

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

OCT 09 2019

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Freeport Dialysis*			
Street Address: 615 Harrison Avenue			
City and Zip Code: Rockford, Illinois 61104			
County: Winnebago	Health Service Area: 1	Health Planning Area:	

*Clinic will be renamed Alpine Dialysis after relocation

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

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

Type of Ownership of Applicants

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

- 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

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

Name:	Mary J. Anderson
Title:	Divisional Vice President
Company Name:	DaVita Inc.
Address:	1131 N Galena Ave, Dixon, IL 61021
Telephone Number:	(815) 284-0595 ext 20
E-mail Address:	mary.j.anderson@davita.com
Fax Number:	(866) 594-1131

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Street Address: 615 Harrison Avenue			
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County: Winnebago	Health Service Area: 1	Health Planning Area:	

*Clinic will be renamed Alpine Dialysis after relocation

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

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

Type of Ownership of Applicants

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

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☐ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Telephone Number:	(815) 284-0595 ext 20
E-mail Address:	mary.j.anderson@davita.com
Fax Number:	(866) 594-1131

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Harrison Kishwaukee, L.L.C.
Address of Site Owner: 6801 Spring Creek Road, Rockford, Illinois 61114
Street Address or Legal Description of the Site: (EXC NLY & ELY 13078 SQ FT TO HARRISON AVE PAVING 77-01-0497) N 183 FT LYG ELY OF RR NW 1/4 SEC SEC: 02 TWP: 043 RANGE: 001
Parcel Number: 15-02-129-001
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: Renal Treatment Centers - Illinois, Inc.	
Address: 2000 16 th Street, Denver Colorado 80202	
<input type="checkbox"/> Non-profit Corporation <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 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 Renal Treatment Centers - Illinois, Inc. (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue the 10 station dialysis clinic located at 1028 South Kunkle Boulevard, Freeport, Illinois 61032 and establish an 8-station dialysis clinic to be located at 615 Harrison Avenue, Rockford, Illinois 61104. The proposed dialysis clinic will include approximately 5,200 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	\$1,437,000		\$1,437,000
Modernization Contracts			
Contingencies	\$143,700		\$143,700
Architectural/Engineering Fees	\$85,961		\$85,961
Consulting and Other Fees	\$60,400		\$60,400
Movable or Other Equipment (not in construction contracts)	\$461,880		\$461,880
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$1,268,539		\$1,268,539
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$3,457,480		\$3,457,480
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$2,188,941		\$2,188,941
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$1,268,539		\$1,268,539
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$3,457,480		\$3,457,480
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the dollar amount of all 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 \$ <u>2,081,803</u> .

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:
<input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>March 31, 2022</u> .
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.
APPEND DOCUMENTATION AS 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: <input type="checkbox"/> Cancer Registry NOT APPLICABLE <input type="checkbox"/> APORS NOT APPLICABLE <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits 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.**

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

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

Facility Bed Capacity and Utilization - 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:					

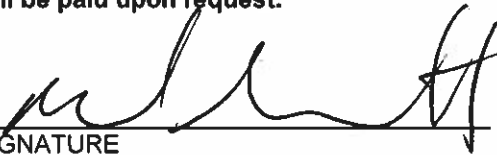
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of Renal Treatment Centers – Illinois, 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 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 fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Michael D. Staffieri
PRINTED NAME


President
PRINTED TITLE


SIGNATURE

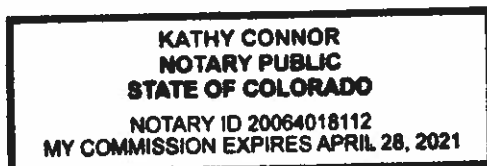
James K. Hilger
PRINTED NAME

Chief Accounting Officer and Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of October, 2019


Signature of Notary

Seal

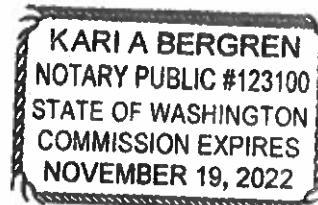


*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 3rd day of October 2019


Signature of Notary

Seal



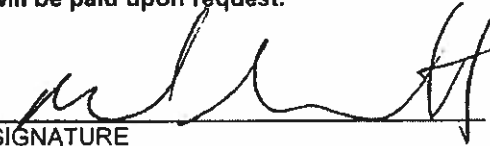
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

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

This Application is filed on the behalf of Renal Treatment Centers – Illinois, 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 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 fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Michael D. Staffieri
PRINTED NAME

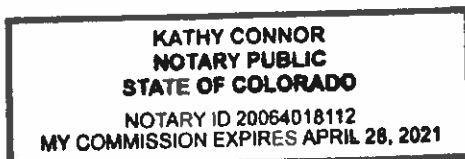
President
PRINTED TITLE

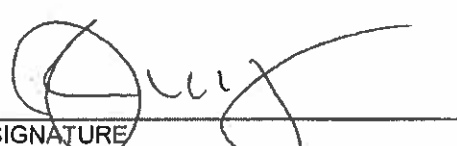
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Subscribed and sworn to before me
this 1st day of October, 2019


Signature of Notary

Seal




SIGNATURE

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PRINTED NAME

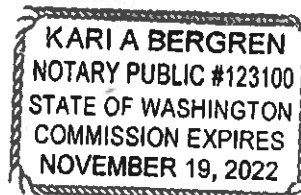
Chief Accounting Officer and Treasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 3rd day of October 2019


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

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

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

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

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

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	MET 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

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

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	10	8

- 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	
1110.230(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.

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

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]:

Page 19-

	terms and conditions
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$3,457,480	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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 36, 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 the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE 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 37.

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., and Renal Treatment Centers - Illinois, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

Renal Treatment Centers - Illinois, Inc. will be the operator of Alpine Dialysis. Alpine Dialysis is a trade name of Renal Treatment Centers - Illinois, 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.

File Number

5819-656-8



To all to whom these Presents Shall Come, Greeting:

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

RENAL TREATMENT CENTERS - ILLINOIS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON FEBRUARY 14, 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 29TH
day of NOVEMBER A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1833303456 verifiable until 11/29/2019

Authenticate at: <http://www.cyberdriveillinois.com>

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2018.

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

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



2391269 8300

SR# 20186216280

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock Secretary of State

Authentication: 203263018

Date: 08-16-18

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

The letter of intent to lease the facility located at 615 Harrison Avenue Rockford, Illinois 61104 is attached at Attachment – 2.



September 27, 2019

Bharat V Puri, SIOR
First Midwest Group, Inc.
6801 Spring Creek Road
Rockford, IL 61107

RE: LOI for a to be constructed building at approximately 615 Harrison Ave, Rockford, IL 61104

Dear Bharat:

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

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

<u>PREMISES:</u>	To be constructed single tenant building at approximately 615 Harrison Ave, Rockford, IL 61104 – Pin No: 15-02-129-001
<u>TENANT:</u>	Total Renal Care, Inc., or related entity to be named. Lease to be guaranteed by DaVita, Inc.
<u>LANDLORD:</u>	Harrison Kishwaukee, L.L.C., or a related entity to be named
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 5,200 SF of contiguous rentable square feet. Space shall be measured from outside of outside walls to middle of demising walls.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	\$24.50 psf NNN with ten percent (10%) increases every 5 years during the term and any options.
<u>ADDITIONAL EXPENSES:</u>	Landlord estimates that the CAMIT expenses during the first year of the term will be \$5.00 psf. Tenant's Prorata Share: 100% Tenant shall be responsible for its directly metered utility expenses.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property, which costs shall be amortized over their useful life and the annual amortized amount will be included in the operating expenses.
<u>POSSESSION AND RENT COMMENCEMENT:</u>	Landlord shall deliver Possession of the building certified pad (as indicated in Exhibit B) to the Tenant within the later of (a) 90 days from the waiver of Tenant's CON contingency or (b) June 30, 2020. Landlord shall have 90 days following Tenant's commencement of construction of the interior buildout to complete the Landlord's exterior Site Development Improvements. Rent Commencement shall be the earlier of the following two events (a) Tenant opening for business or (b) nine (9) months from delivery of Possession by Landlord and Tenant obtaining

building permits for its intended improvements. Landlord's delivery obligations hereunder shall be subject to force majeure.

LEASE FORM:

Tenant's standard lease form as starting point for negotiations.

USE:

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

Use is permitted within the premises zoning and there are not any OEA's or other documents that may impact tenancy.

PARKING:

- a) Landlord will provide a parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Handicapped stalls located near the front door to the Premises
- c) A patient drop off area, preferably covered

LANDLORD WORK:

Any on and off-site improvements (parking lot, landscaping, lighting, sewer, utilities, street, curb, gutter, paving, irrigation, common area lighting, certified pad, etc) as required by the municipality to issue permits for the performance of Landlord's Work or Tenant Work will be incorporated into Landlord's Work as indicated in Exhibit B. Landlord, at its sole cost, will prepare plans, specifications and working drawings for Landlord's Work ("Landlord's Plans") and the same will be subject to Tenant's approval. Landlord will perform Landlord's Work in a good and workmanlike manner in conformity with Landlord's Plans, as approved by Tenant. Landlord will promptly repair all latent or patent defects in Landlord's Work, at Landlord's sole cost and expense.

Landlord will be solely responsible for and will pay all impact fees, charges, costs, assessments, and exactions charged, imposed or assessed in connection with the development and construction of the Building or Premises, but not including building permit fees for construction of the Building.

TENANT IMPROVEMENTS:

Landlord will pay to Tenant an allowance ("Tenant Allowance") for costs incurred by Tenant in connection with the construction of the Building. The Tenant Allowance will be an amount equal to \$180.00 per square foot of the Building Floor Area, payable in monthly draws on the first day of each month during the performance of Tenant's Improvements. With each draw request, Tenant's General Contractor shall include sworn statements and lien waivers from each contractor and subcontractor for which payments are being made. At the time of Lease execution, Landlord and Tenant will enter into an escrow agreement or tri-party agreement providing for the payment of the Tenant Allowance (the "Security Agreement"). If Landlord does not fund the escrow or fails to make any payment of the Tenant Allowance on a timely basis, Tenant will have the right to terminate the Lease, stop construction of Tenant's Improvements and/or offset any unpaid amounts against Rent. The Security Agreement will authorize payment of damages or any applicable portion of Tenant's Costs from the account established for Tenant Allowance. Tenant's plans will be subject to Landlord's approval. Post letter of credit. Pay against sworn statements/lien waivers.

Building design shall be a mixture of brick, EIFS and glass. The colors shall be subject to LL's approval.

Tenant will have the right to convert any overage in Tenant Allowance to be used towards Tenant Improvements or rental abatement.

OPTION TO RENEW:

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

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all Landlord Work substantially completed within 120 days from the date on which Tenant commences construction of the Building, 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 120 day delivery period. Landlord's delivery obligations hereunder shall be subject to force majeure.

HOLDING OVER:

Tenant shall be obligated to pay the then current rate for the first ninety days and 125% of the then current rate for any holdover beyond ninety days.

TENANT SIGNAGE:

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

BUILDING HOURS:

As a single Tenant building, Tenant will have access 24 hours a day, seven days a week and will have direct control of HVAC and other utilities.

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.

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). Notwithstanding the foregoing, if any governmental law, ordinance or regulation goes into effect as a result of Tenant's change in use of the Premises, Tenant shall be responsible for the costs of bring the Premises into compliance with such.

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 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 local representative and shall pay a brokerage per a separate agreement.

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

Sincerely,
Matthew J. Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:

615 Harrison Ave, Rockford, IL 61104

AGREED TO AND ACCEPTED THIS 27th DAY OF SEPTEMBER 2019

By: Molly Ehlinger

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

AGREED TO AND ACCEPTED THIS 27th DAY OF SEPTEMBER 2019

By: [Signature]

Harrison-Kishwaukee, LLC
("Landlord")

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B

LANDLORD'S WORK

Certified Pad Work:

1. **Compaction.** The soils where the Building is to be located shall be compacted to 95% Standard Proctor at the time measured and certified by Landlord or its contractor.
2. **Zoning.** Any Special Use Permit required for the operation of the Premises for the Permitted Use.
3. **Utilities.** All utilities to be provided within five (5) feet of the building foundation. Landlord shall be responsible for all tap/connection and impact fees for all utilities. All utilities to be coordinated with Tenant's Architect.
4. **Plumbing.** Landlord shall stub the dedicated water line within five feet of the building foundation. Building sanitary drain size will be determined by Tenant's mechanical engineer based on total combined drainage fixture units (DFU's) for the entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation and within five feet from the building.
5. **Electrical.** Landlord shall extend the primary to the transformer location selected by the utility. Tenant shall be responsible for the secondary to the Building.
6. **Gas.** Landlord shall provide natural gas service, at a minimum will be rated to have 6' water column pressure and supply 800,000 BTU's. Natural gas pipeline shall be stubbed to within five feet of the building foundation.
7. **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 locations shall be coordinated with Tenant.
8. **Cable TV.** Landlord shall provide a single 2" PVC underground conduit entrance into Tenant's utility room to serve as a chase way for new cable television service. Entrance conduit location shall be coordinate with Tenant. Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate and grant right of access with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.
9. **Tenant's Building Permit.** Landlord shall complete any other work or requirements necessary for Tenant to obtain a permit for the construction of the Building shell and Tenant Improvements from the City of Rockford, Illinois or any other applicable authority from which Tenant must receive a permit for its work.

Notwithstanding anything to the contrary contained hereinabove, Tenant acknowledges that Landlord may not be able to complete the stub for the sanitary sewer service as part of the Certified Pad Work and that such work may be completed within thirty (30) days of the Actual Delivery Date of the Certified Pad.

Exterior Site Development Work:

1. **Handicap Accessibility.** Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the entrance to the Premises, including but not limited to, concrete curb cuts, ramps and walk approaches to/from the parking lot, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) handicapped stalls for units over 20 stations, handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Tenant's architectural plan in conjunction with Tenant's civil engineering and grading plans. If required, Landlord to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition accord to accessible standards.

2. 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 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 & construction details for trash and recycling;
- 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's signage;
- Site and parking to accommodate tractor trailer 8 wheel truck delivery access to service entrance;
- Ramps and curb depressions;
- Landscaping shrub and turf as required per municipality;
- 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;
- Final grade will be sloped away from Building.

3. Refuse Enclosure. Landlord to provide a minimum 6" thick reinforced concrete pad approximate 100 to 150 SF based on Tenant's requirements and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

4. Generator. Landlord to allow a generator to be installed onsite if required by code or Tenant choses to provide one.

5. Site Lighting. Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant's power panel. Location of pole fixtures per Landlord's civil plan to maximize illumination coverage across site. Parking lot lighting to include a timer (to be programmed to Tenant's hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Landlord house panel, if multi-tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

6. Parking Lot. Landlord shall provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.

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, birth baths or ice build ups potential.

Notwithstanding anything to the contrary contained herein, in order to avoid damage to the asphalt in the parking field during Tenant's construction of the Building, Landlord shall not commence the top course paving of the parking lot, including striping of the parking field ("Top Course Work") by the Exterior Date. The Top Course Work shall be completed within thirty (30) days of Tenant's commencement of Tenant's interior Improvement Work, provided that Tenant will provide Landlord with not less than thirty (30) days notice of its commencement of its interior Improvement Work. Notwithstanding the foregoing, if Landlord has not then received notice from Tenant regarding the commencement of the Tenant's interior Improvement Work, Landlord may commence the Top Course Work on October 15.

7. Site Signage. Landlord to allow for an illuminated site and/or façade mounted signs. Power and a receptacle to be installed for Tenant's pylon/monument sign.

EXHIBIT C

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 615 Harrison Ave, Rockford, IL 61104

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

____ Yes X No

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

____ Yes X No

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

____ Yes X No

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

____ Yes X No

Harrison-Kishwaukee, LLC
(Please add landlord or entity name)

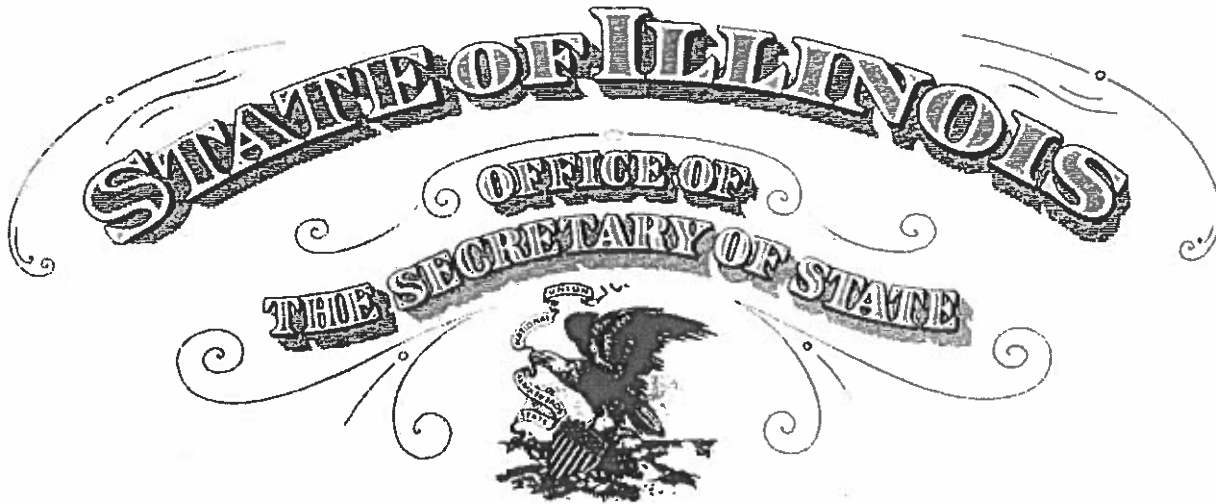
By: [Signature]Print: Merwin L. KaysIts: Corporate CounselDate: 9/27/19

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

The Illinois Certificate of Good Standing for Renal Treatment Centers - Illinois, Inc. is attached at Attachment – 3.

File Number

5819-656-8



To all to whom these Presents Shall Come, Greeting:

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

RENAL TREATMENT CENTERS - ILLINOIS, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON FEBRUARY 14, 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 29TH day of NOVEMBER A.D. 2018 .

Jesse White

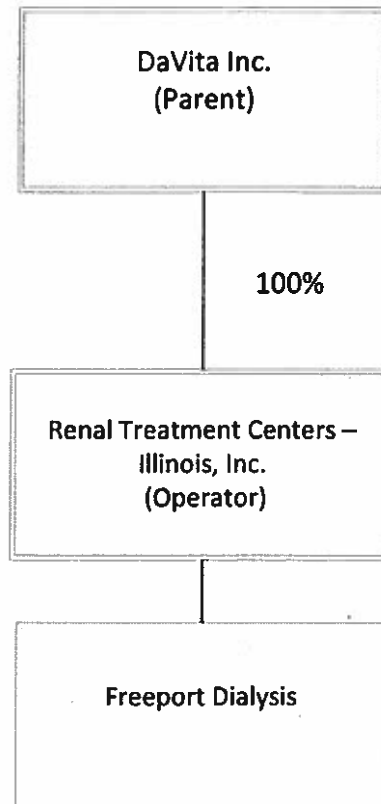
SECRETARY OF STATE

Authentication #: 1833303456 verifiable until 11/29/2019
Authenticate at: <http://www.cyberdriveillinois.com>

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

The organizational chart for DaVita Inc., Renal Treatment Centers - Illinois, Inc. and Alpine Dialysis is attached at Attachment – 4.

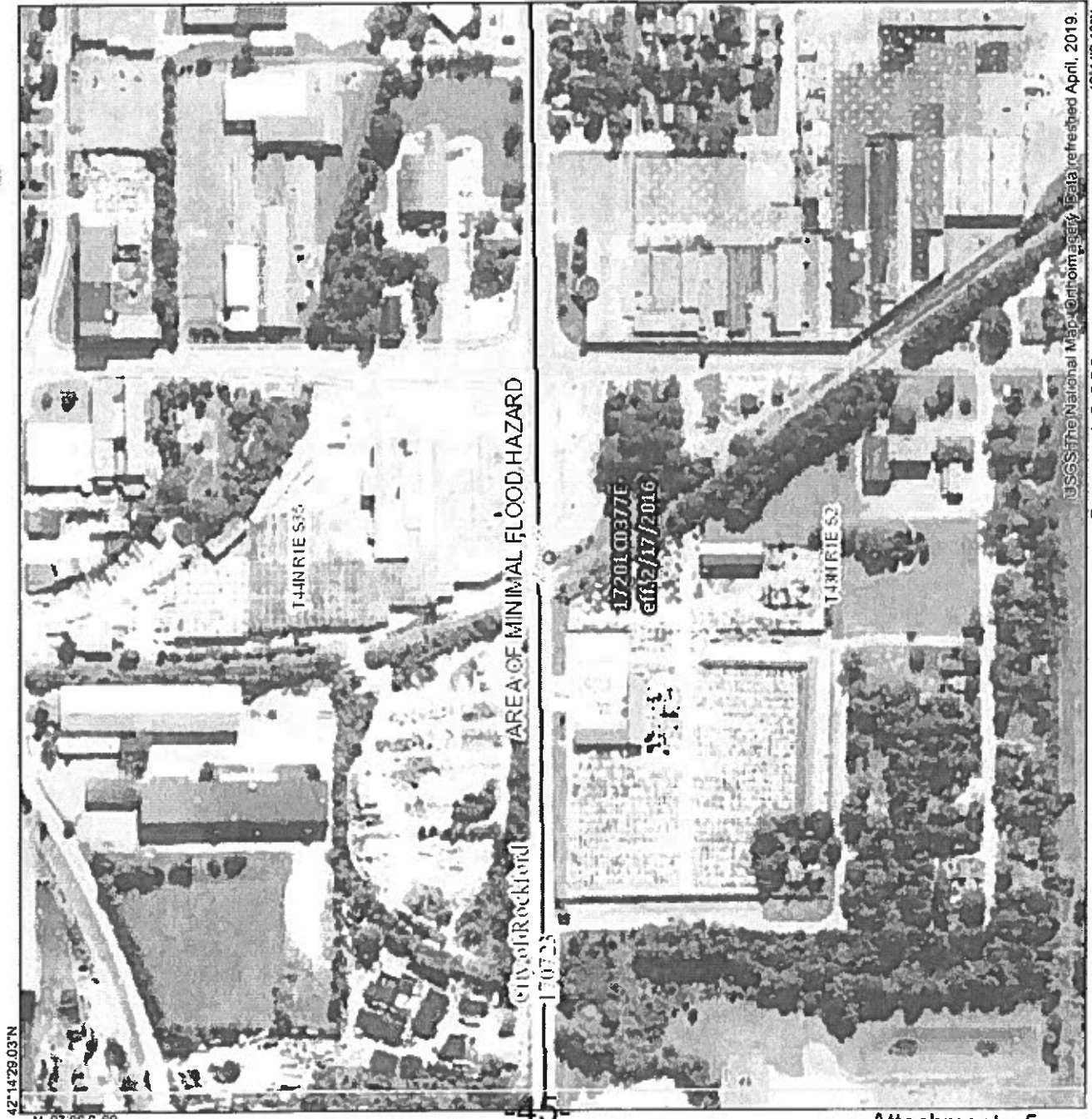
**Freeport Dialysis
Organizational Chart**



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 615 Harrison Avenue, Rockford, Illinois 61104. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17201C0377E reveals that this area is not included in the flood plain.

National Flood Hazard Layer FIRMette



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, AP9
	With BFE or Depth Zone AE, AO, AH, VE, AP Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levee, See Notes, Zone X
	Area with Flood Risk due to Levee Zone D
	Area of Minimal Flood Hazard Zone X
OTHER AREAS	Effective LOMRs
	Area of Undetermined Flood Hazard Zone D
GENERAL STRUCTURES	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
OTHER FEATURES	Cross Sections with 1% Annual Chance
	Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
MAP PANELS	Profile Baseline
	Hydrographic Feature
	Digital Data Available
	No Digital Data Available
	Unmapped



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

This map complies with FEMA's standards for the use of digital flood maps. If it is not valid 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 9/27/2019 at 10:45:06 AM 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 valid 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.

#19-050

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

The Applicants submitted a request for determination that the proposed project is compliant with the Historic Resources Preservation Act. A copy of the letter is attached at Attachment – 6.



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

October 4, 2019

Anne M. Cooper
(312) 873-3606
(312) 276-4317 Direct Fax
acooper@polsinelli.com

Via Federal Express

Robert F. Appleman
Deputy State Historic Preservation Officer
State Historic Preservation Office
Illinois Department of Natural Resources
Attn: Review & Compliance
1 Old State Capitol Plaza
Springfield, Illinois 62701

Re: Historic Preservation Act Determination – Alpine Dialysis

Dear Mr. Appleman:

This office represents DaVita Inc. and Renal Treatment Centers – Illinois, Inc. (the “Requestors”). Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, Requestors seek a formal determination from the Illinois Historic Preservation Agency as to whether Requestors’ proposed project to establish an in-center hemodialysis clinic to be located at 615 Harrison Avenue, Rockford, Illinois 61104 (“Proposed Project”) affects historic resources.

1. Project Description and Address

The Requestor is seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish an in-center hemodialysis clinic to be located at 615 Harrison Avenue, Rockford, Illinois 61104. The site of the Proposed Project will be located on a currently vacant lot and will involve construction of a new building that will house the dialysis center.

2. Topographical or Metropolitan Map

A metropolitan map showing the location of the Proposed Project is attached at Attachment 1.

polsinelli.com

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Nashville New York Phoenix
St. Louis San Francisco Silicon Valley Washington, D.C. Wilmington
Polsinelli LLP in California



Mr. Robert F. Appleman
October 4, 2019
Page 2

3. Historic Architectural Resources Geographic Information System

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

4. Photographs of Standing Buildings/Structure

Photographs of the site are attached at Attachment 3.

5. Addresses for Buildings/Structures

The Proposed Project will be located at 615 Harrison Avenue, Rockford, Illinois 61104.

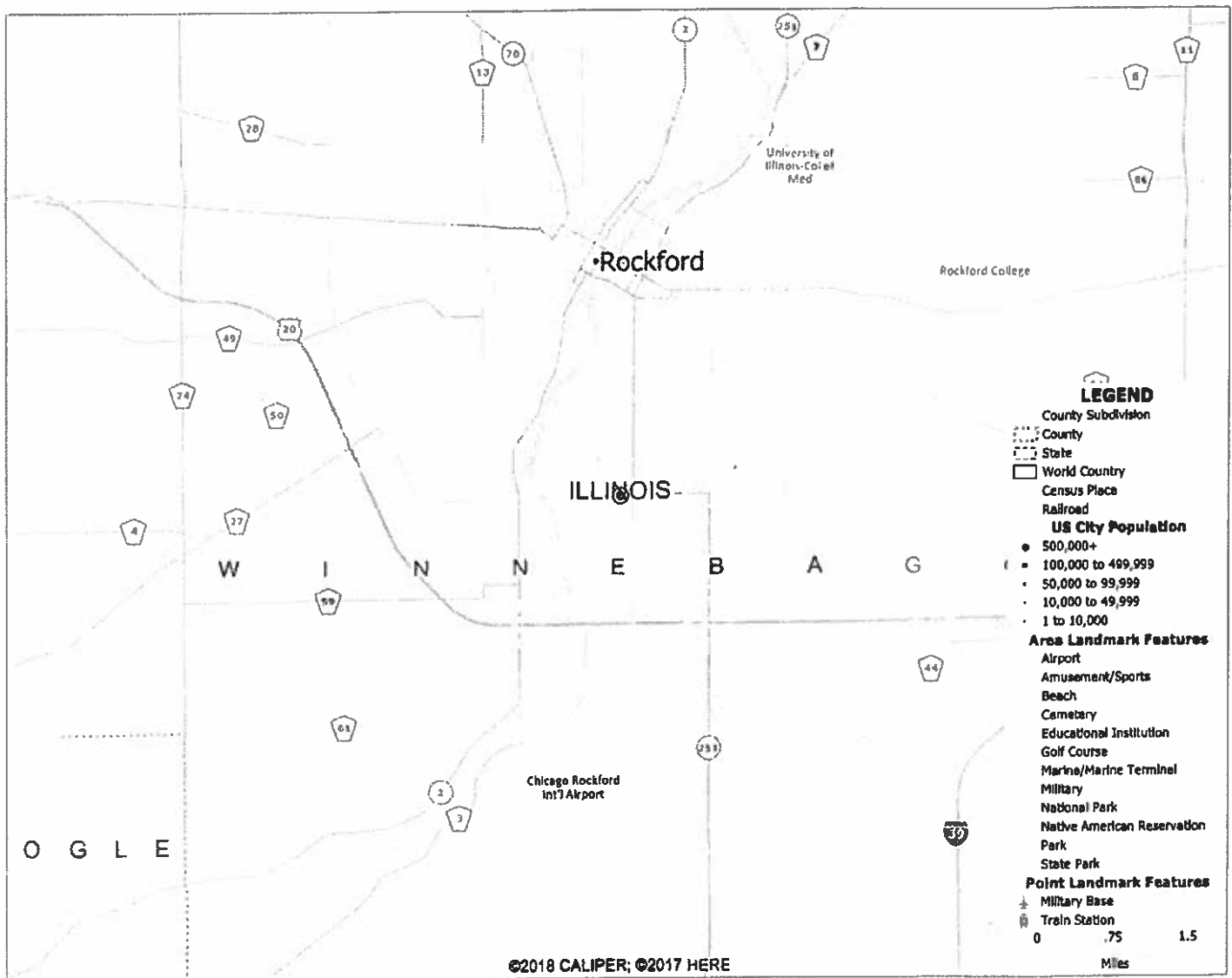
Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-873-3606 or acooper@polsinelli.com

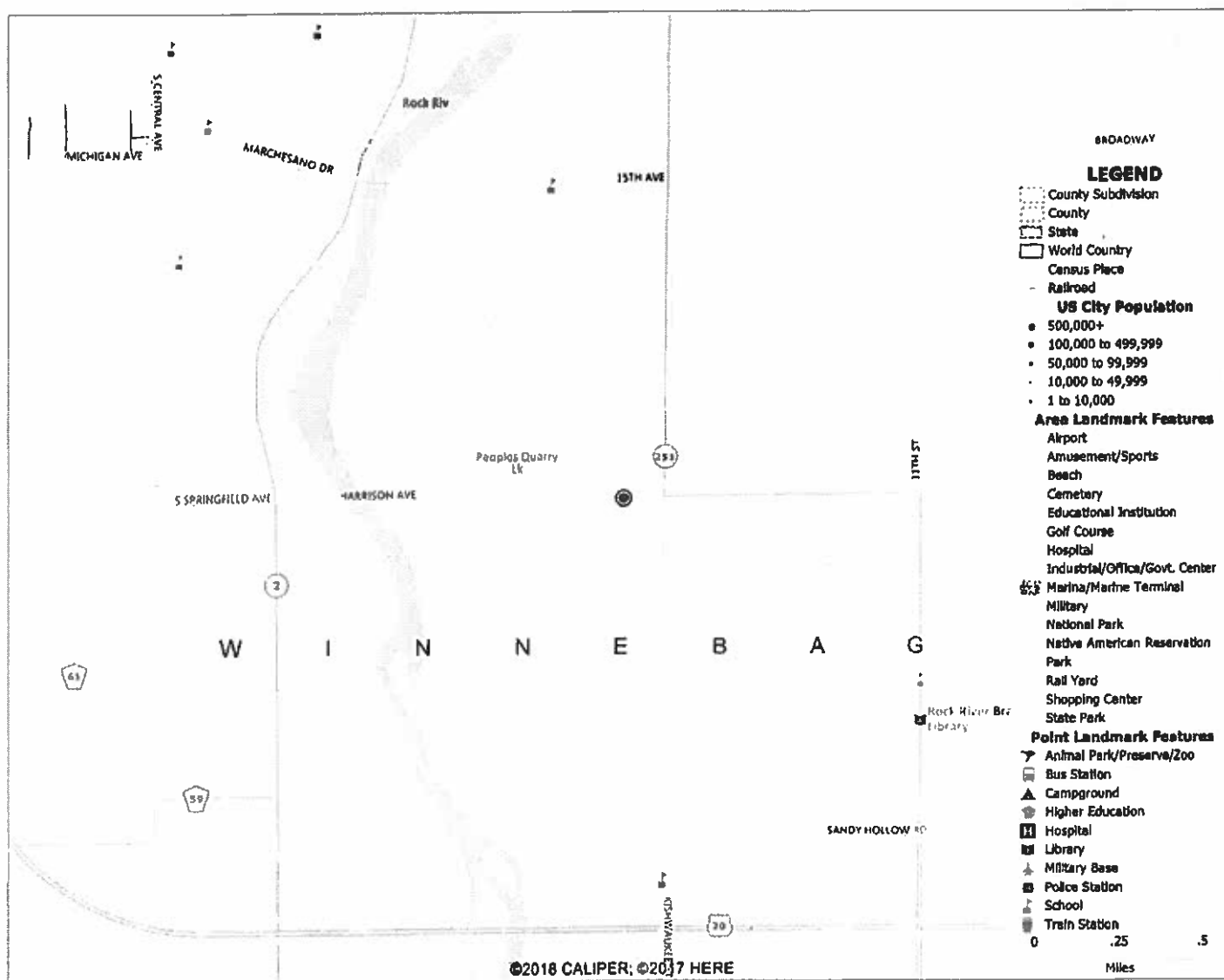
Sincerely,

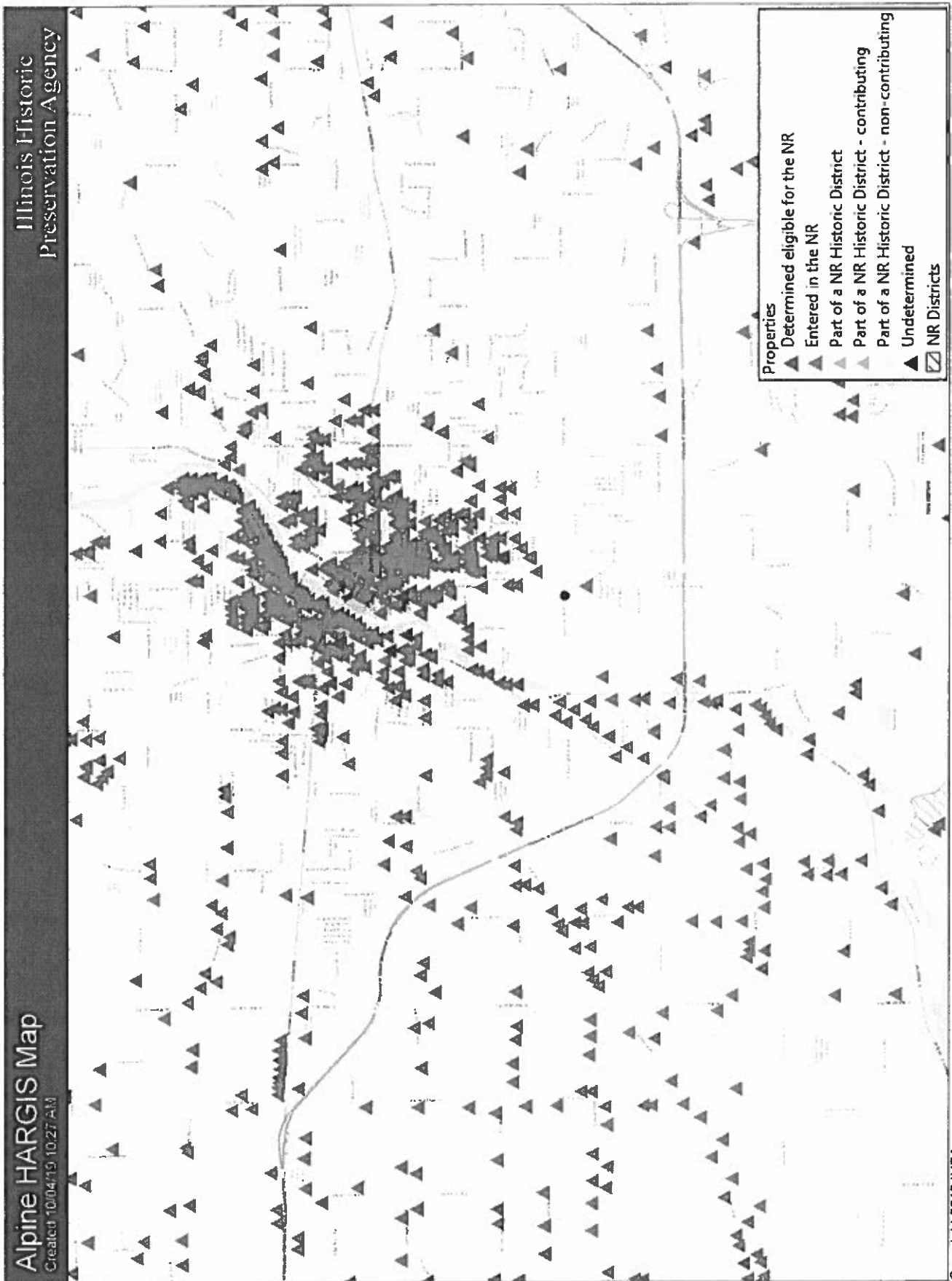
A handwritten signature in cursive script that reads "Anne M. Cooper".

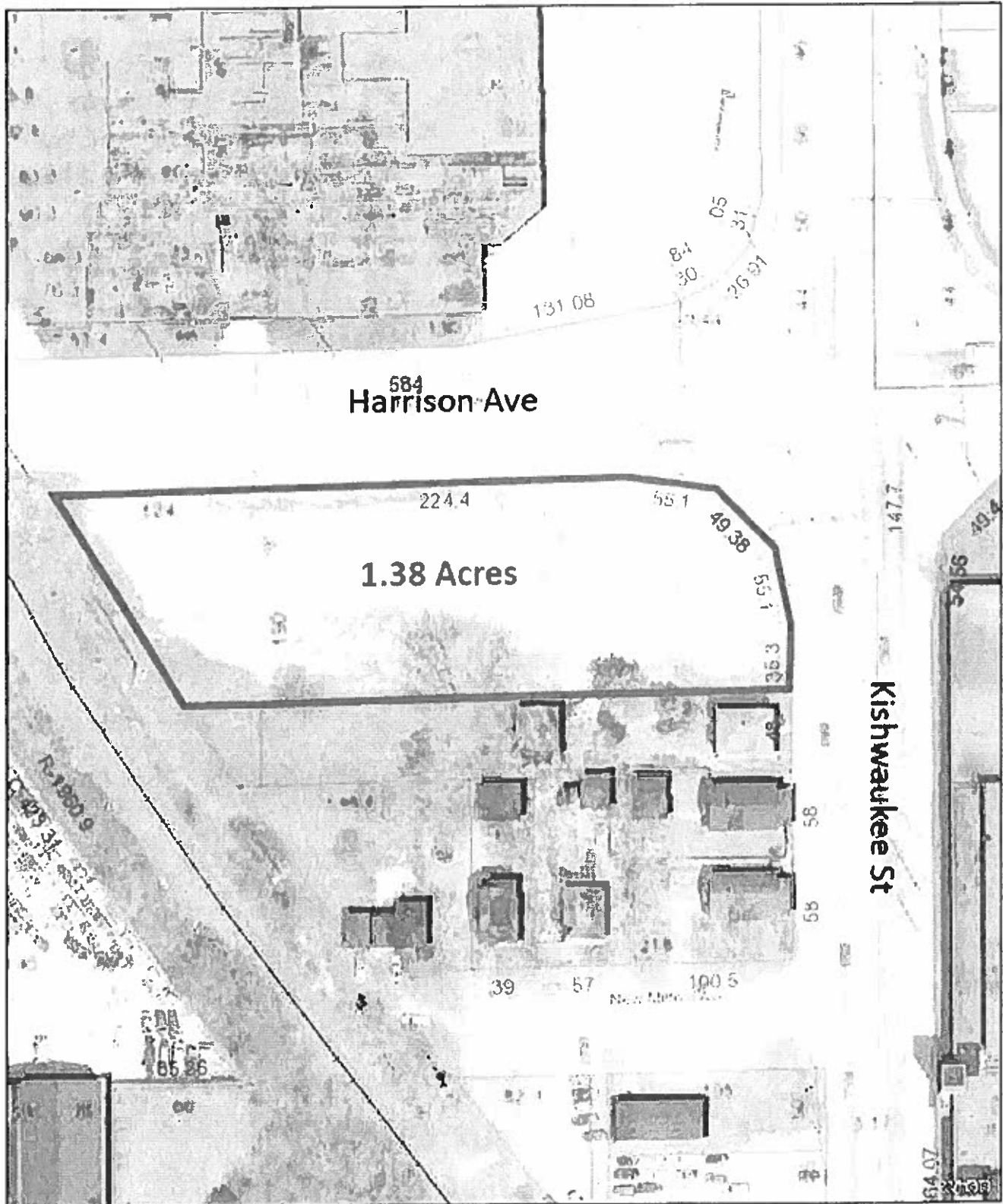
Anne M. Cooper

Attachments









We have a great number of persons who are not only
 in the same line of business as the others, but who are
 engaged in the same line of business as the others.

0 75 150 Feet

SCALE: 1 943

WIN-GIS

Mathematics Subject Classification (2000): 47D03, 47D05, 47D07, 47D08, 47D10, 47D11, 47D15, 47D20, 47D25, 47D30, 47D35, 47D40, 47D45, 47D50, 47D55, 47D60, 47D65, 47D70, 47D75, 47D80, 47D85, 47D90, 47D95, 47D99, 47D100, 47D105, 47D110, 47D115, 47D120, 47D125, 47D130, 47D135, 47D140, 47D145, 47D150, 47D155, 47D160, 47D165, 47D170, 47D175, 47D180, 47D185, 47D190, 47D195, 47D200, 47D205, 47D210, 47D215, 47D220, 47D225, 47D230, 47D235, 47D240, 47D245, 47D250, 47D255, 47D260, 47D265, 47D270, 47D275, 47D280, 47D285, 47D290, 47D295, 47D300, 47D305, 47D310, 47D315, 47D320, 47D325, 47D330, 47D335, 47D340, 47D345, 47D350, 47D355, 47D360, 47D365, 47D370, 47D375, 47D380, 47D385, 47D390, 47D395, 47D400, 47D405, 47D410, 47D415, 47D420, 47D425, 47D430, 47D435, 47D440, 47D445, 47D450, 47D455, 47D460, 47D465, 47D470, 47D475, 47D480, 47D485, 47D490, 47D495, 47D500, 47D505, 47D510, 47D515, 47D520, 47D525, 47D530, 47D535, 47D540, 47D545, 47D550, 47D555, 47D560, 47D565, 47D570, 47D575, 47D580, 47D585, 47D590, 47D595, 47D600, 47D605, 47D610, 47D615, 47D620, 47D625, 47D630, 47D635, 47D640, 47D645, 47D650, 47D655, 47D660, 47D665, 47D670, 47D675, 47D680, 47D685, 47D690, 47D695, 47D700, 47D705, 47D710, 47D715, 47D720, 47D725, 47D730, 47D735, 47D740, 47D745, 47D750, 47D755, 47D760, 47D765, 47D770, 47D775, 47D780, 47D785, 47D790, 47D795, 47D800, 47D805, 47D810, 47D815, 47D820, 47D825, 47D830, 47D835, 47D840, 47D845, 47D850, 47D855, 47D860, 47D865, 47D870, 47D875, 47D880, 47D885, 47D890, 47D895, 47D900, 47D905, 47D910, 47D915, 47D920, 47D925, 47D930, 47D935, 47D940, 47D945, 47D950, 47D955, 47D960, 47D965, 47D970, 47D975, 47D980, 47D985, 47D990, 47D995, 47D1000, 47D1005, 47D1010, 47D1015, 47D1020, 47D1025, 47D1030, 47D1035, 47D1040, 47D1045, 47D1050, 47D1055, 47D1060, 47D1065, 47D1070, 47D1075, 47D1080, 47D1085, 47D1090, 47D1095, 47D1100, 47D1105, 47D1110, 47D1115, 47D1120, 47D1125, 47D1130, 47D1135, 47D1140, 47D1145, 47D1150, 47D1155, 47D1160, 47D1165, 47D1170, 47D1175, 47D1180, 47D1185, 47D1190, 47D1195, 47D1200, 47D1205, 47D1210, 47D1215, 47D1220, 47D1225, 47D1230, 47D1235, 47D1240, 47D1245, 47D1250, 47D1255, 47D1260, 47D1265, 47D1270, 47D1275, 47D1280, 47D1285, 47D1290, 47D1295, 47D1300, 47D1305, 47D1310, 47D1315, 47D1320, 47D1325, 47D1330, 47D1335, 47D1340, 47D1345, 47D1350, 47D1355, 47D1360, 47D1365, 47D1370, 47D1375, 47D1380, 47D1385, 47D1390, 47D1395, 47D1400, 47D1405, 47D1410, 47D1415, 47D1420, 47D1425, 47D1430, 47D1435, 47D1440, 47D1445, 47D1450, 47D1455, 47D1460, 47D1465, 47D1470, 47D1475, 47D1480, 47D1485, 47D1490, 47D1495, 47D1500, 47D1505, 47D1510, 47D1515, 47D1520, 47D1525, 47D1530, 47D1535, 47D1540, 47D1545, 47D1550, 47D1555, 47D1560, 47D1565, 47D1570, 47D1575, 47D1580, 47D1585, 47D1590, 47D1595, 47D1600, 47D1605, 47D1610, 47D1615, 47D1620, 47D1625, 47D1630, 47D1635, 47D1640, 47D1645, 47D1650, 47D1655, 47D1660, 47D1665, 47D1670, 47D1675, 47D1680, 47D1685, 47D1690, 47D1695, 47D1700, 47D1705, 47D1710, 47D1715, 47D1720, 47D1725, 47D1730, 47D1735, 47D1740, 47D1745, 47D1750, 47D1755, 47D1760, 47D1765, 47D1770, 47D1775, 47D1780, 47D1785, 47D1790, 47D1795, 47D1800, 47D1805, 47D1810, 47D1815, 47D1820, 47D1825, 47D1830, 47D1835, 47D1840, 47D1845, 47D1850, 47D1855, 47D1860, 47D1865, 47D1870, 47D1875, 47D1880, 47D1885, 47D1890, 47D1895, 47D1900, 47D1905, 47D1910, 47D1915, 47D1920, 47D1925, 47D1930, 47D1935, 47D1940, 47D1945, 47D1950, 47D1955, 47D1960, 47D1965, 47D1970, 47D1975, 47D1980, 47D1985, 47D1990, 47D1995, 47D2000, 47D2005, 47D2010, 47D2015, 47D2020, 47D2025, 47D2030, 47D2035, 47D2040, 47D2045, 47D2050, 47D2055, 47D2060, 47D2065, 47D2070, 47D2075, 47D2080, 47D2085, 47D2090, 47D2095, 47D2100, 47D2105, 47D2110, 47D2115, 47D2120, 47D2125, 47D2130, 47D2135, 47D2140, 47D2145, 47D2150, 47D2155, 47D2160, 47D2165, 47D2170, 47D2175, 47D2180, 47D2185, 47D2190, 47D2195, 47D2200, 47D2205, 47D2210, 47D2215, 47D2220, 47D2225, 47D2230, 47D2235, 47D2240, 47D2245, 47D2250, 47D2255, 47D2260, 47D2265, 47D2270, 47D2275, 47D2280, 47D2285, 47D2290, 47D2295, 47D2300, 47D2305, 47D2310, 47D2315, 47D2320, 47D2325, 47D2330, 47D2335, 47D2340, 47D2345, 47D2350, 47D2355, 47D2360, 47D2365, 47D2370,

10/4/2019

Harrison Ave - Google Maps

Google Maps Harrison Ave



Image capture: May 2018 © 2019 Google

Rockford, Illinois

Google

Street View - May 2018

Union
Line



Rockford, Illinois

10/4/2019

Harrison Ave - Google Maps

Harrison Ave

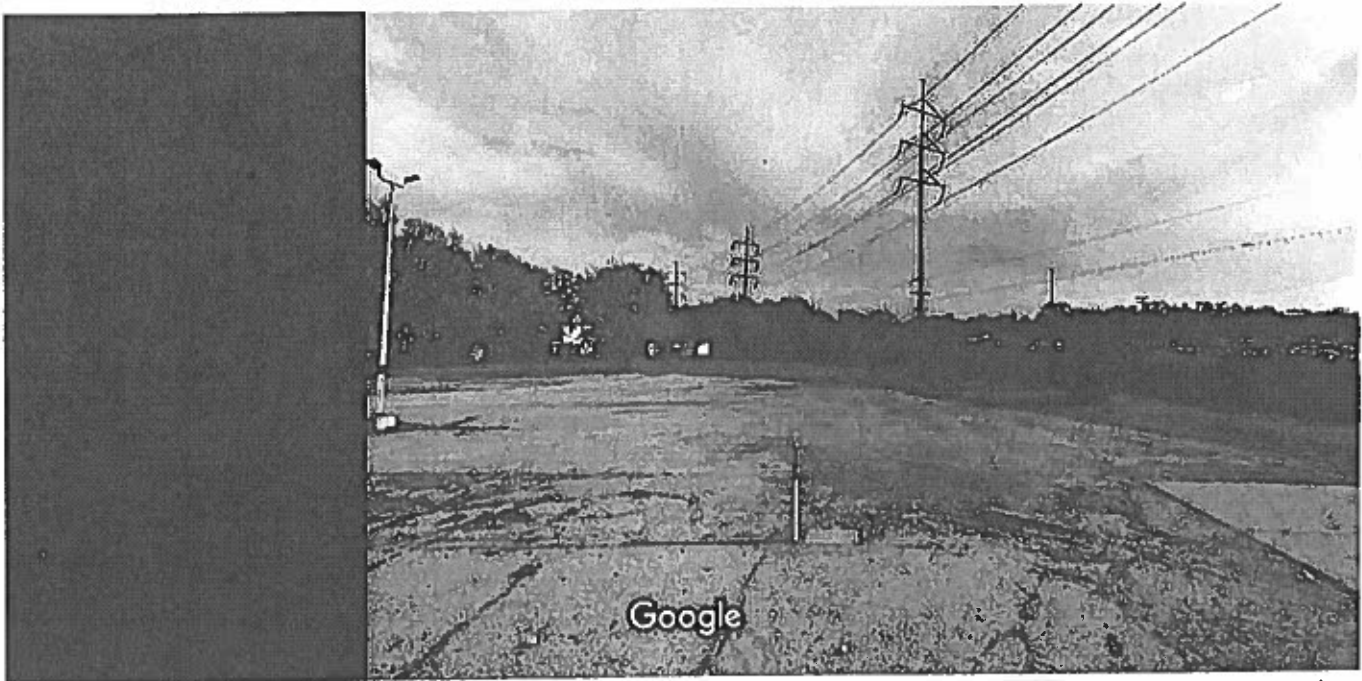
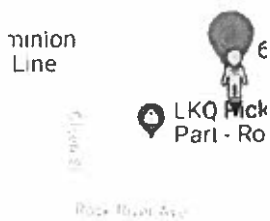


Image capture: May 2018 © 2019 Google

Rockford, Illinois



Street View - May 2018



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	\$1,437,000		\$1,437,000
Contingencies	\$143,700		\$143,700
Architectural/Engineering Fees	\$85,961		\$85,961
Consulting and Other Fees	\$60,400		\$60,400
Moveable and Other Equipment			
Communications	\$88,841		\$88,841
Water Treatment	\$109,867		\$109,867
Bio-Medical Equipment	\$18,291		\$18,291
Clinical Equipment	\$144,253		\$144,253
Clinical Furniture/Fixtures	\$19,085		\$19,085
Lounge Furniture/Fixtures	\$5,455		\$5,455
Storage Furniture/Fixtures	\$10,323		\$10,323
Business Office Fixtures	\$31,238		\$31,238
General Furniture/Fixtures	\$24,827		\$24,827
Signage	\$9,700		\$9,700
Total Moveable and Other Equipment	\$461,880		\$461,880
Fair Market Value of Leased Space	\$1,268,539		\$1,268,539
Total Project Costs	\$3,457,480		\$3,457,480

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

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

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

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

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
17-014	Rutgers Park Dialysis	Establishment	09/30/2020
17-016	Salt Creek Dialysis	Establishment	12/31/2019
17-029	Melrose Village Dialysis	Establishment	07/31/2020
17-049	Northgrove Dialysis	Establishment	02/29/2020
17-062	Auburn Park Dialysis	Establishment	02/29/2020
17-063	Hickory Creek Dialysis	Establishment	11/30/2019
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
18-017	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							
Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$3,457,480		5,200	5,200			
Total Clinical	\$3,457,480		5,200	5,200			
NON REVIEWABLE							
Administrative							
Total Non-Reviewable							
TOTAL	\$3,457,480		5,200	5,200			

Section II, Discontinuation
Criterion 1110.290(a), General

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "State Board") to discontinue the 10 station dialysis clinic located at 1028 Kunkle Avenue, Freeport, Illinois known as Freeport Dialysis and to establish an 8 station dialysis clinic to be located at 615 Harrison Avenue, Rockford, Illinois to be known as Alpine Dialysis.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: March 31, 2020 though the Applicants reserve the right to extend such date based on coordination of services with other clinics.
4. The Applicants lease space for Freeport Dialysis from a third-party landlord. As a result, the Applicants will have no control over the use of space after discontinuation of Freeport Dialysis.
5. All medical records of patients of the Freeport Dialysis will be transferred to another nearby DaVita clinic location.
6. Attached as Attachment – 10A is the certification by Michael D. Staffieri, Chief Operating Officer of DaVita Inc. that all questionnaires and data required by the HFSRB or DPH (e.g., annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.



Richard H. 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 all questionnaires and data required by the HFSRB or DPH (e.g., annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

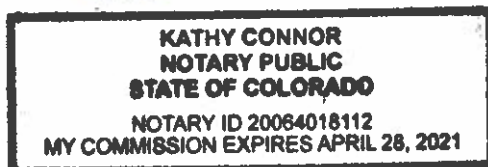
Sincerely,

A handwritten signature in black ink, appearing to read "Michael D. Staffieri".

Print Name: Michael D. Staffieri
Its: Chief Operating Officer, DaVita Inc.
President, Renal Treatment Centers - Illinois, Inc.

Subscribed and sworn to me
This 1st day of October, 2019

A handwritten signature in blue ink, appearing to read "Kathy Connor".

Notary Public

Section II, Discontinuation**Criterion 1110.290(b), Reason for Discontinuation**

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. The Applicants have been aware of a compelling need for services in Rockford for some time now and have documented that need with support from community stakeholders. Accordingly, the Applicants propose to discontinue Freeport Dialysis and relocate 8 stations to Rockford where a need for additional stations exists.

Section II, Discontinuation

Criterion 1110.290(c), Impact on Access

1. Based upon utilization trends as well as the need for station availability during the first two shifts, the Applicants determined 12 stations are required to adequately serve the Freeport community. In conjunction with the discontinuation of Freeport Dialysis, DaVita will file a certificate of need application to expand the Driftwood Dialysis clinic by one station for a total of twelve stations to address the need for dialysis in the Freeport community.
2. A copy of the notice of clinic closure published in the Freeport Journal Standard is attached at Attachment – 10B.

Anne Cooper

To: Lynanne Hike
Subject: RE: Thank you for placing your order with us W0162210

From: Lynanne Hike [mailto:Lynanne.Hike@davita.com]
Sent: Tuesday, April 23, 2019 12:50 PM
To: Anne Cooper
Subject: FW: Thank you for placing your order with us W0162210

From: classifieds@journalstandard.com [mailto:classifieds@journalstandard.com]
Sent: Tuesday, April 23, 2019 12:48 PM
To: Lynanne Hike <Lynanne.Hike@davita.com>
Subject: Thank you for placing your order with us W0162210

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

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

THANK YOU for your ad submission!

This is your confirmation that your order has been submitted. Below are the details of your transaction. Please save this confirmation for your records.

Job Details

Order Number:
W0162210
Business Type:
General
Ad Size:
Enhanced Online Listing
Ad Cost:
\$9.99
Subtotal:
Tax Total:
Total Cost:
\$9.99
Payment Type:
Visa

Account Details

Lynanne Hike
417 Ware Ave.
Rockford, IL 61108
815-397-0713
lynanne.hike@davita.com
DaVita
Credit Card - Visa
*****1256

Schedule for ad number W01622100**Closure of DaVita Freeport**

DaVita Inc. and Renal Treatment Centers-Illinois, Inc. (collectively "DaVita") intend to discontinue Freeport Dialysis after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). DaVita will file the required Certificate of Need of Exemption application with the HFSRB on or about May 5, 2019. The expected closure date will be October 31, 2019. A copy of the application will be available on the HFSRB website (www.2.illinois.gov/sites/hfsrb) after the application has been deemed complete by the HFSRB.

CONFIDENTIALITY NOTICE: THIS MESSAGE IS CONFIDENTIAL, INTENDED FOR THE NAMED RECIPIENT(S) AND MAY CONTAIN INFORMATION THAT IS (I) PROPRIETARY TO THE SENDER, AND/OR, (II) PRIVILEGED, CONFIDENTIAL, AND/OR OTHERWISE EXEMPT FROM DISCLOSURE UNDER APPLICABLE STATE AND FEDERAL LAW, INCLUDING, BUT NOT LIMITED TO, PRIVACY STANDARDS IMPOSED PURSUANT TO THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"). IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE (I) NOTIFY US IMMEDIATELY BY REPLY E-MAIL OR BY TELEPHONE AT (855.472.9822), (II) REMOVE IT FROM YOUR SYSTEM, AND (III) DESTROY THE ORIGINAL TRANSMISSION AND ITS ATTACHMENTS WITHOUT READING OR SAVING THEM. THANK YOU.

-DaVita Inc-

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the discontinuation of the 10 station dialysis clinic located at 1028 Kunkle Avenue, Freeport, Illinois known as Freeport Dialysis and the establishment of an 8 station dialysis clinic located at 615 Harrison Avenue, Rockford, Illinois 61104 to be known as Alpine Dialysis.

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 and was previously included in its Midway Dialysis CON application (Proj. No.19-027). 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.

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.

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, 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 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

⁷ Id. at 322.

honoring retired and active-duty service members and works to help them feel welcome in the community and to transition from life in the military to life as teammates at DaVita.

- **Workplace Awards.** In April 2018, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the eleventh consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2018, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the fourteenth year in a row. DaVita received a Gold LearningElite award from Chief Learning Officer Magazine, which recognized DaVita's exemplary learning and development programs. DaVita has been among the LearningElite for the past six years, and this was its first Gold level recognition. DaVita was one of more than 100 companies from ten industry sectors to join the inaugural 2018 Bloomberg Gender-Equality Index for creating a majority diverse Board of Directors. The index measures gender equality across internal company statistics, employee policies, external community support and engagement and gender-conscious product offerings. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies of 2019 – for the twelfth consecutive year and thirteenth year overall.

Quality Initiatives

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

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

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

- 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 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 developing 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, when 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 NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.

- 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.
- 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. 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.

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 Communities 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, Jordan 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.

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 – 11A. 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 – 11B.

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

DaVita 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		FREEPOR	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	

63761192.1

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 Creek Dialysis	214 COLLINS STREET		JOLIET	WILL	IL	60432	
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEY	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	62850-1150	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

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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 Dialysis	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		

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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	
Stoncrest 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	

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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



Richard H. 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 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Renal Treatment Centers - Illinois, Inc. in the State of Illinois during the three year period prior to filing this application.

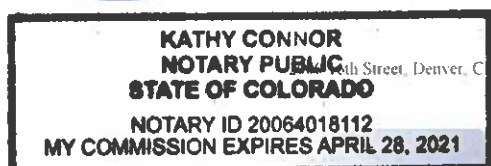
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J) I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. 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,

A handwritten signature in black ink, appearing to read "Michael D. Staffieri", is written over a horizontal line.

Print Name: Michael D. Staffieri
Its: Chief Operating Officer, DaVita Inc.
President, Renal Treatment Centers - Illinois, Inc.

Subscribed and sworn to me
This 1st day of October, 2019

A handwritten signature in blue ink, appearing to read "Kathy Connor", is written over a horizontal line.
Notary Public

1111 South Street, Denver, CO 80202 | P (800) 244-0680 | F (310) 536-2675 | DaVita.com

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

Purpose of Project

1. The Alpine Dialysis patient service area ("PSA") is located on the south side of Rockford, which is an economically disadvantaged community. The percentage of PSA residents living below the Federal Poverty Level ("FPL") is nearly twice that of the State. Further, this community has significant African-American (15.6%) and Hispanic (19.3%) populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30%

increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose the relocation of 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by one station (for a total of 12 dialysis stations in Freeport).

Based upon utilization trends, the Applicants determined 12 stations are required to adequately serve the Freeport community

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with 21% percent of residents living below the Federal Poverty Level ("FPL") and a third of residents living below 150% of the FPL (one and a half times greater than the State).

Syed Ahmed, M.D. with Rockford Nephrology Associates, LLC is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

2. A map of the market area for the proposed facility is attached at Attachment – 12E. The market area encompasses an approximate 15 mile radius around the proposed facility. The boundaries of the market area are as follows:
 - North approximately 15 mile radius to Rockton, IL.
 - Northeast approximately 15 mile radius to Candlewick Lake, IL.
 - East approximately 15 mile radius to Belvidere, IL.
 - Southeast approximately 15 mile radius to Kirkland, IL.
 - South approximately 15 mile radius to Hillcrest, IL.
 - Southwest approximately 15 mile radius time to Leaf River, IL.
 - West approximately 15 mile radius to German Valley, IL.
 - Northwest approximately 15 mile radius to Pecatonica, IL.

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

3. The minimum size of a GSA a 15 mile radius and all of the projected patients reside within a 15 mile radius of the proposed facility, located in Rockford, Illinois. Dr. Ahmed expects at least 45 of the

current 73 selected CKD patients, all of whom reside within 3 miles of the relocated, will require dialysis within 12 to 24 months of project completion.

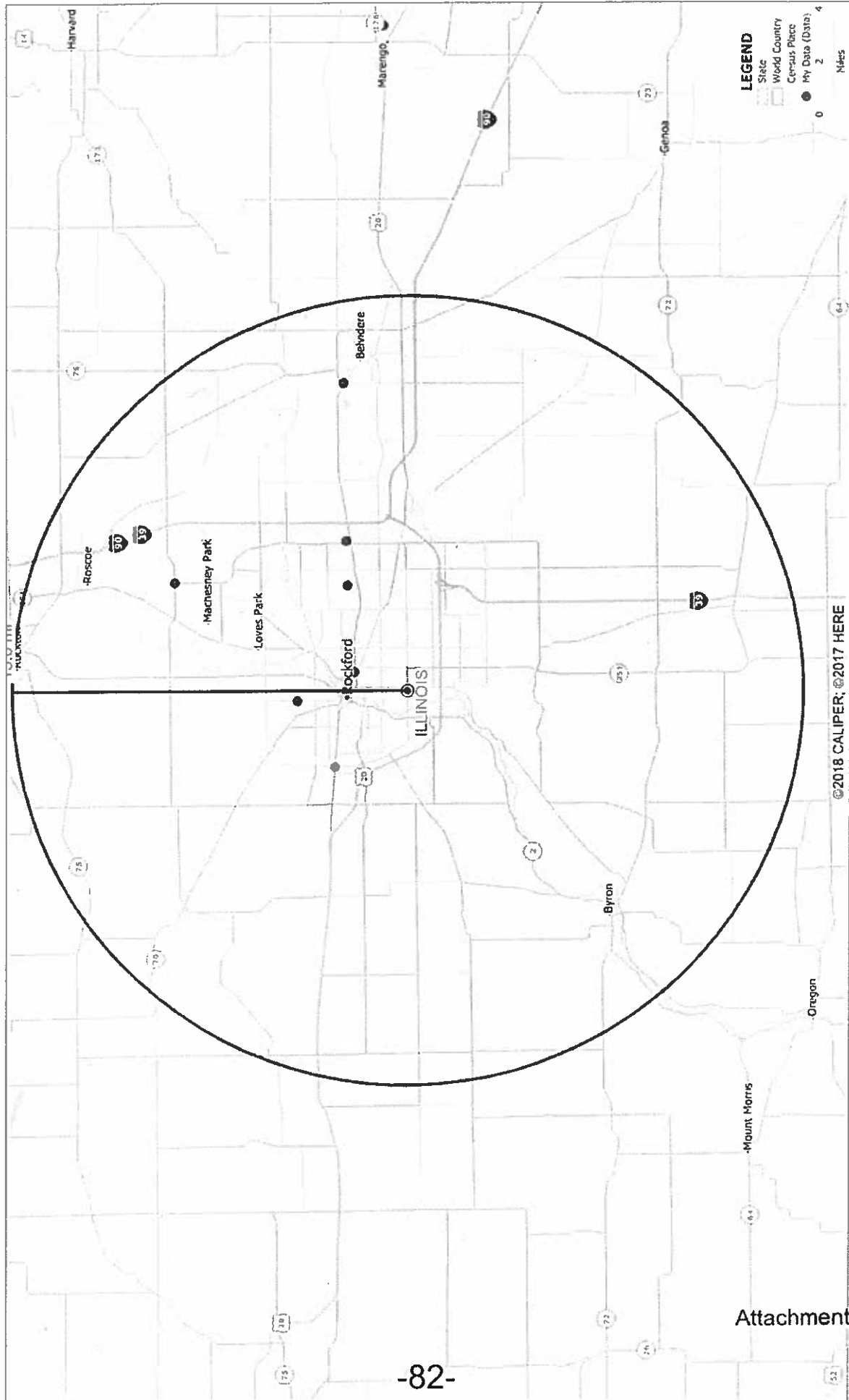
4. Source Information

CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Oct. 4, 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, 16 (2018) *available at* https://www.usrds.org/2018/download/2018_Volume_1_CKD_in_the_US.pdf (last visited Oct. 4, 2019).

THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE 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 Oct. 4, 2019).

5. The proposed project to transfer stations from the underutilized Freeport Dialysis clinic to Rockford will better allocate stations within HSA 1 and will improve access to dialysis services to the residents of south side of Rockford, Illinois. Given the high concentration of ESRD and CKD in the GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.



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

Alternatives

The Applicants considered three options prior to determining to discontinue its Freeport Dialysis clinic and establish an eight station dialysis clinic in Rockford. The options considered are as follows:

1. Maintain the Status Quo/Do Nothing
2. Utilize Existing Facilities.
3. Relocate Freeport Dialysis.

After exploring these options, which are discussed in more detail below, the Applicants decided to discontinue its Freeport Dialysis clinic and establish an eight station dialysis clinic in Rockford. A review of each of the options considered and the reasons they were rejected follows.

Maintain the Status Quo/Do Nothing

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. Due to the underutilization of the Freeport area dialysis clinics and the need for additional stations to ensure sufficient capacity to accommodate Dr. Ahmed's projected ESRD patients, the Applicants rejected this option.

At the same time, in collaboration with the primary nephrology group in Rockford, DaVita identified a need to serve residents of the south and southwest area of Rockford several years ago. These are some of the poorer areas of Rockford and the associated health care disparities associated with poverty and a lack of education have increased the incidence and prevalence of kidney disease. As there is a need for stations in the Planning Area, doing nothing would ignore the imperative to provide community access to this life-sustaining treatment.

There is no capital cost with this alternative.

Utilize Existing Facilities

The proposed project seeks to transfer stations from the underutilized Freeport Dialysis clinic to Rockford to better allocate stations within HSA 1 where they are needed as more fully described in other sections of this application. .

Syed Ahmed, M.D. is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

As previously noted, the Applicants currently operate two clinics in Freeport, Illinois, which collectively operate just below 50% utilization. Freeport is over 30 miles from Rockford and not a viable option

for patients residing on the south side of Rockford. The proposed Alpine Dialysis is needed to ensure ESRD patients on the south side of Rockford have adequate access to dialysis services that are essential to their well-being. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Facility of Lesser or Greater Scope

The Applicants considered establishing a facility of lesser or greater scope. The proposed Alpine Dialysis is located within the Rockford metropolitan statistical area ("MSA"). The proposed facility complies with the State Board requirement for the minimum number of stations for a facility located within an MSA. Accordingly a facility of lesser scope was rejected.

As previously noted, Dr. Ahmed is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. The Applicants do not want to create unnecessary duplication within the Alpine GSA, so this project was narrowly tailored to serve ESRD patients on the south side of Rockford without adversely affecting existing or approved facilities. Accordingly, a facility of greater scope was rejected.

Establish a New Facility

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose relocating 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by one stations (for a total of 12 dialysis stations in Freeport).

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with 21% percentage of residents living below the Federal Poverty Level ("FPL") and a third of residents living below 150% of the FPL (one and a half times greater than the State). Further, this community has significant African-American and Hispanic populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who

have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

Dr. Ahmed is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. The Applicants do not want to create unnecessary duplication within the Alpine GSA, so this project was narrowly tailored to serve ESRD patients on the south side of Rockford without adversely affecting existing or approved facilities.

The cost of this alternative is **\$3,457,480**.

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

The Applicants propose to establish an 8-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 450-650 gross square feet per dialysis station for a total of 3,600 – 5,200 gross square feet for 8 dialysis stations. The total gross square footage of the clinical space of the proposed Alpine Dialysis is 5,200 of clinical gross square feet (or 650 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	5,200	3,600 – 5,200	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. The practice of Dr. Ahmed is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 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	7,020	5,990	Yes

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

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

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

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

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.230, In-Center Hemodialysis Projects – Review Criteria****1. Planning Area Need**

There is currently a need for seven dialysis stations in HSA 1. This project will address the need for dialysis in the Freeport and Rockford communities. The Alpine Dialysis patient service area ("PSA") is located on the south side of Rockford, which is an economically disadvantaged community. The percentage of PSA residents living below the Federal Poverty Level ("FPL") is nearly twice that of the State. Further, this community has significant African-American (15.6%) and Hispanic (19.3%) populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs,

patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose the relocation of 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by one station (for a total of 12 dialysis stations in Freeport).

Based upon utilization trends, the Applicants determined 12 stations are required to adequately serve the Freeport community

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with 21% percent of residents living below the FPL and a third of residents living below 150% of the FPL (one and a half times greater than the State).

Syed Ahmed, M.D. with Rockford Nephrology Associates, LLC is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion..

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of Rockford, Illinois. As evidenced in the physician referral letter attached at Appendix - 1, 73 CKD patients reside within three miles of the relocated clinic.

4. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Ahmed and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.230(b)(3)(B) on the following page.

Table 1110.230(b)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
61104	11
61108	32
61109	30
Total	73

4. Service Accessibility

The proposed project seeks to transfer stations from the underutilized Freeport Dialysis clinic to Rockford to better allocate stations within HSA 1 where they are needed. The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose the relocation of 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by 1 station (for a total of 12 dialysis stations in Freeport).

Based upon utilization trends, the Applicants determined 12 stations are required to adequately serve the Freeport community. In conjunction with the discontinuation of Freeport Dialysis, DaVita will file a certificate of need application to expand the Driftwood Dialysis clinic by one station for a total of twelve stations to address the need for dialysis in the Freeport community.

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with percentages of residents living below the FPL and 150% of the Federal Poverty Limit twice that of the State. Further, this community has significant African-American and Hispanic populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a

more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose the relocation of 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by one station (for a total of 12 dialysis stations in Freeport).

Based upon utilization trends, the Applicants determined 12 stations are required to adequately serve the Freeport community.

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with 21% percent of residents living below the FPL and a third of residents living below 150% of the FPL (one and a half times greater than the State).

Syed Ahmed, M.D. is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.230(c), Unnecessary Duplication/Maldistribution****1. Unnecessary Duplication of Services**

- a. The proposed dialysis facility will be located at 615 Harrison Avenue, Rockford, Illinois 61104. A map of the proposed facility's market area is attached at Attachment – 23A. A list of all zip codes located, in total or in part, within a 15 mile radius of the site of the proposed dialysis facility as well as 2017 ACS 5 Year Population Estimate census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.230(c)(1)(A) Population of Zip Codes within a 15 mile radius of Proposed Facility		
ZIP Code	City	Population
60129	Esmond	214
60146	Kirkland	2,584
61008	Belvidere	34,628
61010	Byron	7,930
61011	Caledonia	2,290
61015	Chana	809
61016	Cherry Valley	4,764
61020	Davis Junction	3,208
61038	Garden Prairie	1,046
61043	Holcomb	97
61049	Lindenwood	597
61052	Monroe Center	842
61063	Pecatonica	4,312
61068	Rochelle	14,468
61072	Rockton	11,652
61073	Roscoe	19,099
61077	Seward	41
61084	Stillman Valley	3,059
61088	Winnebago	5,875
61101	Rockford	19,595
61102	Rockford	18,842
61103	Rockford	24,064
61104	Rockford	19,554
61107	Rockford	30,949
61108	Rockford	27,677
61109	Rockford	27,123
61111	Loves Park	24,233
61112	Rockford	107
61114	Rockford	15,371

Table 1110.230(c)(1)(A) Population of Zip Codes within a 15 mile radius of Proposed Facility		
ZIP Code	City	Population
61115	Machesney Park	22,826
Total		347,856

Source: U.S. Census Bureau, Census 2017 ACS 5-Year Population Estimate, American Factfinder available at https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Oct. 7, 2019).

- b. A list of existing and approved dialysis facilities located within a 15 mile radius of the proposed dialysis facility is provided at Attachment – 23B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

a. Ratio of Stations to Population

As shown in Table 1110.230(c)(2)(A), the ratio of stations to population is 82% of the State Average.

Table 1110.230(c)(2)(A) Ratio of Stations to Population				
	Population	Stations	Stations to Population	Standard Met
Alpine GSA	347,856	110	1:3,162	Yes
Illinois	12,854,526	4,962	1:2,591	

b. Historic Utilization of Existing Facilities

There are seven dialysis facilities within the Alpine GSA. Excluding Forest City Dialysis, which is in ramp up, average utilization of area dialysis facilities is 68%. Due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD the Applicants anticipate continued growth of dialysis patients in the Rockford community.

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with percentages of residents living below the FPL and 150% of the Federal Poverty Limit twice that of the State. Further, this community has significant African-American and Hispanic populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the

interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish an 8-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 39 patient referrals. Dr. Ahmed is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the Alpine GSA. There are seven dialysis facilities within the Alpine GSA. Excluding Forest City Dialysis, which is in ramp up, average utilization of area dialysis facilities is 68%. Due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD the Applicants anticipate continued growth of dialysis patients in the Rockford community. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act⁸ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,⁹ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with percentages of residents living below the FPL and 150% of the Federal Poverty Limit twice that of the State. Further, this community has significant African-American and Hispanic populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent

⁸ According to data from the Kaiser Family Foundation 312,280 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Oct. 7, 2019)).

⁹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

- b. The proposed dialysis facility will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards. Excluding Forest City Dialysis,

which is in ramp up, average utilization of area dialysis facilities is 68%. Due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD the Applicants anticipate continued growth of dialysis patients in the Rockford community. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act¹⁰ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹¹ more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with percentages of residents living below the FPL and 150% of the Federal Poverty Limit twice that of the State. Further, this community has significant African-American and Hispanic populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

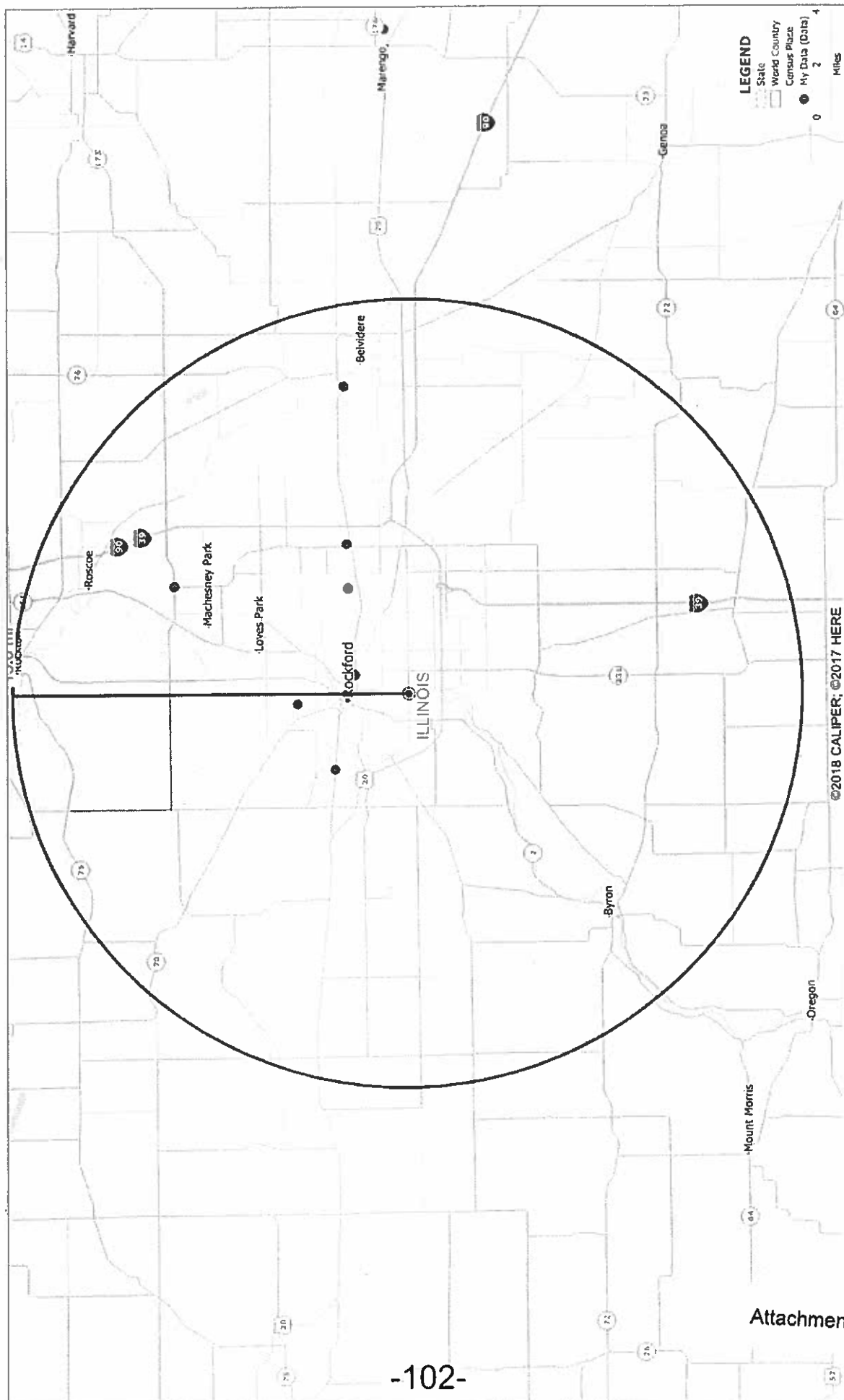
¹⁰ According to data from the Kaiser Family Foundation 312,280 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT available at <http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Oct. 7, 2019)).

¹¹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.



Facility	Address	City	HSA	Distance	Number of Stations 6/30/2019	Number of Patients 6/30/19	Utilization % 6/30/19
Churchview Dialysis - East Rockford	417 Ware Avenue	Rockford	1	8.0	24	79	54.86%
Davita Belvidere Dialysis	1755 Beloit Road	Belvidere	1	11.2	12	35	48.61%
DaVita Machesney Park	6950 North Perryville Road	Machesney Park	1	12.0	12	45	62.50%
Forest City Dialysis ¹	4103 West State Street	Rockford	1	5.7	12	29	40.28%
Rockford Memorial Hospital	2400 North Rockton Avenue	Rockford	1	4.7	22	86	65.15%
Roxbury Dialysis	612 Roxbury Road	Rockford	1	6.4	16	82	85.42%
Stonecrest Dialysis	1302 East State Street	Rockford	1	2.7	12	71	98.61%
Alpine GSA					110	427	64.70%
Less Clinics Operational < 2 Years					98	398	67.69%

¹Medicare Certified December 19, 2017

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

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
 - a. Medical Director: Syed Ahmed, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Ahmed's curriculum vitae is attached at Attachment – 23C.
 - b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:
 - Administrator (0.72 FTE)
 - Registered Nurse (1.50 FTE)
 - Patient Care Technician (2.17 FTE)
 - Biomedical Technician (0.26 FTE)
 - Social Worker (0.33 FTE)
 - Registered Dietitian (0.34 FTE)
 - Administrative Assistant (0.49 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.
2. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 23D.
3. As set forth in the letter from Michael D. Staffieri, Chief Operating Officer of DaVita Inc. and Renal Treatment Centers - Illinois, Inc., attached at Attachment – 23E, Alpine Dialysis will maintain an open medical staff.

SYED M AHMED MBBS, MD

741 W. Hampton Ave., Loves Park, IL. 61111 (630) 207-8634

SAhmed@Rockfordnephrology.orgCITIZENSHIP AND LICENSURE

USA citizen

IL Medical License

BOARD CERTIFICATION

ABIM Internal Medicine and Nephrology

WORK EXPERIENCE AND EDUCATION

Aug 2016 – Present	Rockford Nephrology Associates Nephrologist	Rockford, IL
July 2014 – June 2016	Emory University PGY5 Dept of Nephrology	Atlanta, GA
July 2012 – June 2014	Loyola University Medical Center Assistant Professor of Medicine Hospital Medicine	Chicago, IL
July 2009 – June 2012	Harbor Hospital Internal Medicine Residency Program	Baltimore, MD
Jun 2008 – Jun 2009	Northwestern University Research Coordinator in an NIH sponsored Multicenter randomized clinical trial for prevention Of micro-albuminuria in type 1 diabetes	Chicago, IL
Apr 2007 – Mar 2008	Michael Reese Hospital Research Coordinator	Chicago, IL
Sep 2006 – Mar 2007	Loretto Hospital Clinical observer	Chicago, IL

Oct 2005 – Aug 2006	Wockhardt Hospital Clinical Instructor, Internal Medicine	Hyderabad, India
Jun 2003 – Jan 2005	Shadan Institute of Health Sciences Clinical Instructor, Internal Medicine	Hyderabad, India
Oct 1996 – Mar 2003	Deccan College of Medical Sciences M.B.B.S.	Hyderabad, India
Jun 1994 – Jun 1996	St. Alphonsa's Junior College Undergraduate education	Hyderabad, India

PUBLICATIONS AWARDS & ABSTRACTS

Awards

Recipient Karen L. Campbell Grant
American Society of Nephrology 2015
Resident of the Year 2010-2011

Book Chapters

Severity and Stages of Chronic Kidney Disease. Ahmed, S.M., Lowder, G. Chronic Kidney Disease (pp. 13-24). Editor: Monika Gooz (Ed), InTech Publication.

Publications and Poster Presentations

Dysregulation of Thrombotic and Hemostatic Factors in End Stage Renal Disease
Bansal, V., Hoppensteadt, D., Ahmed, S., Fareed, J. (2013). Poster presented at:
American Association of Nephrology; Atlanta, GA

Horseshoe Kidney in an 80-year-old with chronic kidney disease
Ramkumar H, Ahmed SM, Syed E, Tuazon J. Scientific World Journal. 2009,
Dec 16; 9:1346-7

Should protocol biopsies be performed in kidney transplant recipients in the era
Of modern immunosuppression?
Viresh Mohanlal, Syed Ahmed, Satish Sana, Emilio Ramos, Joseph Nogueira, David
Klassen, Matthew R Wier, Abdolreza Haririan. Abstract presented at the American
Transplant Congress meeting, 2011

Nocturnal Hypertension and Preventive of Microalbuminuria in Type 1 Diabetes
Yang V, Molitch M, Dunham D, Ahmed S, Syed E, Collazo G, Twest J, Batlle D: Abstract
Presented at the American Society of Nephrology meeting on November 6, 2008

Gall bladder and eyelid metastasis of breast carcinoma: A rare presentation
Ahmed SM, Tariq I, Nimmagadda G. ACP Maryland Chapter Mulholland-Mohler
Scientific Meeting. May 6, 2010: 28; 9

A novel method of conservative treatment of a periduodenal diverticular abscess
Qazi B, Ahmed S, Lakha A, Khan M, Chi K. Abstract presented in the annual meeting
Of American College of Gastroenterology. June 6, 2008

REFERENCES

Available upon request

CURRICULUM VITAE

Name	John Clifton Maynard, M.D. Clinical Associate Professor of Medicine, University of Illinois College of Medicine
Email	jcm.rna@me.com jmaynard@rockfordnephrology.org john.maynard@davita.com
Present Employer	Rockford Nephrology Associates 612 Roxbury Road Rockford, Illinois 61107 815-227-8300
Board Certification	National Board of Medical Examiners, 1978 Internal Medicine American Board of Internal Medicine, 1981 Nephrology American Board of Internal Medicine, 1983
Education	
Premedical	University of Illinois, Champaign-Urbana, IL B.S., Honors Biology, 1974
Medical School	University of Illinois College of Medicine, Chicago M.D., 1978
Preceptorship Residency	Primary Care Medicine, 1975 Pontiac, Illinois Henry Ford Hospital, Detroit, MI Internal Medicine, 1978-1981
Fellowship	Henry Ford Hospital, Detroit, MI Nephrology, 1981-1983
Advanced training	Interventional Nephrology, September 25 – October 31, 2006 RMS Lifelines Interventional Nephrology training program Peritoneal Dialysis Catheter Insertion: 4 days training with Dr Stephen Ash August 2011
Leadership	Member of Rockford Nephrology Associates Managing Board: 10/10/2016 to present Medical Director, DaVita Freeport Dialysis Unit 2003 to present Medical Director, Driftwood In-Center, Driftwood PD, Driftwood HHD 7/2017 - Present Medical Director, Rockford Nephrology Dialysis Access Services September 2006 - Present Chair, Department of Medicine, Swedish American Hospital Rockford, IL. 5/2011 - Present Group Medical Director, Team Fusion, DaVita Kidney Care 2/2012 - Present

President and Managing Partner, Rockford Nephrology
Associates: July 1995 to October 2016
Medical Director, Rockford Health System Regional
Dialysis Program (6 units including Incenter, PD
and HHD): July 1995 – May 2003

Present Committees

Medical Executive Committee, Swedish American Hospital
Adult Quality Subcommittee, Dept of Medicine, Swedish American
Hospital
Medical Ethics Committee, Rockford Memorial Hospital

Past Committee Chair

UIC Research Committee, Rockford (2 year term)
Ethics Committee, Rockford Memorial Hospital (1991-2001)
Dialysis CQI Committee
RMH Task Force on Physician-assisted Suicide
Information Systems Functional Planning Group: Long Range
Planning Process – Rockford Health System
RMH Ambulatory Ethics Subcommittee
Information Management Services Advisory Council, Rockford
Health System
Quality Subcommittee, Dept of Medicine, Swedish American Hosp
2 year term
Co-chair, Information Management Services Advisory Council,
Rockford Health System

Past Committees

RMH Intensive Care Committee
Computer-based Medical Records Task Force, Rockford Clinic
Urea Kinetic Modeling Committee, Dialysis
Medical Patient Care Committee
Chaplains' Advisory Committee, RMH
U of IL College Committee on Research, Chicago
Information Systems/Medical Practice Project Team
RHS Networking Task Force (RHS Board Committee)
Adult Medicine Quality Care Team
Bed Vacancy Task Force
Dialysis CareMap™ Committee
Nephrology Data System Committee
RMH Medical/Surgical Ethics Subcommittee
RMH Ambulatory Care Ethics Subcommittee
Regional Ethics Task Force
Executive Committee, Dept of Medicine, U of I Medical School
Long Range Planning and Development Advisory Committee
(RHS Board Committee)

Credentials Committee, SwedishAmerican Hospital 2006-2010
 Vice Chair, Department of Medicine at SwedishAmerican Hospital
 2006-2010

Awards

DaVita Starcatchers Division: Doctor PEPper award 1/26/2009

- Exemplified DaVita's core values
- Obtained strong clinical results
- Participated in Wall of Fame
- Participated in political action and
- Participated in events in the dialysis unit

Publications

Maynard, John C., et.al, Abnormal Guard Cell Development in an Olive Mutant of Maize.
 American Journal of Botany 61: 580, 1974.
 Maynard, John C., et.al, Blood Pressure Response to Changes in Serum Ionized Calcium During Hemodialysis. Annals of Internal Medicine
 1986;104:358-361

Abstracts

Interdisciplinary Case Presentation Conferences, JC
 Maynard, RF Novak, JA Bettice and RG
 Christiansen. Presented at Central Region
 Research in Medical Education, 4/31/94

Research Experience

Localization of estrogen receptors in rats using synthetic anti-estrogens, 1973
 Clinical trial using Minoxidil in patients with severe hypertension, 1981-1982
 Co-investigator, Marion Lab, Long-term study of Diltiazem in hypertension, 1983-1985
 The Psychosocial Adjustment to End-stage Renal Disease Among Patients Undergoing Chronic Dialysis, 1988
 Nutritional Status Among Patients Undergoing Chronic Dialysis, 1989
 The Clinical Course During the First 2 Years of Chronic Maintenance Dialysis, 1990-1992
 Well-being Among Chronic Dialysis Patients, 1994

Teaching Activities

University of Illinois at Chicago College of Medicine at Rockford,
 Clinical Associate Professor of Medicine
 Nephrology M4 Clerkship instructor: 1983 to present
 Introduction to Clinical Medicine, Nephrology
 Clinical Medical Skills (Physical Diagnosis)
 Coordinator, M2 Interdisciplinary Case Conferences (1990-2000)

Attachment - 23C

Community Service

President, 2nd City Barbershop Chorus
 Riverbluff Nursing Home Advisory Board
 Spring Creek Church Pastoral Search Committee
 Chairman Music Committee, Spring Creek Church
 Bach Chamber Choir (20 years)
 Volunteer, Paint-a-thon
 Volunteer, Emmanuel Episcopal Soup Kitchen
 Music Committee 2nd Congregational Church, Rockford, IL
 Deacon's Ministry Team 2nd Congregational Church, Rockford, IL
 Rockford Register Star HealthyRockford.com Advisory
 Committee

Conferences

Comprehensive Nephrology Review Course, U of CA, LA, 9/10-9/15/84
 Therapeutic Implications of ACE Inhibition, U of CA, 2/28-3/1/86
 Renal Biopsy in Medical Diseases of the Kidneys, Columbia U, NY, 10/8-10/11/86
 Perspectives on Peritoneal Dialysis, Laguna Niquel, CA, 1987
 Nutrient Modulation of Progressive Renal Injury, National Institute of Diabetes and Digestive and Kidney Disease, Airlie, Virginia, 4/2-4/4/89
 Morbidity, Mortality and Prescription Dialysis, Dallas Texas 1989
 Advanced Nephrology for the Consultant, U of CA, 1/26-1/28/89
 Supercomputing Workshop for Physicians, U of IL, Urbana, 1990
 Dialysis in the 1990's, Harvard Medical School, Boston, 1991
 NKF Annual Scientific Meeting, U of Texas, Dallas, 1992
 Peritoneal Dialysis, U of Missouri, 3/9/93
 Clinical Computing in Patient Care, Evolving Computer-based Patient Records, Harvard Medical School, 9/29-9/30/94
 Perspectives on Medical Futility, Lutheran General, 11/3-11/4/94
 Ethics in Health-care Institutions, Northwestern U, 8/9-8/11/95
 Consultative Nephrology, NKF, Boston, 4/25-4/28/96
 Advanced Nephrology for the Consultant, La Jolla CA, 1998
 National Kidney Foundation, Atlanta Georgia, 2/4 - 2/7/2000
 Dialysis Adequacy: Network 10, 11 O'hare Hyatt 11/14/2000
 DaVita Annual Medical Director Meeting, Las Vegas 2007
 Bard Flair™ endovascular stent training seminar -- 4/2009
 Home Dialysis University, San Francisco, December 2011

Computer Programming

Dialysis Data System, 1989-1996: the first generation dialysis information system

Clinical Tutorial Center, 1990: recorded the clinical experience of medical students and linked this to teaching "modules"

MacCharge, 1992-2003: used by the Nephrologists for computerized hospital charges record keeping and printing

Nephrology Data System™, 1994-2003: the second generation dialysis and nephrology relational information system, including demographics, treatment tracking, problem lists, procedure lists, medication lists, electronic input of lab data, urea kinetic modeling (adequacy of dialysis)

Patient Care Manager: Nephrology office electronic medical record: 2003-2009

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

TR1-01-01

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

Mission

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

Explanation of Content

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

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

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

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

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

TR1-01-02

TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS
PROGRAM DESCRIPTION

Introduction to Program

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

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

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

A non-experienced teammate is defined as:

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

An experienced teammate is defined as:

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

Note:

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

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

TR1-01-02

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

TR1-01-02

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

TR1-01-02

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

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

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

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

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

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

TR1-01-02

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

TR1-01-02

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

Note:

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

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

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

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

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

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

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

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Training Program Manual
Basic Training for In-center Hemodialysis
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TR1-01-02

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

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

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

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

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

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

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

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

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

Independent Care Assignments

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

Note:

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

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

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

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DaVita, Inc.

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Process of Program Evaluation

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

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

Attached at Attachment – 23E is a letter from Michael D. Staffieri, Chief Operating Officer y of DaVita Inc. and Renal Treatment Centers - Illinois, Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.



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 Alpine Dialysis will maintain an open medical staff.

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

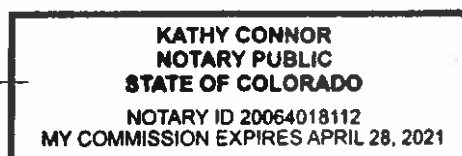
- DaVita utilizes an electronic dialysis data system;
- Alpine Dialysis will have available all needed support services required by the Centers for Medicare and Medicaid Services, which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social 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: Michael D. Staffieri
Its: Chief Operating Officer, DaVita Inc.
President, Total Renal Care, Inc.

Subscribed and sworn to me
This 4th day of October, 2019

Notary Public



2000 16th Street, Denver, CO 80202 | P (303) 341-0680 | F (310) 536-2675 | DaVita.com

Attachment – 23E

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.230(g), Minimum Number of Stations**

The proposed dialysis facility will be located in the Rockford metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish an 8 station dialysis facility. 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 SwedishAmerican Hospital to provide inpatient care and other hospital services. Attached at Attachment – 23F is a copy of the service agreement with this area hospital.

FOR COMPANY USE ONLY: Clinic #: XXXXX

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 SwedishAmerican Hospital (hereinafter "Hospital") and Total Renal Care, Inc., a California corporation and subsidiary of DaVita Inc. ("Company").

RECITALS

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

Alpine Dialysis

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.

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(IL) Alpine Dialysis XXXXX – PTA – Swedish American Hospital

Attachment – 23F

(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) Transfers shall be based on (i) the recommendation of the patient's attending physician who has assessed the patient and determined that it is medically appropriate to transfer the patient to the receiving facility; (ii) the acceptance of the transfer by the receiving facility, who concurs that transfer is medically appropriate, that appropriate facilities and staff are available to treat or provide the necessary services to the patient, and that any other criteria reasonably established by the receiving facility have been or will be satisfied; and (iii) patient consent to the transfer.

(b) In emergent situations, the transferring facility shall arrange appropriate transportation for the patient to the receiving facility.

(c) 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.

(d) The transferring facility shall provide the receiving facility with all medical records and documentation as reasonably required, including any records required pursuant to the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395 dd ("EMTALA") and the rules and regulations related thereto. When a medical emergency does not allow time for all such copies to accompany the patient, the transferring facility shall provide to the receiving facility an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to identify the patient. This abstract must either accompany the patient or be promptly transmitted electronically to arrive before the patient, and shall include to the degree practicable:

- i. current medical findings and status of the patient's medical condition;
- ii. observations of signs and symptoms
- iii. preliminary diagnosis;
- iv. rehabilitation potential;
- v. discharge summary;

- vi. a brief summary of the course of treatment followed at the transferring facility;
- vii. results of any tests;
- viii. nursing and dietary information;
- ix. ambulating status; and
- x. administrative and pertinent social information, including family or responsible party contacts, advance medical directives, and insurance or other payer status (emergency care or transfers should not be delayed to collect this information).

(e) When medically appropriate as determined by the patient's attending physician, the patient may be returned by the receiving party to the transferring facility. 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. Any return of a patient shall be subject to the terms of this Agreement, with the returning facility being considered to be the transferring facility.

3. **BILLING, PAYMENT, AND FEES.** Hospital shall be solely responsible for any billing or collection of payments for the provision of the services provided at or by Hospital. Company shall be solely responsible for any billing or collection of payments for the provision of services provided at or by Company. Charges for services provided by Hospital shall be billed to patients, or their third-party payers, and received from such patients, or third-party payers, directly by Hospital or through billing entities contracted by Hospital. Charges for services provided by Company shall be billed to patients, or their third-party payers, and received from such patients, or third-party payers, directly by Company or through billing entities contracted by Company. 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. The parties agree to prepare, preserve, disclose, and maintain the confidentiality and security of all such records and information in accordance with the accepted standards of medical practice, the parties' policies, the requirements of this Agreement, and all applicable laws and regulations concerning the confidentiality and disclosure of medical records, medical records information, and individually identifiable health information, including, but not limited to, HIPAA. This provision as to records and documents shall survive the termination of the Agreement under any and all circumstances.

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

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

7. **INDEMNIFICATION.**

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

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

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

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

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

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

9. **TERM AND TERMINATION.**

(a) This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall automatically renew for successive one (1) year terms 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.

(b) If at any time either party reasonably believes in good faith based upon the written advice of reputable health care counsel that this Agreement or the performance by that party of any of its obligations under this Agreement violates any material law or regulation, state or federal, presents a substantial risk of the loss or restriction of that party's license, tax exemption, accreditation, or right to participate in Medicare, Medicaid, or any other governmental program, or presents a substantial risk of causing debt issued by that party that was tax-exempt when originally issued to become subject to federal or state income tax, then that party may, upon written notice, require the other party to enter into good faith negotiations to renegotiate the terms of this Agreement, in a manner that attempts to retain as much as possible of the economic arrangements originally contemplated by the parties without violating any applicable legal, tax,

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or reimbursement requirements. If the parties are unable to reach an agreement concerning the modification of this Agreement within thirty (30) days after the date of the notice seeking renegotiation (or sooner if required by law), then either party may immediately terminate this Agreement by written notice to the other party.

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. **NO REQUIRED REFERRALS; COMPLIANCE RELATED MATTERS.** The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment may be 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. Hospital and Company expressly acknowledge that the services and responsibilities to be provided pursuant to this Agreement have been, and any changes therein will be, the result of arms' length negotiations between the parties, have not been determined in a manner that takes into account the volume or value of referrals or business otherwise generated between the parties (or any individuals or entities related to the parties). Neither party to this Agreement, nor any of their respective corporate affiliates, employees, or agents shall be required to make any referrals to the other.

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.

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If to Hospital: SwedishAmerican Hospital
1401 East State Street
Rockford, IL 61104
Attention: President & CEO

If to Company: Total Renal Care, Inc.
c/o: DaVita Inc.
2000 16th Street
Denver, CO 80202
Attention: Group General Counsel

With copies to: Alpine Dialysis
c/o: DaVita Inc.
1401 East State Street
Rockford, IL 61104
Attention: Facility Administrator

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, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

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

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

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

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(IL) Alpine Dialysis XXXXX – PTA – Swedish American Hospital

Attachment – 23F

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.
23. NON-EXCLUSIVITY. Nothing in this Agreement shall be construed as limiting the right of either party to affiliate or contract with any other entity or individual.
24. COOPERATION. The Parties agree to devote their best efforts to promoting cooperation and effective communication between the Parties in the performance of services hereunder, to foster the prompt and effective evaluation, treatment and continuing care of recipients of these services. The Parties shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization and/or treatment prior to and subsequent to transfer and patient outcome. The Parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to applicable state laws, as may be amended from time to time.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

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

Hospital:

Swedish American Hospital

By: 

Name: MICHAEL J. BORN MD

Its: PRESIDENT & CEO

Date: 8-17-17

Company:

Total Renal Care, Inc.

By: 

Name: Lynanne Hike

Its: Regional Operation Director

Date: August 17, 2017

APPROVED AS TO FORM ONLY:

By: 

Name: David G. Wolff

Its: Group General Counsel

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.230(i), Relocation of Facilities

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose the relocation of 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by 1 station (for a total of 12 dialysis stations in Freeport).

The Alpine Dialysis patient service area ("PSA") is located on the south side of Rockford, which is an economically disadvantaged community. The percentage of PSA residents living below the Federal Poverty Level ("FPL") is nearly twice that of the State. Further, this community has significant African-American (15.6%) and Hispanic (19.3%) populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by

population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

The Applicants currently operate two clinics in Freeport, Illinois: Freeport Dialysis and Driftwood Dialysis. Collectively, these clinics have 20 stations and operate just below 50% utilization. In December 2011, the State Board approved the establishment of Driftwood Dialysis to alleviate overutilization at Freeport Dialysis, which was operating at 110% utilization at the time. Due to physical constraints at Freeport Dialysis, establishment of a second dialysis facility was the only option to meet the need for dialysis patients in Freeport and surrounding communities. Since the Driftwood Dialysis clinic became Medicare certified in January 2013, neither Freeport Dialysis nor Driftwood Dialysis has maintained 80% utilization. At the same time, patient census in the Rockford area increased by 9%. To properly redistribute the dialysis stations, the Applicants propose the relocation of 8 dialysis stations to Rockford and through a separate application expanding Driftwood Dialysis by one station (for a total of 12 dialysis stations in Freeport).

Based upon utilization trends, the Applicants determined 12 stations are required to adequately serve the Freeport community

The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with 21% percent of residents living below the Federal Poverty Level ("FPL") and a third of residents living below 150% of the FPL (one and a half times greater than the State).

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

Attached at Attachment – 23G is a letter from Michael D. Staffieri, Chief Operating Officer of DaVita Inc. certifying that the proposed facility 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, Alpine Dialysis expects to achieve and maintain 80% target utilization; and
- Alpine Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II ≥ 1.2

Sincerely,

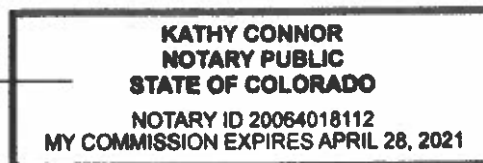
A handwritten signature in black ink, appearing to read "Michael D. Staffieri", written over a horizontal line.

Print Name: Michael D. Staffieri
Its: Chief Operating Officer, DaVita Inc.

Subscribed and sworn to me
This 14th day of October, 2019

A handwritten signature in blue ink, appearing to read "Kathy Connor", written over a horizontal line.

Notary Public



Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with Harrison Kishwaukee, L.L.C. A copy of DaVita's 2018 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 1, 2019. A letter of intent to lease the facility is attached at Attachment – 33.



September 27, 2019

Bharat V Puri, SIOR
First Midwest Group, Inc.
6801 Spring Creek Road
Rockford, IL 61107

RE: LOI for a to be constructed building at approximately 615 Harrison Ave, Rockford, IL 61104

Dear Bharat:

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

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

<u>PREMISES:</u>	To be constructed single tenant building at approximately 615 Harrison Ave, Rockford, IL 61104 – Pin No: 15-02-129-001
<u>TENANT:</u>	Total Renal Care, Inc., or related entity to be named. Lease to be guaranteed by DaVita, Inc.
<u>LANDLORD:</u>	Harrison Kishwaukee, L.L.C., or a related entity to be named
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 5,200 SF of contiguous rentable square feet. Space shall be measured from outside of outside walls to middle of demising walls.
<u>PRIMARY TERM:</u>	15 years
<u>BASE RENT:</u>	\$24.50 psf NNN with ten percent (10%) increases every 5 years during the term and any options.
<u>ADDITIONAL EXPENSES:</u>	Landlord estimates that the CAMIT expenses during the first year of the term will be \$5.00 psf. Tenant's Prorata Share: 100% Tenant shall be responsible for its directly metered utility expenses.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property, which costs shall be amortized over their useful life and the annual amortized amount will be included in the operating expenses.
<u>POSSESSION AND RENT COMMENCEMENT:</u>	Landlord shall deliver Possession of the building certified pad (as indicated in Exhibit B) to the Tenant within the later of (a) 90 days from the waiver of Tenant's CON contingency or (b) June 30, 2020. Landlord shall have 90 days following Tenant's commencement of construction of the interior buildout to complete the Landlord's exterior Site Development Improvements. Rent Commencement shall be the earlier of the following two events (a) Tenant opening for business or (b) nine (9) months from delivery of Possession by Landlord and Tenant obtaining

building permits for its intended improvements. Landlord's delivery obligations hereunder shall be subject to force majeure.

LEASE FORM:

Tenant's standard lease form as starting point for negotiations.

USE:

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

Use is permitted within the premises zoning and there are not any OEA's or other documents that may impact tenancy.

PARKING:

- a) Landlord will provide a parking allocation of four stalls per 1,000 sf or higher if required by code
- b) Handicapped stalls located near the front door to the Premises
- c) A patient drop off area, preferably covered

LANDLORD WORK:

Any on and off-site improvements (parking lot, landscaping, lighting, sewer, utilities, street, curb, gutter, paving, irrigation, common area lighting, certified pad, etc) as required by the municipality to issue permits for the performance of Landlord's Work or Tenant Work will be incorporated into Landlord's Work as indicated in Exhibit B. Landlord, at its sole cost, will prepare plans, specifications and working drawings for Landlord's Work ("Landlord's Plans") and the same will be subject to Tenant's approval. Landlord will perform Landlord's Work in a good and workmanlike manner in conformity with Landlord's Plans, as approved by Tenant. Landlord will promptly repair all latent or patent defects in Landlord's Work, at Landlord's sole cost and expense.

Landlord will be solely responsible for and will pay all impact fees, charges, costs, assessments, and exactions charged, imposed or assessed in connection with the development and construction of the Building or Premises, but not including building permit fees for construction of the Building.

TENANT IMPROVEMENTS:

Landlord will pay to Tenant an allowance ("Tenant Allowance") for costs incurred by Tenant in connection with the construction of the Building. The Tenant Allowance will be an amount equal to \$180.00 per square foot of the Building Floor Area, payable in monthly draws on the first day of each month during the performance of Tenant's Improvements. With each draw request, Tenant's General Contractor shall include sworn statements and lien waivers from each contractor and subcontractor for which payments are being made. At the time of Lease execution, Landlord and Tenant will enter into an escrow agreement or tri-party agreement providing for the payment of the Tenant Allowance (the "Security Agreement"). If Landlord does not fund the escrow or fails to make any payment of the Tenant Allowance on a timely basis, Tenant will have the right to terminate the Lease, stop construction of Tenant's Improvements and/or offset any unpaid amounts against Rent. The Security Agreement will authorize payment of damages or any applicable portion of Tenant's Costs from the account established for Tenant Allowance. Tenant's plans will be subject to Landlord's approval. Post letter of credit. Pay against sworn statements/lien waivers.

Building design shall be a mixture of brick, EIFS and glass. The colors shall be subject to LL's approval.

Tenant will have the right to convert any overage in Tenant Allowance to be used towards Tenant Improvements or rental abatement.

OPTION TO RENEW:

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

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all Landlord Work substantially completed within 120 days from the date on which Tenant commences construction of the Building, 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 120 day delivery period. Landlord's delivery obligations hereunder shall be subject to force majeure.

HOLDING OVER:

Tenant shall be obligated to pay the then current rate for the first ninety days and 125% of the then current rate for any holdover beyond ninety days.

TENANT SIGNAGE:

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

BUILDING HOURS:

As a single Tenant building, Tenant will have access 24 hours a day, seven days a week and will have direct control of HVAC and other utilities.

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.

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). Notwithstanding the foregoing, if any governmental law, ordinance or regulation goes into effect as a result of Tenant's change in use of the Premises, Tenant shall be responsible for the costs of bring the Premises into compliance with such.

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 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 local representative and shall pay a brokerage per a separate agreement.

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

Sincerely,
Matthew J. Gramlich

CC: DaVita Regional Operational Leadership

SIGNATURE PAGE

LETTER OF INTENT:

615 Harrison Ave, Rockford, IL 61104

AGREED TO AND ACCEPTED THIS 27th DAY OF SEPTEMBER 2019By: Molly EhlingerOn behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")AGREED TO AND ACCEPTED THIS 27th DAY OF SEPTEMBER 2019By: [Signature]Harrison-Kishwaukee, LLC
("Landlord")

EXHIBIT A

NON-BINDING NOTICE

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

EXHIBIT B**LANDLORD'S WORK****Certified Pad Work:**

1. **Compaction.** The soils where the Building is to be located shall be compacted to 95% Standard Proctor at the time measured and certified by Landlord or its contractor.
2. **Zoning.** Any Special Use Permit required for the operation of the Premises for the Permitted Use.
3. **Utilities.** All utilities to be provided within five (5) feet of the building foundation. Landlord shall be responsible for all tap/connection and impact fees for all utilities. All utilities to be coordinated with Tenant's Architect.
4. **Plumbing.** Landlord shall stub the dedicated water line within five feet of the building foundation. Building sanitary drain size will be determined by Tenant's mechanical engineer based on total combined drainage fixture units (DFU's) for the entire building, but not less than 4 inch diameter. The drain shall be stubbed into the building per location coordinated by Tenant at an elevation no higher than 4 feet below finished floor elevation, to a maximum of 10 feet below finished floor elevation and within five feet from the building.
5. **Electrical.** Landlord shall extend the primary to the transformer location selected by the utility. Tenant shall be responsible for the secondary to the Building.
6. **Gas.** Landlord shall provide natural gas service, at a minimum will be rated to have 6' water column pressure and supply 800,000 BTU's. Natural gas pipeline shall be stubbed to within five feet of the building foundation.
7. **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 locations shall be coordinated with Tenant.
8. **Cable TV.** Landlord shall provide a single 2" PVC underground conduit entrance into Tenant's utility room to serve as a chase way for new cable television service. Entrance conduit location shall be coordinate with Tenant. Tenant shall have the right to place a satellite dish on the roof and run appropriate electrical cabling from the Premises to such satellite dish and/or install cable service to the Premises at no additional fee. Landlord shall reasonably cooperate and grant right of access with Tenant's satellite or cable provider to ensure there is no delay in acquiring such services.
9. **Tenant's Building Permit.** Landlord shall complete any other work or requirements necessary for Tenant to obtain a permit for the construction of the Building shell and Tenant Improvements from the City of Rockford, Illinois or any other applicable authority from which Tenant must receive a permit for its work.

Notwithstanding anything to the contrary contained hereinabove, Tenant acknowledges that Landlord may not be able to complete the stub for the sanitary sewer service as part of the Certified Pad Work and that such work may be completed within thirty (30) days of the Actual Delivery Date of the Certified Pad.

Exterior Site Development Work:

1. **Handicap Accessibility.** Full compliance with ADA and all local jurisdictions' handicap requirements. Landlord shall comply with all ADA regulations affecting the entrance to the Premises, including but not limited to, concrete curb cuts, ramps and walk approaches to/from the parking lot, parking lot striping for four (4) dedicated handicap stalls for a unit up to 20 station clinic and six (6) handicapped stalls for units over 20 stations, handicap stalls inclusive of pavement markings and stall signs with current local provisions for handicap parking stalls, delivery areas and walkways.

Finish floor elevation is to be determined per Tenant's architectural plan in conjunction with Tenant's civil engineering and grading plans. If required, Landlord to construct concrete ramp of minimum 5' width, provide safety rails if needed, provide gradual transitions from overhead canopy and parking lot grade to finish floor elevation. Concrete surfaces to be troweled for slip resistant finish condition accord to accessible standards.

2. 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 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 & construction details for trash and recycling;
- 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's signage;
- Site and parking to accommodate tractor trailer 8 wheel truck delivery access to service entrance;
- Ramps and curb depressions;
- Landscaping shrub and turf as required per municipality;
- 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;
- Final grade will be sloped away from Building.

3. Refuse Enclosure. Landlord to provide a minimum 6" thick reinforced concrete pad approximate 100 to 150 SF based on Tenant's requirements and an 8' x 12' apron way to accommodate dumpster and vehicle weight. Enclosure to be provided as required by local codes.

4. Generator. Landlord to allow a generator to be installed onsite if required by code or Tenant choses to provide one.

5. Site Lighting. Landlord to provide adequate lighting per code and to illuminate all parking, pathways, and building access points readied for connection into Tenant's power panel. Location of pole fixtures per Landlord's civil plan to maximize illumination coverage across site. Parking lot lighting to include a timer (to be programmed to Tenant's hours of operation) or a photocell. Parking lot lighting shall be connected to and powered by Landlord house panel, if multi-tenant building) and equipped with a code compliant 90 minute battery back up at all access points.

6. Parking Lot. Landlord shall provide adequate amount of handicap and standard parking stalls in accordance with dialysis use and overall building uses. Stalls to receive striping, lot to receive traffic directional arrows and concrete parking bumpers. Bumpers to be firmly spike anchored in place onto the asphalt per stall alignment.

Asphalt wearing and binder course to meet geographical location design requirements for parking area and for truck delivery driveway.

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, birth baths or ice build ups potential.

Notwithstanding anything to the contrary contained herein, in order to avoid damage to the asphalt in the parking field during Tenant's construction of the Building, Landlord shall not commence the top course paving of the parking lot, including striping of the parking field ("Top Course Work") by the Exterior Date. The Top Course Work shall be completed within thirty (30) days of Tenant's commencement of Tenant's interior Improvement Work, provided that Tenant will provide Landlord with not less than thirty (30) days notice of its commencement of its interior Improvement Work. Notwithstanding the foregoing, if Landlord has not then received notice from Tenant regarding the commencement of the Tenant's interior Improvement Work, Landlord may commence the Top Course Work on October 15.

7. Site Signage. Landlord to allow for an illuminated site and/or façade mounted signs. Power and a receptacle to be installed for Tenant's pylon/monument sign.

EXHIBIT C

POTENTIAL REFERRAL SOURCE QUESTIONNAIRE

RE: 615 Harrison Ave, Rockford, IL 61104

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

____ Yes X No

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

____ Yes X No

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

____ Yes X No

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

____ Yes X No

Harrison-Kishwaukee, LLC
(Please add landlord or entity name)

By: [Signature]Print: Marvin L. KeysIts: Corporate CounselDate: 9/27/19

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 – 36A is a letter from Michael D. Staffieri, Chief Operating Officer 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.

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

Sincerely,

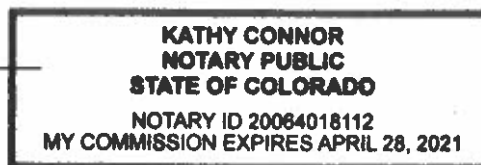
A handwritten signature in black ink, appearing to read "Michael D. Staffieri".

Print Name: Michael D. Staffieri
Its: Chief Operating Officer, DaVita Inc.

Subscribed and sworn to me
This 4th day of October, 2019

A handwritten signature in blue ink, appearing to read "Kathy Connor".

Notary Public



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	\$276.35		5,200				\$1,437,000		\$1,437,000
Contingency	\$27.63		5,200				\$143,700		\$143,700
TOTAL CLINICAL	\$303.98		5,200				\$1,580,700		\$1,580,700
NON-CLINICAL									
Admin									
Contingency									
TOTAL NON-CLINICAL									
TOTAL	\$303.98		5,200				\$1,580,700		\$1,580,700

* 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	\$1,580,700	$\$303.99 \times 5,200 \text{ GSF} = \$1,580,748$	Below State Standard
Contingencies	\$143,700	10% of New Construction Contracts $10\% \times \$1,437,000 = \$143,700$	Meets State Standard
Architectural/Engineering Fees	\$85,961	6.53% - 9.81% of New Construction Contracts + Contingencies) $= 6.53\% - 9.81\% \times (\$1,437,000 + \$143,700)$ $= 6.53\% - 9.81\% \times \$1,580,700 =$	Below State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		\$103,219.71 - \$155,066.67	
Consulting and Other Fees	\$60,400	No State Standard	No State Standard
Moveable Equipment	\$461,879	\$58,660.58 per station x 8 stations \$58,660.58 x 8 = \$469,284.64	Meets State Standard
Fair Market Value of Leased Space or Equipment	\$1,268,539	No State Standard	No State Standard

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

Operating Expenses: \$843,338

Treatments: 7,020

Operating Expense per Treatment: \$120.13

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

Capital Costs:

Depreciation:	\$182,422
Amortization:	\$ 9,328
Total Capital Costs:	\$191,750

Treatments: 7,020

Capital Costs per Treatment: \$27.31

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, was included as part of its Midway Dialysis CON application (Proj. No. 19-027). 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.

The proposed Alpine Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The proposed Alpine Dialysis would be located on the south side of Rockford, which is an economically disadvantaged community, where there is currently no dialysis clinic. This community is an economically disadvantaged community, with percentages of residents living below the FPL and 150% of the Federal Poverty Limit twice that of the State. Further, this community has significant African-American and Hispanic populations who are more susceptible to losing kidney function than the general population.

Income and race are important factors when analyzing risk factors for kidney disease and should be taken into consideration when determining whether sufficient access to dialysis services exists within a community. Individuals with low socio-economic status frequently lack access to primary care and as such do not receive the same medical attention to predisposing diseases as persons with a higher socio-economic status. In the most recent Winnebago County Health Department IPLAN 2020 report, access to care ranked as the top health issue. A significant barrier to care is lack of health insurance. Within the Alpine Dialysis PSA nearly 10% of residents lack health insurance. Lack of access to health care can also be demonstrated through emergency room use. In 2015, Winnebago County emergency room usage rates ranged between 5 and 8 per 100 residents, double the Statewide usage rates. In 2016, Winnebago County ranked 88 out of 102 counties in Illinois in health outcomes and 98th in quality of life. When looking at these factors, the incidence and prevalence of ESRD is not surprising. Finally, with specific reference to low-income communities, individuals who have not graduated from college or even finished high school often lack the education and income

level associated with a higher use rate of home treatment modalities. Further, transplantation is a more onerous process for low-income individuals who lack resources. Therefore, in low income communities where people do not attain a high level of education, one must expect a higher dependence on in-center hemodialysis service. As noted throughout the Winnebago County Health Department IPLAN 2020 report, access to health care is a significant issue in Winnebago County. The proposed Alpine Dialysis seeks to address that issue by ensuring access to dialysis services are available to those communities that need it most.

DaVita continually monitors utilization of existing facilities to ensure current and future patients have continued access to dialysis. Once average utilization of a GSA reaches 65%, DaVita begins internal health planning to anticipate future demand. Part of this planning process, involves 5 year growth forecasts. Based upon the historical growth of 8.1% March 2014 from March 2019, and the patients of Dr. Ahmed who are being treated for CKD, DaVita projects this proposed clinic will meet target utilization within two years of operations without a negative effect on any other existing clinics.

It is important to understand that dialysis is unique compared to other regulated health care services. First, once patients are enrolled at a dialysis clinic, they visit the clinic very frequently for treatment. Specifically, ESRD patients dialyze three times per week or 156 times per year. Many patients rely on family, friends or caregivers and government funded transport services to transport them to and from their dialysis treatments. Transportation issues are directly related to patient non-compliance with the prescribed treatment protocol. To minimize transportation difficulties and other access issues, using proprietary software DaVita locates its clinics as proximately to patients' homes as is supported by population density and disease incidence and prevalence. Based upon the residence of the projected dialysis patients, DaVita concluded a clinic on the south side of Rockford would address the need for dialysis services in that community.

Also, when dialysis clinics are heavily utilized, it is difficult for new dialysis patients to dialyze at their preferred dialysis clinic and on their preferred shift as existing patients are frequently unwilling or unable to change shifts to accommodate another patient. Currently, several Rockford area dialysis patients are either not dialyzing at a preferred facility or on a preferred shift. When this occurs, patients may miss dialysis treatments, resulting in involuntary non-compliance. Skipping one or more dialysis sessions in a month has been associated with a 16% higher risk of hospitalization and 30% increased mortality risk compared to those who did not miss a dialysis session. Establishing a new dialysis facility in Rockford will allow patients on the south side of Rockford an opportunity to dialyze at a clinic closer their homes and at their preferred times. With access to a clinic in the same neighborhood and at the most convenient time for patients and their caregivers, the risk of non-compliance is substantially reduced. While dialysis treatments for the whole year might cost \$50,000, a single four day hospitalization can easily be double that amount so it is very much in the interest of disease management principles to make sure patients avoid costly hospitalizations by staying compliant with their treatment protocol.

Dr. Ahmed is currently treating 73 Stage 4 and 5 CKD patients, who reside within three miles of the relocated clinic. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ahmed anticipates that at least 45 of these 73 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization. Accordingly, the proposed Alpine Dialysis will not impact other general health care providers' ability to cross-subsidize safety net services.

3. Based upon utilization trends as well as the need for station availability during the first two shifts, the Applicants determined 12 stations are required to adequately serve the Freeport community. In conjunction with the discontinuation of Freeport Dialysis, DaVita will file a certificate of need application to expand the Driftwood Dialysis clinic by one station for a total of twelve stations to address the need for dialysis in the Freeport community.

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 facilities 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. Syed Ahmed projecting 45 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.



Rockford Nephrology Associates

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

Dear Chair Sewell:

I am a nephrologist in practice with Rockford Nephrology Associates. ("RNA"). I am writing on behalf of RNA in support of the establishment of Alpine Dialysis an 8 station dialysis clinic to be located at 615 Harrison Avenue, Rockford, Illinois 61104. The proposed 8-station chronic renal dialysis facility will directly benefit our patients.


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

RNA is currently treating 73 Stage 4 and Stage 5 chronic kidney disease ("CKD") patients that reside within three miles of the proposed Alpine Dialysis. Conservatively, I predict at least of the 45 CKD patients will progress to dialysis within 12 to 24 months of completion of Alpine Dialysis. RNA's large patient base demonstrates considerable demand for this clinic.

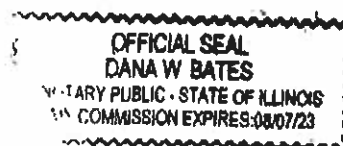
A list of patients who have received care at existing clinics in the area over the past 3 years is provided at Attachment -- 1. A list of new patients we have referred for in-center hemodialysis in the past year is provided at Attachment -- 2. The zip codes for the 73 CKD patients previously referenced is provided at Attachment -- 3.

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

Sincerely,


Syed Ahmed, M.D.
Nephrologist
Rockford Nephrology Associates
612 Roxbury Road
Rockford, Illinois 61107

Subscribed and sworn to me
This 4th day of October,
2019




Notary Public

Attachment 1
Historical Patient Utilization

Rockford Dialysis							
2016		2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
EA	53511	BA	61107	AA	61103	JA	61107
BA	61107	CA	61104	SA	61101	SA	61101
CA	61103	CA	61103	AA	61101	KA	53511
EA	61101	EA	61101	JB	61103	RA	61072
AA	61073	RA	61072	JB	61101	KA	53511
JA	61024	RA	61072	CB	61101	JB	61102
RA	61072	JA	61102	AB	61101	JC	61101
JA	61102	RA	61103	EB	61103	BD	61103
RA	61101	LA	53704	JB	61102	TD	61101
LA	53704	EB	61101	RB	61101	WD	61101
EB	61101	JB	61101	RB	61107	PD	60426
JB	61101	RB	61102	DC	61108	VD	61103
RB	61102	HB	61103	HC	61101	BE	61101
HB	61103	SB	61101	JC	61101	JF	61101
SB	61101	RB	61104	JC	61102	FG	61103
DB	30161	BB	61103	FC	61102	BH	61103
CB	61103	CB	61102	BD	61102	WH	61103
BB	61103	EB	61111	CE	61108	BH	61103
CB	61102	LB	61103	RF	61101	CJ	61103
EB	61111	LB	61102	JF	61101	MJ	61102
CB	61102	TB	61101	PF	61107	SI	61101
RB	61101	RR	61101	TF	61104	MM	61107
MB	61104	MB	61104	LF	61111	JM	61104
WB	61104	WB	61104	JG	61103	AM	64801
RB	61101	NB	61111	BH	61103	RO	61104
EB	61101	JC	61088	NH	61101	RR	61046
NB	61111	JC	61115	RH	61104	KR	61103
IC	61101	RC	61115	BH	61103	BS	61104
KC	61088	JC	61102	JH	61103	LS	48021
JC	61115	RC	61114	CJ	61103	JS	61101
JC	61115	YC	61101	RJ	61103	DS	61075
KC	61103	ED	61102	JJ	61111	MV	61103
AC	61102	DD	60651	PJ	61101	LV	61103
JC	61103	DD	61020	DL	61108	CW	61078
RC	61108	AE	61104	AM	61101	DW	61088
RC	61114	LE	61102	RN	61109		
TD	61080	PE	61103	RO	61104		
TD	61108	PE	61111	DP	61103		
YD	61101	CE	61101	MP	61103		
ED	61102	PF	61102	MP	61101		

Attachment 1
Historical Patient Utilization

Rockford Dialysis							
2016		2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
TE	61088	NF	61102	JP	61103		
LH	61107	RF	61108	RR	61101		
DH	61102	FG	61103	MR	61103		
HH	61101	DG	61108	TS	61101		
WH	61115	SG	61103	DS	61104		
KH	61102	SG	61103	RS	61103		
MH	61104	JH	61103	ES	61101		
JH	61103	JH	61103	JT	61111		
CH	61104	DH	61101	AV	61102		
BH	61073	HH	61101	JV	61109		
KH	61101	MH	61103	WW	61101		
BH	61101	OH	61103	FW	61102		
DH	61101	BH	61107	KW	61104		
SH	61109	DH	61101	AZ	61103		
TH	61101	WH	61104				
JH	61114						
RH	78415						
FH	61101						
EJ	61103						
Si	61102						
Si	61107						
Si	61102						
DJ	61103						
RJ	61103						
CJ	61103						
DJ	61107						
SJ	61109						
YJ	61101						
CK	61103						
LK	61111						
BK	61101						
RK	61101						
SK	61108						
DL	61101						
SL	61101						
KL	61114						
SL	61109						
DL	61102						
JM	61102						
HM	61104						
RM	61102						

Attachment 1
Historical Patient Utilization

Rockford Dialysis							
2016		2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
HM	61103						

Attachment 1
Historical Patient Utilization

Stonecrest Dialysis							
2016		2017		2018		Q2 2019	
AAi	61108	AAi	61108	BA	61107	BA	61107
IAr	61102	IAr	61102	AA	61108	AA	61108
JB	61102	JB	61102	DA	61108	DA	61108
RBo	61115	RBo	61115	JA	61102	PA	61104
RBu	61104	RBu	61104	JB	61103	JA	61102
AB	61104	AB	61104	JB	61102	JB	61103
DBu	61102	DBu	61102	AB	61107	EB	61108
DC	61104	DC	61104	AB	61107	JB	61102
BC	61108	BC	61126	RB	61101	AB	61107
MC	61109	MC	61109	AB	61104	RB	61101
Rcov	61101	Rcov	61101	AB	61102	AB	61104
DC	61103	DD	61104	DB	61102	AB	61102
JC	61108	Lfa	61101	DC	61104	DB	61102
IC	61114	JF	61102	BC	61109	DC	61104
JF	61102	LFr	61102	RC	61104	BC	61109
RF	61104	MG	61102	JF	61102	JC	61109
LFr	61102	OG	61102	LF	61102	RC	61104
MG	61102	BH	61101	OG	61102	SE	61102
OG	61102	MH	61102	HG	61109	JF	61102
JG	61104	LH	61102	JG	61107	LF	61102
BH	61101	WH	61103	MH	61102	OG	61102
LH	61102	Dha	61101	WH	61111	HG	61109
WH	61103	RH	61101	DH	61101	JG	61107
DH	61102	BH	61109	RH	61104	MH	61102
RH	61104	CH	61104	CH	61104	WH	61111
DHER	61102	LI	61102	JI	61102	DH	61101
BH	61109	BJ	61104	BJ	61104	RH	61104
CH	61104	RJa	61104	RJ	61104	CH	61104
SH	61104	Si	61102	SJ	61102	JI	61102
JH	61102	EJ	61103	DL	61109	Si	61107
111	61104	MaJ	61101	DL	61104	BJ	61104
RJ	61104	RJ	61103	ALE	61107	RJ	61104
EJ	61103	GJ	61102	AM	61104	SJ	61102
MAJ	61101	PL	61104	JM	61104	RJJ	61103
MOJ	61104	DL	61104	LM	61108	DL	61109
RJ	61103	AL	61107	RM	61104	JLJ	61104
PL	61104	JM	61102	JO	61102	DL	61104
DL	61104	GM	61102	MP	61101	ALE	61107
SL	61104	Jmon	61101	PP	61104	NM	90301
RL	61114	ArM	61104	RP	61109	AM	64801
CM	61101	Jmos	61104	JR	61102	AM	61104
JM	61102	LM	61108	AR	61101	JM	61104

Attachment 1
Historical Patient Utilization

Stonecrest Dialysis							
2016		2017		2018		Q2 2019	
SM	61109	RM	61104	MR	61084	LM	61108
GM	61102	FN	61102	DS	61104	RM	61104
JMO	61101	JO	61102	BS	61104	RN	61109
JM	61104	KO	61109	MS	61102	JO	61102
LM	61108	MP	61101	ES	61101	MP	61101
RM	61104	PP	61104	AS	61102	PP	61104
JO	61102	RP	61109	DT	61114	RP	61109
KO	61109	JR	61102	CT	61104	RR	61109
MP	61101	Jri	61101	VT	61108	KR	61108
PP	61104	AR	61101	AV	61102	JR	61102
AP	61103	LR	61103	ED	61101	AR	61101
RP	61109	MR	61084	JV	61108	LR	61103
JR	61102	ES	61102	EW	61108	MR	61084
AR	61101	DS	61104	GW	61104	DS	61104
LR	61103	BS	61104	RB	61104	BS	61104
AR	61104	TS	61101	JC	61102	MS	61102
ES	61102	AS	61102	GC	61104	DS	61104
DS	61104	DT	61114	DD	61104	ES	61101
TS	61101	CT	61101	LF	61101	AS	61102
JS	61103	AV	61104	TF	61104	DT	61114
AS	61102	EV	61101	LH	61102	CT	61104
RS	61114	RW	61102	GJ	61102	VT	61108
DT	61114	TW	61109	JM	61114	DV	61102
CT	61104			FN	61102	AV	61102
CV	61104			RR	61101	ED	61101
AV	61104			TS	61101	JV	61108
TW	61109			JT	61084	EW	61108
MW	61104			RW	61102	GW	61104
				JW	61104	MB	61104
				BA	61101	BD	61102
				JA	61115	BH	61108
				VB	61109	EJ	61103
				SB	61101	MJ	61101
				RB	61107	MJ	61104
				MB	61109	PL	61104
				MB	61104	SM	61107
				LC	61084	JM	61102
				GC	61104	KO	61109
				BD	61102	ES	61102
				TE	61104	TW	61109
				JE	61020		
				TE	61114		

Attachment 1
Historical Patient Utilization

Stonecrest Dialysis							
2016		2017		2018		Q2 2019	
				PF	61107		
				RF	61102		
				DH	61103		
				BH	61103		
				JH	61107		
				RH	61104		
				MJ	61115		
				SG	61104		
				TP	61104		
				AP	61068		
				MR	61109		
				JT	61101		

Attachment 1
Historical Patient Utilization

Roxbury Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
SA	61107	SA	61107	LA	61021
MB	61108	NA	61104	AA	61101
RB	61107	LB	61109	NA	61104
RB	61109	RB	61107	GA	61107
LB	61104	RB	61109	AB	61108
JC	61107	LB	61104	LB	61109
KC	61115	RC	61108	JB	61016
WC	61103	JC	61107	LB	61104
AC	61111	KC	61115	AB	61107
MC	61107	WC	61103	PB	61103
CC	61102	AC	61111	RB	61103
RC	61114	MC	61107	RB	61107
DD	61111	CC	61102	CB	61108
ED	61008	RC	61114	RB	61109
TE	61114	DD	61111	JC	61107
ME	61107	ED	61008	WC	61103
ME	61101	DD	61132	RC	61114
RF	61052	AE	61107	CC	61102
LF	61114	TE	61114	BC	61107
PF	61102	ME	61107	JC	61103
JG	61101	ME	61101	KC	61107
LG	61103	RF	61052	MC	61103
CG	61107	IF	61114	DC	61108
RG	61102	PF	61102	JC	61088
DG	61104	JG	61101	SC	60150
EG	61102	LG	61103	KC	61115
PH	61111	CG	61107	JC	61102
RH	61101	RG	61102	AC	61111
WH	61107	DG	61104	AD	61062
DH	61107	TG	61109	DD	61111
PH	61126	EG	61102	ME	61101
CJ	61102	PH	61111	RE	61115
MJ	61103	OH	61107	AE	61107
JJ	61108	RH	61101	TE	61114
RK	61107	WH	61107	RF	61052
TK	61103	DH	61107	JF	61101
LK	61107	PH	61126	ME	61107
BK	61108	CJ	61102	LF	61114
TL	61107	MJ	61103	MF	46241
RL	61109	JJ	61108	PF	61107
KL	61107	RK	61107	JG	61101

Attachment 1
Historical Patient Utilization

Roxbury Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
TL	61101	TK	61103	LG	61103
RL	61107	LK	61107	CG	61107
JL	61111	BK	61108	DG	61104
AM	61008	TL	61107	TG	61109
AM	61109	RL	61109	EG	61102
JM	61108	KL	61107	HG	61107
DM	61109	TL	61101	DG	61108
JM	61104	RL	61107	JG	61008
BM	61107	RL	61108	RG	61102
RM	61107	AM	61008	WH	61011
RM	61108	JM	61108	SH	61111
AN	61104	DM	61109	SH	61021
JN	61108	JM	61104	PH	61111
KN	61111	RM	61107	PH	61126
LN	61114	RM	61108	SH	61021
CP	61115	AN	61104	BH	61107
LP	61111	JN	61108	JH	61109
MP	61080	KN	61111	MJ	61103
JP	61103	LN	61114	MJ	61103
BP	61107	CP	61115	JJ	61101
MP	61107	LP	61111	CJ	61102
SR	61108	MP	61080	PK	61109
BR	61111	JP	61103	AK	61084
LR	61107	BP	61107	RK	61008
JR	61114	SR	61108	KK	61107
DR	61109	WR	61109	RK	61107
DR	61109	LR	61107	TK	61108
AR	61114	JR	61114	KK	61104
RR	61108	DR	61109	RL	61108
JS	61114	DR	61109	JL	61107
TSG	61101	RR	61108	DL	61108
NS	61108	JS	61114	RL	61107
JS	61111	TSG	61101	CL	61111
ES	61108	NS	61108	RL	61109
DS	61107	JS	61111	SL	61108
AS	61101	ES	61108	TL	61108
DS	61108	DS	61107	KL	61107
MT	61102	DS	61107	RL	61108
ST	61016	ST	61016	CM	61101
CT	61108	CT	61108	RM	61108
AV	61108	AV	61108	AM	61061

Attachment 1
Historical Patient Utilization

Roxbury Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
FV	61114	FV	61114	JM	61104
DW	61109	DW	61104	BM	61109
VW	61109	VW	61109	AN	61104
CW	61101	CW	61101	JN	61108
JW	61115	JW	61115	LN	61114
SW	61108	TX	61109	KN	61114
JW	61115	CZ	61109	CP	61111
TX	61109			BP	61107
CZ	61109			MP	61107
				KP	61109
				SP	60901
				MP	61080
				JP	61103
				SR	61108
				LR	61108
				GR	61107
				DR	61109
				AR	61109
				JR	61103
				PS	61104
				NS	61108
				JS	61111
				ES	61108
				LS	61108
				GS	61107
				TS	61103
				TS	61101
				PS	61108
				JS	61114
				DS	61107
				MS	60419
				ST	61016
				JT	61104
				AV	61108
				WV	61114
				FV	61114
				DW	61109
				TW	61115
				CW	61101
				HW	61108
				MW	61111

Attachment 1
Historical Patient Utilization

Roxbury Dialysis					
2016		2017		2018	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				TX	61109
				JY	60629
				CZ	61114
				CZ	61008

Attachment 1
Historical Patient Utilization

Freeport Dialysis			
2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code
AE	53511	RC	61032
BC	61032	JC	61032
JC	61032	MG	61032
JC	61032	LH	61032
RB	52404	CI	61032
CG	61032	SI	61032
LF	61032	GJ	61032
MG	61032	PL	61032
JH	61032	RP	61032
GJ	61088	DR	61050
SK	61046	MS	61047
DK	61046	ET	61032
NL	61032	MW	61032
DR	61050	JW	61032
AS	61032	RC	61032
HC	61032	AG	61062
RC	61032	FG	61085
TC	61032	MG	61032
DE	61032	DG	61032
MG	61032	EH	61285
DG	61032	GJ	61088
RH	61032	DK	61047
LH	61032	NL	61032
EH	61032	KM	61032
CH	61032	MR	61032
CI	61032	DS	61047
SI	61032	MV	61032
GJ	61032	BW	61078
SK	61032	RB	61032
DK	61032	PL	61032
LL	61032	RP	61032
JR	61060	RR	61032
MR	61032	DS	61032
DS	61032	RT	61088
MS	61047	MV	61032
AL	61032	MW	61032
ET	61032		
MV	61032		
BW	61078		
AG	61062		
FD	61085		

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Attachment 1
Historical Patient Utilization

Driftwood Dialysis			
2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code
db	61032	ad	61048
gc	61046	re	61048
cd	61032	mg	61032
wg	61046	wh	61032
ch	61032	rh	61032
cj	61032	km	61032
yj	61032	gn	61085
jl	61046	mr	61085
fm	61032	ms	61070
sn	61032	ds	61047
bo	61032	bw	61078
hr	61062		
lr	61032		
js	61032		
rt	61032		
gw	61010		
jb	61032		
cg	61032		
lg	61032		
rj	61032		
rl	61048		
do	61085		
ds	61032		
rt	61032		
gb	61032		
lb	61032		
cb	61032		
pi	61032		
kb	61032		
tb	61032		
mb	61032		
bc	61032		
rc	61032		
ge	61085		
cf	61032		
rg	61032		
jj	61032		
ak	61032		
rn	61032		
kn	61032		
cp	61032		

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Historical Patient Utilization

Driftwood Dialysis			
2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code
wp	61032		
rr	61032		
kr	61088		
rs	61030		
sw	61085		

Attachment 1
Historical Patient Utilization

Forest City Dialysis					
2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
AG	61102	DH	61102	JB	61101
DH	61102	JM	61101	AM	61101
AM	61101	FM	61010	JS	61104
FM	61010	MP	61101	DT	61102
ST	61101	PT	61010	EU	61102
SA	61103	YB	61102	WW	61102
CA	61104	RB	61109	NC	61102
AA	61101	FC	61102		
EA	61101	CD	61088		
CB	61102	JF	61101		
JC	61088	DH	61102		
LE	61102				
PF	61102				
NF	61102				
DH	61114				
BH	61103				
TL	61108				
HM	61102				
MM	61109				
RO	61104				
LT	61103				
DV	61102				
WV	61103				
FW	61101				

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Historical Patient Utilization

Machesney Park Dialysis							
2016		2017		2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
RP	61108	JS	61103	EA	53511	EA	61115
JS	61103	LT	61103	AA	61073	MP	61111
LT	61103	WG	61111	SC	61111	CM	61115
WG	61111	JG	61111	RE	61115	WH	61073
JG	61111	DS	61111	WG	61073	MM	61115
DS	61111	MT	61111	DG	61111	BH	61111
MT	61111	BW	61111	MH	53511	JS	61073
BW	61111	JW	61111	LM	61073	BL	61080
JW	61111	CW	61111	BM	61115	DD	61115
CW	61111	PB	61115	LM	61115	SL	61072
PB	61115	CD	61115	MM	61115	CT	61115
CD	61115	BE	61115	CM	61115	PA	61080
BE	61115	LG	61115	CP	61111		
LG	61115	MG	61115	DS	61111		
MG	61115	HH	61115	JS	61080		
HH	61115	MH	61115	LT	61103		
MH	61115	TL	61115	TT	61111		
TL	61115	RM	61115	LW	61111		
RM	61115	LM	61115	JW	61115		
LM	61115	CM	61115	EB	53585		
CM	61115	JH	61011	EB	61073		
JH	61011	BH	61073	MJ	61115		
BH	61073	AA	61073	KM	61073		
AA	61073	LE	61072	TP	61073		
LE	61072	DH	61065	RC	61115		
DH	61065	TD	61080	JC	61115		
TD	61080	JM	61080	TD	61080		
JM	61080	LM	61115	CD	61115		
DA	61072	JW	61111	JG	61080		
		MH	53511	JG	61111		
		AF	61073	LG	61115		
		PK	61073	MG	61115		
		CT	61114	HH	61115		
		RA	61072	JH	61011		
		DO	61073	BH	61073		
		GM	61080	SJ	61108		
		RC	61115	SL	61072		
		ER	61101	TL	61115		
		DA	61115	RM	61115		
		RE	61115	JM	61080		
				DO	61073		

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Historical Patient Utilization

Machesney Park Dialysis							
2016		2017		2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
				CP	61111		
				MT	61111		
				CT	61114		
				CW	61111		
				RD	61073		
				RS	61111		
				KT	61008		
				TA	61115		
				AC	61111		
				LL	61111		
				KS	61111		
				BS	61073		
				JJ	61115		
				JM	61072		
				RS	61072		
				AM	61115		
				DR	61115		
				KA	61111		
				TP	61080		
				MH	61115		

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Historical Patient Utilization

Belvidere Dialysis							
2016		2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
K.B	61008	D.A.	61008	DA	61008	LA	61008
E.F.	61008	K.A.	61008	RA	61008	FAP	61008
J.W.	61008	D.A.	61008	LB	61008	LC	61008
D.A.	61008	M.B.	61065	JC	61008	JD	61008
D.A.	61008	K.B	61008	LC	61008	RK	61008
M.B.	61065	K.B	61008	AC	61008	RK	61038
K.B	61008	j.B	61008	PG	61008	JK	61012
J.C.	61008	J.C.	61008	LG	61008	MN	61008
A.C.	61008	A.C.	61008	JG	61008	IT	61008
L.G.	61008	E.F.	61008	FH	61008	KT	61008
J.G.	61008	L.G.	61008	GH	61008		
B.H.	61008	F.H.	61008	ALM	61008		
F.H.	61008	C.J.	61108	MM	61008		
A.L.	61065	A.L.	61065	AM	61008		
L.L.	61008	L.L.	61012	MM	61008		
M.M	61008	L.L.	61008	NM	61008		
A.M.	61008	M.M	61008	RM	61008		
R.M.	61008	M.M.	61008	AP	61065		
G.P.	61108	R.M.	61008	RS	61008		
F.P.	61008	G.P.	61108	DS	61008		
T.R.	61008	F.P.	61008	AS	61008		
T.S.	61008	T.R.	61008	CT	61008		
D.S.	61065	R.S.	61065	CT	61008		
D.S.	61008	T.S.	61008	CV	61008		
A.S.	61008	D.S.	61065	JY	61108		
D.T.	61008	D.T.	61008	CZA	61008		
C.T.	61008	S.T.	60051	MZ	61008		
C.T.	61008	C.T.	61008	KA	61111		
E.W.	61008	E.W.	61008	DA	61103		
K.Z.	61008	J.W.	61008	AB	61008		
S.T.	60051	J.Y.	61108	JF	61065		
M.M.	61008	S.A	61103	EG	61008		
R.S.	61065	R.B.	61008	RG	61008		
A.B.	61008	S.R.	61008	CH	61065		
C.J.	61108	E.D.	61111	BH	61103		
S.A	61103	A.S	61008	MM	61111		
j.B	61008	C.T.	61008	GN	34601		
B.M.	61008	G.H.	61008	FP	61008		
J.Y.	61108	R.A.	61008	BR	61008		
B.D.	61104	A.B.	61008	DR	61008		
J.K.	61008	R.G.	61008	TS	61008		

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Historical Patient Utilization

Belvidere Dialysis							
2016		2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
L.L.	61012	K.R.	61109	KV	48004		
		M. J	90250	EW	61008		
		N.M.	61008	KW	61008		
		A.P.	61065	RS	61065		
		T.K.	29680	DS	61008		
		B.K.	32163	BT	61065		
		R.S.	61008	PV	61008		

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Historical Patient Utilization

Churchview Dialysis					
2016		2017		2018	
DA	61108	PA	61108	MA	61108
DA	61072	AA	61101	JA	61109
AA	61101	BA	61107	DA	61109
CA	61107	JA	61114	RB	61108
JA	61114	KA	61108	TB	61107
MA	61108	MA	61008	MB	61111
MA	61108	DA	61109	MC	61108
PA	61111	PA	61111	BC	61109
KA	61108	TB	60119	MC	61107
DA	61108	RB	61108	JC	61103
MB	61065	TB	61107	WC	61109
PB	61115	RB	61108	FM	61107
TB	61109	MB	61080	LE	61114
RB	61111	MB	61111	CF	61103
RB	61108	SC	61111	LF	61114
LB	61104	IC	61101	CG	61111
TB	61107	DC	61108	TG	61114
MB	61080	MC	61108	BH	61103
MB	61111	BC	61109	JV	61108
MC	61108	RC	60140	EH	61108
SC	61115	DC	61103	BH	61101
SC	61111	WC	61109	RH	61108
JC	61101	RC	61109	SH	61104
RC	61108	FC	61107	AI	61108
DC	61104	DD	61020	TJ	61114
DC	61108	ID	61115	DJ	61115
BC	61109	CD	61107	EJ	61107
DC	61109	NE	61104	DJ	61107
WC	61108	CF	61103	MJ	61104
AC	61109	CF	61109	BJ	61111
RC	61107	TF	61101	YJ	61109
FC	61109	JF	61008	IJ	60033
SD	61073	CG	61111	AK	61104
MD	61115	AG	61102	RK	61008
MD,	61106	HG	61102	ML	61103
CD	61102	TG	61115	TL	61108
TD	61115	DH	61114	DL	61114
ID	61107	GH	61114	ML	61108
CD	61065	EH	61111	DL	61114
RD	61115	LH	61108	JM	61107
BD	61072	HH	61101	WM	61125

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Historical Patient Utilization

Churchview Dialysis					
2016		2017		2018	
LE	61108	BH	61109	DM	61111
RE	61104	CH	61101	DN	61104
NE	61103	SH	61102	EN	61114
CF	61109	DH	61065	LO	61108
CF	61109	AI	61108	JO	61108
SF	61012	MJ	34480	KO	61104
EF	61108	TJ	61114	AP	61114
TF	61101	DJ	61115	JP	61104
JF	61108	RJ	61103	JR	61065
LF	61102	131	61111	LR	61016
TF	61016	DJ	61107	KR	61109
CF	61111	EJ	61107	NR	61008
AF	61102	YJ	61109	FS	61104
WF	61073	AK	61104	LSD	61104
LG	61008	PK	61103	PS	61108
EG	61111	AK	61020	RS	61101
TG	61114	SL	21229	KS	61109
EG	61102	DL	61114	CS	61109
LG	61115	ML	61108	LT	61114
DH	61115	DL	61114	ET	61103
FH	61115	FC	61108	JV	61109
KH	61008	JM	61109	SV	61111
GH	61101	AM	61109	DW	61108
JH	61111	GM	61062	EW	61109
LH	61109	CM	61102	DW	61016
HH	61101	WM	61125	TW	61116
BH	61102	SM	61102	MW	61104
CH	61104	HM	61102	RZ	61109
SH	61107	RM	61073	AA	61101
DH	61065	MM	61115	PA	61111
DH	61108	DM	61111	DA	61103
AI	61114	RM	61114	EB	61108
TJ	61115	JM	61107	NE	61104
DJ	61107	GM	61047	CF	61109
DJ	61107	RN	61073	JG	61080
EJ	61108	DN	61104	AG	61114
CJ	61109	EN	61114	DG	61008
YJ	61073	JO	61108	VH	61008
PK	61104	KO	61104	BH	61101
AK	61103	DP	61114	DH	61103
PK	61114	AP	61065	CK	61109
BK	61020	EP	61102	JK	61107

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Historical Patient Utilization

Churchview Dialysis					
2016		2017		2018	
JK	61065	JP	61111	SK	61107
FL	61115	JP	61111	AM	61115
DL	60178	AP	61114	LP	61107
DL	61111	EP	61065	MP	61107
SL	61065	JP	61104	MP	61108
AL	61115	CP	61111	DS	61011
DL	61115	AP	61107	RS	61008
LL	61108	DR	61115	CT	61104
ML	61108	AR	61109	BT	61114
DL	61114	MR	61107	WW	61101
FM	61108	MR	61109	CW	61008
JM	61109	CR	61107		
AM	61109	JR	61065		
GM	61062	KR	61109		
MM	61008	AS	61103		
CM	61102	FS	61104		
WM	61125	JS	61073		
HM	61102	LS	61104		
SM	61108	MS	61108		
LM	61115	KS	61073		
JM	61080	DS	61109		
SM	61008	RS	61101		
BM	61108	PS	61114		
JM	61107	CS	61109		
GM	61047	DS	61107		
AN	61111	AS	61008		
RN	61073	RT	61009		
DN	61104	ET	61103		
JO	61114	MT	61008		
EO	61101	CT	61108		
WO	61108	JT	61111		
RO	61111	SV	61103		
DP	61107	WV	61108		
AP	61114	DW	61111		
EP	61065	JW	61109		
JP	61102	RW	61016		
JP	61111	DW	61116		
AP	61111	TW	61108		
MP	61114	AW	60192		
RP	61008	BY	61109		
EP	61008	RZ	61108		
JP	61065				

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Historical Patient Utilization

Churchview Dialysis					
2016		2017		2018	
CP	61104				
AP	61111				
RP	61107				
FP	61107				
AR	61107				
MR	61108				
CR	61109				
JR	61109				
KR	61107				
AS	61065				
FS	61088				
JS	61103				
LS	61104				
MS	61073				
DS	61104				
KS	61108				
MS	61111				
DS	61073				
KS	61107				
PS	61109				
DS	61109				
JS	61114				
DS	60175				
CS	61107				
JS	61065				
LS	61109				
AS	61080				
RS	61103				
DT	61008				
MT	61111				
RT	61071				
MT	61111				
ET	61109				
DT	61111				
MT	61103				
CT	61115				
RT	61103				
JV	61108				
MV	61109				
SV	61111				
DW	61108				

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Historical Patient Utilization

Churchview Dialysis					
2016		2017		2018	
MW	61108				
JW	61111				
RW	61109				
DW	61107				
TW	61016				
MW	61116				
AW	61104				
BY	61108				
JY	60192				
KZ	61108				

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Historical Patient Utilization

Dixon Kidney Center					
2016		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
RA	61021	RA	61021	RA	61021
DB	61021	KB	61021	KB	61021
JB	61021	MB	61021	MB	61021
SB	61310	MB	61068	MB	61068
KB	61021	JC	61021	JC	61021
KC	61021	JC	61061	JC	61061
LC	61064	FD	61378	FD	61378
JF	61021	JF	61021	JF	61021
RF	61021	WF	61310	WF	61310
LJ	61021	HG	61021	HG	61021
SJ	61021	SH	61021	SH	61021
JK	61068	KH	61021	KH	61021
DM	61021	DH	61031	DH	61031
RM	61021	WL	61021	WL	61021
FM	61021	LO	61021	LO	61021
GO	61021	LA	61021	MB	61021
JP	61021	HB	61068	HB	61068
GP	61054	CD	61342	JB	61021
KP	61021	CD	61021	CD	61021
RR	61021	AD	61021	CM	61061
RS	61061	WF	61021	JU	61318
LT	61064	SF	61021	SF	61021
SV	61021	DF	61021	DF	61021
BW	61021	SK	61021	JK	61068
NY	61021	PK	61021	WL	61021
RC	61021	GK	61061	LO	61021
DS	61367	YK	61061	RM	61021
LA	61021	JK	61068	TM	61021
JC	61006	WL	61021	VM	61071
CD	61021	LO	61021	MM	61068
EP	61021	BM	61021	JP	61064
JW	61061	GM	61071	AS	61310
		RM	61021	DS	61021
		TM	61021	MS	61021
		VM	61071	DS	61021
		CM	61081	DS	61054
		MM	61068	SV	61021
		NN	61021	JW	61061
		JP	61021		
		KP	61021		
		JP	61064		

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Historical Patient Utilization

Dixon Kidney Center					
2016		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
		RS	61061		
		AS	61310		
		DS	61021		
		MS	61021		
		DS	61021		
		DS	61054		
		SV	61021		
		JW	61061		

Attachment 1
Historical Patient Utilization

Timbercreek Dialysis							
2016		2017		2018		Q2 2019	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
JB	61068	FA	60115	AF	60115	BC	60115
RM	61068	EA	60115	BZ	60115	DK	60520
FA	60115	CB	60113	BJ	60115	ED	60115
EA	60115	JB	61068	BJ	61068	MA	60115
HB	60620	HB	60620	BT	60115	MR	60530
JB	60115	JB	60115	BJ	60115	ML	61068
LC	60115	LC	60115	BC	60115	NW	61068
KD	60520	KD	60520	BC	60115	PA	60115
RE	60115	JL	60115	BB	60115	RJ	61068
JG	60115	MM	60550	CO	60115	RC	60113
JL	60115	RM	61068	CS	60174		
EL	60115	CM	60115	GM	60115		
CM	60115	RM	60115	LS	61068		
RM	60115	GR	60115	MR	61068		
GR	60115	KS	60115	MW	61068		
MM	60550	AT	60115	MR	60115		
KS	60115	KT	60115	NI	60115		
AT	60115	GW	60115	NG	60115		
KT	60115	MW	60115	RJ	60150		
GW	60115	CW	60115	RR	60178		
MW	60116	MW	60115	SK	60115		
CW	60115	EW	60115	TA	60115		
MW	60115	JW	60115	UJ	61318		
EW	60115	DW	60115	WG	60115		
JW	60115	KW	60115	WC	60115		
DW	60115	JB	60115	WM	60115		
KW	60115	WM	61068	WE	60115		
		.IM	61068	WJ	60115		
		IN	60115	WA	60620		
		GN	60115	ZB	60115		
		CT	61068				
		JU	61318				
		HB	61068				
		SL	61068				
		NR	60115				

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Historical Patient Utilization

Sycamore Dialysis							
2016		2017		2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
PA	60115	AC	60135	SA	61068-971	MM	60112-411
TB	60115	PA	60115	CA	60135	DM	60109
TB	60119	TB	60119	DA	60140-062	SM	60146-884
JB	60178	LC	61068	LA	60115-105	LM	60178-131
DB	61270	RC	60115	FB	60115-829	JO	60178-894
LC	61068	RC	60115	GB	60115	PP	60115
RC	60115	DE	55426	LB	60178	CP	60112-410
PD	60115	JF	60115	TB	60115-392	CP	60135-133
DE	55426	JG	60115	JB	60178-204	DP	60135-118
PF	60178	JK	61068	BB	60115-340	DR	61068-173
BG	60102	PL	60178	PB	60135-124	JR	60145
LJ	60178	CL	60115	JB	60178-953	SC	60178
RK	60178	DM	33596	KB	60115-580	PS	60556-034
JK	61068	BM	76020	BB	60178-161	WS	60145-826
JM	78059	MM	61068	EC	60115	DS	60178-212
BM	60112	GN	60115	LC	61068	RT	60115
MM	61068	PR	52761	TC	60135-104	VT	60178-301
MP	60140	MR	94015	RC	60115-190	RT	60115-234
PR	52761	DR	61068	SC	60150-034	JV	60178-222
DR	61068	GS	60115	RC	60178-886	AV	60115-190
PS	61068	TS	60115	ED	60115-134	RV	60112-412
DS	60178	RS	6095	RF	61052	OW	60115
GS	60115	RT	60115	JF	60150-953	CW	60178-327
DS	60178	JT	54812	SF	60150-953	WW	60178-191
RT	60115	SZ	60178	LF	60135-144	DB	60115-265
VT	60178	LA	60178	RG	60135-792	SF	60115-189
SZ	60178	LB	60178	JG	60115-533	SK	60135-108
LA	60178	BB	60115	AH	60115-111	JL	60178-224
LB	60178	PB	60135	AH	60538-770	RR	60112-419
BB	60115	KB	60115	JJ	60115-582	MR	61068-934
PB	60135	BB	60178	SJ	60178-291	LS	60115-233
KB	60115	JF	60150	BK	60178-274	NS	60178-325
BB	60178	SF	60150	LK	60115-246	DT	60135-111
JF	60150	AH	60115	DK	60115-192	JT	60178-900
SF	60150	HH	60115	JK	61068-214	SW	61068-924
AH	60115	U	60178	RL	60178		
HH	60115	SJ	60178	CL	60115-212		
U	60178	DK	60115	EM	60115		
SJ	60178	RL	60178	JM	60115		
DK	60115	GM	60178	AM	60115-265		
RL	60178	MM	60178	MM	60178-271		

Appendix -1

Attachment 1
Historical Patient Utilization

Sycamore Dialysis							
2016		2017		2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code	Initials	Zip Code	Initials	Zip Code
GM	60178	JM	60178	JM	60178-280		
JM	60178	TM	60178	TM	60178-275		
TM	60178	SM	60146	MM	61068-204		
SM	60146	JO	60178	MM	60112-411		
JO	60178	PP	60178	DM	60109		
PP	60178	DS	60178	SM	60146-884		
DS	60178	RT	60115	LM	60178-131		
RT	60115	RT	60115	JO	60178-894		
RT	60115			PP	60115		
				CP	60112-410		
				CP	60135-133		
				DP	60135-118		
				DR	61068-173		
				JR	60145		
				SC	60178		
				PS	60556-034		
				WS	60145-826		
				DS	60178-212		
				RT	60115		
				VT	60178-301		
				RT	60115-234		
				JV	60178-222		
				AV	60115-190		
				RV	60112-412		
				OW	60115		
				CW	60178-327		
				WW	60178-191		

Attachment 1
Historical Patient Utilization

Whiteside Dialysis			
2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code
LB	61071	RA	61071
WB	61277	BA	61081
RB	61081	DB	61081
LB	60134	LB	61071
KB	61071	VB	61071
DB	61014	LB	61277
FC	61081	SB	61071
LC	61081	OB	61081
DC	61061	DB	61081
DH	61081	TB	61071
PH	61071	DB	61014
RH	61081	JB	61071
SH	61081	SC	61081
TJ	61081	SC	61081
PK	61081	JC	61261
BL	61071	FC	61081
RL	61081	DC	61081
GM	61071	DF	61071
VM	61071	SG	61081
AR	61081	DH	61081
FR	61081	JT	61071
RS	61081	MH	61071
RS	61081	PH	61071
DS	61081	RH	61081
RS	61081	KH	61071
DS	61376	TJ	61081
WT	61081	YK	61081
DU	61270	BK	61081
RV	61081	SL	61081
SH	61081	DL	61071
BL	61071	HM	61252
DS	61081	GM	61071
DS	61081	SM	61285
JB	61081	JM	61081
LC	61081	VM	61081
RF	61081	DN	61081
BF	61081	HN	61270
DF	61071	CN	61071
BL	61071	CP	61270
KM	61081	BP	61081
KP	61081	AR	61081

Appendix -1

Attachment 1
Historical Patient Utilization

Whiteside Dialysis			
2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code
RR	61074	SR	61071
FR	61081	RS	61081
WT	61071	RS	61081
SW	61081	GS	61071
		JS	61081
		BS	61081
		BS	61081
		FS	61081
		RS	61081
		JS	61081
		TT	61071
		GT	61081
		DU	61270
		RV	61081
		EV	61081
		CW	61071
		RZ	61081
		OB	61081
		TB	61071
		JB	61071
		DF	61071
		GM	61071
		JM	61081
		AR	61081
		BS	61081
		GT	61081
		SW	61081

Rockford

Attachment 2
New Patients

ICHD Facility #1			
New since 8-17			
Initials	Zip Code	Initials	Zip Code
GA	61072	MP	61103
LA	53704	CP	61101
JA		JP	61103
CB	61024	RR	61101
CB	61101	PR	61108
EB	61103	KR	60124
JB	61102	DS	60175
LB	61102	LV	61103
RB	61101	DV	61102
MB	61104	AV	61104
RB	61101	WW	61101
JC	61115	FW	61102
JC	61102	FW	61101
TF	61103	KW	61104
KG	53563		
NH	61101		
BH	61101		
CJ	61103		
TJ	61101		
RJ	61103		
PJ	61101		
PL	61103		
AL	61102		
RL	61102		
DL	61109		
TM	61101		
RM	61107		
DM	61111		
AM	61101		
RN	61109		
RO	61104		

Attachment 2
New Patients

Roxbury Dialysis	
2019 Q2	
Initials	Zip Code
AA	61108
JA	61107
VB	61109
RB	61107
MB	61104
DC	61108
DE	61104
JE	61109
EG	61008
JG	61108
DH	60004
SH	61021
JK	61107
KK	61104
QL	61101
MM	61108
MM	61103
JP	61114
CR	61107
CS	61111
CS	61107
GS	61107
BT	61114
CS	61108
AT	61108
LU	61104
LV	61103
HW	61111
MW	61107

[illegible]

[illegible]

Machesney Park

Attachment 2 New Patients

ICHD Facility #1			
Since 8/2017			
Initials	Zip Code		
DA	61115		
RE	61115		
SC	61111		
JC	61115		
DH	61065		
MM	61115		
CP	61111		
TT	61111		
DG	61111		
JW	61115		
ES	61115		
LW	61111		
LM	61103		
EB	53585		
KM	61073		
TP	61073		
MJ	61115		
EB	61073		
RS	61111		
RD	61073		
RC	61115		
KT	61115		
TA	61115		
AC	61111		
LL	61111		
BS	61073		
KS	61111		
JJ	61115		

New patients that have started f

visitor
visitor

Church view

Attachment 2

New Patients

[illegible]

Attachment 2
New Patients

DIXON KIDNEY CENTER			
2018		2019 Q2	
Initials	Zip Code	Initials	Zip Code
MB	61021	MB	61021
MB	61068	JB	61021
JC	61061	CM	61061
FD	61378	JU	61021
WF	61021		
WF	61310		
HG	61021		
SH	61021		
KH	61021		
DH	61031		
GK	61310		
WL	61021		
LO	61021		
NN	61021		
JP	61064		
RS	61061		
AS	61310		
DS	61021		
MS	61021		

Sycamore

Attachment 2
New Patients

ICHD Facility #1			
8/2017 YTD			
Initials	Zip Code		
SA	61068		
CA	60135		
DA	60112		
JB	60178		
JB	60115		
SC	60150		
RC	60115		
RF	61114		
JF	60115		
HG	60115		
AH	60538		
JJ	60115		
JK	61068		
PL	60178		
CL	60115		
MM	61068		
TB	60115		
MR	94015		
DR	61068		
TS	60115		
RS	6095		
VT	60115		
AV	60115		
KW	60115		

[illegible]

Attachment - 3

Zip Code	Patients
61104	11
61108	32
61109	30
Total	73

Appendix -1

70610206.1

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

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

October 8, 2019

FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
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Springfield, Illinois 62761

Anne M. Cooper
(312) 873-3606
(312) 819-1910 fax
acooper@polsinelli.com
RECEIVED
OCT 09 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: Application for Permit – Freeport Dialysis (To Be Renamed Alpine Dialysis)

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Renal Treatment Centers – Illinois, Inc. (collectively, “DaVita”) to submit the attached Application for Permit to discontinue the 10-station dialysis facility located in Freeport, Illinois and establish an 8-station dialysis facility in Rockford, Illinois. For your review, I have attached an original and one copy of the following documents:

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

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

Sincerely,

Anne M. Cooper

Attachments

polsinelli.com

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Nashville New York Phoenix
St. Louis San Francisco Silicon Valley Washington, D.C. Wilmington

Polsinelli LLP in California 707.289.0511