ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Sauganash Dialysis	
Street Address:	6201 North McCormick Boulevard	
City and Zip Code:	Chicago, Illinois 60659	
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

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

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

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

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

Name:	Dawn Thomas
Title:	Division Vice President
Company Name:	DaVita Inc.
Address:	4259 S Cottage Grove Ave Ste 100, Chicago, IL 60653
Telephone Number:	224-423-2709
E-mail Address:	dawn.thomas2@davita.com
Fax Number:	

Facility/Project Identification

Facility Name:	Sauganash Dialysis	
Street Address:	6201 North McCormick Boulevard	
City and Zip Code:	Chicago, Illinois 60659	
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

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

Type of Ownership of Applicants

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

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

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

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

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

Name:	Dawn Thomas
Title:	Division Vice President
Company Name:	DaVita Inc.
Address:	4259 S Cottage Grove Ave Ste 100, Chicago, IL 60653
Telephone Number:	224-423-2709
E-mail Address:	dawn.thomas2@davita.com
Fax Number:	

Post Permit Contact

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

Name:	Kara Friedman
Title:	Attorney
Company Name:	Polsinelli
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: TCB-Lincoln Village, LLC

Address of Site Owner: 353 North Clark Street, Suite 3625, Chicago, Illinois 60654

Street Address or Legal Description of the Site: 6201 North McCormick Boulevard, Chicago, IL 60659
See legal description attached at Attachment – 2B.
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc.

Address: 2000 16th Street, Denver, CO 80202

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT 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 Total Renal Care, Inc., (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis clinic located at 6201 North McCormick Boulevard, Chicago, Illinois 60659. The proposed dialysis clinic will include approximately 6,956 gross square feet.

This project was unanimously approved at the October 22, 2019 State Board meeting; however, due to land subsidence at the original site caused by the removal of underground storage tanks, establishing a dialysis facility original site was no longer feasible. DaVita identified a new site for the Sauganash Dialysis clinic, which is the subject of this application, less than one mile from the original site. This proposed clinic will serve the same patient base as the initial Sauganash Dialysis clinic.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$1,411,067	$514,788	$1,925,855
Contingencies	$141,107	$51,479	$192,586
Architectural/Engineering Fees	$67,921	$24,483	$92,404
Consulting and Other Fees	$29,916	$10,784	$40,700
Movable or Other Equipment (not in construction contracts)	$495,640	$163,362	$659,002
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$1,156,604	$416,902	$1,573,506
Other Costs To Be Capitalized	$34,900		$34,900
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$3,337,155**	**$1,181,798**	**$4,518,953**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,180,551	$764,896	$2,945,447
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$1,156,604	$416,902	$1,573,506
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$3,337,155**	**$1,181,798**	**$4,518,953**

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

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

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

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

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

Estimated start-up costs and operating deficit cost is $ 2,954,710.

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): December 31, 2022

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

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

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

State Agency Submittals [Section 1130.620(c)]

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization - NOT APPLICABLE

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

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

CERTIFICATION

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

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

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

SIGNATURE

Michael D. Staffieri
PRINTED NAME

Chief Operating Officer, DaVita Kidney Care
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of July, 2020

Kathy Ann Connor
Signature of Notary

Seal

Kathy Ann Connor
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID# 20064018112
MY COMMISSION EXPIRES April 28, 2021

SIGNATURE

John D. Winstel
PRINTED NAME

Chief Accounting Officer
PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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SIGNATURE	SIGNATURE
Michael D. Staffieri PRINTED NAME	John D. Winstel PRINTED NAME
Chief Operating Officer, DaVita Kidney Care PRINTED TITLE	Chief Accounting Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 11th day of July 2020
Signature of Notary	Signature of Notary
Seal	Seal

NICOLE BRUMMOND NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 10-07-23 155636

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE

Michael D. Staffieri
PRINTED NAME

President, Total Renal Care, Inc.
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of July, 2020

Kathy Ann Connor
Signature of Notary

Seal

Kathy Ann Connor
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID# 20064018112
MY COMMISSION EXPIRES April 28, 2021

SIGNATURE

John D. Winstel
PRINTED NAME

Chief Accounting Officer and Treasurer
PRINTED TITLE

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

Signature of Notary

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
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This Application for Permit is filed on the behalf of Total Renal Care, Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Michael D. Staffieri
PRINTED NAME

President, Total Renal Care, Inc.
PRINTED TITLE

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

Signature of Notary

Seal

SIGNATURE

John D. Winstel
PRINTED NAME

Chief Accounting Officer and Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16 day of July 2020

Signature of Notary

Seal

NICOLE BRUMMOND NOTARY PUBLIC 155636 COMMISSION EXPIRES 10-07-23 STATE OF WASHINGTON

*Insert EXACT legal name of the applicant

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

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

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

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

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

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

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

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

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

   a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

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

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

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

F. Criterion 1110.230 - In-Center Hemodialysis

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

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

Category of Service	# Existing Stations	# Proposed Stations
☒ In-Center Hemodialysis	0	12

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

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

APPEND DOCUMENTATION AS ATTACHMENT 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

VI. 1120.120 - AVAILABILITY OF FUNDS

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

$2,945,447	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$1,573,506 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

_____ _____ _____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$4,518.953	**TOTAL FUNDS AVAILABLE**

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

SECTION VII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 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 Total Renal Care, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1.

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

As the person with final control over the operator, DaVita Inc. is named as an applicant for this certificate of need ("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.

Attachment - 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2020.

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.

Jeffrey W. Bullock, Secretary of State

2391269 8300

SR# 20205727853

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

Authentication: 203118770

Date: 06-16-20

Attachment - 1

File Number 5823-002-2

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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* 19TH *day of* NOVEMBER *A.D.* 2019 .

Authentication #: 1932302458 verifiable until 11/19/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment - 1

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

The letter of intent between TCB-Lincoln Village, LLC and Total Renal Care, Inc. to lease the property located at 6201 North McCormick Boulevard, Chicago, Illinois 60659 is attached at Attachment – 2A.

The legal description for the property is attached at Attachment – 2B.

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

July 20, 2020

Brendan Reedy & Jimmy Danaher
CBRE, Inc.
321 N Clark St, Suite 3400
Chicago, IL 60654

RE: LOI – 6201 McCormick Blvd, Chicago, IL 60659

Mr. Reedy & Mr. Danaher:

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 $12 billion. They operate approximately 2,753 outpatient dialysis centers across the US and 259 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	**6201 McCormick Blvd, Chicago, IL 60659**
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	**TCB-Lincoln Village, LLC**
SPACE REQUIREMENTS:	Requirement is for approximately 6,956 SF of contiguous rentable square feet comprised of a portion of the existing space indicated in Exhibit C. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed by Tenant's project manager and architect prior to lease execution with approved floor plan attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	$30.00 PSF NNN for years 1-5 and $33.00 PSF NNN for years 6-10.
ADDITIONAL EXPENSES:	*Tenant shall be responsible for payment of their pro-rata share of CAM, RE Taxes and Insurance for the Premises. Operating expenses, including CAM, Tax and Insurance are estimated to be $12.12 PSF annually.*
Tenant's pro-rata share is appx 4.46%.	*Tenant shall be responsible for direct payments of all utilities consumed from the Premises except water which shall be submetered.*
	Landlord to limit the cumulative increases in controllable CAM to no greater than 5% increases annually.

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LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property to be further identified in the Lease.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within the later of 30 days from lease execution or waiver of CON contingency but in no event prior to January 15th, 2021. Rent Commencement shall be the earlier of six (6) months from Possession or when a certificate of occupancy for the Premises has been obtained from the city or county.

LEASE FORM: Tenant's standard lease form.

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

Landlord will need to obtain a waiver from TJ Maxx for Tenant's Use. Landlord shall have 90 days from LOI execution to obtain such waiver.

PARKING: Tenant shall have:

a) A stated 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 As-Is.
c) A patient drop off area, preferably covered, to be further determined and agreed upon by Landlord and Tenant

BUILDING SYSTEMS: Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant. After year one, Tenant shall be fully responsible for all Tenant building utility systems including the service, repair and maintenance of the HVAC system.

LANDLORD WORK: Landlord shall deliver the Premises in its "as is" condition as of the date identified herein, free from all hazardous substances, including but not limited to asbestos and mold, in compliance with all applicable laws, free from all structural defects and subject to Landlord's maintenance and repair obligations under the Lease.

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Tenant shall be responsible to construct the demising wall and properly separate utilities to service Tenant's premises but not be responsible for providing service to the adjacent space.

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

TENANT IMPROVEMENTS: *Landlord shall provide Tenant with $45.00 PSF in Tenant Improvement Allowance.*

Tenant shall have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion and the right to select architectural and engineering firms, no supervision fees associated with construction, and no charges may be imposed by Landlord.

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

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE: None

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant within the later of 75 days from lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 75 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% for the then current rate.

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

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week.

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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. In no event shall Tenant or Guarantor be relieved of its Lease obligations.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee utilizing Landlord's roofing contractor.
NON-COMPETE:	Landlord agrees not to lease space to another dialysis provider within the Shopping Center.
HVAC:	This is contemplated in the Tenant Allowance
DELIVERIES:	To be further determined following Tenant's architect walk through of the Premises and subject to preliminary floor plan.
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
CERTIFICATE OF NEED:	Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis

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center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal three and three quarters percent (3.75%) of the initial term base rent, 50% shall be due upon the later of lease execution or waiver of all contingencies, and 50% shall be due within thirty (30) days from rent commencement/opening. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS: *Please provide any additional copies of site and/or construction plans.*

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

This proposal is subject to a walk through by Tenant's project manager and architect and the review of existing floor plans.

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

Sincerely,

Matthew Gramlich
CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **6201 McCormick Blvd, Chicago, IL 60659**

AGREED TO AND ACCEPTED THIS 21 DAY OF JULY 2020

DocuSigned by:
By: Matthew Lieberman
8FE24C895C664BB...

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

AGREED TO AND ACCEPTED THIS 21 DAY OF JULY 2020

DocuSigned by:
By: Amanda Jacobson
697TAB35E7DC40A...

Newport Capital Partners
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

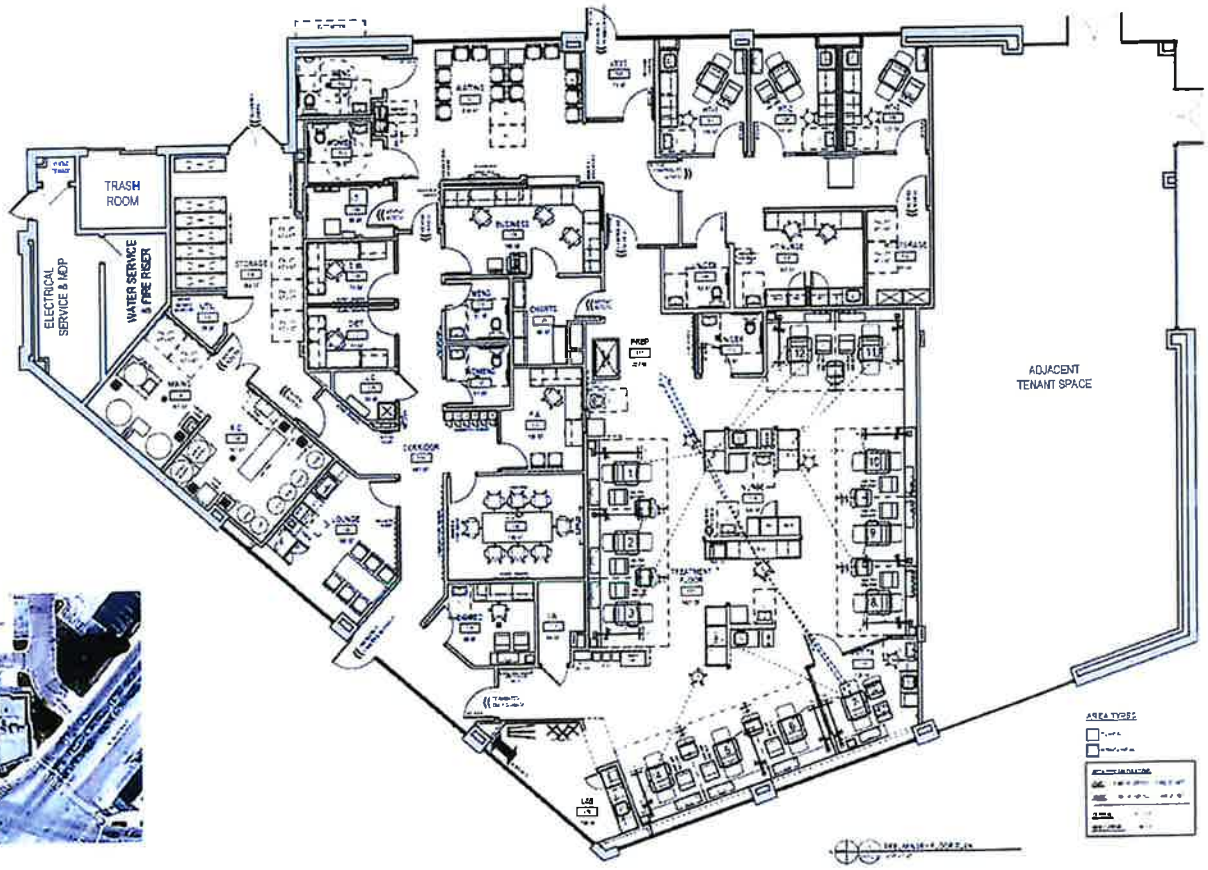
NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR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

CUSHMAN & WAKEFIELD

EXHIBIT C

CONCEPTUAL FLOOR PLAN SUBJECT TO PROJECT MANAGEMENT REVIEW & FURTHER CHANGES

CUSHMAN & WAKEFIELD



PARCEL 1:

That part of the Northeast Fractional 1/4 of Section 2, Township 40 North, Range 13 East of the Third Principal Meridian, described as follows:

Beginning at the intersection of the West line of the right of way of the Sanitary District of Chicago and the center line of Lincoln Avenue as formerly located; thence Northwesterly along the center line of Lincoln Avenue as formerly located 1200 feet; thence Northeasterly on a line at right angles to said center line of Lincoln Avenue, 188.8 feet; thence East 679.5 feet to said West line of the right of way of the Sanitary District of Chicago; thence Southerly along the West line of said right of way 918.73 feet to the point of beginning (except that part lying Southwesterly of a line 83 feet Northeasterly of and parallel to the Southerly or Southwesterly line of Lincoln Avenue as formerly located) and excepting that part of the premises in question described as follows:

That part of the Northeast 1/4 of Section 2, Township 40 North, Range 13 East of the Third Principal Meridian, described as follows:

Commencing at the intersection of the center line of Lincoln Avenue and the center line of Kimball Avenue extended North; thence Northwesterly 20.90 feet along the center line of Lincoln Avenue to a point; thence Northeasterly 50 feet along a line forming an angle of 90 degrees with the last described course, to a point on the Northeasterly right of way line of Lincoln Avenue, which is the point of beginning; beginning at aforesaid described point; thence Northeasterly 118.80 feet, along a line forming an angle of 90 degrees with the Northeasterly right of way line of Lincoln Avenue to a point; thence Easterly 93.56 feet along a line forming an angle of 49 degrees 16 minutes to the right with a prolongation of said last described course to a point; thence Southwesterly 179.85 feet along a line forming an angle of 130 degrees 44 minutes to the right with a prolongation of said last described course to a point on the Northeasterly right of way line of Lincoln Avenue; thence Northwesterly 70.90 feet along the Northeasterly right of way line of Lincoln Avenue to the point of beginning, as condemned for Kimball Avenue on petition of the City of Chicago filed July 6, 1933, Case B-271453, Circuit Court of Cook County, Illinois.

PARCEL 2:

Easement for the benefit of Parcel 1 as created and defined in an Easement Agreement dated July 16, 1984 and recorded January 10, 1985 as Document 27,402,551 for pedestrian and vehicular ingress and egress over, upon and across the following described parcel:

CONTINUED ON NEXT PAGE

That part of the Northeast fractional Quarter of Section 2, Township 40 North, Range 13 East of the Third Principal Meridian, lying Southeasterly of Kimball Avenue (McCormick Boulevard), Northeasterly of the center line of Lincoln Avenue and Westerly of the West line of the Sanitary District of Chicago described as follows: Being a strip of land 12 feet wide as measured at right angles, lying North of the following described lines: beginning at a point on the Westerly line of the Sanitary District of Chicago 915.73 feet Northwesterly of the center line of Lincoln Avenue; thence North 90 degrees West 585.57 feet to a point of termination of said line on the Easterly line of McCormick Boulevard, 230.13 feet Northerly of the center line of Lincoln Avenue, as measured along the Easterly line of McCormick Boulevard; and bounded on the East by the West line of the Sanitary District of Chicago and on the West by the Easterly right of way line of McCormick Boulevard, all in Cook County, Illinois.

PARCEL 3:

Leasehold estate as created, limited and defined in the Lease dated August 18, 1995 between the Metropolitan Sanitary District of Greater Chicago and Lincoln Village Associates (which Lease is coincidentally disclosed of record by attachment as Exhibit A to the instrument recorded as Document No. 88-177351) as said Lease was amended by that certain sublease and consent instrument executed by said parties and Lincoln Village Investments which was disclosed of record by the Memorandum thereof recorded as Document No. 89-119589. Said Lease has subsequently been further amended by the Assignment and Assumption of Lease and Security Deposit dated June 25, 1996 between Lincoln Village Associates and Lincoln Village Investments Limited Partnership and the Consent to Assignment of Lease between said parties and the Metropolitan Water Reclamation District of Greater Chicago dated as of August 8, 1996 which were collectively recorded November 24, 1999 as Document No. 09-109,863. Said Lease as so amended demises Parcels A, B and C described as follows for a term expiring on July 31, 2010:

PARCEL A:

A parcel of land lying in the East 1/2 of the Northeast 1/4 of Section 2, Township 40 North, Range 13 East of the Third Principal Meridian, more particularly described as follows:

Commencing at the intersection of the East line of the aforesaid Northeast 1/4 and the Northeasterly right-of-way line of Lincoln Avenue; thence North 50 degrees 57 minutes 58 seconds West along the Northeasterly right-of-way line of Lincoln Avenue 462.72 feet to the point of beginning; thence continuing North 50 degrees 57 minutes 58 seconds West along said Northeasterly line 115.00 feet to the Westerly right-of-way line of the North Shore Channel; thence North 9 degrees 08 minutes 31 seconds West, along said Westerly line, 275.00 feet; thence North 80 degrees 51 minutes 29 seconds East, 115.00 feet; thence South 8 degrees 43 minutes 31 seconds East, 275.01 feet; thence South 13 degrees 49 minutes 19 seconds West, 91.07 feet to the point of beginning.

PARCEL B:

A parcel of land lying in the East 1/2 of the Northeast 1/4 of Section 2, Township 40 North, Range 13, East of the Third Principal Meridian, more particularly described as follows:

Commencing at the intersection of the East line of the aforesaid Northeast 1/4 and the Northeasterly right-of-way line of Lincoln Avenue; thence North 50 degrees 57 minutes 58 seconds West, along the Northeasterly right-of-way line of Lincoln Avenue, 577.72 feet to the Westerly right-of-way line of the North Shore Channel; thence North 9 degrees 8 minutes 31 seconds West, along said Westerly line, 275.00 feet to the point of beginning; thence continuing North 9 degrees 08 minutes 31 seconds West, 285.00 feet; thence North 80 degrees 51 minutes 29 seconds East, 115.00 feet; thence South 8 degrees 32 minutes 20 seconds East, 285.00 feet; thence South 80 degrees 51 minutes 29 seconds West, 115.00 feet to the point of beginning.

PARCEL C:

A parcel of land lying in the East 1/2 of the Northeast 1/4 of Section 2, Township 40 North, Range 13 East of the Third Principal Meridian, more particularly described as follows:

Commencing at the intersection of the East line of the aforesaid Northeast 1/4 and the Northeasterly right-of-way line of Lincoln Avenue; thence North 50 degrees 57 minutes 58 seconds West, along the Northeasterly right-of-way line of Lincoln Avenue, 577.72 feet to the Westerly right-of-way line of the North Shore Channel; thence North 9 degrees 08 minutes 31 seconds West, along said Westerly line, 560.00 feet to the point of beginning; thence continuing North 9 degrees 08 minutes 31 seconds West, 285.00 feet; thence North 80 degrees 51 minutes 29 seconds East, 145.00 feet; thence South 8 degrees 44 minutes 24 seconds East, 285.01 feet; thence South 80 degrees 51 minutes 29 seconds West, 143.00 feet to the point of beginning.

All of said Parcels A, B and C being in Cook County, Illinois.

Permanent Tax Numbers: 13-02-320-027 Volume: 318
13-02-220-028
(Affects Parcel 1)

13-02-220-035-8002 (Affects Parcel 3)

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

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

Attachment - 3

File Number 5823-002-2

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

TOTAL RENAL CARE, INC., INCORPORATED IN CALIFORNIA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 10, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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* 19TH *day of* NOVEMBER *A.D.* 2019 .

Authentication #: 1932302458 verifiable until 11/19/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

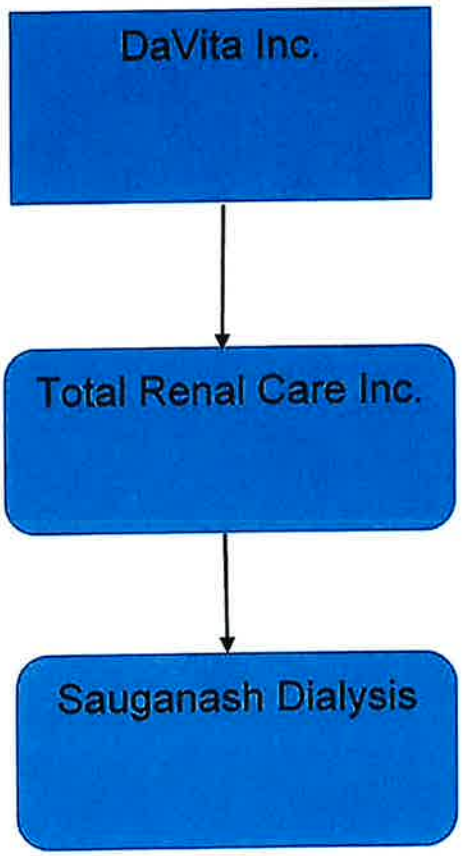
Attachment - 3

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

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

Attachment - 4

Sauganash Dialysis Organizational Chart



Attachment - 4

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

The site of the proposed dialysis clinic complies with the requirements of Illinois Executive Order #2006-5. The proposed dialysis clinic will be located at 6201 North McCormick Boulevard, Chicago, Illinois 60659. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0402J reveals that this area is not included in the flood plain.

National Flood Hazard Layer FIRMette

FEMA

Legend

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

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

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

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

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

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

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

N

The pin displayed on the map is an 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 void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 6/16/2020 at 12:42 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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

Attachment - 5

#20-035

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

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

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor
Colleen Callahan, Director

FAX (217) 524-7525

Cook County
Chicago
CON - Lease to Establish a 12 Station Dialysis Clinic
6201 N. McCormick Rd.
SHPO Log #013052020

June 4, 2020

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

Dear Ms. Cooper:

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

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

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

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman
Deputy State Historic
Preservation Officer

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

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
Modernization Contracts	$1,411,067	$514,788	$1,925,855
Contingencies	$141,107	$51,479	$192,586
Architectural/Engineering Fees	$67,921	$24,483	$92,404
Consulting and Other Fees	$29,916	$10,784	$40,700
Moveable and Other Equipment			
Communications	$130,144		$130,144
Water Treatment	$183,700		$183,700
Bio-Medical Equipment	$14,607		$14,607
Clinical Equipment	$138,654		$138,654
Clinical Furniture/Fixtures	$28,535		$28,535
Lounge Furniture/Fixtures		$5,330	$5,330
Storage Furniture/Fixtures		$12,527	$12,527
Business Office Fixtures		$55,930	$55,930
General Furniture/Fixtures		$65,875	$65,875
Signage		$23,700	$23,700
Total Moveable and Other Equipment	$495,640	$163,362	$659,002
Fair Market Value of Leased Space	$1,156,604	$416,902	$1,573,506
Other Costs to be Capitalized	$34,900		$34,900
Total Project Costs	**$3,337,155**	**$1,181,798**	**$4,518,953**

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

The Applicants anticipate project completion within approximately **18** 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 clinic; with the intent that any lease executed prior to permit issuance will contain a clause stating that the effectiveness of the lease is contingent upon CON 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
17-029	Melrose Village Dialysis	Establishment	07/31/2020
17-062	Auburn Park Dialysis	Establishment	08/31/2021
17-063	Hickory Creek Dialysis	Establishment	05/31/202
18-017	Marshall Square Dialysis	Establishment	10/31/2020
18-037	Cicero Dialysis	Establishment	01/31/2021
18-048	Sauganash Dialysis	Establishment	04/30/2021
19-050	Edgewater Dialysis f/k/a Alpine Dialysis	Establishment	03/31/2022
19-055	Forest City Dialysis	Establishment	01/31/2021

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

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	$3,337,155	5,113			5,113		
Total Clinical	**$3,337,155**	**5,113**			**5,113**		
NON REVIEWABLE							
Administrative	$1,181,798	1,843			1,843		
Total Non-Reviewable	**$1,181,798**	**1,843**			**1,843**		
TOTAL	**$4,518,953**	**6,956**			**6,956**		

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

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Sauganash Dialysis, 12-station in-center hemodialysis clinic to be located at 6201 North McCormick Boulevard, Chicago, Illinois.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2019 Community Care report details DaVita's commitment to quality, patient centric focus and community and is attached at Attachment – 11A. Key initiatives of DaVita which are covered in that report are also outlined below.

Kidney Disease Statistics

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

- Between 2016 and 2017, the proportion of Medicare patients with recognized CKD increased from 13.8 percent to 14.5 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 2017 (124,500) versus 1980 (17,901).[4]
- Over thirteen times more patients are now being treated for ESRD than in 1980 (746,557 versus 56,402).[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]

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[1] Centers for Disease Control & Prevention, Chronic Kidney Disease Initiative, Chronic Kidney Disease Basics (Feb. 7, 2020) *available at* https://www.cdc.gov/kidneydisease/basics.html (last visited Jun. 16, 2020).

[2] US Renal Data System, 2019 Annual Data Report: Epidemiology of Kidney Disease in the United States Executive Summary, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 7 (2019).

[3] US Renal Data System, 2018 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 10 (2018).

[4] US Renal Data System, 2019 Annual Data Report: Epidemiology of Kidney Disease in the United States Executive Summary, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 24 (2019).

[5] Id. at 28.

[6] US Renal Data System, 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, 317 (2018).

- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2016, 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]

- 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.

DaVita's Quality Initiatives and Awards and Recognition

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.

Home Dialysis. As a national leader in home dialysis, DaVita continues to introduce initiatives to promote home modalities. DaVita supports patients in electing home dialysis by citing its flexibility and convenience, the ability to maintain employment, and its excellent outcomes. Additional benefits of home dialysis touted by DaVita to encourage patients to elect this modality include:

- Being able to dialyze at home
- Shorter dialysis treatment times for patients completing short daily home dialysis
- The ability to maintain an active lifestyle

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[7] Id. at 322.

- The potential for a more liberal diet
- Time saved by not travelling to a dialysis center three (3) days a week.

As evidence of its commitment to providing in-home care, DaVita's home programs grew at five times the rate of its in-center programs. See Attachment – 11A.

In support of home care, DaVita instituted a comprehensive care program. The program helps ensure patients have a smooth transition into home dialysis and that they are supported through the process. Home care support includes:

- Extended support during a patient's first month of home dialysis.
- 24/7 nurse availability to help with any questions or concerns.
- Pre-arranged clinic visits for face-to-face meetings with a personalized care team.
- Continuing education reviewed on a regular basis.
- Arrangements for clinic treatment for patients that would like a break from in-home care.
- 24/7 technical support directly from the manufacturer for any machine related problems.
- Access to DaVita Digest, a home dialysis newsletter that's delivered monthly.
- A personalized care team which includes a nephrologist, a home training nurse, a registered dietitian and a social worker.

Prior to starting home dialysis DaVita provides patients with comprehensive, customized home dialysis training. Through this training, patients work directly with a home dialysis nurse who provides education, tools and support including instruction on: the proper use of equipment; how to create and maintain a hygienic environment; how to manage supplies; how to handle needles; and how to keep an organized log of treatments. Length of the training program varies based on patient need but typically lasts between three (3) to five (5) weeks. DaVita recently implemented a training model for nurses to become comprehensive health managers for patients with typical co-morbid conditions like diabetes, cardiovascular disease and hypertension, improving patients' chances of continuing dialysis at home.

DaVita also invests in technology to support patients at home. One such example is Home Dialysis Connect™, a suite of technology innovations designed to improve the care experience and outcomes for patients on home dialysis, which includes the following components:

- Home Remote Monitoring, which uses Bluetooth technology to transmit patient vitals to help clinicians get ahead of destabilizing events.
- A telehealth platform, which allows DaVita to conduct online appointments with its patients in the comfort and convenience of their own home.
- DaVita's mobile app supports video visits, customized education, reminders, secure texting and image sharing, allowing consistent and immediate communications with its patients' care teams.
- DaVita uses predictive analytics to help avoid costly hospitalizations and allow patients to stay on home dialysis longer.

DaVita's innovations in supporting home patients shift more care to the home setting. Over the last year, DaVita's home program grew at five (5) times the rate of its outpatient program.

Vively Health. To advance comprehensive care to chronically ill patients, DaVita formed Vively Health (recently rebranded from DaVita Health Solutions). Vively Health provides in-home primary care to the

highest risk, chronically ill patients – a group Vively refers to as the nation's Most Vulnerable Patients. (MVPs). MVPs are individuals with an interrelated set of chronic conditions who are frequent utilizers of the emergency room, hospital and greater health care system. Vively offers accessible, comprehensive and coordinated care for these individuals. Vively features include:

- Comprehensive house calls program, including in-home primary care, palliative care, mental and behavioral health support, medication managements and 24/7 clinical access
- Full risk medical group with no up-front or ongoing costs to health plans
- Sophisticated patient selection and predictive analytics to identify the right members based on their expected future condition-related costs
- Primary care physician and specialist friendly approach working alongside local providers to complement care delivery

Vively Health recently announced a five (5) year collaboration with Cerner Corporation in which it will utilize Cerner's technology, including its electronic health record, population health management platform and consumer framework. The single digital health record will be used to increase efficiencies within patients' homes, enhance a clinician's ability to issue spot prior to and during care visits, and provide a more comprehensive picture of an individual's health and financial information. The population health management platform will help providers know, predict and better understand the health of their populations. Use of the consumer framework will support interaction and engagement between patients, providers, and other health care organizations. It will also allow patients to access and have ownership over their health records to further active participation in their care.

To date, Vively Health has seen significant positive outcomes including:

- 91% satisfaction rating;
- 35-40% reduction in hospitalizations;
- 10-15% reduction in emergency room visits; and a
- 10-15% reduction in cost of care.

Kidney Smart. 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.

DaVita Clinical Research. DaVita invests in innovation through its research arm, DaVita Clinical Research (DCR). DCR provides a spectrum of services for clinical drug research and device development. In

November 2019, DCR presented ten (10) research abstracts at the American Society of Nephrology annual Kidney Week, which included:

- Associations between Body Mass Index, Kt/V and Outcomes among Patients Treated with Peritoneal Dialysis
- Patterns in Emergency Department Visits among American Dialysis Patients.

With access to over 90,000+ chronic kidney disease patients, 188,000+ hemodialysis patients, and 250+ research sites DCR is able to support research and provide meaningful insight aimed at improving clinical outcomes.

DaVita International. DaVita is committed to providing quality healthcare to patients around the world with operations in ten (10) countries.

DaVita Health Tour. On April 23, 2019, DaVita launched its DaVita Health Tour, which visited 18 communities to provide free health screenings and kidney education. The mobile health clinic included:

- 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.

Nephrology Care Alliance. The Nephrology Care Alliance (NCA) is a physician-led and physician-governed entity backed by DaVita. The alliance, which includes over 1,100 nephrologists nationally, seeks to reduce high-cost and high-risk incidences for chronic kidney disease patients. NCA has launched pilot programs with performance based incentives to reward high quality CKD care; is currently seeking value based program partnerships with commercial and Medicare Advantage plans for 2020; and is reviewing CCMI demonstration programs to determine if viable models exist to support the goals of value based kidney care.

IMPACT. 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.

CathAway. DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII') to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.

Patient Pathways. 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.

CKD EHR by Epic. 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.

VillageHealth DM. 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.

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 two 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 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 10 health care companies to be included in the 2019 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.

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 2019, 541 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised $1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids.

- 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 2019, DaVita was recognized by the Dow Jones Sustainability Index (DJSI) as one of only eight 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 Communitas Awards in Communities Award in the Excellence in Corporate Social Responsibility for its sustainability efforts, which include, saving 643 million gallons of water since 2013 through conservation efforts at dialysis centers; diverting 354,610 pounds of electronic waste from landfills since 2016; and donating more than 34,000 meals to local shelters since 2016 through food waste recovery efforts.

- DaVita does not limit its community engagement to the U.S. alone. Since its inception in 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed a total of 179 international medical missions in 30 countries and 310 domestic screenings. More than 1,300 DaVita volunteers supported these missions, impacting more than 118,000 men, women and children. In 2017, Bridge of Life established a Community Health Worker Program where they trained 13 individuals in Haiti and Nicaragua, allowing Bridge of Life to refer patients to local medical staff with their in-country partners and to ensure those patients receive continued follow-up care. It also developed an electronic medical record (EMR) system, allowing Bridge of Life to go paperless and to enter and maintain patient data more quickly and efficiently. In 2018, Bridge of Life partnered with the Syrian American Medical Society ("SAMS") to screen Syrian refugees in Irbid, Jordon for hypertension, diabetes and kidney disease and to provide health education. In 2019, Bridge of Life partnered with Global Livingston Institute to provide free health services, ongoing prevention education and recommended treatment plans to 3,000 Ugandans. Volunteer teammates from DaVita implemented a newly designed protocol for screening a younger population that focuses on behavioral health change of high-risk habits such as tobacco and alcohol use, physical inactivity and diet. Volunteers screened adults in nearby communities for chronic kidney disease and its root causes such as hypertension and diabetes. The professionals from Bridge of Life use real-time, lab quality testing to identify individuals who have signs of chronic illnesses and offer health education to encourage patients to take a proactive role in their own health. They help ensure that high-risk patients receive the necessary care long-term by working with local clinics and hospitals to establish a referral process.

Other Section 1110.230(a) Requirements

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

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

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

THE DAVITA VISION FOR GLOBAL CITIZENSHIP

Community Care 2019

DaVita

Trilogy of Care

Welcome to DaVita's annual Community Care Report, a look at our continued commitment to corporate social responsibility (CSR).

We strive to be a community first, a company second. For more than 10 years, our Trilogy of Care—Caring for Our Patients, Caring for Each Other and Caring for Our World—has been at the heart of everything we do. From our treatment floors to our business offices to where we live, it reaches across every level of our community.

Understanding Kidney Disease

When a person has chronic kidney disease (CKD), it means their kidneys are no longer able to remove waste effectively from their body or to balance their fluids. Kidney failure, or end stage kidney disease (ESKD), happens when kidneys function at or below 10 to 15%, which is not enough to live without dialysis or a kidney transplant.

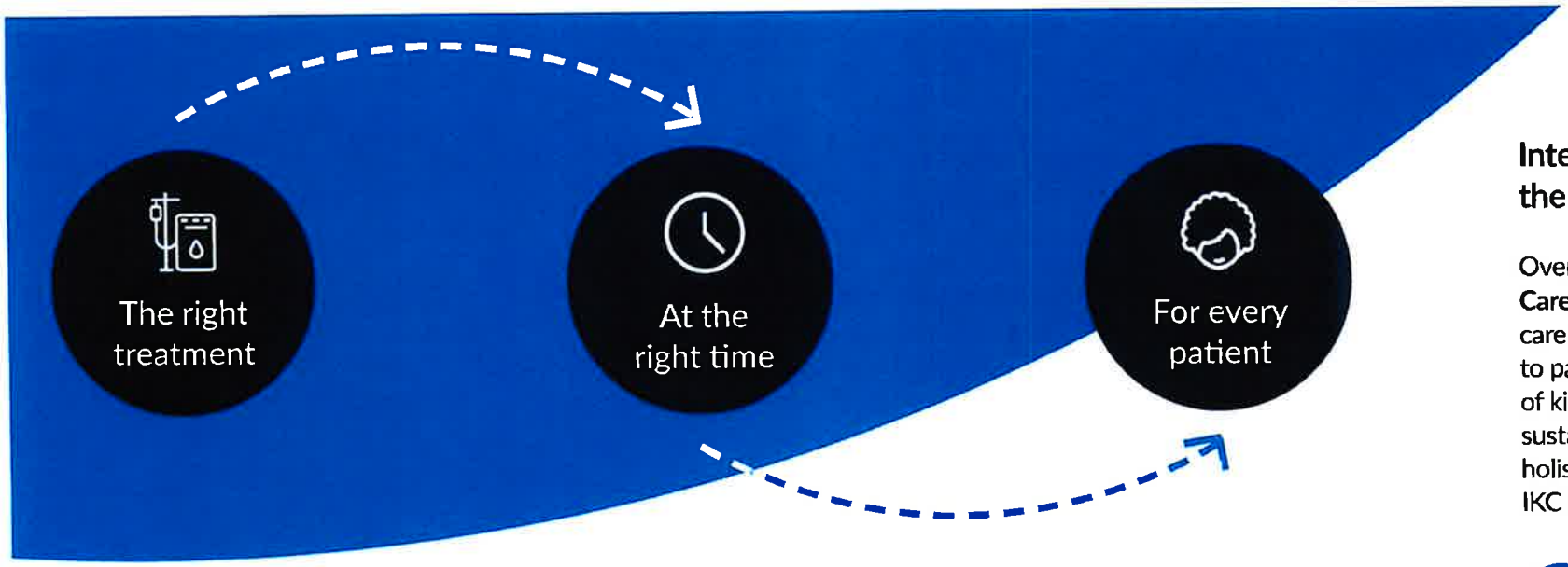
We want patients with kidney disease to live longer, healthier lives. That's why our personalized care is designed to help prevent or delay disease progression, manage comorbidities and, when needed, smooth the transition to receiving a transplant or life-sustaining dialysis. DaVita's innovative approach incorporates no-cost patient education and health management tools to empower patients as well as resources, such as cutting-edge predictive analytics, to help care teams identify patients with CKD early and manage their condition before it progresses to ESKD.

SUSTAINABLE DEVELOPMENT GOALS

The United Sustainabl

The Sustainable Developme for action by all countries tc protecting the planet. In 20 Member States adopted 17 Agenda for Sustainable Dev 15-year plan to achieve the DaVita is committed to help To learn more about how ou support the SDGs, visit **DaV**

- Quality Educ
- Gender Equ
- Good Health Well-Being
- Affordable a Clean Energ
- Sustainable and Comm
- Responsible Consumptio and Product



DaVita's approach to kidney care puts patients at the center of their care.

A Focus on Patients

In July 2019, the U.S. Administration released the Executive Order on Advancing American Kidney Health. The executive order prioritizes alternatives to in-center dialysis for treating CKD and ESKD that can improve quality of life, such as home dialysis and kidney transplant. DaVita's approach to kidney care aligns with the goals laid out by the Administration through our emphasis on patient education and patient-centered care.

We do this by offering holistic care that spans the entire continuum of kidney disease—from identifying CKD patients early and helping delay kidney disease progression to smoothing the transition from CKD to ESKD and optimizing

Patient Testimonial

Holistic Care in Action

Sherrie had never missed a treatment in six years of receiving dialysis, so it stood out to her social worker when Sherrie called in and said she'd need to skip treatment because she wasn't feeling well. The social worker's quick thinking led to a home visit with the DaVita Integrated Kidney Care (IKC) nurse practitioner and consultation with the integrated care team via DaVita's telehealth platform. Sherrie's care team identified symptoms, requested blood tests and communicated with her nephrologist. The result: DaVita IKC's personalized care led to an infection being detected and Sherrie receiving the care she needed quickly.

"They made it personal and that made things much easier for

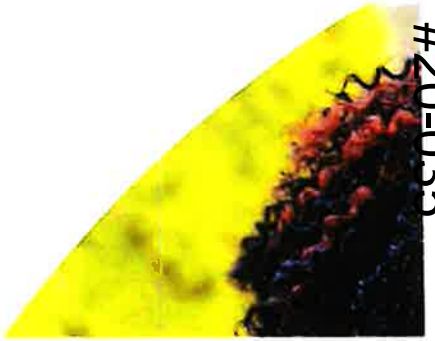
Integrated Care acros the Continuum

Over the past 20 years, **DaV Care (IKC)** has specialized in care and complex chronic co to patients, whether they are of kidney disease, transitioni sustaining dialysis or seeking holistic care to kidney patier IKC grew the number of IKC

27K

patients served every month

74 Net Promoter in the categor



Home Care Innovation

Home dialysis, through either peritoneal dialysis (PD) or home hemodialysis (HHD), offers patients more control over treatment schedules and allows them more time to do the things they enjoy such as spending time with loved ones. DaVita's home dialysis program, which includes over 1,700 home programs[1], is growing at five times the rate of our in-center program[2]. As of 2019, DaVita has served more home patients than any other provider.

Released in 2019, our **telehealth platform** makes it easier than ever for patients to stay connected with their care team. Features include:

- Appointment scheduling
- Photo uploads
- Reminders
- Educational library
- Secure messaging
- Care partner engagement

Through technological advances like telehealth and home remote monitoring, DaVita is enhancing the care experience and outcomes for patients on home dialysis and their physicians.

Patient Education

Whether a patient is just learning they have CKD, is transitioning to dialysis or is considering a transplant, DaVita believes they can benefit greatly from understanding and better managing their kidney disease. Since the launch of **Kidney Smart®** in 2012, more than 195,000 people have received award-winning, in-depth education at no cost. Thanks to robust education, patients can feel more in control of their health decisions and may experience better outcomes. DaVita patients who have attended a Kidney Smart class have experienced the below outcomes[5].

- **30%** lower hospitalization rate
- **38%** fewer missed treatments
- **6X** higher chance of starting treatment at home vs. in a center

In 2019, all DaVita facilities adopted patient-centered care processes and tools that foster team collaboration in an effort to enhance patient care. We launched new teammate training on modality education and predictive analytics that help care teams identify patients at the highest risk of being hospitalized. These efforts have led to reduced hospitalizations, readmissions and missed treatments, giving more moments back to our patients and helping improve their quality of life.

DaVita has 27,000 pati on home di more than any other p provider.[6]

During Hurricane Dorian, DaVita worked to prepare our

Dr. Velasco, Nephrologist
Annette, DaVita teammate
Khadija, DaVita teammate

At DaVita, we believe that when we create a thriving community for our teammates, they in turn create a special community for our patients and their families, and are inspired to help others.

Fostering a Village of Belonging

We want all teammates to experience DaVita as a place where they belong. In 2017, we launched our **Executive Belonging Council**, a committee of senior leaders working toward bringing our vision to life. We published two new resources in 2019 to support this mission: "Belonging in the Village" and an accompanying leadership guide.

Growing Tom

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our diverse Villag

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Attachment – 11A

#20-035

"Bridge to Your Dreams provides so much support along the way and I'm grateful to DaVita for giving me this chance to further my career and make an impact as a future DaVita nurse!"

—Zach, DaVita teammate

Lending a Helping Hand

In a healthy village, members look out for each other's well-being. And when a teammate is in need, the DaVita Village responds.

DaVita Village Network (DVN) provides teammates the opportunity to receive financial assistance during times of hardship, such as a life-threatening emergency, major medical diagnosis, natural disaster and financial difficulty because of military deployment. All teammates have the option to make voluntary payroll contributions to help fund the program. DaVita contributes the same amount as teammates' payroll contributions, up to $250,000 per year. Since 2001, 2,138 grants worth $4.5 million have been awarded.

Teammate Health and Wellness

We want to empower our teammates to achieve their dreams in all aspects of life. **Village Vitality**, one of our many **Village Programs**, offers tools and incentives to help teammates and their families embrace healthy living.

- In 2019, we launched **We Belong As We Are**, our first mental health awareness campaign. The campaign educated teammates about mental health conditions, associated stigma and resources available to support the mental health of teammates and their families.
- Over 33,000 convenient, no-cost wellness screenings and flu shots were provided to teammates and their spouses or domestic partners in 2019.
- The 2019 **We Are Well Award** granted fully paid health insurance in 2020 to 50 teammates. These teammates were selected for focusing on their health, overcoming challenges and inspiring those around them.

Family Support

DaVita provides a suite of r
teammates take care of the
in the future.

Milk Stork®:
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for work

Little Star: A
mothers anc
Village upor
of a child

Bright Horizons Care Advar

College Coa
financial adv
children hea

Care Direct:
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DaVita is committed to improving quality of life in our communities. From our own backyard in Colorado to other countries, our teammates participate in a number of local service projects, outreach initiatives, charitable contributions and sustainability efforts that are having a positive impact on a growing number of lives.

Helping Improve Lives Across the Globe

Bridge of Life (BOL) is an international nonprofit founded by DaVita that works to strengthen health care globally through sustainable programs developed to helpprevent and treat chronic disease. BOL strives to empower local staff, community health workers and patients through training and education to make sustainable changes to health care.

33
countries impacted

205
international medical missions

In 2019, more than 540 people rode in the 13th annual **Tour DaVita**, DaVita's charity bike ride, and helped raise $1.2 million to benefit BOL. To date, Tour DaVita has helped generate more than $12 million to raise awareness of kidney disease and bring vital health services to people all over the world.

DaVita Way of Giving (DWOG) empowers our clinical teammates throughout the U.S. to give back to nonprofits in their communities. Since 2011, teammates have directed donations of over $15.7 million through the program, including over $2.1 million in 2019.

"I came to Ghana with so many different ideals, but I am a changed person. BOL gave me an outlet to explore the real [health care] issues and struggles that exist at a grassroots level [across the globe], and they do so by immersing each person into the real facets of the community. I have shifted my judgments and reservations on so many things, and I can attribute this to BOL."

– Sheela, DaVita teammate and BOL volunteer in Ghana

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Day 201

2.
volunteers

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collected

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Attachment – 11A

#20-035

Lawrence, DaVita patient

2019 Highlights

Caring for Our Patients

- Fewer missed treatments and lower hospitalization rates helped patients spend approximately **100,000 more days at home.**[1]
- **Ninety-two percent** of DaVita dialysis centers have a three-, four- or five-star rating by the Centers for Medicare & Medicaid Services' (CMS) Five-Star Quality Rating System.[2]

Caring for Each Other

- We continue to create new opportunities for teammates to thrive in their careers, including Bridge to Your Dreams, which offers fully funded tuition and support for patient care technicians to become DaVita nurses.
- DaVita was distinguished as a member of the 2019 **Bloomberg Gender-Equality Index**, a metric that provides companies across the globe an opportunity to disclose and showcase their efforts in gender equality.

Caring for Our World

- DaVita was named to the **Dow Jones Sustainability Indices** on this year's DJSI World Index after being analyzed for our environmental, social and governance practices.
- In 2019, DaVita nonprofit Bridge of Life completed **35 international medical missions**, impacting more than 9,000 lives with the support of 183 teammates.
- In our home state of Colorado, we **donated more than $1.4 million to local nonprofits** and continued to encourage volunteerism and board service as ways to spread ripples of community service.

The Village Lives: Supporting Our Teammates During COVID-19

DaVita is providing extra support to nearly 55,000 U.S. teammates with a Village Lives Award giving additional pay through May 2, 2020. Additionally, we are giving holistic support to all teammates by ramping up many of our other essential relief programs, such as back-up child care, modified sick leave policies and financial assistance to all teammates, or their immediate dependents, through the DaVita Village Network.

Materiality Assessmer What Matters Most

In 2019, we surveyed key st with teammates, to learn m are "material" and matter m survey data, we have identif where we have an opportur

Top Focus Areas

patient experience

moda educat

teammate development

teamm engage

Other Focus Areas

Our Vision

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

Our Mission

To be the Provider, Partner and Employer of Choice

Our Core Values

Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

Our Caring Behaviors (WE CARE)

Welcome
Empathize

Connect
Actively Listen
Respect
Encourage

Our Trilogy of Care

Caring for Our Patients
Caring for Each Other
Caring for Our World

The DaVita Way

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

DaVita.com/CommunityCare

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

DaVita®

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Auburn Park Dialysis	7939 SOUTH WESTERN AVENUE		CHICAGO	COOK	IL	60620	
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brickyard Dialysis	2640 NORTH NARRAGANSETT		CHICAGO	COOK	IL	60639	
Brighton Park Dialysis	**4729 SOUTH CALIFORNIA AVE**		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	14-2817
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Cicero Dialysis	6001 Ogden Avenue		Cicero	Cook	IL	60804	
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edgemont Dialysis	8 VIEUX CARRE DRIVE		EAST ST. LOUIS	ST. CLAIR	IL	62203	
Edgewater Dialysis	615 HARRISON AVENUE		ROCKFORD	WINNEBAGO	IL	61104	
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Ford City Dialysis	8159 S CICERO AVENUE		CHICAGO	COOK	IL	60652	
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Glenview Dialysis	2601 Compass Road	Suite 145	Glenview	Cook	IL	60026	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Geneva Crossing Dialysis	540 South Schmale Road		Carol Stream	DuPage	IL	60188	
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Hickory Crrek Dialysis	214 COLLINS STREET		JOLIET	WILL	IL	60432	
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marshall Square Dialysis	2950-3010 West 26th Street		Chicago	COOK	IL	60623	
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Melrose Village	1985 North Mannheim Road		Melrose Park	Cook	IL	60160	
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	14-2813
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
North Dunes Dialysis	3113 North Lewis Avenue		Waukegan	Lake	IL	60087	
Northgrove Dialysiss	2491 INDUSTRIAL DRIVE		HIGHLAND	MADISON	IL	62249	
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	14-2818
Oak Meadows Dialysis	5020 West 95th Street		OAK LAWN	Cook	IL	60453	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Rutgers Park Dialysis	8455 WOODWARD AVENUE		WOODRIDGE	DUPAGE	IL	60517	
Salt Creek Dialysis	196 WEST NORTH AVENUE		VILLA PARK	DUPAGE	IL	60181	

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Sauganash Dialysis	4054 WEST PETERSON AVENUE		CHICAGO	COOK	IL	60646	
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	14-2810
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	14-2812
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310

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

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any in-center dialysis clinic owned or operated by DaVita Inc. or Total Renal Care, Inc. in the State of Illinois during the three-year period prior to filing this application.

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

Sincerely,

Print Name: John D. Winstel
Its: Chief Accounting Officer, DaVita Inc.
Chief Accounting Officer and Treasurer, Total Renal Care, Inc.

Subscribed and sworn to me
This 16 day of July, 2020

NICOLE BRUMMOND
NOTARY PUBLIC
COMMISSION EXPIRES
155636
10-07-23
STATE OF WASHINGTON

Notary Public

2000 16th 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. This project was previously approved by the State Board at its October 22, 2019 when there was a calculated need for 80 dialysis stations in the City of Chicago. Due to land subsidence related to the removal of underground storage tanks, DaVita could not move forward with the original site for this project. Since the initial Sauganash application was approved, nothing has changed. The City of Chicago currently has a calculated need for 66 stations (with the relinquishment of the initial Sauganash permit, the station need will increase to 78 stations). At the time the initial Sauganash application was approved, utilization of existing facilities within the geographic service area was 76.75%; as of June 30, 2020, utilization of the replacement Sauganash Dialysis geographic service area (the "Sauganash GSA") was 75.60% with utilization projected to exceed 80% by 2024, the second year after completion of Sauganash Dialysis. This project was warranted at the time of approval and is still needed to maintain access to life sustaining dialysis services to residents on the north west side of Chicago.

   Like the previously approved Sauganash project, this project will address the need for additional stations and will ensure patients have access to life sustaining dialysis close to their homes. The Sauganash geographic service area is one of the most ethnically diverse areas in Chicago. Since the 1970s, it has been a point of entry for immigrants from Latin America and Asia. The community is 23% Hispanic and 11% Asian. Due to this large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[8] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with primary care physicians.[9] Provider communications and an ability to connect with one's primary care provider are critical for optimal healthcare, particularly when treating complex chronic illnesses. Due to cultural and linguistic barriers faced by members of this community, the Health Resources & Services Administration ("HRSA") has designated this area a Medically Underserved Population. See Attachment – 12A.

   Further, the incidence of ESRD in the Hispanic community is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals. Other factors that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language and health literacy also play a role in the higher incident rates.[10] Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Sauganash and the surrounding communities.

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8 Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 7, 2020).

9 Id. at 102-103.

10 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Jul. 23, 2020).

Finally, NorthShore Medical Group is currently treating 386 CKD patients, who reside within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Louisa Tammy Ho, M.D. anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. As noted above, the existing clinics are projected to exceed 80% utilization within 2 years of completion of Sauganash Dialysis. Accordingly, they will not have adequate capacity to treat NorthShore Medical Group's projected patients. The proposed Sauganash Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being.

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

   - North approximately 5 miles to Wilmette, IL.
   - Northeast approximately 3 miles to Lake Michigan, Chicago IL.
   - East approximately 3 miles to Lake Michigan, Chicago, IL.
   - Southeast approximately 5 miles to Lakeview, in Chicago, IL.
   - South approximately 5 miles to Logan Square in Chicago, IL.
   - Southwest approximately 5 miles to Portage Park in Chicago, IL.
   - West approximately 5 miles to Norwood Park in Chicago, IL.
   - Northwest 5 miles to Morton Grove, IL.

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

3. There are 14 existing or approved dialysis clinics within 5 miles of the proposed Sauganash Dialysis. Average utilization of area dialysis clinics is 76% as of June 30, 2020. Further, over the past four years, patient census at the existing clinics has increased 2.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Accordingly, average utilization of the existing clinics is expected to exceed 80% by 2024, the second year after completion of Sauganash Dialysis. The existing clinics will not have adequate capacity to treat NorthShore Medical Group's projected patients. The proposed Sauganash Dialysis is needed to ensure there are sufficient dialysis stations to accommodate NorthShore Medical Group's projected patients.

4. Source Information

   CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, Chronic Kidney Disease in the United States, 2019, (2019) available at https://www.cdc.gov/kidneydisease/pdf/2019_National-Chronic-Kidney-Disease-Fact-Sheet.pdf (last visited Jul. 7, 2020).

   US Renal Data System, USRDS 2018 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 10 (2018) available at https://www.usrds.org/2018/download/2018_Volume_1_CKD_in_the_US.pdf (last visited Jul. 7, 2020).

   THE HENRY J. KAISER FAMILY FOUNDATION, MARKETPLACE ENROLLMENT, 2014-2020 *available at* https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?activeTab=graph&currentTimeframe=0&startTimeframe=6&selectedRows=%7B%22states%22:%7B%22illinois%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.(last visited Jul. 7, 2020).

Mohammed P. Hossian, M.D. et al., CKD AND POVERTY: A GROWING GLOBAL CHALLENGE, 53 AM. J. KIDNEY DISEASE 166, 167 (2009) available at http://www.ajkd.org/article/S0272-6386(08)01473-X/fulltext (last visited Jul. 7, 2020).

Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 7, 2020).

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

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

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

Find Shortage Areas by Address

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

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

Start Over **Print**

HPSA Data as of 07/02/2020
MUA Data as of 07/02/2020

Address
6201 north mccormick boulevard, chicago, IL

Standardized address
6201 N McCormick Rd, Chicago, Illinois, 60659

+
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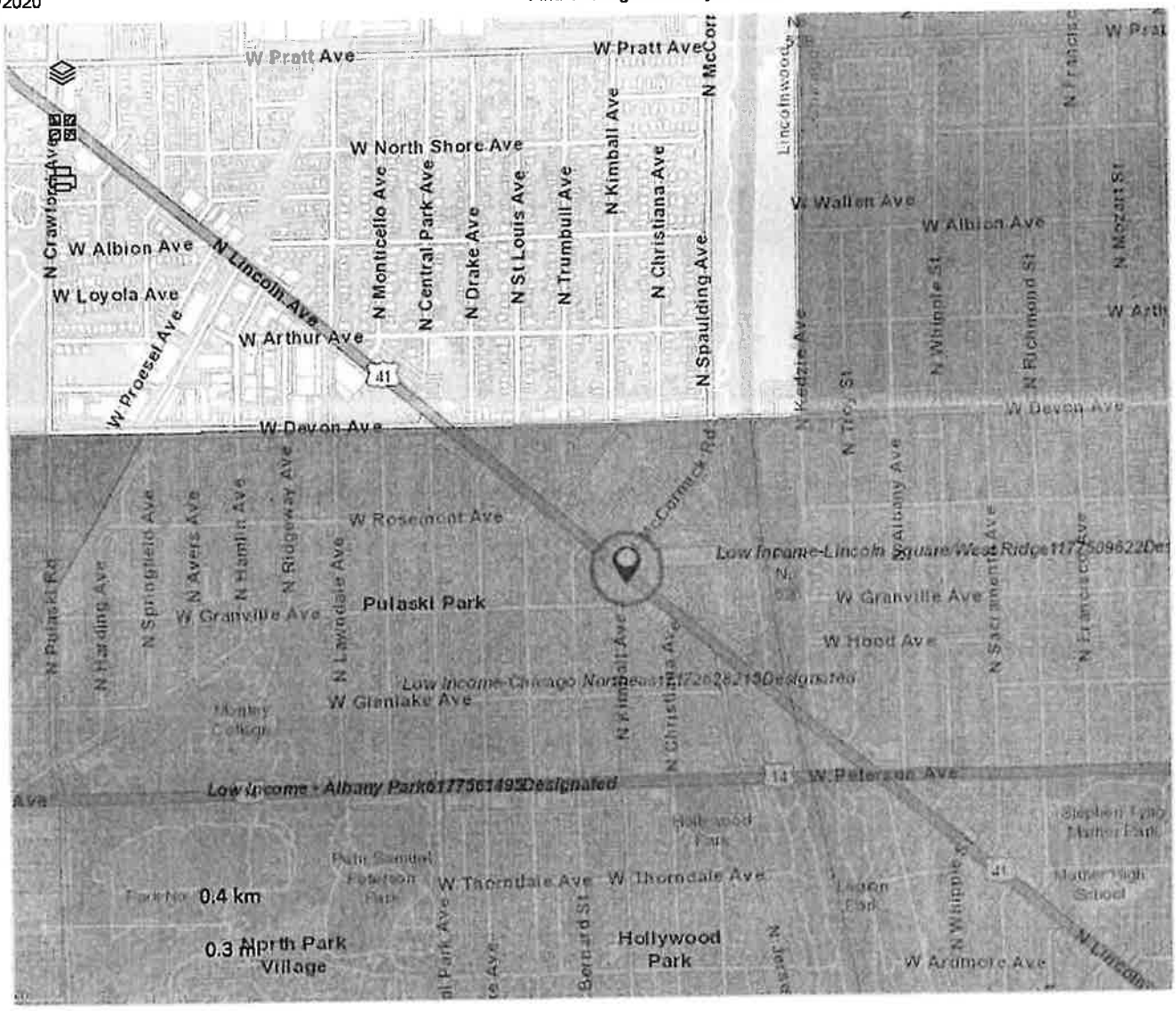

Note: The address you entered is geocoded and then compared against the HPSA and MUA/P data in data.HRSA.gov. Due to geoprocessing limitations, the designation cannot be guaranteed to be 100% accurate and does not constitute an official determination.

[+] More about this address

In a Dental Health HPSA: ✔ **Yes**
HPSA Name: Low Income - Albany Park
ID: 6177561495
Designation Type: HPSA Population
Status: Designated
Score: 2
Designation Date: 02/07/2013
Last Update Date: 10/28/2017

In a Mental Health HPSA: ✔ **Yes**
HPSA Name: LI-Chicago Northeast
ID: 7172628215
Designation Type: HPSA Population
Status: Designated
Score: 17
Designation Date: 01/15/2010
Last Update Date: 12/31/2018

In a Primary Care HPSA: ✖ **No**

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

About HRSA

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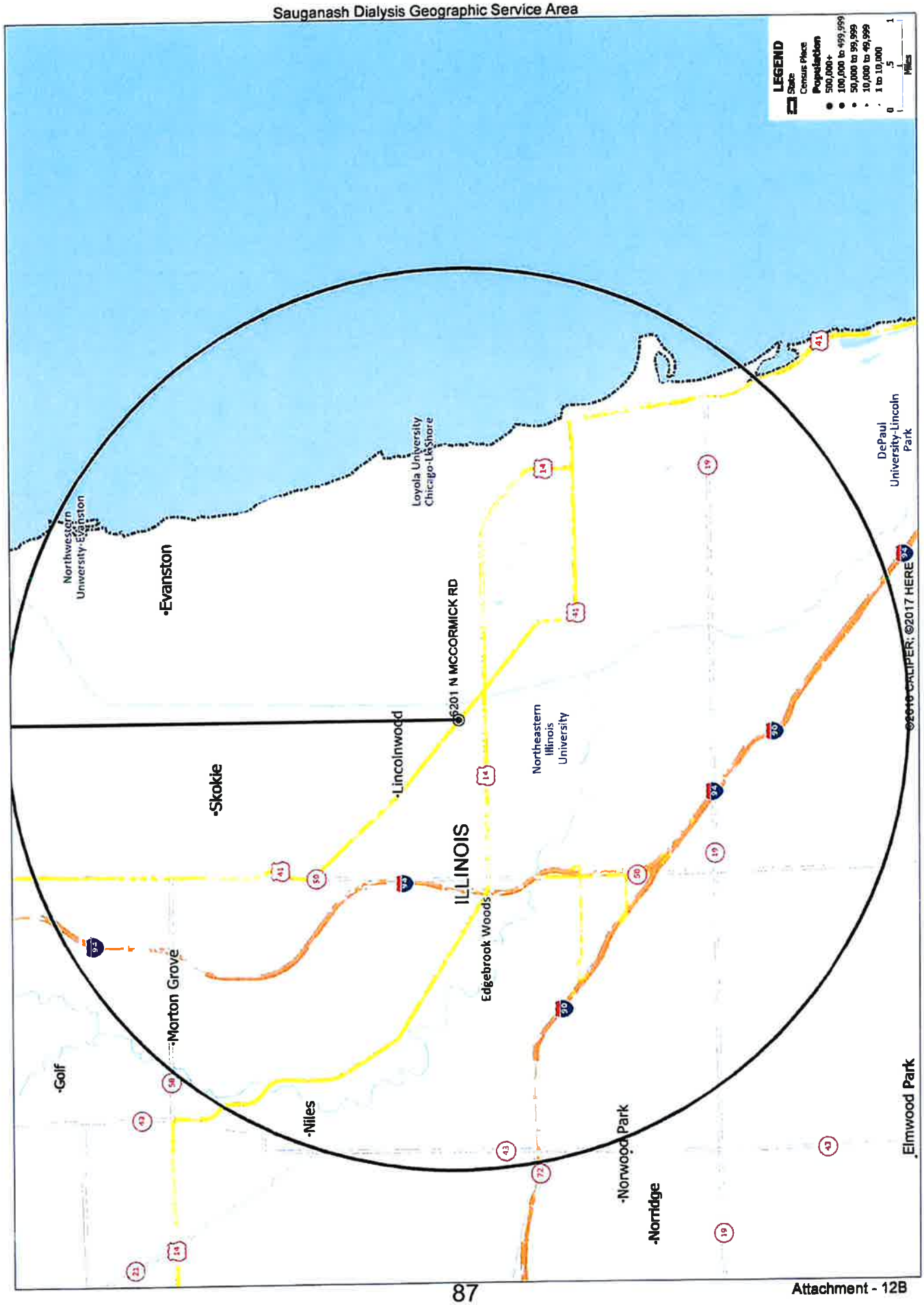
What's New (https://data.hrsa.gov/whats-new)

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

Sauganash Dialysis Geographic Service Area



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

Alternatives

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

1. Maintain the Status Quo/Do Nothing

2. Utilize Existing Clinics.

3. Establish a new clinic.

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

Maintain the Status Quo/Do Nothing

The Applicants considered the option not to do anything. This project was previously approved by the State Board at its October 22, 2019 when there was a calculated need for 80 dialysis stations in the City of Chicago. Due to land subsidence related to the removal of underground storage tanks, DaVita could not move forward with the original site for this project. Since the initial Sauganash application was approved, nothing has changed. The City of Chicago currently has a calculated need for 66 stations (with the relinquishment of the initial Sauganash permit, the station need will increase to 78 stations). At the time the initial Sauganash application was approved, utilization of existing facilities within the geographic service area was 76.75%; as of June 30, 2020, utilization of the replacement Sauganash clinic geographic service area is 75.60% with utilization projected to exceed 80% by 2024, the second year after project completion of Sauganash Dialysis. This project was warranted at the time of approval and is still needed to maintain access to life sustaining dialysis services to residents on the north west side of Chicago. Accordingly, the option to do nothing was rejected.

There is no capital cost with this alternative.

Utilize Existing Clinics

DaVita considered utilizing existing facilities within the Sauganash Dialysis GSA; however, due to the growth in the need for dialysis services in this community, the existing clinics will not be able to accommodate NorthShore Medical Group's projected referrals. There are 14 existing or approved dialysis clinics within 5 miles of the proposed Sauganash Dialysis. Average utilization of area dialysis clinics was 75.6% as of June 30, 2020. Further, over the past four years, patient census at the existing clinics has increased 2.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Accordingly, average utilization of the existing clinics is expected to exceed 80% by 2024, the second year after completion of Sauganash Dialysis.

NorthShore Medical Group is currently treating 386 CKD patients, who reside within the proposed Sauganash Dialysis GSA. 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. Ho anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate NorthShore Medical Group's projected ESRD patients. Accordingly, the option to do nothing was rejected.

There is no capital cost with this alternative.

Establish a New Clinic

As noted above, this project was previously approved by the State Board at its October 22, 2019 when there was a calculated need for 80 dialysis stations in the City of Chicago. Due to land subsidence related to the removal of underground storage tanks, DaVita could not move forward with the original site for this project. Since the initial Sauganash application was approved, nothing has changed. The City of Chicago currently has a calculated need for 66 stations (with the relinquishment of the initial Sauganash permit, the station need will increase to 78 stations). At the time the initial Sauganash application was approved, utilization of existing facilities within the geographic service area was 76.75%; as of June 30, 2020, utilization of the replacement Sauganash GSA was 75.60% with utilization projected to exceed 80% by 2024, the second year after completion of Sauganash Dialysis.

Like the previously approved Sauganash project, this project will address the need for additional stations and will ensure patients have access to life sustaining dialysis close to their homes. The Sauganash geographic service area is one of the most ethnically diverse areas in Chicago. Since the 1970s, it has been a point of entry for immigrants from Latin America and Asia. The community is 23% Hispanic and 11% Asian. Due to this large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[11] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with primary care physicians.[12] Provider communications and an ability to connect with one's primary care provider are critical for optimal healthcare, particularly when treating complex chronic illnesses. Due to cultural and linguistic barriers faced by members of this community, HRSA has designated this area a Medically Underserved Population.

Further, the incidence of ESRD in the Hispanic community is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals. Other factors that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language and health literacy also play a role in the higher incident rates.[13] Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Sauganash and the surrounding communities

Finally, NorthShore Medical Group is currently treating 386 CKD patients, who reside within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of

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11 Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 7, 2020).

12 Id. at 102-103.

13 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Jul. 23, 2020).

other treatment modalities (HHD and peritoneal dialysis), Louisa Tammy Ho, M.D. anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. As noted above, the existing clinics are projected to exceed 80% utilization within 2 years after completion of Sauganash Dialysis. Accordingly, they will not have adequate capacity to treat NorthShore Medical Group's projected patients. The proposed Sauganash Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being

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

The cost of this alternative is **$4,518,953**.

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

The Applicants propose to establish a 12-station dialysis clinic. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360 - 520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Sauganash Dialysis is 5,965 of gross square feet (or 497.08 GSF per station). Accordingly, the proposed clinic meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	5,965	4,320 – 6,240	N/A	Meets State Standard

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

By the second year of operation, annual utilization at the proposed clinic shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, clinics providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Louisa Tammy Ho is currently treating 386 CKD patients who all reside within 5 miles of the proposed Sauganash Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Sauganash GSA, it is estimated that 63 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b) Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	9,828	8,986	Yes

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

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

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

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

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

1. Planning Area Need

This project was previously approved by the State Board at its October 22, 2019 when there was a calculated need for 80 dialysis stations in the City of Chicago. Due to land subsidence related to the removal of underground storage tanks, DaVita could not move forward with the original site for this project. Since the initial Sauganash application was approved, nothing has changed. The City of Chicago currently has a calculated need for 66 stations (with the relinquishment of the initial Sauganash permit, the station need will increase to 78 stations). At the time the initial Sauganash application was approved, utilization of existing facilities within the geographic service area was 76.75%; as of June 30, 2020, utilization of existing facilities in the Sauganash GSA was 75.60% with utilization projected to exceed 80% by 2024, the second year after completion of Sauganash Dialysis. This project was warranted at the time of approval and is still needed to maintain access to life sustaining dialysis services to residents on the north west side of Chicago.

Like the previously approved Sauganash project, this project will address the need for additional stations and will ensure patients have access to life sustaining dialysis close to their homes. The Sauganash geographic service area is one of the most ethnically diverse areas in Chicago. Since the 1970s, it has been a point of entry for immigrants from Latin America and Asia. The community is 23% Hispanic and 11% Asian. Due to this large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[14] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with primary care physicians.[15] Provider communications and an ability to connect with one's primary care provider are critical for optimal healthcare, particularly when treating complex chronic illnesses. Due to cultural and linguistic barriers faced by members of this community, HRSA has designated this area a Medically Underserved Population.

Further, the incidence of ESRD in the Hispanic community is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals. Other factors that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language and health literacy also play a role in the higher incident rates.[16] Given these factors, readily accessible dialysis services are imperative for the health of the residents living in Sauganash and the surrounding communities.

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14 Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 7, 2020).

15 Id. at 102-103.

16 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Jul. 23, 2020).

Finally, NorthShore Medical Group is currently treating 386 CKD patients, who reside within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Louisa Tammy Ho, M.D. anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. As noted above, the existing clinics are projected to exceed 80% utilization within 2 years of completion of Sauganash Dialysis. Accordingly, they will not have adequate capacity to treat NorthShore Medical Group's projected patients. The proposed Sauganash Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being.

The proposed Sauganash Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being

2. Service to Planning Area Residents

The proposed Sauganash Dialysis is located in a community that is designated as a medically underserved population by HRSA. There is a need for 66 dialysis stations in the City of Chicago, one of areas with the highest need for dialysis stations in the State of Illinois. The purpose of the project is to meet this need and to ensure that the ESRD patient population on the north side of Chicago has access to life sustaining dialysis. As evidenced in the physician referral letter attached at Appendix – 1, all 63 pre-ESRD patients anticipated to initiate dialysis within two years of project completion reside within 5 miles of Sauganash Dialysis.

3. Service Demand

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

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

Zip Code	Total Patients
60076	222
60630	25
60646	45
60712	94
Total	**386**

4. Service Accessibility

As set forth throughout this application, this project was previously approved by the State Board at its October 22, 2019 when there was a calculated need for 80 dialysis stations in the City of Chicago. Due to land subsidence related to the removal of underground storage tanks, DaVita could not move forward with the original site for this project. Since the initial Sauganash application was approved, nothing has changed. The City of Chicago currently has a calculated need for 66 stations (with the relinquishment of the initial Sauganash permit, the station need will increase to 78 stations). At the time the initial Sauganash application was approved, utilization of existing facilities within the geographic service area was 76.75%; as of June 30, 2020, utilization of existing facilities in the Sauganash GSA was 75.60% with utilization projected to exceed 80% by 2024, the second year after

completion of Sauganash Dialysis. This project was warranted at the time of approval and is still needed to maintain access to life sustaining dialysis services to residents on the north west side of Chicago.

The Sauganash geographic service area is one of the most ethnically diverse areas in Chicago. Since the 1970s, it has been a point of entry for immigrants from Latin America and Asia. The community is 28% Hispanic and 11% Asian. Due to this large immigrant population, cultural barriers to access health care are high. These barriers include time and availability of providers, characteristics of healthcare personnel and patient-provider communications.[17] Limited communication and perceived lack of linguistic and cultural competence from providers can lead to mistrust of the health care system and make it difficult for immigrants to establish relationships with primary care physicians.[18] Provider communications and an ability to connect with your primary care provider is critical for optimal healthcare, particularly when treating complex chronic illnesses. Due to cultural and linguistic barriers faced by members of this community, HRSA has designated this area a Medically Underserved Population.

The incidence of ESRD in the Hispanic population is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanics. Access to health care, quality of care, and barriers due to language, health literacy and acculturation also play a role.[19]

NorthShore Medical Group is currently treating 386 CKD patients, who reside within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ho anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing clinics will not have sufficient capacity to accommodate NorthShore Medical Group's projected ESRD patients.

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17 Joan Edward and Vicki Hines-Martin, Examining Perceived Barriers to Healthcare Access for Hispanics in a Southern Urban Community, 5 J of Hospital Administration 102, 104 (2016) *available at* https://www.researchgate.net/profile/Vicki_Hines-Martin/publication/291392351_Examining_perceived_barriers_to_healthcare_access_for_Hispanics_in_a_southern_urban_community/links/56ab9feb08ae8f386569c55b/Examining-perceived-barriers-to-healthcare-access-for-Hispanics-in-a-southern-urban-community.pdf?origin=publication_detail (last visited Jul 7, 2020).

18 Id. at 102-103.

19 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Jul. 23, 2020).

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

1. Unnecessary Duplication of Services

a. The proposed dialysis clinic will be located at 6201 North McCormick Boulevard, Chicago, Illinois 60659. A map of the proposed clinic's market area is attached at Attachment – 23A. A list of all zip codes located, in total or in part, within 5 miles of the site of the proposed dialysis clinic as well as 2018 population estimates for each zip code is provided in Table 1110.230(c)(1)(A).

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

Zip Code	City	Population
60076	Skokie	31,867
60077	Skokie	28,329
60201	Evanston	42,296
60202	Evanston	32,861
60203	Evanston	4,188
60613	Chicago	50,113
60614	Chicago	71,308
60618	Chicago	94,395
60625	Chicago	79,243
60626	Chicago	49,730
60630	Chicago	57,344
60640	Chicago	69,715
60641	Chicago	71,023
60645	Chicago	47,732
60646	Chicago	27,987
60659	Chicago	41,068
60660	Chicago	43,242
60712	Lincolnwood	12,539
Total		**854,980**

Source: U.S. Census Bureau, ACS Demographic and Housing Estimates *available at* https://data.census.gov/cedsci/table?q=United%20States&g=0100000US&tid=ACSDP1Y2018.DP05 (last visited Jul. 16, 2020).

b. A list of existing and approved dialysis clinics located within a 5-mile radius of the proposed dialysis clinic is provided at Attachment – 23B.

2. Maldistribution of Services

The proposed dialysis clinic will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of clinics, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the

State Average; (2) historical utilization for existing clinics and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

a. Ratio of Stations to Population

As shown in Table 1110.1430(d)(2)(A), the ratio of stations to population is 72.9% of the State Average.

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

	Population	Stations	Stations to Population	Standard Met
Sauganash GSA	854,980	243	1:3,518	Yes
Illinois	12,741,080	4,971	1:2,563	

b. Historic Utilization of Existing Facilities

There are 14 existing or approved dialysis clinics within the Sauganash GSA. Average utilization of area dialysis clinics is 75.6% as of June 30, 2020. Further, over the past four years, patient census at the existing clinics has increased 2.3% annually, with utilization projected to exceed 80% by 2024, the second year after completion of Sauganash Dialysis. As discussed in Section 1110.230(b), this project was previously approved by the State Board at its October 22, 2019; however, due to land subsidence due to the removal of underground storage tanks, DaVita could not move forward at the original site for this project. Since the initial Sauganash application was approved, nothing has changed; the need for stations and the utilization of existing clinics within the Sauganash GSA are relatively unchanged. Like the previously approved Sauganash project, this project will address the need for additional stations and the need for dialysis in this community, which suffers from higher rates of CKD and ESRD due to the demographics of the community and disease incidence and prevalence trend.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis clinic. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. NorthShore Medical Group is currently treating 386 CKD patients within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ho anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

a. The proposed dialysis clinic will not have an adverse impact on existing clinics in the Sauganash GSA. As discussed above, this project was previously approved by the State Board; however, due to site issues, DaVita could not move forward with the original site. Importantly, this proposed Sauganash dialysis will be located approximately 1 mile from the original site and will serve the same patient base as the approved previously Sauganash Dialysis. Further, since approval of the initial Sauganash application, nothing has changed.

Both the calculated need for stations and the utilization of existing clinics within the Sauganash GSA are virtually the same as when the initial application was approved. Finally, NorthShore Medical Group is currently treating 386 CKD patients within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ho anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer from existing dialysis clinics.

b. The proposed dialysis clinic will not lower the utilization of other area clinics that are currently operating below HFSRB standards. As noted above, this project was previously approved by the State Board; however, due to site issues, DaVita could not move forward with the original site. Importantly, this proposed Sauganash dialysis will be located approximately 1 mile from the original site and will serve the same patient base as the approved previously Sauganash Dialysis. Further, since approval of the initial Sauganash application, nothing has changed. Both the calculated need for stations and the utilization of existing clinics within the Sauganash GSA are virtually the same as when the initial application was approved. Finally, NorthShore Medical Group is currently treating 386 CKD patients within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ho anticipates that at least 63 of these 386 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. No patients are expected to transfer from existing dialysis clinics.

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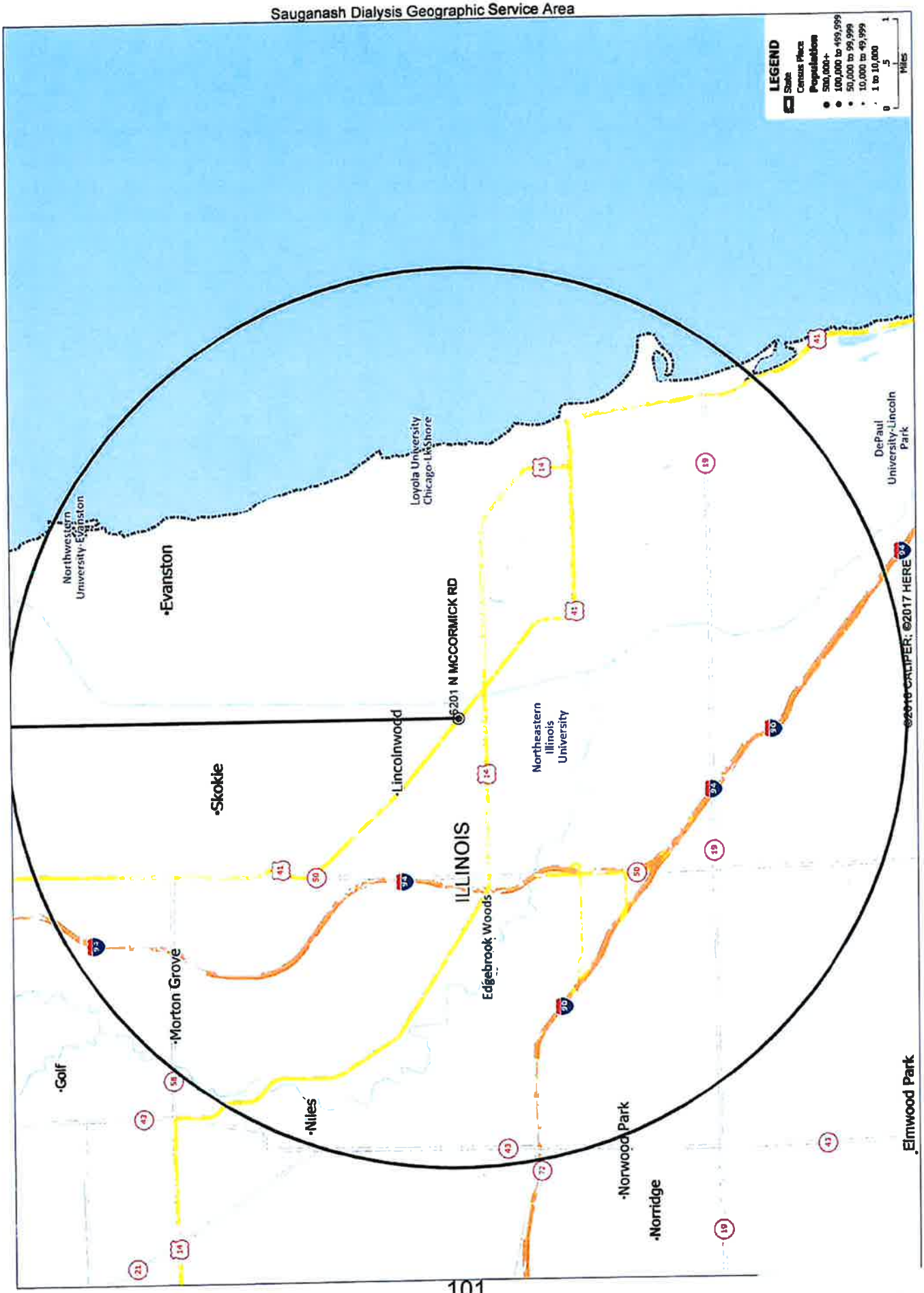

Attachment – 23A

Facility	Ownership	Address	City	State	Zip Code	HSA	Straight-Line Distance (Miles)	Number of Stations 06/30/2020	Number of Patients 06/30/20	Utilization % 06/30/20
Nephron Dialysis Ctr Swedish Covenant		5140 North California Ave.	Chicago	IL	60625	6	1.56	16	90	93.8%
Dialysis Ctr of America - (Rogers Park)	Fresenius	2277 West Howard Street	Chicago	IL	60645	6	1.75	20	93	77.5%
Center for Renal Replacement		7301 N. Lincoln Ave.	Lincolnwood	IL	60712	7	1.94	16	41	42.7%
Fresenius Medical Care North Kilpatrick	Fresenius	4800 North Kilpatrick	Chicago	IL	60630	6	2.45	28	110	65.5%
Irving Park Dialysis	Davita	4343 North Elston Avenue	Chicago	IL	60641	6	2.51	12	52	72.2%
Big Oaks Dialysis	Davita	5623 W. Touhy	Niles	IL	60714	7	3.04	12	55	76.4%
Fresenius Medical Care of Lakeview	Fresenius	4800 N. Broadway	Chicago	IL	60640	6	3.29	14	68	81.0%
Neomedica Dialysis Ctrs - Evanston	Davita	1922 Dempster Street	Evanston	IL	60202	7	3.30	20	96	80.0%
Fresenius Medical Care Northcenter	Fresenius	2620 W. Addison	Chicago	IL	60618	6	3.45	16	84	87.5%
RCG - Uptown	Fresenius	4720 N. Marine Drive	Chicago	IL	60640	6	3.78	14	80	95.2%
Fresenius Medical Care West Belmont	Fresenius	4848 West Belmont	Chicago	IL	60641	6	4.25	17	79	77.5%
Logan Square Dialysis	Davita	2816 North kimball Avenue	Chicago	IL	60618	6	4.26	28	117	69.6%
Fresenius Medical Care Logan Square	Fresenius	2721 N. Spaulding	Chicago	IL	60647	6	4.40	16	77	80.2%
RCG - Mid America Evanston	Fresenius	2953 Central	Evanston	IL	60201	7	4.84	14	60	71.4%
Total								**243**	**1,102**	**75.6%**

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

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

   a. Medical Director: Louisa Tammy Ho, M.D. will serve as the Medical Director for the proposed clinic. A copy of Dr. Ho's curriculum vitae is attached at Attachment – 23C.

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

      Administrator (0.86 FTE)
      Registered Nurse (1.42 FTE)
      Patient Care Technician (4.02 FTE)
      Biomedical Technician (0.32 FTE)
      Social Worker (0.39 FTE)
      Registered Dietitian (0.4 FTE)
      Administrative Assistant (0.57 FTE)

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

   c. All staff will be training under the direction of the proposed clinic's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 23D.

   d. As set forth in the letter from John D. Winstel, Chief Accounting Officer of DaVita Inc. and Total Renal Care, Inc., attached at Attachment – 23E, Sauganash Dialysis will maintain an open medical staff.

LOUISA TAMMY HO, MD (Tammy)
Assistant Clinical Professor, Department of Medicine
University of Chicago Pritzker School of Medicine
Medical Director, Acute Hemodialysis and Plasmapheresis
Medical Director, CKD Clinic
NorthShore University HealthSystem

EDUCATION:

May, 1983	University of Miami Miami, FL Bachelor of Science Cum Laude
May, 1987	University of Miami School of Medicine Miami, FL Doctor of Medicine

GRADUATE MEDICAL EDUCATION:

1987-1988	Intern, Internal Medicine Emory University Hospital System Atlanta, GA
1988-1990	Resident, Internal Medicine Emory University Hospital System Atlanta, GA
1991-1994	Fellow, Nephrology University of Chicago Chicago, IL

CERTIFICATION:

September, 2000	American Board of Internal Medicine Diplomate
November, 2004	American Board of Internal Medicine Subspecialty Nephrology Diplomate

FACULTY APPOINTMENTS:

1990-1991	Senior Associate Medical Emergency Clinic Department of Medicine Emory University Atlanta, GA
1994-1996	Instructor Department of Medicine University of Chicago Chicago, IL
1996-1998	Assistant Professor Department of Medicine University of Chicago Chicago, IL
1998-2009	Assistant Professor Department of Medicine Feinberg School of Medicine, Northwestern University
2009-present	Clinical Assistant Professor Prizger School of Medicine University of Chicago

ADMINISTRATIVE RESPONSIBILITIES:

1994-1998	Medical Director Chronic Ambulatory Peritoneal Dialysis Unit. University of Chicago
1996-1998	Director, Fellowship Recruitment Section of Nephrology, University of Chicago
1998-present	Medical Director Acute Hemodialysis NorthShore University HealthSystem/DaVita
2001-2009	Medical Director Chronic Hemodialysis Fresenius, Evanston
2005-2009	Nephrology Fellowship Director Northwestern University, Evanston Campus

2004-present	Medical Director Chronic Kidney Disease Clinic NorthShore University HealthSystem

COMMITTEE SERVICE:

1994-1995	Advisory Committee End Stage Renal Disease Network, Illinois Crescent County Medical Foundation
1995-1996	Medical Review Board End Stage Renal Disease Network, Illinois Crescent County Medical Foundation
1996-1997	Faculty Teaching Evaluation Committee University of Chicago, Department of Medicine
2005-2006	Medical Advisory Board Renal Care Group
2005, 2006	Fellow Research Award Committee Annual National Kidney Foundation of Illinois Conference "Kidney disease in 21st Century"
2007-2010	Medical Advisory Board, Executive Committee National Kidney Foundation of Illinois
2007-2010	Central Business Unit, Northern Illinois, Executive Board Fresenius Medical
2012-2014	Women in Leadership Northshore University Healthservices Committtee member
2012-current	Department of Medicine Quality Committee Northshore University Healthservies Nephrology Representative

AWARDS:

2008-2009	Medical Attending Specialist of the Year, Internal Medicine Residency Program

2009	Innovation Award, Northshore University Healthsystems
2011-2012	Award for Outstanding Contributions in Medical Education, Internal Medicine Residency Program
2012-2013	Medical Attending Specialist of the Year
2013-2014	Northshore Attending Teacher of Year, University of Chicago Nephrology Fellowship Program

PROFESSIONAL SOCIETIES:

American College of Physicians
American Medical Association
American Society of Nephrology
National Kidney Foundation
National Kidney Foundation of Illinois
Renal Physicians Association

TEACHING:

1991-1998	Renal Physiology, Graduate Education University of Chicago School of Medicine, first year class
1991-1998	Renal Clinical Core Curriculum, Graduate Education University of Chicago School of Medicine, third year medicine rotation
1993-1998.1	Renal pathophysiology, Acute Renal Failure, Graduate Education University of Chicago School of Medicine, second year class
1997-1998	Clinical Core Curriculum, Renal Fellowship Training Program University of Chicago, Graduate Education
July, 1998	Section coordinator and lecturer, Graduate and continuing medical education Specialty Review in Internal Medicine, Nephrology National Center for Advanced Medical Education
1998-	Teaching attending, General Medicine Service, Medicine Residency Program
1998-	Core Curriculum, Nephrology, Medicine Residency Program
1998-	Renal Clinical Conference, Clinical Case presentation, Medicine Residency Program
1998-	Nephrology Fellow/Resident Journal Review in Nephrology

2003 Lecturer, Acute Renal Disease in ICU, ICU nurse continuing education

2007 Lecturer, Management of Edema in Physical Therapy Setting

SCHOLARLY PRODUCTIVITY:

Ho, LT and Sprague, SM. Women and CKD-mineral and bone disorder. AdvChronic Kidney Dis. 2013 Sep:20(5):423-6

Zisman, A, Hristova, M, **Ho, LT** and Sprague, SM. Impact of Ergocalciferol Treatment of Vitamin D Deficiency on Serum Parathyroid Hormone Concentrations in Chronic Kidney Disease, American Journal of Nephrology 27:36-43, 2007.

Ho, LT and Sprague, SM. Percutaneous Bone Biopsy in the Diagnosis of Renal Osteodystrophy. Seminars in Nephrology 22:268-275,2002.

Ho, LT and Sprague, SM. Renal Osteodystophy in Chronic Renal Failure. Seminars in Nephrology 22:488-493, 2002.

Donesh, F and **Ho, LT**. Dialysis Related Amyloidosis: History and Clinical Manifestations. Seminars in Dialysis, 14:2-8, 2001.

Pliskin, NH, Yurk, HM, **Ho, LT** and Umans, JG. Neurocognitive function in chronic hemodialysis patients. Kidney International 49(5), 435-40, 1996.

Ho, LT, Kushner, R, Schoeller, D, Gudivaka, R, and Spiegel, D. Bioimpedance analysis of total body water in control and hemodialysis patients. KI 46:1438-42, 1994.

Gudivaka, R, Schoeller, D, **Ho, LT**, Spiegel, D, and Kushner, R. Effect of body position, electrode placement, and time on prediction of total body water by multifrequency bioelectrical impedance analysis. Age and Nutrition 5:2, 1994.

Ho, LT and Ho, RJ. Production and assay of antibodies to an activator of adenylate cyclase, forskolin. Journal of Cyclic Nucleatides and Protein Phosphorylation Research. 11;421-432, 1988

Ho, LT, Nie, ZM, Mende, **TH**, Richardson, S, Chavan, A, Koaczkowska, E, Watt, DS, Haley, BE, and Ho, RJ. Modification of adenylate cyclase of photoaffinity analogs of forskolin. Issue of Second Messengers and Phosphoproteins 12:143-7, 1988

Abstracts:

Golemi, Iva MD , Al Kadhimi, Munaf MD , Ho, Louisa MD. Weight loss herb related acute interstitial nephritis. American College of Physicians Northern Chapter November 2017

Modi, Ami MD, Ho, Louisa MD, and Goldschmidt, Robert. An unusual presentation of adult onset minimal change disease and interferon related thrombotic microangiopathy. American College of Physicians Northern Chapter Novemver 2017

Ozair M. Ziauddin, Ankit Rawal, Stephen Haggerty and L Tammy Ho. Evaluation of Quick Start Use of Peritoneal Dialysis Catheter. Presented to American Society of Nephrology Novermber 2014

Ankit Rawal, Paulynn Katsulis, Lumi Stutz, Morgan Marcuccilli, Jaime Sua, Perter Karalis, Ying Zhou and L. Tammy Ho. Comparison of intravenous iron therapy for the treatment of anemica in chronic kidney disease population in a CKD clinic. Presented to National Kidney Foundation Spring Meetings 2013.

Lumi Stutz, Julie Kirshenbaum, Paulynn Katsulis, Morgan Marcuccilli, and L. Tammy Ho, Impact of a CKD clinic on access placement in incident hemodialysis patients. Presented to the National Kidney Foundation Spring Meetings 2012.

Lumi Stutz, Julie Kirshenbaum, Nisha Patel, Jamie Sua and L. Tammy Ho. Role of nurse practitioner monitoring on vascular access outcomes. Presented to the National Kidney Foundation Spring Meetings 2011.

Lumi Stutz, APN, Paulynn Katsulis, APN, Hongyan Du, L. Tammy Ho, MD and Stuart Sprague, DO. Use of IV iron in non dialysis CKD patients. Presented to the National Kidney Foundation Spring Meetings 2011.

Junine Degraf, NP, Derek Larson, MD, Hongyan Du, MS, Stuart Sprague, DO, Neenoo Khosla, MD and Tammy Ho, MD. Effect of Ergocalciferol Treatment on Mineral Metabolism in Chronic Hemodialysis Patients. Presented to the National Kidney Foundation Spring Meetings 2010.

Derek Larson, MD, Junine Degraf, NP, Hongyan Du,MS, Stuart Sprague, DO, Neenoo Khosla, MD, and Tammy Ho, MD. Effect of Ergocalciferol Replacement on Anemia Management in ESRD. Presented to the National Kidney Foundation Spring Meetings 2010.

Yvette Shannon, MD, Hongyan Du, MS, L. Tammy Ho, MD and Stuart Sprague, The use of phosphate binders in non-dialysis CKD patients. Presented to the American Society of Nephrology, November 2009

Cary Belen, DO, Hongyan Du, MS, L. Tammy Ho, MD, and Stuart M Sprague,.

Calcium and Risk of Mortality in Chronic Kidney Disease. Presented to the American Society of Nephrology, November, 2009.

Amit Arora, MD, Hongyan Du, MS, L. Tammy Ho, MD, and Stuart M Sprague. Association of ergocalciferol treatment and mortality in CKD. Presented to the American Society of Nephprology, November, 2009

Shannon, Y D.O., Khambati, N R.D., Katsulis, P NP, Stutz, L NP, Ho, LT M.D. and Sprague, S D.O..EFFECTS OF VITAMIN D ON ESA REQUIREMENTS IN CKD STAGE 3-4. Presented to the National Kidney Foundation Spring Meetings 2008

Arora, A., Khambati, N., Ho, LT and Sprague, S. ERGOCALCIFEROL and ACTIVE VITAMIN D for HYPERPARATHYROIDISM in CKD. Presented to the National Kidney Foundation Spring Meetings 2008

Hristova, M, Zisman, A, Degraf J, Ho, L, and Sprague, S. Prevalence of 25-Hydroxyvitamin D Insufficiency and Deficiency in CKD Patients. Presented to the American Society of Nephrology, November 2005

Zisman, A, Hristova, M, Kim, E, Oliva, R, Ho, L and Sprague, S. Treatment of 25-Hydroxyvitamin D Deficiency in CKD Patients. Presented to the American Society of Nephrology, November 2005

INVITED PRESENTATIONS:

Evanston Hospital Medicine Grand Rounds:
2005 Chronic Kidney Disease: Emerging Therapies

Rockford General Hospital Grand Rounds:
2006 Strategies for Improving the Care of the Patient with Chronic Kidney Disease

American Society of Nephrology, Renal Week
2006 Vitamin D Deficiency in Early CKD

American Society of Nephrology Renal Weekends 2007
2007 Vitamin D in Stages 3-5 CKD

National Kidney Foundation Spring Clinical Meetings
2007 Integrating the Management of Mineral Metabolism into a CKD Clinic
Management of Calcium and Phosphorus in Early CKD

2007 "D"oes More Than Treat Secondary HPT
Co-chair of session

American Society of Nephrology Renal Weekends 2008

2008 Bone and Mineral Metabolism Review

National Kidney Foundation Spring Clinical Meetings
2009 Exploring the Link Between CKD and CVD

Henry Ford Hospital, Detroit Medical Advisory Board
2009 Controversies of Bone and Mineral Metabolism in Dialysis

28th Annual Dialysis Conference
2008 Nutritional Vitamin D and Active Vitamin D in CKD
The Use of Bisphosphonates in CKD

American Society of Nephprology Board Review Course:Nephrology
2009 Renal Osteodystrophy

National Kidney Foundation Spring Clinical Meetings
2010 Mineral metabolism in CKD patients

National Kidney Foundation Spring Clinical Meetings
2011 Mineral metabolism in CKD patients

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:

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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.

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

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

Program Description

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

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

Within the clinic setting this training includes

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

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

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

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

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

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

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

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

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

Note:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Process of Program Evaluation

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

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

Re: Certification of Support Services

Dear Chair Savage:

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

Sincerely,

Print Name: John D. Winstel
Its: Chief Accounting Officer, DaVita Inc.
Chief Accounting Officer and Treasurer, Total Renal Care, Inc.

Subscribed and sworn to me
This 16 day of July 2020

NICOLE BRUMMOND NOTARY PUBLIC 155636 COMMISSION EXPIRES 10-07-23 STATE OF WASHINGTON

Notary Public

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

Attached at Attachment – 23E is a letter from John D. Winstel, Chief Accounting Officer of DaVita Inc. and Total Renal Care, Inc. attesting that the proposed clinic will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

The proposed dialysis clinic will be located in the Chicago metropolitan statistical area ("MSA"). A dialysis clinic located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis clinic. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

DaVita Inc. has an agreement with NorthShore University Health System – Evanston Hospital to provide inpatient care and other hospital services. Attached at Attachment – 23F is a copy of the service agreement with this area hospital.

TRANSFER AGREEMENT

This TRANSFER AGREEMENT (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), between **NorthShore University HealthSystem – Evanston Hospital** ("Hospital") and **Total Renal Care, Inc.**, a subsidiary of DaVita Inc. ("Facility").

WHEREAS, Facility desires to assure the availability of the Hospital's facilities for its patients who are in need of treatment at a hospital, and the Hospital is equipped and qualified to provide inpatient hospital care.

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 Facility:

Sauganash Dialysis
4054 W. Peterson Avenue
Chicago, IL 60646

THEREFORE, the parties wish to enter into the Agreement set forth below as follows:

1. Hospital agrees to make the facilities and personnel of its routine emergency service available for the treatment of acute life-threatening emergencies, which may occur to any of Facility's patients. Hospital and its staff shall cooperate with Facility's staff to ensure the provision of safe and adequate care to Facility's patients who are transferred to Hospital to receive services in the case of an emergency. If, in the opinion of a member of Facility's medical staff, any patient requires emergency hospitalization, Hospital agrees to furnish all necessary medical services at its facility for such patient at the patient's expense. In the event of an emergency at Facility, the responsible physician shall notify the patient's physician of record, as indicated in Facility's files, and shall promptly notify the Emergency Room physician of the particular emergency. Facility shall be responsible for arranging to have the patient transported to the Hospital and shall send appropriate interim medical records. Facility shall provide for an interchange, within one working day, of the patient long term program and patient care plan, and of medical and other information necessary or useful in the care and treatment of patients referred to the Hospital from Facility, or in determining whether such patients can be adequately cared for otherwise than in either of the facilities. Admission to Hospital, and the continued treatment by Hospital, shall be provided regardless of the patient's race, color, creed, sex, age, disability, or national origin.

2. In the event the patient is transferred directly from Facility to Hospital, Facility shall provide for the security of, and be accountable for, the patient's personal effects during the transfer.

3. Facility shall keep medical records of all treatments rendered to patients by Facility. Such medical records shall conform to applicable standards of professional practice. If requested by Hospital, Facility shall provide complete copies of all medical records of a patient treated by Facility.

4. In addition to the services described above, the Hospital shall make the following services available to patients referred by Facility either at the Hospital or at an affiliated hospital:

   a. Inpatient care for any patient who develops complications or any conditions that require hospital admission;

   b. Blood Bank services to be performed by the Hospital.

5. With respect to all work, duties, and obligations hereunder, it is mutually understood and agreed that the parties shall own and operate their individual facilities wholly independent of each other. All patients treated at the facilities of Hospital or Facility shall be patients of that facility. Each party shall have the sole responsibility for the treatment and medical care administered to patients in their respective facilities.

6. Facility and Hospital shall each maintain in full force and effect throughout the term of this Agreement, at its own expense, a policy of comprehensive general liability insurance and professional liability insurance covering it and its respective staff and physicians each having a combined single limit of not less than $1,000,000 per occurrence, $3,000,000 annual aggregate for bodily injury and property damage to insure against any loss, damage or claim arising out of the performance of each party's respective obligations under this Agreement. Each will provide the other with certificates evidencing said insurance, if and as requested. Either party may provide for the insurance coverage set forth in this Section through self-insurance.

7. Each party agrees to indemnify and hold harmless the other, their officers, directors, shareholders, agents and employees against all liability, claims, damages, suits, demands, expenses and costs (including but not limited to, court costs and reasonable attorneys' fees) of every kind arising out of or in consequence of the party's breach of this Agreement, and of the negligent errors and omissions or willful misconduct of the indemnifying party, its agents, servants, employees and independent contractors (excluding the other party) in the performance of or conduct related to this Agreement.

8. The Parties expressly agree to comply with all applicable laws relating to the services provided hereunder or by such party.

9. Whenever under the terms of this Agreement, written notice is required or permitted to be given by one party to the other, such notice shall be deemed to have been sufficiently given if delivered in hand, overnight delivery, personal delivery or by registered or certified mail, return receipt requested, postage prepaid, to such party at the following address:

   To the Hospital:

   NorthShore University HealthSystem
   Evanston Hospital
   2650 Ridge Avenue
   Evanston, IL 60201
   Attn: President

To Facility:

Total Renal Care, Inc.
C/o: DaVita Inc.
5200 Virginia Way
Brentwood, TN 37027
Attn: Group General Counsel

With a copy to:

Sauganash Dialysis
C/o: DaVita Inc.
4054 W. Peterson Avenue
Chicago, IL 60646
Attn: Facility Administrator

10. If any provisions of this agreement shall, at any time, conflict with any applicable state or federal law, or shall conflict with any regulation or regulatory agency having jurisdiction with respect thereto, this Agreement shall be modified in writing by the parties hereto to conform to such regulation, law, guideline, or standard established by such regulatory agency.

11. This Agreement including any exhibits, schedules, or other attachments which are incorporated herein by reference and made a part hereof may not be amended, modified, or shall be binding unless agreed to in a written instrument signed by both parties.

12. This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all negotiations, prior discussions, agreements or understandings, whether written or oral, with respect to the subject matter hereof, as of the Effective Date. This Agreement shall bind and benefit the parties, their respective successors and assigns. This Agreement shall not be assigned by either party without the other party's prior written consent.

13. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Illinois, without respect to its conflicts of law rules.

14. The term of this Agreement is for one (1) year, beginning on the Effective Date, and will automatically renew for successive one year periods unless either party gives the other notice prior to an expiration date. Either party may terminate this Agreement, at any time, with or without cause, upon thirty (30) days written notice to the non-terminating party.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed and delivered by their respective officers thereunto duly authorized as of the date below written.

NorthShore University HealthSystem – Evanston Hospital

By: D. V- SA

Name: Douglas Silverstein

Title: President

Date: 7/11/18

Total Renal Care, Inc.

By: DocuSigned by: Brent Habitz

Name: Brent Habitz

Title: Regional Operations Director

Date: July 3, 2018

Approved by DaVita as to form only:

By: Kanika M. Rankin

Name: Kanika M. Rankin

Title: Senior Corporate Counsel - Operations

Date: July 14, 2018

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

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

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

Attached at Attachment – 23G is a letter from John D. Winstel, Chief Accounting Officer of DaVita Inc. certifying that the proposed clinic will achieve target utilization by the second year of operation.

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

Re: In-Center Hemodialysis Assurances

Dear Chair Savage:

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

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

Sincerely,

Print Name: John D. Winstel
Its: Chief Accounting Officer, DaVita Inc.
Chief Accounting Officer and Treasurer, Total Renal Care, Inc.

Subscribed and sworn to me
This 10 day of July, 2020

Notary Public

NICOLE BRUMMOND NOTARY PUBLIC 155636 COMMISSION EXPIRES 10-07-23 STATE OF WASHINGTON

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents. A copy of DaVita's 2019 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on February 24, 2020. A real estate letter of intent to lease the clinic is attached at Attachment – 33.

Attachment – 33

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

July 20, 2020

Brendan Reedy & Jimmy Danaher
CBRE, Inc.
321 N Clark St, Suite 3400
Chicago, IL 60654

RE: LOI – 6201 McCormick Blvd, Chicago, IL 60659

Mr. Reedy & Mr. Danaher:

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 $12 billion. They operate approximately 2,753 outpatient dialysis centers across the US and 259 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	**6201 McCormick Blvd, Chicago, IL 60659**
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	**TCB-Lincoln Village, LLC**
SPACE REQUIREMENTS:	Requirement is for approximately 6,956 SF of contiguous rentable square feet comprised of a portion of the existing space indicated in Exhibit C. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed by Tenant's project manager and architect prior to lease execution with approved floor plan attached to lease as an exhibit.
PRIMARY TERM:	10 years
BASE RENT:	$30.00 PSF NNN for years 1-5 and $33.00 PSF NNN for years 6-10.
ADDITIONAL EXPENSES:	*Tenant shall be responsible for payment of their pro-rata share of CAM, RE Taxes and Insurance for the Premises. Operating expenses, including CAM, Tax and Insurance are estimated to be $12.12 PSF annually.*
Tenant's pro-rata share is appx 4.46%.	*Tenant shall be responsible for direct payments of all utilities consumed from the Premises except water which shall be submetered.*
	Landlord to limit the cumulative increases in controllable CAM to no greater than 5% increases annually.

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LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property to be further identified in the Lease.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within the later of 30 days from lease execution or waiver of CON contingency but in no event prior to January 15th, 2021. Rent Commencement shall be the earlier of six (6) months from Possession or when a certificate of occupancy for the Premises has been obtained from the city or county.

LEASE FORM: Tenant's standard lease form.

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

Landlord will need to obtain a waiver from TJ Maxx for Tenant's Use. Landlord shall have 90 days from LOI execution to obtain such waiver.

PARKING: Tenant shall have:

a) A stated 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 As-Is.
c) A patient drop off area, preferably covered, to be further determined and agreed upon by Landlord and Tenant

BUILDING SYSTEMS: Landlord shall warrant that the building's mechanical, electrical, plumbing, HVAC systems, roof, and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant. After year one, Tenant shall be fully responsible for all Tenant building utility systems including the service, repair and maintenance of the HVAC system.

LANDLORD WORK: Landlord shall deliver the Premises in its "as is" condition as of the date identified herein, free from all hazardous substances, including but not limited to asbestos and mold, in compliance with all applicable laws, free from all structural defects and subject to Landlord's maintenance and repair obligations under the Lease.

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Tenant shall be responsible to construct the demising wall and properly separate utilities to service Tenant's premises but not be responsible for providing service to the adjacent space.

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

TENANT IMPROVEMENTS: *Landlord shall provide Tenant with $45.00 PSF in Tenant Improvement Allowance.*

Tenant shall have the TIA paid directly to Tenant's general contractor. TIA to be Tenant's sole discretion and the right to select architectural and engineering firms, no supervision fees associated with construction, and no charges may be imposed by Landlord.

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

RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE: None

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant within the later of 75 days from lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the 75 day delivery period.

HOLDING OVER: Tenant shall be obligated to pay 125% for the then current rate.

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

BUILDING HOURS: Tenant requires building hours of 24 hours a day, seven days a week.

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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. In no event shall Tenant or Guarantor be relieved of its Lease obligations.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee utilizing Landlord's roofing contractor.
NON-COMPETE:	Landlord agrees not to lease space to another dialysis provider within the Shopping Center.
HVAC:	This is contemplated in the Tenant Allowance
DELIVERIES:	To be further determined following Tenant's architect walk through of the Premises and subject to preliminary floor plan.
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
CERTIFICATE OF NEED:	Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis

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center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal three and three quarters percent (3.75%) of the initial term base rent, 50% shall be due upon the later of lease execution or waiver of all contingencies, and 50% shall be due within thirty (30) days from rent commencement/opening. The Tenant shall retain the right to offset rent for failure to pay the brokerage fee.

PLANS: *Please provide any additional copies of site and/or construction plans.*

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

This proposal is subject to a walk through by Tenant's project manager and architect and the review of existing floor plans.

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

Sincerely,

Matthew Gramlich
CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **6201 McCormick Blvd, Chicago, IL 60659**

AGREED TO AND ACCEPTED THIS 21 DAY OF JULY 2020

DocuSigned by:
By: Matthew Lieberman
8FE24C805C694BB...

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

AGREED TO AND ACCEPTED THIS 21 DAY OF JULY 2020

DocuSigned by:
By: Amanda Jacobson
697TAB33E7DC48A...

Newport Capital Partners
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

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

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EXHIBIT C

CONCEPTUAL FLOOR PLAN SUBJECT TO PROJECT MANAGEMENT REVIEW & FURTHER CHANGES

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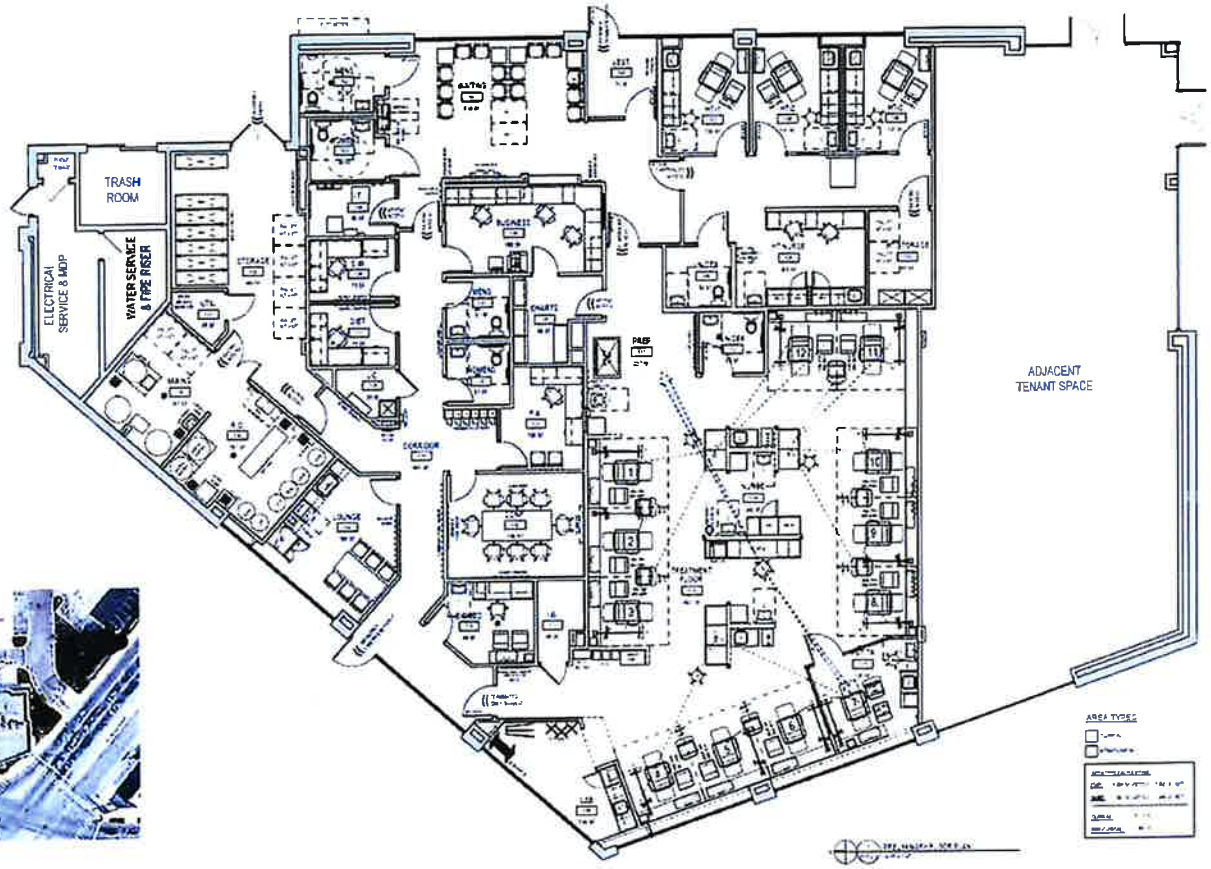


Section IX, Financial Feasibility
Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's DaVita's 2019 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on February 24, 2020.

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

Attached at Attachment – 36A is a letter from John D. Winstel, Chief Accounting Officer of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 36A

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

Re: Reasonableness of Financing Arrangements

Dear Chair Savage:

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

Sincerely,

Print Name: John D. Winstel
Its: Chief Accounting Officer, DaVita Inc.
Chief Accounting Officer and Treasurer, Total Renal Care, Inc.

Subscribed and sworn to me
This 16 day of July, 2020

Notary Public

NICOLE BRUMMOND NOTARY PUBLIC 155636 COMMISSION EXPIRES 10-07-23 STATE OF WASHINGTON

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	Cost/Square Foot Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD		$275.98			5,113			$1,411,067	$1,411,067
Contingency		$27.60			5,113			$141,107	$141,107
TOTAL CLINICAL		**$303.57**			**5,113**			**$1,552,174**	**$1,552,174**
NON-CLINICAL									
Admin		$279.32			1,843			$514,788	$514,788
Contingency		$27.93			1,843			$51,479	$51,479
TOTAL NON-CLINICAL		**$307.25**			**1,843**			**$566,267**	**$566,267**
TOTAL		**$304.55**			**6,956**			**$2,118,441**	**$2,118,441**
* Include the percentage (%) of space for circulation									

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

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Contracts & Contingencies	$1,552,174	$303.98 x 5,113 GSF = $1,554,250	Below State Standard
Contingencies	$123,373	10-15% Modernization Construction Contracts 10%-15% x $1,411,067 = $141,107 - $211,660	Meets State Standard
Architectural/Engineering Fees	$67,921	6.65% - 9.99% of Modernization Contracts + Contingencies) = 6.65% - 9.99% x ($1,411,067 + $141,107)= 6.65% - 9.99% x $1,552,174 =	Below State Standard

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
		$103,220 - $155,062	
Consulting and Other Fees	$29,916	No State Standard	No State Standard
Moveable Equipment	$495,640	$58,660 per station x 12 stations $58,660 x 12 = $703,920	Below State Standard
Fair Market Value of Leased Space or Equipment	$1,156,604	No State Standard	No State Standard
Other Costs to be Capitalized	$34,900	No State Standard	No State Standard

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

Operating Expenses: $1,092,265

Treatments: 9,828

Operating Expense per Treatment: $4,369,060

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

Capital Costs:

Depreciation:	$268,563
Amortization:	$ 13,463
Total Capital Costs:	$282,026

Treatments: 9,828

Capital Costs per Treatment: $28.70

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 2019 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment -37. As referenced in the report, ninety-two percent of DaVita's dialysis clinics have three, four or five stars by the Centers for Medicare and Medicaid Services Five Star Quality Rating System. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

   DaVita accepts and dialyzes Illinois patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or payor source. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are typically eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Fund and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients who meet certain objective criteria for financial assistance and otherwise cooperate with DaVita to fulfill documentation requirements may qualify for assistance from DaVita in the form of free care.

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

2. The proposed Sauganash Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. Average utilization of area dialysis clinics, is 75.6% as of June 30, 2020. Further, over the past four years, patient census at the existing clinics has increased 3.3% annually and is anticipated to increase for the foreseeable future due to the demographics of the community and disease incidence and prevalence trend. Accordingly, average utilization of the existing clinics is expected to exceed 80% within two years of completion of Sauganash Dialysis.

   NorthShore Medical Group is currently treating 386 CKD patients, who reside within 5 miles of the proposed Sauganash Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Ho anticipates that at least 61 of these 63 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing clinics will not have sufficient capacity to accommodate NorthShore Medical Group's projected ESRD patients. Further, no patients are expected to transfer from existing clinics within the Sauganash Dialysis GSA. The proposed Sauganash Dialysis clinic will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Sauganash Dialysis. As such, this criterion is not applicable.

Attachment – 37

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			
	2017	**2018**	**2019**
Charity (# of patients)	98	126	149
Charity (cost in dollars)	$2,818,603	$2,711,788	$3,509,730
MEDICAID			
	2017	**2018**	**2019**
Medicaid (# of patients)	407	298	277
Medicaid (revenue)	$9,493,634	$7,951,548	$6,613,469

THE DAVITA VISION FOR GLOBAL CITIZENSHIP

Community Care 2019

DaVita

Trilogy of Care

Welcome to DaVita's annual Community Care Report, a look at our continued commitment to corporate social responsibility (CSR).

We strive to be a community first, a company second. For more than 10 years, our Trilogy of Care—Caring for Our Patients, Caring for Each Other and Caring for Our World—has been at the heart of everything we do. From our treatment floors to our business offices to where we live, it reaches across every level of our community.

Understanding Kidney Disease

When a person has chronic kidney disease (CKD), it means their kidneys are no longer able to remove waste effectively from their body or to balance their fluids. Kidney failure, or end stage kidney disease (ESKD), happens when kidneys function at or below 10 to 15%, which is not enough to live without dialysis or a kidney transplant.

We want patients with kidney disease to live longer, healthier lives. That's why our personalized care is designed to help prevent or delay disease progression, manage comorbidities and, when needed, smooth the transition to receiving a transplant or life-sustaining dialysis. DaVita's innovative approach incorporates no-cost patient education and health management tools to empower patients as well as resources, such as cutting-edge predictive analytics, to help care teams identify patients with CKD early and manage their condition before it progresses to ESKD.

SUSTAINABLE DEVELOPMENT GOALS

The United Sustainabl

The Sustainable Developme for action by all countries tc protecting the planet. In 20 Member States adopted 17 Agenda for Sustainable Dev 15-year plan to achieve the DaVita is committed to help To learn more about how ou support the SDGs, visit **DaV**

Quality Educ

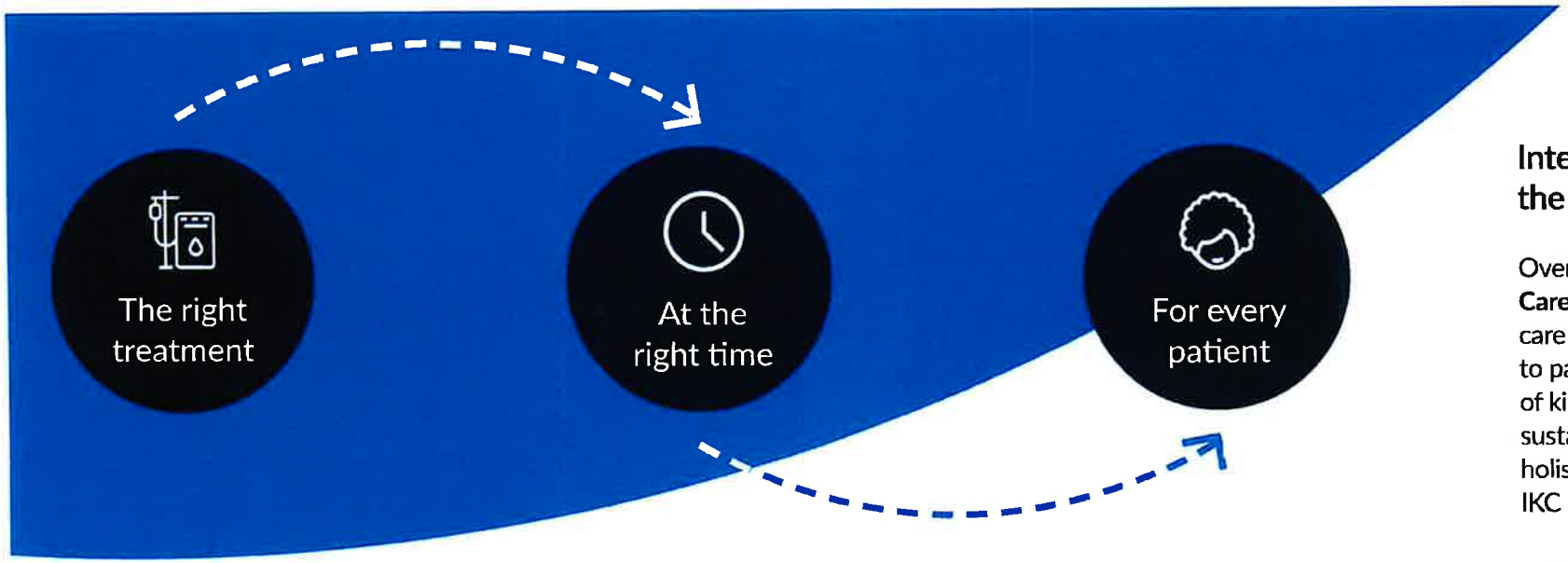
Gender Equ

Good Healt Well-Being

Affordable a Clean Energ

Sustainable and Commu

Responsible Consumptio and Product



DaVita's approach to kidney care puts patients at the center of their care.

A Focus on Patients

In July 2019, the U.S. Administration released the Executive Order on Advancing American Kidney Health. The executive order prioritizes alternatives to in-center dialysis for treating CKD and ESKD that can improve quality of life, such as home dialysis and kidney transplant. DaVita's approach to kidney care aligns with the goals laid out by the Administration through our emphasis on patient education and patient-centered care.

We do this by offering holistic care that spans the entire continuum of kidney disease—from identifying CKD patients early and helping delay kidney disease progression to smoothing the transition from CKD to ESKD and optimizing

Patient Testimonial

Holistic Care in Action

Sherrie had never missed a treatment in six years of receiving dialysis, so it stood out to her social worker when Sherrie called in and said she'd need to skip treatment because she wasn't feeling well. The social worker's quick thinking led to a home visit with the DaVita Integrated Kidney Care (IKC) nurse practitioner and consultation with the integrated care team via DaVita's telehealth platform. Sherrie's care team identified symptoms, requested blood tests and communicated with her nephrologist. The result: DaVita IKC's personalized care led to an infection being detected and Sherrie receiving the care she needed quickly.

"They made it personal and that made things much easier for

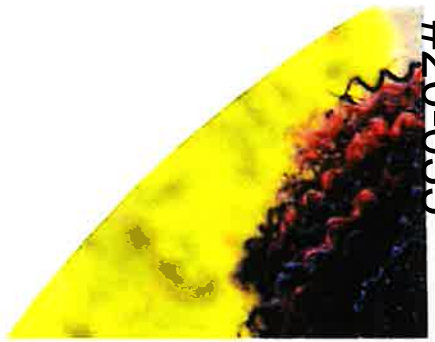
Integrated Care across the Continuum

Over the past 20 years, **DaV Care (IKC)** has specialized in care and complex chronic co to patients, whether they are of kidney disease, transitioni sustaining dialysis or seeking holistic care to kidney patier IKC grew the number of IKC

27K

patients served every month

74 Net Promoter in the categor



Home Care Innovation

Home dialysis, through either peritoneal dialysis (PD) or home hemodialysis (HHD), offers patients more control over treatment schedules and allows them more time to do the things they enjoy such as spending time with loved ones. DaVita's home dialysis program, which includes over 1,700 home programs[1], is growing at five times the rate of our in-center program[2]. As of 2019, DaVita has served more home patients than any other provider.

Released in 2019, our **telehealth platform** makes it easier than ever for patients to stay connected with their care team. Features include:

- Appointment scheduling
- Photo uploads
- Reminders
- Educational library
- Secure messaging
- Care partner engagement

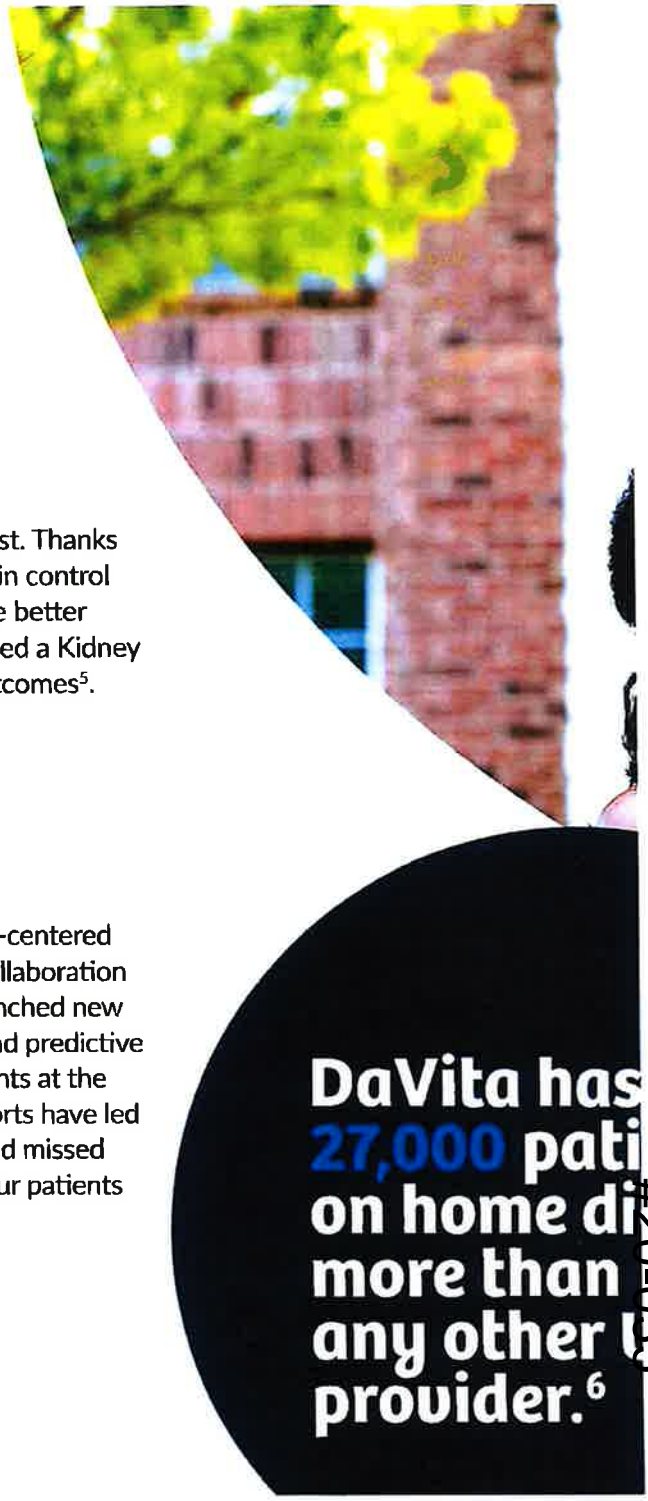
Through technological advances like telehealth and home remote monitoring, DaVita is enhancing the care experience and outcomes for patients on home dialysis and their physicians.

Patient Education

Whether a patient is just learning they have CKD, is transitioning to dialysis or is considering a transplant, DaVita believes they can benefit greatly from understanding and better managing their kidney disease. Since the launch of **Kidney Smart®** in 2012, more than 195,000 people have received award-winning, in-depth education at no cost. Thanks to robust education, patients can feel more in control of their health decisions and may experience better outcomes. DaVita patients who have attended a Kidney Smart class have experienced the below outcomes[5].

- **30%** lower hospitalization rate
- **38%** fewer missed treatments
- **6X** higher chance of starting treatment at home vs. in a center

In 2019, all DaVita facilities adopted patient-centered care processes and tools that foster team collaboration in an effort to enhance patient care. We launched new teammate training on modality education and predictive analytics that help care teams identify patients at the highest risk of being hospitalized. These efforts have led to reduced hospitalizations, readmissions and missed treatments, giving more moments back to our patients and helping improve their quality of life.



During Hurricane Dorian,
DaVita worked to prepare our

Dr. Velasco, Nephrologist
Annette, DaVita teammate
Khadija, DaVita teammate

At DaVita, we believe that when we create a thriving community for our teammates, they in turn create a special community for our patients and their families, and are inspired to help others.

Fostering a Village of Belonging

We want all teammates to experience DaVita as a place where they belong. In 2017, we launched our **Executive Belonging Council**, a committee of senior leaders working toward bringing our vision to life. We published two new resources in 2019 to support this mission: "Belonging in the Village" and an accompanying leadership guide.

Growing Tom

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"Bridge to Your Dreams provides so much support along the way and I'm grateful to DaVita for giving me this chance to further my career and make an impact as a future DaVita nurse!"

—Zach, DaVita teammate

Lending a Helping Hand

In a healthy village, members look out for each other's well-being. And when a teammate is in need, the DaVita Village responds.

DaVita Village Network (DVN) provides teammates the opportunity to receive financial assistance during times of hardship, such as a life-threatening emergency, major medical diagnosis, natural disaster and financial difficulty because of military deployment. All teammates have the option to make voluntary payroll contributions to help fund the program. DaVita contributes the same amount as teammates' payroll contributions, up to $250,000 per year. Since 2001, 2,138 grants worth $4.5 million have been awarded.

Teammate Health and Wellness

We want to empower our teammates to achieve their dreams in all aspects of life. **Village Vitality**, one of our many **Village Programs**, offers tools and incentives to help teammates and their families embrace healthy living.

- In 2019, we launched **We Belong As We Are**, our first mental health awareness campaign. The campaign educated teammates about mental health conditions, associated stigma and resources available to support the mental health of teammates and their families.
- Over 33,000 convenient, no-cost wellness screenings and flu shots were provided to teammates and their spouses or domestic partners in 2019.
- The 2019 **We Are Well Award** granted fully paid health insurance in 2020 to 50 teammates. These teammates were selected for focusing on their health, overcoming challenges and inspiring those around them.

Family Support

DaVita provides a suite of r
teammates take care of the
in the future.

Milk Stork®:
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Bright Horizons Care Advar

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DaVita is committed to improving quality of life in our communities. From our own backyard in Colorado to other countries, our teammates participate in a number of local service projects, outreach initiatives, charitable contributions and sustainability efforts that are having a positive impact on a growing number of lives.

Helping Improve Lives Across the Globe

Bridge of Life (BOL) is an international nonprofit founded by DaVita that works to strengthen health care globally through sustainable programs developed to helpprevent and treat chronic disease. BOL strives to empower local staff, community health workers and patients through training and education to make sustainable changes to health care.

33
countries impacted

205
international medical missions

In 2019, more than 540 people rode in the 13th annual **Tour DaVita**, DaVita's charity bike ride, and helped raise $1.2 million to benefit BOL. To date, Tour DaVita has helped generate more than $12 million to raise awareness of kidney disease and bring vital health services to people all over the world.

DaVita Way of Giving (DWOG) empowers our clinical teammates throughout the U.S. to give back to nonprofits in their communities. Since 2011, teammates have directed donations of over $15.7 million through the program, including over $2.1 million in 2019.

"I came to Ghana with so many different ideals, but I am a changed person. BOL gave me an outlet to explore the real [health care] issues and struggles that exist at a grassroots level [across the globe], and they do so by immersing each person into the real facets of the community. I have shifted my judgments and reservations on so many things, and I can attribute this to BOL."

– Sheela, DaVita teammate and BOL volunteer in Ghana

Village C
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Day 201

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Lawrence, DaVita patient

2019 Highlights

Caring for Our Patients

- Fewer missed treatments and lower hospitalization rates helped patients spend approximately **100,000 more days at home.**[1]
- **Ninety-two percent** of DaVita dialysis centers have a three-, four- or five-star rating by the Centers for Medicare & Medicaid Services' (CMS) Five-Star Quality Rating System.[2]

Caring for Each Other

- We continue to create new opportunities for teammates to thrive in their careers, including Bridge to Your Dreams, which offers fully funded tuition and support for patient care technicians to become DaVita nurses.
- DaVita was distinguished as a member of the 2019 **Bloomberg Gender-Equality Index**, a metric that provides companies across the globe an opportunity to disclose and showcase their efforts in gender equality.

Caring for Our World

- DaVita was named to the **Dow Jones Sustainability Indices** on this year's DJSI World Index after being analyzed for our environmental, social and governance practices.
- In 2019, DaVita nonprofit Bridge of Life completed **35 international medical missions**, impacting more than 9,000 lives with the support of 183 teammates.
- In our home state of Colorado, we **donated more than $1.4 million to local nonprofits** and continued to encourage volunteerism and board service as ways to spread ripples of community service.

The Village Lives: Supporting Our Teammates During COVID-19

DaVita is providing extra support to nearly 55,000 U.S. teammates with a Village Lives Award giving additional pay through May 2, 2020. Additionally, we are giving holistic support to all teammates by ramping up many of our other essential relief programs, such as back-up child care, modified sick leave policies and financial assistance to all teammates, or their immediate dependents, through the DaVita Village Network.

Materiality Assessmer What Matters Most

In 2019, we surveyed key st with teammates, to learn m are "material" and matter m survey data, we have identif where we have an opportur

Top Focus Areas

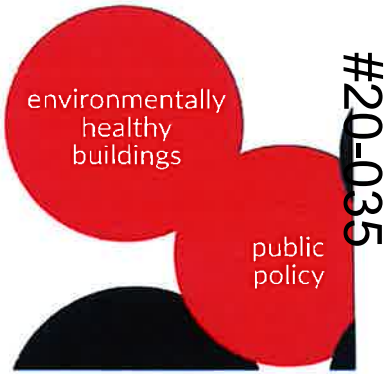
patient experience

moda educa

teammate development

teamm engage

Other Focus Areas



Our Vision

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

Our Mission

To be the Provider, Partner and Employer of Choice

Our Core Values

Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

Our Caring Behaviors (WE CARE)

Welcome
Empathize

Connect
Actively Listen
Respect
Encourage

Our Trilogy of Care

Caring for Our Patients
Caring for Each Other
Caring for Our World

The DaVita Way

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

DaVita.com/CommunityCare

DaVita

Section XII, Charity Care Information

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

CHARITY CARE			
	2017	2018	2019
Net Patient Revenue	**$357,821,315**	**$394,665,458**	**$420,024,352**
Amount of Charity Care (charges)	$2,818,603	$2,711,788	$3,509,730
Cost of Charity Care	$2,818,603	$2,711,788	$3,509,730

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Louisa Tammy Ho projecting 63 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

NorthShore
University HealthSystem

Medical Group

Division of Nephrology
and Hypertension

2650 Ridge Avenue
Evanston, IL 60201
www.northshore.org

(847) 570-2512
(847) 570-1696 Fax

July 22, 2020

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

Dear Chair Savage:

I am a nephrologist in practice with NorthShore Medical Group ("NorthShore"). I am writing on behalf of NorthShore in support of the establishment of Sauganash Dialysis a 12 station dialysis clinic to be located at 6201 North McCormick Boulevard. The proposed 12 station chronic renal dialysis facility will directly benefit our patients.

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

I have identified 386 patients from my practice who are suffering from chronic kidney disease ("CKD") and reside within 5 miles of the proposed Sauganash Dialysis. Conservatively, I predict at least 63 of the 386 CKD patients will progress to dialysis within 12 to 24 months of completion of Sauganash Dialysis. My 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 NorthShore has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment – 2. The zip codes for the 386 CKD patients previously referenced is provided at Attachment – 3.

These patients 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 establishment of Sauganash Dialysis.

Sincerely,

Louisa Tammy Ho, M.D.
Nephrologist
NorthShore Medical Group
1000 Central Street, Suite 800
Evanston, Illinois 60201

Attachment - 1
Historical Patient Census

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
33904	Affiliated Dialysis Center	0	1	0	0	0
60015	Affiliated Dialysis Center	1	1	0	0	0
60035	Affiliated Dialysis Center	0	1	0	0	0
60062	Affiliated Dialysis Center	2	2	0	0	0
60068	Affiliated Dialysis Center	0	1	0	0	0
60070	Affiliated Dialysis Center	1	1	0	0	0
60089	Affiliated Dialysis Center	0	1	0	0	0
60077	Center for Renal Replacement	1	0	0	0	0
60053	Center for Renal Replacement	2	2	2	2	2
60076	Center for Renal Replacement	1	1	1	0	0
60645	Center for Renal Replacement	1	1	1	0	0
60646	Center for Renal Replacement	1	1	0	0	0
60660	Center for Renal Replacement	1	1	0	0	0
60077	Concerto Dialysis	0	1	0	0	0
60025	Concerto Dialysis	0	1	0	0	0
60053	Concerto Dialysis	0	1	0	0	0
60025	DaVita Big Oaks	0	0	0	0	1
60068	DaVita Big Oaks	0	0	0	0	1
60074	DaVita Big Oaks	0	0	0	0	1
60077	DaVita Big Oaks	1	1	2	2	4
60053	DaVita Big Oaks	0	0	1	1	2
60626	DaVita Big Oaks	0	0	0	1	0
60630	DaVita Big Oaks	0	0	0	0	1
60631	DaVita Big Oaks	0	0	0	0	1
60645	DaVita Big Oaks	0	0	0	0	1
60659	DaVita Big Oaks	1	1	2	2	2
60712	DaVita Big Oaks	0	2	3	3	3
60714	DaVita Big Oaks	0	0	0	0	1
60090	DaVita Buffalo Grove	0	1	0	0	0
53115	DaVita Buffalo Grove	0	1	0	0	0
60015	DaVita Buffalo Grove	0	1	1	1	0
60041	DaVita Buffalo Grove	0	1	1	1	0
60089	DaVita Buffalo Grove	0	1	3	1	0
60660	DaVita Buffalo Grove	0	0	0	0	1
30328	DaVita Evanston	1	0	0	0	0
60016	DaVita Evanston	0	0	0	1	1

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
60025	DaVita Evanston	1	0	0	0	0
60053	DaVita Evanston	1	1	1	2	1
60076	DaVita Evanston	5	5	6	6	10
60077	DaVita Evanston	2	3	3	2	3
60087	DaVita Evanston	0	0	0	1	0
60093	DaVita Evanston	0	0	0	0	1
60169	DaVita Evanston	1	0	0	0	0
60201	DaVita Evanston	21	19	22	26	19
60202	DaVita Evanston	11	12	13	14	16
60203	DaVita Evanston	2	1	1	1	0
60402	DaVita Evanston	1	1	1	1	0
60613	DaVita Evanston	1	1	1	1	1
60618	DaVita Evanston	0	0	0	0	1
60619	DaVita Evanston	1	1	0	0	0
60625	DaVita Evanston	1	0	0	0	0
60626	DaVita Evanston	10	12	9	11	9
60629	DaVita Evanston	1	0	0	0	0
60630	DaVita Evanston	1	1	1	1	1
60640	DaVita Evanston	1	1	1	1	1
60644	DaVita Evanston	1	1	1	1	1
60645	DaVita Evanston	1	2	5	7	6
60646	DaVita Evanston	1	2	2	2	1
60647	DaVita Evanston	1	1	1	1	0
60649	DaVita Evanston	1	0	0	0	0
60659	DaVita Evanston	1	0	0	0	1
60660	DaVita Evanston	1	1	1	2	2
60712	DaVita Evanston	2	3	3	3	2
60714	DaVita Evanston	2	1	1	1	0
60046	DaVita Lake County	1	1	0	0	1
60061	DaVita Lake County	0	0	0	1	1
60087	DaVita Lake County	0	0	1	0	0
60089	DaVita Lake County	1	1	1	1	0
60171	FMC Chicago	1	1	0	0	0
60656	FMC Chicago	1	0	0	0	0
10056	FMC Deerfield	1	0	0	0	0
60013	FMC Deerfield	0	1	0	0	0
60015	FMC Deerfield	2	5	4	3	1
60035	FMC Deerfield	4	3	4	8	0
60040	FMC Deerfield	3	3	3	3	0
60045	FMC Deerfield	2	2	1	3	0
60047	FMC Deerfield	2	1	1	1	0

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
60062	FMC Deerfield	4	3	4	3	2
60064	FMC Deerfield	1	2	2	2	0
60069	FMC Deerfield	1	2	1	0	0
60073	FMC Deerfield	1	0	0	0	0
60083	FMC Deerfield	1	1	1	1	0
60085	FMC Deerfield	0	1	2	2	0
60089	FMC Deerfield	1	3	1	1	0
60090	FMC Deerfield	4	3	3	4	0
60640	FMC Deerfield	1	0	0	0	0
60030	FMC Gurnee	2	1	2	2	0
60031	FMC Gurnee	4	6	1	3	0
60064	FMC Gurnee	0	1	3	6	0
60073	FMC Gurnee	0	2	1	0	0
60083	FMC Gurnee	1	1	2	2	0
60085	FMC Gurnee	1	6	8	8	0
60087	FMC Gurnee	2	2	2	5	0
60099	FMC Gurnee	1	1	0	1	0
60527	FMC Gurnee	0	0	1	0	0
60035	FMC Highland Park	18	1	0	0	0
33098	FMC Highland Park	0	0	1	0	0
60015	FMC Highland Park	4	5	6	7	0
60022	FMC Highland Park	2	2	3	2	0
60030	FMC Highland Park	1	1	2	1	0
60031	FMC Highland Park	1	0	0	0	0
60035	FMC Highland Park	0	19	16	11	0
60040	FMC Highland Park	10	2	0	0	0
60040	FMC Highland Park	0	8	8	6	0
60044	FMC Highland Park	0	0	0	1	0
60045	FMC Highland Park	4	4	1	2	0
60046	FMC Highland Park	0	0	1	0	0
60048	FMC Highland Park	0	0	0	1	0
60060	FMC Highland Park	0	0	0	1	0
60061	FMC Highland Park	1	3	0	0	0
60062	FMC Highland Park	1	0	0	0	0
60062	FMC Highland Park	2	4	3	3	0
60064	FMC Highland Park	3	3	3	3	0
60069	FMC Highland Park	3	5	4	3	0
60085	FMC Highland Park	6	5	4	5	0
60089	FMC Highland Park	2	1	1	0	0
60090	FMC Highland Park	1	1	1	0	0
60201	FMC Highland Park	0	0	1	0	0

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
60202	FMC Highland Park	0	1	0	0	0
60654	FMC Highland Park	1	1	0	0	0
60192	FMC Hoffman Estates	1	1	0	1	0
60045	FMC Lake Bluff	1	0	0	0	0
53144	FMC Lake Bluff	0	0	1	0	0
60030	FMC Lake Bluff	0	1	1	1	0
60031	FMC Lake Bluff	1	0	0	0	0
60044	FMC Lake Bluff	4	5	5	6	0
60045	FMC Lake Bluff	2	2	6	6	0
60046	FMC Lake Bluff	1	1	0	0	0
60048	FMC Lake Bluff	1	1	1	1	0
60060	FMC Lake Bluff	1	1	1	0	0
60064	FMC Lake Bluff	8	8	7	8	0
60085	FMC Lake Bluff	2	4	5	2	0
60087	FMC Lake Bluff	2	2	2	1	0
60099	FMC Lake Bluff	3	2	2	2	0
60069	FMC Mundelein	1	0	0	0	0
46202	FMC Mundelein	0	0	1	0	0
60013	FMC Mundelein	1	0	0	0	0
60015	FMC Mundelein	1	1	0	0	0
60030	FMC Mundelein	3	2	2	5	0
60031	FMC Mundelein	0	0	0	1	0
60035	FMC Mundelein	0	0	1	0	0
60040	FMC Mundelein	1	0	0	0	0
60044	FMC Mundelein	1	0	0	0	0
60046	FMC Mundelein	1	3	3	2	0
60047	FMC Mundelein	2	3	2	3	0
60048	FMC Mundelein	0	0	0	1	0
60060	FMC Mundelein	4	6	5	4	0
60061	FMC Mundelein	4	4	5	7	0
60064	FMC Mundelein	3	3	4	2	0
60069	FMC Mundelein	1	0	1	0	0
60073	FMC Mundelein	0	0	1	0	0
60083	FMC Mundelein	0	0	1	1	0
60085	FMC Mundelein	3	2	1	1	0
60087	FMC Mundelein	4	3	3	0	0
60089	FMC Mundelein	0	0	1	1	0
60099	FMC Mundelein	1	1	1	1	0
60107	FMC Mundelein	0	0	0	1	0
60202	FMC Mundelein	1	1	0	0	0
62233	FMC Mundelein	1	0	0	0	0

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
91127	FMC Mundelein	0	0	0	0	0
98584	FMC Mundelein	0	1	0	0	0
33904	FMC Northfield	1	1	0	0	0
60004	FMC Northfield	0	1	0	0	0
60022	FMC Northfield	0	1	1	0	0
60035	FMC Northfield	0	1	1	0	0
60053	FMC Northfield	1	1	0	0	0
60062	FMC Northfield	0	1	2	1	0
60091	FMC Northfield	0	0	1	1	0
60093	FMC Northfield	1	2	2	2	0
60067	FMC Palatine	1	0	0	0	0
60004	FMC Palatine	1	0	2	0	0
60074	FMC Palatine	0	0	0	1	0
60089	FMC Palatine	0	0	0	1	0
60090	FMC Palatine	0	1	1	1	0
60073	FMC Round Lake	5	4	5	10	0
60030	FMC Round Lake	1	1	0	0	0
60041	FMC Round Lake	0	0	0	1	0
60084	FMC Round Lake	1	1	0	0	0
60202	FMC Skokie	1	1	0	0	0
60064	FMC Waukegan Harbor	1	1	2	1	0
60085	FMC Waukegan Harbor	10	9	9	9	0
60087	FMC Waukegan Harbor	1	1	2	1	0
60099	FMC Waukegan Harbor	3	2	1	0	0
60035	FMC Waukegan Harbor	0	0	1	1	0
34744	DaVita Glenview	0	0	0	0	1
60018	DaVita Glenview	1	1	0	0	0
60004	DaVita Glenview	0	0	0	1	1
60008	DaVita Glenview	0	1	1	1	0
60010	DaVita Glenview	0	2	0	0	0
60015	DaVita Glenview	0	0	0	1	1
60016	DaVita Glenview	3	4	2	4	3
60022	DaVita Glenview	0	0	0	1	1
60025	DaVita Glenview	11	8	6	7	7
60026	DaVita Glenview	1	2	2	3	4
60035	DaVita Glenview	1	3	3	2	1
60045	DaVita Glenview	1	0	0	0	0
60046	DaVita Glenview	0	0	0	1	0
60047	DaVita Glenview	0	0	1	0	0
60048	DaVita Glenview	1	0	1	0	0
60053	DaVita Glenview	1	2	1	1	3

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
60056	DaVita Glenview	0	0	2	2	1
60061	DaVita Glenview	1	1	1	0	0
60062	DaVita Glenview	2	2	0	0	10
60062	DaVita Glenview	9	7	12	8	0
60065	DaVita Glenview	1	0	0	0	0
60067	DaVita Glenview	0	0	1	0	0
60068	DaVita Glenview	1	0	0	1	1
60070	DaVita Glenview	2	3	3	4	4
60074	DaVita Glenview	0	1	1	0	1
60076	DaVita Glenview	1	1	0	0	1
60076	DaVita Glenview	1	1	2	2	0
60077	DaVita Glenview	2	2	2	1	0
60089	DaVita Glenview	1	1	1	1	3
60090	DaVita Glenview	3	5	3	4	5
60091	DaVita Glenview	2	1	2	2	3
60093	DaVita Glenview	2	3	2	3	1
60201	DaVita Glenview	2	1	1	1	1
60202	DaVita Glenview	0	1	0	0	0
60203	DaVita Glenview	0	0	0	1	1
60714	DaVita Glenview	2	2	3	2	3
60025	FMC Glenview	1	1	0	0	0
60004	FMC Glenview	1	1	1	0	0
60005	FMC Glenview	0	0	1	1	1
60016	FMC Glenview	3	2	2	3	3
60025	FMC Glenview	2	3	4	3	5
60026	FMC Glenview	1	1	1	1	0
60056	FMC Glenview	2	2	2	3	2
60062	FMC Glenview	2	3	3	2	1
60067	FMC Glenview	0	0	0	1	0
60070	FMC Glenview	2	2	4	5	5
60090	FMC Glenview	2	1	2	1	0
60714	FMC Glenview	1	2	3	3	4
60091	FMC Evanston	2	0	0	0	0
60640	FMC Evanston	1	0	1	1	0
21076	FMC Evanston	1	1	0	0	0
60015	FMC Evanston	1	0	0	0	0
60016	FMC Evanston	0	0	1	1	0
60025	FMC Evanston	1	1	1	1	1
60030	FMC Evanston	1	1	1	0	0
60043	FMC Evanston	0	0	0	0	1
60053	FMC Evanston	3	2	1	1	2

Zip Code	Dialysis Center	2016 Patients	2017 Patients	2018 Patients	2019 Patients	2020 Q1 Patients
60056	FMC Evanston	1	1	1	1	0
60068	FMC Evanston	0	0	0	0	1
60076	FMC Evanston	7	9	6	7	7
60077	FMC Evanston	2	5	5	7	7
60090	FMC Evanston	1	1	1	1	0
60091	FMC Evanston	2	4	1	2	4
60093	FMC Evanston	2	1	1	2	2
60099	FMC Evanston	1	1	1	0	0
60201	FMC Evanston	18	18	15	14	17
60202	FMC Evanston	8	8	4	4	5
60203	FMC Evanston	4	3	2	1	1
60610	FMC Evanston	1	0	0	0	0
60626	FMC Evanston	3	4	0	3	3
60043	FMC Evanston	0	0	0	1	0
60045	FMC Evanston	4	4	4	2	2
60046	FMC Evanston	2	3	2	3	2
60047	FMC Evanston	0	0	0	0	1
60059	FMC Evanston	0	0	0	0	1
60660	FMC Evanston	1	0	0	0	0
60712	FMC Evanston	2	2	3	5	2
60707	FMC Evanston	0	1	1	0	0
60438	FMC Evanston	0	0	1	0	0
60626	FMC Evanston	0	0	4	0	0
60649	FMC Evanston	0	0	1	1	0
60714	FMC Evanston	0	0	1	1	1
Total		**415**	**444**	**422**	**429**	**241**

Attachment - 2
New Patients

Zip Code	Dialysis Center	2019 New Patients
60076	Davita Evanston	1
60077	Davita Evanston	1
60087	Davita Evanston	1
60091	Davita Evanston	1
60201	Davita Evanston	4
60202	Davita Evanston	4
60626	Davita Evanston	3
60645	Davita Evanston	4
60016	DaVita Glenview	2
60025	DaVita Glenview	2
60026	DaVita Glenview	1
60053	DaVita Glenview	1
60062	DaVita Glenview	5
60070	DaVita Glenview	1
60089	DaVita Glenview	1
60090	DaVita Glenview	3
60091	DaVita Glenview	1
60093	DaVita Glenview	1
60203	DaVita Glenview	1
60645	DaVita Glenview	1
60043	FMC Evanston	1
60062	FMC Evanston	1
60076	FMC Evanston	4
60077	FMC Evanston	1
60093	FMC Evanston	1
60201	FMC Evanston	4
60202	FMC Evanston	2
60626	FMC Evanston	2
60640	FMC Evanston	1
60646	FMC Evanston	1
60712	FMC Evanston	1
60714	FMC Evanston	1
60016	FMC Glenview	1
60025	FMC Glenview	2
60056	FMC Glenview	1
60070	FMC Glenview	1
60714	FMC Glenview	1
Total		**65**

Attachment - 3
CKD Patients

Zip Code	Patients
60076	222
60630	25
60646	45
60712	94
Total	386

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

INDEX OF ATTACHMENTS

#20-035

POLSINELLI

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

July 24, 2020

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

FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Application for Permit – Sauganash Dialysis

Dear Mr. Constantino:

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

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

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

Sincerely,

Anne M. Cooper

Anne M. Cooper

Attachments

#20-035

DaVita. **DATE:** 17-Jul-20 **VENDOR NAME:** ILLINOIS DEPARTMENT OF **NO.** 9641206

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	FACILITY	DISCOUNT AMOUNT	NET AMOUNT
705-2500.00	06/26/2020	SAUGANASH DIALYSIS CON AP	PE	$0.00	$2,500.00
PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT				**$0.00**	**$2,500.00**

▼ DETACH CHECK ALONG PERFORATION ▼ ▼ DETACH CHECK ALONG PERFORATION ▼

DaVita.

P.O. Box 2037
Tacoma, WA 98401-2037

WELLS FARGO BANK NA 56-382/412

9641206

CHECK DATE	CHECK NUMBER	PAY THIS AMOUNT
17-Jul-20	9641206	**$2,500.00**

PAY Two Thousand Five Hundred Dollars And Zero Cents*****

TO THE ORDER OF
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525 W JEFFERSON STREET
SPRINGFIELD, IL 62761

DOCUMENT CONTAINS MULTI-COLORED PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK, HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT.

⑈000964120⑈ ⑆041203824⑆ ⑈9643482160⑈

FOOTPRINT PROMOTIONS, INC. (425) 408-0966 66995

Patent Number US 7,975,904 B2

SEE OTHER SIDE FOR OPENING INSTRUCTIONS

DaVita
PO Box 2037
Tacoma, WA 98401-2037

OVERNIGHT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525 W JEFFERSON STREET
SPRINGFIELD, IL 62761

SEE OTHER SIDE FOR OPENING INSTRUCTIONS