19-002 [ORIGINAL]

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: Burr Oaks Dialysis		
Street Address: 12625 Western Ave		
City and Zip Code: Blue Island, IL 60406		
County: Cook	Health Service Area: 7	Health Planning Area: 7

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

Exact Legal Name: Wadleigh Dialysis, LLC
Street Address: 2000 16th Street
City and Zip Code: Denver, CO 80201
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, IL 62703
Name of Chief Executive Officer: Kent Thiry
CEO Street Address: 2000 16th Street
CEO City and Zip Code: Denver, CO 80202
CEO Telephone Number: 303-405-2100

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

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

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

Name: Gaurav Bhattacharyya
Title: Regional Division Vice President
Company Name: DaVita, Inc.
Address: 1301 W. 22nd Street, Suite 603, Oak Brook, IL 60523
Telephone Number: 630-382-0490
E-mail Address: gauravb@davita.com
Fax Number:866-467-9358

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E-mail Address: gauravb@davita.com
Fax Number:866-467-9358

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
Address: 150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number:312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Illini Partners VII
Address of Site Owner: 3201 Old Glenview Road, Wilmette, IL 60091
Street Address or Legal Description of the Site: 12625 Western Ave, Blue Island, IL 60406 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Wadleigh Dialysis, LLC
Address:2000 16th Street, Denver, CO 80202

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 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 Wadleigh Dialysis, LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 12625 Western Avenue, Blue Island, IL 60406. The proposed dialysis facility will include a total of approximately 2,316 gross square feet in clinical space, 4,974 gross square feet of non-clinical space for a total of 7,290 gross rentable square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$422,500	$907,574	$1,330,074
Contingencies	$42,250	$90,750	$133,000
Architectural/Engineering Fees	$55,400	$174,305	$229,705
Consulting and Other Fees	$49,795	$106,944	$156,739
Movable or Other Equipment (not in construction contracts)	$495,166	$99,622	$594,788
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$461,214	$990,536	$1,451,750
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$1,526,325**	**$2,369,731**	**$3,896,056**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,065,111	$1,379,195	$2,444,306
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$461,214	$990,536	$1,451,750
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$1,526,325**	**$2,369,731**	**$3,896,056**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $1,043,132.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): November 30, 2020

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization NOT APPLICABLE

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

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

CERTIFICATION

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

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

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

SIGNATURE

Arturo Sida

PRINTED NAME

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

PRINTED TITLE

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

See Attached

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri

PRINTED NAME

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

PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 1st day of May, 2018

Kelli Bodnar

Signature of Notary

Seal

KELLI BODNAR
Notary Public
State of Colorado
Notary ID 20144024644
My Commission Expires Jun 20, 2018

*Insert EXACT legal name of the applicant

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

State of California

County of Los Angeles

On May 2, 2018 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

KIMBERLY ANN K. BURGO
COMM. #2226844
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 25, 2022

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. / Wadleigh Dialysis, LLC

Document Date: May 2, 2018 Number of Pages: 1 (one) (Burr Oaks Dialysis)

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. / Wadleigh Dialysis, LLC

(Burr Oaks Dialysis)

CERTIFICATION

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

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SIGNATURE

Arturo Sidal
PRINTED NAME

Assistant Corporate Secretary
PRINTED TITLE

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

See Attached

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri
PRINTED NAME

Chief Operating Officer – DaVita Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of May, 2018

Kelli Bodnar

Signature of Notary

Seal

KELLI BODNAR
Notary Public
State of Colorado
Notary ID 20144024644
My Commission Expires Jun 20, 2018

*Insert EXACT legal name of the applicant

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

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County of Los Angeles

On May 2, 2018 before me, Kimberly Ann K. Burgo, Notary Public,
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personally appeared *** Arturo Sida ***

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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

KIMBERLY ANN K. BURGO
COMM. #2226844
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 25, 2022

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Document Date: May 2, 2018 Number of Pages: 1 (one) (Burr Oaks Dialysis)

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. / Wadleigh Dialysis, LLC

(Burr Oaks Dialysis)

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

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

1110.110(a) – Background of the Applicant

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 1110.110(b) & (d)

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 1110.120 - 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.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

F. Criterion 1110.230 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:

2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis		12

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.2300(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		
1110.230(i) - Relocation (if applicable)	X		
1110.230(j) - Assurances	X	X	

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

4. **Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.230(i) - 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**]:

$2,444,306	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	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.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$1,451,750 (Lease FMV)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____	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;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,896,056	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

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

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information

regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

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

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

SECTION XI. CHARITY CARE INFORMATION

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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 Wadleigh Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

Wadleigh Dialysis, LLC will be the operator of Burr Oaks Dialysis. Burr Oaks Dialysis is a trade name of Wadleigh Dialysis, LLC and is not separately organized.

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

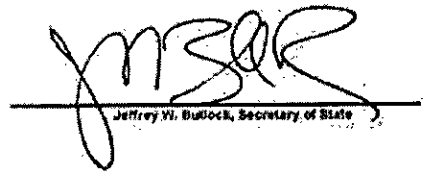
Delaware

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 SIXTEENTH DAY OF AUGUST, A.D. 2018.

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

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



2391269 8300

SR# 20186216280

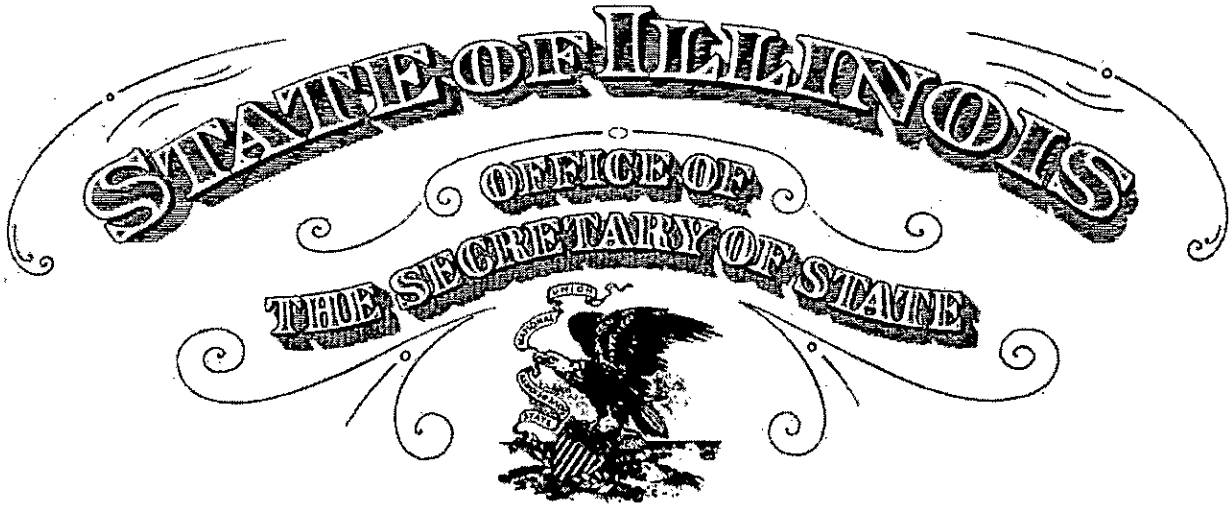
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203263018

Date: 08-16-18

Attachment - 1

File Number 0660841-8



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

WADLEIGH DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 01, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* AUGUST *A.D.* 2018 .

Authentication #: 1822701610 verifiable until 08/15/2019
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 Illini Partners VII and Wadleigh Dialysis, LLC to lease the facility located at 12625 Western Avenue, Blue Island, Illinois 60406 is attached at Attachment – 2.

Attachment - 2

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

April 26, 2018

Lynne Brackett
CBRE, Inc
700 Commerce Dr, Suite 450
Oak Brook, IL 60523

RE: LOI – 12625 Western Ave, Blue Island, IL 60406

Ms. Brackett:

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 250 company with revenues of approximately $13 billion. They operate approximately 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	12625 Western Ave, Blue Island, IL 60406
TENANT:	Total Renal Care, Inc. or related entity to be named
GUARANTOR:	Davita, Inc corporate guarantee
LANDLORD:	*Illini Partners VII*
SPACE REQUIREMENTS:	Requirement is for approximately 7,290 SF of contiguous rentable square feet on the eastern side of the building. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	15 years
BASE RENT:	*$20.00 /psf NNN for years 1-5 & 10% bump in year 6 and year 11.*
ADDITIONAL EXPENSES:	*Current estimate: CAM & INSURANCE $3.00/psf & RETAX $6.00/psf* Landlord to limit the cumulative operating expense costs to $9.00 psf in the first full lease year.
LANDLORD'S MAINTENANCE:	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property. Except for repair & replace the parking lot, catch basin repairs and parking lot lights.

Attachment – 2

CUSHMAN & WAKEFIELD

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 180 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

Notwithstanding A, B, & C (above) rent shall commence no later than 10 months from delivery of possession.

LEASE FORM:

Tenant's standard lease form.

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. Provided it does not conflict with the adjoining space.

Please verify with the City that the Use is permitted within the building's zoning and there are not any restrictions or other documents that may impact tenancy.

PARKING:

Existing parking as-is with Tenant dedicated parking at one stall per 1,000 sf. Landlord will provide signage for all dedicated parking spaces assigned for Tenant's exclusive use. As long as in front of Tenant's space.

BUILDING SYSTEMS:

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

CUSHMAN & WAKEFIELD

LANDLORD WORK:

Landlord shall deliver the premise with demised wall, electrical panel to the space, water and sewer connections to the space per Tenant's specifications outlined below:

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

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

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

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

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

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

Landlord to reconfigure the water and sprinkler service to minimize the existing footprint along the east elevation proposed for Tenant's use. In addition, Landlord shall create a room with exterior access for the water service. Landlord shall have the right to access existing sprinkler room.

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

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

Tenant shall run a new line to sanitary manhole and leave existing sanitary line for Landlord's use for adjacent space.

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

Landlord to repaint and repair all exterior EIFS and repair masonry as needed.

Landlord to restripe, reseal, and perform an overlay of the parking lot. Landlord to relocate existing dumpster area away from the building preferably in the northeast corner section of the property.

Landlord to replace all exterior light poles due to existing rusting.

Landlord to furnish and install a roof that is properly sloped (minimum ¼" per foot to drain with tapered insulation) and flashed for proper water shed. Landlord to provide minimum of R30 roof insulation at roof deck by installing additional insulation to meet Applicable Code, but in no event less than R30. Any information on the roof and contractor holding warranty shall be provided to Tenant.

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

TENANT IMPROVEMENTS: *Landlord shall provide $20.00 psf in TIA.*

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

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

OPTION TO RENEW: Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10 % for each successive five-year option periods.

FAILURE TO DELIVER PREMISES: Landlord shall deliver the premises to Tenant with all Landlord Work items (if any) substantially completed within 180 days from the later of lease execution or waiver of CON contingency.

HOLDING OVER: Tenant shall be obligated to pay 125% of the then current rate, if beyond 6 months 200% of the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and dual pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week. **Per city ordinance. Tenant responsible for any additional CAM costs due to additional hours.**

CUSHMAN & WAKEFIELD

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

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

HVAC: Landlord will provide a $12/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the, common areas, and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, , compliance with the Americans with Disabilities Act (ADA), at the time of delivery/possession 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). Mutual provision Tenant holds landlord harmless from claims caused by tenant. Landlord will indemnify tenant for environmental contamination caused by landlord.

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 C&W as the Tenant's sole representative and shall pay a brokerage fee equal to eighty cents ($0.80) per square foot per lease term year, 50% shall be due upon the later of lease signatures and waiver of CON contingency, and 50% shall be due when tenant is open for business.

CONTINGENCIES: In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance, Tenant shall have the right, but not the obligation to terminate the lease.

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

Sincerely,

Matthew Gramlich
CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **12625 Western Ave, Blue, Island, IL 60406**

AGREED TO AND ACCEPTED THIS 30 DAY OF APRIL 2018

By: _____

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

AGREED TO AND ACCEPTED THIS 26th DAY OF APRIL 2018

By: _____

_____
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

CUSHMAN & WAKEFIELD

EXHIBIT B

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 12625 Western Ave, Blue Island, IL 60406

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

____ Yes ___X___ No

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

____ Yes ___X___ No

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

____ Yes ___X___ No

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

____ Yes ___X___ No

HANS PARTNERS LTD
(Please add landlord or entity name)

By: _____

Print: _____

Its: _____

Date: 7/12/18

Attachment – 2

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

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

File Number 0660841-8

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

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

WADLEIGH DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 01, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 15TH *day of* AUGUST *A.D.* 2018 .

SEAL OF THE STATE OF ILLINOIS AUG. 26TH 1818

Authentication #: 1822701610 verifiable until 08/15/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

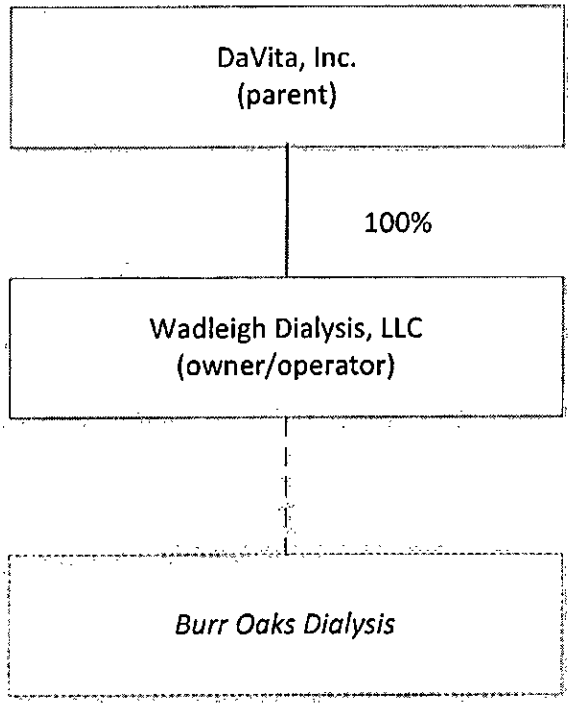
SECRETARY OF STATE

Attachment – 3

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

The organizational chart for DaVita, Inc., Wadleigh Dialysis, LLC and Burr Oaks Dialysis is attached at Attachment – 4.

ORGANIZATIONAL STRUCTURE

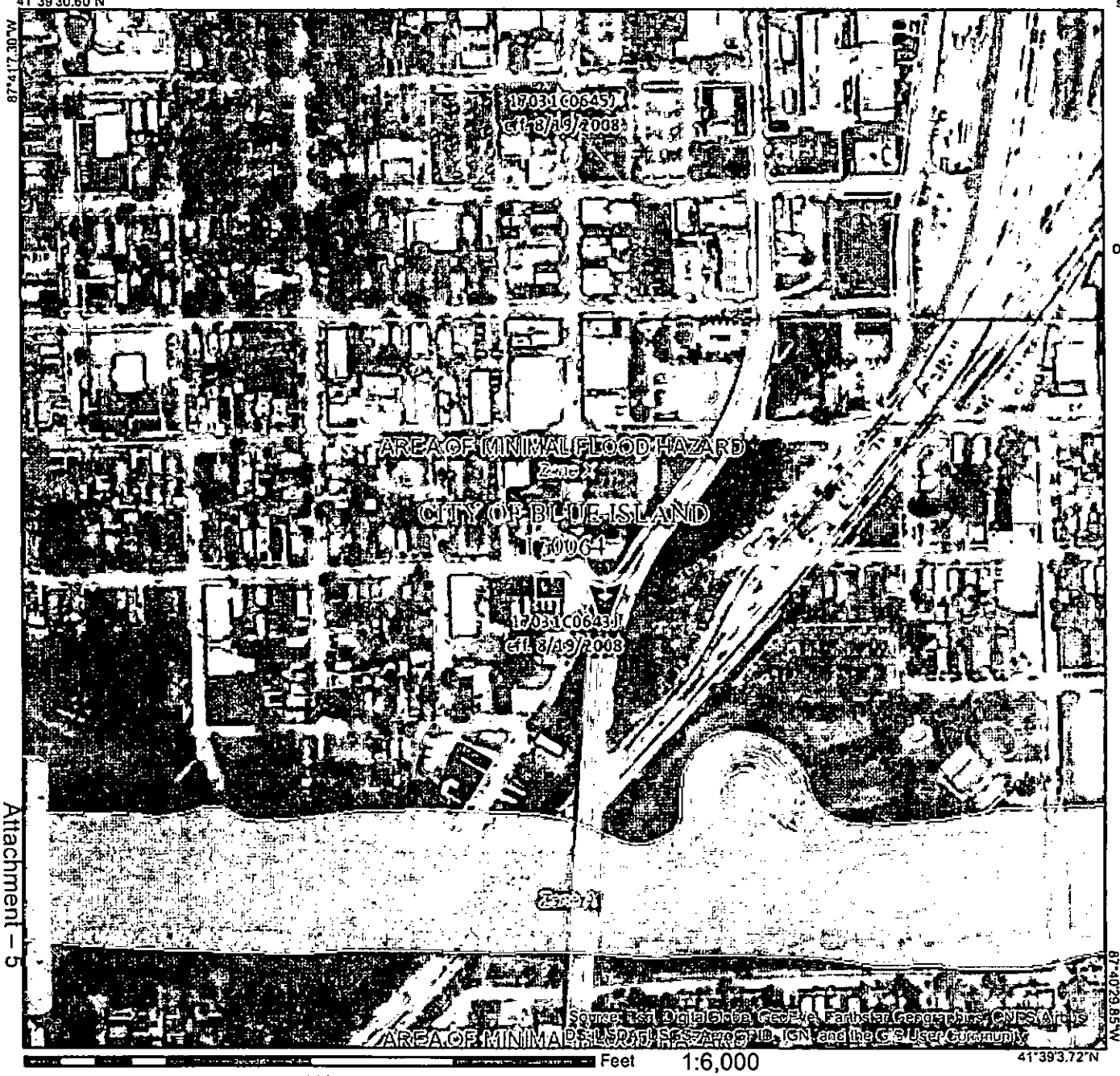


Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis clinic complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis clinic will be located at 12625 Western Avenue, Blue Island, Illinois 60406. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0643 reveals that this area is not included in the flood plain.

National Flood Hazard Layer FIRMette

FEMA



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE) Zone A, V, A99
- With BFE or Depth
- Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee. See Notes. Zone X
- Area with Flood Risk due to Levee Zone D

OTHER AREAS
- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOMRs
- Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES
- 20.2 Cross Sections with 1% Annual Chance
- 17.5 Water Surface Elevation
- Coastal Transect
- 513 Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS
- Digital Data Available
- No Digital Data Available
- Unmapped

N

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 5/7/2018 at 5:13:21 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Attachment – 5

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

The Historic Preservation Act determination from the Illinois Department of Natural Resources is attached at Attachment – 6.

Attachment - 6

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of
Natural Resources

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

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

FAX (217) 524-7525

Cook County
Blue Island
CON - Lease to Establish a 12-Station Dialysis Center
12625 Western Ave.
SHPO Log #006050918

July 2, 2018

Anne Cooper
Polsinelli
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606-1599

Dear Ms. Cooper:

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

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

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

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

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

Attachment – 6

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

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
Modernization Contracts	$422,500	$907,574	$1,330,074
Contingencies	$42,250	$90,750	$133,000
Architectural/Engineering Fees	$55,400	$174,305	$229,705
Consulting and Other Fees	$49,795	$106,944	$156,739
Moveable and Other Equipment			
Communications	$101,657		$101,657
Water Treatment	$143,000		$143,000
Bio-Medical Equipment	$15,940		$15,940
Clinical Equipment	$197,684		$197,684
Clinical Furniture/Fixtures	$21,885		$21,885
Lounge Furniture/Fixtures		$3,855	$3,855
Storage Furniture/Fixtures		$6,862	$6,862
Business Office Fixtures		$37,605	$37,605
General Furniture/Fixtures		$34,000	$34,000
Signage		$17,300	$17,300
Back Up Generator	$15,000		$15,000
Total Moveable and Other Equipment	$495,166	$99,622	$594,788
Fair Market Value of Leased Space	$461,214	$990,536	$1,451,750
Total Project Costs	**$1,526,325**	**$2,369,731**	**$3,896,056**

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

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

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

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

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
17-013	Geneva Crossing	Establishment	07/31/2020
17-014	Rutgers Park Dialysis	Establishment	06/30/2019
17-016	Salt Creek Dialysis	Establishment	06/30/2019
17-029	Melrose Village Dialysis	Establishment	07/31/2020
17-032	Illini Renal	Relocation/Expansion	05/31/2019
17-040	Edgemont Dialysis	Establishment	05/31/2019
17-049	Northgrove Dialysis	Establishment	07/31/2019
17-053	Ford City Dialysis	Establishment	08/31/2019
17-062	Auburn Park Dialysis	Establishment	02/29/2020
17-063	Hickory Creek Dialysis	Establishment	11/30/2019
17-064	Brickyard Dialysis	Establishment	10/31/2019
17-066	North Dunes Dialysis	Establishment	07/31/2020
17-068	Oak Meadows Dialysis	Establishment	04/30/2020
18-001	Garfield Kidney Center	Relocation	06/30/2020
18-011	Vermilion County Dialysis	Expansion	07/31/2020
18-017	Marshall Square Dialysis	Establishment	07/31/2020
18-037	Cicero Dialysis	Establishment	01/31/2021

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

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL							
ESRD	$1,526,325	2,316			2,316		
Total Clinical	**$1,526,325**	**2,316**			**2,316**		
NON REVIEWABLE							
Administrative	$2,369,731	4,974			4,974		
Total Non-Reviewable	**$2,369,731**	**4,974**			**4,974**		
TOTAL	**$3,896,056**	**7,290**			**7,290**		

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Burr Oaks Dialysis which is planned to be a 12-station in-center hemodialysis clinic to be located at 12625 Western Avenue, Blue Island, Illinois 60406.

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 2017 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in its Marshall Square Dialysis CON application (Proj. No.18-017). Some key initiatives of DaVita which are covered in that report are also outlined below.

Kidney Disease Statistics

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

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.[2]

- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.[3]

- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).[4]

- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).[5]

- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.[6]

- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS

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[1] Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Aug. 3, 2018).

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

[3] Id.

[4] Id. at 215.

[5] Id. at 216.

[6] Id. at 288.

began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.[7]

DaVita's Quality Recognition and Initiatives

Awards and Recognition

- Five Star Quality Ratings. DaVita led the industry for the fourth year by meeting or exceeding Medicare standards in the Centers for Medicare and Medicaid Services ("CMS") Five-Star Quality Rating System ("Five Star"). DaVita had more three, four and five star clinics than it has ever had in the history of the program.

- Quality Incentive Program. DaVita ranked first in outcomes for the fourth straight year in the CMS end stage renal disease ("ESRD") Quality Incentive Program. The ESRD QIP reduces payments to dialysis clinics 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 clinics receiving adjustments versus 23 percent for the rest of the industry.

- Coordination of Care. On September 5, 2018, America's Physician Groups (APG), formerly CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded three of DaVita's medical groups - HealthCare Partners in California, Health Care Partners in Nevada, 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. See Attachment – 11A.

- Joint Commission Accreditation. In October 2018, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from the Joint Commission, received its second reaccreditation. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. 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. See Attachment – 11B

- 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. On July 16, 2018, the Disabled American

[7] Id. at 292-294.

Veterans recognized DaVita as the 2018 Outstanding Large Employer of the Year. Since 2010, DaVita has hired over 3,000 veteran teammates, offering transitional support for teammates with a military background. Veteran teammates vary from patient care technicians to the organization's current chief development officer. DaVita has long been committed to honoring retired and active-duty service members and works to help them feel welcome in the community and to transition from life in the military to life as teammates at DaVita.

- Workplace Awards. In April 2018, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eleventh consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2018, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the fourteenth year in a row. DaVita received a Gold LearningElite award from Chief Learning Officer Magazine, which recognized DaVita's exemplary learning and development programs. DaVita has been among the LearningElite for the past six years, and this was its first Gold level recognition. DaVita was one of more than 100 companies from ten industry sectors to join the inaugural 2018 Bloomberg Gender-Equality Index for creating a majority diverse Board of Directors. The index measures gender equality across internal company statistics, employee policies, external community support and engagement and gender-conscious product offerings. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the eleventh consecutive year and twelfth 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:

- Clinical initiatives such as preventing missed treatments and managing vascular access, fluid, infection, medications and diabetes.
- Pneumococcal pneumonia and influenza initiatives: Increase pneumonia and influenza vaccination rates.
- Catheter removal: Help patients transition from central venous catheters (CVCs) to arteriovenous (AV) fistulas to reduce risk of hospitalization from infections and blood clots.
- 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:

  (i) Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,

  (ii) Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and

  (iii) Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

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

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

- DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("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 clinic 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 clinic. 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 achieved industry-leading clinical outcomes that support patients and helps them to be more clinically prepared for transplantation. 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.

  On June 6, 2018, DaVita and the University of Chicago Medicine announced the successful implementation of the Transplant Waitlist Support Program. The program's purpose is to help waitlisted patients remain transplant ready by deploying a technology-enabled solution to proactively and electronically exchange patient information between DaVita and the transplant center. Outdated information can cause a patient to be passed over when a transplant opportunity arises.

- Dialysis Quality Indicators. 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.

- 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 helped 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 2017 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. In 2018, 571 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised $1.1 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. See Attachment – 11C.

- 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 2017 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. In 2018, DaVita was recognized for the second time by the Dow Jones Sustainability Index (DJSI) as one of only seven U.S. based companies in the Health Care Providers and Services category on this year's DJSI World Index. See Attachment – 11D. 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.

  In 2018, the U.S. Department of Energy ("DOE") recognized DaVita in its Advanced Rooftop Unit ("RTU") Campaign and awarded DaVita the Communities Award in the Excellence in Corporate Social Responsibility category. DaVita was honored for its leadership in installing more energy efficient RTUs (heating and cooling units) in commercial buildings. DaVita was recognized for the highest number of automated fault detection and diagnostic ("AFDD") installations on RTUs, having installed 4,889 AFDD systems. DaVita was recognized by the Communitas Awards in Communities Award in the Excellence in Corporate Social Responsibility for its sustainability efforts, which include, saving 643 million gallons of water since 2013 through conservation efforts at dialysis centers; diverting 354,610 pounds of electronic waste from landfills since 2016; and donating more than 30,000 meals to local shelters since 2016 through food waste recovery efforts.

- DaVita does not limit its community engagement to the U.S. alone. In 2017, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed a total of 24 international medical missions and 25 domestic screenings, ultimately impacting nearly 14,000 lives. More than 200 DaVita volunteers supported these missions, impacting more than 110,000 men, women and children. In 2017, Bridge of Life established a

Community Health Worker Program where they trained 13 individuals in Haiti and Nicaragua, allowing Bridge of Life to refer patients to local medical staff with their in-country partners and to ensure those patients receive continued follow-up care. It also developed an electronic medical record (EMR) system, allowing Bridge of Life to go paperless and to enter and maintain patient data more quickly and efficiently. In 2018, Bridge of Life partnered with the Syrian American Medical Society ("SAMS") to screen Syrian refugees in Irbid, Jordon for hypertension, diabetes and kidney disease and to provide health education.

Other Section 1110.230(a) Requirements

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

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

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

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

DaVita News

DaVita Medical Group Honored for Delivering Excellent Patient Care

Three regions receive top award in APG's Standards of Excellence survey

DENVER, Sept. 5, 2018 /PRNewswire/ -- DaVita Medical Group, a division of DaVita Inc. (NYSE: DVA), today announced that three of its regions have received the top award from America's Physician Groups (APG), formerly CAPG, the country's leading organization representing physician groups practicing coordinated care.

This year, The Everett Clinic in Washington, HealthCare Partners in California and HealthCare Partners in Nevada, all part of DaVita Medical Group, were awarded APG's Standard of Excellence™ (SOE®) Elite award for receiving high marks in all patient care categories. These categories include: care management practices, information technology, accountability and transparency, patient-centered care, group support of advanced primary care, and administrative and financial capability.

"DaVita Medical Group and APG share a strong commitment to ensuring patients have access to high quality health care services wherever they are," said Chan Chuang, MD, chief clinical officer at DaVita Medical Group. "We are thrilled that three of DaVita Medical Group's distinct regions have received this noteworthy honor and we will continue to focus on the health and well-being of the communities and individuals we serve."

In addition, APG's Clinical Quality Leadership committee voted last year to increase the thresholds across the survey's domains. According to APG, updates to the 2018 SOE® include questions to further include the pediatric population and to highlight important health topics such as social determinants of health and advanced care planning.

"Each year we continue seeing remarkable commitment among our member organizations, including DaVita Medical Group, to stay ahead of the curve and drive change in how patients receive care," said Amy Nguyen Howell, chief medical officer at America's Physician Groups. "This survey helps set the bar for health care consumers to evaluate a physician group's technical quality, responsive patient experience and affordability."

The year 2018 marks APG's 12th annual edition of the SOE® survey and the recipients will be recognized at APG's Colloquium on Thursday, October 11 in Washington, D.C.

About DaVita Medical Group
DaVita Medical Group is a division of DaVita Inc., a Fortune 500® company, that operates and manages medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico and Washington. A leading independent medical group in America, DaVita Medical Group has over two decades of experience providing coordinated, outcomes-based medical care in a cost-effective manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVitaMedicalGroup.com.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical

Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of June 30, 2018, DaVita Kidney Care operated or provided administrative services at 2,580 outpatient dialysis centers located in the United States serving approximately 201,000 patients. The company also operated 253 outpatient dialysis centers located in 10 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

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SOURCE DaVita Medical Group

http://pressreleases.davita.com/2018-09-05-DaVita-Medical-Group-Honored-for-Delivering-Excellent-Patient-Care

DaVita® Medical Group

Attachment – 11A

DaVita News

DaVita's Inpatient Hospital Services Program Reaccredited by The Joint Commission

DaVita Hospital Services continues to deliver on quality with second reaccreditation

DENVER, Oct. 8, 2018 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), a leading independent provider of integrated health and kidney care services in the United States, today announced DaVita Hospital Services has received its second reaccreditation for Ambulatory Health Care from The Joint Commission.

"Our hospital partners ask us to bring our operations excellence and demonstrated quality of patient care to the inpatient care setting, and we're thrilled to be recognized for delivering on that promise," said Tina Livaudais, Vice President, Clinical Services for DaVita Hospital Services Group. "Our care team is one of the best in kidney care, and I'm pleased to have the chance today to acknowledge their enormous contributions to our reaccreditation."

The reaccreditation, effective 2018, is a symbol of quality earned by DaVita Hospital Services for meeting or exceeding performance standards set by The Joint Commission. Reaccreditation focuses on enhancing the quality and safety of patient care through improved clinical outcomes and performance metrics, risk management and survey preparedness.

DaVita was the first inpatient dialysis provider to be accredited by The Joint Commission in 2013. The Joint Commission collaborated to outline national industry standards by which safety and quality of inpatient kidney disease and apheresis therapies would be measured in the future. Having set standards allowed DaVita to better measure performance and increase alignment with its hospital partners.

"Joint Commission accreditation provides ambulatory care organizations with the processes contributing to improvements in a variety of areas from the enhancement of staff education to the demonstration of leading practices within the ambulatory setting," said Pearl Darling, MBA, Executive Director, Ambulatory Care Services, The Joint Commission. "We commend DaVita and its staff for achieving this pinnacle demonstrating a commitment to patient safety and quality. Your passion, dedication and tenacity can ultimately improve patient care. Thank you for your commitment to patient safety and entrusting The Joint Commission to assist you."

To learn more about DaVita Hospital Services, visit DaVita.com/Hospitals.

About DaVita Kidney Care
DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company, that through its operating divisions provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams and convenient health-management services. As of June 30, 2018, DaVita Kidney Care operated or provided administrative services at 2,580 outpatient dialysis centers located in the United States serving approximately 201,000 patients. The company also operated 253 outpatient dialysis centers located in 10 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in

communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek and WorldBlu. For more information, please visit DaVita.com.

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SOURCE DaVita Kidney Care

http://pressreleases.davita.com/2018-10-08-DaVitas-Inpatient-Hospital-Services-Program-Reaccredited-by-The-Joint-Commission,1

Attachment – 11B

DaVita News

12th Annual Tour DaVita Raises $1.1M for Bridge of Life

Cyclists rode nearly 100,000 miles through Virginia to raise awareness about kidney disease

DENVER, Oct. 5, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States, today announced Tour DaVita, an annual event to increase awareness of kidney disease and to encourage vital health screenings, raised $1.1 million to benefit Bridge of Life, a nonprofit organization founded by DaVita that supports medical missions in the U.S. and abroad.

"One of the things that made this ride so special was that many of the riders had a personal connection to the purpose of Tour DaVita," said Dave Hoerman, chief wisdom officer for DaVita Kidney Care. "Whether a rider cares for patients in a center, they have a loved one with kidney disease or they were patients themselves, each participant rode for a bigger cause."

To participate in the event, riders each met a fundraising goal and paid their own travel expenses. Individual fundraising combined with donations from DaVita and other corporate sponsorships contributed to more than $1.1 million to Bridge of Life. Bridge of Life works to strengthen health care globally through sustainable programs to help prevent kidney disease through early-detection testing and education for adults and children.

This year's Tour DaVita sponsors include Amgen, ASD Healthcare, Henry Schein, Inc, Wells Fargo, Baxter, ADI Construction of Virginia LLC, Dell Technologies, NxStage Medical, Meridian, MUFG and Tata Consultancy Services.

To date, Tour DaVita has helped raise more than $11 million for nonprofits dedicated to raising awareness of kidney disease, providing kidney disease screenings and expanding access to kidney care and primary health care in developing countries.

Tour DaVita took place in Virginia over the course of three days with 571 riders participating in the event, collectively riding a total of 94,015 miles. The first day was a 66-mile ride through the misty country roads of Doswell. Day two brought with it a torrential downpour in the afternoon as riders finished either a 72 or 100-mile course, which ended near Williamsburg. The third and final day brought heat and sunshine for the 58-mile leg that twisted along the James River.

This is the 12th Tour DaVita and the first time it has been hosted in Virginia. Other tours have taken place in Tennessee, Oregon, Wisconsin, Michigan, Washington State, Iowa and other locations along the East coast. In total, more than 1 million miles have been ridden through Tour DaVita since its inception.

For more information about Tour DaVita, please visit TourDaVita.org or Facebook.com/TourDaVita.

For more information about Bridge of Life, please visit BridgeofLifeInternational.org or Facebook.com/BridgeofLifeInternational.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of June 30, 2018, DaVita Kidney Care operated or provided administrative services at 2,580 outpatient dialysis centers located in the United

States serving approximately 201,000 patients. The company also operated 253 outpatient dialysis centers located in 10 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

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SOURCE DaVita Inc.

http://pressreleases.davita.com/2018-10-05-12th-Annual-Tour-DaVita-Raises-1-1M-for-Bridge-of-Life

Attachment – 11C

DaVita News

DaVita Named to Dow Jones Sustainability World Index

DENVER, Oct. 24, 2018 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, announced today that the company has been recognized for the second time by the Dow Jones Sustainability Indices (DJSI) and is one of only seven U.S.-based companies in the Health Care Providers and Services category on this year's DJSI World Index.

"We operate as a community first and a company second, so placing value in social, economic and environmental responsibility has always been one of our main tenets," said DaVita Chairman and CEO Kent Thiry. "As global corporate citizens, it's an honor to be named to such a prestigious list."

Launched in 1999, the DJSI World Index serves as a benchmark for investors who integrate sustainability considerations into their portfolios and provide an engagement platform for companies who want to adopt sustainable operations. The DJSI is based on an analysis of companies' environmental, social and governance practices.

Environmental

In 2015, DaVita established a set of 2020 Kidney Care environmental goals. The initiative's goals include reducing energy and carbon used during dialysis treatments by 10 percent, reducing water usage by 30 percent and implementing solid waste recycling in at least 45 percent of the company's dialysis centers.

And this year, DaVita's sustainability team, known as Village Green, celebrates 11 years of promoting environmental sustainability in the company's centers and offices around the world.

Social

Through numerous company-affiliated scholarships, DaVita has awarded more than $2.5 million in educational scholarships to children and grandchildren of DaVita teammates.

The DaVita Village Network (DVN) provides teammates and their dependents the opportunity to receive financial assistance during times of crisis such as natural disasters, medical or funeral expenses and financial hardships through times such as military deployment. All eligible teammates have the option to make voluntary payroll contributions to help fund the program. For every approved grant, DaVita contributes the same amount.

Through the DaVita Village Network program, DaVita contributed more than $800,000 to help fellow teammates impacted by last year's hurricanes.

Governance

DaVita's eleven-member board of directors now includes three women and four minority men, making DaVita's board one of the most diverse of any Fortune 500® company.

The company's board diversity was also recognized when DaVita was named as a Winning Company in 2017 by the 2020 Women on Boards organization.

DaVita is a pioneer in the area of corporate social responsibility. The company supports numerous programs dedicated to creating positive, sustainable change in communities around the world and supporting its "Trilogy

of Care"— Caring for Our Patients, Caring for Each Other and Caring for Our World.

To learn more about DaVita's approach to corporate responsibility, please visit DaVita.com/CommunityCare.

About DaVita Inc.
DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of June 30, 2018, DaVita Kidney Care operated or provided administrative services at 2,580 outpatient dialysis centers located in the United States serving approximately 201,000 patients. The company also operated 253 outpatient dialysis centers located in 10 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

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SOURCE DaVita Inc.

http://pressreleases.davita.com/2018-10-24-DaVita-Named-to-Dow-Jones-Sustainability-World-Index

Attachment – 11D

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
Auburn Park Dialysis	7939 SOUTH WESTERN AVENUE		CHICAGO	COOK	IL	60620	
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
Brickyard Dialysis	2640 NORTH NARRAGANSETT		CHICAGO	COOK	IL	60639	
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	14-2817
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edgemont Dialysis	8 VIEUX CARRE DRIVE		EAST ST. LOUIS	ST. CLAIR	IL	62203	
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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Ford City Dialysis	8159 S CICERO AVENUE		CHICAGO	COOK	IL	60652	
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Glenview Dialysis	2601 Compass Road	Suite 145	Glenview	Cook	IL	60026	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Geneva Crossing Dialysis	540 South Schmale Road		Carol Stream	DuPage	IL	60188	
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
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
Hickory Crrek Dialysis	214 COLLINS STREET		JOLIET	WILL	IL	60432	
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	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
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
Marshall Square Dialysis	2950-3010 West 26th Street		Chicago	COOK	IL	60623	
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Melrose Village	1985 North Mannheim Road		Melrose Park	Cook	IL	60160	
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	14-2813
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
North Dunes Dialysis	3113 North Lewis Avenue		Waukegan	Lake	IL	60087	
Northgrove Dialysiss	2491 INDUSTRIAL DRIVE		HIGHLAND	MADISON	IL	62249	
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	14-2818
Oak Meadows Dialysis	5020 West 95th Street		OAK LAWN	Cook	IL	60453	
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
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Rutgers Park Dialysis	8455 WOODWARD AVENUE		WOODRIDGE	DUPAGE	IL	60517	
Salt Creek Dialysis	196 WEST NORTH AVENUE		VILLA PARK	DUPAGE	IL	60181	

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	14-2810
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	14-2812
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 Wadleigh Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,

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

Subscribed and sworn to me
This ___ day of _____, 2018

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 May 2, 2018 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

KIMBERLY ANN K. BURGO
COMM. #2226844
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 25, 2022

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. / Wadleigh Dialysis, LLC

Document Date: May 2, 2018 Number of Pages: 1 (one) (Burr Oaks Dialysis)

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. / Wadleigh Dialysis, LLC
(Burr Oaks Dialysis)

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

Purpose of Project

1. This project is intended to improve access to life sustaining dialysis services to the residents residing in Blue Island. Throughout its history, Blue Island has been a point of entry for many immigrants, with Hispanic immigrants most recently settling in Blue Island. The community is 51% Hispanic and 26% African-American. Approximately, half of the Hispanic residents speak a language other than English. Due to the large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[8] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with primary care physicians.[9] Provider communications and an ability to connect with one's primary care provider are critical for optimal healthcare, particularly when treating complex chronic illnesses.

   The incidence of ESRD in the Hispanic and African-American populations is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic and African-American individuals. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than the general population. Access to health care, the quality of care received, and barriers due to language and health literacy also play a role in the higher incident rates.[10]

   In addition to a large minority community, Blue Island is an economically disadvantaged community. According to the 2016 U.S. Census Bureau estimates, 18% of residents live below the federal poverty level ("FPL") and 9% live in extreme poverty (below 50% of FPL).[11] Importantly, poverty is a key driver of health status. The higher the income level, the greater the resources available to support health and well-being, and the more likely an individual will be able to timely access a physician. The inability to obtain health insurance is a primary barrier to health care access, including regular primary care, specialty care, and other health services. According to the 2016 U.S. Census Bureau estimates, 10% of residents were uninsured.[12] Due to economic challenges faced by members of this community, the Health Resources & Services Administration ("HRSA") has designated this area a low

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8 Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 9, 2018).

9 Id. at 102-103.

10 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

11 U.S. Census Bureau, Census 2016, American Factfinder *available at* https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (last visited Oct. 27, 2018).

12 Id.

income health professional shortage area ("HPSA") and a low income medically underserved population. See Attachment – 12A.

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Blue Island and the surrounding communities. There are 11 existing or approved dialysis clinics within the Burr Oaks GSA. Excluding Washington Heights Dialysis, Fresenius Evergreen Park, and Fresenius Beverly Ridge, which are in their two year ramp up, average utilization of area dialysis clinics is 75%. Over the past three years, patient census at the existing clinics has increased 4.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Based upon this growth trend, there will be a need for 40 dialysis stations by 2020, the year the proposed Burr Oaks Dialysis is projected to become operational.

Table 1110.230(b)
HSA 7 Planning Area Need Methodology

	2015 Use Data	2017 Use Data
Planning Area Population - 2015[1]	3,466,200	3,466,200
In Station ESRD Patients[2]	5,163	5,342
Area Use Rate[3]	1.47	1.54
Planning Area Population - 2020 (State Projection)	3,508,600	3,508,600
Projected Patients - 2020	5,163	5,407
Statutory Adjustment[4]	1.33	1.33
Patients Adjusted	6,867	7,192
Projected Treatments - 2020[5]	1,071,219	1,121,916
Existing Stations	1,432	1,486
Stations Needed – 2020[6]	1,430	1,498
Number of Stations Needed	(2)	12

[1] Illinois Dept. of Public Health, Office of Health Informatics, Illinois Center for Health Statistics, Illinois Health Facilities and Services Review Board, Population Projections, Illinois, Chicago and Illinois Counties by Age and Sex, July 1, 2010 to July 1, 2025 (2014).

[2] Illinois Health Facilities and Services Review Board, December 2017 ESRD Utilization.

[3] 77 Ill. Admin. Code §1100.630(d)(2).

[4] 77 Ill. Admin. Code §1100.630(d)(4).

[5] 77 Ill. Admin. Code §1100.630(d)(5).

[6] 77 Ill. Admin. Code §1100.630(d)(6).

Finally, DuPage Medical Group is currently treating 128 CKD patients within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Mazen Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

The proposed Burr Oaks Dialysis is needed to ensure ESRD patients in Blue Island have adequate access to dialysis services that are essential to their well-being.

2. A map of the market area for the proposed clinic is attached at Attachment – 12B. The market area encompasses a 5 mile radius around the proposed clinic. The boundaries of the market area are as follows:

   - North 5 miles to Beverly (Chicago)
   - Northeast 5 miles to Roseland (Chicago)
   - East 5 miles to Riverdale (Chicago)
   - Southeast 5 miles to Dolton
   - South 5 miles to University Park
   - Southwest 5 miles to Midlothian
   - West 5 miles to Palos Park.
   - Northwest 5 miles to Oak Lawn.

   The purpose of this project is to improve access to life sustaining dialysis to residents of Blue Island and the surrounding area.

3. There are 11 existing or approved dialysis clinics within the Burr Oaks GSA. Excluding Washington Heights Dialysis, Fresenius Evergreen Park, and Fresenius Beverly Ridge, which are in their two year ramp up, average utilization of area dialysis clinics is 75%. Over the past three years, patient census at the existing clinics has increased 4.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. The proposed Burr Oaks Dialysis is needed to ensure there are sufficient dialysis stations to accommodate DuPage Medical Group's projected patients.

4. Source Information

   CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017, (2017) available at https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 3, 2018).

   US Renal Data System, USRDS 2017 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, 16 (2017) available at https://www.usrds.org/2017/download/ v1_c01_ GenPop_17.pdf (last visited Jul. 3, 2018).

   THE HENRY J. KAISER FAMILY FOUNDATION, MARKETPLACE EFFECTUATED ENROLLMENT, 2017-2018 *available at* https://www.kff.org/health-reform/state-indicator/marketplace-enrollment-2017-2018/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 3, 2018).

   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 (last visited Jul. 3, 2018).

   Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available*

at https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 9, 2018).

5. The proposed clinic will improve access to dialysis services to the residents of Blue Island and the surrounding area. Given the demographics of the Burr Oaks GSA, this clinic is necessary to ensure sufficient access to dialysis services in the community.

6. The Applicants anticipate the proposed clinic will have quality outcomes comparable to its other clinics. 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.

Health Resources & Services Administration (https://www.hrsa.gov)

Find Shortage Areas by Address

Enter an address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA/P.

Note: This search will not identify facility HPSAs. To find these HPSAs, use the HPSA Find (/tools/shortage-area/hpsa-find) tool.

Input address: 12625 western avenue, blue island, IL
Geocoded address: 12625 Western Ave, Blue Island, Illinois, 60406

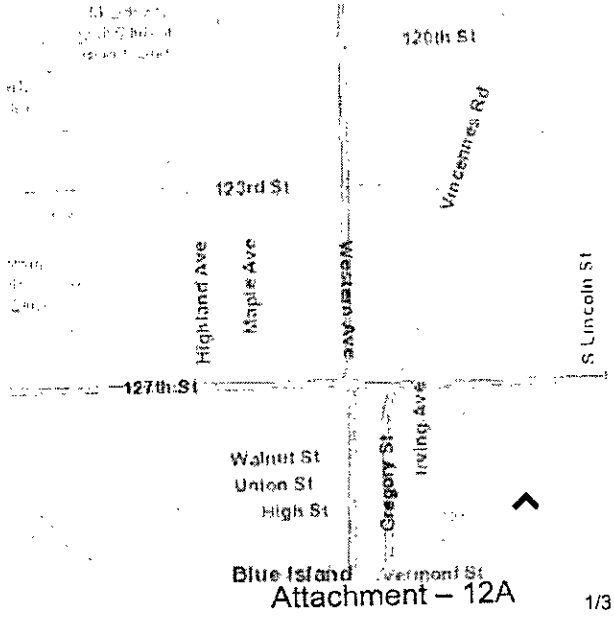
(shortagearea.aspx) **Start Over**

HPSA Data as of 10/29/2018
MUA Data as of 10/29/2018

[+] More about this address

In a Dental Health HPSA: Yes
HPSA Name: Low Income - Robbins/Markham
ID: 6174545174
Designation Type: HPSA Population
Status: Designated
Score: 14
Designation Date: 06/28/2001
Last Update Date: 10/28/2017

In a Mental Health HPSA: Yes
HPSA Name: Calumet_Park/Robbins/Hazel_Crest
ID: 7175715661



Designation Type: High Needs Geographic HPSA
Status: Designated
Score: 17
Designation Date: 12/29/2017
Last Update Date: 12/29/2017

Click on the image to see an expanded map vi

In a Primary Care HPSA: Yes
HPSA Name: Low Income - Robbins/Dixmoor/Harvey/Phoenix
ID: 1171368110
Designation Type: HPSA Population
Status: Designated
Score: 11
Designation Date: 06/07/2011
Last Update Date: 10/28/2017

In a MUA/P: Yes
Service Area Name: Low Inc - Blue Island
ID: 07308
Designation Type: Medically Underserved Population
Designation Date: 02/28/2003
Last Update Date: 02/28/2003

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

About HRSA

HRSA programs provide health care to people who are geographically isolated, economically or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care. HRSA also supports access to health care in rural areas, the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery. Learn more about HRSA » (https://www.hrsa.gov)

About Us (/about)

About the Data (/data/about)

A to Z Index (/a-to-z)

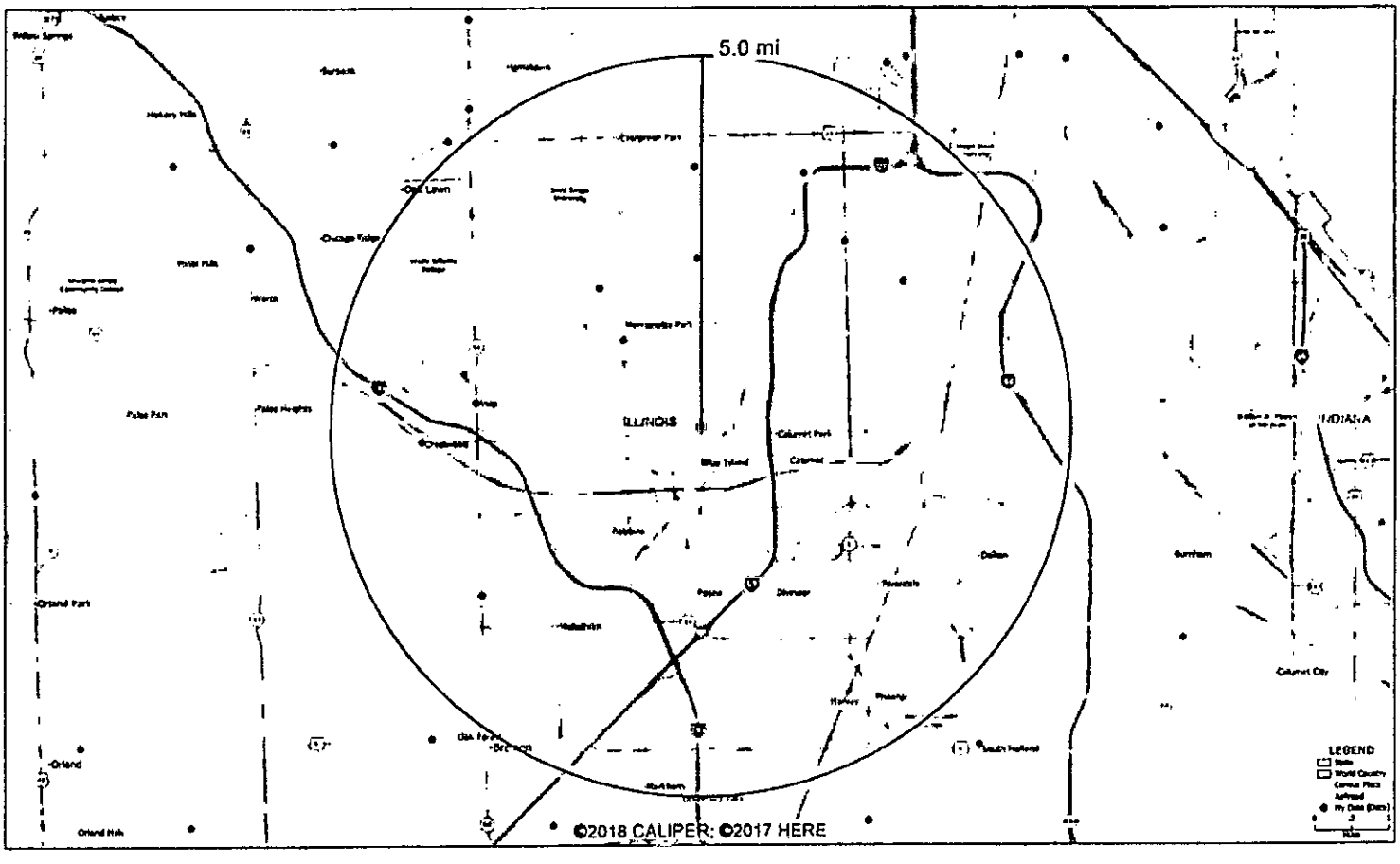
Site Map (/site-map)

What's New (/whats-new)

HRSA Data Warehouse (https://data.hrsa.gov/)

(https://www.hhs.gov)

Attachment – 12A



Attachment – 12B

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

Alternatives

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

1. Maintain the Status Quo/Do Nothing

2. Utilize Existing Facilities.

3. Establish a new facility.

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

Maintain the Status Quo/Do Nothing

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Blue Island, Illinois which is a Health Professional Shortage Area and Medically Underserved low income population. The patient service area for the proposed facility is 51% Hispanic and 26% African American. These minority populations have a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Twenty-two (22%) of the population lives below the Federal Poverty Level and 36% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic and African American populations, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population and the ESRD incidence rate among African Americans is 3.7 higher than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among these populations.[13]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[14] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

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13 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

14 Id.

The Burr Oaks GSA has experienced significant growth over the past three years, with patient census increasing 4.3% annually (or total increase of 13.4% from September 2015 to September 2018). Excluding Washington Heights Dialysis, Fresenius Evergreen Park and Fresenius Beverly Ridge, which are dedicated to different patient bases, utilization of area dialysis clinics is 75%, as of September 30, 2018. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. Based upon updated utilization trends, there will be a need for 40 dialysis stations in 2020, the year the proposed Burr Oaks Dialysis becomes operational.

Table 1110.230(b)
HSA 7 Planning Area Need Methodology

	2015 Use Data	2017 Use Data
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[2] Illinois Health Facilities and Services Review Board, December 2017 ESRD Utilization.

[3] 77 Ill. Admin. Code §1100.630(d)(2).

[4] 77 Ill. Admin. Code §1100.630(d)(4).

[5] 77 Ill. Admin. Code §1100.630(d)(5).

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Finally, DuPage Medical Group is currently treating 128 CKD patients within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Diab anticipates that at least 63 of these 128 patients

will initiate in-center hemodialysis within 12 to 24 months following project completion. Given the growing need for dialysis for the foreseeable future, this option was rejected.

There is no capital cost with this alternative.

Utilize Existing Facilities

The Burr Oaks GSA has experienced significant growth over the past three years, with patient census increasing 4.3% annually (or total increase of 13.4% from September 2015 to September 2018). Excluding Washington Heights Dialysis, Fresenius Evergreen Park and Fresenius Beverly Ridge, which are dedicated to different patient bases, utilization of area dialysis clinics is 75%, as of September 30, 2018. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. Based upon updated utilization trends, there will be a need for 40 dialysis stations in 2020, the year the proposed Burr Oaks Dialysis becomes operational.

Further, DuPage Medical Group is currently treating 128 CKD patients within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Given the growing need for dialysis for the foreseeable future, this option was rejected.

There is no capital cost with this alternative.

Establish a New Facility

The purpose of the project is to improve access to life sustaining dialysis services to the residents of Blue Island, Illinois which is a Health Professional Shortage Area and Medically Underserved low income population. The patient service area for the proposed facility is 51% Hispanic and 26% African American. These minority populations have a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Twenty-two (22%) of the population lives below the Federal Poverty Level and 36% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence of CKD in the Hispanic and African American populations, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population and the ESRD incidence rate among African Americans is 3.7 higher than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among these populations.[15]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language and

[15] Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

health literacy also play a role in the higher incident rates.[16] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

The Burr Oaks GSA has experienced significant growth over the past three years, with patient census increasing 4.3% annually (or total increase of 13.4% from September 2015 to September 2018). Excluding Washington Heights Dialysis, Fresenius Evergreen Park and Fresenius Beverly Ridge, which are dedicated to different patient bases, utilization of area dialysis clinics is 75%, as of September 30, 2018. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community. Based upon updated utilization trends, there will be a need for 40 dialysis stations in 2020, the year the proposed Burr Oaks Dialysis becomes operational.

Further, DuPage Medical Group is currently treating 128 CKD patients within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, additional stations are needed to ensure ESRD patients in the Burr Oaks GSA have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is $3,896,056.

16 Id.

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

The Applicants propose to establish a 12-station dialysis clinic. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Burr Oaks Dialysis is 2,316 of clinical gross square feet (or 193 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	2,316	4,320 – 6,240	N/A	Below State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Diab is currently treating 128 selected CKD patients who all reside within 3 miles of the proposed clinic, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Blue Island, it is estimated that 63 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,828	8,986	Yes

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

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

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

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

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

1. Planning Area Need

This project is intended to improve access to life sustaining dialysis services to the residents residing in Blue Island. Throughout its history, Blue Island has been a point of entry for many immigrants, with Hispanic immigrants most recently settling in Blue Island. The community is 51% Hispanic and 26% African-American. Approximately, half of the Hispanic residents speak a language other than English. Due to the large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[17] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with primary care physicians.[18] Provider communications and an ability to connect with one's primary care provider are critical for optimal healthcare, particularly when treating complex chronic illnesses.

The incidence of ESRD in the Hispanic and African-American populations is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population, and the ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic and African-American individuals. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. African Americans with diabetes are more likely to develop complications of diabetes and to have greater disability from these complications than the general population. Access to health care, the quality of care received, and barriers due to language and health literacy also play a role in the higher incident rates.[19]

In addition to a large minority community, Blue Island is an economically disadvantaged community. According to the 2016 U.S. Census Bureau estimates, 18% of residents live below FPL and 9% live in extreme poverty (below 50% of FPL).[20] Importantly, poverty is a key driver of health status. The higher the income level, the greater the resources available to support health and well-being, and the more likely an individual will be able to timely access a physician. The inability to obtain health insurance is a primary barrier to health care access, including regular primary care, specialty care, and other health services. According to the 2016 U.S. Census Bureau estimates, 10% of residents

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17 Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 9, 2018).

18 Id. at 102-103.

19 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

20 U.S. Census Bureau, Census 2016, American Factfinder *available at* https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (last visited Oct. 27, 2018).

were uninsured.[21] Due to economic challenges faced by members of this community, HRSA has designated this area a low income HPSA and a low income medically underserved population.

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Blue Island and the surrounding communities. There are 11 existing or approved dialysis clinics within the Burr Oaks GSA. Excluding Washington Heights Dialysis, Fresenius Evergreen Park, and Fresenius Beverly Ridge, which are in their two year ramp up, average utilization of area dialysis clinics is 75%. Over the past three years, patient census at the existing clinics has increased 4.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Based upon this growth trend, there will be a need for 40 dialysis stations by 2020, the year the proposed Burr Oaks Dialysis is projected to become operational.

Table 1110.1430
HSA 7 Planning Area Need Methodology

	2015 Use Data	2017 Use Data
Planning Area Population - 2015[1]	3,466,200	3,466,200
In Station ESRD Patients[2]	5,163	5,342
Area Use Rate[3]	1.47	1.54
Planning Area Population - 2020 (State Projection)	3,508,600	3,508,600
Projected Patients - 2020	5,163	5,407
Statutory Adjustment[4]	1.33	1.33
Patients Adjusted	6,867	7,192
Projected Treatments - 2020[5]	1,071,219	1,121,916
Existing Stations	1,432	1,486
Stations Needed – 2020[6]	1,430	1,498
Number of Stations Needed	(2)	12

[1] Illinois Dept. of Public Health, Office of Health Informatics, Illinois Center for Health Statistics, Illinois Health Facilities and Services Review Board, Population Projections, Illinois, Chicago and Illinois Counties by Age and Sex, July 1, 2010 to July 1, 2025 (2014).

[2] Illinois Health Facilities and Services Review Board, December 2017 ESRD Utilization.

[3] 77 Ill. Admin. Code §1100.630(d)(2).

[4] 77 Ill. Admin. Code §1100.630(d)(4).

[5] 77 Ill. Admin. Code §1100.630(d)(5).

[6] 77 Ill. Admin. Code §1100.630(d)(6).

[21] Id.

Finally, DuPage Medical Group is currently treating 128 CKD patients within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Mazen Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

The proposed Burr Oaks Dialysis is needed to ensure ESRD patients in Blue Island have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the Blue Island. As evidenced in the physician referral letter attached at Appendix - 1, all 128 pre-ESRD patients reside five miles of the proposed Burr Oaks Dialysis.

4. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Diab or DuPage Medical Group and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis clinic within the first two years after project completion is provided in Table 1110.1430(c)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
60406	87
60643	41
Total	**128**

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to improve access to life-sustaining dialysis for residents of Blue Island, Illinois and the immediately surrounding area. The Blue Island community is 51% Hispanic and 26% African-American. Approximately, half of the Hispanic residents speak a language other than English. Due to the large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[22] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with

[22] Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 9, 2018).

primary care physicians.[23] Provider communications and an ability to connect with one's primary care provider are critical for optimal healthcare, particularly when treating complex chronic illnesses.

In addition to a large minority community, Blue Island is an economically disadvantaged community. According to the 2016 U.S. Census Bureau estimates, 18% of residents live below the FPL and 9% live in extreme poverty (below 50% of FPL).[24] Importantly, poverty is a key driver of health status. The higher the income level, the greater the resources available to support health and well-being, and the more likely an individual will be able to timely access a physician. The inability to obtain health insurance is a primary barrier to health care access, including regular primary care, specialty care, and other health services. According to the 2016 U.S. Census Bureau estimates, 10% of residents were uninsured.[25] Due to economic challenges faced by members of this community, HRSA has designated this area a low income HPSA and a low income medically underserved population.

Related to the higher incidence of CKD in the Hispanic and African American populations, the incidence of ESRD in the Hispanic population is 1.5 times greater than the non-Hispanic population and the ESRD incidence rate among African Americans is 3.7 higher than Caucasians. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among these populations.[26]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[27] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter,

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Blue Island and the surrounding communities. There are 11 existing or approved dialysis clinics within the Burr Oaks GSA. Excluding Washington Heights Dialysis, Fresenius Evergreen Park, and Fresenius Beverly Ridge, which are in their two year ramp up, average utilization of area dialysis clinics is 75%. Over the past three years, patient census at the existing clinics has increased 4.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Based upon this growth trend, there will be a need for 40 dialysis stations by 2020, the year the proposed Burr Oaks Dialysis is projected to become operational.

Finally, DuPage Medical Group is currently treating 128 CKD patients within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment

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23 Id. at 102-103.

24 U.S. Census Bureau, Census 2016, American Factfinder *available at* https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (last visited Oct. 27, 2018).

25 Id.

26 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

27 Id.

modalities (HHD and peritoneal dialysis), Dr. Mazen Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

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

1. Unnecessary Duplication of Services

a. The proposed dialysis clinic will be located at 12625 Western Ave, Blue Island, Illinois 60406. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within a 5 mile radius of the proposed dialysis clinic as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

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

ZIP Code	City	Population
60406	Blue Island	24,629
60419	Dolton	22,796
60426	Harvey	29,826
60445	Midlothian	26,201
60469	Posen	5,906
60472	Robbins	5,226
60620	Chicago	69,299
60643	Chicago	50,507
60655	Chicago	28,741
60803	Alsip	22,762
60805	Evergreen Park	19,849
60827	Riverdale	28,864
Total		**334,606**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http:// https://factfinder.census.gov/faces/nav/jsf/pages /community_facts.xhtml (last visited Sept. 7, 2018).

b. A list of existing and approved dialysis clinics located within a 5 mile radius of the proposed dialysis clinic is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis clinic will not result in a maldistribution of services.[28] In fact, this facility will improve distribution of services to provide access to services to a safety net community in a HPSA and low income MUA/P, which does not have appropriate access to these services. Excluding Washington Heights Dialysis, FMC Evergreen Park, FMC Beverly Ridge, which were recently Medicare certified and were developed to serve distinct patient bases, utilization of area dialysis

[28] 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.

clinics was 75% as of September 30, 2018. Accordingly, the proposed dialysis clinic 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 160% of the State Average.

Table 1110.1430(c)(2)(A)
Ratio of Stations to Population

	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	334,606	202[29]	1:1,656	Yes
State	12,851,684	4,847	1:2,651	

b. Historic Utilization of Existing Facilities

There are 11 existing or approved dialysis clinics within the Burr Oaks GSA. Excluding Washington Heights Dialysis, Fresenius Evergreen Park, and Fresenius Beverly Ridge, which are in their two year ramp up, average utilization of area dialysis clinics is 75%. Over the past three years, patient census at the existing clinics has increased 4.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Based upon this growth trend, there will be a need for 40 dialysis stations by 2020, the year the proposed Burr Oaks Dialysis is projected to become operational.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis clinic. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. DuPage Medical Group is currently treating 128 CKD patients, who reside within five miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Mazen Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

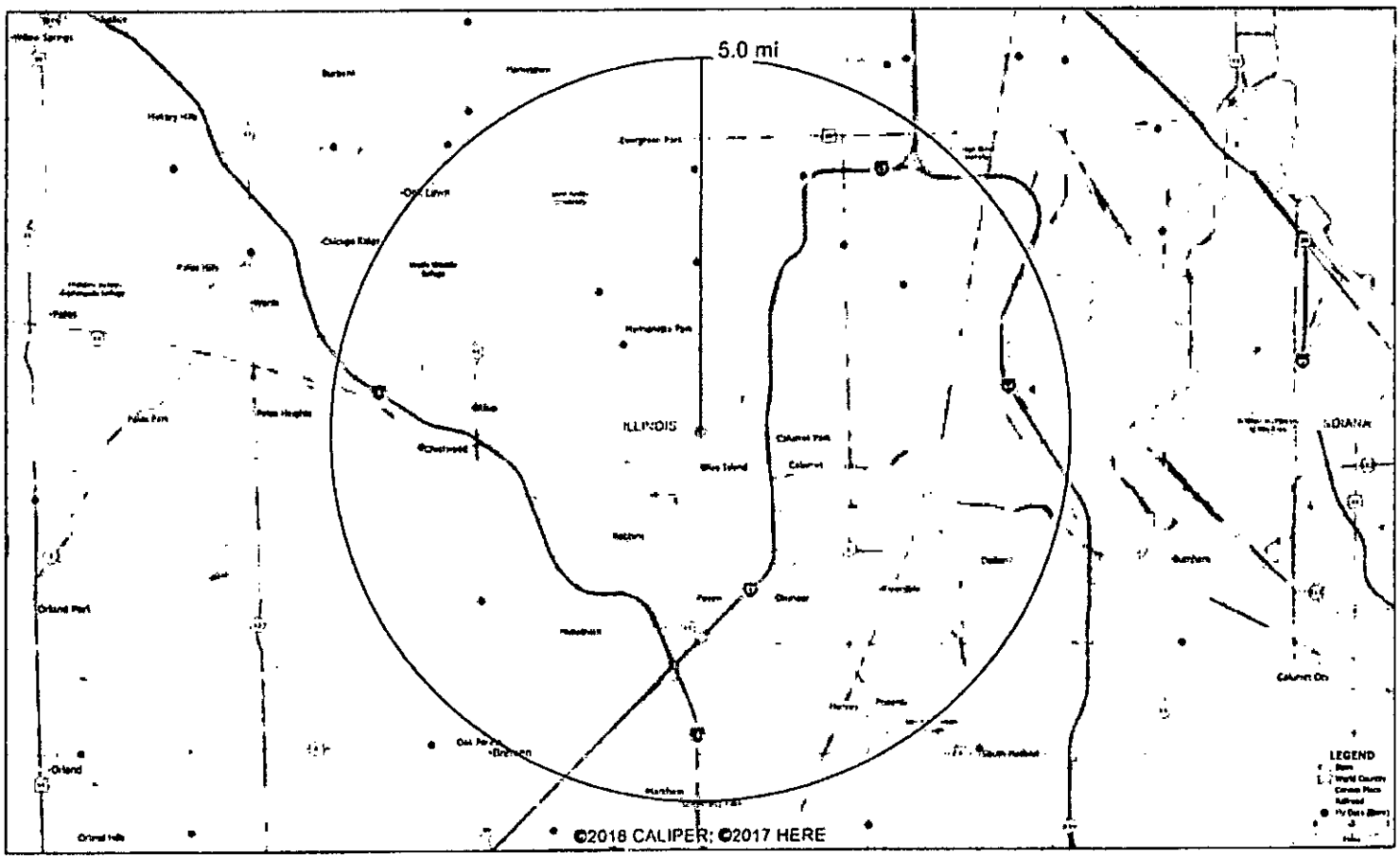
a. The proposed dialysis clinic will not have an adverse impact on existing facilities in the Burr Oaks GSA. DuPage Medical Group is currently treating 128 CKD patients, who reside within five miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Mazen Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer to existing dialysis clinics.

[29] Excludes Concerto Dialysis (non-reporting dialysis clinic)

b. The proposed dialysis clinic will not lower the utilization of other area facilities that are currently operating below State Board standards. There are 11 existing or approved dialysis clinics within the Burr Oaks GSA. Excluding Washington Heights Dialysis, Fresenius Evergreen Park, and Fresenius Beverly Ridge, which are in their two year ramp up, average utilization of area dialysis clinics is 75%. Over the past three years, patient census at the existing clinics has increased 4.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Based upon this growth trend, there will be a need for 40 dialysis stations by 2020, the year the proposed Burr Oaks Dialysis is projected to become operational.

Further, DuPage Medical Group is currently treating 128 CKD patients, who reside within five miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Mazen Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer to existing dialysis clinics.

Based on the foregoing, the proposed Burr Oaks Dialysis will not lower the utilization of other area facilities that are currently operating below State Board standards nor will it duplicate any services as facilities that are ramping up are dedicated to the patients of other nephrologists.



Attachment – 24A

Burr Oaks GSA Utilization

Facility	Ownership	Address	City	HSA	Straight Line Distance	Number of Stations 7/25/2018	Number of Patients 9/30/18	Utilization % 9/30/18
Blue Island Dialysis Ctr	Fresenius	2310 York Street	Blue Island	7	0.47	28	117	69.64%
Fresenius Medical Care Merrionette Park	Fresenius	11650 S. Kedzie Avenue	Merrionette Park	7	1.58	24	142	98.61%
Beverly Dialysis	Davita	8111 South Western Avenue	Chicago	6	2.28	16	84	87.50%
Mount Greenwood Dialysis	Davita	3401 W. 111th Street	Chicago	6	2.33	16	87	90.63%
Alsip Dialysis Center	Fresenius	12250 S. Cicero, Suite 105	Alsip	7	3.06	20	82	68.33%
DaVita Washington Heights[1]	Davita	10620 South Halstead	Chicago	6	3.16	16	24	25.00%
Fresenius Medical Care of Roseland	Fresenius	136 W. 111th Street	Chicago	6	3.36	12	57	79.17%
Fresenius Medical Care Evergreen Park[2]	Fresenius	9730 South Western Avenue	Evergreen Park	7	3.52	30	75	41.67%
Fresenius Medical Care Beverly Ridge[3]	Fresenius	9914 South Vincennes	Chicago	6	3.69	16	18	18.75%
Concerto Dialysis		14255 S. Cicero Ave.	Crestwood	7	3.72	9	16	29.63%
Dialysis Center of America - Crestwood	Fresenius	4861 West Cal Sag Road	Crestwood	7	3.77	24	86	59.72%
Total						**211**	**788**	**62.24%**
Total Less Non-Reporting and Clinics Operational <2 Years						**149**	**671**	**75.06%**

[1]Medicare Certified March 23, 2018

[2]Medicare Certified October 12, 2017

[3]Medicare Certified January 18, 2018

Attachment – 24B

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

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

    Administrator (1.02 FTE)
    Registered Nurse (4.24 FTE)
    Patient Care Technician (3.98 FTE)
    Biomedical Technician (0.34 FTE)
    Social Worker (0.54 FTE)
    Registered Dietitian (0.55 FTE)
    Administrative Assistant (0.79 FTE)

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

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

    d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Wadleigh Dialysis LLC, attached at Attachment – 24E, Burr Oaks Dialysis will maintain an open medical staff.

Mohamad Adel Abdessamad

E-MAIL: DR.ABDESSAMAD@GMAIL.COM
CELL: 773-603-7386
FAX: 708-389-3206

ACADEMIC DETAILS

Fellowship:
University of Vermont, Burlington, VT.
Nephrology: 2012- 2014.

Residency:
John H.Stroger Hospital of Cook County. Chicago, IL.
Internal Medicine. 2010-2012

Internship:
John H.Stroger Hospital of Cook County. Chicago, IL.
Internal Medicine. 2009-2010

Medical School:
Damascus University, Faculty of Medicine.
Damascus, Syria: 2001-2008

MEDICAL EXAMS

ABIM NEPHROLOGY	*Passed*	*11/2014*
ABIM Internal Medicine	*Passed*	*08/15/2012*
USMLE Step 3	*Passed*	*02/2009*
USMLE Step 2 CS (Clinical Skills)	*Passed*	*10/2008*
USMLE Step 2 CK (Clinical Knowledge)	*Passed*	*09/2008*
USMLE Step 1	*Passed*	*11/2007*

Attachment – 24C

BOARD CERTIFICATION

American Board of Internal Medicine: August 2012

American Board of Internal Medicine/ Nephrology: November 2014

WORK EXPERIENCE

Kidney & Hypertension Associates:
Private Nephrologist/ Associate 2014- Present

DuPage Medical group, LTD:
Starting 9/1/2016

RESEARCH EXPERIENCE

Clinical Research:

University of Vermont, Department of Nephrology, 2013:
A retrospective study evaluating the etiologies of SIADH in an inpatient population, clinical course and treatment options.
Abdessamad MA, Weber S, O'toole J, Weise W.

Damascus University, School of Medicine, 2008:
Prevalence and risk factors for Giardiasis among primary school children in Damascus, Syria Saudi Med J 2008; Vol. 29 (2):234-40
Almerie MQ, Azzouz MS, Abdessamad MA, Mouchli MA, Sakbani MW, Alsibai MS, Alkafri A, Ismail MT.

Bench Research:

John H Stroger Hospital of Cook County, 2010:
Urinary exosomes and Proteomic Biomarkers in diabetic nephropathy and nondiabetic CKD

Posters:

- Severe Symptomatic Hyponatremia in Guillain-Barré Syndrome Treated with Tolvaptan. ASN Kidney Week Philadelphia, November 2014.

- A case of Minimal change Nephrotic Syndrome in a Systemic Lupus Erythematosus patient , ACP Northern Illinois Associates Day, October 2010.

Oral Presentations:

John Stroger Hospital of Cook County:

- Overview of the management of CKD in adults: Sept. 2010

University of Vermont:

- HIV and the Kidney: June 2014

Publications:

"Prevalence and risk factors for Giardiasis among primary school children in Damascus, Syria "
Saudi Med J 2008; Vol. 29 (2):234-40
Almerie MQ, Azzouz MS, **Abdessamad MA**, Mouchli MA, Sakbani MW, Alsibai MS, Alkafri A, Ismail MT.

TEACHING EXPERIENCE

University Of Vermont: October 2013

As a part-time faculty at the University of Vermont, I was assigned by the Department of Nephrology to supervise three small group sessions for second year medical students.
The project is named CRR "Cardiac-Renal-Respiratory" small group workshop.

1. Acute kidney injury introduction and patho-physiology, October 7th 2013
2. Diabetes and the Kidney, October 8th 2013
3. Nephrotic syndrome introduction, October 14th 2013

University of Vermont: March 2014
Hyperkalemia inpatient protocol at Fletcher Allen Health Care System.

LANGUAGES

English: *Fluent*
Spanish: *Basic*
Arabic: *Mother language, Fluent*

LICENSURE

Illinois State licensure: *Full license*, Active

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

1. ASN
2. ACP
3. SAMS

REFERENCES

Available upon request

TITLE: BASIC TRAINING IN-CENTER HEMODIALYSIS PROGRAM OVERVIEW

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

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

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

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

Orig. 1995
Review
Revision Mar 2014, Sep 2015, Feb 2017

TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS PROGRAM DESCRIPTION

Introduction to Program

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

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

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

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

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

An **experienced teammate** is defined as:

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

Note:

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

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.

Orig. 1995
Review Feb 2017
Revision Aug 2014, Oct 2014, Jul 2015, Sep 2015, Oct 2015, Jan 2016, May 2016, Jan 2017

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.

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

Note:

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

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

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

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

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

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

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

Training 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

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

Independent Care Assignments
Prior to the new teammate receiving an independent patient-care assignment, the Procedural Skills Verification Checklist must be completed and signed and a passing score of the DaVita Basic Training Final Exam must be achieved.
Note:
Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

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

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

Orig. 1995
Review Feb 2017
Revision Aug 2014, Oct 2014, Jul 2015, Sep 2015, Oct 2015, Jan 2016, May 2016, Jan 2017

Process of Program Evaluation

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

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

Re: Certification of Support Services

Dear Chair Olson:

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

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

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

Sincerely,

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

Subscribed and sworn to me
This ___ day of _____, 2018

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 May 2, 2018 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

KIMBERLY ANN K. BURGO
COMM. #2226844
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 25, 2022

PER1 PER1

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. / Wadleigh Dialysis, LLC

Document Date: May 2, 2018 Number of Pages: 1 (one) (Burr Oaks Dialysis)

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. / Wadleigh Dialysis, LLC
(Burr Oaks Dialysis)

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

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

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

The proposed dialysis clinic will be located in the Chicago metropolitan statistical area ("MSA"). A dialysis clinic located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis clinic. 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 Ingalls Memorial Hospital to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

TRANSFER AGREEMENT
BY AND BETWEEN
INGALLS MEMORIAL HOSPITAL AND
TOTAL RENAL CARE, INC.

THIS TRANSFER AGREEMENT (this "Agreement") is entered into as of the 14th day of March, 2018, by and between Ingalls Memorial Hospital, an Illinois non-profit corporation ("Receiving Hospital") and Total Renal Care, Inc., a subsidiary of DaVita, Inc. ("Transferring Facility"), collectively known as "Parties."

WHEREAS, Receiving Hospital operates a general acute hospital and ancillary facilities;

WHEREAS, Transferring Facility operates a facility specializing in dialysis;

WHEREAS, Transferring Facility receives from time to time patients who are need of specialized services not available at Transferring Facility;

WHEREAS, the Parties are legally separate organizations and are not related in any way to one another through common ownership or control; and

WHEREAS, the Parties wish to join together to develop a relationship for the provision of health care services in order to assure continuity of care for patients and to ensure accessibility of services to patients.

NOW, THEREFORE, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby mutually agreed by the Parties as follows:

ARTICLE I.
Patient Transfers

1.1. Acceptance of Patients. Upon recommendation of an attending physician and pursuant to the provisions of this Agreement, Receiving Hospital agrees to admit a patient as promptly as possible, provided customary admission requirements are met, State and Federal laws and regulations are met, and Receiving Hospital has the capacity to treat the patient. Notice of the transfer shall be given by Transferring Facility as far in advance as possible. Receiving Hospital shall give prompt confirmation of whether it can provide health care appropriate to the patient's medical needs. Receiving Hospital agrees to exercise its best efforts to provide for prompt admission of transferred patients and, to the extent reasonably possible under the circumstances, give preference to patients requiring transfer from Transferring Facility.

1.2. Appropriate Transfer. It shall be Transferring Facility's responsibility to arrange for appropriate and safe transportation and to arrange for the care of the patient during a transfer. Transferring Facility shall ensure that the transfer is an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act, as may be amended ("EMTALA"), and is carried out in accordance with all applicable laws and regulations. Transferring Facility shall provide in advance sufficient information to permit a determination as to whether the Receiving

Hospital can provide the necessary patient care. The patient's medical record shall contain a physician's order transferring the patient. When reasonably possible, a physician from the Transferring Facility shall communicate directly with a physician from the Receiving Hospital before the patient is transferred.

1.3. Transfer Log. Transferring Facility shall keep an accurate and current log of all patients transferred to the Receiving Hospital and the disposition of such patient transfers.

1.4. Admission to the Receiving Hospital from Transferring Facility. When a patient's need for admission to a trauma center is determined by his/her attending physician, Receiving Hospital shall admit the patient in accordance with the provisions of this Agreement as follows:

(a) Patients determined to be emergent by the attending physician shall be admitted, subject to bed, space, qualified personnel and equipment availability, provided that all usual conditions of admission to Receiving Hospital are met.

(b) All other patients shall be admitted according to the established routine of Receiving Hospital.

1.5. Standard of Performance. Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid. Receiving Hospital shall maintain accreditation by Det Norske Veritas ("DNV").

1.6. Billing and Collections. Each Party shall be entitled to bill patients, payors, managed care plans and any other third party responsible for paying a patient's bill, for services rendered to patients by Party and its employees, agents and representatives under this Agreement. Each Party shall be solely responsible for all matters pertaining to the billing and collection of such charges. The Parties shall reasonably cooperate with each other in the preparation and completion of all necessary forms and documentation and the determination of insurance coverage and managed care requirements for each transferred patient. Each Party shall have the sole final responsibility for all forms, documentation, and insurance verification.

1.7. Personal Effects. Personal effects of any transferred patient shall be delivered to the transfer team or admissions department of the Receiving Hospital. Personal effects include money, jewelry, personal papers and articles for personal hygiene.

ARTICLE II.
Medical Records

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of the transferred patient or which may be relevant in determining whether such patient can be adequately cared for by the other Party. All such information shall be provided by Transferring Facility in advance, where

possible, and in any event, at the time of the transfer. Transferring Facility shall send a copy of all patient medical records that are available at the time of transfer to Receiving Hospital. Other records shall be sent as soon as practicable after the transfer. The patient's medical record shall contain evidence that the patient was transferred promptly, safely and in accordance with all applicable laws and regulations.

ARTICLE III.
Term and Termination

3.1. Term. This Agreement shall be effective as of the day and year written above and shall remain in effect until terminated as provided herein.

3.2. Termination. This Agreement may be terminated as follows:

(a) Termination by Mutual Consent. The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.

(b) Termination Without Cause. Either Party may terminate this Agreement, for any reason whatsoever, upon thirty (30) days prior written notice.

(c) Termination for Cause. The Parties shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:

(i) If either Party determines that the continuation of this Agreement would endanger patient care.

(ii) Violation by the other Party of any material provision of this Agreement, provided such violation continues for a period of thirty (30) days after receipt of written notice by the other Party specifying such violation with particularity.

(iii) A general assignment by the other Party for the benefit of creditors; the institution by or against the other Party, as debtor, of proceedings of any nature under any law of the United States or any state, whether now existing or currently enacted or amended, for the relief of debtors, provided that in the event such proceedings are instituted against the other Party remain unstayed or undismissed for thirty (30) days; the liquidation of the other Party for any reason; or the appointment of a receiver to take charge of the other Party's affairs, provided such appointment remains undischarged for thirty (30) days. Such termination of the provisions of this Agreement shall not affect obligations which accrued prior to the effective date of such termination.

(iv) Exclusion of either Party from participation in the Medicare or Medicaid programs or conviction of either Party of a felony.

(v) Either Party's loss or suspension of any certification, license, accreditation (including DNV or JCAHO accreditation, as applicable), or other approval necessary to render patient care services.

ARTICLE IV.
Non-Exclusive Relationship

This Agreement shall be non-exclusive, either Party shall be free to enter into any other similar arrangement at any time and nothing in this Agreement shall be construed as limiting the right of either Party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks in any promotional or advertising material without first obtaining the written consent of the other Party.

ARTICLE V.
Certification and Insurance

5.1. Licenses, Permits, and Certification. Each Party represents to the other that it and all of its employees, agents and representatives possess and shall maintain in valid and current status during the term of this Agreement all required licenses, permits and certifications enabling each Party to provide the services set forth in this Agreement.

5.2. Insurance. Each Party shall maintain during the term of this Agreement, at its sole cost and expense, general liability and professional liability insurance in such amounts as are reasonable and customary in the industry to guard against those risks which are customarily insured against in connection with the operation of activities of comparable scope and size. A written certificate of such coverage shall be provided to each Party together with a certification that such coverage may not be canceled without at least thirty (30) days notice to the other Party. Each Party shall notify the other Party within ten (10) days of any material change or cancellation in any policy of insurance required to be secured or maintained by such Party. In lieu of the aforementioned insurance requirements either Party may maintain coverage via a self-insured trust.

5.3. Notification of Claims. Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either by any person or entity which may result in litigation related in any way to this Agreement.

ARTICLE VI.
Indemnification

Each Party shall indemnify and hold harmless the other Party from and against any and all manner of claims, demands, causes of action, liabilities, damages, costs, and expenses (including costs and reasonable attorney's fees) arising from or incident to the performance of such Party's duties hereunder, except for negligent or willful acts or omissions of the other Party. Notwithstanding anything to the contrary, a Party's obligations with respect to indemnification for acts described in this article shall not apply to the extent that such application would nullify any existing insurance coverage of such Party or as to that portion of any claim of loss in which insurer is obligated to defend or satisfy.

ARTICLE VII.
Compliance With Laws

At all times, both Parties shall comply with all federal, state and local laws, rules and regulations now in effect or later adopted relating to the services to be provided hereunder and that may be applicable to the Parties including, but not limited to, laws, rules and regulations regarding confidentiality, disclosure and retention of patient records, such as the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996. A Party shall promptly notify the other Party if it receives notice of any actual or alleged infraction, violation, default or breach of the same. Neither Transferring Facility or Receiving Hospital, nor any employee, officer, director or agent thereof, is an "excluded person" under the Medicare rules and regulations.

As of the date hereof and throughout the term of this Agreement: (a) Transferring Facility represents, warrants and covenants to Receiving Hospital that Transferring Facility is licensed to operate a facility specializing in dialysis in Illinois and is a participating facility in Medicare and Medicaid; and (b) Receiving Hospital represents, warrants and covenants to Transferring Facility that Receiving Hospital is licensed to operate a general acute hospital and ancillary facilities specializing in pediatric care and to participate in Medicare and Medicaid.

ARTICLE VIII.
Miscellaneous

8.1. Non-Referral of Patients. Neither Party is under any obligation to refer or transfer patients to the other Party and neither Party will receive any payment for any patient referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on its professional judgment and the individual needs and wishes of the patients.

8.2. Relationship of the Parties. The Parties expressly acknowledge that in performing their respective obligations under this Agreement, they are each acting as independent contractors. Transferring Facility and Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as general agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party. Each Party shall disclose in its respective dealings that they are separate entities.

8.3. Notices. All notices and other communications under this Agreement shall be in writing and shall be deemed received when delivered personally or when deposited in the U.S. mail, postage prepaid, sent registered or certified mail, return receipt requested or sent via a nationally recognized and receipted overnight courier service, to the Parties at their respective principal office of record as set forth below or designated in writing from time to time. No notice of a change of address shall be effective until received by the other Party:

To Receiving Hospital:	Office of the President Ingalls Memorial Hospital One Ingalls Drive Harvey, IL 60426-3558 Facsimile: (708) 915-2099
With Copy to:	Office of Legal Affairs Ingalls Memorial Hospital 71 W. 156th Street – Suite 500 Harvey, IL 60426-4265 Facsimile: (708) 333-9135
To Transferring Facility:	Total Renal Care, Inc. c/o: DaVita Inc. 5200 Virginia Way Brentwood, TN 37027 Attn: Group General Counsel Facsimile: _____
With Copy to:	Burr Oaks Dialysis c/o DaVita Inc. 12625 Western Ave. Blue Island, IL 60406 Attn: Facility Administrator Facsimile: _____

8.4. Assignment. Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party.

8.5. Entire Agreement; Amendment. This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement.

8.6. Governing Law. This Agreement shall be construed and all of the rights, powers and liabilities of the Parties hereunder shall be determined in accordance with the laws of the State of Illinois; provided, however, that the conflicts of law principles of the State of Illinois shall not apply to the extent that they would operate to apply the laws of another state.

8.7. Headings. The headings of articles and sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.

8.8. Non-discrimination. Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability in providing services under this Agreement.

8.9. Severability. If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

8.10. Successors and Assigns. This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.

8.11. Waiver. No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered as of the day and year written above.

INGALLS MEMORIAL HOSPITAL

By: _____

Printed Name: Kurt E. Johnson

Title: President

Address: One Ingalls Drive

Harvey, IL 60426-3558

Facsimile No.: (708) 915-2099

TOTAL RENAL CARE, INC.

By: DocuSigned by: Brent Habitz
4B2398E38291AAB...

Printed Name: ~~Dawn Thomas~~ Brent Habitz

Title: Regional Operations Director

Address: 5200 Virginia Way

Brentwood, TN 37027

Facsimile No.: _____

APPROVED AS TO FORM ONLY:

By: DocuSigned by: Kanika M. Rankin
355008701D484B4...

Printed Name: Kanika Rankin

Title: Senior Corporate Counsel - Operations

Ingalls Memorial Hospital			
Hospital	Section	Legal	Policy
Reviewed By:	Diane Jacoby, J.D., LL.M., Vice President and General Counsel		07/16
Revised By:	Tom Samek, Assistant General Counsel		02/17
Approved By:	Tom Samek, Assistant General Counsel		02/17
Title	**False Claims Act Policy**	Pages	3

PURPOSE

Federal False Claims Act ("FCA") 31 USC § 3729-3733: This is the FCA policy of Ingalls Memorial Hospital and its affiliates (the "System"). The FCA prohibits any person from submitting a false claim for payment or approval from the federal government. False claims can include overcharges, underpayments, or charging for one product or service, but providing another. False claims do not include innocent mistakes or negligence in billing.

POLICY

It is the policy of the System to require its employees, and any persons or organization working on its behalf, to comply with all applicable federal, state and local laws. The purpose of this FCA policy is to assist System employees to fulfill their duty to comply with laws, to provide mechanisms for the detection of violations of laws, and to provide standards to govern the System's response when violations are detected.

FCA – WHISTLEBLOWER

Any person who becomes aware of an entity filing false claims with the government may bring an action in court under this law for up to six years after the false claim. That person becomes known as a *qui tam* relator or "whistleblower." The government may or may not become a part to the lawsuit depending upon their own investigation, and the government can receive up to three times the amount of damages, which it sustains as a result of the false claim, plus penalties. A *qui tam* relator can receive between 15 and 25 percent of any damages, depending on whether the government proceeds with the case.

RETALIATION IS PROHIBITED

Under the FCA, employers cannot retaliate or punish an employee who initiates a *qui tam* lawsuit. If an employee is discharged, demoted, suspended, threatened, harassed, or discriminated against because he or she brought a legal action under the FCA, the employee may bring a civil action against the employer. Damages can include back pay, interest, attorney's fees, and possible reinstatement to the same seniority status.

CIVIL REMEDIES

Program Fraud Civil Remedies Act ("PFCRA") 31 USC § 3801: In addition to the judicial remedy available under the FCA, the PFCRA also provides an administrative remedy for submitting improper claims or written statements to a federal agency. The PFCRA is designed to act in

tandem with the FCA, but is limited to claims amounting to $150,000 or less. Each agency is required to promulgate regulations necessary to implement the PFCRA.

STATE LAWS

A. **Whistleblower Act, 740 ILCS 174/1, *et seq.*:** Under this law, an employer may not make or enforce any rule or policy preventing an employee from disclosing information to a government or law enforcement agency if the employee has reasonable cause to believe that the information discloses a violation of a state or federal law, rule or regulation. Retaliation for any disclosures made, even by contractual workers, is prohibited. Likewise, an employer may not retaliate against an employee for his or her refusal to participate in an activity that would result in a violation of a state or federal law, rule or regulation. Employees may bring a civil action against the employer "for all relief necessary to make the employee whole," including reinstatement, back pay with interest, and litigation costs.

B. **Illinois False Claims Act ("IFCA") 740 ILCS 175/1, *et seq.*:**

1) The IFCA (previously called the "Whistleblower Reward and Protection Act") is based on the FCA. The IFCA imposes civil liability upon "any person" who, *inter alia,* "knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval." A person who violates the IFCA is liable to the state for a civil penalty of not less than $5,500 and not more than $11,000, plus 3 times the amount of damages which the State sustains because of the act of the person. (740 ILCS 175/3(a)(1)(G)).

2) An employee "whistleblower" may receive a portion of that award plus attorney fees and expenses. There are some restrictions on the eligibility of whistleblowers. For example, information obtained from other publicly available sources cannot be the basis for the lawsuit. The whistleblower must be the original source of the information.
(740 ILCS 175/4(d)).

3) Like the federal FCA, employers cannot discharge, demote, suspend, threaten, harass, or in any other way, discriminate against the employee in the terms and conditions of employment. If terminated, for engaging in the activity protected by this law, an employee could be entitled to reinstatement with seniority status and double the amount of back pay with interest, and litigation costs.

C. **Public Assistance Fraud Act, 305 ILCS 5/8A-1 *et seq.*:** Actions under this law may be initiated by the Attorney General or by the State's Attorney when a unit of local government is involved. This law makes it a Class A misdemeanor to make false statements "relating to health care delivery." Obtaining any payment by means of a false statement or representation, or by concealment of any material fact, requires the repayment of any excess payments along with interest and other penalties. Violations may also result in a hospital being prohibited from future participation in any state health plans.

STANDARDS AND PROCEDURES

A. System employees are responsible to be aware of the federal, state and local laws that apply to the conduct of their duties and to comply with them.

B. Employees are responsible to immediately report to the System Compliance Officer any violation, or suspected violation of the law.

C. The System and its affiliates will have a system for identifying changes in applicable laws and promptly communicating them to all affected employees.

D. The System will provide training, at appropriate intervals, that will be designed to assure employees are aware of the laws that apply to their duties.

OVERSIGHT

A. The System Compliance Officer will be responsible for the overall implementation and oversight of the FCA policy.

B. All System Directors and Managers are responsible for the actions of the employees working under their supervision. They are responsible for assuring that employees working under their supervision are knowledgeable of the laws that apply to them. Directors and Managers will be alert to the possibilities of illegal activities by their employees. A system of internal control, review and oversight shall be instituted by Directors and Managers. Systems will be designed to encourage compliance with the law and to detect violations.

REPORTING SYSTEM

A. Any employee or agent of the System, who is aware of a violation of a federal, state, or local law or has a reasonable suspicion that a law is being violated, or that any Compliance Plan is being violated, is required to report the violation or suspected violations of laws or Compliance Plans directly to the Compliance Officer. They may report to their supervisors, managers or directors as they deem appropriate, but they must report violations of suspected violations of laws to the Compliance Officer as quickly as possible.

B. The System will have a means for its employees, agents, customers, vendors or others with whom it has contact to anonymously report violations to the Compliance Officer. The Corporate Compliance Hotline can be used at any time: 708-915-5678.

C. Employees can report in the manner they think is best, i.e., face-to-face, by telephone, e-mail, written correspondence, but they must report as quickly as possible.

ENFORCEMENT AND DISCIPLINE

A. The System takes seriously its responsibility to comply with applicable laws. System employees who are found to have violated any of the FCA policy, or any laws applicable to the System, or who have allowed employees under their supervision to commit such violations, will be subject to severe disciplinary action up to and including termination.

B. It is the intention of the System to be consistent and fair in the enforcement of the FCA Policy. Policy violators will all be subject to the same disciplinary actions, despite their position in the organization.

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

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

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

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

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, Burr Oaks Dialysis expects to achieve and maintain 80% target utilization; and
- Burr Oaks Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
  - ≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and
  - ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

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

Subscribed and sworn to me
This ___ day of _____, 2018

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 May 2, 2018 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

KIMBERLY ANN K. BURGO
COMM. #2226844
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 25, 2022

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. / Wadleigh Dialysis, LLC

Document Date: May 2, 2018 Number of Pages: 1 (one) (Burr Oaks Dialysis)

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. / Wadleigh Dialysis, LLC
(Burr Oaks Dialysis)

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

A copy of DaVita's 2017 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 6, 2018. A letter of intent to lease the facility is attached at Attachment – 34.

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

April 26, 2018

Lynne Brackett
CBRE, Inc
700 Commerce Dr, Suite 450
Oak Brook, IL 60523

RE: LOI – 12625 Western Ave, Blue Island, IL 60406

Ms. Brackett:

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 250 company with revenues of approximately $13 billion. They operate approximately 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	12625 Western Ave, Blue Island, IL 60406
TENANT:	Total Renal Care, Inc. or related entity to be named
GUARANTOR:	Davita, Inc corporate guarantee
LANDLORD:	*Illini Partners VII*
SPACE REQUIREMENTS:	Requirement is for approximately 7,290 SF of contiguous rentable square feet on the eastern side of the building. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
PRIMARY TERM:	15 years
BASE RENT:	*$20.00 /psf NNN for years 1-5 & 10% bump in year 6 and year 11.*
ADDITIONAL EXPENSES:	*Current estimate: CAM & INSURANCE $3.00/psf & RETAX $6.00/psf* Landlord to limit the cumulative operating expense costs to $9.00 psf in the first full lease year.
LANDLORD'S MAINTENANCE:	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property. Except for repair & replace the parking lot, catch basin repairs and parking lot lights.

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 180 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of seven (7) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

Notwithstanding A, B, & C (above) rent shall commence no later than 10 months from delivery of possession.

LEASE FORM:

Tenant's standard lease form.

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. Provided it does not conflict with the adjoining space.

Please verify with the City that the Use is permitted within the building's zoning and there are not any restrictions or other documents that may impact tenancy.

PARKING:

Existing parking as-is with Tenant dedicated parking at one stall per 1,000 sf. Landlord will provide signage for all dedicated parking spaces assigned for Tenant's exclusive use. As long as in front of Tenant's space.

BUILDING SYSTEMS:

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

LANDLORD WORK:

Landlord shall deliver the premise with demised wall, electrical panel to the space, water and sewer connections to the space per Tenant's specifications outlined below:

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

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

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

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

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

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

Landlord to reconfigure the water and sprinkler service to minimize the existing footprint along the east elevation proposed for Tenant's use. In addition, Landlord shall create a room with exterior access for the water service. Landlord shall have the right to access existing sprinkler room.

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

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

Tenant shall run a new line to sanitary manhole and leave existing sanitary line for Landlord's use for adjacent space.

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

Landlord to repaint and repair all exterior EIFS and repair masonry as needed.

Landlord to restripe, reseal, and perform an overlay of the parking lot. Landlord to relocate existing dumpster area away from the building preferably in the northeast corner section of the property.

Landlord to replace all exterior light poles due to existing rusting.

Landlord to furnish and install a roof that is properly sloped (minimum ¼" per foot to drain with tapered insulation) and flashed for proper water shed. Landlord to provide minimum of R30 roof insulation at roof deck by installing additional insulation to meet Applicable Code, but in no event less than R30. Any information on the roof and contractor holding warranty shall be provided to Tenant.

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

TENANT IMPROVEMENTS: *Landlord shall provide $20.00 psf in TIA.*

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

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

OPTION TO RENEW: Tenant desires three, five-year options to renew the lease. Option rent shall be increased by 10 % for each successive five-year option periods.

FAILURE TO DELIVER PREMISES: Landlord shall deliver the premises to Tenant with all Landlord Work items (if any) substantially completed within 180 days from the later of lease execution or waiver of CON contingency.

HOLDING OVER: Tenant shall be obligated to pay 125% of the then current rate, if beyond 6 months 200% of the then current rate.

TENANT SIGNAGE: Tenant shall have the right to install building, monument and dual pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week. **Per city ordinance. Tenant responsible for any additional CAM costs due to additional hours.**

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

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

HVAC: Landlord will provide a $12/psf allowance paid directly to Tenant's general contractor to accommodate HVAC units that meet Tenant's specifications.

GOVERNMENTAL COMPLIANCE: Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the, common areas, and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, , compliance with the Americans with Disabilities Act (ADA), at the time of delivery/possession 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). Mutual provision Tenant holds landlord harmless from claims caused by tenant. Landlord will indemnify tenant for environmental contamination caused by landlord.

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 C&W as the Tenant's sole representative and shall pay a brokerage fee equal to eighty cents ($0.80) per square foot per lease term year, 50% shall be due upon the later of lease signatures and waiver of CON contingency, and 50% shall be due when tenant is open for business.

CONTINGENCIES: In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance, Tenant shall have the right, but not the obligation to terminate the lease.

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

Sincerely,

Matthew Gramlich
CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **12625 Western Ave, Blue, Island, IL 60406**

AGREED TO AND ACCEPTED THIS 30 DAY OF APRIL 2018

By: _____

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

AGREED TO AND ACCEPTED THIS 26th DAY OF APRIL 2018

By: _____ GEN PARTNER

HUNTA PARKER III
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

CUSHMAN & WAKEFIELD

EXHIBIT B

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 12625 Western Ave, Blue Island, IL 60406

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

____ Yes ___X___ No

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

____ Yes ___X___ No

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

____ Yes ___X___ No

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

____ Yes ___X___ No

(Please add landlord or entity name)

By: _____

Print: _____

Its: _____

Date: 1/23/18

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2017 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 6, 2018.

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.

Attachment – 37A

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

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

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

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

Sincerely,

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

Subscribed and sworn to me
This ___ day of _____, 2018

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 May 2, 2018 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

KIMBERLY ANN K. BURGO
COMM. #2226844
Notary Public - California
Los Angeles County
My Comm. Expires Jan. 25, 2022

PER1 PER1

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. / Wadleigh Dialysis, LLC

Document Date: May 2, 2018 Number of Pages: 1 (one) (Burr Oaks Dialysis)

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. / Wadleigh Dialysis, LLC
(Burr Oaks Dialysis)

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD		$182.43			2,316			$422,500	$422,500
Contingency		$18.24			2,316			$42,250	$42,250
TOTAL CLINICAL		**$200.67**			**2,316**			**$464,750**	**$464,750**
NON-CLINICAL									
Admin		$182.46			4,974			$907,574	$907,574
Contingency		$18.25			4,974			$90,750	$90,750
TOTAL NON-CLINICAL		**$200.71**			**4,974**			**$998,324**	**$998,324**
TOTAL		**$200.70**			**7,290**			**$1,463,074**	**$1,463,074**
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Construction Contracts & Contingencies	$464,750	$206.74 x 2,316 GSF = $478,809.84	Below State Standard
Contingencies	$42,250	10% - 15% of Modernization Construction Contracts 10% - 15% x $422,500 = $42,250 - $63,375	Meets State Standard
Architectural/Engineering Fees	$55,400	7.96% - 11.94% of Modernization Construction Contracts + Contingencies) = 7.96% - 11.94% x ($422,500 + $42,250) =	Meets State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		7.96% - 11.94% x $464,750 = $36,994 - $55,491	
Consulting and Other Fees	$49,795	No State Standard	No State Standard
Moveable Equipment	$495,166	$56,952.02 per station x 12 stations $56,952.02 x 12 = $683,424.24	Below State Standard
Fair Market Value of Leased Space or Equipment	$461,214.	No State Standard	No State Standard

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

Operating Expenses: $2,949,018

Treatments: 9,828

Operating Expense per Treatment: $300.06

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

Capital Costs:

Depreciation:	$213,076
Amortization:	$7,345
Total Capital Costs:	$220,422

Treatments: 9,828

Capital Costs per Treatment: $22.43

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 2017 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was included as part of its Marshall Square CON application (Proj. No. 18-017). 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.

   DaVita accepts and dialyzes Illinois patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or payor source. 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 typically 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 who are treating with DaVita and meet certain objective criteria for financial assistance and otherwise cooperate with DaVita to fulfill documentation requirements may qualify for assistance from DaVita in the form of free care.

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

2. The proposed Burr Oaks Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. DuPage Medical Group is currently treating 128 CKD patients, who reside within 5 miles of the proposed Burr Oaks Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Diab anticipates that at least 63 of these 128 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, the proposed Burr Oaks Dialysis clinic will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Burr Oaks Dialysis. 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 on the following page.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2015	2016	2017
Charity (# of patients)	109	110	98
Charity (cost in dollars)	$2,791,566	$2,400,299	$2,818,603
MEDICAID			
	2015	2016	2017
Medicaid (# of patients)	422	297	407
Medicaid (revenue)	$7,381,390	$4,692,716	$9,493,634

Section XII, Charity Care Information

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

CHARITY CARE			
	2015	2016	2017
Net Patient Revenue	**$311,351,089**	**$353,226,322**	**$357,821,315**
Amount of Charity Care (charges)	$2,791,566	$2,400,299	$2,818,603
Cost of Charity Care	$2,791,566	$2,400,299	$2,818,603

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from projecting pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

September 5, 2018

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

Dear Ms. Avery:

I am a nephrologist in practice with DuPage Medical Group, Ltd. ("DMG"). I am writing on behalf of DMG in support the establishment of Burr Oaks Dialysis, located at 12625 Western Avenue, Blue Island, Illinois, for which I will be the medical director. The proposed 12-station chronic renal dialysis facility will directly benefit our patients.

The proposed dialysis clinic will improve access to necessary dialysis services in Blue Island. Deliberate treatment of end-stage renal disease ("ESRD") by a multidisciplinary team improves disease management and care, mitigating the risk of disease advancement and patient mortality. Currently, DMG patients from Blue Island and surrounding areas who require dialysis services may be removed from DMG's continuum of care, which create systemic barriers to effective care of patients with ESRD.

We have identified 128 patients from our practice who are suffering from chronic kidney disease ("CKD") and reside within 3 miles of the proposed Burr Oaks Dialysis. Conservatively, we predict at least 63 of the 128 CKD patients will progress to dialysis within 12 to 24 months of completion of Burr Oaks Dialysis. Our large patient base demonstrates considerable demand for this clinic.

A list of patients who have received care at existing clinics in the area over the past 3 years is provided at Attachment – 1. A list of new patients our practice has referred for in-center hemodialysis for the past year is provided at Attachment – 2. The zip codes for the 128 CKD patients previously referenced is provided at Attachment – 3.

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

We respectfully request the Illinois Health Facilities and Services Review Board approve the Burr Oaks Dialysis application for permit so the clinic may provide in-center hemodialysis services for the ESRD population in Blue Island and the surrounding areas.

Thank you for your consideration.

Sincerely,

Mazen Diab, M.D.
Nephrologist
DuPage Medical Group, Ltd.
1900 Silver Cross Boulevard
Suite 345 (Pavilion A)
New Lenox, Illinois 60451

Subscribed and sworn to me
This 31st day of October, 2018

Notary Public

BARBARA C PEJKOVICH
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 27, 2021

Historical Patient Utilization

Palos Park DaVita

2014		2015		2016		2017		Q1 2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
SG	60462	SG	60462	SC	60467	PB	60477	RB	60805
HH	60451	HH	60451	SG	60462	EC	60649	PB	60477
VL	60453	JL	60487	HH	60451	SG	60462	KG	60463
LZ	60482	VL	60453	JL	60487	HH	60451	SG	60462
		FM	60462	AL	60449	AL	60449	VL	60453
		CP	60480	VL	60453	VL	60453	RP	60462
		LZ	60482	FM	60462	FM	60462	CST	60477
				CP	60480	CM	60477	MS	60463
				SS	60467	SS	60467		
				TS	60478	VS	60463		
				JS	60462	CST	60477		
				MS	60463	JS	60462		
				LZ	60482	MS	60463		

Historical Patient Utilization

Tinley Park							
2014		2015		2016		2017 YTD 9/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
						VM	60477
						JR	60477
						KM	60473

Historical Patient Utilization

2118 MT GREENWOOD							
2014		2015		2016		2017/Q1 2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
VA	60628	JA	60406	JA	60406	JA	60406
DB	60643	VA	60628	VA	60628	VA	60628
JC	60619	DB	60643	DB	60643	DB	60643
WC	60628	SB	60620	SB	60620	GB	60620
ED	60628	GB	60629	GB	60629	SB	60620
ME	60643	JC	60619	JC	60619	DB	60428
WF	60655	WC	60628	WC	60628	GB	60629
RF	60628	ED	60628	ED	60643	HB	60643
SG	60467	ME	60643	ED	60628	JC	60619
AH	60643	WF	60655	JD	60636	CC	66043
EH	60628	RF	60628	ME	60643	CC	60643
TJ	60643	GG	60620	WF	60655	CC	60453
LM	60619	KG	60619	RF	60628	EC	60628
EM	60406	SG	60467	GG	60620	WC	60628
MM	60628	AH	60643	KG	60619	ED	60643
RP	60406	EH	60628	SG	60467	ED	60628
AS	60803	SH	60805	WH	60636	DH	60617
WS	60628	TJ	60643	AH	60643	ME	60643
JU	60453	RJ	60617	EH	60628	WF	60655
YV	60419	JM	60620	SH	60805	RF	60628
SW	60628	LM	60619	TJ	60643	TG	60643
		EM	60406	RJ	60617	GG	60620
		MM	60628	BK	60453	OG	60628
		RP	60406	KL	60406	OG	60643
		SP	60827	KL	60643	KG	60619
		KR	60643	FM	60620	SG	60643
		AS	60803	JM	60620	JG	60643
		AS	60643	LM	60619	SG	60467
		WS	60628	EM	60406	WH	60636
		CT	60453	MM	60628	AH	60643
		JU	60453	LN	60619	GH	60621
		YV	60419	RP	60406	EH	60628
		SW	60628	SP	60827	SH	60805
				KR	60643	LJ	60827
				IS	60406	TJ	60643
				AS	60803	RJ	60617
				AS	60643	BK	60453
				WS	60628	KL	60406
				MS	60478	KL	60643

				CT	60453	FM	60620
				JU	60453	JM	60620
				YV	60419	LM	60619
				SW	60628	EM	60406
						MM	60628
						JN	60628
						LN	60619
						EO	60441
						EO	60652
						RP	60406
						RP	60649
						SP	60827
						KR	60643
						AR	60643
						BR	60642
						IS	60406
						AS	60803
						AS	60643
						WS	60628
						MS	60478
						AS	60643
						CT	60453
						JU	60453
						YV	60419
						SW	60628

Historical Patient Utilization

ICHD Facility Chicago Ridge							
2015		2016		2017 YTD 9/30		2018 YTD 3/30	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		MB	60428	WN	60453	WN	60453
				MB	60428	MB	60428
				SE	60652	SE	60652
				JJ	60453	JJ	60453
				ML	60628	ML	60628
				AT	60415	AT	60415
				RW	60459	RW	60459

Attachment 2
New Patients

ICHD Stony Creek							
2015		2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
DZ	6459	TB	60482	JB	60643	WA	60616
BL	60628	CM	6059	BD	60628	AB	60628
LG	60459	DZ	60459	AF	60628	HB	60643
LI	60453	GG	60636	HJ	60628	CF	60805
ES	60636	LZ	60482	TL	60643	AH	60418
				PJ	60459		
				AL	60415		
				WS	60652		
				VW	60472		
				CW	60620		

New Patients

Tinley Park			
2016		2017 YTD 9/30	
Initials	Zip Code	Initials	Zip Code
		VM	60477
		JR	60477
		KM	60473

New Patients

ICHD Facility Chicago Ridge			
2016		2017 YTD 9/30	
Initials	Zip Code	Initials	Zip Code
MB	60428	WN	60453
		SE	60652
		JJ	60453
		ML	60628
		AT	60415
		RW	60459

Appendix - 1

Attachment 2
New Patients

ICHD Stony Creek							
2015		2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
DZ	6459	TB	60482	JB	60643	WA	60616
BL	60628	CM	6059	BD	60628	AB	60628
LG	60459	DZ	60459	AF	60628	HB	60643
LI	60453	GG	60636	HJ	60628	CF	60805
ES	60636	LZ	60482	TL	60643	AH	60418
				PJ	60459		
				AL	60415		
				WS	60652		
				VW	60472		
				CW	60620		

Attachment -3

Pre-ESRD Patients	
Zip Code	Patients
60406	87
60643	41
Total	128

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

INDEX OF ATTACHMENTS

19-002

POLSINELLI

ORIGINAL

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

January 18, 2019

Anne M. Cooper
(312) 873-3606
(312) 819-1910 fax
acooper@polsinelli.com

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 – Burr Oaks Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Wadleigh Dialysis, LLC (collectively, "DaVita") to submit the attached Application for Permit to establish a 12-station dialysis facility in Blue Island, 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

Anne M. Cooper

Attachments