00 total miles
- 

5. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E  
via the ramp on the **left**.  
*If you reach Lexington St you've gone a little too far.*  
Then 5.68 miles 7.68 total miles
- 

6. Take EXIT 26A toward **3800 W**.  
Then 0.20 miles 7.88 total miles
- 

7. Merge onto W Harrison St.  
Then 0.54 miles 8.42 total miles
- 

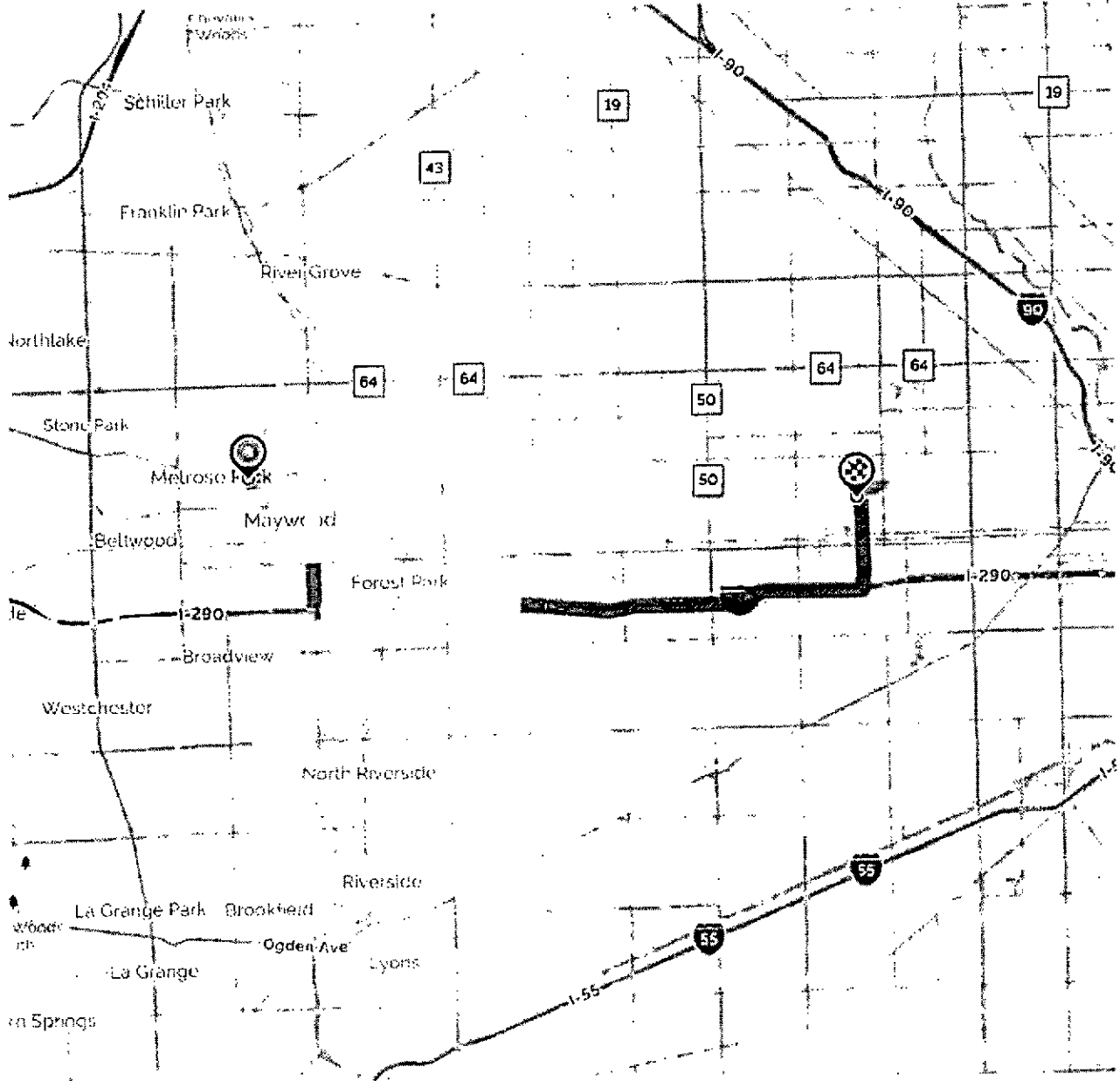
8. Turn **left** onto S Homan Ave.  
*S Homan Ave is 0.1 miles past S Saint Louis Ave.*  
*If you reach S Spaulding Ave you've gone about 0.1 miles too far.*  
Then 1.03 miles 9.44 total miles



9. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
Your destination is just past W Governors Pkwy.

If you reach W Franklin Blvd you've gone a little too far.

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# YOUR TRIP TO:



408 N Homan Ave

**18 MIN | 8.1 MI**

**Est. fuel cost: \$0.88**

Trip time based on traffic conditions as of 3:16 PM on September 8, 2017. Current Traffic: Heavy

FMC Berwyn to proposed relocation site for Garfield Kidney Center



1. Start out going **north** on Harlem Ave/IL-43 toward 26th St.

Then 2.15 miles

2.15 total miles



2. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E.

Then 4.14 miles

6.29 total miles



3. Take EXIT 26A toward **3800 W**.

Then 0.20 miles

6.48 total miles



4. Merge onto W Harrison St.

Then 0.54 miles

7.02 total miles



5. Turn **left** onto S Homan Ave.

*S Homan Ave is 0.1 miles past S Saint Louis Ave.*

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

Then 1.03 miles

8.05 total miles



6. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**13 MIN | 6.4 MI**

**Est. fuel cost: \$0.73**

Trip time based on traffic conditions as of 3:17 PM on September 8, 2017. Current Traffic: Moderate

Maple Avenue Kidney Center to proposed relocation site for Garfield Kidney Center



1. Start out going **south** on S Maple Ave toward Adams St.

Then 0.14 miles

0.14 total miles



2. Turn **right** onto Jackson Blvd.  
*Jackson Blvd is just past S Maple Ave.*

Then 0.05 miles

0.18 total miles



3. Take the 1st **left** onto Harlem Ave/IL-43.  
*Harlem Ave is just past S Maple Ave.*

*If you reach Elgin Ave you've gone a little too far.*

Then 0.25 miles

0.43 total miles



4. Make a **U-turn** at Harrison St onto Harlem Ave/IL-43.  
*If you reach Lexington St you've gone about 0.1 miles too far.*

Then 0.09 miles

0.53 total miles



5. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E.

Then 4.14 miles

4.67 total miles



6. Take **EXIT 26A** toward **3800 W**.

Then 0.20 miles

4.87 total miles



7. Merge onto W Harrison St.

Then 0.54 miles

5.41 total miles



8. Turn **left** onto S Homan Ave.  
*S Homan Ave is 0.1 miles past S Saint Louis Ave.*

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

Then 1.03 miles

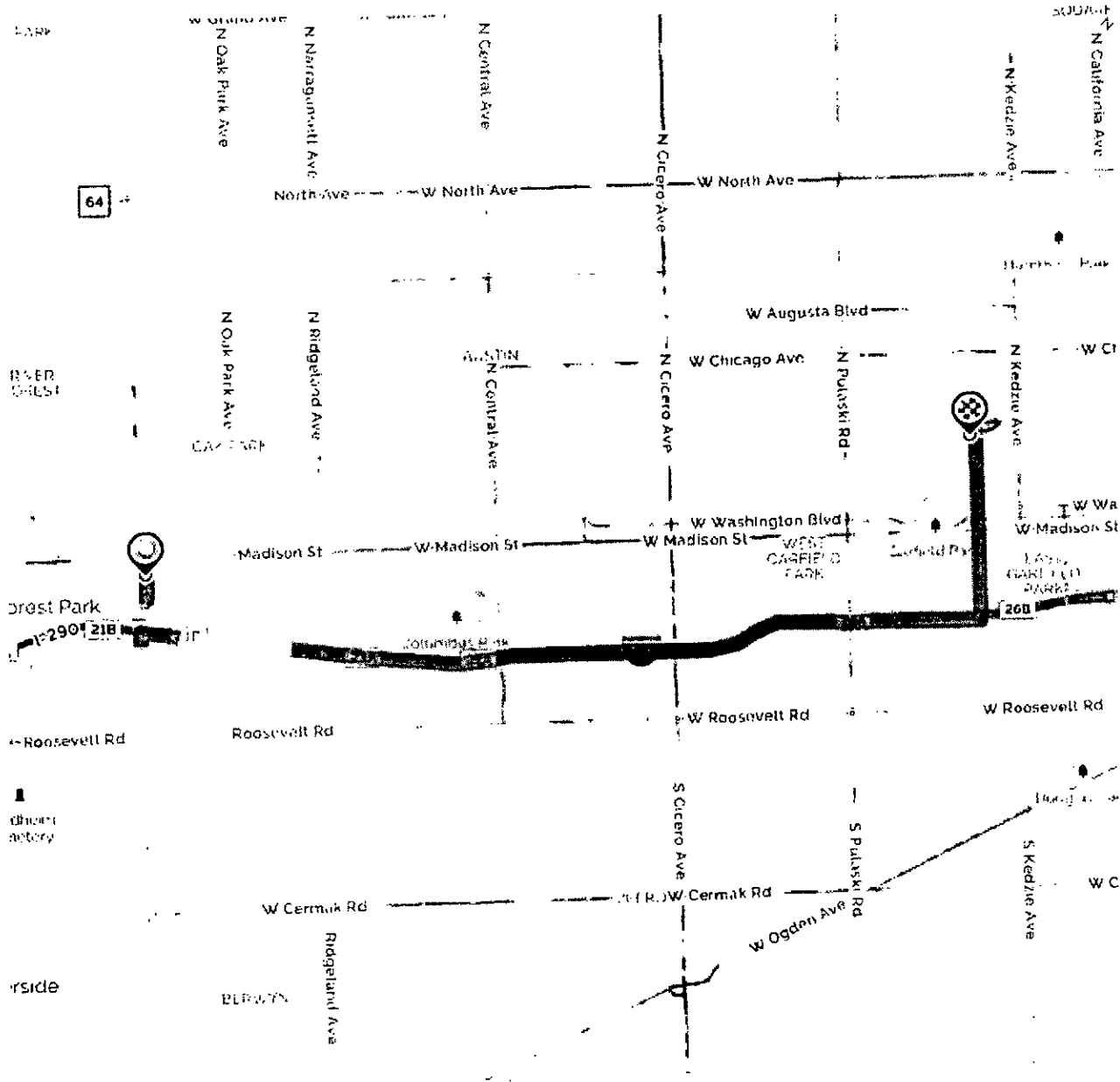
6.44 total miles



9. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
Your destination is just past W Governors Pkwy.

If you reach W Franklin Blvd you've gone a little too far.

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**YOUR TRIP TO:**


408 N Homan Ave


**23 MIN | 10.5 MI**


**Est. fuel cost: \$1.18**


Trip time based on traffic conditions as of 3:18 PM on September 8, 2017. Current Traffic: Heavy


FMC North Avenue Dialysis Center to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **west** on W North Ave/IL-64 toward Riverwoods Dr.  
Then 0.05 miles 0.05 total miles
- 


2. Take the 1st right.  
*If you reach N 9th Ave you've gone about 0.1 miles too far.*  
Then 0.01 miles 0.06 total miles
- 


3. Turn right.  
Then 0.11 miles 0.16 total miles
- 

4. Turn **right** onto N 5th Ave.  
Then 0.04 miles 0.20 total miles
- 

5. Turn **left** onto W North Ave/IL-64.  
Then 0.26 miles 0.46 total miles
- 

6. Turn **right** onto N 1st Ave/IL-171.  
*If you are on IL-64 and reach Riverwoods Dr you've gone about 0.2 miles too far.*  
Then 2.58 miles 3.04 total miles
- 

7. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E via the ramp on the **left**.  
*If you reach Lexington St you've gone a little too far.*  
Then 5.68 miles 8.72 total miles
- 

8. Take EXIT 26A toward **3800 W**.  
Then 0.20 miles 8.92 total miles
- 

9. Merge onto W Harrison St.  
Then 0.54 miles 9.46 total miles

- 10. Turn left onto S Homan Ave.  
S Homan Ave is 0.1 miles past S Saint Louis Ave.

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

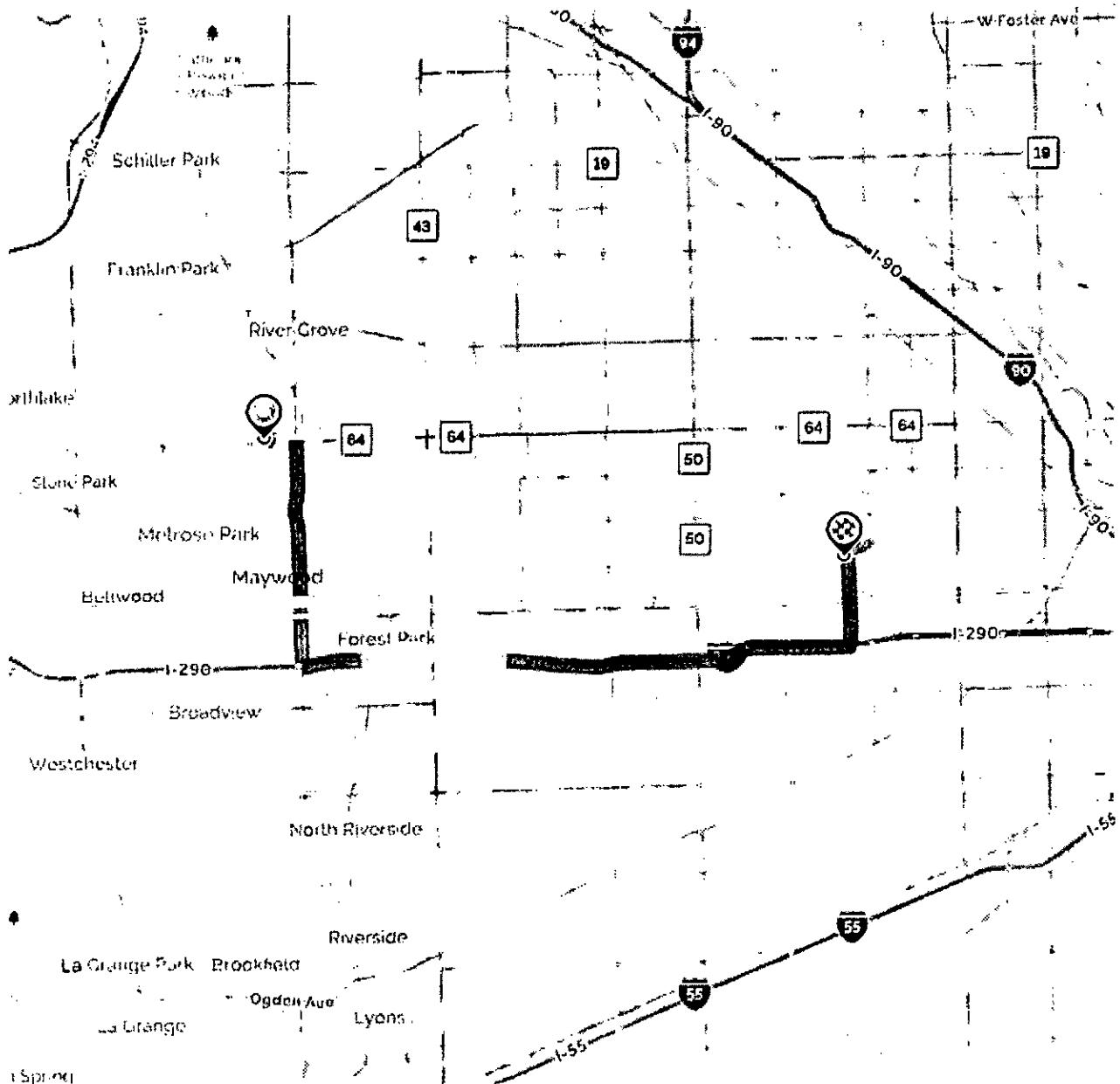
Then 1.03 miles

10.48 total miles

- 11. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
Your destination is just past W Governors Pkwy.

If you reach W Franklin Blvd you've gone a little too far.

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# YOUR TRIP TO:



408 N Homan Ave

**18 MIN | 8.8 MI**

**Est. fuel cost: \$0.99**

Trip time based on traffic conditions as of 3:20 PM on September 8, 2017. Current Traffic: Heavy

FMC River Forest to proposed relocation site for Garfield Kidney Center



1. Start out going **south** on Forest Ave toward Vine St.

Then 0.17 miles

0.17 total miles



2. Take the 2nd **right** onto Madison St.

*Madison St is 0.1 miles past Vine St.*

Then 0.66 miles

0.83 total miles



3. Take the 3rd **left** onto S 1st Ave/IL-171.

*S 1st Ave is just past Orchard Ave.*

*If you reach S 2nd Ave you've gone a little too far.*

Then 0.56 miles

1.39 total miles



4. Merge onto I-290 E/Chicago-Kansas City Expressway E/Eisenhower Expy E via the ramp on the **left**.

*If you reach Lexington St you've gone a little too far.*

Then 5.68 miles

7.07 total miles



5. Take EXIT 26A toward **3800 W**.

Then 0.20 miles

7.26 total miles



6. Merge onto W Harrison St.

Then 0.54 miles

7.80 total miles



7. Turn **left** onto S Homan Ave.

*S Homan Ave is 0.1 miles past S Saint Louis Ave.*

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

Then 1.03 miles

8.83 total miles



8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

Appendix - 2

# YOUR TRIP TO:




408 N Homan Ave


**18 MIN | 4.9 MI**


**Est. fuel cost: \$0.55**


Trip time based on traffic conditions as of 3:22 PM on September 8, 2017. Current Traffic: Heavy


FMC Oak Park to proposed relocation site for Garfield Kidney Center


- 

**1. Start out going east on Madison St toward S Euclid Ave.**  
Then 0.22 miles 0.22 total miles
- 

**2. Turn left onto S East Ave.**  
*S East Ave is just past Clarence Ave.*  
*If you reach S Scoville Ave you've gone a little too far.*  
Then 0.13 miles 0.34 total miles
- 

**3. Turn right onto Washington Blvd.**  
*If you reach Randolph St you've gone about 0.1 miles too far.*  
Then 3.97 miles 4.31 total miles
- 

**4. Stay straight to go onto W Warren Dr.**  
Then 0.11 miles 4.42 total miles
- 

**5. Turn left onto N Homan Ave.**  
*N Homan Ave is just past W Warren Dr.*  
*If you are on W Warren Blvd and reach N Kedzie Ave you've gone about 0.2 miles too far.*  
Then 0.46 miles 4.88 total miles
- 

**6. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.**  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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# YOUR TRIP TO:




408 N Homan Ave


**12 MIN | 3.8 MI**


**Est. fuel cost: \$0.43**


Trip time based on traffic conditions as of 3:23 PM on September 8, 2017. Current Traffic: Heavy


FMC West Suburban Hospital to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **south** on N Austin Blvd toward W Ohio St.  
Then 0.23 miles 0.23 total miles
- 

2. Turn **left** onto W Lake St.  
*W Lake St is just past W Midway Park.*  
*If you reach North Blvd you've gone a little too far.*  
Then 0.51 miles 0.73 total miles
- 

3. Turn **right** onto N Central Ave.  
Then 0.04 miles 0.77 total miles
- 

4. Take the **1st left** onto W Corcoran Pl.  
*If you reach W Fulton St you've gone about 0.1 miles too far.*  
Then 0.09 miles 0.86 total miles
- 

5. W Corcoran Pl becomes W Lake St.  
Then 2.70 miles 3.56 total miles
- 

6. Turn **left** onto N Homan Ave.  
*N Homan Ave is 0.1 miles past N Saint Louis Ave.*  
*If you reach N Kedzie Ave you've gone about 0.2 miles too far.*  
Then 0.26 miles 3.82 total miles
- 

7. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**18 MIN | 3.6 MI**

**Est. fuel cost: \$0.41**

Trip time based on traffic conditions as of 3:25 PM on September 8, 2017. Current Traffic: Heavy

Lawndale Dialysis to proposed relocation site for Garfield Kidney Center



1. Start out going **west** on W 24th St toward S Pulaski Rd.

Then 0.04 miles

0.04 total miles



2. Take the 1st **right** onto S Pulaski Rd.

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

Then 2.26 miles

2.31 total miles



3. Turn **right** onto W Madison St.

*W Madison St is just past W Monroe St.*

*If you are on N Pulaski Rd and reach W Washington Blvd you've gone a little too far.*

Then 0.76 miles

3.06 total miles



4. Turn **left** onto N Homan Ave.

*N Homan Ave is 0.1 miles past S Saint Louis Ave.*

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

Then 0.52 miles

3.58 total miles



5. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**8 MIN | 2.3 MI**

**Est. fuel cost: \$0.27**

Trip time based on traffic conditions as of 3:27 PM on September 8, 2017. Current Traffic: Heavy

FMC Austin Community Kidney Center to proposed relocation site for Garfield Kidney Center



1. Start out going **east** on W Chicago Ave toward N Cicero Ave/IL-50.

Then 1.78 miles

1.78 total miles



2. Turn **right** onto N Homan Ave.

*N Homan Ave is just past N Trumbull Ave.*

*If you reach N Christiana Ave you've gone a little too far.*

Then 0.48 miles

2.27 total miles



3. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **right**.

*If you reach W Governors Pkwy you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**22 MIN | 4.6 MI**

**Est. fuel cost: \$0.55**

Trip time based on traffic conditions as of 3:29 PM on September 8, 2017. Current Traffic: Heavy

FMC West Belmont to proposed relocation site for Garfield Kidney Center



1. Start out going east on W Belmont Ave toward N Cicero Ave/IL-50.

Then 0.09 miles

0.09 total miles



2. Take the 1st right onto N Cicero Ave/IL-50.

*If you reach N Keating Ave you've gone a little too far.*

Then 1.72 miles

1.81 total miles



3. Turn left onto W Grand Ave.

*W Grand Ave is just past W Cortland St.*

*If you reach W Bloomingdale Ave you've gone a little too far.*

Then 2.01 miles

3.82 total miles



4. Stay straight to go onto N Homan Ave.

Then 0.80 miles

4.62 total miles



5. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the right.

*If you reach W Governors Pkwy you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**16 MIN | 3.4 MI**

**Est. fuel cost: \$0.39**

Trip time based on traffic conditions as of 3:54 PM on September 8, 2017. Current Traffic: Heavy

SAH Dialysis at 26th St to proposed relocation site for Garfield Kidney Center



1. Start out going **west** on W 26th St toward S Albany Ave.

Then 0.17 miles

0.17 total miles



2. Turn **right** onto S Kedzie Ave.

*S Kedzie Ave is just past S Troy St.*

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

Then 2.75 miles

2.92 total miles



3. Turn **left** onto W Lake St.

*W Lake St is just past W Maypole Ave.*

*If you reach W Walnut St you've gone a little too far.*

Then 0.25 miles

3.17 total miles



4. Take the 1st **right** onto N Homan Ave.

*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*

Then 0.26 miles

3.43 total miles



5. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**3 MIN | 0.9 MI**

**Est. fuel cost: \$0.11**

Trip time based on traffic conditions as of 3:56 PM on September 8, 2017. Current Traffic: Heavy

FMC Dialysis Services of Congress Parkway to proposed relocation site for Garfield Kidney Center



1. Start out going east on W Van Buren St toward S Homan Ave.

Then 0.02 miles

0.02 total miles



2. Take the 1st left onto S Homan Ave.

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

Then 0.90 miles

0.92 total miles



3. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

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**YOUR TRIP TO:**


408 N Homan Ave


**11 MIN | 2.6 MI** **Est. fuel cost: \$0.31**


Trip time based on traffic conditions as of 4:09 PM on September 8, 2017. Current Traffic: Heavy


Mt Sinai Hospital Dialysis to proposed relocation site for Garfield Kidney Center


- 

1. Start out going **north** on S California Ave toward W Ogden Ave.  
Then 0.37 miles 0.37 total miles
- 

2. Turn **left** onto W Roosevelt Rd.  
*W Roosevelt Rd is just past W 12th Place Dr.*  
*If you reach W Fillmore St you've gone about 0.1 miles too far.*  
Then 0.50 miles 0.87 total miles
- 

3. Turn **right** onto S Kedzie Ave.  
*S Kedzie Ave is just past S Troy St.*  
*If you reach S Sawyer Ave you've gone a little too far.*  
Then 1.24 miles 2.11 total miles
- 

4. Turn **left** onto W Lake St.  
*W Lake St is just past W Maypole Ave.*  
*If you reach W Walnut St you've gone a little too far.*  
Then 0.25 miles 2.37 total miles
- 

5. Take the 1st **right** onto N Homan Ave.  
*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.26 miles 2.63 total miles
- 

6. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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Appendix - 2

## YOUR TRIP TO:





408 N Homan Ave


**18 MIN | 4.0 MI** **Est. fuel cost: \$0.48**


Trip time based on traffic conditions as of 4:11 PM on September 8, 2017. Current Traffic: Heavy


Little Village Dialysis to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **west** on W Cermak Rd toward S Western Ave.  
Then 0.08 miles 0.08 total miles
- 


2. Take the 1st **right** onto S Western Ave.  
Then 1.66 miles 1.74 total miles
- 

3. Turn **left** onto W Van Buren St.  
*W Van Buren St is just past W Congress Pkwy.*  
*If you reach W Jackson Blvd you've gone about 0.1 miles too far.*  
Then 0.02 miles 1.77 total miles
- 

4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W  
via the ramp on the left.  
Then 1.03 miles 2.80 total miles
- 

5. Take EXIT 26B toward **Homan Ave/3400 W**.  
Then 0.20 miles 3.01 total miles
- 

6. Merge onto W Congress Pkwy.  
Then 0.02 miles 3.03 total miles
- 

7. Take the 1st **right** onto S Homan Ave.  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.96 miles 3.99 total miles
- 

8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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**YOUR TRIP TO:**




408 N Homan Ave


**18 MIN | 4.5 MI**


**Est. fuel cost: \$0.53**


Trip time based on traffic conditions as of 4:12 PM on September 8, 2017. Current Traffic: Heavy


FMC of Chicago - West to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **south** on S Damen Ave toward W 17th St.  
Then 0.41 miles 0.41 total miles
- 


2. Turn **right** onto W 18th St.  
*W 18th St is just past W 17th St.*  
  
*If you reach W 18th Pl you've gone a little too far.*  
Then 0.51 miles 0.91 total miles
- 

3. Turn **right** onto S Western Ave.  
*S Western Ave is 0.1 miles past S Oakley Ave.*  
Then 1.30 miles 2.21 total miles
- 

4. Turn **left** onto W Van Buren St.  
*W Van Buren St is just past W Congress Pkwy.*  
  
*If you reach W Jackson Blvd you've gone about 0.1 miles too far.*  
Then 0.02 miles 2.23 total miles
- 

5. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W  
via the ramp on the **left**.  
Then 1.03 miles 3.27 total miles
- 

6. Take **EXIT 26B** toward **Homan Ave/3400 W**.  
Then 0.20 miles 3.47 total miles
- 

7. Merge onto W Congress Pkwy.  
Then 0.02 miles 3.49 total miles
- 

8. Take the 1st **right** onto S Homan Ave.  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.96 miles 4.45 total miles

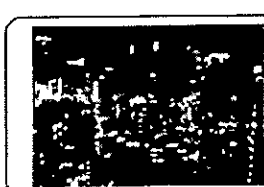
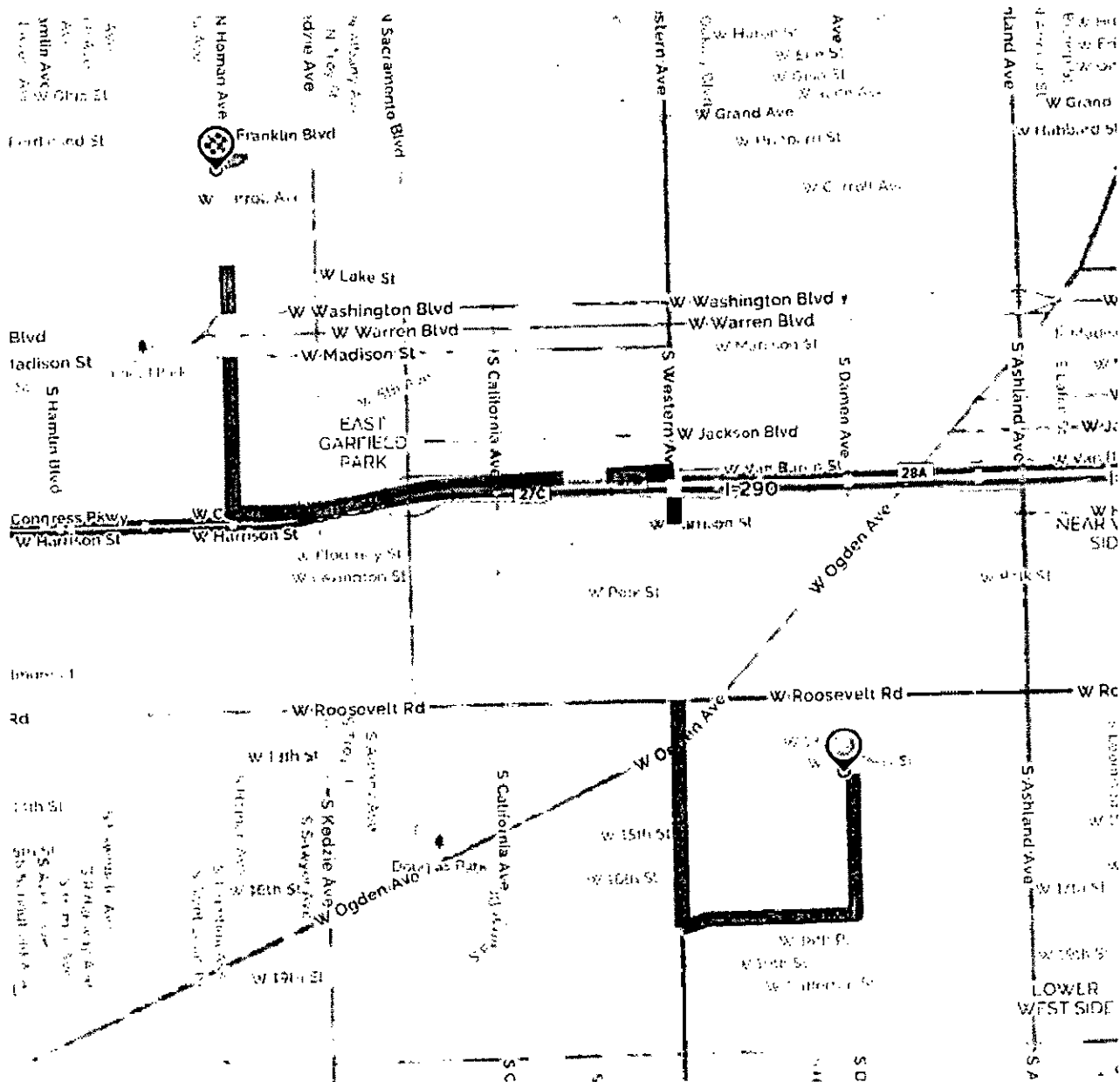


9. 408 N Homan Ave, Chicago, IL 60624. 408 N HOMAN AVE is on the left.

Your destination is just past W Governors Pkwy.

If you reach W Franklin Blvd you've gone a little too far.

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**YOUR TRIP TO:**

408 N Homan Ave

**13 MIN | 3.5 MI** **Est. fuel cost: \$0.41**

Trip time based on traffic conditions as of 4:15 PM on September 8, 2017. Current Traffic: Heavy

Stroger Hospital Dialysis to proposed relocation site for Garfield Kidney Center

1. Start out going **east** on W Harrison St toward S Wood St.

Then 0.20 miles

0.20 total miles

2. Turn **left** onto S Paulina St.*S Paulina St is just past S Hermitage Ave.**if you reach S Ashland Ave you've gone about 0.1 miles too far.*

Then 0.15 miles

0.35 total miles

3. Turn **left** onto W Van Buren St.*W Van Buren St is just past W Congress Pkwy.**if you reach W Jackson Blvd you've gone a little too far.*

Then 0.04 miles

0.39 total miles

4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W via the ramp on the **left**.

Then 1.90 miles

2.29 total miles

5. Take EXIT 26B toward **Homan Ave/3400 W**.

Then 0.20 miles

2.50 total miles



6. Merge onto W Congress Pkwy.

Then 0.02 miles

2.52 total miles

7. Take the 1st **right** onto S Homan Ave.*if you reach S Saint Louis Ave you've gone about 0.1 miles too far.*

Then 0.96 miles

3.48 total miles

8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.*Your destination is just past W Governors Pkwy.**if you reach W Franklin Blvd you've gone a little too far.*

Appendix - 2

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**YOUR TRIP TO:**




408 N Homan Ave


**14 MIN | 3.4 MI**


**Est. fuel cost: \$0.41**


Trip time based on traffic conditions as of 4:16 PM on September 8, 2017. Current Traffic: Heavy


U of I Hospital Dialysis to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **west** on W Taylor St toward S Wolcott Ave.  
Then 0.18 miles 0.18 total miles
- 


2. Turn **right** onto S Damen Ave.  
*S Damen Ave is 0.1 miles past S Wolcott Ave.*  
  
*If you reach S Seeley Ave you've gone a little too far.*  
  
Then 0.49 miles 0.67 total miles
- 

3. Turn **left** onto W Van Buren St.  
*W Van Buren St is just past W Congress Pkwy.*  
  
*If you reach W Jackson Blvd you've gone a little too far.*  
  
Then 0.01 miles 0.68 total miles
- 

4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W via the ramp on the **left**.  
  
Then 1.55 miles 2.23 total miles
- 

5. Take **EXIT 26B** toward Homan Ave/3400 W.  
Then 0.20 miles 2.43 total miles
- 

6. Merge onto W Congress Pkwy.  
Then 0.02 miles 2.45 total miles
- 

7. Take the 1st **right** onto S Homan Ave.  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
  
Then 0.96 miles 3.42 total miles
- 

8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.  
*Your destination is just past W Governors Pkwy.*  
  
*If you reach W Franklin Blvd you've gone a little too far.*

Appendix - 2

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# YOUR TRIP TO:




408 N Homan Ave


**1 MIN | 0.3 MI**


**Est. fuel cost: \$0.04**


Trip time based on traffic conditions as of 4:18 PM on September 8, 2017. Current Traffic: Moderate


Existing site for Garfield Kidney Center to proposed relocation site

- 

1. Start out going **west** on W Franklin Blvd toward N Spaulding Ave.  
Then 0.05 miles 0.05 total miles
- 

2. Take the 1st **left** onto N Spaulding Ave.  
*If you reach N Homan Ave you've gone about 0.1 miles too far.*  
Then 0.02 miles 0.07 total miles
- 

3. Take the 1st **right** onto W Franklin Blvd.  
*If you are on W Franklin Blvd and reach N Kedzie Ave you've gone about 0.1 miles too far.*  
Then 0.13 miles 0.20 total miles
- 

4. Take the 1st **left** onto N Homan Ave.  
*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.10 miles 0.30 total miles
- 

5. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the right.  
*Your destination is just past W Franklin Blvd.*  
*If you reach W Governors Pkwy you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**3 MIN | 1.0 MI**

**Est. fuel cost: \$0.11**

Trip time based on traffic conditions as of 4:19 PM on September 8, 2017. Current Traffic: Heavy

FMC Humboldt Park to proposed relocation site for Garfield Kidney Center



1. Start out going **southeast** on W Grand Ave toward W Thomas St.

Then 0.16 miles

0.16 total miles



2. Stay straight to go onto N Homan Ave.

Then 0.80 miles

0.95 total miles



3. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the right.

*If you reach W Governors Pkwy you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**8 MIN | 1.5 MI**

**Est. fuel cost: \$0.18**

Trip time based on traffic conditions as of 4:21 PM on September 8, 2017. Current Traffic: Heavy

FMC West Metro to proposed relocation site for Garfield Kidney Center



1. Start out going **south** on N Mozart St toward W Cortez St.

Then 0.09 miles

0.09 total miles



2. Take the 2nd **right** onto W Augusta Blvd.

*W Augusta Blvd is just past W Cortez St.*

Then 0.70 miles

0.79 total miles



3. Turn **left** onto N Homan Ave.

*N Homan Ave is 0.1 miles past W Grand Ave.*

*If you reach N Trumbull Ave you've gone a little too far.*

Then 0.73 miles

1.52 total miles



4. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **right**.

*If you reach W Governors Pkwy you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**7 MIN | 2.6 MI**

**Est. fuel cost: \$0.31**

Trip time based on traffic conditions as of 4:31 PM on September 8, 2017. Current Traffic: Moderate

FMC Chicago Dialysis Center to proposed relocation site for Garfield Kidney Center



1. Start out going **west** on W Hubbard St toward N Wolcott Ave.

Then 0.24 miles

0.24 total miles



2. Turn **left** onto N Damen Ave.

*N Damen Ave is just past N Winchester Ave.*

*If you reach N Seeley Ave you've gone a little too far.*

Then 0.33 miles

0.57 total miles



3. Turn **right** onto W Lake St.

*W Lake St is just past W Walnut St.*

*If you reach W Maypole Ave you've gone a little too far.*

Then 1.78 miles

2.34 total miles



4. Turn **right** onto N Homan Ave.

*N Homan Ave is 0.2 miles past N Kedzie Ave.*

*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*

Then 0.26 miles

2.61 total miles



5. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

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## YOUR TRIP TO:





408 N Homan Ave


**16 MIN | 4.0 MI** **Est. fuel cost: \$0.48**


Trip time based on traffic conditions as of 4:32 PM on September 8, 2017. Current Traffic: Heavy


West Side Dialysis to proposed relocation site for Garfield Kidney Center


- 


1. Start out going east on W 13th St toward S Ashland Ave.  
Then 0.01 miles 0.01 total miles
- 


2. Take the 1st left onto S Ashland Ave.  
*If you reach W Washburne Ave you've gone a little too far.*  
Then 0.78 miles 0.79 total miles
- 

3. Turn left onto W Van Buren St.  
*W Van Buren St is just past W Congress Pkwy.*  
*If you reach W Jackson Blvd you've gone a little too far.*  
Then 0.17 miles 0.96 total miles
- 

4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W  
via the ramp on the left.  
Then 1.90 miles 2.85 total miles
- 

5. Take EXIT 26B toward Homan Ave/3400 W.  
Then 0.20 miles 3.06 total miles
- 

6. Merge onto W Congress Pkwy.  
Then 0.02 miles 3.08 total miles
- 

7. Take the 1st right onto S Homan Ave.  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.96 miles 4.04 total miles
- 

8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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# YOUR TRIP TO:



408 N Homan Ave

**13 MIN | 3.2 MI**

**Est. fuel cost: \$0.38**

Trip time based on traffic conditions as of 4:34 PM on September 8, 2017. Current Traffic: Heavy

Rush St Luke's Med Ctr Dialysis to proposed relocation site for Garfield Kidney Center



1. Start out going west on W Harrison St toward S Hermitage Ave.

Then 0.31 miles

0.31 total miles



2. Turn right onto S Damen Ave.

*S Damen Ave is just past W Ogden Ave.*

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

Then 0.15 miles

0.47 total miles



3. Turn left onto W Van Buren St.

*W Van Buren St is just past W Congress Pkwy.*

*If you reach W Jackson Blvd you've gone a little too far.*

Then 0.01 miles

0.47 total miles



4. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W via the ramp on the left.

Then 1.55 miles

2.02 total miles



5. Take EXIT 26B toward Homan Ave/3400 W.

Then 0.20 miles

2.23 total miles



6. Merge onto W Congress Pkwy.

Then 0.02 miles

2.25 total miles



7. Take the 1st right onto S Homan Ave.

*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*

Then 0.96 miles

3.21 total miles



8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.

*Your destination is just past W Governors Pkwy.*

*If you reach W Franklin Blvd you've gone a little too far.*

Appendix - 2

**YOUR TRIP TO:**




408 N Homan Ave


**15 MIN | 5.3 MI**


**Est. fuel cost: \$0.65**


Trip time based on traffic conditions as of 4:36 PM on September 8, 2017. Current Traffic: Heavy


Loop Renal Center to proposed relocation site for Garfield Kidney Center


- 


**1. Start out going north on S Canal St toward W Polk St.**  
Then 0.59 miles 0.59 total miles
- 

**2. Turn sharp left to stay on S Canal St.**  
*If you reach W Jackson Blvd you've gone a little too far.*  
Then 0.11 miles 0.69 total miles
- 

**3. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W.**  
Then 3.45 miles 4.15 total miles
- 

**4. Take EXIT 26B toward Homan Ave/3400 W.**  
Then 0.20 miles 4.35 total miles
- 

**5. Merge onto W Congress Pkwy.**  
Then 0.02 miles 4.37 total miles
- 

**6. Take the 1st right onto S Homan Ave.**  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.96 miles 5.33 total miles
- 

**7. 408 N Homan Ave, Chicago, IL 60624. 408 N HOMAN AVE is on the left.**  
*Your destination is just past W Governors Pkwy.*  
  
*If you reach W Franklin Blvd you've gone a little too far.*

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**YOUR TRIP TO:**




408 N Homan Ave


**13 MIN | 5.2 MI**


**Est. fuel cost: \$0.63**


Trip time based on traffic conditions as of 4:37 PM on September 8, 2017. Current Traffic: Haavy


FMC Polk Street to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **west** on W Polk St toward S Jefferson St.  
Then 0.02 miles 0.02 total miles
- 


2. Take the 1st **right** onto S Jefferson St.  
*If you reach S Desplaines St you've gone a little too far.*  
Then 0.33 miles 0.35 total miles
- 

3. Turn **right** onto W Van Buren St.  
*W Van Buren St is just past W Tilden St.*  
*If you reach W Jackson Blvd you've gone a little too far.*  
Then 0.14 miles 0.49 total miles
- 

4. Take the 2nd **right** onto S Canal St.  
*S Canal St is just past S Clinton St.*  
*If you are on S Canal St and reach W Jackson Blvd you've gone a little too far.*  
Then 0.06 miles 0.55 total miles
- 

5. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W.  
Then 3.45 miles 4.00 total miles
- 

6. Take EXIT 26B toward **Homan Ave/3400 W.**  
Then 0.20 miles 4.21 total miles
- 

7. Merge onto W Congress Pkwy.  
Then 0.02 miles 4.23 total miles
- 

8. Take the 1st **right** onto S Homan Ave.  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.96 miles 5.19 total miles



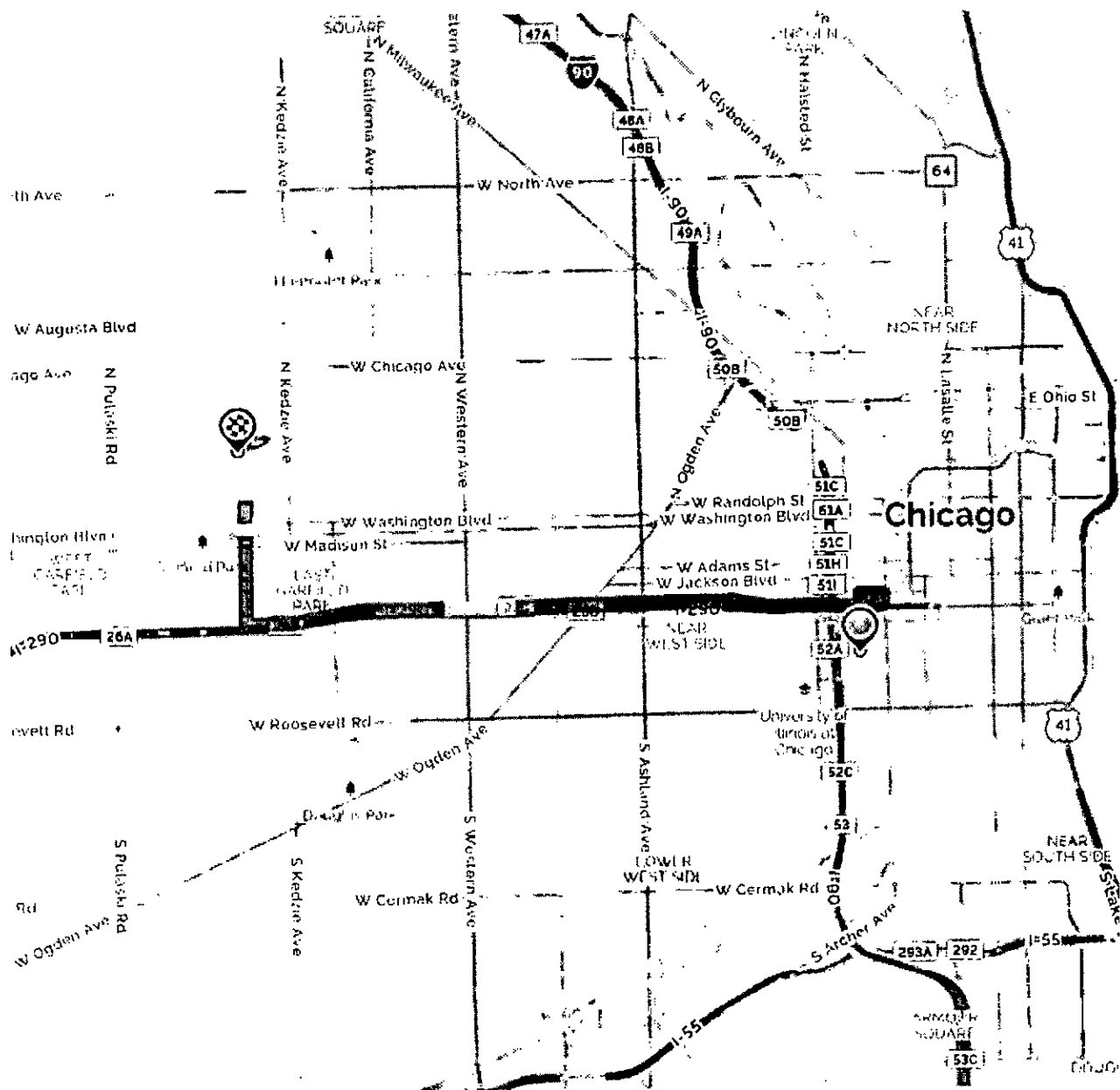


9. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.

Your destination is just past W Governors Pkwy.

If you reach W Franklin Blvd you've gone a little too far.

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**YOUR TRIP TO:**


408 N Homan Ave


**9 MIN | 3.1 MI** **Est. fuel cost: \$0.40**


Trip time based on traffic conditions as of 4:42 PM on September 8, 2017. Current Traffic: Moderate


Circle Medical Management to proposed relocation site for Garfield Kidney Center


- 

1. Start out going east on W Washington Blvd toward N Loomis St.  
Then 0.15 miles 0.15 total miles
- 

2. Take the 1st left onto N Ada St.  
*N Ada St is just past N Loomis St.*  
*If you reach N Throop St you've gone a little too far.*  
Then 0.09 miles 0.24 total miles
- 

3. Turn left onto W Randolph St.  
*If you reach W Lake St you've gone a little too far.*  
Then 0.26 miles 0.51 total miles
- 

4. Turn slight left onto W Lake St.  
*W Lake St is 0.1 miles past N Ogden Ave.*  
Then 2.37 miles 2.88 total miles
- 

5. Turn right onto N Homan Ave.  
*N Homan Ave is 0.2 miles past N Kedzie Ave.*  
*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.26 miles 3.14 total miles
- 

6. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the left.  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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Appendix - 2

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# YOUR TRIP TO:

408 N Homan Ave

**19 MIN | 3.3 MI**

**Est. fuel cost: \$0.41**

Trip time based on traffic conditions as of 4:46 PM on September 8, 2017. Current Traffic: Heavy

FMC Logan Square to proposed relocation site for Garfield Kidney Center



1. Start out going **south** on N Spaulding Ave toward N Milwaukee Ave.



2. Take the 1st **left** onto N Milwaukee Ave.

*If you are on W Schubert Ave and reach N Kimball Ave you've gone about 0.1 miles too far.*

Then 0.20 miles

0.20 total miles



3. Turn **right** onto N Kedzie Ave.

*If you are on N Milwaukee Ave and reach W Logan Blvd you've gone a little too far.*

Then 0.08 miles

0.28 total miles



4. Turn **slight left** onto N Kedzie Blvd.

Then 0.52 miles

0.80 total miles



5. N Kedzie Blvd becomes N Kedzie Ave.

Then 2.12 miles

2.91 total miles



6. Turn **right** onto W Franklin Blvd.

*If you reach W Carroll Ave you've gone about 0.1 miles too far.*

Then 0.25 miles

3.17 total miles



7. Take the 2nd **left** onto N Homan Ave.

*N Homan Ave is 0.1 miles past N Spaulding Ave.*

*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*

Then 0.10 miles

3.27 total miles



8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **right**.

*Your destination is just past W Franklin Blvd.*

*If you reach W Governors Pkwy you've gone a little too far.*

Appendix - 2

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## YOUR TRIP TO:





408 N Homan Ave


**20 MIN | 3.5 MI** **Est. fuel cost: \$0.44**


Trip time based on traffic conditions as of 4:48 PM on September 8, 2017. Current Traffic: Heavy


Logan Square Dialysis to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **south** on N Kimball Ave toward N Milwaukee Ave.  
Then 0.10 miles 0.10 total miles
- 


2. Turn **slight left** onto N Milwaukee Ave.  
*N Milwaukee Ave is just past N Woodard St.*  
*If you reach W Parker Ave you've gone a little too far.*  
Then 0.32 miles 0.42 total miles
- 

3. Turn **right** onto N Kedzie Ave.  
*If you are on N Milwaukee Ave and reach W Logan Blvd you've gone a little too far.*  
Then 0.08 miles 0.50 total miles
- 

4. Turn **slight left** onto N Kedzie Blvd.  
Then 0.52 miles 1.01 total miles
- 

5. N Kedzie Blvd becomes N Kedzie Ave.  
Then 2.12 miles 3.13 total miles
- 

6. Turn **right** onto W Franklin Blvd.  
*If you reach W Carroll Ave you've gone about 0.1 miles too far.*  
Then 0.25 miles 3.38 total miles
- 

7. Take the 2nd **left** onto N Homan Ave.  
*N Homan Ave is 0.1 miles past N Spaulding Ave.*  
*If you reach N Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.10 miles 3.48 total miles
- 

8. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **right**.  
*Your destination is just past W Franklin Blvd.*  
*If you reach W Governors Pkwy you've gone a little too far.*

Appendix - 2

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**YOUR TRIP TO:**


408 N Homan Ave


**23 MIN | 4.9 MI** **Est. fuel cost: \$0.62**


Trip time based on traffic conditions as of 4:49 PM on September 8, 2017. Current Traffic: Heavy


FMC Northcenter to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **west** on W Addison St toward N Talman Ave.  
Then 0.19 miles 0.19 total miles
- 


2. Take the 1st **left** onto N California Ave.  
*N California Ave is 0.1 miles past N Talman Ave.*  
*If you reach N Mozart St you've gone a little too far.*  
Then 1.26 miles 1.45 total miles
- 


3. Turn **right** onto W Logan Blvd.  
*If you reach W Altgeld St you've gone about 0.1 miles too far.*  
Then 0.25 miles 1.70 total miles
- 

4. Turn **left** onto N Sacramento Ave.  
*N Sacramento Ave is just past N Richmond St.*  
*If you reach N Whipple St you've gone a little too far.*  
Then 0.48 miles 2.18 total miles
- 

5. N Sacramento Ave becomes N Humboldt Blvd.  
Then 1.25 miles 3.43 total miles
- 

6. N Humboldt Blvd becomes N Humboldt Dr.  
Then 0.23 miles 3.67 total miles
- 

7. N Humboldt Dr becomes N Humboldt Blvd.  
Then 0.06 miles 3.73 total miles
- 

8. N Humboldt Blvd becomes N Sacramento Blvd.  
Then 0.57 miles 4.30 total miles
- 

9. Turn **right** onto W Franklin Blvd.  
*W Franklin Blvd is just past W Ohio St.*  
Then 0.53 miles 4.83 total miles

10. Turn left onto N Homan Ave.  
N Homan Ave is 0.1 miles past N Spaulding Ave.

If you reach N Saint Louis Ave you've gone about 0.1 miles too far.

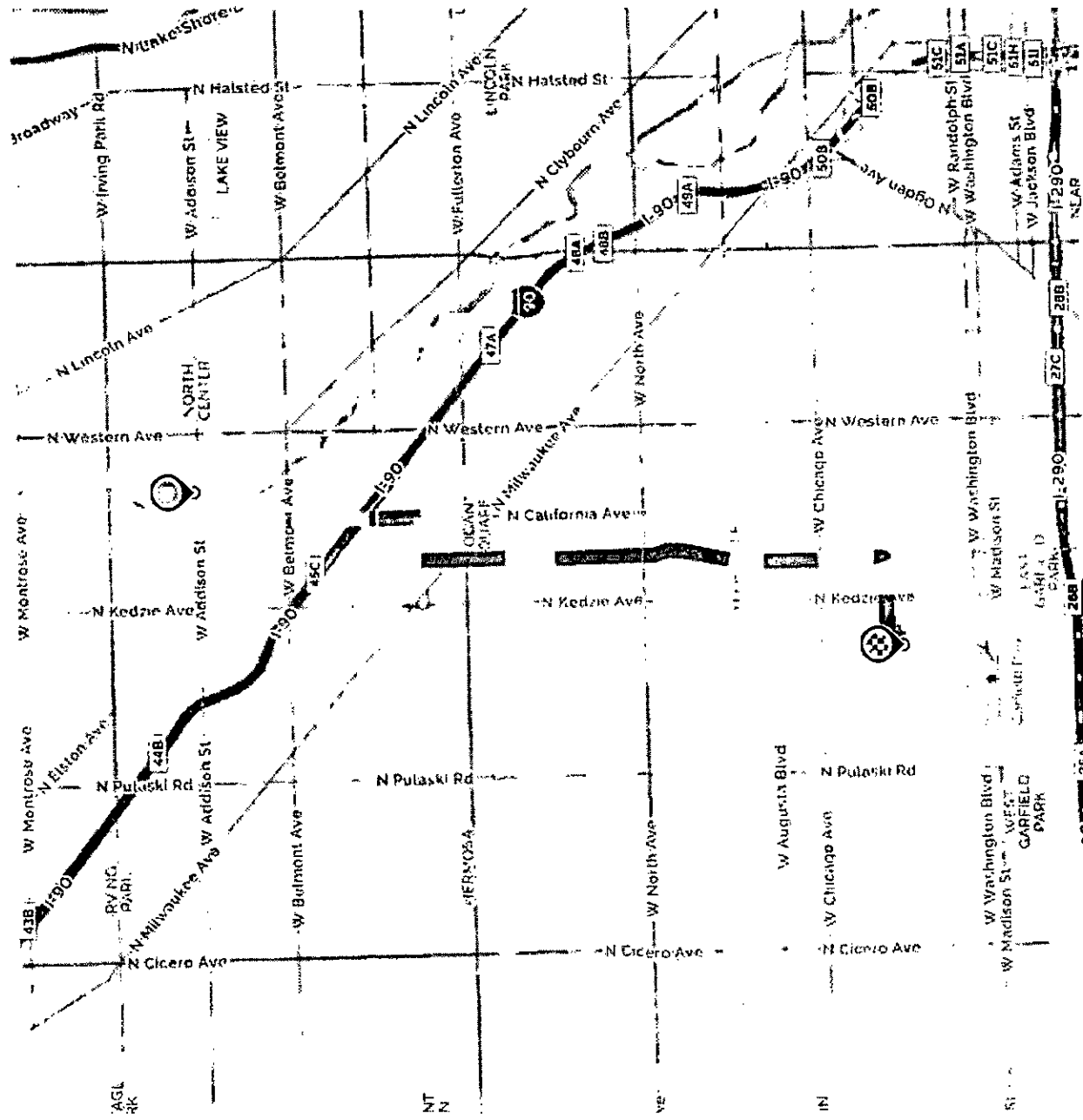
Then 0.10 miles

4.93 total miles

11. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the right.  
Your destination is just past W Franklin Blvd.

If you reach W Governors Pkwy you've gone a little too far.

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# YOUR TRIP TO:



408 N Homan Ave

**23 MIN | 4.4 MI**

**Est. fuel cost: \$0.55**

Trip time based on traffic conditions as of 4:51 PM on September 8, 2017. Current Traffic: Heavy

Lincoln Park Dialysis to proposed relocation site for Garfield Kidney Center



1. Start out going **southeast** on N Elston Ave toward N Damen Ave.

Then 0.15 miles

0.15 total miles



2. Turn **slight right** onto N Damen Ave.

*If you are on N Elston Ave and reach W Fullerton Ave you've gone a little too far.*

Then 0.52 miles

0.67 total miles



3. Turn **right** onto W Armitage Ave.

*W Armitage Ave is just past W McLean Ave.*

*If you reach W Homer St you've gone a little too far.*

Then 1.26 miles

1.93 total miles



4. Turn **left** onto N Humboldt Blvd.

*If you reach N Whipple St you've gone a little too far.*

Then 0.97 miles

2.90 total miles



5. N Humboldt Blvd becomes N Humboldt Dr.

Then 0.23 miles

3.14 total miles



6. N Humboldt Dr becomes N Humboldt Blvd.

Then 0.06 miles

3.20 total miles



7. N Humboldt Blvd becomes N Sacramento Blvd.

Then 0.57 miles

3.77 total miles



8. Turn **right** onto W Franklin Blvd.

*W Franklin Blvd is just past W Ohio St.*

Then 0.53 miles

4.30 total miles



9. Turn left onto N Homan Ave.  
N Homan Ave is 0.1 miles past N Spaulding Ave.

If you reach N Saint Louis Ave you've gone about 0.1 miles too far.

Then 0.10 miles

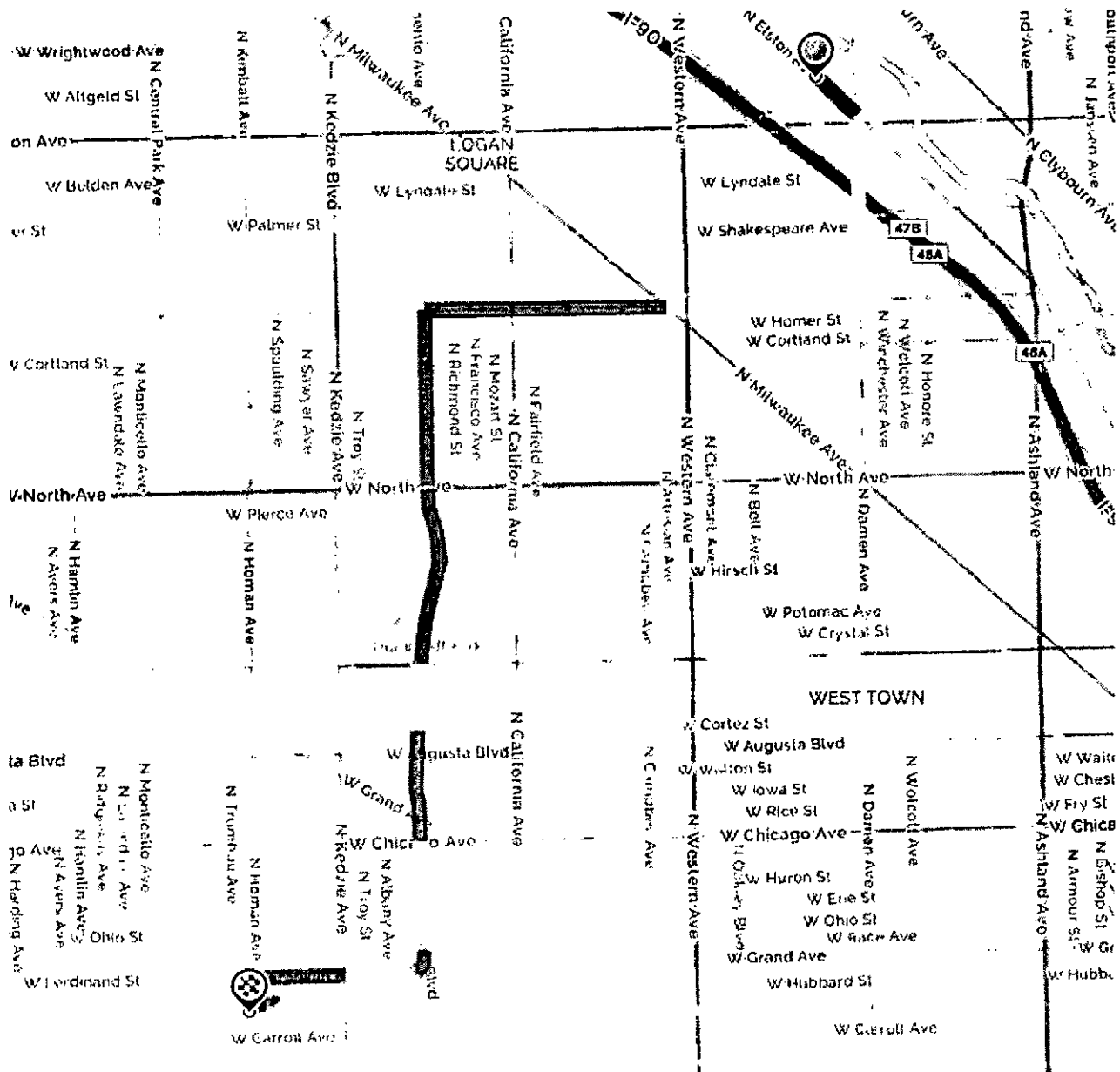
4.40 total miles



10. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the right.  
Your destination is just past W Franklin Blvd.

If you reach W Governors Pkwy you've gone a little too far.

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# YOUR TRIP TO:




408 N Homan Ave


**19 MIN | 6.5 MI**


**Est. fuel cost: \$0.79**


Trip time based on traffic conditions as of 4:55 PM on September 8, 2017. Current Traffic: Heavy


FMC Prairie to proposed relocation site for Garfield Kidney Center


- 


1. Start out going **north** on S Wabash Ave toward E 16th St.  
Then 0.61 miles 0.61 total miles
- 

2. Turn **left** onto E Roosevelt Rd.  
*E Roosevelt Rd is 0.1 miles past E 13th St.*  
*If you reach E 11th St you've gone about 0.1 miles too far.*  
Then 0.94 miles 1.55 total miles
- 

3. Merge onto I-290 W/Chicago-Kansas City Expressway W/Eisenhower Expy W toward **West Suburbs**.  
*If you reach S Union Ave you've gone a little too far.*  
Then 3.76 miles 5.31 total miles
- 

4. Take EXIT 26B toward **Homan Ave/3400 W**.  
Then 0.20 miles 5.51 total miles
- 

5. Merge onto W Congress Pkwy.  
Then 0.02 miles 5.53 total miles
- 

6. Take the 1st **right** onto S Homan Ave.  
*If you reach S Saint Louis Ave you've gone about 0.1 miles too far.*  
Then 0.96 miles 6.50 total miles
- 

7. 408 N Homan Ave, Chicago, IL 60624, 408 N HOMAN AVE is on the **left**.  
*Your destination is just past W Governors Pkwy.*  
*If you reach W Franklin Blvd you've gone a little too far.*

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

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

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**ORIGINAL**

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December 29, 2017

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**FEDERAL EXPRESS**

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Application for Permit – Garfield Kidney Center**

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Total Renal Care, Inc. (collectively, "DaVita") to submit the attached Application for Permit to discontinue a 16-station dialysis facility and establish a 24-station dialysis facility in Chicago, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Check for \$2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Authorization to Access Information; and
5. Physician Referral Letter.

Thank you for your time and consideration of DaVita's application for permit. If you have any questions or need any additional information to complete your review of the DaVita's application for permit, please feel free to contact me.

Sincerely,

Anne M. Cooper

Attachments

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