ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED
JUN 11 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Midway Dialysis	
Street Address:	3700 West 63rd Street	
City and Zip Code:	Chicago, Illinois 60629	
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

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

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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:	Dawn Thomas
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	4259 S Cottage Grove Ave Ste 100, Chicago, IL 60653
Telephone Number:	224-423-2709
E-mail Address:	dawn.thomas2@davita.com
Fax Number:	

Facility/Project Identification

Facility Name:	Midway Dialysis	
Street Address:	3700 West 63rd Street	
City and Zip Code:	Chicago, Illinois 60629	
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

Exact Legal Name:	Total Renal Care, Inc.
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
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Name:	Dawn Thomas
Title:	Regional Operations Director
Company Name:	DaVita Inc.
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Facility/Project Identification

Facility Name:	Midway Dialysis
Street Address:	3700 West 63rd Street
City and Zip Code:	Chicago, Illinois 60629
County: Cook	Health Service Area: 6 Health Planning Area: 6

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

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

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
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Name:	Kara Friedman
Title:	Attorney
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Address:	150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number:	312-873-3639
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Name:	Dawn Thomas
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	4259 S Cottage Grove Ave Ste 100, Chicago, IL 60653
Telephone Number:	224-423-2709
E-mail Address:	dawn.thomas2@davita.com
Fax Number:	

Post Permit Contact

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

Name:	Kara Friedman
Title:	Attorney
Company Name:	Polsinelli PC
Address:	150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606-1599
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: Genesis KC Development, LLC

Address of Site Owner: 2000 16th Street, Denver, CO 80202

Street Address or Legal Description of the Site: 3700 West 63rd Street, Chicago, Illinois 60629

Legal Description PIN 19-14-330-044-0000: LOTS 37 TO 48, INCLUSIVE, IN BLOCK 4 IN FISHELL'S SECOND ADDITION TO CHICAGO LAWN, A SUBDIVISION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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:	Total Renal Care, Inc.
Address:	2000 16th Street, Denver, CO 80202

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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 6, 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 Total Renal Care, Inc., (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 clinic to be located at 3700 West 63rd Street, Chicago, Illinois 60629. The proposed dialysis clinic will include approximately 7,100 gross square feet.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	$1,598,743		$1,598,743
Modernization Contracts			
Contingencies	$159,874		$159,874
Architectural/Engineering Fees	$92,300		$92,300
Consulting and Other Fees	$56,591		$56,591
Movable or Other Equipment (not in construction contracts)	$683,023		$683,023
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$2,585,407		$2,585,407
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$5,175,938**		**$5,175,938**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,590,531		$2,590,531
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$2,585,407		$2,585,407
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$5,175,938**		**$5,175,938**

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: $ 975,000
Fair Market Value: $ 975,000

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 $ $2,159,513.

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): December 31, 2021

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 NOT APPLICABLE
☐ APORS NOT APPLICABLE
☒ 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 DaVita Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Michael D. Staffieri
PRINTED NAME

Chief Operating Officer, DaVita Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of February 2019

Kathy Connor
Signature of Notary

Seal

KATHY CONNOR
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20084018112
MY COMMISSION EXPIRES APRIL 28, 2021

SIGNATURE

Samantha A. Caldwell
PRINTED NAME

Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of February 2019

Kelli Bodnar
Signature of Notary

Seal

KELLI BODNAR
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20144024644
MY COMMISSION EXPIRES JUN 20, 2022

*Insert EXACT legal name of the applicant

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

SIGNATURE

Michael D. Staffieri
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of February 2019

Kathy Connor
Signature of Notary

Seal

KATHY CONNOR
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20064018112
MY COMMISSION EXPIRES APRIL 28, 2021

SIGNATURE

Samantha A. Caldwell
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of February, 2019

Kelli Bodnar
Signature of Notary

Seal

KELLI BODNAR
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20144024644
MY COMMISSION EXPIRES JUN 20, 2022

*Insert EXACT legal name of the applicant

CERTIFICATION

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- 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);
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- 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 Genesis KC Development, 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	SIGNATURE
Michael D. Staffieri	Samantha A. Caldwell
PRINTED NAME	PRINTED NAME
Chief Operating Officer, Total Renal Care, Inc., Managing Member of Genesis KC Development, LLC	Secretary, Total Renal Care, Inc., Managing Member of Genesis KC Development, LLC
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 20th day of February 2019	Notarization: Subscribed and sworn to before me this 25th day of February 2019
Kathy Connor	Kelli Bodnar
Signature of Notary	Signature of Notary
Seal: KATHY CONNOR NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20064018112 MY COMMISSION EXPIRES APRIL 28, 2021	Seal: KELLI BODNAR NOTARY PUBLIC - STATE OF COLORADO NOTARY ID 20144024644 MY COMMISSION EXPIRES JUN 20, 2022

*Insert EXACT legal name of the applicant

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

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

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. 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.**

5. 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 V. 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**	**0**	**12**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(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 23, 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)**

VI. 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]:**

$2,590,531	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;
$2,585,407 (FMV of Lease)	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.
$5,175,938	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 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 34, 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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.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 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. 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 38, 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., Total Renal Care, Inc. and Genesis KC Development, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

Total Renal Care, Inc. will be the operator of Midway Dialysis. Midway Dialysis is a trade name of Total Renal Care, Inc. and is not separately organized.

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

Genesis KC Development, LLC ("Real Estate Entity") is a wholly-owned subsidiary of Total Renal Care, Inc. Real Estate Entity will own and develop the site intended for the clinic and, in turn, lease it to Total Renal Care, Inc.

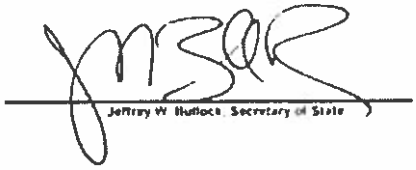
Delaware

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.



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

Authentication: 203263018

Date: 08-16-18

File Number 5823-002-2

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

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

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

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

Jesse White

SECRETARY OF STATE

File Number 0495210-3

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

GENESIS KC DEVELOPMENT, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 13, 2014, 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* FEBRUARY *A.D.* 2019 .

Authentication #: 1904601672 verifiable until 02/15/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

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

The letter of intent between Genesis KC Development, LLC and Total Renal Care, Inc. to lease the property located at 3700 West 63rd Street, Chicago, IL 60629 is attached at Attachment – 2.

Attachment - 2

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

July 24, 2018

Marshall Stewman & Mark Kinney
Genesis KC Development, LLC
2000 16th St
Denver, CO 80202

RE: LOI – 3700 W 63rd St, Chicago, IL 60629

Mr. Stewman & Mr. Kinney:

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 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:	3700 W 63rd St, Chicago, IL 60629
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	Genesis KC Development, LLC
SPACE REQUIREMENTS:	Requirement is for approximately 7,100 SF of contiguous rentable square indicated in the Exhibit D site plan. 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:	$36.57 per square foot NNN Years 1-5; $40.23 per square foot NNN Years 6-10; $44.25 per square foot NNN Years 11-15.
ADDITIONAL EXPENSES:	Tenant shall be responsible for all CAMIT expenses as an absolute NNN lease and accordingly Tenant shall be responsible for all charges related to the use and operation of the Premises during the term, including (without limitation) all utility charges, real estate taxes, assessments, maintenance charges for the premises, and liability/property insurance.
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.

CUSHMAN & WAKEFIELD

POSSESSION AND RENT COMMENCEMENT:

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete within one-hundred eighty (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.

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.

PARKING:

Tenant requests:

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

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 to the Premises, the Minimum Base Building Improvements pursuant to the attached Exhibit B. 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 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 two, five-year options to renew the lease. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.
FAILURE TO DELIVER PREMISES:	If Landlord has not delivered the premises to Tenant with all Base Building items substantially completed within 180 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 180 day delivery period.
HOLDING OVER:	Tenant shall be obligated to pay 110% 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.
SUBLEASE/ASSIGNMENT:	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee.
NON-COMPETE:	Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premises.

CUSHMAN & WAKEFIELD

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

DELIVERIES: *Please indicate manner of deliveries to the Premises (i.e. dock-high door in rear, shared) and confirm access of semi-truck tractor trailers.*

OTHER CONCESSIONS: *Please indicate any other concessions the Landlord is willing to offer.*

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

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

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

CUSHMAN & WAKEFIELD

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

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

Sincerely,
Matthew Gramlich

CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **3700 W 63RD ST, Chicago, IL 60629**

AGREED TO AND ACCEPTED THIS 25th **DAY OF JULY 2018**

By: DocuSigned by: Matthew Lieberman 1D06155E689E4E4... Matthew Lieberman Director, Real Estate

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

AGREED TO AND ACCEPTED July 25, 2018

By: DocuSigned by: 50B2A2FC29C446D...

Marshall Stewman Dir - Development

("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.

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EXHIBIT B

DaVita.

[OPTION 1: MBBI - FOR GROUND UP DEVELOPMENT (NEW BUILDING)]
[SUBJECT TO MODIFICATION BASED ON INPUT FROM TENANT'S PROJECT MANAGER WITH RESPECT TO EACH PROJECT]

LANDLORD'S WORK

A. **GENERAL INFORMATION**: All Landlord's Work (as defined below) shall be coordinated and approved by Tenant and Tenant's consultants ("Consultants") prior to any work being started, including shop drawings and submittals reviews. The plans and specifications for Landlord's Work (including, without limitation, Mechanical, Electrical, Plumbing, Structural, Civil and Environmental) shall be prepared by a licensed architect or engineer (as applicable) and shall be approved by applicable governmental authorities having jurisdiction thereof ("GAHJ"). Landlord shall provide to Tenant (i) any and all existing civil, architectural and engineering drawings of the Building and Premises, (ii) a construction schedule and weekly updates, and (iii) if needed, reasonable access to other tenant spaces in order for Tenant to complete Tenant's improvements in the Premises.

B. **WORKMANSHIP & CODES**: All Landlord's Work shall conform to the best industry standards and shall be constructed in accordance with all applicable utility provider requirements and federal, state, county, local and other GAHJ laws, codes, rules, regulations, ordinances, and orders, including, without limitation, related amendments, building and safety codes, fire and life safety codes, barrier-free regulations, energy codes, State Department of Public Health regulations, and other applicable laws, codes, rules, regulations, ordinances, and orders (collectively, "Applicable Code"). All materials shall be new, first quality and installed in strict accordance with manufacturer's instructions and recommendations. Building design will follow DaVita shell prototype design package ("DaVita Shell Prototype") provided to Landlord by Tenant.

C. **LANDLORD'S WORK**: Landlord, at its sole cost and expense, shall complete the following work (collectively, "Landlord's Work"):

1.0 **Zoning & Permitting:** Building and Premises must be zoned, certified and approved by GAHJ to perform services as an outpatient medical dialysis clinic. Landlord shall provide all zoning information related to the base building. Any zoning, certifications and land use approvals or changes/variances necessary for use of the Premises as an outpatient medical dialysis clinic shall be the responsibility of the Landlord. Landlord to provide all permitting related to the base building and site improvements. All permits and fees associated with Landlord's Work shall be the responsibility of the Landlord.

2.0 **Foundation and Floor:** The foundation and floor of the building shall be in accordance with Applicable Code requirements. The foundation and concrete slab shall be designed by the Landlord's engineer to accommodate site-specific climate and soil conditions and recommendations per Landlord's soil engineering and exploration report, which design and report shall be reviewed and approved by Tenant's

Consultants. Foundation to consist of formed concrete spread footing with horizontal reinforcing sized per geotechnical engineering report. Foundation wall, sized according to exterior wall systems used and to consist of formed and poured concrete with reinforcing bars or a running bond masonry block with proper horizontal and vertical reinforcing within courses and cells. Internal masonry cells to be concrete filled full depth entire building perimeter up to finish floor at a minimum. Foundation wall to receive poly board R-10 insulation on interior side of wall on entire building perimeter (if required by Applicable Code). Provide proper foundation drainage. The floor shall be concrete slab on grade and shall be a minimum of four-inch (4") (five-inch (5") at Water treatment room) thick with minimum concrete strength of 3,000-psi to achieve not more than 90% relative humidity, wire or fiber mesh, and/or rebar reinforcement, over 10mil vapor barrier and granular fill per Landlord's soils and/or structural engineering team based on soil conditions and report from Landlord's soils engineer. Finish floor elevation to be a minimum of 8" above finish grade. Where not achievable, provide positive water flow away from the building and use appropriate waterproofing measures. Include proper expansion control joints. Floor shall be level (1/8" with 10' of run), smooth, broom clean with no adhesive residues, in a condition that is acceptable to install floor coverings in accordance with the flooring manufacturer's specifications. Concrete slab shall be tested by Landlord and shall not have more than 90% relative humidity as emitted per ASTM F2170 checklist. Means and methods to achieve this condition shall be responsibility of the Landlord. Under slab plumbing shall be installed by Tenant's General Contractor in coordination with Landlord's General Contractor, inspected by municipality and Tenant for approval prior to pouring the building slab.

3.0 **Structural: Structural systems shall be designed to provide a minimum 13'-0" clearance (for 10'-0"** finished ceiling height) to the underside of the lowest structural member from finished slab. Structure shall meet building steel (Type II construction or better) erection requirements, standards and Applicable Codes. Alternate building structures must be approved by Tenant. Structural design to allow for ceiling heights (as indicated above) while accommodating all mechanical, plumbing, and electrical above ceiling. Structure to include all necessary members including, but not limited to, columns, beams, joists, load bearing walls, and demising walls. Landlord shall coordinate column spacing and locations with Tenant's Architect. Treatment room shall be column free. The structure of the roof must be able to accommodate all of Tenant's rooftop equipment (including, without limitation, HVAC RTUs (x5) typically on average 1,000 lbs. each, roof hatch (x1) and exhaust fans (x4)). Landlord shall provide necessary bridging, bracing, and reinforcing supports to accommodate all mechanical systems (Typical for flat roofs - minimum of five (5) HVAC roof top openings, one (1) roof hatch opening, and four (4) exhaust fans openings). The structural steel, roof structure, elevated floor (if any) and bearing walls shall be fireproofed to achieve fire ratings as required by Applicable Code (including, without limitation, NFPA 101). A roof hatch shall be provided and equipped with ladders meeting all Applicable Code requirements and shall be accessible by Tenant. In a multi-tenant building, the roof hatch shall not be located in the Premises.

4.0 **Exterior Walls:** Exterior walls to be fire rated if required by Applicable Code requirements. Interior of walls shall be left as exposed until Tenant completes any and all work within walls on the interior side of the exterior walls. Landlord shall be responsible for interior metal stud furring/framing, mold- and moisture-resistant glass mat board, mold- and moisture-resistant gypsum board, taping and finishing on the interior side of all exterior walls. Exterior walls are to receive moisture resistant drywall with a minimum 3-inch of mineral wool insulation (or such additional insulation that is needed to meet Applicable Code requirements) from floor to underside of roof deck. Exterior walls are to be finished, sanded and ready to receive Tenant finishes from roof deck to 8' above slab after Tenant completes any and all work within said walls. [NOTE: Tenant may elect to take a credit

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5.0 **Demising Walls (for multi-tenant building only):** Furnish and install 1hr or 2hr fire rated demising wall(s) as stipulated by Applicable Code (including, without limitation, NFPA 101), whichever is more stringent. Tenant shall be responsible for final finish preparation of gypsum board walls on Tenant side only. At Tenant's option, the interior drywall finish of demising walls shall not be installed until after Tenant's improvements are complete in the wall. Walls to be fire caulked in accordance with UL standards from floor to roof deck. Demising walls to have moisture resistant drywall with a minimum 3-inch thick mineral wool sound attenuation batts from floor to underside of roof deck. Demising walls are to be finished, taped, sanded and ready to receive Tenant finishes.

6.0 **Roof Covering:** The roof system shall have a minimum of a twenty (20) year life span with full (no dollar limit - NDL) manufacturer's warrantee against leakage due to ordinary wear and tear. Roof system to include a minimum of R-30 insulation. Ice control measures mechanically or electrically controlled to be considered in climates subject to these conditions. Downspouts and roof drains to be connected into underground storm water discharge system piping for the site or daylighted to surface drainage system extended beyond attached sidewalks. Storm water will be discharged away from the building, sidewalks, and pavement. Landlord to provide Tenant copy of material and labor roof warranty for record.

7.0 **Parapet:** Landlord to provide a parapet wall based on building designed/type and wall height should be from the highest roof line. HVAC rooftop units should be concealed from public view by Landlord if required by Applicable Code or private requirements.

8.0 **Façade:** Landlord to provide specifications for building façade for Tenant review and approval. Such specifications must be approved by Tenant and Tenant's Architect. Wall system options include, but are not limited to:

1. Minimum 3-inch drainable exterior insulating fenestration system (EIFS) on water-vapor barrier on ¾-inch thick glass matt sheathing, AND (where indicated by Tenant's Architect) Aluminum Composite Panel (ACM) system on metal furring on continuous insulation/weather-barrier, system on 6" 16- or 18-ga metal stud framing; or
2. Minimum 3-inch drainable exterior insulating fenestration system (EIFS), AND (where indicated by Tenant's Architect) Aluminum Composite Panel (ACM) system on metal furring on continuous insulation/weather-barrier system, on water-vapor barrier on 8-inch or 12-inch thick concrete masonry wall construction with 3½-inch 20-ga metal stud furring; or
3. Brick or split face block Veneer on engineered 6" 16 or 18ga metal studs, R- 19 or higher batt wall insulation, on Tyvek (commercial grade) over 5/8"exterior grade gypsum board or Dens-Glass Sheathing.

All wall system to be signed off by a Landlord's Structural Engineer. Wall system "R" value must meet current Applicable Code requirements.

9.0 **Canopy**: Canopy design per DaVita Shell Prototype. Approximate size to be based on building and site plan. Canopy to accommodate patient arrival with a level grade with barrier-free transition to the finish floor elevation. Steel bollards at column locations where needed.

10.0 **Waterproofing and Weatherproofing:** Provide a complete water tight building shell inclusive of, but not limited to, flashing and/or sealant around windows, doors, parapet walls, roof and MEP penetrations. Landlord shall properly seal the building's exterior walls, footings, and slabs. Landlord shall be

responsible for replacing any damaged items and repairing any deficiencies discovered during or after construction of tenant improvements. Landlord shall also properly control and discharge storm water away from the building, sidewalks, and pavement by installing, including without limitation, scuppers and/or downspouts drainage to landscape areas or connected to site storm sewer system as required or such other means necessary to properly control and discharge storm water.

11.0 **Windows:** Landlord to provide Applicable Code compliant energy efficient windows and storefront systems to be 1" tinted insulated Low–E glass with thermally broken insulated aluminum mullions/frames. Window size and locations to be determined by Tenant's architectural floor plan and shall be coordinated with Landlord's Architect. Landlord shall allow Tenant, at Tenant's discretion, to apply a translucent and/or blackout film to the windows (in accordance with manufacturer's recommendations) per Tenant's plans and specifications.

12.0 **Thermal Insulation:** All exterior walls to have a vapor barrier and insulation that meets or exceeds Applicable Code requirements. The R-value to be determined by the size of the stud cavity, if installed on the interior of the wall and should extend from finish floor to bottom of roof deck (or floor deck in multi-story buildings). Should the insulation be installed on the exterior side of the wall sheathing, insulation shall extend from finish floor to the top of the parapet. Roof deck to have a minimum R-30 insulation mechanically fastened to the underside of roof deck. No spray foam insulation.

13.0 **Doors:** All doors to have weather-stripping and commercial grade hardware (equal to Yale 8800 Series, Grade 1 mortise lockset or better). Doors shall meet all Applicable Code, including without limitation, the American Disability Act (ADA) and State Department of Health requirements. Landlord shall change the keys (reset tumblers) on all doors with locks after construction, but prior to commencement of the Lease, and shall provide Tenant with a minimum of three (3) sets of keys. Final location of doors to be determined by Tenant's architectural floor plan and shall be coordinated with Tenant's Architect. At a minimum, the following doors, frames and hardware shall be provided by the Landlord:

- **Patient Entry Doors: Provide storefront with insulated glass doors and aluminum framing to be 42"** width (or such larger width if required by Applicable Code) including proper weather stripping, push paddle/panic hardware (if required by Applicable Code), power assist opener, continuous hinge and lock mechanism, heavy duty aluminum threshold, continuous hinge on each leaf.

- **Service Doors: Provide a 60" or 72"**-inch wide double doors (with 1 - 24" and 1 - 36" leaf or 2- 36" leafs)] with proper weather stripping and painted with rust inhibited paint, flush bolts, T astragal, heavy duty aluminum threshold, continuous hinge on each leaf, door viewer (peep), panic bar hardware (if required by Applicable Code) and push button programmable lockset.

- **Teammate Entry Doors**: Provide a minimum 36-inch wide, 20-ga, insulated, hollow metal door and thermally-broken, welded, 20-ga hollow-metal frame (both finished with rust-inhibiting paint) with programmable keypad lockset, heavy-duty hinges, aluminum threshold, surface closer, and concealed-overhead stop.

- **Emergency Egress Doors: Provide minimum 36" wide door with 20 gauge** insulated hollow metal door both painted with rust-inhibiting paint (AND/OR where indicated by Tenant's Architect a minimum 42" wide aluminum/glass door) and aluminum storefront frame, with exit-only panic bar locking hardware, hinges, surface-closer and concealed-overhead stop.

Landlord shall provide to Tenant, prior to door fabrication, submittals containing specification information, hardware and shop drawings for review and acceptance by Tenant and Tenant's Consultants. Any missing weather stripping or damage to doors or frames will be repaired and/or replaced by Landlord as necessary.

14.0 Utilities: All utilities shall be provided by Landlord at designated utility entrance points into the Premises at locations coordinated with Tenant. Any utility fees, including without limitation, tap fees, impact fees, system development fees, EDU fees, meter fees, fixture fees, sewer, water or other connection fees, or other similar fees relating to the utilities to be used at the Premises for an outpatient medical dialysis clinic shall be paid by the Landlord, and Tenant shall have no responsibility therefor. Landlord shall have contained within the building a common main room to accommodate the utility services which include, but are not limited to, electrical, fire alarm, security alarm and fire riser if in a multi-tenant building.

15.0 Plumbing:

A. Water Service: Furnish and install a separately metered dedicated minimum 2" domestic potable water line stubbed to the Premises per location coordinated with Tenant to support 30 GPM with a constant flow of 50 PSI water pressure, or greater as determined by Tenant based on Tenant's water demand. Maximum water pressure to the Premises shall not exceed 80 PSI, and where it does a pressure reducing valve (PRV) shall be provided and installed by Landlord. If minimum pressure is below 50 psi a booster pump to be provided and installed by Landlord. Water flow and pressure to Tenant's space shall be unaffected by any other building or site water requirements such as other tenant water requirements or irrigation systems. Landlord to bring water to the Premises terminating with a capped valve. Potable water supply to be provided with water meter and 2 identical reduced pressure zone (RPZ) backflow devices arranged in parallel for uninterrupted service and sized to support required GPM demand (with floor drain or open site drain under RPZs). Backflow devices to be provided with adequate drainage. RPZs and meter to be sized to the incoming line per municipality or water provider standards. Provide exterior (anti-freeze when required) hose bibs (minimum of 2) in locations approved by Tenant.

B. Sanitary Line: Sanitary drain/line size will be determined by Tenant based on total combined drainage fixture units (DFU's) for entire building, but not less than 4" diameter. New sanitary building drain/line shall be PVC material and properly sloped to accommodate Tenant's sanitary system design per Tenant's plans and specifications (at a minimum invert level of 48 inches below finished slab) and per Applicable Code. Landlord to coordinate actual depth and location with Tenant's Architect and Engineer. Provide cleanout at Premises entry point. Lift station/sewage ejectors will not be permitted, unless it is the only available option and approved by Tenant in writing. Any drain/line, sanitary or storm water systems serving the Premises in disrepair or with improper pitch shall be corrected by Landlord. Landlord to provide a plumbing vent system no less than 4" in diameter stubbed to the Premises in locations and at an elevation to be coordinated with Tenant. All plumbing vents shall have a minimum separation of 15 feet, or more if required by Applicable Code, from any mechanical rooftop equipment with fresh air intake. Sanitary sampling manhole to be installed by Landlord if required by GAHJ.

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16.0 **Fire Suppression:** Landlord shall design and install turnkey Automatic Fire Sprinkler System per Applicable Code inclusive of all necessary testing and certification. This system shall be on a dedicated fire protection water line independent of Tenant's potable water line. Landlord to include all municipal approved shop drawings, service drops and sprinkler heads at heights per Tenant's reflective ceiling plan, flow control switches wired and tested, alarms including wiring and an electrically/telephonically controlled fire alarm control panel connected to a monitoring systems for emergency dispatch. In a multi-tenant building, if the sprinkler room/riser is located within, or accessible through, Tenant's Premises, Landlord shall relocate said sprinkler room/riser to another part of the building, or alternatively, Landlord may provide a door from the sprinkler/riser room to the exterior of the building or into an adjacent premises.

17.0 **Fire Alarm:** Furnish and install an addressable Fire Alarm system in good working order capable of accommodating Tenant's Fire Alarm system within the Premises. Landlord to provide all information on Fire Alarm systems (including, without limitation, fire alarm control panel (FACP), vendor and monitoring company) for Tenant's design. The FACP provided by Landlord shall include supervision of fire suppression system(s) and connections to emergency dispatch or third party monitoring service in accordance with GAHJ. If the Premises is located in a multi-tenant building, then Landlord shall provide an empty conduit stubbed into the Premises from the building's FACP. Fire Alarm system equipment shall be equipped for double detection activation if required.

18.0 **Electrical:** Furnish and install a separately metered underground 120/208 volt, 3 phase, 4 wire electrical service (sized as noted below) derived from a single metered source and consisting of dedicated CT cabinet per utility company standards feeding a distribution panel board to be provided by Landlord in the Tenant's utility room (location to be per National Electrical Code (NEC) and coordinated with Tenant) for Tenant's exclusive use. Service size to be determined by Tenant's engineer dependent on facility size and gas availability For general reference, anticipated capacity of electrical service is provided in chart below; however, final capacity of electrical service to the Premises that is to be furnished and installed by Landlord shall be determined by Tenant's engineer and provided to Landlord. Tenant will not accept multiple services to obtain the necessary capacity, nor will Tenant accept possession of the Premises until permanent power is provided.

Square Foot	With Gas	Without Gas
6,500 or less	600 amps	800 amps
6,501 to 12,000	800 amps	1,000 amps
12,001 or more	1,000 amps	1,200 amps

Landlord shall provide separately metered electrical service with WYE configuration. The electrical service provided by Landlord shall include transformer coordination with utility company, available fault current from the utility company, transformer, transformer pad and grounding, as well as underground conduit and wire sized for service inclusive of excavation, trenching and restoration, utility metering, distribution panel board with main and branch circuit breakers, and electrical service and building grounding per NEC. If only 480 volt power is available, Landlord shall provide a step down transformer to meet Tenant's requirements above. If only combined service meters are available, Landlord shall provide written verification from utility supplier stating multiple meters are permitted for use by the Building/Premises. If Premises is located in a multi-tenant building, Landlord shall provide meter center with service disconnecting means, service grounding per NEC, dedicated combination CT cabinet with disconnect for Tenant and distribution panel board per above. Existing electrical raceway, wire, and cable

extending through the Premises but serving areas outside the Tenant's space shall be re-routed outside the Premises.

19.0 **Gas Service:** Furnish and install natural gas service with a minimum of between 7" to 11" water column pressure capable of supplying 800,000-BTU's. Natural gas line shall be brought to a location within the Premises as specified by Tenant and shall be individually metered. Landlord shall coordinate this work with local or other GAHJ.

20.0 **Mechanical /Heating Ventilation Air Conditioning:** Landlord shall provide Tenant with an allowance in the amount of $_____ for the cost of all work related to the purchase and installation of the HVAC units/systems by Tenant for the Premises per Tenant's then current design criteria and Applicable Code ("HVAC Allowance"). The HVAC Allowance shall be paid to Tenant, or to Tenant's contractor at Tenant's direction, as more fully set forth in the Lease. Landlord to furnish steel framing members for Tenant's RTU's. Roofing and roof flashings to be installed by Landlord after Tenant RTU installation. Exhaust fans to be located by Tenant's Architect.

21.0 **Telephone:** Landlord shall provide a single 2" PVC underground conduit entrance into Tenant's utility room to serve as chase way for new telephone service. Entrance conduit location shall be coordinated with Tenant per Tenant's plans and specifications.

22.0 **Cable TV/Internet:** Landlord shall provide a single 2" PVC underground conduit entrance into Tenant utility room to serve as chase way for new cable television or internet service. Landlord shall also provide a single 2" PVC conduit from roof to inside of Premises for new satellite television service. Entrance conduit locations shall be coordinated with Tenant per Tenant's plans and specifications.

23.0 **Site Lighting:** Provide adequate lighting per Applicable Code and to illuminate all parking and pathways for building and site access points. Parking lot lighting to be on a timer (and be programmed per Tenant business hours of operation) or photocell. Parking lot lighting shall be connected to and powered by Landlord house panel and equipped with battery backup per Applicable Code at all access points.

24.0 **Building Lighting:** Landlord shall provide at the main entrance, rear and other entrance/exit doors, landings, and related sidewalks safety lights, exterior service lights, exit signs and emergency lights with battery backup signs per doorway/access point, in accordance with Applicable Code. The exiting shall encompass all routes from access points terminating at public right of way. Lighting shall be connected to and powered by Landlord house panel and equipped with battery backup per Applicable Code at all access points.

25.0 **Common Areas/Parking Lot:** Furnish and install a parking lot with adequate amount of Applicable Code compliant (including, without limitation, ADA and all other federal, state and local jurisdictions' handicap requirements) curb cuts and handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to be striped and parking lot to receive traffic directional arrows and concrete parking bumpers to be anchored in place per stall layout. Handicapped parking stalls shall be signed with current Applicable Code provisions for handicap parking. All common areas must be compliant with Applicable Code. Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway/aisle. Asphalt to be graded gradual to meet handicap and civil site slope standards, graded into and out of new patient drop off canopy and

provide positive drainage to in place storm catch basins leaving surface free of standing water, bird baths or ice buildup potential.

26.0 **Handicap Accessibility:** Landlord shall comply with all Applicable Code related to handicap requirements, including, without limitation, ADA and all other federal, state and local jurisdictions' handicap requirements affecting the building and entrance to the Premises, including, but not limited to, patient drop off area, the elevator, exterior and interior doors, curb cuts, ramps and walk approaches to/from the parking lot, detectable warnings, delivery areas and walkways. Landlord shall provide pavement marking, curb ramp and accessible path of travel for a dedicated delivery access in the rear of the building. The delivery access shall link the path from the driveway paving to the designated Tenant delivery door. If required, Landlord to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide a gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition according to accessible standards.

27.0 **Refuse Enclosure:** Furnish and install a refuse area for Tenant's waste and recycling dumpsters. When required by Applicable Code or Tenant, Landlord to provide: (i) a minimum 6" thick reinforced concrete pad with 6" of gravel under refuse enclosure, approximately 19'-4" W x 8'- 8" D; and (ii) a minimum 6" thick reinforced concrete enclosure access apron with 6" of gravel, approximately 19' W x 10' D, designed to sufficiently accommodate dumpster(s) and vehicle weight.

28.0 **Generator:** Landlord to provide a dedicated generator pad for Tenant, as well as a conduits from said pad to the Premises, in the locations shown on Tenant's plans and specifications; if Tenant or Applicable Code does not require a generator, Landlord to provide dedicated area for a future optional generator pad.

29.0 **Signage:** Landlord to provide and install (including electrical service and conduit) (a) exterior façade mounted building signage and (b) a monument or pylon sign with base. Final sign layout to be provided and approved by Tenant and applicable GAHJ.

30.0 **Site Development Scope of Requirements:** Landlord to provide Tenant with a site boundary and topographic ALTA survey, civil engineering and grading plans prepared by a registered professional engineer. Civil engineering plan is to include necessary details to comply with municipal standards. Plans will be submitted to Tenant's Architect for coordination purposes. Site development is to include, without limitation, the following:

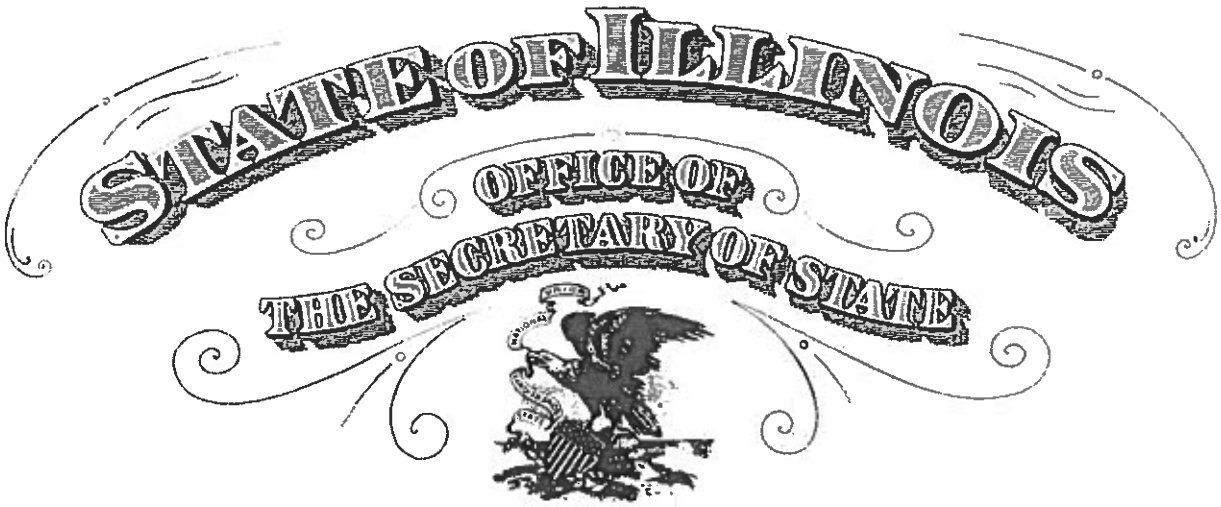
- Utility extensions, service entrance locations, inspection manholes;
- Parking lot design, stall sizes per municipal standard in conformance to zoning requirement;
- Site grading with Storm water management control measures (detention / retention / restrictions);
- Refuse enclosure location and construction details for trash and recycling;
- Generator pad and conduit locations (or dedicated area for a future optional generator pad);
- Handicap stall location to be as close to front entrance as possible;
- Side walk placement for patron access, delivery via service entrance;
- Concrete curbing for greenbelt management;
- Site lighting;
- Conduits for Tenant building and monument/pylon signage;
- Site and parking to accommodate tractor trailer 18 wheel truck delivery access to service entrance;
- Ramps and curb depressions;

- Landscaping shrub and turf as required per municipality;
- A minimum of 12"-18" area to be left clear of any landscaping around the building pad for a mow strip;
- Irrigation system if Landlord so desires and will be designed by landscape architect and approved by planning department;
- Construction details, specifications / standards of installation and legends; and
- Final grade will be sloped away from building.

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

The Illinois Certificate of Good Standing for Total Renal Care, Inc. is attached at Attachment – 3.

File Number 5823-002-2



To all to whom these Presents Shall Come, Greeting:

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

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

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

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

Jesse White

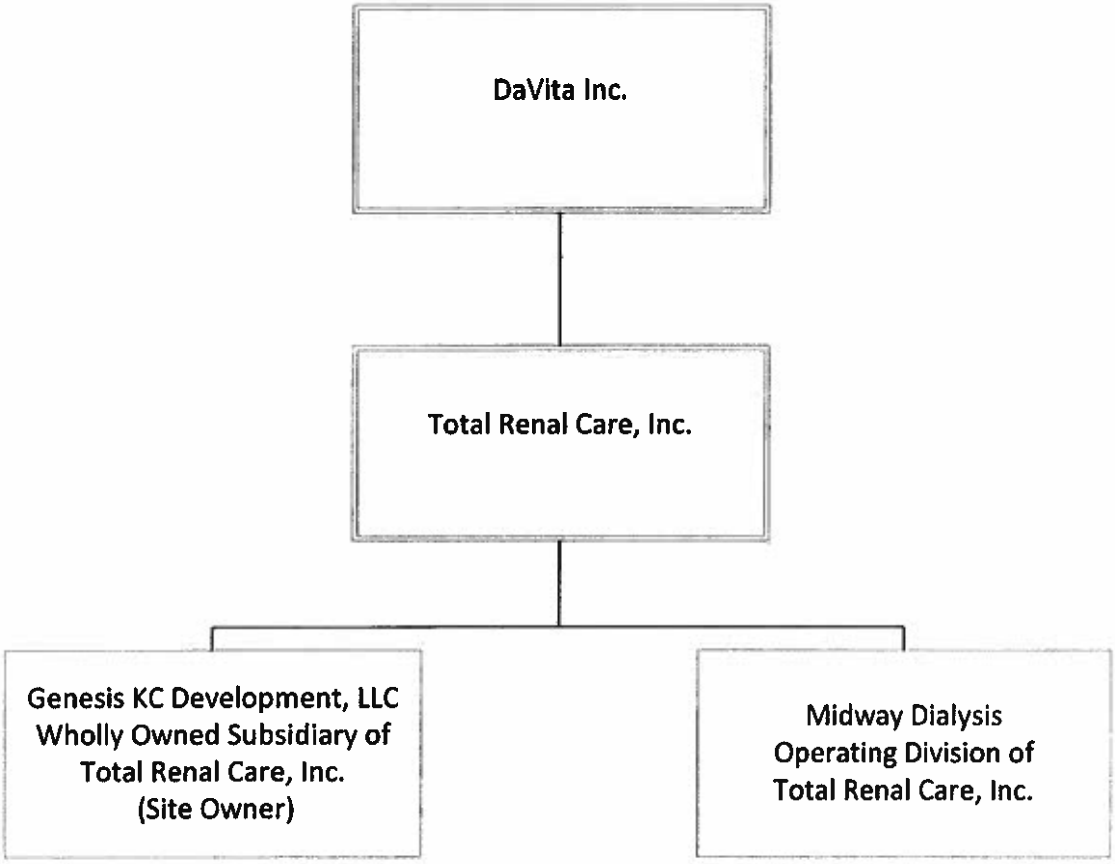
SECRETARY OF STATE

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

The organizational chart for DaVita Inc., Total Renal Care, Inc. and Midway Dialysis is attached at Attachment – 4.

Attachment - 4

Midway Organizational Structure

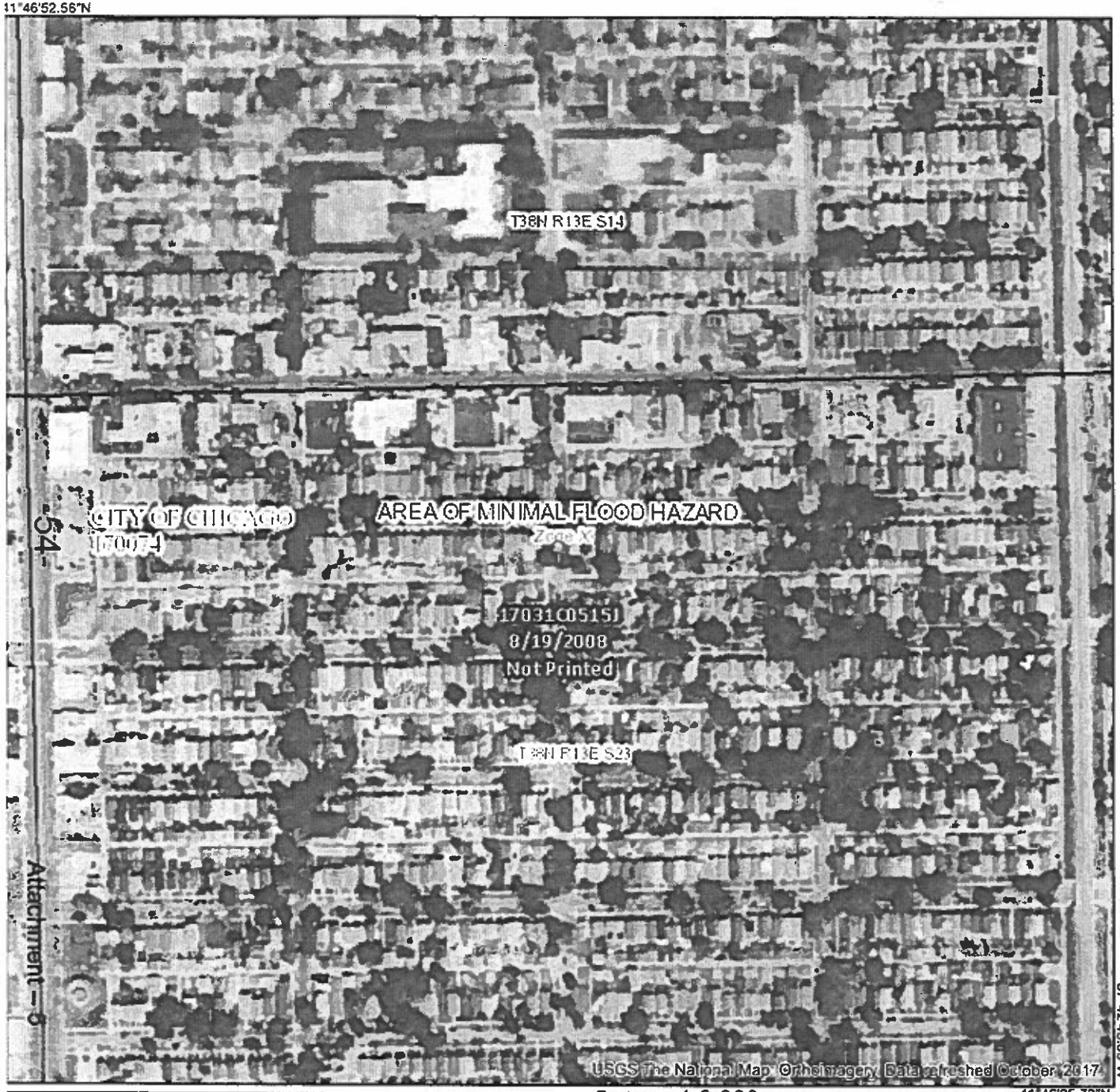


Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis clinic complies with the requirements of Illinois Executive Order #2006-5. The proposed dialysis clinic will be located at 3700 West 63rd Street, Chicago, Illinois 60629. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0515J 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 Zone AE, AO, AH, VE, AR
- Regulatory Floodway

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

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

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
- 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

The pin displayed on the map is an approximat point selected by the user and does not repres an authoritative property location.

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

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/14/2019 at 4:12:17 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: basemap 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 – 8

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

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

ILLINOIS
DEPARTMENT OF NATURAL RESOURCES

Illinois Department of Natural Resources

JB Pritzker, Governor
Colleen Callahan, Director

www.dnr.illinois.gov

Mailing address: State Historic Preservation Office, 1 Old State Capitol Plaza, Springfield, IL 62701

Cook County
Chicago
3700 West 63rd Street
IHFSRB
New construction - Midway Dialysis (12 station)

PLEASE REFER TO: SHPO LOG #006021519

March 13, 2019

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

Dear Ms. Cooper:

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

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

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

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

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

If further assistance is needed please contact Jeff Kruchten, Chief Archaeologist at 217/785-1279 or Jeffery.kruchten@illinois.gov.

Sincerely,

Robert F. Appleman
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**
New Construction Contracts	$1,598,743		$1,598,743
Contingencies	$159,874		$159,874
Architectural/Engineering Fees	$92,300		$92,300
Consulting and Other Fees	$56,591		$56,591
Moveable and Other Equipment			
Communications	$127,613		$127,613
Water Treatment	$178,539		$178,539
Bio-Medical Equipment	$15,940		$15,940
Clinical Equipment	$239,184		$239,184
Clinical Furniture/Fixtures	$21,885		$21,885
Lounge Furniture/Fixtures	$5,055		$5,055
Storage Furniture/Fixtures	$6,862		$6,862
Business Office Fixtures	$35,645		$35,645
General Furniture/Fixtures	$35,000		$35,000
Signage	$17,300		$17,300
Total Moveable and Other Equipment	$683,023		$683,023
Fair Market Value of Leased Space	$2,585,407		$2,585,407
Total Project Costs	**$5,175,938**		**$5,175,938**

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

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

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	04/30/2019
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	$5,175,938		7,100	7,100			
Total Clinical	**$5,175,938**		**7,100**	**7,100**			
NON REVIEWABLE							
Total Non-Reviewable							
TOTAL	**$5,175,938**		**7,100**	**7,100**			

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(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 Midway Dialysis, 12-station in-center hemodialysis clinic to be located at 3700 West 63rd Street, Chicago, Illinois.

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 2018 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment – 11A. 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 2001-2004 and 2013-2016, the overall prevalence estimate for CKD rose from 14.2 to 14.8 percent.[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]
- Nearly seven times the number of new patients began treatment for ESRD in 2016 (124,675) versus 1980 (17,903).[4]
- Nearly thirteen times more patients are now being treated for ESRD than in 1980 (726,331 versus 56,435).[5]
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 45% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.[6]
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2016,

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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 Feb. 14, 2019).

[2] US Renal Data System, USRDS 2018 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, 9 (2018).

[3] Id. at 10.

[4] Id. at 296.

[5] Id. at 309.

[6] Id. at 317.

20.8% 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, 80% of those on hemodialysis began therapy with a catheter rather than a fistula. Comparatively, only 36% 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.

- 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.

- 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. On July 16, 2018, the Disabled American 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.

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[7] Id. at 322.

- 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 of 2019 – for the twelfth consecutive year and thirteenth year overall. See Attachment – 11B.

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.

- 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 patients who have attended a Kidney Smart class have had 30 percent fewer hospitalizations and 38 percent fewer missed treatments in their first 90 days on dialysis and are six times more likely to start dialysis on a home modality.

- On April 23, 2019, DaVita launched its DaVita Health Tour, which will visit 18 communities in this April and May to provide free health screenings and kidney education. The mobile health clinic will include:

  - Diabetes screenings, including a finger-stick glucose test;
  - Biometrics, including blood pressure, height/weight/waist measurement and Body Mass Index (BMI) testing; and
  - Personal and confidential patient results.

  Access to free diabetes and blood pressure testing is critical to help identify individuals who may have or be at risk for develop CKD since diabetes and high blood pressure are two of the primary causes. CKD is often symptomless in its early stages, so this testing is essential to diagnose the disease early, which it may be possible to slow the progression of disease or stop it altogether.

- 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.

- On January 17, 2019, DaVita announced the successful implementation of CKD EHR by Epic. The CKD electronic health record (EHR) system was created alongside Epic, the most widely used and comprehensive health records system, to help improve patient care by transforming the physician information technology (IT) experience. The system was designed to enable better care coordination and increase practice efficiency. The system leverages Epic's interoperability network, Care Everywhere, to share clinical information across health care providers, regardless of which EHR systems other providers use. CKD EHR by Epic also delivers nephrology-specific functionality to support population health management, including a risk stratification model, workflow tools to help manage the progression of CKD and reporting capabilities to identify gaps of care. See Attachment – 11C.

- 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 25 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 48 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

    - On April 24, 2019, DaVita introduced its multi-media kidney transplant education resource, Transplant Smart. See Attachment – 11D. Transplant Smart is a comprehensive education and support program that includes:

        - Motivating peer-to-peer videos intended to help patients learn from others who were once in their position. Topics include everything from "Why transplant?" to "How to find a living donor."
        - Compelling animated videos created to inform patients and their loved ones about what to expect during each key step of the transplant process to help reduce their anxiety and increase their confidence.
        - An illustrated handbook designed to educate DaVita patients about transplant and help them stay organized during their transplant journey.
        - Enhanced guidance and support from a social worker throughout the journey.

    - DaVita expanded its emphasis on transplant education within its Kidney Smart® program, a no-cost chronic kidney disease education resource that is open to the community. Kidney Smart, which has educated more than 165,000 participants since 2012, now offers pre-emptive transplant education and will also offer post-class text messages with additional transplant education later this year.

    - 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.

- While the number of patients diagnosed with ESRD increases by 5% each year, mortality rates for ESRD have been declining in the United States over the last two decades, particularly when the changing demographic characteristics are taken into account. ESRD patients have lived well on dialysis for 5-10 years and as long as 20-30 years. Importantly, along with improvements in care of ESRD, hospitalization of ESRD patients is also declining.

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 $2.1 million in 2018 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.

- 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. 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 2015, Village Green, DaVita's corporate sustainability program, launched a formal electronic waste program and recycled more than 558,000 pounds of e-waste since the program's inception. DaVita recently contracted with Longroad Energy on two virtual power purchase agreements facilitating the development of clean energy projects in Texas. DaVita's share of these projects, a wind farm and solar farm, will generate as much renewable energy as the amount of electricity used by DaVita's North American operations. See Attachment – 11E.

  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 34,000 meals to local shelters since 2016 through food waste recovery efforts.

- DaVita does not limit its community engagement to the U.S. alone. Since its inception in 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed a total of 179 international medical missions in 30 countries and 310 domestic screenings. More than 1,300 DaVita volunteers supported these missions, impacting more than 118,000 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. In 2019, Bridge of Life partnered with Global Livingston Institute to provide free health services, ongoing prevention education and recommended treatment plans to 3,000 Ugandans. Volunteer teammates from DaVita implemented a newly designed protocol for screening a younger population that focuses on behavioral health change of high-risk habits such as tobacco and alcohol use, physical inactivity and diet. Volunteers screened adults in nearby communities for chronic kidney disease and its root causes such as hypertension and diabetes. The professionals from Bridge of Life use real-time, lab quality testing

to identify individuals who have signs of chronic illnesses and offer health education to encourage patients to take a proactive role in their own health. They help ensure that high-risk patients receive the necessary care long-term by working with local clinics and hospitals to establish a referral process. See Attachment – 11F.

Other Section 1110.110(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 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 – 11G. Dialysis clinics are currently not subject to State Licensure in Illinois.

Certification that no adverse action has been taken 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 – 11H.

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 – 11H.

DaVita®

THE DAVITA VISION FOR GLOBAL CITIZENSHIP

Community Care 2018

This is DaVita's Community Care Report. It offers a glimpse into our vision for corporate social responsibility (CSR), which we call our Trilogy of Care: Caring for Our Patients, Caring for Each Other and Caring for Our World.

We established our Trilogy of Care more than 10 years ago, and it continues to be the foundation for how we build DaVita as a community first and a company second. By raising the bar in clinical quality, delivering innovative care to patients and fostering a community-focused culture, we strive to affect positive change for our patients, for our teammates and their families, and for the environment and neighborhoods in which we operate and live.

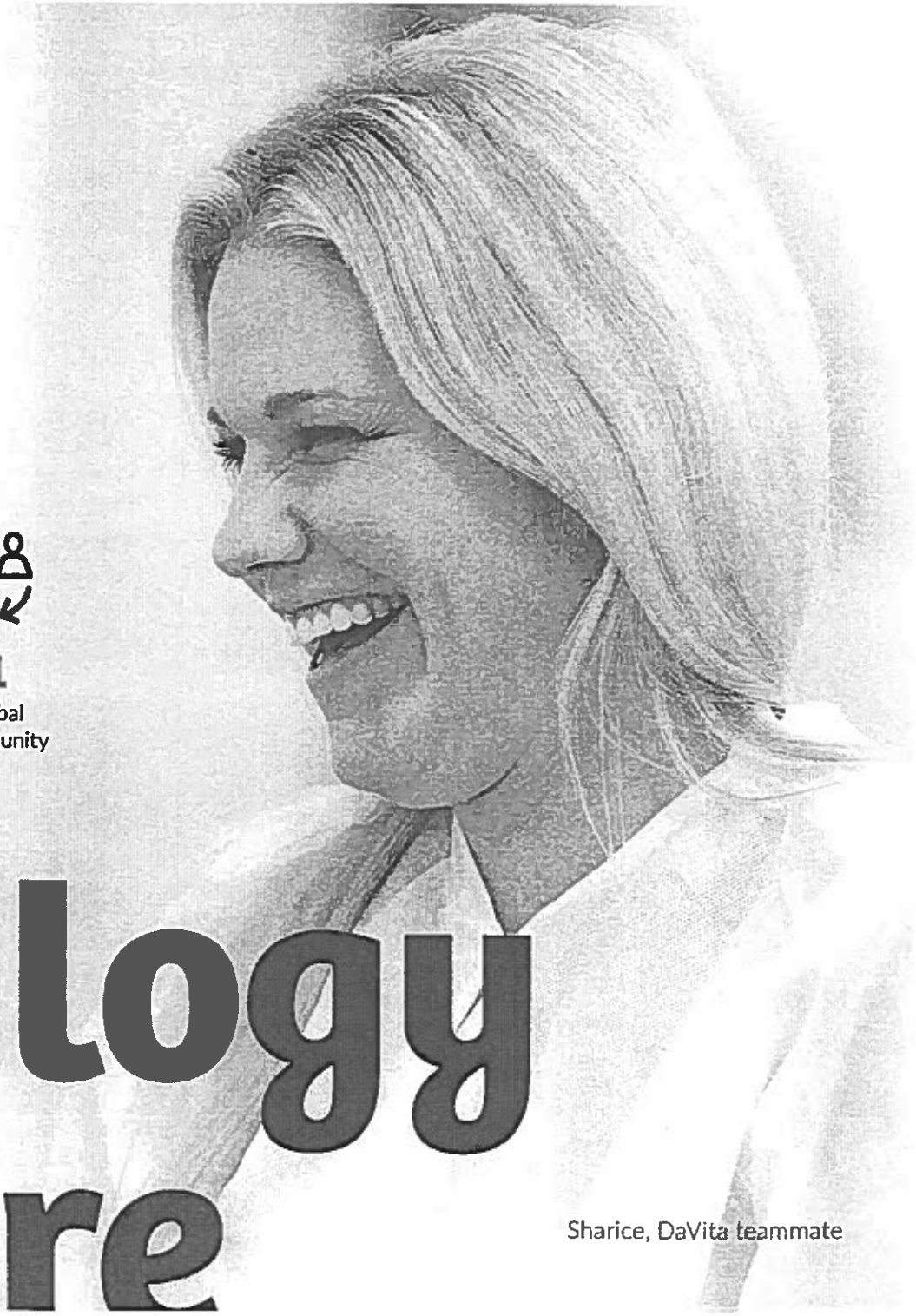
227K patients

65K teammates

2.8K dialysis centers

10 countries

1 global community



Our Trilogy of Care

Sharice, DaVita teammate

Chronic kidney disease (CKD) occurs when kidneys start to lose their ability to perform their functions of cleaning blood, removing extra fluid and controlling blood pressure. Kidney failure, or end stage renal disease (ESRD), happens when kidneys function at or below 10 to 15 percent, which is not enough to keep someone alive without dialysis or a kidney transplant. Too many people aren't aware that their kidneys are failing until they end up in the hospital.

We're changing that. By raising awareness about kidney disease among people at risk and providing them hands-on, no-cost education and health-management tools, we aim to help keep more people from developing CKD and from progressing to ESRD.

Through multiple innovations in care delivery over the past 20 years, kidney care providers are significantly improving length and quality of life in people with CKD, saving 34,000 lives from 2005 to 2015.[1]

We provide life-saving kidney care for more than 200,000 patients—but we're more than just a dialysis provider. DaVita believes in giving the right treatment to the right patient at the right time, whether it's dialysis in a center or in the comfort of home, support in getting a transplant or integrated care for other chronic conditions.

1 in 7 U.S. adults is estimated to have CKD.[2]

1 in 3 U.S. adults is at risk for developing CKD.[2]

90% of people with kidney disease don't know they have it and the vast majority of those people won't even learn of their condition until it's too late to reverse its course.[2]

Our Vision

To Build the Greatest Health Care Community the World Has Ever Seen

Our Mission

To be the Provider, Partner and Employer of Choice

Our Core Values

Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

Our Caring Behaviors (WE CARE)

Welcome
Empathize
Connect
Actively Listen
Respect
Encourage

The DaVita Way

We dedicate our Head, Heart and Hands to pursue the Mission, live the Values, and build a healthy Village. It means we care for each other with the same intensity with which we care for our patients.

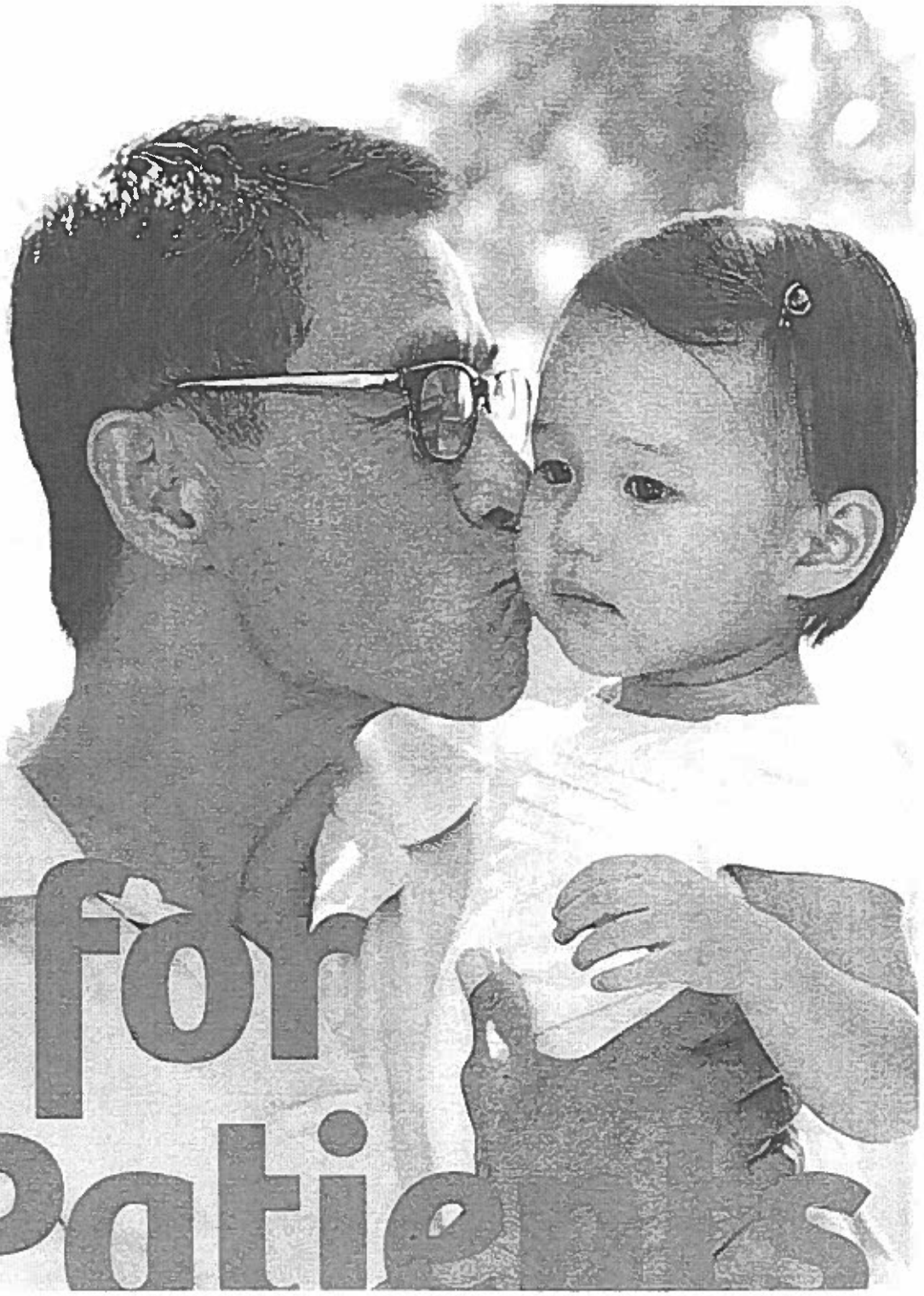
DaVita is leading the charge in changing how patients are cared for by helping prevent or delay kidney failure, increasing access to high-quality, affordable care and managing related conditions.

Patient-Centered Care

Every interaction with our patients matters. In 2018, DaVita democratically developed **Our Caring Behaviors (WE CARE)**, noted on page 3, as a set of service guidelines to bring more intentionality and consistency to striving to deliver an exceptional caring experience to patients.

In addition to improving the patient experience, we focused on keeping patients healthy and out of the hospital. We launched a formal **Transition of Care** program (which includes teammate training, patient care steps and patient education) that reduced hospitalization readmission rates in 2018 that equated to 20,000 fewer days in the hospital for our patients.[1]

1. Internal DaVita data, 2018



Caring for Our Patients

Integrated Kidney Care

DaVita® Integrated Kidney Care (IKC) has led the kidney care community in providing coordinated, holistic kidney care for more than two decades, and currently manages the total care for more than 25,000 patients with chronic kidney disease (CKD), of which more than 13,000 have end stage renal disease (ESRD).

During 2018, DaVita IKC provided education, resource support and care coordination to help patients better manage their kidney disease and transition smoothly to dialysis or a kidney transplant. Through engaging with patients and collaborating with kidney doctors (nephrologists), 75 percent of our patients transitioned to dialysis with a permanent vascular access (used to access patients' blood for dialysis) in place. Placing a permanent access before beginning dialysis can result in a smoother transition to dialysis. DaVita IKC outperformed the rest of the industry in early access placement by nearly 100 percent.[1]

In 2018, our IKC value-based programs demonstrated compelling results[1]:

25% lower hospitalization rate than the industry average

48% lower hospital readmission rate

21% addressable cost savings over the past five years

1. Internal DaVita data, 2018.

Paul, DaVita patient

Kidney Smart®: A leader in kidney education

Educating patients and their care partners about CKD (from diet and nutrition to treatment options, such as home dialysis and transplant), can make an incredible impact on their quality of life and, ideally, help slow the progression to dialysis. In 2012, we launched **Kidney Smart**, a no-cost educational program available to the community.

Kidney Smart has educated more than 160,000 people since its inception[1] and helped lead to positive outcomes for many DaVita patients who attend a class.

30% fewer hospitalizations[1]

fewer missed treatments once on dialysis[1]

6x more likely to start with a home modality[1]

1. Internal DaVita data, 2012-2018.

Innovating Home Dialysis Care

Dialyzing at home means our patients can have more time for moments with their loved ones while receiving the life-saving treatment they need. When patients dialyze from the comfort of home, they are able to have better control of their treatment schedules, giving them more time for themselves, their families, their jobs and the activities they enjoyed before starting dialysis.

Patients who perform peritoneal dialysis (PD) at home may have fewer hospitalizations,[1] lower Medicare costs[2] and better transplant outcomes.[3]

DaVita experienced our highest-ever growth year, supporting more than 25,000 patients who dialyze at home—**the largest population of home dialysis patients in the U.S.**[4] We have 1,500 home dialysis centers across the U.S. which offer support and home dialysis training programs for patients and we've grown our home dialysis program nearly four times as fast as our in-center program.[5]

We are advancing and transforming patient care through innovations such as home remote monitoring, telehealth, predictive analytics and other programs so patients can receive clinical care at home. These technologies also help our care teams ensure they are delivering the right interventions at the right time to suit each patient's unique clinical needs.

Investing in Home Dialysis Innovation

Interactive, multi-media therapy education

Remote patient management

High-touch support for smoother home starts

Virtual care delivery

1. Fried L et al. Am J Kidney Dis. 1999 May;33(5):927-933. 2. USRDS 2016 Annual Report. 3. Molnar AZ et al. Clin J Am Soc Nephrol. 7: 332–341, 2012. 4. Nephrology News & Issues. Sept. 2018. 5. DaVita internal data.

Caring for Our Nation's Most Vulnerable Patients

DaVita® Health Solutions delivers comprehensive care programs—including house calls, post-acute care and 24/7 care coordination and support—through at-risk arrangements with health plans to manage and care for high-risk patients, not just chronic kidney disease patients, who have multiple chronic conditions. For nearly two years, DaVita Health Solutions programs have served approximately 7,000 patients in partnership with more than 600 local primary care physicians, specialists and extended care teams.

Program results were extremely positive in its first year[1]:

91% patient satisfaction rating

35-40% fewer hospitalizations

15-20% lower cost of care

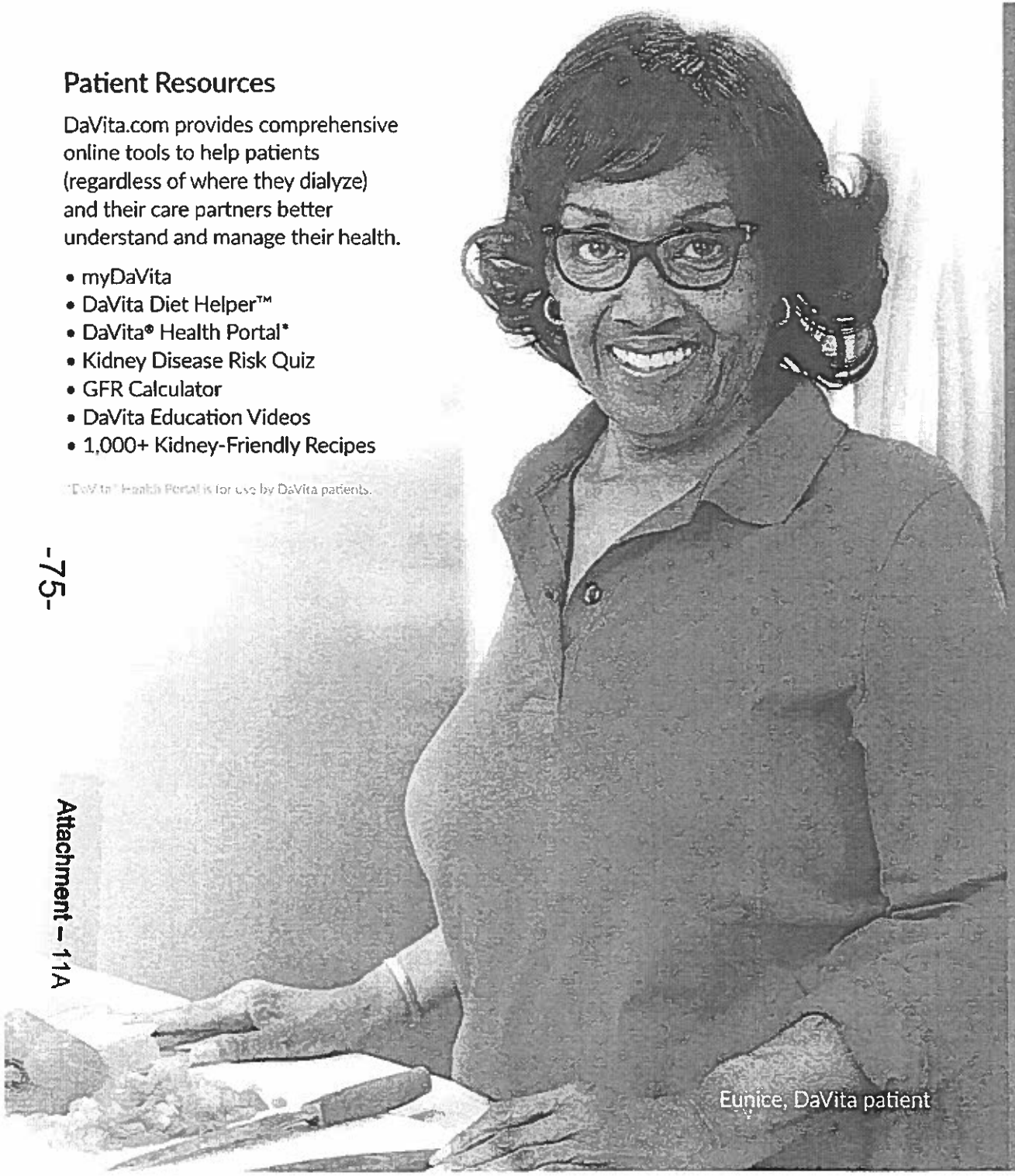
1. J. Ryan, M. K. Abrams, V. V. Doty, T. Shah, and E. C. Schneider. How High Need Patients Experience Health Care in the United States. Findings from the 2013 Commonwealth Fund Survey of High Need Patients. The CommonwealthFund. December 2016.

Patient Resources

DaVita.com provides comprehensive online tools to help patients (regardless of where they dialyze) and their care partners better understand and manage their health.

- myDaVita
- DaVita Diet Helper™
- DaVita® Health Portal*
- Kidney Disease Risk Quiz
- GFR Calculator
- DaVita Education Videos
- 1,000+ Kidney-Friendly Recipes

*DaVita® Health Portal is for use by DaVita patients.



Eunice, DaVita patient

DaVita International

DaVita is improving health care for patients with kidney disease in the U.S. and abroad. In 2018, we achieved several milestones in our work globally:

- Our dialysis patient volume grew 18 percent, and we are treating over 24,000 patients across more than 230 clinics.
- In our largest international markets, Brazil and Germany, we added 11 and 14 dialysis clinics in 2018, respectively.
- In Colombia, we launched a "teledialysis" pilot and achieved a peritoneal dialysis (PD) penetration rate of 20 percent.

When people are encouraged to challenge themselves, to be leaders at work and at home, to grow and to be healthy, they can become a better version of themselves. DaVita is committed to providing resources and support for our teammates that help set them up for success in multiple aspects of their lives.

Teammate Health and Wellness

The support we give our teammates doesn't stop when they leave work for the day. Through **Village Vitality**, we offer tools and incentives to teammates and their families to help them make healthy choices.

- To improve their health, 5,500 teammates and spouses sought out support from our onsite and virtual health coach teams.
- Convenient, no-cost health screenings and flu shots are provided to teammates, with over 36,000 wellness screenings administered in 2018.
- The **We Are Well Award** is an opportunity to celebrate and reward our teammates' personal accomplishments. From paying off debt or losing weight, to overcoming hardship and inspiring others, 50 teammates were awarded free medical premiums through the We Are Well program for their hard work and dedication in 2018.

Caring for Each Other

Lifting Each Other Up

In a healthy community, citizens share each other's successes as well as burdens. We strive to help our teammates live healthy, productive and enriched lives, especially in times of need.

DaVita Village Network provides teammates and their dependents financial assistance during times of crisis, such as acute illness, natural disasters and financial hardships as a result of military deployment. All teammates have the option to make voluntary payroll contributions to fund the program. For every approved grant, DaVita contributes the same amount as the teammate payroll contribution, up to $250,000 per year. In 2018, 223 grants totaling $334,000 were awarded, totaling 2,110 grants worth $4.3 million to date.

Children and grandchildren of teammates may apply for **DaVita Children's Foundation, KT Family Foundation** and the **Woody Brittain Scholarship** which provide scholarships for eligible students who excel in leadership, community service and academics. Together they have awarded more than $2.8 million to more than 1,300 students.

Serving Those Who Serve

In the past nine years, DaVita has hired more than 3,000 veterans and is honored to have been recognized with more than 40 awards for recruiting excellence and its commitment to creating a special place for our veteran teammates. Our **Village Veterans** programs (**Veterans 2 Village** and **Thriving after Military Service**) are multi-day classes that foster skills such as self-development and community service as a way to enhance participants' roles as leaders, family members and community members.

Workplace Democracy

All teammates are encouraged to engage in direct dialogue with our leadership through regularly scheduled **Voice of the Village Calls** and **Town Halls**.

In 2018, Teammates submitted 875 new ideas to **Idea Hub**, an incubator for innovation where ideas directly impact projects that help continuously improve how we care for our patients and our business.

5,500 teammates and spouses sought out support from our onsite and virtual health coach teams

Ana and Lisa, DaVita teammates

"I truly believe that starting a job [at DaVita] 10 days after such a tragedy was a gift to me from the universe. I have been allotted the flexibility and encouragement needed, through the wellness-focused culture here, to be able to meaningfully manage my mother's sudden death, changing jobs, buying a new home and moving, getting married and supporting my son—all in the last eight months. I am grateful to be welcomed with open arms into this community, and I believe wholeheartedly that this company is 'ours.' Thank you!"

- Becca, DaVita teammate and We Are Well Award winner

Encouraging Bright Minds

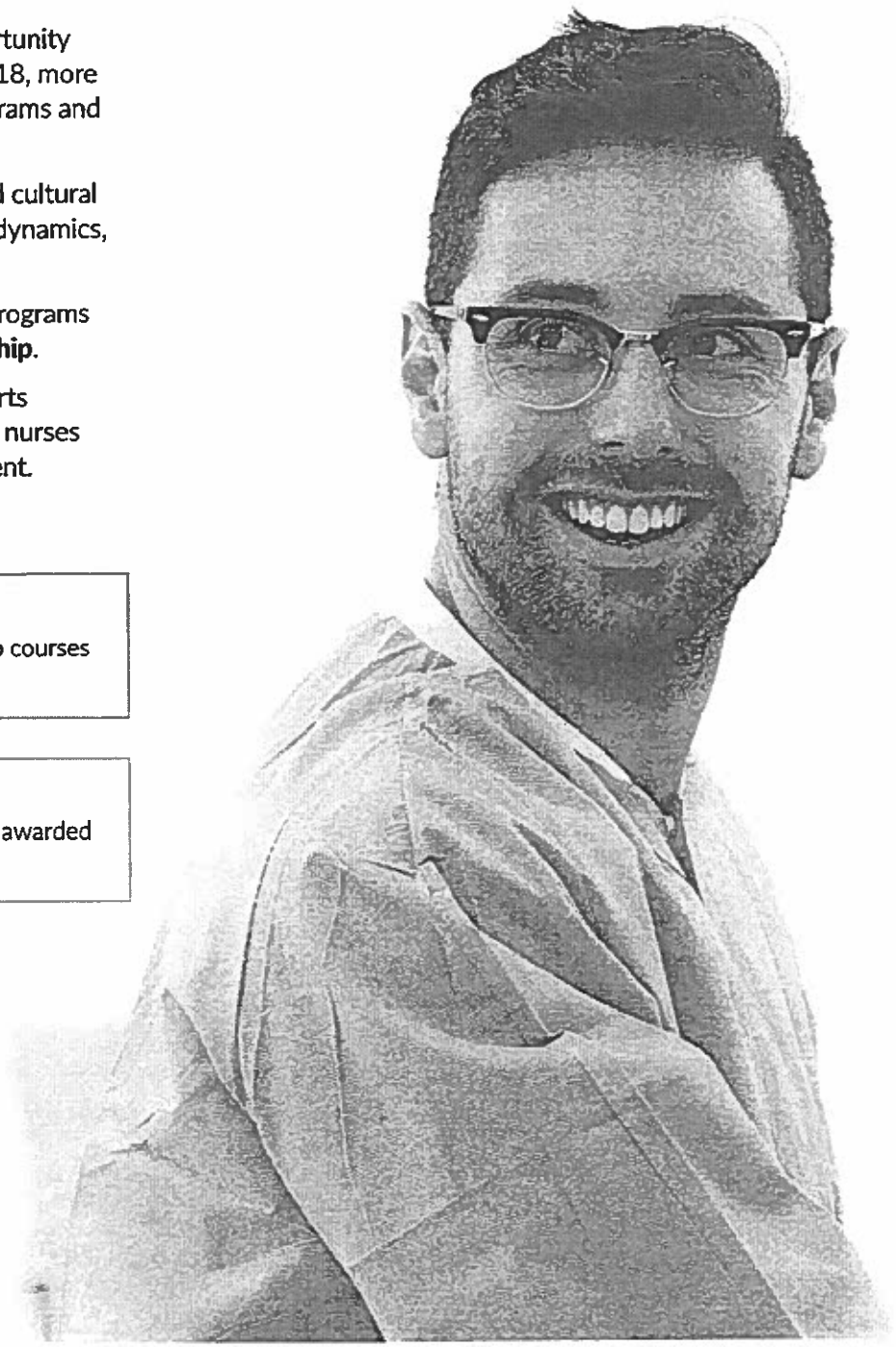
DaVita's award-winning training programs give teammates at all levels the opportunity to learn, grow and become leaders in their personal and professional lives. In 2018, more than 18,400 teammates participated in education and career development programs and 378,000 continuing education hours were awarded.

- Last year, 5,763 new teammates attended **Academy**, a two-day leadership and cultural immersion session where they're given tools related to communication, team dynamics, conflict resolution, service excellence and health care compliance.
- **DaVita University's** class of 2018 had nearly 900 graduates from leadership programs and seminars, including **DaVita Way of Managing** and **DaVita Way of Leadership**.
- New to DaVita's career development programs, **Bridge to Your Dreams** supports qualified and high-performing patient care technicians in becoming registered nurses through fully funded tuition, scheduling assistance, coaching and role placement.

The DaVita University School of Leadership 2018

18,400 teammates took education and leadership courses

378,000 continuing education contact hours were awarded



Leaders Branching Out

To date, the **Redwoods Leadership Development Program** has provided 786 undergrads and MBA students first-rate development experience, mentorship by senior management and training that helps empower them to become great leaders, as well as up to $25,000 in scholarships per student.

Two programs were introduced to the Redwoods program in 2018 to further encourage internal career development.

- **THRIVE** is focused on developing high-potential nurses, clinical coordinators and clinic nurse managers for positions in operations management.
- **Foresters** helps prepare operational managers for a regional operations director role through mentorship, coaching and hands-on experience with real project work.

College Education

DaVita is proud to partner with Guild Education to offer teammates college and financial aid advising services, discounts at over 80 universities and learning providers, as well as up to $3,000 in tuition assistance through a Guild partner school or tuition reimbursement with an accredited school of their choice.

Family First

DaVita believes in a family-first approach to our culture. We know that when we prioritize caring for our personal lives, other areas of our lives are positively impacted.

- **Little Star:** A benefit for eligible mothers and fathers upon the birth or adoption of a child
- **Milk Stork:** A milk-delivery service for moms who travel for work
- **SitterCity:** Annual subscription coverage for services ranging from dog sitters to housekeepers and babysitters
- **Bright Horizons Care Advantage® family care:**
  - Support for parents who have children with emotional, behavioral or developmental challenges
  - In-center care or reimbursement for care when regular child or elder care falls through
  - Educational and financial advising for teammates' children heading to college

Michael, DaVita teammate

DaVita Responds to Natural Disasters in 2018

Teammates activated emergency response plans across states on both coasts in response to Hurricanes Florence and Michael, as well as the California wildfires—preserving patient access to life-saving care and supporting teammates affected by these natural disasters. During the hurricanes, DaVita quickly deployed more than 50 teammates from across the country to help keep centers open and arranged for 13 generators, nearly 20,000 gallons of fuel, two water tankers and many other supplies to the areas hardest hit.

DaVita.com/CommunityCare 11

Across the globe, in our dialysis centers and in our communities, teammates are showing their commitment to caring for our world through service projects, outreach initiatives, charitable contributions and a continued focus on sustainability.

Working Together for a Healthier World

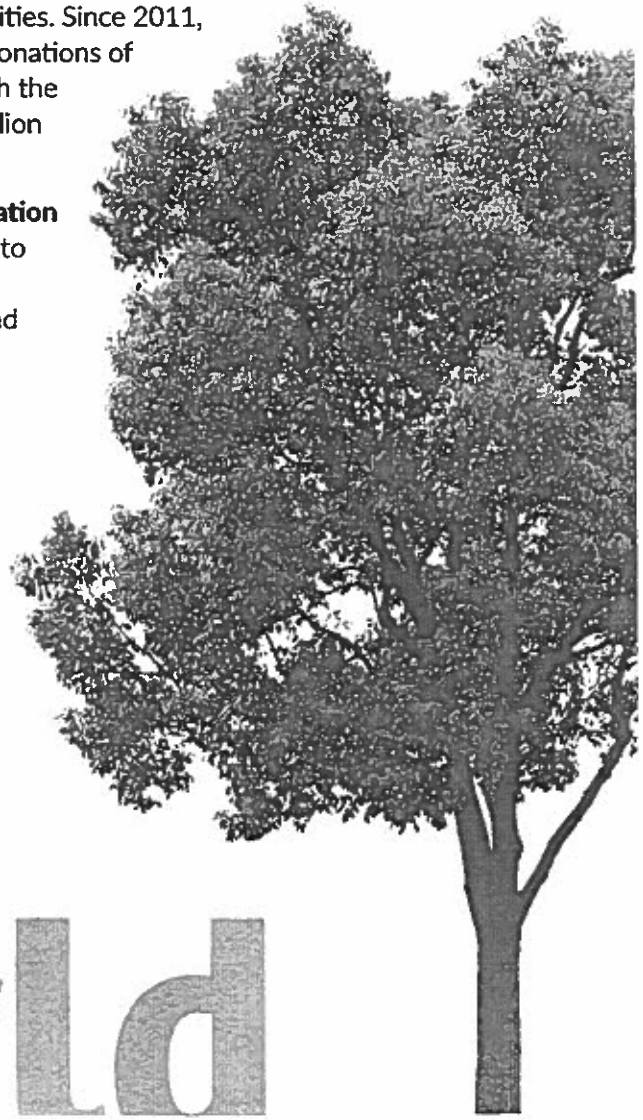
Bridge of Life (BOL) is an international nonprofit founded by DaVita that supports medical missions in the U.S. and abroad. Working to strengthen health care globally through sustainable programs that help prevent and treat chronic disease, BOL has completed 179 international medical missions in 30 countries and 310 domestic screenings and events with the support of more than 1,300 volunteers, impacting over 118,000 lives since its inception in 2006.

BOL celebrated new initiatives in 2018, including a first-ever mission to Irbid, Jordan, where DaVita teammates joined the Syrian American Medical Society to provide chronic disease screenings and prevention education to more than 1,000 displaced Syrian refugees.

More than 570 riders participated in the 12th **Tour DaVita**, DaVita's annual charity bike ride, which raised more than $1.1 million to support BOL. To date, Tour DaVita has helped raise more than $11 million by riding more than 1 million miles.

DaVita Way of Giving empowers our clinical teammates throughout the U.S. to give back to nonprofits in their communities. Since 2011, teammates have directed donations of nearly $13.6 million through the program, including $2.1 million in 2018.

The **KT Community Foundation** allocated $13,350 in funds to teammate-led community service projects in 2018, and more than $450,000 since the program's inception.



Caring for Our World

Since 2015, DaVita has diverted

558,000

pounds of electronic waste from the landfill. This equates to more than the weight of 45 elephants.

DaVita installed an additional 308 kilowatts of solar rooftop panels at two business offices in California and Colorado, providing the California office at least 60 percent of its annual electricity.

DaVita's world headquarters participated in Denver's Bike to Work Day for the fifth year in a row. This was the biggest year yet, with over 175 teammates pedaling their way to work.

Teammate engagement in DaVita's sustainability programs is at an all-time high—with more than

1,500

teammates acting as Green Champions who implement sustainability initiatives at their center or business office.

All Things (Village) Green

Village Green, DaVita's initiative to promote environmental sustainability, was created in 2007 with the goal of reducing our environmental impact, while educating patients and teammates on this impact and what they can do to help.

We are committed to integrating sustainability into best practices, engaging stakeholders in our decisions, implementing progressive green policies and procedures, and holding ourselves accountable with environmental metrics without sacrificing Service Excellence or clinical outcomes.

Review DaVita's Environmental Policy and 2020 Environmental Goals at **DaVita.com/CommunityCare.**

To date, 93 percent of centers have reusable sharps containers, diverting more than

1.4M lbs.

of plastic from landfills. This is equivalent to the weight of 1,400 polar bears.

Since 2016, DaVita has donated more than 34,000 meals through food waste recovery initiatives to a local Denver homeless shelter.

2018 Highlights

Caring for Our Patients

Hospital readmissions for DaVita ESRD Seamless Care Organizations (ESCOs) patients was reduced by 13 percent, resulting in patients collectively spending 2,700 more days at home due to avoided hospitalizations.

DaVita teamed up with hospitals in San Antonio and Chicago to launch the **Transplant Waitlist Support Program**, setting new standards in care and data accuracy for patients awaiting a kidney transplant and aiming to help them stay transplant-ready.

Ninety-one percent of DaVita dialysis centers are rated with three, four or five stars by the Centers for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System.

Caring for Each Other

DaVita, where 77 percent of all teammates are women, was named a member of the 2018 Bloomberg Gender-Equality Index (GEI), a metric that provides companies across the globe an opportunity to disclose and showcase their efforts in gender equality.

Teammates, friends and family took 380 million steps through **Match the Mayor**, an annual challenge led by our chairman and CEO, to raise awareness on mental health. This helped unlock a donation of $17,750 to the National Alliance for Mental Illness.

Teammates downloaded our new **DaVita Leadership Insights podcast** more than 5,000 times in 2018. Episodes feature leaders from across the company sharing their experiences on a wide variety of topics, such as "Tips for Creating More Time in Your Day" and "Bringing Mindfulness into Your Leadership."

Caring for Our World

In 2018, DaVita nonprofit **Bridge of Life** completed 24 international medical missions in 12 countries and nine domestic events with the support of 153 volunteers, impacting 7,831 lives.

We opened doors to our second building at DaVita's HQ in Denver, Colorado. Sustainable features include an annual savings of 1.2 million gallons of water due to low-flow fixtures, daylighting for 90 percent of occupied areas and LED lighting that has a lifespan of 16 years.

In our home state of Colorado, we donated more than $1.75 million to local nonprofits and continued to encourage volunteerism and board service as ways to spread ripples of community service.

Highlights & Recognition

2018 Recognition

Business Excellence

- FORTUNE® World's Most Admired Companies
- Modern Healthcare 100 Most Influential People in Healthcare
- WorldBlu® Most Freedom-Centered Workplaces

Caring for Our Patients

- Five Clinical Research Organization Leadership awards
- eHealthcare Leadership
- National Health Information

Caring for Each Other

- Bloomberg Gender-Equality Index (GEI)
- Training Top 125
- LearningElite
- Human Rights Campaign's Corporate Equality Index
- National Business Group on Health®
- Best Employers for Healthy Lifestyles®
- Cigna Well-Being Award®
- American Heart Association Workplace Health Achievement Index

Caring for Our World

- Member of Dow Jones Sustainability Index (DJSI) World Index
- Gold Level Environmental Leader by the Colorado Dept. of Public Health & Environment
- Communitas Award, Excellence In Corporate Social Responsibility

Military Awards

- 2018 Outstanding Large Employer of the Year by Disabled American Veterans
- Military Times Edge as a "Best for Vets" Employer
- U.S. Veterans Magazine Top Veteran-Friendly Employer
- CivilianJobs.com Most Valuable Employer Military Winner
- GI Jobs Top 100 Military-Friendly and Military Spouse-Friendly Employers
- RecruitMilitary Most Valuable Employer for Military

Looking Ahead

In 2019 and beyond, we will continue to push for what health care could be, innovating ways to improve clinical outcomes and quality of life for our patients, supporting our teammates and giving back to our local communities.

Caring for Our Patients

Our telehealth platform will expand nationally in 2019, allowing many people on home dialysis to virtually attend more than half of their monthly clinic visits. This means our patients and physicians will spend less time in centers while maintaining access to quality care.

Caring for Each Other

On January 1, 2019, we launched **FA Prep 365**, a year-long onboarding and leadership development program for new facility administrators (FAs). With input from over 80 teammates, this curriculum is aimed at preparing our FAs to be operationally ready in 90 days and strong leaders of their center in the first year.

Caring for Our World

By 2022, DaVita will be 100 percent powered by renewable energy through development of a wind farm and a solar farm in Texas that will create as much clean energy as the amount of electricity we use to operate our U.S. centers every day.

DaVita

DaVita.com/CommunityCare

FACEBOOK: DAVITA KIDNEY CARE
TWITTER: @DAVITA
INSTAGRAM: @DAVITA
PINTEREST: /DAVITAPINS
LINKEDIN: DAVITA INC

"DaVita is a community of teammates, patients and care partners working together toward a common goal of creating healthier lives for all."

– Kent Thiry, Chairman and CEO, DaVita

DaVita News

DaVita Celebrates 12 Consecutive Years Among FORTUNE® Magazine's World's Most Admired Companies®

Company values innovation and continuous improvement of patient care

DENVER, Feb. 21, 2019 /PRNewswire/ -- DaVita Inc. (NYSE: DVA) a leading provider of kidney care services in the United States and 10 other countries, announced today that the company has been recognized as one of FORTUNE® Magazine's World's Most Admired Companies of 2019. This is the 12th consecutive year and 13th year overall the company has appeared on this list. In the Health Care: Medical Facilities category, DaVita ranked as the second most innovative company.

"As a health care community, we are continuously striving to improve and will always seek new ways to best serve our patients," said Kent Thiry, chairman and CEO of DaVita. "So we're both honored and humbled that these efforts are recognized on such a prestigious list."

DaVita has been acknowledged as a clinical leader in both of the Centers for Medicare & Medicaid Services quality assessment programs: the Five-Star Rating System and the Quality Incentive Program.

The company is invested in education and technology to support patients seeking treatment options for kidney disease, including kidney transplant and home dialysis—both of which allow greater independence and higher quality of life for most patients.

To compile its rankings, FORTUNE® surveys company executives, board members and industry analysts. Other factors include people management, use of corporate assets, quality of management, financial soundness, long-term investment and global competitiveness.

Learn how DaVita's award-winning culture helps deliver high quality patient care at DaVita.com/CSR.

About DaVita Inc.
DaVita is a health care provider focused on transforming care delivery to improve quality of life for patients around the globe. Through DaVita Kidney Care and the DaVita Medical Group, DaVita is pushing for what health care could be by delivering high-quality clinical outcomes and managing the total cost of care. DaVita is committed to bold, patient-centric care models, implementing the latest technologies and moving toward integrated care offerings for all. The company is the largest provider of kidney care services in the U.S. and has been a leader in clinical quality and innovation for 20 years. DaVita currently serves approximately 203,000 patients at 2,664 outpatient dialysis centers in the United States. The company also operates 241 outpatient dialysis centers located in 9 countries across Asia, Europe, the Middle East and South America.
DaVita has reduced hospitalizations, improved mortality, and worked collaboratively to propel the kidney care industry to adopt an equitable and high-quality standard of care for all patients, everywhere. Since 2012, DaVita Medical Group has provided primary and ancillary care for approximately 1.7 million patients within medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico and Washington. To learn more about how DaVita is leading the health care evolution, please visit DaVita.com/About.

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SOURCE DaVita Inc.

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http://pressreleases.davita.com/2019-02-21-DaVita-Celebrates-12-Consecutive-Years-Among-FORTUNE-R-Magazines-Worlds-Most-Admired-Companies-R

Attachment – 11B

DaVita News

New Technology Helps Nephrologists Better Manage Patients with Chronic Kidney Disease

DaVita Physician Solutions rolls out CKD EHR by Epic nationwide

DENVER, Jan. 17, 2019 /PRNewswire/ -- DaVita Physician Solutions, a wholly owned subsidiary of DaVita Inc. (NYSE:DVA), today announced the successful implementation of its newest product offering, CKD EHR by Epic. This technology helps nephrologists care for patients with chronic kidney disease (CKD) and is another step in DaVita's continued effort to propel the health care industry forward.

The CKD electronic health record (EHR) system was created alongside Epic, the most widely used and comprehensive health records system, to help improve patient care by transforming the physician information technology (IT) experience. The system was designed to enable better care coordination and increase practice efficiency.

"We wanted to build an EHR that was thorough, yet easy for physicians to use, allowing more time for delivering great patient care," said Matt Brill, vice president of DaVita Physician Solutions. "After nine months of configurations, we've deployed in 20 practices across 12 states and will continue to rollout this offering throughout 2019."

The system leverages Epic's interoperability network, Care Everywhere, to share clinical information across health care providers, regardless of which EHR systems other providers use. CKD EHR by Epic also delivers nephrology-specific functionality to support population health management, including a risk stratification model, workflow tools to help manage the progression of CKD and reporting capabilities to identify gaps of care.

"We've seen tremendous improvements in our practice workflow," said Sandesh Jain, M.D., nephrologist at Kidney Hypertension Center of New Jersey and current CKD EHR by Epic user. "The functionality has streamlined our intake and checkout processes, cutting down waiting room times for our patients."

Patients with practices using CKD EHR by Epic can also access MyChart, Epic's secure online patient portal. MyChart allows patients to schedule appointments, communicate with health care providers and review their health history and more.

To learn more about DaVita Physician Solutions commitment to driving quality through IT, visit DaVitaPhysicianSolutions.com/CKDEHR.

About DaVita Physician Solutions
DaVita Physician Solutions was created and perfected through an affiliation with DaVita Kidney Care. Born out of a vision to support physicians, DaVita Physician Solutions meets the demands and unique challenges physicians face when caring for patients with complex conditions. DaVita Physician Solutions IT tools support physicians as they navigate the ever-changing health care landscape. To learn more about DaVita Physician Solutions, please visit DaVitaPhysicianSolutions.com.

Attachment – 11C

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 September 30, 2018, DaVita Kidney Care operated or provided administrative services at 2,625 outpatient dialysis centers located in the United States serving approximately 201,000 patients. The company also operated 251 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

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http://pressreleases.davita.com/2019-01-17-New-Technology-Helps-Nephrologists-Better-Manage-Patients-with-Chronic-Kidney-Disease

Attachment – 11C

DaVita News

Helping Patients Along Their Kidney Transplant Journey

DaVita launches education and support program to help patients pursue a kidney transplant

DENVER, April 24, 2019 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States, today introduced its multi-media kidney transplant education resource, Transplant Smart, which is available to its patients.

0:00 / 1:02

"At DaVita, we want as many of our patients as possible to qualify for a kidney transplant," said Bryan Becker, M.D., chief medical officer for DaVita Integrated Kidney Care. "Transplant Smart is grounded in our belief that all patients—regardless of their age, race, health conditions or insurance status—deserve the best education and support on their transplantation journey. It is part of our overarching mission of helping patients achieve their best health-related quality of life."

Transplant Smart is a comprehensive education and support program that includes:

- Motivating peer-to-peer videos intended to help patients learn from others who were once in their position. Topics include everything from "Why transplant?" to "How to find a living donor."
- Compelling animated videos created to inform patients and their loved ones about what to expect during each key step of the transplant process to help reduce their anxiety and increase their confidence.
- An illustrated handbook designed to educate DaVita patients about transplant and help them stay organized during their transplant journey.
- Enhanced guidance and support from a social worker throughout the journey.

The average wait time for an individual's first kidney transplant is 3.6 years and can vary depending on health, compatibility and availability of donor organs. As of April 15, there are 102, 900 people on the kidney transplant waiting list. Transplant Smart plays an important role in helping keep patients on track and motivated while on the waitlist.

"I've hesitated to commit to a kidney transplant because I'm worried about the surgery," said Robert Prentice, a current patient at DaVita Boettler Dialysis, who was able to preview the Transplant Smart patient videos. "Understanding that people like me with similar fears still went through with the process—and are happier because of it—motivated me to open up to my dialysis social worker and with my family and to take the next step."

DaVita's new patient education already has received accolades for its innovation, design and simplicity with awards from AVA Digital, Digital Health and Clearmark.

DaVita plans to continue to invest in expanding Transplant Smart offerings to help more patients pursue and receive life-changing kidney transplants. Additionally, DaVita has expanded its emphasis on transplant education within its Kidney Smart® program, a no-cost chronic kidney disease education resource that is open to the community. Kidney Smart, which has educated more than 165,000 participants since 2012, now offers pre-emptive transplant education and will also offer post-class text messages with additional transplant education later this year. DaVita patients who have attended a Kidney Smart class have had 30 percent fewer hospitalizations and 38 percent fewer missed treatments in their first 90 days on dialysis and are six times more likely to start dialysis on a home modality.

In 2018, DaVita launched its Transplant Waitlist Support Program, a technology-enabled solution to help keep patients active on the waitlist at partnering transplant centers through proactively and electronically updating important patient data. The program helps patients to stay on top of their overall health, dialysis treatments and administrative requirements while they await a transplant so when a donor kidney becomes available, they are prepared and eligible.

To access the other educational resources about kidney transplantation, visit DaVita.com/Transplants.

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 December 31, 2018, DaVita Kidney Care operated or provided administrative services at 2,664 outpatient dialysis centers located in the United States serving approximately 203,000 patients. The company also operated 241 outpatient dialysis centers located in 9 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.

Contact Information

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SOURCE DaVita Kidney Care

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http://pressreleases.davita.com/2019-04-24-Helping-Patients-Along-Their-Kidney-Transplant-Journey

Attachment – 11D

DaVita News

DaVita to Use 100 Percent Renewable Energy

Company enters into virtual power purchase agreements

DENVER, April 25, 2019 /PRNewswire/ -- By 2022, DaVita Inc. (NYSE: DVA) expects to use 100 percent renewable energy. The company has contracted with Longroad Energy on two virtual power purchase agreements (PPAs) facilitating the development of clean energy projects in Texas. Together, DaVita's share of these projects will generate as much renewable energy as the amount of electricity used by the company's North American operations.

"We strive to be a community first, and a company second," said Javier Rodriguez, chief executive officer for DaVita Kidney Care. "A healthy community cares for its people, its environment and future generations. Projects like this show that good business decisions can give rise to strong communities."

DaVita's share of the two projects in Texas – a wind farm and a solar farm – will generate approximately 625,000 megawatt hours of clean energy each year. This energy is the equivalent of avoiding carbon dioxide emissions from the annual electricity use of roughly 52,000 U.S. homes.

"Longroad is proud to invest in local communities that host our projects, with economic benefits including land rent payments, tax revenues that will be used for local school districts and county services, and hundreds of construction jobs," said Paul Gaynor, chief executive officer of Longroad Energy. "Providing local economic benefits while delivering low-cost, clean energy to the grid is what makes it a win-win for the local communities, electric ratepayers and environmentally responsible companies such as DaVita."

Schneider Electric Energy & Sustainability Services served as an advisor to DaVita on its selection of these projects.

"Companies like DaVita are changing the face of renewable energy generation," said John Powers, vice president of strategic renewables for Schneider Electric. "Executing a wind and a solar deal at the same time, in the same region, is an innovative strategy. Wind and solar generate electricity at different times of the day and different times of the year. By embracing both technologies simultaneously, DaVita is achieving valued diversification and helping to advance the industry. We want to congratulate DaVita for its leadership and for its commitment to clean energy for a healthy future."

DaVita is committed to environmental sustainability, implementing programs that aim to mitigate climate change and positively impacting the communities it serves. Today, DaVita continues to work toward its 2020 Environment Goals, which focus on the company's energy, water, waste, buildings and supply chain practices.

More information on DaVita's commitment to sustainability is available here.

About DaVita Inc.
DaVita is a health care provider focused on transforming care delivery to improve quality of life for patients around the globe. Through DaVita Kidney Care and the DaVita Medical Group, DaVita is pushing for what health care could be by delivering high-quality clinical outcomes and managing the total cost of care. DaVita is committed to bold, patient-centric care models, implementing the latest technologies and moving toward

integrated care offerings for all. The company is the largest provider of kidney care services in the U.S. and has been a leader in clinical quality and innovation for 20 years. As of Dec. 31, 2018, DaVita served approximately 203,000 patients at 2,664 outpatient dialysis centers in the United States. The company also operated 241 outpatient dialysis centers located in 9 countries across Asia, Europe, the Middle East and South America. DaVita has reduced hospitalizations, improved mortality, and worked collaboratively to propel the kidney care industry to adopt an equitable and high-quality standard of care for all patients, everywhere. Since 2012, DaVita Medical Group has provided primary and ancillary care for approximately 1.7 million patients within medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico and Washington. To learn more about how DaVita is leading the health care evolution, please visit DaVita.com/About.

About Longroad Energy
Longroad Energy is a Boston, MA-headquartered renewable energy developer focused on developing, owning, and operating wind and solar energy projects throughout North America. Longroad Energy is owned by New Zealand Superannuation Fund, Infratil, and management.

About Schneider Electric
Schneider Electric is leading the Digital Transformation of Energy Management and Automation in Homes, Buildings, Data Centers, Infrastructure and Industries. With global presence in over 100 countries, Schneider is the undisputable leader in Power Management – Medium Voltage, Low Voltage and Secure Power, and in Automation Systems. We provide integrated efficiency solutions, combining energy, automation and software. In our global Ecosystem, we collaborate with the largest Partner, Integrator and Developer Community on our Open Platform to deliver real-time control and operational efficiency. We believe that great people and partners make Schneider a great company and that our commitment to Innovation, Diversity and Sustainability ensures that Life Is On everywhere, for everyone and at every moment. www.schneider-electric.us

Contact Information

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SOURCE DaVita Inc.

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http://pressreleases.davita.com/2019-04-25-DaVita-to-Use-100-Percent-Renewable-Energy

Attachment – 11E

DaVita News

Global Livingston Institute and Bridge of Life Partner to Support HIV Prevention and Free Health Services to More Than 3,000 Ugandans

DENVER, Feb. 20, 2019 /PRNewswire/ -- The Global Livingston Institute has partnered with Bridge of Life, an independent nonprofit organization founded by DaVita Inc., and Reach a Hand Uganda to provide free health services throughout the iKnow Concert Series in Uganda. The concert series will take place in Kampala on March 8; Masaka on March 9; and Kabale on March 12. Performances include artists Michael Franti, Rob Drabkin and top Ugandan artists including Navio, Nina Roz and other international artists.

Since 2014, the Global Livingston Institute in partnership with Reach a Hand Uganda has hosted free concerts in East Africa centered around sharing culture, public health and economic development. Over the past six years, more than 160,000 Ugandans have attended the concert series, over 25,000 Ugandans have been tested for HIV while attending the shows and a vast array of essential health services have been provided.

"If you're going to bring thousands of young people together for a free concert, why not also provide free health services?" Ryan Grundy, executive director, Global Livingston Institute said. "By partnering with Bridge of Life and collaborating with local health providers and in-country partners at the concert venues we are hoping to reach 3,000 individuals and also provide follow-up care, ongoing prevention education and recommended treatment plans to patients."

Bridge of Life focuses on early detection and prevention as key components in the fight against chronic kidney disease and its root causes. Their volunteer team, comprised of teammates from DaVita, will implement newly designed protocol for screening a younger population that focuses on behavioral health change of high-risk habits such as tobacco and alcohol use, physical inactivity and diet. Additionally, on the days between concerts, volunteers will screen adults in nearby communities for chronic kidney disease and its root causes such as hypertension and diabetes. The professionals from Bridge of Life use real-time, lab quality testing to identify individuals who have signs of chronic illnesses and offer health education to encourage patients to take a proactive role in their own health. They will help ensure that high-risk patients receive the necessary care long-term by working with local clinics and hospitals to establish a referral process.

"Through the iKnow Concert Series and now the Girls Festival series, we are able to reach large populations of young adults in Uganda at a time when access to accurate information and education can help aid and direct individuals in making crucial decisions with regards to life skills and development, behavioral change or sexual reproductive health and rights with constant support of both teams, peer educators and cultural icons," said Humphrey Nabimanya, founder and team leader, Reach a Hand Uganda. "This is only made possible by partnering with organizations like the Global Livingston Institute and Bridge of Life to bring these health services closer to our communities."

Attachment – 11F

"Our vision is a world where all human beings have access to quality healthcare. We are hoping to screen and educate thousands of Ugandans through the iKnow Concert Series which will help put us ahead of the diseases before they become life-threatening problems," said Greta Walker, senior director of donor relations and communications for Bridge of Life. "Young adulthood is a critical time to form life-long health behaviors, but many people in this age group lack awareness of their own health and receive significantly less health services. This project will transform the methods that local clinics use to address life-threatening chronic illnesses by enhancing the skills and knowledge of health authorities, community health workers and community members."

About Global Livingston Institute

The Global Livingston Institute (GLI) is dedicated to improving communities globally. The organization educates students and leaders on innovative approaches to international development and empowers awareness, collaboration, conversations and personal growth in both East Africa and in the United States. GLI is named after Johnston R. Livingston, a visionary, entrepreneur and philanthropist from Colorado and was founded in 2009, by Jamie Van Leeuwen after he traveled to Uganda and Rwanda as part of the Livingston Fellowship. GLI programs include immersion trips, internships, GLI Concert Series, Women's Leadership Retreat, Youth Summit and trainings. To learn more visit GlobalLivingston.org.

About Bridge of Life

Bridge of Life (BOL), an independent 501(c)(3) public charity founded by DaVita, is an international nonprofit organization working to strengthen healthcare globally through sustainable programs that prevent and treat chronic disease. BOL's vision is a world where all human beings have access to quality healthcare. The organization strives to empower local staff, community health workers and patients through training and education to make sustainable changes to healthcare. To learn more about Bridge of Life and their global medical missions, visit BridgeofLifeInternational.org.

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 December 31, 2018, DaVita Kidney Care operated or provided administrative services at 2,664 outpatient dialysis centers located in the United States serving approximately 203,000 patients. The company also operated 241 outpatient dialysis centers located in 9 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.

About the iKnow Concert Series

In 2014, a group of extraordinary and eclectic musicians from Colorado, New Orleans and Nashville came together for the First Annual *iKnow Concert* on Lake Bunyonyi in Southern Uganda. Performing with a cadre of talented and wild local musicians and rising stars on the East Africa music scene, more than 4,000 people turned out for the free concert and a record 826 received free HIV testing. The concept of this idea and innovation behind this free concert is to create HIV awareness and prevention in communities that are sometimes very hard to reach. Over the past six years, more than 160,000 Ugandans have attended the concert series, over 25,000 Ugandans have been tested for HIV while attending the shows and a vast array of essential health services have been provided. As the concert series continues to grow in partnership with partners at Reach a Hand Uganda, the concert series seeks to provide year-round medical services, spreading the same positive public health message and economic impact to the people of Uganda. The *iKnow Concert Series* is one of the largest events that happens in these communities each year bringing together the community through music and the arts, promoting public health, supporting economic development and culture sharing. For more information, visit iKnowConcertSeries.org.

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Sr. Director of Public Relations

Attachment – 11F

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SOURCE Bridge of Life

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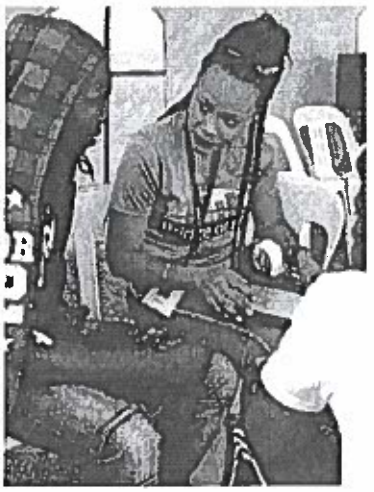
http://pressreleases.davita.com/2019-02-20-Global-Livingston-Institute-and-Bridge-of-Life-Partner-to-Support-HIV-Prevention-and-Free-Health-Services-to-More-Than-3-000-Ugandans

Bridge of Life
founded by DaVita
Working together for a healthier world



DaVita

iKnow

GLI GLOBAL LIVINGSTON INSTITUTE
LISTEN. THINK. ACT.

Attachment – 11F

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
Cicero Dialysis	6001 Ogden Avenue		Cicero	Cook	IL	60804	
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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
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	

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Salt Creek Dialysis	196 WEST NORTH AVENUE		VILLA PARK	DUPAGE	IL	60181	
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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310

Attachment – 11G

Richard Sewell
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Vice Chair Sewell:

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 Ill. Admin. Code § 1130.140 has been taken against any in-center dialysis clinic owned or operated by DaVita Inc. or Total Renal Care, Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Print Name: Samantha A. Caldwell
Its: Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This 25th day of February, 2019

Kelli Bodnar
Notary Public

KELLI BODNAR
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20144024644
MY COMMISSION EXPIRES JUN 20, 2022

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.110(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. In collaboration with the University of Chicago Medicine, DaVita has identified West Englewood community as requiring additional access to in-center dialysis services. DaVita values its partnership in kidney care with the University of Chicago Medicine, which has dedicated resources to earlier intervention in kidney disease management, which, in turn, improves the quality of life after the onset of ESRD.

   The State Board calculates a need for 5 hemodialysis stations in the City of Chicago, the only Health Service Area in the State with an identified need for dialysis stations. Importantly, the State Board's 5 year need projection is based on outdated 2015 population estimates and dialysis use rates. In fact, it understates the true need for dialysis stations. Assuming population in the City of Chicago remains flat and using 2017 use rates, the revised need for HSA 6 is 39 stations for 2022.

	Board Calculation (2015 Data)	Revised Calculation (2017 Data)
Planning Area Population	2,713,100	2,713,100
In Station ESRD Patients	4,886	5,004
Area Use Rate	1.91	1.95
Planning Area Population - 2020 (Est)	2,562,700	2,562,700
Projected Patients - 2020	4,886	5,005
Statutory Adjustment	1.33	1.33
Patients Adjusted	6,498	6,657
Projected Treatments – 2020	1,013,747	1,038,536
Existing Stations	1,348	1,348
Stations Needed - 2020	1,353	1,387
Number of Stations Needed	5	39

   This project is intended to address the need for dialysis stations and will improve access to life sustaining dialysis services to the residents residing on the ethnically diverse Southwest Side of Chicago. The Midway geographic service area ("GSA") is considered to be a "melting pot" of sorts, due to its constant change of races moving in and out of the area, as well as the diversity that exists there. The Midway GSA population is 21% African-American and 54% Hispanic. These are two minority groups that have a higher incidence and prevalence of kidney disease than the general population. Further, the Midway GSA is an area with many low-income residents. Eighteen percent of the population lives below the Federal Poverty Level and 33% 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). Finally, due to barriers faced by members of this community, the Health Resources & Services Administration ("HRSA") has designated this area a primary care Health Professional Shortage Area and a Medically Underserved Population. See Attachment – 12A.

   The incidence of ESRD in the African-American and Hispanic populations is higher than in the general population. The ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians, and the ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this disease burden include diabetes and metabolic syndrome, both are common among African-American and Hispanic 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, barriers due to language, and health literacy also play a role in the higher incident rates.[8]

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in the Midway GSA. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

Physicians employed by the University of Chicago, Department of Medicine are currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. While additional stations recently came online, these stations are dedicated to different patient bases (Mount Sinai, J. R. Nephrology, Associates in Nephrology, Dialysis Care Centers, Northwest Medical Associates, and Shifa Nephrology Associates). The existing clinics will not have adequate capacity to treat University of Chicago, Department of Medicine's projected patients. The proposed Midway Dialysis is needed to ensure ESRD patients on the Southwest Side of Chicago have adequate access to dialysis services that are essential to their well-being.

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

    - North approximately 5 miles to Little Village;
    - Northeast approximately 5 miles to Fuller Park;
    - East approximately 5 miles to Washington Park;
    - Southeast approximately 5 miles to Auburn Park;
    - South approximately 5 miles to Evergreen Park;
    - Southwest approximately 5 miles to Burbank;
    - West approximately 5 miles to Bedford Park; and
    - Northwest 5 miles to Stickney.

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

3. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

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[8] 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).

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 May 28, 2019).

US Renal Data System, USRDS 2018 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, 10 (2018) available at https://www.usrds.org/2018/download/v1_c01_GenPop_18_usrds.pdf (last visited May 28, 2019).

THE HENRY J. KAISER FAMILY FOUNDATION, MARKETPLACE EFFECTUATED ENROLLMENT, 2014-2019 *available at* https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited May 28, 2019).

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 May 28, 2019).

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 May 28, 2019).

5. The proposed clinic will improve access to dialysis services to the residents of the Southwest Side of Chicago and the surrounding area. Given the demographics of the Midway GSA, this clinic is necessary to ensure sufficient access to dialysis services in the community.

6. DaVita anticipates 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: 3700 west 63rd street, chicago, IL, 60629
Geocoded address: 3700 W 63rd St, Chicago, Illinois, 60629

(shortagearea.aspx) **Start Over**

HPSA Data as of 06/05/2019
MUA Data as of 06/05/2019

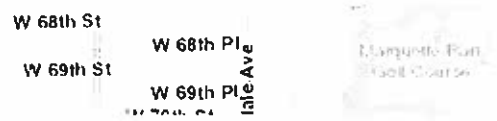
[+] More about this address

In a Dental Health HPSA: No

In a Mental Health HPSA: Yes
HPSA Name: Chicago Central
ID: 7177789035
Designation Type: Geographic HPSA
Status: Designated
Score: 18
Designation Date: 07/11/2003
Last Update Date: 12/26/2017

In a Primary Care HPSA: Yes
HPSA Name: Chicago Lawn

ID: 1174109758
Designation Type: Geographic HPSA
Status: Designated
Score: 9
Designation Date: 05/15/2008
Last Update Date: 09/01/2017



Click on the image to see an expanded map vi

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

Service Area Name: Chicago Lawn, West Lawn, Ashburn
ID: 07679
Designation Type: Medically Underserved Population
Designation Date: 08/28/2008
Last Update Date: 08/28/2008

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)

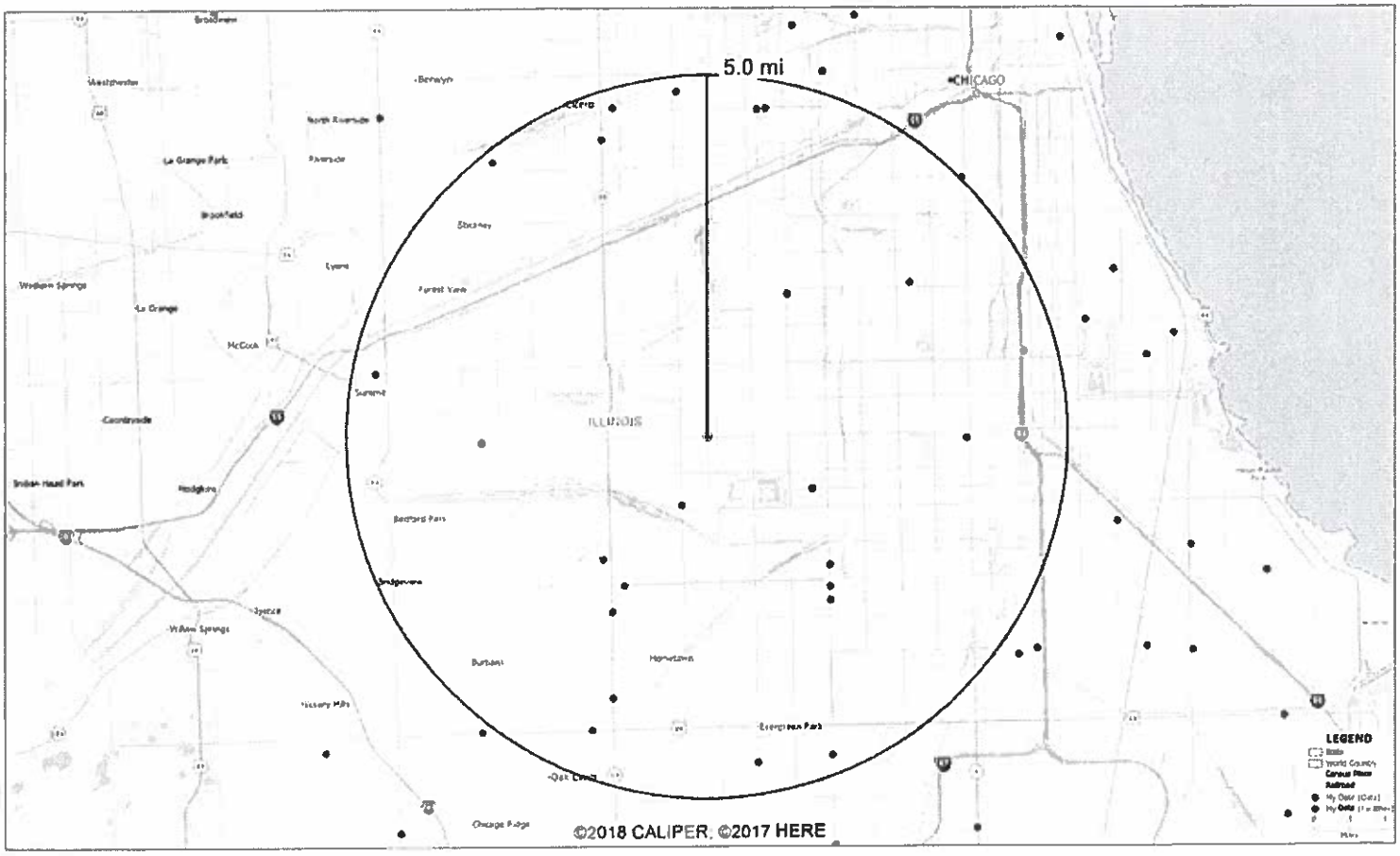
About the Data (/data/about)

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

Site Map (/site-map)

What's New (/whats-new)

Attachment – 12A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CHICAGO
Berwyn
Cicero
La Grange Park
Riverside
Brookfield
Stickney
Lyons
Forest View
Western Springs
La Grange
McCook
Summit
Countryside
ILLINOIS
Indian Head Park
Hodgkins
Bedford Park
Justice
Willow Springs
Burbank
Hometown
Evergreen Park
Oak Lawn
Chicago Ridge
LEGEND
©2018 CALIPER, ©2017 HERE

Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.110(d) – 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 Clinics.

3. Establish a new clinic.

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 Applicants considered the option not to do anything. The Midway GSA is considered to be a "melting pot" of sorts, due to its constant change of races moving in and out of the area, as well as the diversity that exists there. The Midway GSA population is 21% African-American and 54% Hispanic. These are two minority groups that have a higher incidence and prevalence of kidney disease than the general population. Further, the Midway GSA is an area with many low-income residents. Eighteen percent of the population lives below the Federal Poverty Level and 33% 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). Finally, due to barriers faced by members of this community, HRSA has designated this area a primary care Health Professional Shortage Area and a Medically Underserved Population.

The incidence of ESRD in the African-American and Hispanic populations is higher than in the general population. The ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians, and the ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this disease burden include diabetes and metabolic syndrome, both are common among African-American and Hispanic 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, barriers due to language, and health literacy also play a role in the higher incident rates.[9]

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in the Midway GSA. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

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9 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).

University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. While additional stations recently came online, these stations are dedicated to different patient bases (Mount Sinai, J. R. Nephrology, Associates in Nephrology, Dialysis Care Centers, Northwest Medical Associates, Shifa Nephrology Associates). The existing clinics will not have adequate capacity to treat University of Chicago, Department of Medicine's projected patients. The proposed Midway Dialysis is needed to ensure ESRD patients on the Southwest Side of Chicago have adequate access to dialysis services that are essential to their well-being.

There is no capital cost with this alternative.

Utilize Existing Clinics

DaVita considered utilizing existing facilities within the Midway Dialysis GSA. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. While additional stations recently came online, these stations are dedicated to different patient bases (Mount Sinai, J. R. Nephrology, Associates in Nephrology, Dialysis Care Centers, Northwest Medical Associates, Shifa Nephrology Associates). The existing clinics will not have adequate capacity to treat University of Chicago, Department of Medicine's projected patients. The proposed Midway Dialysis is needed to ensure ESRD patients on the Southwest Side of Chicago have adequate access to dialysis services that are essential to their well-being.

There is no capital cost with this alternative.

Establish a New Clinic

The Midway GSA is considered to be a "melting pot" of sorts, due to its constant change of races moving in and out of the area, as well as the diversity that exists there. The Midway GSA population is 21% African-American and 54% Hispanic. These are two minority groups that have a higher incidence and prevalence of kidney disease than the general population. Further, the Midway GSA is an area with many low-income residents. Eighteen percent of the population lives below the Federal Poverty Level and 33% 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). Finally, due to barriers faced by members of this community, HRSA has designated this area a primary care Health Professional Shortage Area and a Medically Underserved Population.

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Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. While additional stations recently came online, these stations are dedicated to different patient bases (Mount Sinai, J. R. Nephrology, Associates in Nephrology, Dialysis Care Centers, Northwest Medical Associates, Shifa Nephrology Associates). The existing clinics will not have adequate capacity to treat University of Chicago, Department of Medicine's projected patients.

The proposed Midway Dialysis is needed to ensure ESRD patients on the Southwest Side of Chicago have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **$5,175,938**.

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[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).

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(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 450-650 gross square feet per dialysis station for a total of 5,400 – 7,800 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Midway Dialysis is 7,100 of gross square feet (or 591.67 GSF per station). Accordingly, the proposed clinic meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	7,100	5,400 – 7,800	N/A	Meets State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed clinic shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, clinics 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. University of Chicago, Department of Medicine is currently treating 140 selected CKD patients who all reside within 3.5 miles of the proposed Midway Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Midway GSA, it is estimated that 68 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	10,608	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d), 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 1110.120(e), 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 1110.230, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

In collaboration with the University of Chicago Medicine, DaVita has identified West Englewood community as requiring additional access to in-center dialysis services. DaVita values its partnership in kidney care with the University of Chicago Medicine, which has dedicated resources to earlier intervention in kidney disease management, which, in turn, improves the quality of life after the onset of ESRD.

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University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. While additional stations recently came online, these stations are dedicated to different patient bases (Mount Sinai, J. R. Nephrology, Associates in Nephrology, Dialysis Care Centers, Northwest Medical Associates, Shifa Nephrology Associates). The existing clinics will not have adequate capacity to treat University of Chicago, Department of Medicine's projected patients. The proposed Midway Dialysis is needed to ensure ESRD patients on the Southwest Side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The proposed Midway Dialysis is located in a community that is designated as a medically underserved population by HRSA. There is a need for 5 dialysis stations in the City of Chicago, the only area with a need for dialysis stations in the State of Illinois. The purpose of the project is to meet this need and to ensure that the ESRD patient population on the Southwest Side of Chicago has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Appendix – 1, all 140 pre-ESRD patients anticipated to initiate dialysis within two years of project completion reside within 3 miles of Midway Dialysis.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Stankus and a schedule of CKD 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 1110.230(b)(3)(B).

Table 1110.230(b)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code

Zip Code	Total Patients
60629	52

[11] 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).

Table 1110.230(b)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	**Total Patients**
60636	88
Total	**140**

4. Service Accessibility

As set forth throughout this application, the proposed clinic is needed to improve access to life-sustaining dialysis for residents of the Southwest Side of Chicago and the surrounding area. In collaboration with the University of Chicago Medicine, DaVita has identified West Englewood community as requiring additional access to in-center dialysis services. DaVita values its partnership in kidney care with the University of Chicago Medicine, which has dedicated resources to earlier intervention in kidney disease management, which, in turn, improves the quality of life after the onset of ESRD.

The State Board calculates a need for 5 hemodialysis stations in the City of Chicago, the only Health Service Area in the State with an identified need for dialysis stations. Importantly, the State Board's 5 year need projection is based on outdated 2015 population estimates and dialysis use rates. In fact, it understates the true need for dialysis stations. Assuming population in the City of Chicago remains flat and using 2017 use rates, the revised need for HSA 6 is 39 stations for 2022.

	Board Calculation (2015 Data)	**Revised Calculation (2017 Data)**
Planning Area Population	2,713,100	2,713,100
In Station ESRD Patients	4,886	5,004
Area Use Rate	1.91	1.95
Planning Area Population - 2020 (Est)	2,562,700	2,562,700
Projected Patients - 2020	4,886	5,005
Statutory Adjustment	1.33	1.33
Patients Adjusted	6,498	6,657
Projected Treatments – 2020	1,013,747	1,038,536
Existing Stations	1,348	1,348
Stations Needed - 2020	1,353	1,387
Number of Stations Needed	5	39

This project is intended to address the need for dialysis stations and will improve access to life sustaining dialysis services to the residents residing on the ethnically diverse Southwest Side of Chicago. The Midway GSA is considered to be a "melting pot" of sorts, due to its constant change of races moving in and out of the area, as well as the diversity that exists there. The Midway GSA population is 21% African-American and 54% Hispanic. These are two minority groups that have a higher incidence and prevalence of kidney disease than the general population. Further, the Midway GSA is an area with many low-income residents. Eighteen percent of the population lives below the Federal Poverty Level and 33% 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).

Finally, due to barriers faced by members of this community, HRSA has designated this area a primary care Health Professional Shortage Area and a Medically Underserved Population.

The incidence of ESRD in the African-American and Hispanic populations is higher than in the general population. The ESRD incidence rate among African-Americans is 3.7 times greater than Caucasians, and the ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this disease burden include diabetes and metabolic syndrome, both are common among African-American and Hispanic 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, barriers due to language, and health literacy also play a role in the higher incident rates.[12]

Given these factors, readily accessible dialysis services are imperative for the health of the residents living in the Midway GSA. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. While additional stations recently came online, these stations are dedicated to different patient bases (Mount Sinai, J. R. Nephrology, Associates in Nephrology, Dialysis Care Centers, Northwest Medical Associates, Shifa Nephrology Associates). The existing clinics will not have adequate capacity to treat University of Chicago, Department of Medicine's projected patients. The proposed Midway Dialysis is needed to ensure ESRD patients on the Southwest Side of Chicago have adequate access to dialysis services that are essential to their well-being.

12 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).

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

a. The proposed dialysis clinic will be located at 3700 West 63rd Street, Chicago, Illinois. A map of the proposed clinic's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 5 miles of the site of the proposed dialysis clinic as well as 2017 population estimates for each zip code is provided in Table 1110.230(c)(1)(A).

Table 1110.230(c)(1)(A)
Population of Zip Codes within a 5 mile radius of Proposed Clinic

Zip Code	City	Population
60453	Oak Lawn	56,754
60456	Hometown	4,344
60459	Burbank	29,040
60501	Summit Argo	12,002
60621	Chicago	30,496
60629	Chicago	114,129
60632	Chicago	91,644
60636	Chicago	34,461
60638	Chicago	58,990
60652	Chicago	43,582
60804	Cicero	83,735
60805	Evergreen Park	19,796
Total		**578,973**

Source: U.S. Census Bureau, Census 2017, American Factfinder *available at* https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Feb. 15, 2019).

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. A maldistribution exists when an identified area has an excess supply of clinics, 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 clinics and services is below the HFSRB'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.

a. Historic Utilization of Existing Facilities

Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient

census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

b. 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. University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

3. Impact to Other Providers

a. The proposed dialysis clinic will not have an adverse impact on existing clinics in the Midway GSA. University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer from existing dialysis clinics.

b. The proposed dialysis clinic will not lower the utilization of other area clinics that are currently operating below HFSRB standards. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

Further, University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer from existing dialysis clinics.

Attachment – 24A

Facility	Ownership	Address	City	State	Zipcode	HSA	Straight-Line Distance to Center (Miles)	Number of Stations 3/31/2019	Number of Patients 03/31/19	Utilization % 03/31/19
West Lawn Dialysis	Davita	7000 S. Pulaski Road	Chicago	IL	60629	6	1.02	12	70	97.2%
Fresenius Medical Care Marquette Park	Fresenius	2534 West 69th Street	Chicago	IL	60629	6	1.63	16	89	92.7%
FMC Dialysis Services - Burbank	Fresenius	4811 W. 77th Street	Burbank	IL	60459	7	2.23	26	101	64.7%
Brighton Park[1]	Davita	4729 South California Avenue	Chicago	IL	60632	6	2.26	16	1	1.0%
USRC Scottsdale	USRC	4651 West 79th Street	Chicago	IL	60652	6	2.36	36	119	55.1%
South Side Dialysis Center	Fresenius	7721 South Western Avenue	Chicago	IL	60620	6	2.45	39	177	75.6%
DaVita Auburn Park Dialysis[2]	Davita	7939 South Western Avenue	Chicago	IL	60620	6	2.68	12	-	0.0%
DaVita Ford City Dialysis[3]	Davita	8159 South Cicero Avenue	Chicago	IL	60652	6	2.76	12	1	1.4%
Beverly Dialysis	Davita	8111 South Western Avenue	Chicago	IL	60620	6	2.83	16	88	91.7%
Fresenius Medical Care - Midway	Fresenius	6201 W. 63rd Street	Chicago	IL	60638	6	3.15	12	53	73.6%
FMC New City[4]	Fresenius	4622 South Bishop Street	Chicago	IL	60609	6	3.51	16	44	45.8%
Fresenius Ross-Englewood[5]	Fresenius	6333 South Green Street	Chicago	IL	60621	6	3.60	24	61	42.4%
Dialysis Care Center of Oak Lawn[6]	DCC	9115 S. Cicero Ave	Oak Lawn	IL	60453	7	3.84	11	66	100.0%
Oak Meadows Dialysis[7]	Davita	5020 West 95th Street	Oak Lawn	IL	60453	7	4.36	12	-	0.0%
Fresenius Medical Care Cicero	Fresenius	3000 South Cicero Avenue	Cicero	IL	60804	7	4.36	20	97	80.8%
RCG Garfield	Fresenius	5401 Wentworth	Chicago	IL	60609	6	4.55	22	82	62.1%
Dialysis Care Center Evergreen Park[8]	DCC	9834 South Kedzie Avenue	Evergreen Park	IL	60805	7	4.56	14	-	0.0%
SAH Dialysis at 26th Street	Saint Anthony	3059 West 26th Street	Chicago	IL	60623	6	4.58	15	48	53.3%
DaVita Marshall Square[9]	Davita	2950 West 26th Street	Chicago		60623	6	4.62	12	-	0.0%
Fresenius Medical Care Summit	Fresenius	7319 Archer Avenue	Summit	IL	60501	7	4.68	12	51	70.8%
Fresenius Medical Care Evergreen Park[10]	Fresenius	9730 South Western Avenue	Evergreen Park	IL	60805	7	4.73	30	126	70.0%
Davita Lawndale	Davita	3934 West 24th Street	Chicago	IL	60623	6	4.79	16	101	105.2%
DaVita Cicero Dialysis[11]	Davita	6001 Ogden Avenue	Cicero	IL	60804	7	4.83	12	-	0.0%
Total								**413**	**1,375**	**55.5%**
Total Less Recently Approved and Ramp Up Clinics								**258**	**1,137**	**73.4%**

Attachment – 24B

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(e), Staffing

1. The proposed clinic will be staffed in accordance with all State and Medicare staffing requirements.

    a. Medical Director: Nicole Stankus, M.D. will serve as the Medical Director for the proposed clinic. A copy of Dr. Stankus' curriculum vitae is attached at Attachment – 24C.

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

    Administrator (1.02 FTE)
    Registered Nurse (2.03 FTE)
    Patient Care Technician (6.41 FTE)
    Biomedical Technician (0.34 FTE)
    Social Worker (0.55 FTE)
    Registered Dietitian (0.56 FTE)
    Administrative Assistant (0.80 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 clinic is in operation.

    c. All staff will be training under the direction of the proposed clinic'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 Samantha Caldwell, Corporate Secretary of DaVita Inc. and Total Renal Care, Inc., attached at Attachment – 24E, Midway Dialysis will maintain an open medical staff.

March 1, 2019

CURRICULUM VITAE

Nicole Stankus, MD, MSc, FASN

PERSONAL INFORMATION

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Chicago, IL 60637-1234
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Email: nstankus@medicine.bsd.uchicago.edu
Web page: http://www.uchospitals.edu/physicians/nicole-stankus.html

Place of Birth: Vilnius, Lithuania
Citizenship: USA

EDUCATION AND TRAINING

Medical School: Vilnius University Medical School, Vilnius, Lithuania, MD,	1983-1989
Residency: Lutheran General Hospital/ University of Chicago, Park Ridge, IL	1991-1994
Fellowship in Nephrology, University of Illinois at Chicago	1994-1996
Clinical Research Training Program, University of Chicago	2002-2004
Master of Science in Clinical Investigation, Northwestern University, Chicago	2003-2005

BOARD CERTIFICATION

Internal Medicine, 1994, 2005, 2016
Nephrology, 1996, 2005, 2016

MEDICAL LICENSURE

Illinois Medical License Number 036.087361

PROFESSIONAL/ACADEMIC APPOINTMENTS:

Instructor of Medicine, Vilnius University, Vilnius, Lithuania	1989-1990
Visiting Research Scholar, School of Public Health, University of Illinois at Chicago	1990-1991
Attending Physician, Holy Cross Hospital, Chicago	1996-2000
Consulting Physician, Provident Hospital, Chicago	1997-2000
Instructor of Medicine, University of Chicago	2000-2002
Assistant Professor of Medicine, University of Chicago	2002-2010
Associate Professor of Medicine, University of Chicago	2010-

HONORS, AWARDS, SCHOLARSHIPS

Diploma Summa cum Laude, Vilnius University Medical School, Lithuania 1989
Book of Honor, Vilnius University, Lithuania 1989
University of Chicago Department of Medicine Clinical Productivity Award
2006, 2009, 2013, 2014, 2018
National DaVita Core Value-Team Award, as Member of the DaVita Physician Council 2017
National DaVita Core Value Award- Accountability 2018
Fellow, American Society of Nephrology 2018

PROFESSIONAL MEMBERSHIPS

American Society of Nephrology
International Society of Nephrology
International Society of Hemodialysis
National Kidney Foundation
National Kidney Foundation of Illinois
European Renal Association-European Dialysis and Transplantation Association

REVIEW AND EDITORIAL EXPERIENCE

Ad Hoc:
American Journal of Nephrology 2003-2012
Journal of the American Society of Nephrology 2005-
Therapeutics and Clinical Risk Management 2006-2007
International Brazilian Journal of Urology 2006-2008
Journal of Postgraduate Medicine 2008-2012
Microvascular Research 2009-2010
Journal of Gerontology 2014-2016
American Journal of Kidney Diseases 2015-
BMJ 2016-

CLINICAL PRACTICE

I am an academic nephrologist specializing in chronic kidney disease and dialysis care; with a special focus on geriatric nephrology and supportive care for patients with kidney diseases. My practice includes rounds in the chronic dialysis unit (12 months per year), weekly chronic and inherited kidney disease clinic, and 12-14 weeks of Inpatient nephrology service on ICU, Consult and Dialysis services.

ADMINISTRATIVE LEADERSHIP

Intramural

2000-2010	University of Chicago Stony island Dialysis Center	Medical Director
2001-2006	Nephrology Fellowship Program	Associate Director
2003-	Department of Medicine Women's Committee	Member
2013-	DOM Women's Committee Newsletter	Editor
2009-2010	University of Chicago Chronic Dialysis Governing Body	Member
2014-	Nephrology Fellowship Clinical Competence Committee	Member
2014-	Nephrology Fellowship Program Evaluation Committee	Member

Regional and National

1997-1998	University of Chicago Family First Health Care Plan Credentialing, Quality, and Utilization Management Committee	Member
2002-2003	Academic Consortium, Renal Network 9/10	Member
2006-	National Kidney Foundation of Illinois Medical Advisory Board	Member
2010-	DaVita Stony Island Dialysis Center	Medical Director
2012-2014	Illinois Department Healthcare and Family Services (HFS) Chronic Renal Disease Advisory Committee	Member

National/International:

2004-2005	Development and Implementation of Screening Methods and Management Pathways of Chronic Kidney Disease	Consultant
2009-2016	Geriatric Nephrology Advisory Group to the ASN	Member
2011-2014	DaVita Physicians' IT Advisory Board	Member
2015, 2017	Centers for Medicare & Medicaid Services (CMS) End Stage Renal Disease Dialysis Facility Compare (DFC) Star Ratings Technical Expert Panel (TEP)	Member
2016-	National DaVita Physician Council	Member
2018-	Glaxo Smith Kline ASCEND Clinical Trials	National Physician Leader
2018	CDC Making Dialysis Safer Coalition	Member
2018	Nephrologists Transforming Dialysis Safety	Invited Focus Group Member

INVITED PRESENTATIONS

Intramural/Regional

2001 Medicine Grand Rounds "Chronic Renal Disease, Calcium, Phosphorus – Is There Anything New?" Lutheran General Hospital, Park Ridge, IL 2001

2002 Medicine Grand Rounds "Phosphorus and Cardiovascular Disease in Dialysis Patients" University of Chicago

2006 Medicine Grand Rounds "Anemia in CKD: in for a Roller Coaster Ride?" University of Chicago

2006 Renal Grand Rounds "Calcium-Phosphorus Product: Bones and Heart" Loyola University and Medical Center, Maywood, IL 2002

2006 CME lecture for the National Kidney Foundation of Illinois "Renal Osteodystrophy: Importance of Early Recognition", Rockford, IL

2006 Medicine Grand Rounds "Challenges of Anemia in CKD" Provident Hospital Chicago

2006 CME lecture for Primary Care Physicians "ABCs of CKD", Chicago

2007 CME Lecture "Examining the Role of Active Vitamin D across the Continuum of CKD" Merrillville, IL

2007 CME lecture "Chronic Kidney Disease: Everyday Practice" Illinois Academy of Physician Assistants Annual Fall Conference, Midwestern University, Downer's Grove, IL

2007 Grand Rounds "Screening and Management of Chronic Kidney Disease" Little Company of Mary Hospital, Chicago,

2008 Medicine Grand Rounds "Diagnosis and Management of CKD: Stages 3 and 4" Advocate Illinois Masonic Medical Center, Chicago, IL

2008 Grand Rounds "Chronic Kidney Disease and the Primary Healthcare Provider" University of Illinois at Chicago College of Nursing

2009 CEU lecture "Hemodynamics of Dialysis Patient" National Kidney Foundation of Illinois 10th Annual Multidisciplinary Conference Rosemont, IL

2013 Grand Rounds "CKD and Diabetes in Older Adults: Current State of Affairs" Advocate Lutheran General Hospital, Park Ridge, IL 2013

2013 Grand Rounds "At the Intersection or Geriatrics and Nephrology" St. Joseph's Hospital, Chicago IL

2013 CME Lecture "Geriatric Nephrology" at the Geriatrics Updates and Board Review Course, University of Illinois at Chicago September 6-8, 2013

2015 Grand Rounds "Frailty, Decline of Kidney Function and Dialysis in the Older Adult" St. Joseph's Hospital, Chicago IL

2016 CEU lecture "Hepatitis B and C in Nephrology and Dialysis Patients" National Kidney Foundation of Illinois 17th Annual Interdisciplinary Nephrology Conference, Oak Brook, IL

National/International

2001 "Managing Hyperphosphatemia And Hyperparathyroidism: Sacrifices We Don't Have To Make" National Kidney Foundation of Michigan Annual Meeting, Detroit, MI

2006 CME Lecture "Emerging Science in Secondary HPT and Links to Clinical Outcomes", Hartford, CT; Detroit, MI, Buffalo, NY

2007 CEU lecture "Cinacalcet and Improved Management of SHPT in Dialysis Patients" Marquette General Hospital, Marquette, MI; Louisiana State University, Baton Rouge, LA

2007 CME Lecture "Emerging Trends for the Prevention and Treatment of Secondary Hyperparathyroidism in Early Chronic Kidney Disease", Indianapolis, IN, Detroit, MI

2008 CME Lecture "Enhancing Outcomes in Stage 5 Chronic Kidney Disease: Role of Vitamin D Therapy" St. Louis, MO

2008 CME lecture "Early Diagnosis and Treatment of Chronic Kidney Disease (CKD) Stages 3 and 4: Role of the Internist" Las Vegas, NV

2009 CME lecture "Strategies on Slowing Progression of Chronic kidney Disease" OptumHealth Care Solutions 18th Annual National Clinical Conference Chicago, IL

2009 ASN Kidney Week "Interaction of Dialysis Teams with Geriatricians" San Diego, CA

2010 ASN Kidney Week "Interactions of Dialysis Teams with Geriatricians: an update" Denver, CO

2011 ASN Kidney Week "Ischemic Nephropathy" Philadelphia, PA

TEACHING EXPERIENCE AND CURRICULUM DEVELOPMENT

Lectures, workshops and courses

Intramural

2001	CPPT lecture "Progression of CKD", Pritzker Medical School
2001-2002	Renal Biopsy Course for Renal Fellows (with Dr. J. Levine)
2001-2012	CPP Renal Physiology Workshops, Pritzker Medical School
2002	Fellow's lecture "Geriatric Nephrology", Section of Geriatrics
2006-	CPP Renal Pathophysiology lectures and workshops
2003-	Fellow's lectures, Section of Nephrology
2006, 2009, 2012	"Secondary Hyperparathyroidism" Fellows lecture, Section of Endocrinology
2001-2006	Nephrology Fellowship Training Program Curriculum Development
2006-	Clinical Pathophysiology Course, co-Director of the Nephrology Section Pritzker School of Medicine

Regional

2005-2007	Medical Decision Making Course III, Feinberg School of Medicine, Northwestern University

CME Course Leadership:

Intramural and Regional:

2004-2007	Director, monthly Dialysis CME conference, Section of Nephrology University of Chicago
2004	CME Program Director, Chicago Nephrology Day, Chicago, IL
2016-	Director, Section of Nephrology Journal Club

National:

2004	Session Moderator "Prevention and Correction of Access Problems", ASN Annual Meeting, St. Louis, MO
2012	Session Moderator "Striving for Quality End-of-Life Care" ASN Annual Meeting, San Diego, CA 2012
2012	Member of the Organizing Committee, ASN Kidney Week Geriatric Nephrology Course, San Diego, CA
2013	Course Co-Director, ASN Kidney Week Geriatric Nephrology Course Atlanta, GA
2013	Session Moderator "Optimizing end-of-life care for older adults with

kidney disease" ASN Annual Meeting, Atlanta GA
2015 Course Director, ASN Kidney Week Geriatric Nephrology Course San Diego, CA
2016 Session Moderator "Biology of Aging" ASN Kidney Week, San Diego, CA

MENTORSHIP

2004-2006 Eric Lazar, MD, Nephrology Fellow, 2004-2006
1. Treatment of for secondary hyperparathyroidism with a combination of a calcimimetic and an active vitamin D
2. Hungry Bone Syndrome
Currently in Private Practice in Boca Raton, FL

2004-2006 Ignatius Tang, MD, PharmD, Nephrology Fellow, 2004-2006
1. Body mass index as a predictor of erythropoiesis-stimulating agent dose
2. Duration of observation period after an outpatient percutaneous kidney biopsy
Currently Associate Professor of Medicine, University of Illinois at Chicago

2006-2007 Jeannette McLaughlin, MD, Nephrology Fellow, 2006-2007
1. Utility of active hemodialysis vascular access surveillance using intra-access pressure
2. Multidisciplinary education as a quality improvement tool in care of hemodialysis patients
Currently in Private Practice, Chicago IL

2007-2011 Kellie Campbell, MD, MA, Geriatrics Fellow
Decision making by primary care physicians and interactions with nephrologists in the care of older adults with CKD
Currently Assistant Professor of Medicine, University of Chicago Section of Geriatrics

2007-2009 Jennifer Ennis, MD, Nephrology Fellow, 2007-2009
1. Cognitive and Functional Status and Dialysis Outcomes in Older Hemodialysis Patients (Proposal was awarded AMGEN Fellowship Grant)
2. Naturally and vaccine acquired Hepatitis B immunity in African-American Hemodialysis Patients
Currently Medical Director, CKD Program at Litholink Corporation and Clinical Assistant Professor of Medicine at the University of Illinois at Chicago

2015-2016 Ling-Xin Chen, MD, MS, Nephrology/Transplantation Fellow, 2013-2016
Master's Thesis Committee Member
Currently an Assistant Professor of Medicine, University of California-Davis

FUNDED RESEARCH

Current:

None

Past:

AMGEN 2008 Nephrology Fellowship and Junior Faculty Research program Support Grant
on behalf of Dr. J. Ennis, $ 40, 000 07/01/2008 - 06/30/2009
"Cognitive and Functional Status and Dialysis Outcomes In Older Hemodialysis Patients "

1R13AG039152-01 (STANKUS) $15, 000 09/30/2010 – 08/31/2011
NIA
Clinical and Research Aspects of Geriatrics in Nephrology, Focus on Fellows
Role: Principal Investigator
The goal of this award is to support attendance of nephrology fellows and young faculty at the Annual Geriatric Nephrology Conference at the ASN Kidney week

1R13AG044145-01 (STANKUS) $32,000
NIA
Advances in Geriatric Nephrology
Role: Principal Investigator 09/30/2012 – 08/31/2013
The goal of this award is to support attendance of nephrology fellows and young faculty at The Annual Geriatric Nephrology Conference at the ASN Kidney week

PUBLICATIONS

Peer-reviewed original contributions:

1. M. P. Honan, N. Stankus. Overdose: New Rules for an Old Problem. Patient Care: 176-180, August 15, 1995
2. N. Stankus, W. Jao, A. Bakir, J. P. Lash. Mesangial Lupus Nephritis with Associated Nephrotic Syndrome, J Am Soc Nephrol: 8:1199-1204, 1997
3. N. Stankus, S. Sabah, A. Singh, M. Saykh, A. A. Bakir, J. A. L. Arruda, G. Dunea. Can Total Urinary Protein Measurements Predict Microalbuminuria. Am J Nephrol 18:285-290, 1998
4. N. Stankus, E. Worcester, M. Hammes, F. L Coe. Evidence against a contribution of conventional urine risk factors to de novo ESRD renal stones. Nephrol Dial Transplant. 21(3):701-6, 2006
5. E. Lazar, N. Stankus. Cinacalcet- Induced Hungry Bone Syndrome. Semin Dial 20(1): 83–85, 2007
6. N. Stankus, D. Gillen, M. Hammes, E. Worcester. African American ESRD patients have a high pre-dialysis prevalence of kidney stones compared to NHANES III. Urol Res 35(2):83-7, 2007
7. E. Lazar, K. Hebert, T. Poma, N. Stankus. Cinacalcet and Paricalcitol Titration Protocol Improves Long Term Treatment Outcomes in Secondary Hyperparathyroidism. Am J Nephrol 12;27(3):274-278, 2007

8. K. Hunter Campbell, W. Dale, N. Stankus, G. A. Sachs. Older Adults and Chronic Kidney Disease Decision Making by Primary Care Physicians: A Scholarly Review and Research Agenda. J Gen Intern Med. Mar;23(3):329-36, 2008
9. J. Ennis, N. Stankus. Acute Hepatitis B Infection in a Chronic Hemodialysis Patient despite Persistent Natural Immunity. Am J Kidney Dis 52(5):978-81, 2008
10. K. Hunter Campbell, G. Sachs, J. Hemmerich, S. Smith, N. Stankus, W. Dale. Physician Referral Decisions for Older Chronic Kidney Disease Patients: A Pilot Study of Geriatricians, Internists, and Nephrologists J Am Geriatr Soc. 58(2):392, 2010
11. M. Rosner, E. Abdel-Rahman, ME. Williams; ASN Advisory Group on Geriatric Nephrology. Clin J Am Soc Nephrol. 2010 May; 5(5):936-42
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14. Walking Disabilities and Dialysis Outcomes in Older African-American Hemodialysis Patients. J. Ennis, K. Campbell, W. Dale, N. Stankus World Congress of Nephrology, Milan, Italy, May 25, 2009 Poster M688
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2. Phase I/II Multi-Center Randomized, Double-Blind, Placebo-Controlled Trial to assess the Effect of Treatment of the Recipient Vein of a PTFE Vascular Access Graft with CGT003 on Neointimal Hyperplasia and the Preservation of Graft Function in Patients with Chronic Renal Failure Requiring Hemodialysis (PREVENT V), (Corgentech) 2003-2005
3. Phase IIIb, Prospective, randomized, Double-Blind, Placebo- Controlled, Multi-Center Study to Examine Efficacy Oral Calcimimetic Agent Cinacalcet in Treatment of Secondary Hyperparathyroidism in Dialysis Patients (TARGET) (Amgen) 2003-2004
4. Phase IV, Prospective, Randomized, Double-Blind, Active-Controlled, Multi-Center Study to Examine the Efficacy and Safety of Zemplar versus Calcijex in Reducing Serum Intact Parathyroid Hormone Levels In End Stage Kidney Disease Subjects with Moderately Severe Hyperparathyroidism on Hemodialysis (Abbott) 2003-2006
5. Phase III Multicenter, Randomized, Placebo-Controlled, Double-Blinded Study to Evaluate Efficacy of StaphVAX®, a Bivalent Staphylococcus aureus Glycoconjugate Vaccine in Adults on Hemodialysis (NABI) 2004-2005
6. An International, Non-Invasive Study to Determine the Prevalence of Vascular Calcification in Chronic Kidney Disease Subjects on Hemodialysis (Genzyme) 2005-2006
7. Phase IV Multicenter, Open Label Multicenter Trial Evaluating the Efficacy of Fosrenol Compared to Existing Therapy in Adults with End Stage Renal Disease Treated for Hyperphosphatemia F.E.A.T.U.R.E. (Shire) 2005-2006

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9. Phase III, Open-Label Study of Tenecteplase for Restoration of Function in Dysfunctional Hemodialysis Catheters: TROPICS 4 (Genentech) 2007- 2008
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11. Phase 3, randomized, double-blind, placebo-controlled PRIMO-1 Study: Paricalcitol Capsules benefits in Renal failure Induced cardiac Morbidity in Subjects with Chronic Kidney Disease Stage 3B/4 (ABBOTT) 2008 – 2012
12. RMTI-SFP-2 Phase II Dose Ranging Study of Dialysate Containing Soluble Ferric Pyrophosphate (SFP) versus Control in Subjects with ESRD Receiving Chronic Hemodialysis (Rockwell Medical Technologies) 2008- 2010
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15. A Randomized Placebo-Controlled Phase III Study of Dialysate Containing Soluble Ferric Pyrophosphate (SFP) in Chronic Kidney Disease Patients Receiving Hemodialysis: The Continuous Replacement Using Iron Soluble Equivalents (CRUISE 1) Study (RMTI-SFP-4) (Rockwell Medical Technologies) 2011-2012
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20. Phase 3, Randomized, Open-label, Active-Controlled Study evaluating the Efficacy and Safety of Oral Vadadustat for the Correction of Anemia in Subjects with Non-Dialysis-Dependent Chronic Kidney Disease (NDD-CKD) (PRO2TECT-CORRECTION) (Akebia) 2017-
21. Phase 3, Randomized, Open-label, Active-Controlled Study evaluating the Efficacy and Safety of oral Vadadustat for the Maintenance Treatment of Anemia in Subjects with Non-Dialysis-Dependent Chronic Kidney Disease (NDD-CKD) (PRO2TECT-CONVERSION) (Akebia) 2017-
22. Phase 3 randomized, open-label (Sponsor-blind), active-controlled, parallel-group, multi-center, event driven study in non-dialysis subjects with anemia associated with chronic kidney disease to evaluate the safety and efficacy of daprodustat compared to darbepoetin alfa (GSK) 2018-

23. Phase 3 randomized, open-label (Sponsor-blind), active-controlled, parallel-group, multi-center, event driven study in dialysis subjects with anemia associated with chronic kidney disease to evaluate the safety and efficacy of daprodustat compared to recombinant human erythropoietin, following a switch from erythropoietin-stimulating agents (GSK)2018-

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:

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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.

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

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

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

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

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

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

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

Note:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 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.

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Process of Program Evaluation

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

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Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(f), Support Services

Attached at Attachment – 24E is a letter from Samantha Caldwell, Corporate Secretary of DaVita Inc. and Total Renal Care, Inc. attesting that the proposed clinic 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.

Richard Sewell
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Support Services

Dear Vice Chair Sewell:

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 § 1110.230(e) that Midway 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;
- Midway 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: Samantha A. Caldwell
Its: Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This 25th day of February, 2019

Kelli Bodnar
Notary Public

KELLI BODNAR
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20144024644
MY COMMISSION EXPIRES JUN 29, 2022

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(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 1110.230(h), Continuity of Care

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

FOR COMPANY USE ONLY:
Center #11871

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **Saint Anthony Hospital,** an Illinois non-profit corporation (hereinafter "Hospital") and **Total Renal Care, Inc.**, a California corporation and subsidiary of DaVita Inc. (hereinafter "Company").

RECITALS

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

Midway Dialysis (Facility #11871)
3700 West 63rd Street
Chicago, IL 60629

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

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

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

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

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

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

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

2. **COMPANY OBLIGATIONS.**

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

i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;

ii. Original medical records kept by each of the parties shall remain the property of that institution; and

iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

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

i. current medical findings;

ii. diagnosis;

iii. rehabilitation potential;

iv. discharge summary;

v. a brief summary of the course of treatment followed;

vi. nursing and dietary information;

vii. ambulating status; and

viii. administrative and pertinent social information.

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

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

4. **HIPAA.** Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

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

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

7. **INDEMNIFICATION.**

(a) Hospital Indemnity. Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense, directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) Company Indemnity. Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense, directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

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

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

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

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

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

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

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

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

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

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

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

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

If to Hospital:
St. Anthony Hospital
2875 West 19th Street
Chicago, IL 60623
Attention: Administrator
cc: VP/General Counsel

If to Company:
Midway Dialysis
3700 West 63rd Street
Chicago, IL 60629
Attention: Administrator

With copies to:
Total Renal Care, Inc.
c/o: DaVita Inc.
5200 Virginia Way
Brentwood, TN 37027
Attention: Group General Counsel

DaVita Inc.
2000 16th Street
Denver, Colorado 80202
Attention: General Counsel

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

15. ASSIGNMENT. This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party.

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

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

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

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

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

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

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

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

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

Hospital:

SAINT ANTHONY HOSPITAL

By: DocuSigned by: Christine A. Raguso

Name: Christine A. Raguso

Its: Senior Vice President, Professional Services

Date: November 8, 2018

Company:

TOTAL RENAL CARE, INC.

By: DocuSigned by: Dawn Thomas

Name: Dawn Thomas

Its: Regional Operations Director

Date: November 9, 2018

APPROVED AS TO FORM ONLY:

By: DocuSigned by: Kanika M. Rankin

Name: Kanika M. Rankin

Its: Senior Corporate Counsel - Operations

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(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 1110.230(j), Assurances

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

Richard Sewell
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

Dear Vice Chair Sewell:

Pursuant to 77 Ill. Admin. Code § 1110.230(j), I hereby certify the following:

- By the second year after project completion, Midway Dialysis expects to achieve and maintain 80% target utilization; and
- Midway 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: Samantha A. Caldwell
Its: Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This 25th day of February, 2019

Kelli Bodnar
Notary Public

KELLI BODNAR
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20144024644
MY COMMISSION EXPIRES JUN 20, 2022

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents. A copy of DaVita's 2018 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 1, 2019.

Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2018 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 1, 2019.

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

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

Richard Sewell
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Vice Chair Sewell:

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

Sincerely,

Print Name: Samantha A. Caldwell
Its: Corporate Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This 25th day of February 2019

Kelli Bodnar
Notary Public

KELLI BODNAR
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20144024644
MY COMMISSION EXPIRES JUN 20, 2022

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

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

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

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
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	$225.17		7,100				$1,598,743		$1,598,743
Contingency	$22.52		7,100				$159,874		$159,874
TOTAL CLINICAL	**$247.69**		**7,100**				**$1,758,617**		**$1,758,617**
NON-CLINICAL									
Admin									
Contingency									
TOTAL NON-CLINICAL									
TOTAL	**$247.69**		**7,100**				**$1,758,617**		**$1,758,617**
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
New Construction Contracts & Contingencies	$1,758,617	$295.13 x 7,100 GSF = $2,095,423	Below State Standard
Contingencies	$159,874	10% New Construction Contracts 10% x $1,598,743 = $159,874	Meets State Standard
Architectural/Engineering Fees	$92,300	6.22% - 9.34% of New Construction Contracts + Contingencies) = 6.22% - 9.34% x ($1,598,743 + $159,874)= 6.22% - 9.34% x $1,758,617 =	Below State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		$109,386 - $164,255	
Consulting and Other Fees	$56,591	No State Standard	No State Standard
Moveable Equipment	$683,023	$56,952.02 per station x 12 stations $56,952.02 x 12 = $683,424	Below State Standard
Fair Market Value of Leased Space or Equipment	$2,585,407	No State Standard	No State Standard

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

Operating Expenses	
Salaries	$715,791
Benefits	$279,158
Supplies	$479,352
Total Operating Expenses	$1,474,301
Treatments	10,608
Capital Costs per Treatment	$138.98

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

Capital Costs	
Depreciation	$205,726
Amortization	$9,840
Total Capital Costs	$215,566
Treatments	10,608
Capital Costs per Treatment	$20.32

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 2018 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment - 38. As referenced in the report, 91 percent of DaVita dialysis clinics are rated with three, four or five stars the CMS Five Star Quality Rating Program. 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 in 2018, 75 percent of patients transitioned to dialysis with a permanent vascular access in place. DaVita outperformed the rest of the industry in early access placement by nearly 100 percent. Its commitment to improving clinical outcomes directly translated into 25 percent lower hospitalization rate than the industry average and 48 percent lower hospital readmission rate.

   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 Fund and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients who 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 Midway Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. Excluding dialysis clinics that were recently approved or in ramp up, average utilization of area dialysis clinics is 73% as of March 31, 2019. Further, over the past four years, patient census at the existing clinics has increased 3.6% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Average utilization of these clinics is projected to exceed 80% by December 2021, when the proposed Midway Dialysis is anticipated to come online.

   University of Chicago, Department of Medicine is currently treating 140 CKD patients, who reside within 3.5 miles of the proposed Midway 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), Nicole Stankus, M.D. anticipates that at least 68 of these 140 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer from existing dialysis clinics. The proposed Midway 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 Midway 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 below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2016	2017	2018
Charity (# of patients)	110	98	126
Charity (cost in dollars)	$2,400,299	$2,818,603	$2,711,788
MEDICAID			
	2016	2017	2018
Medicaid (# of patients)	297	407	298
Medicaid (revenue)	$4,692,716	$9,493,634	$7,951,548

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			
	2016	2017	2018
Net Patient Revenue	**$353,226,322**	**$357,821,315**	**$394,665,458**
Amount of Charity Care (charges)	$2,400,299	$2,818,603	$2,711,788
Cost of Charity Care	$2,400,299	$2,818,603	$2,711,788

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Nicole Stankus projecting 68 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

THE UNIVERSITY OF CHICAGO MEDICINE & BIOLOGICAL SCIENCES

DEPARTMENT OF MEDICINE

Section of Nephrology
5841 South Maryland Avenue, MC 5100
Chicago, IL 60637

Phone 773-702-3630 • Fax 773-753-8301

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

Dear Ms. Avery:

I write in support of the establishment of Midway Dialysis, to be located at 3700 West 63rd Street, Chicago, Illinois 60629. As part of the University of Chicago, Section of Nephrology I have been asked to be the medical director for this unit. The proposed 12-station chronic renal dialysis facility will directly benefit our patients and improve access to necessary dialysis services on the Southside of Chicago. DaVita is well positioned to provide these services as it delivers dialysis for residents of similar communities throughout the country and abroad and has invested in many quality initiatives to improve patients' health and outcomes.

My institution, the Section of Nephrology at the University of Chicago, has identified 140 patients of the University of Chicago Medical Center (UCMC) suffering from chronic kidney disease (CKD) and residing within 3.5 miles of the proposed Midway Dialysis, at least 68 of which are likely progress to dialysis within 12 to 24 months of completion of Midway Dialysis. The large UCMC patient base demonstrates considerable demand for this clinic.

The Section of Nephrology has provided a list of patients who have received care at existing clinics in the area over the past 3 years (Attachment – 1), as well as a list of new patients referred by UCMC for in-center hemodialysis in the past year (Attachment – 2), and the zip codes for the 140 CKD patients previously referenced (Attachment – 3).

I have been informed that these patient referrals have not been used to support another pending or approved certificate of need application. This letter is upon information and belief. I respectfully request the Illinois Health Facilities and Services Review Board approve the Midway Dialysis application for permit so the clinic may provide in-center hemodialysis services for the end-stage renal disease population on the Southside of Chicago.

Thank you for your consideration.

Sincerely,

Nicole Stankus, M.D., MSc
Nephrologist, Section of Nephrology
The University of Chicago
5841 South Maryland Avenue
Chicago, Illinois 60637

Subscribed and sworn to me
This 4 day of June, 2019

Notary Public

"OFFICIAL SEAL"
CATHY A. ZORBA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/3/2021

67334356.1

Attachment - 1

Stony Island Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
AR	60617	AR	60617	AR	60617
MB	60621	MB	60621	MB	60621
BB	60643	BB	60643	MM	60637
AB	60619	AB	60619	GB	60620
JB	60649	JB	60649	BB	60643
LB	60619	LB	60619	DB	60827
TB	60620	TB	60620	AB	60619
RC	60617	RC	60617	JB	60649
JC	60617	JC	60617	LB	60619
CC	60619	CC	60619	TB	60620
PC	60649	PC	60649	DB	60615
SC	60620	SC	60620	RB	60628
RC	60628	RC	60628	EB	60619
CD	60649	CD	60649	RC	60617
CE	60637	CE	60637	RC	60617
JF	60619	JF	60619	JC	60617
LF	60628	LF	60628	WC	60409
CF	60619	CF	60619	CC	60619
IG	60473	AC	60617	EC	60619
JG	60628	SC	60620	AC	60617
MG	60637	MD	60619	GC	60621
EG	60617	IG	60473	JC	60438
BH	60619	JG	60628	PC	60649
JH	60619	MG	60637	SC	60620
BH	60615	EG	60617	DC	60628
MH	60617	BH	60619	RC	60628
GH	60620	JH	60619	CD	60649
LJ	60619	BH	60615	ED	60619
TJ	60619	MG	60637	MD	60619
JJ	60649	EG	60617	MD	60619
ML	60628	BH	60619	AD	60619
CM	60620	JH	60619	WE	60652
DM	60620	BH	60615	CE	60443
JM	60617	MH	60617	LE	60628
BM	60628	GH	60620	CE	60637
TM	60649	LJ	60619	MF	60649
GM	60827	TJ	60619	JF	60619

Stony Island Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
OM	60649	JJ	60649	LF	60628
JM	60643	ML	60628	CF	60619
RP	60649	CM	60620	LF	60643
AP	60628	DM	60620	CG	60649
TP	60617	JM	60617	IG	60473
GP	60619	BM	60628	JG	60628
RR	60619	TM	60649	SG	60619
KR	60620	GM	60827	MG	60637
CR	60617	OM	60649	EG	60617
CR	60617	JM	60643	BH	60619
RR	60617	RP	60649	JH	60619
CR	60628	SH	60617	BH	60615
NR	60621	GJ	60617	EH	60617
TS	60617	GJ	60619	MH	60617
DS	60619	HJ	60619	GH	60620
ES	60617	LJ	60620	CH	60621
WS	60619	MJ	60628	BH	60615
BS	60628	MK	60617	SH	60617
DS	60619	RL	60617	LJ	60619
DS	60619	EM	60649	TJ	60619
ES	60649	LM	60649	GJ	60617
ES	60435	WM	60649	GJ	60619
ST	60620	EO	60615	RJ	60619
CT	60636	AP	60628	EJ	60628
KT	60619	TP	60617	EJ	60617
VW	60617	GP	60619	HJ	60619
SW	60620	RR	60619	JJ	60649
CW	60649	KR	60620	LJ	60620
DW	60617	CR	60617	MJ	60628
WW	60649	CR	60617	AJ	60619
		RR	60617	MK	60617
		CR	60628	PL	60620
		NR	60621	ML	60628
		TS	60617	RL	60619
		DS	60619	TL	60617
		ES	60617	CM	60620
		WS	60619	DM	60620
		BS	60628	JM	60617

Stony Island Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		DS	60619	EM	60649
		DS	60619	BM	60628
		ES	60649	LM	60619
		ES	60435	RM	60619
		ST	60620	TM	60649
		CT	60636	GM	60827
		KT	60619	OM	60649
		CW	60649	MM	60619
		DW	60617	WM	60649
		VW	60617	RR	60619
		WW	60649	RR	60827
		SW	60620	LR	60628
		ER	60628	KR	60620
		RR	60827	CR	60617
		LR	60628	RR	60617
		RR	60617	CR	60628
		AS	60649	NR	60621
		JW	60619	TS	60617
		WW	60649	DS	60619
				ES	60617
				WS	60619
				BS	60628
				KS	60808
				DS	60619
				AS	60649
				DS	60619
				ES	60649
				ES	60435
				RT	60628
				ST	60620
				CT	60617
				CT	60636
				KT	60619
				RT	60619
				CW	60628
				SW	60649
				CW	60649
				JW	60619

Stony Island Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				DW	60617
				JW	60623
				RW	60643
				VW	60617
				WW	60649
				WW	60649
				RW	60649
				EW	60649
				SW	60620
				JM	60643
				WO	60628
				EO	60628
				RP	60649
				JP	60643
				AP	60628
				TP	60617
				GP	60619
				SP	60619
				ER	60628
				DW	60617
				JW	60623
				RW	60643
				VW	60617
				WW	60649
				WW	60649
				RW	60649
				EW	60649
				SW	60620
				JM	60643
				WO	60628
				EO	60628
				RP	60649
				JP	60643
				AP	60628
				TP	60617
				GP	60619
				SP	60619
				ER	60628

Attachment – 2

Stony Island Dialysis	
2018	
Initials	Zip Code
BB	60637
GB	60620
DB	60827
RB	60615
EB	60628
GB	60619
RC	60615
CC	60617
WC	60619
DC	60409
EC	60628
GC	60619
DC	60621
WC	60628
RD	60617
ED	60619
MD	60619
RD	60652
ED	60617
AD	60619
WE	60652
CE	60442
JE	60619
LE	60628
MF	60649
LF	60643
CG	60649
SG	60617
SG	60619
KG	60620
JH	60619
SH	60628
EH	60617
JH	60619

Stony Island Dialysis	
2018	
Initials	**Zip Code**
CH	60628
EH	60617
GH	60619
NH	60621
AJ	60409
LJ	60649
RJ	60619
EJ	60619
MJ	60617
RJ	60619

Attachment - 3

Zip Code	Patients
60629	52
60636	88
Total	**140**

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

INDEX OF ATTACHMENTS

19-027

POLSINELLI

ORIGINAL

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

June 7, 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 – Midwest Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc., Total Renal Care, Inc. and Genesis KC Development, LLC (collectively, "DaVita") to submit the attached Application for Permit to establish a 12-station dialysis facility in Chicago, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Check for $2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Authorization to Access Information; and
5. Physician Referral Letter.

Thank you for your time and consideration of DaVita's application for permit. If you have any questions or need any additional information to complete your review of the DaVita's application for permit, please feel free to contact me.

Sincerely,

A M Cooper

Anne M. Cooper

Attachments