

**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: Dialysis Care Center Vollmer		
Street Address: 14255 S. Cicero Avenue		
City and Zip Code: Crestwood 60445		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Legislators

State Senator Name: Emil Jones, III (14th)
State Representative Name: Robert Rita, (28th)

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

Exact Legal Name: Dialysis Care Center Holdings, LLC
Street Address: 15801 S. Bell Rd.
City and Zip Code: Homer Glen, IL 60491
Name of Registered Agent: Salman Azam, Esq.
Registered Agent Street Address: 333 N. Michigan Ave., Suite 1815
Registered Agent City and Zip Code: Chicago, IL 60601
Name of Chief Executive Officer: Morufu O. Alausa, M.D.
CEO Street Address: 15801 S. Bell Rd.
CEO City and Zip Code: Homer Glen, IL 60491
CEO Telephone Number: 708-645-1000

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: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center
Address: 15801 S. Bell Rd, Homer Glen, IL 60491
Telephone Number: (630) 965-9007
E-mail Address: shazzad@kidneycare.com
Fax Number: (708) 645-1001

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Street Address: 14255 S. Cicero Avenue		
City and Zip Code: Crestwood 60445		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Legislators

State Senator Name: Patrick J. Joyce (40th)
State Representative Name: Emil Jones, III (14th)

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

Exact Legal Name: Dialysis Care Center Vollmer, LLC
Street Address: 15801 S. Bell Rd.
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Fax Number: (708) 645-1001

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: Asim Shazzad
Title: Administrator
Company Name: Dialysis Care Center Vollmer, LLC
Address: 15801 S. Bell Rd, Homer Glen, IL 60491
Telephone Number: (630) 965-9007
E-mail Address: shazzad@kidneycares.com
Fax Number: (708) 645-1001

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: NSRFT Crestwood, LLC
Address of Site Owner: 14255 S. Cicero Avenue, Crestwood, Illinois 60445
Street Address or Legal Description of the Site: 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: Dialysis Care Center Vollmer LLC			
Address: 15801 South Bell Road, Homer Glen, IL 60491			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements- Not Applicable

[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-Not Applicable

[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.

The applicants, Dialysis Care Center Holdings, LLC and Dialysis Care Center Vollmer, LLC ("DCC") proposes to discontinue Dialysis Care Center Vollmer located at 14255 S. Cicero Avenue, Crestwood, Illinois 60445.

DCC is an Illinois based limited liability company, and owner of an End-Stage Renal Dialysis ("ESRD") facility that provides in-Center hemodialysis for patients diagnosed with End Stage Renal Disease. The facility currently has 9 existing stations that are certified by the Center for Medicare and Medicaid Services ("CMS"). The space has historically been utilized for hemodialysis home training and support services providing a comprehensive spectrum of available care for the DCC patient population.

The discontinuation of this facility is being proposed alongside the relocation of the facility within HSA as proposed in CON Project #20-45. This application follows the approval of a Certificate of Exemption application for the change of ownership of the facility as described in project E #053-20. The proposed relocation of the facility was contemplated by the applicants following feedback from the Illinois Health Facilities and Services Review Board in their denial of DCC's application to establish a new ESRD facility in Chicago Heights, also located within HSA 7. The discontinuation of this facility location and the relocation of the facility will improve quality access to care for this community while not contributing to additional stations in the HSA.

Project Costs and Sources of Funds- Not Applicable

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			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
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- Not Applicable

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 \$ _____.

Project Status and Completion Schedules- Not Applicable

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): January 31, 2022
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): Not Applicable ☐ 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 <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable: ☐ Cancer Registry Not Applicable ☐ APORS Not Applicable ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the Application being deemed incomplete.
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Cost Space Requirements- Not Applicable

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

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

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

Facility Bed Capacity and Utilization

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: Dialysis Care Center Vollmer-FKA Concerto Dialysis LLC			CITY: Crestwood		
REPORTING PERIOD DATES: From: January 2019 to: December 2019					
Category of Service	Authorized Stations	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: ESRD Facility	9	38	336	0	0
TOTALS:					

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Dialysis Care Center Holdings, LLC

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



SIGNATURE

Morufu O. Alausa MD

PRINTED NAME

Chief Executive Officer and President

PRINTED TITLE

SIGNATURE

Mohammad S. Shafi, MD

PRINTED NAME

Vice-President

PRINTED TITLE

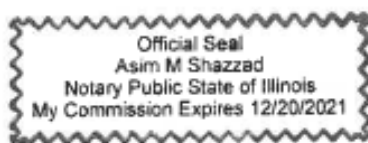
Notarization:

Subscribed and sworn to before me
this 20 day of November, 2020



Signature of Notary

Seal



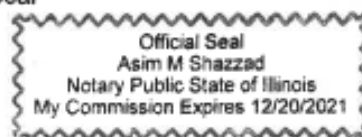
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*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Dialysis Care Center Vollmer, LLC

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

SIGNATURE

Morufu O. Alausa MD

PRINTED NAME

Chief Executive Officer and President

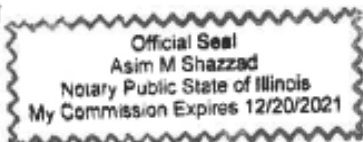
PRINTED TITLE

Notarization:

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this 20 day of November, 2020

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SIGNATURE

Mohammad S. Shafi, MD

PRINTED NAME

Vice-President

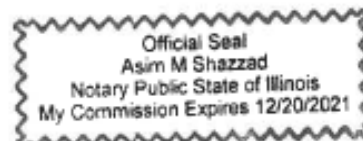
PRINTED TITLE

Notarization:

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this 20 day of November, 2020

Signature of Notary

Seal



SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notice to the Local Media MUST be submitted with this Application for Discontinuation (20 ILCS 3960/8.7).**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

Or

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

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

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

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

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

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

ALTERNATIVES- Not Applicable

- 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.

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)

SECTION VI. 1120.120 - AVAILABILITY OF FUNDS - Not Applicable

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]:**

_____	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;
_____	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.
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS <u>ATTACHMENT 33</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VII. 1120.130 - FINANCIAL VIABILITY- NOT APPLICABLE

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- NOT APPLICABLE

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [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 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 9.

** The historical data for this section of the application is from Concerto Dialysis LLC the previous operator of the facility.*

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	N/A	N/A	N/A
Outpatient	0	0	2
Total	0	0	2
Charity (cost in dollars)			
Inpatient	N/A	N/A	N/A
Outpatient	N/A	N/A	\$600
Total	N/A	N/A	\$600
MEDICAID			
Medicaid (# of patients)	2017	2018	2019
Inpatient	N/A	N/A	N/A
Outpatient	1	4	7
Total	1	4	7
Medicaid (revenue)			
Inpatient	N/A	N/A	N/A
Outpatient	\$38,729	\$80,012	\$124,182

	Total	\$38,729	\$80,012	\$124,182	
APPEND DOCUMENTATION AS <u>ATTACHMENT 37</u> , 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.

** The historical data for this section of the application is from Concerto Dialysis LLC the previous operator of the facility.*

CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	N/A	N/A	N/A
Outpatient	0	0	2
Total	0	0	2
Charity (cost in dollars)			
Inpatient	N/A	N/A	N/A
Outpatient	N/A	N/A	\$600
Total	N/A	N/A	\$600

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
1	Applicant Identification including Certificate of Good Standing	24 - 26	
2	Site Ownership	27 - 29	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30 - 31	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32 - 33	
5	Flood Plain Requirements	N/A	
6	Historic Preservation Act Requirements	N/A	
7	Project and Sources of Funds Itemization	N/A	
8	Financial Commitment Document if required	N/A	
9	Cost Space Requirements	N/A	
10	Discontinuation	34 - 92	
11	Background of the Applicant	93 - 95	
12	Purpose of the Project	96 - 105	
13	Alternatives to the Project	N/A	
14	Size of the Project	N/A	
15	Project Service Utilization	N/A	
16	Unfinished or Shell Space	N/A	
17	Assurances for Unfinished/Shell Space	N/A	
Service Specific:			
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A	
19	Comprehensive Physical Rehabilitation	N/A	
20	Acute Mental Illness	N/A	
21	Open Heart Surgery	N/A	
22	Cardiac Catheterization	N/A	
23	In-Center Hemodialysis	N/A	
24	Non-Hospital Based Ambulatory Surgery	N/A	
25	Selected Organ Transplantation	N/A	
26	Kidney Transplantation	N/A	
27	Subacute Care Hospital Model	N/A	
28	Community-Based Residential Rehabilitation Center	N/A	
29	Long Term Acute Care Hospital	N/A	
30	Clinical Service Areas Other than Categories of Service	N/A	
31	Freestanding Emergency Center Medical Services	N/A	
32	Birth Center	N/A	
Financial and Economic Feasibility:			
33	Availability of Funds	N/A	
34	Financial Waiver	N/A	
35	Financial Viability	N/A	
36	Economic Feasibility	N/A	
37	Safety Net Impact Statement	106 - 107	
38	Charity Care Information	108	

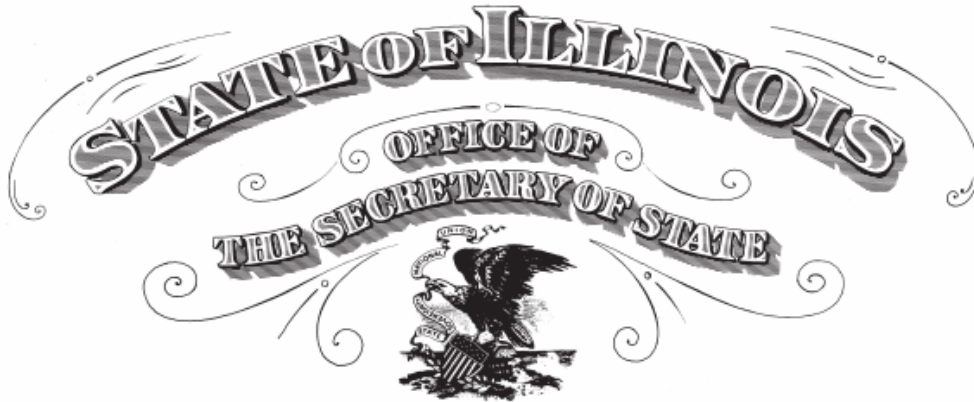
ATTACHMENT 1
Type of Ownership Applicants

Included with this attachment are:

1. The Certificate of Good Standing for Dialysis Care Center Vollmer, LLC.
2. The Certificate of Good Standing for Dialysis Care Center Holdings, LLC.

ATTACHMENT 1
Dialysis Care Center Vollmer, LLC
Certificate of Good
Standing

File Number 0929916-5



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

DIALYSIS CARE CENTER VOLLMER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2026901774 verifiable until 09/25/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of SEPTEMBER A.D. 2020 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 1
Dialysis Care Center Holdings, LLC
Certificate of Good Standing

File Number

0578210-4



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

DIALYSIS CARE CENTER HOLDINGS LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 03, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2017702048 verifiable until 06/25/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of JUNE A.D. 2020 .***

Jesse White

SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

The site is currently owned by NSRFT Crestwood LLC and the facility Owner, Concerto Dialysis LLC leases space to operate the facility. Concerto Dialysis LLC and the applicant Dialysis Care Center Vollmer, LLC have entered into a Letter of Intent ("LOI"). The LOI calls for Concerto Dialysis LLC to assign its lease to Dialysis Care Center Vollmer, LLC. Attached as evidenced is an executed copy of the LOI.

ATTACHMENT 2
Letter of Intent

October 1, 2020

Asim Shazzad
Chief Operating Officer
15801 South Bell Road
Homer Glen, IL 60491

Re: Letter of Intent to Lease
14255 South Cicero Avenue, Crestwood, Illinois 60445

Dear Asim,

This letter of intent ("LOI") with an effective date of October 1, 2020 is between Concerto Dialysis LLC ("Concerto") and Dialysis Care Center Vollmer, LLC ("DCC"). This LOI does not constitute a contract between the parties and is not intended to be binding on either party.

Sub-Lessee:	Dialysis Care Center Vollmer, LLC ("DCC")
Lessor:	Concerto Dialysis LLC ("Concerto")
Premises:	14255 South Cicero Avenue, Crestwood, Illinois 60445
Square Footage Required:	1,650 square feet
Use:	End Stage Renal Dialysis Facility
Lease Term:	Remainder of underlying Lease term
Lease Commencement:	1st day of the month following approval of the COE transferring ownership of the facility.
Early Occupancy:	DCC acknowledges that as a sub-lessee it is subject to all terms and conditions contained the underlying lease between the landlord, Symphony of Crestwood LLC

ATTACHMENT 2
Letter of Intent

and Concerto. DCC will have the right to occupy the space after approval of Certificate of Exemption application by Illinois Health Facilities and Services Review Board.

Lease Rate: \$25.45 per square foot

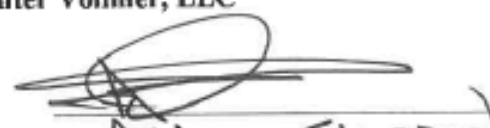
This LOI does not constitute a contract between the parties and is not intended to be binding on either party. This LOI is intended solely as an expression of terms upon which the parties will endeavor to negotiate a formal and binding lease agreement which meets with the approval of both parties respective counsel. In no event shall either party incur any liability whatsoever of its failure to execute a formal and binding lease agreement or for any other reason.

IN WITNESS WHEREOF, this Agreement has been executed by **Concerto Dialysis LLC** and **Dialysis Care Center Vollmer, LLC** on the date first above written.

Concerto Dialysis LLC

By: 
Printed Name: Simon Meystel
Title: Chief Executive Officer

Dialysis Care Center Vollmer, LLC

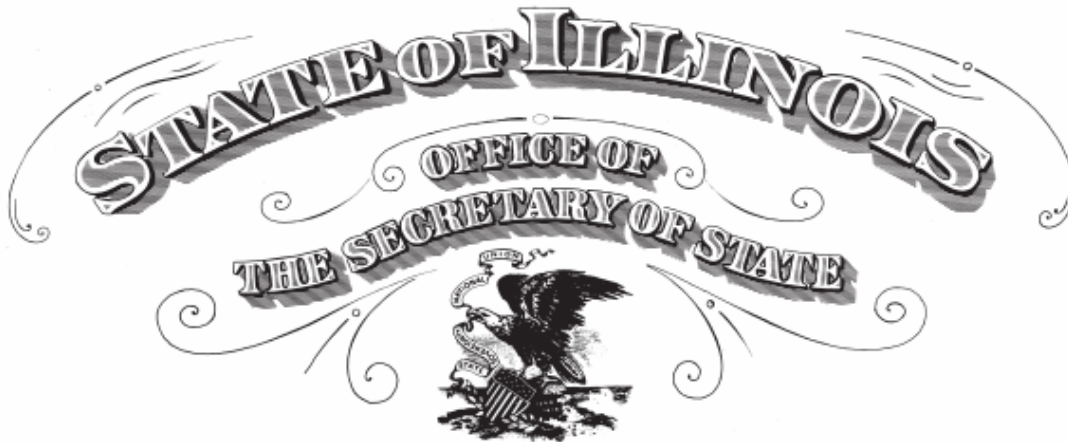
By: 
Printed Name: Asim Sharad
Title: COO

ATTACHMENT 3
Operating Entity/Licensee

Following the relocation of the facility, the operating entity will be Dialysis Care Center Vollmer, LLC. End Stage Renal Disease facilities are not licensed by the Illinois Department of Public Health. Attached as evidence of the entity's good standing is a Certificate of Good Standing issued by the Illinois Secretary of State.

ATTACHMENT 3
Dialysis Care Center Vollmer, LLC
Certificate of Good Standing

File Number 0929916-5



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

DIALYSIS CARE CENTER VOLLMER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2026901774 verifiable until 09/25/2021
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of SEPTEMBER A.D. 2020 .***

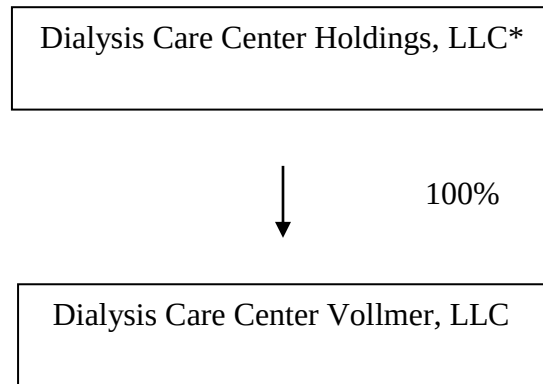
Jesse White

SECRETARY OF STATE

ATTACHMENT 4
Organizational Relationships

The facility is owned by Dialysis Care Center Vollmer, LLC a limited liability company organized in Illinois. Dialysis Care Center Vollmer, LLC, is a wholly owned subsidiary of Dialysis Care Center Holdings, LLC. Current and proposed organizational charts are included with this Attachment. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational charts.

**ATTACHMENT 4
Organizational Chart**



** Dialysis Care Center Holdings, LLC currently holds a 100% ownership interest in several other operating and approved (but not operational) ESRD facilities. A list of those facilities is included in Attachment 11.*

ATTACHMENT 10

Discontinuation of a Category of Service

1. *Identify the categories of service and the number of beds, if any that are to be discontinued.*

The applicant proposes to discontinue a 9 station ESRD in-center hemodialysis facility at its current location and relocate it within the HSA 7.

2. *Identify all of the other clinical services that are to be discontinued.*

There will be no other clinical services that are to be discontinued related to this project.

3. *Provide the anticipated date of discontinuation for each identified service or for the entire facility.*

The applicant proposes to discontinue the facility upon completion and certification of the relocated facility and following the approval of this application. Upon discontinuation of this facility and relocation to the new site, there will not be any change to the HSA 7 dialysis station inventory.

4. *Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.*

The applicant will purchase new equipment for the relocated facility, and the existing equipment will remain at the physical plant and control of the physical plant will revert back to the property owner.

5. *Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.*

The medical records of skilled nursing patients are maintained in an electronic health records information system that Dialysis Care Center utilizes. The records will be maintained in compliance with all applicable State and Federal laws pertaining to medical record storage.

6. *Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.*

Included with this attachment is an attestation that the facility provided the required notice of the facility closure to local media that the health care facility would routinely notify about facility events. A copy of that notice is included.

7. *For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.*

Included with this attachment.

8. *For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.*

Included with this attachment.

ATTACHMENT 10
Attestation of Notice Compliance



January 8, 2021

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

Re: Attestation of Notice Compliance

Dear Ms. Avery,

As representative of Dialysis Care Holdings, LLC and Dialysis Care Vollmer, LLC, I, Asim Shazzad, hereby attest that the facility provided the required notice of the end stage renal disease facility to local media that routinely notifies the public about healthcare events. A copy of the notice is included in the Certificate of Exemption application.

Sincerely,

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

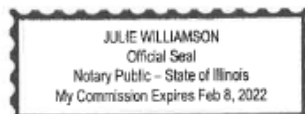
Asim Shazzad
Chief Operating Officer
Dialysis Care Holdings, LLC

Subscribed and sworn to before me this

15th day of January, 2021.

A handwritten signature in black ink, appearing to read "Julie Williamson".
Notary Public

Julie Williamson
Seal



Corporate Headquarter
15801 S. Bell Road, Homer Glen, IL 60491 | P 708-645-1000 | F 708-645-1001
www.DCCDialysis.com

ATTACHMENT 10
Copy of Notice Provided to Local News Outlets

The Applicants will publish the notice below in the Chicago Tribune, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on Thursday, January 18, 2021. The Chicago Tribune has a daily print circulation of 448,930 and an online presence. The Chicago Tribune is a newspaper of general circulation throughout the Cook County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

“Dialysis Care Center Vollmer, LLC has filed a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board to discontinue their end stage renal disease facility upon approval and relocation of the facility to 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411. The facility will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at Dialysis Care Center Vollmer, LLC or have question about obtaining your medical records, please call 844-466-3436.”

ATTACHMENT 10
Copy of Notice Provided to Local News Outlets

Chicago Tribune

Printed: 1/20/2021 10:53:27 AM

PACKAGE NAME: Legal Notice

Product(s): Chicago Tribune , Publicnotices.com

AdSize(s): 1 Column

Run Date(s): Friday, January 22, 2021

Color Spec. B/W

Preview

NOTICE

Dialysis Care Center Vollmer, LLC has filed a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board to discontinue their end stage renal disease facility upon approval and relocation of the facility to 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411. The facility will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at Dialysis Care Center Vollmer, LLC or have question about obtaining your medical records, please call 844-466-3436
1/22/21 9866014

ATTACHMENT 10
Reason for Discontinuation

The reason for this discontinuation application is because the applicants propose to relocate the facility within the HSA. Pursuant to HFSRB regulations, the relocation of the facility requires a Certificate of Exemption application to discontinue the current site. This discontinuation application will involve the discontinuation of 9 ESRD stations that are currently in operation at the facility. There are no other clinical services that will be discontinued as a result of this application. The applicants propose to purchase new equipment for the re-located facility as described in CON application #20-045.

Per comments from Board Members, the applicants re-focused their efforts to serve the patients base of Dr. Suresh Samson by evaluating options that would allow them to fully utilize an existing facility and not add to the HSA station inventory. At its core, the Certificate of Need process is designed to focus on better utilization of existing facilities to maximize the stability of healthcare delivery. Given the existence of available underutilized sites like this facility within the Health Service Area and the ability for Dialysis Care Center Vollmer, LLC to better utilize these stations to the benefit of the healthcare community, this project makes sense from a healthcare delivery perspective and will, ultimately, improve access to care within the community by providing additional stability to existing ESRD facilities. Please find below the utilization for the facility from 2016-2019. We would note that during this period of time, the facility was operated by Concerto Dialysis, LLC.

Utilization by Year of ESRD Services

	2016	2017	2018	2019
Dialysis Care Center Vollmer, LLC*	35%	33%	37%	31%
Currently Operating as Concerto Dialysis, LLC				

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2016**Ownership, Management and General Information**

Name:	Concerto Dialysis LLC	Legal Entity Operator:	Concerto Dialysis LLC
Address:	14255 Cicero Avenue	Legal Entity Owner:	
City:	Crestwood	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Eclipse Kensington Properties LLC
HSA:	7	Other Ownership:	
Medicare ID:	14-2655	Medical Director Name:	Suresh Samson
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2016:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0.2
Isolation Stations Set up in Oct 1-7:	9	Social Worker:	0.2
(subset of authorized stations)		LPN :	0
Number of Shifts Operated per day		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	15	0	15	0	15
Number of Patients Treated	0	0	20	0	19	0	18

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2016: (Beginning patients)	21	In-Center Treatments in calendar year:	3,114
Patients treated as of 12/31/2016: (Ending patients)	19	Number of Missed Treatments:	270
Total Unduplicated patients treated in calendar year:	29	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	7	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	37%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	40%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	39%
Total:	7	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	35%
		Patients deceased:	0		
		Total:	10		

Patients and Net Revenue by Payer Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	86.2%	6.9%	6.9%	0.0%	0.0%	100.0%	0.0%
Patients	25	2	2	0	0	29	0
1/1/2016 to 12/31/2016	77.2%	8.9%	13.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$696,828	\$80,686	\$125,653	\$0	\$0	\$903,167	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	29
15-44 yr	2	2	4	Black/ African American :	22	Unknown Ethnicity Patients	0
45-64 yr	5	4	9	Hawaiian /Pacific Islander	0	TOTAL:	29
65-74 yr	4	4	8	White:	7		
75 < yrs	6	2	8	Unknown :	0		
Total	17	12	29	TOTAL:	29		

Source: Data based on 2016 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name: Concerto Dialysis, LLC
 Address: 14255 Cicero Ave
 City: Crestwood
 County: Cook
 HSA: 7
 Medicare ID: 14-2655

Legal Entity Operator: Concerto Dialysis, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Symphony of Crestwood
 Other Ownership:
 Medical Director Name: Suresh Samson, MD
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)		Social Worker:	0
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	14	5	14	5	14	5
Number of Patients Treated	0	13	0	13	1	16	1

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	14	In-Center Treatments in calendar year:	2,814
Patients treated as of 12/31/2017: (Ending patients)	18	Number of Missed Treatments:	246
Total Unduplicated patients treated in calendar year:	30	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	32	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	0	Patients transferred out:	22	Use Rate (including Missed Treatments):	36%
Post-Transplant Patient	0	Patients voluntarily discontinued:	1	Use Rate (Beginning patients treated):	26%
Total:	32	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	33%
		Patients deceased:	1		
		Total:	25		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.0%	3.3%	26.7%	0.0%	0.0%	100.0%	0.0%
Patients	21	1	8	0	0	30	0
1/1/2017 to 12/31/2017	72.4%	5.0%	22.1%	0.6%	0.0%	100.0%	0.0%
Net Revenue	\$564,036	\$38,729	\$172,282	\$4,323	\$0	\$779,370	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	1
15-44 yr	2	2	4	Native American/ Indian:	0	Non-Hispanic Latino Patient	29
45-64 yr	3	6	9	Black/ African American :	19	Unknown Ethnicity Patients	0
65-74 yr	7	3	10	Hawaiian /Pacific Islande	0	TOTAL:	30
75 < yrs	3	4	7	White:	8		
Total	15	15	30	Unknown :	3		
				TOTAL:	30		

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name: Concerto Dialysis LLC
 Address: 14255 Cicero Ave.
 City: Crestwood
 County: Cook
 HSA: 7
 Medicare ID: 14-2655

Legal Entity Operator: Concerto Dialysis LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Symphony of Crestwood
 Other Ownership:
 Medical Director Name: Suresh Samson, M.D.
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0.2
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.2
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	14	0	0
Number of Patients Treated	16	0	19	0	20	0	0

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	12	In-Center Treatments in calendar year:	2,755
Patients treated as of 12/31/2018: (Ending patients)	20	Number of Missed Treatments:	737
Total Unduplicated patients treated in calendar year:	28	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	16	Recovered patients:	3	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	41%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	22%
Total:	16	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	37%
		Patients deceased:	4		
		Total:	18		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.3%	11.8%	2.9%	0.0%	0.0%	100.0%	0.0%
Patients	29	4	1	0	0	34	0
1/1/2018 to 12/31/2018	89.5%	9.7%	0.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$736,136	\$80,012	\$5,896	\$0	\$0	\$822,044	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	0
15-44 yr	4	1	5	Native American/ Indian:	0	Non-Hispanic Latino Patient	30
45-64 yr	4	4	8	Black/ African American :	27	Unknown Ethnicity Patients	4
65-74 yr	7	9	16	Hawaiian /Pacific Islande	0	TOTAL:	34
75 < yrs	4	1	5	White:	3		
Total	19	15	34	Unknown :	4		
				TOTAL:	34		

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name: Concerto Dialysis LLC
 Address: 14255 S. Cicero Ave.
 City: Crestwood
 County: Cook
 HSA: 7
 Medicare ID: 14-2655

Legal Entity Operator: Concerto Dialysis LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Symphony of Crestwood
 Other Ownership:
 Medical Director Name: Suresh Samson, M.D.
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	9	Full-Time Work Week:	36
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	12	0
Number of Patients Treated	10	19	8	19	6	0	19

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	20	In-Center Treatments in calendar year:	2,719
Patients treated as of 12/31/2019: (Ending patients)	17	Number of Missed Treatments:	354
Total Unduplicated patients treated in calendar year:	43	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	27	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	11	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	32%
Patients Re-Started:	0	Patients transferred out:	27	Use Rate (including Missed Treatments):	36%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	37%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	31%
		Patients deceased:	3		
		Total:	30		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patients	34	7					2
1/1/2019to 12/31/2019							
Net Revenue	\$719,684	\$124,182					\$600

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	4
15-44 yr	3	1	4	Native American/ Indian:	0	Non-Hispanic Latino Patient	39
45-64 yr	10	7	17	Black/ African American :	31	Unknown Ethnicity Patients:	0
65-74 yr	3	7	10	Hawaiian /Pacific Islander	0	TOTAL:	43
75 < yrs	7	5	12	White:	12		
Total	23	20	43	Unknown :	0		
				TOTAL:	43		

* On the bottom of page 4, in Section 1, we responded that during CY 2019 we ran 3 shifts on Monday, Wednesday, and Friday, and none the other days of the week. However, when asked to report the hours and number of patients during a specific week in early October, you will note that we did run shifts and treated patients on most of the days that week, including Tuesday, Thursday, and Saturday. Please note that this discrepancy was caused by our taking on patients from another program for only that week and the following week, as this other program was not able to service its patients due to construction. Aside from this exception, during the first 2 weeks of October, we did not otherwise service patients aside from MWF.

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

ATTACHMENT 10 Impact on Access

The discontinuation of the 9 stations at the facility will not have an adverse effect upon access to care for residents of the facility's market area. Given Dialysis Care Center Vollmer's proposed relocation plans, the new facility will allow for the orderly transition of existing patients and the onboarding of additional patients to bring the facility to full utilization. There are 9 other ESRD facilities within the geographic service area for total of 157 stations. The average utilization of these facilities is 62.34%.

Dialysis Care Center Vollmer, LLC is located in Health Service Area ("HSA") 7 in Chicago Heights, Illinois. Under 77 Illinois Admin. Code Section 1100.510(d)(1) the market area is 10 miles surrounding the facility. Within the market area, the following ESRD facilities operate:

Utilization by Year of Hospitals in Market Area and HSA 1

Facility Name	Stations	2016	2017	2018	2019
DaVita Chicago Heights	16	N/A	89%	843%	774%
Fresenius Kidney Care Chicago Heights	12	N/A	4%	49%	69%
Dialysis Care Center of Olympia Fields	12	N/A	N/A	95%	61%
Fresenius Kidney Care South Suburban	27	81%	70%	70%	61%
DaVita Olympia Fields Dialysis Center	24	69%	68%	60%	54%
Fresenius Kidney Care Hazel Crest	16	92%	80%	73%	75%
DaVita Hazel Crest	20	N/A	87%	83%	67%
Dialysis Care Center Hazel Crest*	12	N/A	N/A	N/A	18%

**Historical information for 2016-2018 is not available as facility was not yet operational*

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name: Chicago Heights Davita
 Address: 177 W. Joe Orr Road
 City: Chicago Heights
 County: Cook
 HSA: 7
 Medicare ID: 14-2635

Legal Entity Operator: Davita Chicago Heights LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Matanky Realty
 Other Ownership:
 Medical Director Name: Dr. Donald Hollandsworth
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Registered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	15.5	15.5	15.5	15.5	15.5	15.5
Number of Patients Treated	0	44	39	41	36	43	33

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	92	In-Center Treatments in calendar year:	12,451
Patients treated as of 12/31/2017: (Ending patients)	85	Number of Missed Treatments:	511
Total Unduplicated patients treated in calendar year:	130	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	29	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	7	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	1	Patients transferred out:	21	Use Rate (including Missed Treatments):	87%
Post-Transplant Patient	0	Patients voluntarily discontinued:	2	Use Rate (Beginning patients treated):	96%
Total:	37	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	89%
		Patients deceased:	15		
		Total:	41		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Patients	0	0	0	0	0	0	0
1/1/2017 to 12/31/2017	33.6%	2.1%	44.4%	0.0%	19.9%	100.0%	0.0%
Net Revenue	\$2,828,515	\$174,810	\$3,737,465	\$0	\$1,676,094	\$8,416,885	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	17
15-44 yr	9	5	14	Native American/ Indian:	0	Non-Hispanic Latino Patient	113
45-64 yr	31	22	53	Black/ African American :	95	Unknown Ethnicity Patients	0
65-74 yr	22	13	35	Hawaiian /Pacific Islande	1	TOTAL:	130
75 < yrs	19	9	28	White:	17		
Total	81	49	130	Unknown :	17		
				TOTAL:	130		

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name: Chicago Heights Davita
 Address: 177 W. Joe Orr Road
 City: Chicago Heights
 County: Cook
 HSA: 7
 Medicare ID: 14-2635

Legal Entity Operator: DaVita Chicago Heights LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Mantanky Realty
 Other Ownership:
 Medical Director Name: Dr. Preeti Nagarkatte
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Registered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	155	10	15.5	10	15.5	10	0
Number of Patients Treated	34	24	32	21	34	21	0

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	907	In-Center Treatments in calendar year:	10,032
Patients treated as of 12/31/2018: (Ending patients)	809	Number of Missed Treatments:	205
Total Unduplicated patients treated in calendar year:	117	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	9	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	16	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	67%
Patients Re-Started:	0	Patients transferred out:	31	Use Rate (including Missed Treatments):	68%
Post-Transplant Patient	1	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	945%
Total:	26	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	843%
		Patients deceased:	11		
		Total:	45		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.2%	15.4%	2.6%	0.9%	6.0%	100.0%	0.0%
Patients	88	18	3	1	7	117	0
1/1/2018 to 12/31/2018							
Net Revenue	\$1,749,546	\$47,716	\$336,982		\$1,161,630		\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	15
15-44 yr	8	11	19	Native American/ Indian:	0	Non-Hispanic Latino Patient	102
45-64 yr	29	22	51	Black/ African American :	95	Unknown Ethnicity Patients	0
65-74 yr	14	10	24	Hawaiian /Pacific Islande	0	TOTAL:	117
75 < yrs	19	4	23	White:	22		
Total	70	47	117	Unknown :	0		
				TOTAL:	117		

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name:	Chicago Heights DaVita Dialysis	Legal Entity Operator:	Davita Chicago Height LLC
Address:	177 W. Joe Orr Road	Legal Entity Owner:	
City:	Chicago Heights	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Mantanky Realty
HSA:	7	Other Ownership:	
Medicare ID:	14-2635	Medical Director Name:	Dr. Preeti Nagarkatte
		Provides Incenter Nocturnal Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENTS	
Authorized Stations as of 12/31/2019:	16	Full-Time Work Week:	40
Certified Stations by CMS:	16	Registered Nurse :	3
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0.25
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.25
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	10	15.5	10	15.5	10	0	15.5
Number of Patients Treated	25	34	20	33	26	0	35

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2019: (Beginning patients)	800	In-Center Treatments in calendar year:	9
Patients treated as of 12/31/2019: (Ending patients)	743	Number of Missed Treatments:	233
Total Unduplicated patients treated in calendar year:	95	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

PATIENT ADDITIONS		PATIENT LOSSES		USE RATE for the FACILITY	
New Patients:	33	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	13	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	0%
Patients Re-Started:	7	Patients transferred out:	28	Use Rate (including Missed Treatments):	2%
Post-Transplant Patient	2	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	833%
Total:	55	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	774%
		Patients deceased:	6		
		Total:	37		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	54.2%	13.6%	3.4%	0.0%	28.8%	100.0%	1.7%
Patients	32	8	2	0	17	59	1
1/1/2019 to 12/31/2019	50.1%	0.1%	9.2%	1.2%	39.4%	100.0%	1.2%
Net Revenue	\$1,527,179	\$3,453	\$280,307	\$35,970	\$1,202,945	\$3,049,854	\$35,970

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	87
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	8
15-44 yr	5	6	11	Black/ African American :	82	Unknown Ethnicity Patients:	
45-64 yr	21	16	37	Hawaiian /Pacific Islander	0	TOTAL:	
65-74 yr	12	9	21	White:	13		
75 < yrs	20	6	26	Unknown :			
Total	58	37	95	TOTAL:			

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name: Fresenius Kidney Care Chicago Heights
 Address: 15 E. Independence Drive
 City: Chicago Heights
 County: Cook
 HSA: 7
 Medicare ID: 14-2832

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Inland Commercial Real Estate Service
 Other Ownership:
 Medical Director Name: Rizwan Moinuddin, MD
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	12	Full-Time Work Week:	32
Certified Stations by CMS:	0	Registered Nurse :	2
Peak Authorized Stations Operated:	2	Dialysis Technician :	1
Authorized Stations Setup and Staffed in Oct 1-7:	2	Dietician :	0.5
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.5
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	8	0	8	8	8	0
Number of Patients Treated	0	2	0	1	1	1	0

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	0	In-Center Treatments in calendar year:	64
Patients treated as of 12/31/2017: (Ending patients)	3	Number of Missed Treatments:	1
Total Unduplicated patients treated in calendar year:	3	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	3	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	1%
Patients Re-Started:	0	Patients transferred out:	0	Use Rate (including Missed Treatments):	1%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	0%
Total:	3	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	4%
		Patients deceased:	0		
		Total:	0		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Patients	0	0	3	0	0	3	0
1/1/2016 to 1/1/2016	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!	#Num!
Net Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	1
15-44 yr	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	2
45-64 yr	1	2	3	Black/ African American :	2	Unknown Ethnicity Patients	0
65-74 yr	0	0	0	Hawaiian /Pacific Islande	0	TOTAL:	3
75 < yrs	0	0	0	White:	1		
Total	1	2	3	Unknown :	0		
				TOTAL:	3		

• Fresenius Kidney Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for-profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois was approximately \$3,000,000. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients Fresenius treated in 2017 were covered by either Medicaid or a managed Medicaid insurance. • Patient counts are from 2017 and financial data was obtained from 2016 Audited Financial Statements.

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name:	Fresenius Kidney Care Chicago Heights	Legal Entity Operator:	FRESENIUS MEDICAL CARE CHICAGOLAND,LLC
Address:	15 E Independence Drive	Legal Entity Owner:	
City:	Chicago Heights	Ownership Type:	Limited Liability Partner
County:	Cook	Property Owner:	Inland Commercial Real Estate Service
HSA:	7	Other Ownership:	
Medicare ID:	14-2832	Medical Director Name:	RISWAN MOINUDDIN, MD
		Provides Incenter Nocturnal Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENTS	
Authorized Stations as of 12/31/2018:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Registered Nurse :	2
Peak Authorized Stations Operated:	12	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0
Number of Shifts Operated per day		LPN :	0
		Other Health :	1
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	10	12	10	12	10	0
Number of Patients Treated	21	5	17	5	20	0	0

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2018: (Beginning patients)	3	In-Center Treatments in calendar year:	2,594
Patients treated as of 12/31/2018: (Ending patients)	35	Number of Missed Treatments:	105
Total Unduplicated patients treated in calendar year:	47	Average Daily Treatments:	0.0
		Average Treatment Time (min):	300.0

PATIENT ADDITIONS		PATIENT LOSSES		USE RATE for the FACILITY	
New Patients:	26	Recovered patients:	0	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	15	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	23%
Patients Re-Started:	1	Patients transferred out:	8	Use Rate (including Missed Treatments):	24%
Post-Transplant Patient	1	Patients voluntarily discontinued:	1	Use Rate (Beginning patients treated):	4%
Total:	43	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	49%
		Patients deceased:	2		
		Total:	11		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	53.2%	0.0%	44.7%	2.1%	0.0%	100.0%	0.0%
Patients	25	0	21	1	0	47	0
1/1/2017 to 12/31/2017	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$0	\$0	\$87,031	\$0	\$0	\$87,031	\$0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	5
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	42
15-44 yr	4	12	16	Black/ African American :	34	Unknown Ethnicity Patients	0
45-64 yr	7	5	12	Hawaiian /Pacific Islander	0	TOTAL:	47
65-74 yr	4	9	13	White:	8		
75 < yrs	6	0	6	Unknown :	5		
Total	21	26	47	TOTAL:	47		

1. Fresenius Medical Care North America (FMCNA) does not hold long term debt on any Illinois dialysis location balance sheet. 2. FMCNA is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, FMCNA provides care to patients who do not qualify for any type of coverage for dialysis services, and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois in 2017 was approximately \$4,000,000. 3. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients FMCNA treated in 2018 were covered by either Medicaid or a managed Medicaid insurance. 4. Patient information is from 2018. 5. Financial data was obtained from 2017 Audited Financial Statements

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name: Fresenius Kidney Care Chicago Heights
 Address: 15 E Independence Drive
 City: Chicago Heights
 County: Cook
 HSA: 7
 Medicare ID: 14-2832

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: 15 E. Independence Investment
 Other Ownership:
 Medical Director Name: Rizwan Moinuddin, MD
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	12	Full-Time Work Week:	32
Certified Stations by CMS:	12	Registered Nurse :	5
Peak Authorized Stations Operated:	12	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	12	Dietician :	0.5
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.5
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	1.5

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	13	14	12	12.5	0	13
Number of Patients Treated	21	18	18	16	21	0	19

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	34	In-Center Treatments in calendar year:	5,955
Patients treated as of 12/31/2019: (Ending patients)	50	Number of Missed Treatments:	399
Total Unduplicated patients treated in calendar year:	71	Average Daily Treatments:	0.0
		Average Treatment Time (min):	300.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	36	Recovered patients:	2	Treatment Capacity/year (based on Stations):	11,232
Transient Patients:	3	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	53%
Patients Re-Started:	0	Patients transferred out:	19	Use Rate (including Missed Treatments):	57%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	47%
Total:	39	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	4		
		Total:	25		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patients	40.8%	1.4%	52.1%	1.4%	4.2%	100.0%	0.0%
	29	1	37	1	3	71	0
1/1/2018 to 12/31/2018	30.8%	0.3%	67.9%	0.8%	0.2%	100.0%	0.0%
Net Revenue	\$567,435	\$5,263	\$1,249,544	\$14,895	\$3,633	\$1,840,770	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	9
15-44 yr	1	1	2	Native American/ Indian:	0	Non-Hispanic Latino Patient	62
45-64 yr	19	18	37	Black/ African American :	48	Unknown Ethnicity Patients:	0
65-74 yr	8	2	10	Hawaiian /Pacific Islander	0	TOTAL:	71
75 < yrs	15	7	22	White:	14		
Total	43	28	71	Unknown :	9		
				TOTAL:	71		

1. Fresenius Medical Care North America (FMCNA) does not hold long term debt on any Illinois dialysis location balance sheet. 2. FMCNA is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, FMCNA provides care to patients who do not qualify for any type of coverage for dialysis services, and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois in 2018 was approximately \$4,700,000. 3. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients FMCNA treated in 2019 were covered by either Medicaid or a managed Medicaid insurance. 4. Patient information is from 2019. 5. Financial data was obtained from 2018 Audited Financial Statements.

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name: Dialysis Care Center Olympia Fields, LLC
 Address: 3322 Vollmer Road, Suite C
 City: Olympia Fields
 County: Cook
 HSA: 7
 Medicare ID: 14-2829

Legal Entity Operator: Dialysis Care Center Olympia Fields, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Meridian Investment Partners, LLC
 Other Ownership:
 Medical Director Name: Dr. Tauseef Sarguroh
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	10	Full-Time Work Week:	40
Certified Stations by CMS:	10	Registered Nurse :	2
Peak Authorized Stations Operated:	10	Dialysis Technician :	5
Authorized Stations Setup and Staffed in Oct 1-7:	10	Dietician :	0.5
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	Social Worker:	0.5
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	8	12	8	12	8	
Number of Patients Treated	31	21	31	21	32	21	

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	9	In-Center Treatments in calendar year:	8,238
Patients treated as of 12/31/2018: (Ending patients)	57	Number of Missed Treatments:	620
Total Unduplicated patients treated in calendar year:	57	Average Daily Treatments:	0.0
		Average Treatment Time (min):	3.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	100	Recovered patients:	6	Treatment Capacity/year (based on Stations):	9,360
Transient Patients:	3	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	88%
Patients Re-Started:	0	Patients transferred out:	21	Use Rate (including Missed Treatments):	95%
Post-Transplant Patient	0	Patients voluntarily discontinued:	5	Use Rate (Beginning patients treated):	15%
Total:	103	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	95%
		Patients deceased:	9		
		Total:	43		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patients	52.6%	1.8%	15.8%	3.5%	26.3%	100.0%	0.0%
	30	1	9	2	15	57	0
1/1/2018 to 12/31/2018	40.4%	0.7%	33.3%	2.1%	23.5%	100.0%	0.0%
Net Revenue	\$840,753	\$14,600	\$692,462	\$44,662	\$489,984	\$2,082,461	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	1	Hispanic Latino Patients:	0
15-44 yr	4	3	7	Native American/ Indian:	0	Non-Hispanic Latino Patient	57
45-64 yr	19	9	28	Black/ African American :	44	Unknown Ethnicity Patients	0
65-74 yr	9	4	13	Hawaiian /Pacific Islande	0	TOTAL:	57
75 < yrs	5	4	9	White:	12		
Total	37	20	57	Unknown :	0		
				TOTAL:	57		

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name: Dialysis Care Center - Olympia Fields
 Address: 3322 Vollmer Road Suite C
 City: Olympia Fields
 County: Cook
 HSA: 7
 Medicare ID: 14-2829

Legal Entity Operator: Dialysis Care Center, Olympia Fields, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Meridian Investment Partners
 Other Ownership:
 Medical Director Name: Dr. Tauseef Sarguroh
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	11	Full-Time Work Week:	40
Certified Stations by CMS:	11	Registered Nurse :	2
Peak Authorized Stations Operated:	11	Dialysis Technician :	7
Authorized Stations Setup and Staffed in Oct 1-7:	11	Dietician :	0.5
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	11	Social Worker:	0.5
Number of Shifts Operated per day		LPN :	0
		Other Health :	0.5
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	16	16	16	16	0	16
Number of Patients Treated	37	38	32	39	33	0	40

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	25	In-Center Treatments in calendar year:	9,607
Patients treated as of 12/31/2019: (Ending patients)	40	Number of Missed Treatments:	644
Total Unduplicated patients treated in calendar year:	77	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	41	Recovered patients:	0	Treatment Capacity/year (based on Stations):	10,296
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	93%
Patients Re-Started:	0	Patients transferred out:	21	Use Rate (including Missed Treatments):	100%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	38%
Total:	41	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	10		
		Total:	32		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	71.7%	10.9%	17.4%	0.0%	0.0%	100.0%	3.6%
Patients	99	15	24	0	0	138	5
1/1/2019 to 12/31/2019	38.9%	0.6%	60.4%	0.1%	0.0%	100.0%	1.6%
Net Revenue	\$1,646,651	\$27,343	\$2,554,292	\$3,435	\$0	\$4,231,721	\$69,650

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	1	Hispanic Latino Patients:	7
15-44 yr	6	4	10	Native American/ Indian:	0	Non-Hispanic Latino Patient	69
45-64 yr	22	12	34	Black/ African American :	63	Unknown Ethnicity Patients:	1
65-74 yr	12	9	21	Hawaiian /Pacific Islander	1	TOTAL:	77
75 < yrs	7	5	12	White:	11		
Total	47	30	77	Unknown :	1		
				TOTAL:	77		

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2016**Ownership, Management and General Information**

Name:	Fresenius Medical Care South Suburban	Legal Entity Operator:	SSKG, Inc.
Address:	2609 Lincoln Highway	Legal Entity Owner:	
City:	Olympia Fields	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	GAHC3 Mount Olympia MOB
HSA:	7	Other Ownership:	
Medicare ID:	14-2517	Medical Director Name:	Lourdes Terrado, M.D.
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2016:	27	Full-Time Work Week:	32
Certified Stations by CMS:	27	Registered Nurse :	8
Peak Authorized Stations Operated:	27	Dialysis Technician :	15
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	3	Social Worker:	2
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	0	17	17	17	17	17
Number of Patients Treated	58	0	66	55	64	54	68

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2016: (Beginning patients)	133	In-Center Treatments in calendar year:	3
Patients treated as of 12/31/2016: (Ending patients)	131	Number of Missed Treatments:	614
Total Unduplicated patients treated in calendar year:	178	Average Daily Treatments:	0.0
		Average Treatment Time (min):	270.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	22	Recovered patients:	2	Treatment Capacity/year (based on Stations):	25,272
Transient Patients:	21	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	0%
Patients Re-Started:	1	Patients transferred out:	31	Use Rate (including Missed Treatments):	2%
Post-Transplant Patient	1	Patients voluntarily discontinued:	1	Use Rate (Beginning patients treated):	82%
Total:	45	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	81%
		Patients deceased:	13		
		Total:	49		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.8%	0.6%	35.4%	1.7%	0.6%	100.0%	0.0%
Patients	110	1	63	3	1	178	0
1/1/2015 to 12/31/2015	43.2%	1.6%	54.1%	0.4%	0.7%	100.0%	0.0%
Net Revenue	\$3,440,434	\$123,544	\$4,308,699	\$31,640	\$58,071	\$7,962,388	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	12
<15 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patient	165
15-44 yr	15	10	25	Black/ African American :	154	Unknown Ethnicity Patients	1
45-64 yr	41	24	65	Hawaiian /Pacific Islander	0	TOTAL:	178
65-74 yr	28	20	48	White:	20		
75 < yrs	19	21	40	Unknown :	1		
Total	103	75	178	TOTAL:	178		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care. Many of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburses at rates more similar to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance.

Source: Data based on 2016 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name:	Fresenius Kidney Care South Suburban	Legal Entity Operator:	SSKG, Inc.
Address:	2609 Lincoln Highway	Legal Entity Owner:	
City:	Olympia Fields	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	GAHC3 Mount Olympia MOB
HSA:	7	Other Ownership:	
Medicare ID:	14-2517	Medical Director Name:	Lourdes Terrado, MD
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	28	Full-Time Work Week:	32
Certified Stations by CMS:	28	Registered Nurse :	9
Peak Authorized Stations Operated:	28	Dialysis Technician :	13
Authorized Stations Setup and Staffed in Oct 1-7:	28	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	Social Worker:	2
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	17.5	17.5	17.5	17.5	17.5	17.5
Number of Patients Treated	0	64	49	61	49	58	45

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	132	In-Center Treatments in calendar year:	17,618
Patients treated as of 12/31/2017: (Ending patients)	118	Number of Missed Treatments:	521
Total Unduplicated patients treated in calendar year:	201	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	47	Recovered patients:	1	Treatment Capacity/year (based on Stations):	26,208
Transient Patients:	21	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	67%
Patients Re-Started:	1	Patients transferred out:	47	Use Rate (including Missed Treatments):	69%
Post-Transplant Patient	0	Patients voluntarily discontinued:	2	Use Rate (Beginning patients treated):	79%
Total:	69	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	70%
		Patients deceased:	23		
		Total:	80		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.2%	1.5%	34.8%	1.0%	1.5%	100.0%	0.0%
Patients	123	3	70	2	3	201	0
1/1/2016 to 12/31/2016	38.9%	0.5%	59.4%	0.5%	0.7%	100.0%	0.0%
Net Revenue	\$2,815,305	\$35,513	\$4,298,738	\$38,242	\$51,839	\$7,239,637	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	13
<15 yrs	0	0	0	Native American/ Indian:	1	Non-Hispanic Latino Patient	187
15-44 yr	13	8	21	Black/ African American :	166	Unknown Ethnicity Patients	1
45-64 yr	48	29	77	Hawaiian /Pacific Islander	0	TOTAL:	201
65-74 yr	37	22	59	White:	19		
75 < yrs	26	18	44	Unknown :	14		
Total	124	77	201	TOTAL:	201		

• Fresenius Kidney Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for-profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois was approximately \$3,000,000. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients Fresenius treated in 2017 were covered by either Medicaid or a managed Medicaid insurance. • Patient counts are from 2017 and financial data was obtained from 2016 Audited Financial Statements.

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name:	Fresenius Kidney Care South Suburban	Legal Entity Operator:	SSKG, INC.
Address:	2609 Lincoln Highway	Legal Entity Owner:	
City:	Olympia Fields	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	GAHC3 Mount Olympia MOB
HSA:	7	Other Ownership:	
Medicare ID:	14-2517	Medical Director Name:	LOURDES TERRADO, MD
		Provides Incenter Nocturnal Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENTS	
Authorized Stations as of 12/31/2018:	27	Full-Time Work Week:	32
Certified Stations by CMS:	27	Registered Nurse :	7
Peak Authorized Stations Operated:	27	Dialysis Technician :	13
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	1	Social Worker:	2
Number of Shifts Operated per day		LPN :	0
		Other Health :	1
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	18	13	18	13	18	13	0
Number of Patients Treated	67	45	66	42	65	43	0

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2018: (Beginning patients)	117	In-Center Treatments in calendar year:	15,393
Patients treated as of 12/31/2018: (Ending patients)	114	Number of Missed Treatments:	515
Total Unduplicated patients treated in calendar year:	176	Average Daily Treatments:	0.0
		Average Treatment Time (min):	270.0

PATIENT ADDITIONS		PATIENT LOSSES		USE RATE for the FACILITY	
New Patients:	57	Recovered patients:	2	Treatment Capacity/year (based on Stations):	25,272
Transient Patients:	14	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	61%
Patients Re-Started:	1	Patients transferred out:	56	Use Rate (including Missed Treatments):	63%
Post-Transplant Patient	1	Patients voluntarily discontinued:	1	Use Rate (Beginning patients treated):	72%
Total:	73	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	70%
		Patients deceased:	18		
		Total:	80		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.9%	0.6%	34.7%	0.6%	2.3%	100.0%	0.0%
Patients	109	1	61	1	4	176	0
1/1/2017 to 12/31/2017	41.5%	0.8%	55.9%	0.5%	1.3%	100.0%	0.0%
Net Revenue	\$3,173,264	\$57,902	\$4,275,158	\$39,773	\$102,532	\$7,648,629	\$0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	2	Hispanic Latino Patients:	4
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	172
15-44 yr	10	5	15	Black/ African American :	137	Unknown Ethnicity Patients	0
45-64 yr	41	30	71	Hawaiian /Pacific Islander	0	TOTAL:	176
65-74 yr	31	20	51	White:	37		
75 < yrs	19	20	39	Unknown :	0		
Total	101	75	176	TOTAL:	176		

1. Fresenius Medical Care North America (FMCNA) does not hold long term debt on any Illinois dialysis location balance sheet. 2. FMCNA is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, FMCNA provides care to patients who do not qualify for any type of coverage for dialysis services, and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois in 2017 was approximately \$4,000,000. 3. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients FMCNA treated in 2018 were covered by either Medicaid or a managed Medicaid insurance. 4. Patient information is from 2018. 5. Financial data was obtained from 2017 Audited Financial Statements

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name:	Fresenius Kidney Care South Suburban	Legal Entity Operator:	SSKG, Inc.
Address:	2609 W Lincoln Highway	Legal Entity Owner:	
City:	Olympia Fields	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	GAHC3 Mount Olympia MOB
HSA:	7	Other Ownership:	
Medicare ID:	14-2517	Medical Director Name:	Lourdes Terrado, MD
		Provides Incenter Nocturnal Dialysis:	☐

STATION INFORMATION		FACILITY STAFFING - FULL TIME EQUIVALENTS	
Authorized Stations as of 12/31/2019:	27	Full-Time Work Week:	32
Certified Stations by CMS:	27	Registered Nurse :	6
Peak Authorized Stations Operated:	27	Dialysis Technician :	13
Authorized Stations Setup and Staffed in Oct 1-7:	27	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	13	18	13	18	13.25	0	18
Number of Patients Treated	35	61	35	60	35	0	60

Facility Utilization Information

Facility Reported Patient Information		Facility Reported Treatment Information	
Patients treated as of 1/1/2019: (Beginning patients)	113	In-Center Treatments in calendar year:	15,306
Patients treated as of 12/31/2019: (Ending patients)	99	Number of Missed Treatments:	765
Total Unduplicated patients treated in calendar year:	164	Average Daily Treatments:	0.0
		Average Treatment Time (min):	270.0

PATIENT ADDITIONS		PATIENT LOSSES		USE RATE for the FACILITY	
New Patients:	29	Recovered patients:	3	Treatment Capacity/year (based on Stations):	25,272
Transient Patients:	22	Transplant Recipients:	7	Use Rate (Treatments/Treatment capacity):	61%
Patients Re-Started:	0	Patients transferred out:	55	Use Rate (including Missed Treatments):	64%
Post-Transplant Patient	0	Patients voluntarily discontinued:	3	Use Rate (Beginning patients treated):	70%
Total:	51	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	61%
		Patients deceased:	11		
		Total:	79		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	61.6%	0.6%	35.4%	0.0%	2.4%	100.0%	0.0%
Patients	101	1	58	0	4	164	0
1/1/2018 to 12/31/2018	46.1%	0.3%	51.6%	0.2%	1.7%	100.0%	0.0%
Net Revenue	\$3,112,275	\$19,721	\$3,486,940	\$15,808	\$118,062	\$6,752,806	\$0

Patients by Age and Sex				Patients by Race		Patients by Ethnicity	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	6
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	158
15-44 yr	7	5	12	Black/ African American :	131	Unknown Ethnicity Patients:	0
45-64 yr	34	23	57	Hawaiian /Pacific Islander	1	TOTAL:	164
65-74 yr	30	19	49	White:	31		
75 < yrs	22	24	46	Unknown :	0		
Total	93	71	164	TOTAL:	164		

1. Fresenius Medical Care North America (FMCNA) does not hold long term debt on any Illinois dialysis location balance sheet. 2. FMCNA is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, FMCNA provides care to patients who do not qualify for any type of coverage for dialysis services, and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois in 2018 was approximately \$4,700,000. 3. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients FMCNA treated in 2019 were covered by either Medicaid or a managed Medicaid insurance. 4. Patient information is from 2019. 5. Financial data was obtained from 2018 Audited Financial Statements.

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2016**Ownership, Management and General Information**

Name: DaVita Olympia Fields Dialysis Center
 Address: 4557 Lincoln Highway
 City: Matteson
 County: Cook
 HSA: 7
 Medicare ID: 14-2548

Legal Entity Operator: Olympia Fields Dialysis Center
 Legal Entity Owner:
 Ownership Type: For Profit Corporation
 Property Owner: Joseph Freed
 Other Ownership:
 Medical Director Name: Dr. Don Hollandsworth
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2016:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Registered Nurse :	40
Peak Authorized Stations Operated:	24	Dialysis Technician :	40
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	40
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	40
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	11	0	17	11	17	11	17
Number of Patients Treated	43	0	52	42	51	41	52

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2016: (Beginning patients)	95	In-Center Treatments in calendar year:	1,214
Patients treated as of 12/31/2016: (Ending patients)	99	Number of Missed Treatments:	1,466
Total Unduplicated patients treated in calendar year:	161	Average Daily Treatments:	0.0
		Average Treatment Time (min):	231.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	57	Recovered patients:	6	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	18	Transplant Recipients:	2	Use Rate (Treatments/Treatment capacity):	5%
Patients Re-Started:	3	Patients transferred out:	31	Use Rate (including Missed Treatments):	12%
Post-Transplant Patient	2	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	66%
Total:	80	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	69%
		Patients deceased:	11		
		Total:	50		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	78.0%	8.8%	11.3%	0.0%	1.9%	100.0%	1.3%
Patients	124	14	18	0	3	159	2
1/1/2016 to 12/31/2016	36.3%	5.6%	32.4%	0.0%	25.7%	100.0%	1.7%
Net Revenue	\$1,852,090	\$285,427	\$1,654,345	\$0	\$1,310,549	\$5,102,411	\$87,350

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	3	Hispanic Latino Patients:	8
15-44 yr	15	7	22	Native American/ Indian:	1	Non-Hispanic Latino Patient	153
45-64 yr	38	27	65	Black/ African American :	123	Unknown Ethnicity Patients	0
65-74 yr	19	16	35	Hawaiian /Pacific Islande	0	TOTAL:	161
75 < yrs	17	22	39	White:	26		
Total	89	72	161	Unknown :	8		
				TOTAL:	161		

Source: Data based on 2016 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name: DaVita Olympia Fields Dialysis Center
 Address: 4557 Lincoln Highway
 City: Matteson
 County: Cook
 HSA: 7
 Medicare ID: 14-2548

Legal Entity Operator: DaVita
 Legal Entity Owner:
 Ownership Type: For Profit Corporation
 Property Owner: Joseph Freed
 Other Ownership:
 Medical Director Name:
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Registered Nurse :	40
Peak Authorized Stations Operated:	24	Dialysis Technician :	40
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	40
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	40
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	17	11	17	11	17	11
Number of Patients Treated	0	57	40	46	38	39	40

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	103	In-Center Treatments in calendar year:	14,482
Patients treated as of 12/31/2017: (Ending patients)	98	Number of Missed Treatments:	1,182
Total Unduplicated patients treated in calendar year:	163	Average Daily Treatments:	0.0
		Average Treatment Time (min):	228.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	68	Recovered patients:	6	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	15	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	64%
Patients Re-Started:	6	Patients transferred out:	43	Use Rate (including Missed Treatments):	70%
Post-Transplant Patient	2	Patients voluntarily discontinued:	2	Use Rate (Beginning patients treated):	72%
Total:	91	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	68%
		Patients deceased:	13		
		Total:	67		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	43.8%	7.5%	13.1%	0.0%	35.6%	100.0%	1.9%
Patients	70	12	21	0	57	160	3
1/1/2017 to 12/31/2017	30.1%	2.7%	40.7%	0.0%	26.6%	100.0%	0.9%
Net Revenue	\$1,763,790	\$157,844	\$2,387,758	\$0	\$1,557,805	\$5,867,196	\$52,510

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	2	Hispanic Latino Patients:	5
15-44 yr	11	9	20	Native American/ Indian:	0	Non-Hispanic Latino Patient	158
45-64 yr	47	41	88	Black/ African American :	148	Unknown Ethnicity Patients	0
65-74 yr	17	14	31	Hawaiian /Pacific Islander	0	TOTAL:	163
75 < yrs	11	13	24	White:	13		
Total	86	77	163	Unknown :	0		
				TOTAL:	163		

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name: Davita Olympia Fields Dialysis Center
 Address: 4557 Lincoln Highway, Suite B
 City: Matteson
 County: Cook
 HSA: 7
 Medicare ID: 14-2548

Legal Entity Operator: DaVita
 Legal Entity Owner:
 Ownership Type: For Profit Corporation
 Property Owner: Joseph Freed
 Other Ownership:
 Medical Director Name: Dr. Edwin Cook
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Registered Nurse :	5
Peak Authorized Stations Operated:	24	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	24	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	1
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	17	17	17	17	17	0
Number of Patients Treated	45	38	45	37	46	35	0

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	98	In-Center Treatments in calendar year:	12,965
Patients treated as of 12/31/2018: (Ending patients)	86	Number of Missed Treatments:	812
Total Unduplicated patients treated in calendar year:	152	Average Daily Treatments:	0.0
		Average Treatment Time (min):	230.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	54	Recovered patients:	2	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	4	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	58%
Patients Re-Started:	1	Patients transferred out:	50	Use Rate (including Missed Treatments):	61%
Post-Transplant Patient	2	Patients voluntarily discontinued:	4	Use Rate (Beginning patients treated):	68%
Total:	61	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	60%
		Patients deceased:	12		
		Total:	73		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	45.6%	2.0%	16.1%	0.0%	36.2%	100.0%	2.0%
Patients	68	3	24	0	54	149	3

1/1/2018 to 12/31/2018

Net Revenue	\$1,950,601	\$135,960	\$1,954,365	\$1,394,600	\$23,895
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<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	3	Hispanic Latino Patients:	5
15-44 yr	15	11	26	Native American/ Indian:	0	Non-Hispanic Latino Patient	147
45-64 yr	31	22	53	Black/ African American :	130	Unknown Ethnicity Patients	0
65-74 yr	18	28	46	Hawaiian /Pacific Islande	0	TOTAL:	152
75 < yrs	13	14	27	White:	19		
Total	77	75	152	Unknown :	0		
				TOTAL:	152		

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name: DaVita Olympia Fields Dialysis
 Address: 4557 Lincoln Highway
 City: Matteson
 County: Cook
 HSA: 7
 Medicare ID: 14-2548

Legal Entity Operator: Total Renal Care
 Legal Entity Owner:
 Ownership Type: For Profit Corporation
 Property Owner: Liberty Plaza
 Other Ownership:
 Medical Director Name: Edwin Cook
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	24	Full-Time Work Week:	40
Certified Stations by CMS:	24	Registered Nurse :	2
Peak Authorized Stations Operated:	24	Dialysis Technician :	8.5
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	0.8
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.6
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	16	12	16	12	0	16
Number of Patients Treated	33	42	33	47	32	0	48

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	86	In-Center Treatments in calendar year:	12,534
Patients treated as of 12/31/2019: (Ending patients)	78	Number of Missed Treatments:	690
Total Unduplicated patients treated in calendar year:	134	Average Daily Treatments:	0.0
		Average Treatment Time (min):	230.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	7	Recovered patients:	1	Treatment Capacity/year (based on Stations):	22,464
Transient Patients:	41	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	56%
Patients Re-Started:	0	Patients transferred out:	47	Use Rate (including Missed Treatments):	59%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	60%
Total:	48	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	54%
		Patients deceased:	9		
		Total:	57		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	67.9%	14.1%	10.3%	0.0%	7.7%	100.0%	0.0%
Patients	53	11	8	0	6	78	0
1/1/2019 to 12/31/2019	30.7%	1.6%	41.8%	0.3%	25.5%	100.0%	0.3%
Net Revenue	\$1,825,534	\$97,782	\$2,482,866	\$18,810	\$1,518,139	\$5,943,131	\$18,818

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:		Hispanic Latino Patients:	2
<15 yrs				Native American/ Indian:		Non-Hispanic Latino Patient	2
15-44 yr	10	4	14	Black/ African American :	74	Unknown Ethnicity Patients:	
45-64 yr	12	8	20	Hawaiian /Pacific Islander		TOTAL:	
65-74 yr	10	21	31	White:	2		
75 < yrs	8	5	13	Unknown :	2		
Total				TOTAL:			

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2016**Ownership, Management and General Information**

Name: Fresenius Medical Care Hazel Crest
 Address: 17524 E Carriage Way
 City: Hazel Crest
 County: Cook
 HSA: 7
 Medicare ID: 14-2607

Legal Entity Operator: Fresenius Medical Care Chicagoland, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Rockford 550, LLC
 Other Ownership:
 Medical Director Name: Vijaykumar Rao, M.D.
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2016:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Registered Nurse :	3.5
Peak Authorized Stations Operated:	16	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0.6
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.6
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	15	0	18	15	18	15	18
Number of Patients Treated	37	0	44	39	46	36	47

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2016: (Beginning patients)	75	In-Center Treatments in calendar year:	12,397
Patients treated as of 12/31/2016: (Ending patients)	88	Number of Missed Treatments:	290
Total Unduplicated patients treated in calendar year:	123	Average Daily Treatments:	0.0
		Average Treatment Time (min):	265.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	33	Recovered patients:	0	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	15	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	83%
Patients Re-Started:	0	Patients transferred out:	29	Use Rate (including Missed Treatments):	85%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	78%
Total:	48	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	92%
		Patients deceased:	8		
		Total:	38		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.0%	0.8%	29.3%	0.0%	4.9%	100.0%	0.0%
Patients	80	1	36	0	6	123	0
1/1/2015 to 12/31/2015	59.2%	2.3%	35.6%	0.7%	2.2%	100.0%	0.0%
Net Revenue	\$2,144,485	\$81,580	\$1,290,148	\$25,119	\$79,192	\$3,620,524	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	1	Hispanic Latino Patients:	6
15-44 yr	12	5	17	Native American/ Indian:	0	Non-Hispanic Latino Patient	117
45-64 yr	21	13	34	Black/ African American :	112	Unknown Ethnicity Patients	0
65-74 yr	22	17	39	Hawaiian /Pacific Islande	0	TOTAL:	123
75 < yrs	12	21	33	White:	10		
Total	67	56	123	Unknown :	0		
				TOTAL:	123		

Fresenius Medical Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care. Many of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburses at rates more similar to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance.

Source: Data based on 2016 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name:	Fresenius Kidney Care Hazel Crest	Legal Entity Operator:	Fresenius Medical Care Chicagoland, LLC
Address:	1754 E. Carriageway Drive	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Rockford 550, LLC
HSA:	7	Other Ownership:	
Medicare ID:	14-2607	Medical Director Name:	Vijaykumar Rao, MD
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Registered Nurse :	3.5
Peak Authorized Stations Operated:	16	Dialysis Technician :	10
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	0.8
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.8
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	1.5

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	18	13	18	14	18	13
Number of Patients Treated	0	43	30	45	31	45	30

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	88	In-Center Treatments in calendar year:	11,962
Patients treated as of 12/31/2017: (Ending patients)	77	Number of Missed Treatments:	184
Total Unduplicated patients treated in calendar year:	117	Average Daily Treatments:	0.0
		Average Treatment Time (min):	270.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	16	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	12	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	80%
Patients Re-Started:	0	Patients transferred out:	22	Use Rate (including Missed Treatments):	81%
Post-Transplant Patient	1	Patients voluntarily discontinued:	4	Use Rate (Beginning patients treated):	92%
Total:	29	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	80%
		Patients deceased:	12		
		Total:	40		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	65.0%	2.6%	29.1%	0.0%	3.4%	100.0%	0.0%
Patients	76	3	34	0	4	117	0
1/1/2016 to 12/31/2016	52.0%	1.8%	43.6%	0.3%	2.3%	100.0%	0.0%
Net Revenue	\$1,633,353	\$57,770	\$1,370,716	\$8,115	\$73,186	\$3,143,140	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	6
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	111
15-44 yr	7	4	11	Black/ African American :	104	Unknown Ethnicity Patients	0
45-64 yr	27	16	43	Hawaiian /Pacific Islander	0	TOTAL:	117
65-74 yr	17	14	31	White:	12		
75 < yrs	10	22	32	Unknown :	0		
Total	61	56	117	TOTAL:	117		

• Fresenius Kidney Care does not hold long term debt on any Illinois dialysis location balance sheet. Fresenius Medical Care does not, as a for-profit corporation, provide charity care under the Board's definition of same; however, it treats all patients regardless of ability to pay and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois was approximately \$3,000,000. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients Fresenius treated in 2017 were covered by either Medicaid or a managed Medicaid insurance. • Patient counts are from 2017 and financial data was obtained from 2016 Audited Financial Statements.

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name:	Fresenius Kidney Care Hazel Crest	Legal Entity Operator:	FRESENIUS MEDICAL CARE CHICAGOLAND,LLC
Address:	17524 Carriageway	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Rockford 550, LLC
HSA:	7	Other Ownership:	
Medicare ID:	14-2607	Medical Director Name:	VIJAYKUMAR ROA, MD
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Registered Nurse :	4
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	1
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	17	12	17	12	17	12	0
Number of Patients Treated	42	27	42	27	42	27	0

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	78	In-Center Treatments in calendar year:	11,376
Patients treated as of 12/31/2018: (Ending patients)	70	Number of Missed Treatments:	16
Total Unduplicated patients treated in calendar year:	108	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	37	Recovered patients:	2	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	76%
Patients Re-Started:	0	Patients transferred out:	241	Use Rate (including Missed Treatments):	76%
Post-Transplant Patient	1	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	81%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	73%
		Patients deceased:	3		
		Total:	246		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patients	62.0%	2.8%	30.6%	0.9%	3.7%	100.0%	0.0%
	67	3	33	1	4	108	0
1/1/2017 to 12/31/2017	47.7%	1.6%	47.2%	0.1%	3.4%	100.0%	0.0%
Net Revenue	\$2,010,986	\$68,385	\$1,989,792	\$5,532	\$141,507	\$4,216,202	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	1	Hispanic Latino Patients:	4
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	97
15-44 yr	7	5	12	Black/ African American :	73	Unknown Ethnicity Patients	7
45-64 yr	25	18	43	Hawaiian /Pacific Islander	0	TOTAL:	108
65-74 yr	14	9	23	White:	28		
75 < yrs	13	17	30	Unknown :	6		
Total	59	49	108	TOTAL:	108		

1. Fresenius Medical Care North America (FMCNA) does not hold long term debt on any Illinois dialysis location balance sheet. 2. FMCNA is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, FMCNA provides care to patients who do not qualify for any type of coverage for dialysis services, and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois in 2017 was approximately \$4,000,000. 3. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients FMCNA treated in 2018 were covered by either Medicaid or a managed Medicaid insurance. 4. Patient information is from 2018. 5. Financial data was obtained from 2017 Audited Financial Statements

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name:	Fresenius Kidney Care Hazel Crest	Legal Entity Operator:	Fresenius Medical Care Chicagoland, LLC
Address:	17524 Carriageway	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Realty Income Illinois Properties
HSA:	7	Other Ownership:	
Medicare ID:	14-2607	Medical Director Name:	Vijaykumar Rao, MD
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	16	Full-Time Work Week:	32
Certified Stations by CMS:	16	Registered Nurse :	2.5
Peak Authorized Stations Operated:	16	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	16	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	2

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	17	14	17	14	0	17
Number of Patients Treated	25	38	28	40	29	0	39

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	69	In-Center Treatments in calendar year:	10,267
Patients treated as of 12/31/2019: (Ending patients)	72	Number of Missed Treatments:	337
Total Unduplicated patients treated in calendar year:	97	Average Daily Treatments:	0.0
		Average Treatment Time (min):	340.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	25	Recovered patients:	1	Treatment Capacity/year (based on Stations):	14,976
Transient Patients:	8	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	69%
Patients Re-Started:	0	Patients transferred out:	17	Use Rate (including Missed Treatments):	71%
Post-Transplant Patient	0	Patients voluntarily discontinued:	2	Use Rate (Beginning patients treated):	72%
Total:	33	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	75%
		Patients deceased:	9		
		Total:	30		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.1%	1.0%	26.8%	0.0%	2.1%	100.0%	0.0%
Patients	68	1	26	0	2	97	0
1/1/2018 to 12/31/2018	46.0%	1.3%	48.2%	0.2%	4.3%	100.0%	0.0%
Net Revenue	\$2,050,068	\$58,710	\$2,149,053	\$7,112	\$189,820	\$4,454,763	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	1	Hispanic Latino Patients:	3
15-44 yr	7	5	12	Native American/ Indian:	0	Non-Hispanic Latino Patient	85
45-64 yr	24	16	40	Black/ African American :	64	Unknown Ethnicity Patients:	9
65-74 yr	11	8	19	Hawaiian /Pacific Islander	0	TOTAL:	97
75 < yrs	10	16	26	White:	23		
Total	52	45	97	Unknown :	9		
				TOTAL:	97		

1. Fresenius Medical Care North America (FMCNA) does not hold long term debt on any Illinois dialysis location balance sheet. 2. FMCNA is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the CON Board's definition. However, FMCNA provides care to patients who do not qualify for any type of coverage for dialysis services, and thus does provide uncompensated care. The cost of providing uncompensated care in Illinois in 2018 was approximately \$4,700,000. 3. Most of our Medicaid patients have moved to managed care "Medicaid Risk" programs which reimburse at rates comparable to Medicaid and Medicare, however these patients/revenues are accounted for under Private Insurance. Approximately 9% of the Illinois hemodialysis patients FMCNA treated in 2019 were covered by either Medicaid or a managed Medicaid insurance. 4. Patient information is from 2019. 5. Financial data was obtained from 2018 Audited Financial Statements.

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name:	Davita Hazel Crest	Legal Entity Operator:	ISD Renal Inc AKA DSI Renal Inc
Address:	3470 W. 183rd Street	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	Resolution Property Services
HSA:	7	Other Ownership:	
Medicare ID:	14-2622	Medical Director Name:	Dr. Daniel Yohay
		Provides Incenter Nocturnal Dialysis:	☒

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	20	Full-Time Work Week:	40
Certified Stations by CMS:	20	Registered Nurse :	4
Peak Authorized Stations Operated:	20	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	1

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	21	16	21	16	21	16
Number of Patients Treated	0	52	39	53	35	59	38

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	105	In-Center Treatments in calendar year:	14,231
Patients treated as of 12/31/2017: (Ending patients)	104	Number of Missed Treatments:	283
Total Unduplicated patients treated in calendar year:	216	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	42	Recovered patients:	3	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	19	Transplant Recipients:	5	Use Rate (Treatments/Treatment capacity):	76%
Patients Re-Started:	0	Patients transferred out:	31	Use Rate (including Missed Treatments):	78%
Post-Transplant Patient	1	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	88%
Total:	62	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	87%
		Patients deceased:	10		
		Total:	49		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	62.2%
Patients	0	5691	0	0	0	5691	3540

1/10/2017 to 12/31/2017

Net Revenue	\$0
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<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	6
15-44 yr	19	10	29	Native American/ Indian:	0	Non-Hispanic Latino Patient	158
45-64 yr	40	22	62	Black/ African American :	150	Unknown Ethnicity Patients	0
65-74 yr	20	18	38	Hawaiian /Pacific Islande	0	TOTAL:	164
75 < yrs	18	17	35	White:	14		
Total	97	67	164	Unknown :	0		
				TOTAL:	164		

3/10/2017 - Added 1 station to existing facility; Facility now has 20 ESRD stations.

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name:	Davita Hazel Crest	Legal Entity Operator:	ISD Renal Inc AKA DSI Renal Inc
Address:	3470 W 183rd St	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	Resolution Property Services
HSA:	7	Other Ownership:	
Medicare ID:	14-2622	Medical Director Name:	Dr. Daniel Yohay
		Provides Incenter Nocturnal Dialysis:	☒

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	20	Full-Time Work Week:	40
Certified Stations by CMS:	20	Registered Nurse :	5
Peak Authorized Stations Operated:	20	Dialysis Technician :	9
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	1
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	21	14	21	14	21	14	
Number of Patients Treated	56	42	50	41	54	38	

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	97	In-Center Treatments in calendar year:	14,067
Patients treated as of 12/31/2018: (Ending patients)	100	Number of Missed Treatments:	32
Total Unduplicated patients treated in calendar year:	149	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	38	Recovered patients:	1	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	19	Transplant Recipients:	3	Use Rate (Treatments/Treatment capacity):	75%
Patients Re-Started:	11	Patients transferred out:	32	Use Rate (including Missed Treatments):	75%
Post-Transplant Patient	1	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	81%
Total:	69	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	83%
		Patients deceased:	11		
		Total:	47		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	69.1%	10.1%	14.1%	0.0%	6.7%	100.0%	0.0%
Patients	103	15	21	0	10	149	0

1/1/2018 to 12/31/2018	
Net Revenue	\$2,562,078 \$39,022 \$2,345,368 \$133,181 \$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	8
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	141
15-44 yr	17	7	24	Black/ African American :	123	Unknown Ethnicity Patients	0
45-64 yr	43	21	64	Hawaiian /Pacific Islande	0	TOTAL:	149
65-74 yr	11	15	26	White:	26		
75 < yrs	19	16	35	Unknown :	0		
Total	90	59	149	TOTAL:	149		

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name:	DaVita Hazel Crest Dialysis	Legal Entity Operator:	ISD Renal Inc. aka DSI Renal Inc
Address:	3470 W 183rd St	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	For Profit Corporation
County:	Cook	Property Owner:	Resolution Property Services
HSA:	7	Other Ownership:	
Medicare ID:	14-2622	Medical Director Name:	Dr. Daniel Yohay
		Provides Incenter Nocturnal Dialysis:	☒

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	20	Full-Time Work Week:	40
Certified Stations by CMS:	20	Registered Nurse :	4
Peak Authorized Stations Operated:	20	Dialysis Technician :	8
Authorized Stations Setup and Staffed in Oct 1-7:	20	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	1
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	16	21	16	21	16	0	16
Number of Patients Treated	28	48	23	47	30	0	47

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	92	In-Center Treatments in calendar year:	9,910
Patients treated as of 12/31/2019: (Ending patients)	80	Number of Missed Treatments:	56
Total Unduplicated patients treated in calendar year:	145	Average Daily Treatments:	0.0
		Average Treatment Time (min):	240.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	11	Recovered patients:	1	Treatment Capacity/year (based on Stations):	18,720
Transient Patients:	14	Transplant Recipients:	6	Use Rate (Treatments/Treatment capacity):	53%
Patients Re-Started:	0	Patients transferred out:	24	Use Rate (including Missed Treatments):	53%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	77%
Total:	25	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	67%
		Patients deceased:	14		
		Total:	45		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	73.6%	9.7%	12.5%	0.0%	4.2%	100.0%	0.7%
Patients	106	14	18	0	6	144	1
1/1/2019 to 12/31/2019	40.7%	0.8%	33.9%	0.0%	24.6%	100.0%	0.4%
Net Revenue	\$1,715,843	\$32,492	\$1,430,206	\$0	\$1,037,296	\$4,215,837	\$15,840

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	9
15-44 yr	17	6	23	Native American/ Indian:	0	Non-Hispanic Latino Patient	135
45-64 yr	39	17	56	Black/ African American :	117	Unknown Ethnicity Patients:	1
65-74 yr	15	15	30	Hawaiian /Pacific Islander	0	TOTAL:	145
75 < yrs	20	16	36	White:	27		
Total	91	54	145	Unknown :	1		
				TOTAL:	145		

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name:	Dialysis Care Center- Hazel Crest	Legal Entity Operator:	Dialysis Care Center Hazel Crest, LLC
Address:	18325 Pulaski Road	Legal Entity Owner:	
City:	Hazel Crest	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Keystone Trust DBA National Shopping
HSA:	7	Other Ownership:	
Medicare ID:	14-2865	Medical Director Name:	Dr. Hashmi
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	14	Full-Time Work Week:	40
Certified Stations by CMS:	14	Registered Nurse :	1
Peak Authorized Stations Operated:	14	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	0	Dietician :	0.25
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.25
Number of Shifts Operated per day		LPN :	0
		Other Health :	0.5
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	12	0	12	0	0	12
Number of Patients Treated	0	22	0	23	0	0	23

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	0	In-Center Treatments in calendar year:	205
Patients treated as of 12/31/2019: (Ending patients)	15	Number of Missed Treatments:	0
Total Unduplicated patients treated in calendar year:	15	Average Daily Treatments:	0.0
		Average Treatment Time (min):	225.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	14	Recovered patients:	0	Treatment Capacity/year (based on Stations):	13,104
Transient Patients:	1	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	2%
Patients Re-Started:	0	Patients transferred out:	1	Use Rate (including Missed Treatments):	2%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	0%
Total:	15	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	18%
		Patients deceased:	1		
		Total:	2		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	75.9%	7.4%	16.7%	0.0%	0.0%	100.0%	0.0%
Patients	41	4	9	0	0	54	0
6/1/2019 to 12/31/2019	98.0%	2.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$41,397	\$846	\$0	\$0	\$0	\$42,244	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	1
15-44 yr	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	5
45-64 yr	5	2	7	Black/ African American :	4	Unknown Ethnicity Patients:	10
65-74 yr	3	0	3	Hawaiian /Pacific Islander	0	TOTAL:	16
75 < yrs	4	2	6	White:	2		
Total	12	4	16	Unknown :	10		
				TOTAL:	16		

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

Chicago Heights DaVita Dialysis
 17 W. Joe Orr Road
 Chicago Heights, Illinois 60411
 Attn: Dr. Preeti Nagarkatte

Re: Discontinuation of ESRD Facility

Dear Dr. Nagarkatte:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

During calendar years 2016 through 2019, the facility treated patients in the volumes set forth below:

Utilization by Year of ESRD Services				
	2016	2017	2018	2019
Dialysis Care Center Vollmer, LLC*	35%	33%	37%	31%
Currently Operating as Concerto Dialysis, LLC				

Please contact me in writing if you have any questions. Thank you for your attention to this matter.

Sincerely,

Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

Fresenius Kidney Care Chicago Heights
 15 E. Independence Drive
 Chicago Heights, Illinois 60411
 Attn: Dr. Rizwan Moinuddin

Re: Discontinuation of ESRD Facility

Dear Dr. Moinuddin:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Sincerely,

Asim M. Shazzad
Chief Operating Officer
Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

Dialysis Care Center - Olympia Fields
 3322 Vollmer Road, Suite C
 Olympia Fields, Illinois 60461
 Attn: Dr. Tauseef Sarguroh

Re: Discontinuation of ESRD Facility

Dear Dr. Sarguroh:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Sincerely,

Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

Fresenius Kidney Care South Suburban
 2609 W. Lincoln Highway
 Olympia Fields, Illinois 60461
 Attn: Dr. Lourdes Terrado

Re: Discontinuation of ESRD Facility

Dear Dr. Terrado:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Sincerely,

Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

DaVita Olympia Fields Dialysis
 4557 Lincoln Highway
 Matteson, Illinois 60443
 Attn: Dr. Edwin Cook

Re: Discontinuation of ESRD Facility

Dear Dr. Cook:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Currently Operating as Concerto Dialysis, LLC				

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Sincerely,

Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

Fresenius Kidney Care Hazel Crest
 17524 E. Carriageway Drive
 Hazel Crest, Illinois 60429
 Attn: Dr. Vijaykumar Rao

Re: Discontinuation of ESRD Facility

Dear Dr. Rao:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Currently Operating as Concerto Dialysis, LLC				

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Sincerely,

Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

DaVita Hazel Crest Dialysis
 3470 W. 183rd Street
 Hazel Crest, Illinois 60429
 Attn: Dr. Daniel Yohay

Re: Discontinuation of ESRD Facility

Dear Dr. Yohay:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Currently Operating as Concerto Dialysis, LLC				

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Sincerely,

Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10
Impact on Access Notification Letter



January 7, 2021

Dialysis Care Center - Hazel Crest
 18325 Pulaski Road
 Hazel Crest, Illinois 60429
 Attn: Dr. Hashmi

Re: Discontinuation of ESRD Facility

Dear Dr. Hashmi:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with Illinois Health Facilities and Services Review Board ("HFSRB") regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the existing 9 stations at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the re-located site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

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Currently Operating as Concerto Dialysis, LLC				

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Sincerely,

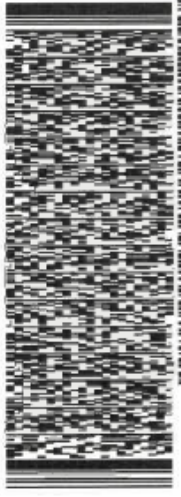
Asim M. Shazzad
 Chief Operating Officer
 Dialysis Care Center Vollmer, LLC

ATTACHMENT 10

Impact on Access Notification Letter FedEx Mail Receipts

1/15/2021

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ORIGIN ID: ENLA (700) 737-7740 ASIS SHIPZARD KIDNEY CARE CENTER 15901 S. BELL RD. HOMER GLEN, IL 60401 UNITED STATES US		SHIP DATE: 15JAN21 ACT MSG: CALD: 113823000NET4280 BILL SENDER
TO: DR. PREETI NAGARKATTE CHICAGO HEIGHTS DAVITA DIALYSIS 17 W. JOE ORR ROAD CHICAGO HEIGHTS IL 60411 (708) 645-1000 REF: DEPT:		
 		
TRK# 7826 6620 5740 0261 79 JOTA  IL-US 60411 ORD	TUE - 19 JAN 10:30A MORNING 2DAY	

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ATTACHMENT 10

Impact on Access Notification Letter FedEx Mail Receipts

1/15/2021

FedEx Ship Manager - Print Your Label(s)

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TO DR. LOURDES TERRADO FRESENIUS KIDNEY CARE SOUTH SUBURBA 2609 W. LINCOLN HIGHWAY OLYMPIA FIELDS IL 60461 (700) 645-1000 REF:		
PO: DEPT:		
		
		
TRK# 7826 6601 5090 79 JOTA IL-US 60461 ORD	TUE - 19 JAN 10:30A MORNING 2DAY	

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TO DR. RIZWAN MOINUDDIN FRESSENIUS KIDNEY CARE CHICAGO HEIGH 15 E. INDEPENDENCE DRIVE CHICAGO HEIGHTS IL 60411 (708) 645-1000 REF: INV: PO: DEPT:		
		
		
TRK# 7826 6578 4417 0201 79 JOTA IL-US ORD 60411	TUE - 19 JAN 10:30A MORNING 2DAY	
		

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Impact on Access Notification Letter FedEx Mail Receipts

1/15/2021

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TO: DR. TAUSEEF SARGUROH DIALYSIS CARE CENTER OLYMPIA FIELDS 3322 VOLLMER RD SUITE C OLYMPIA FIELDS IL 60461 (708) 945-1000 REF:		
TRK# 7826 6534 5441 79 JOTA 60461 IL-US ORD		
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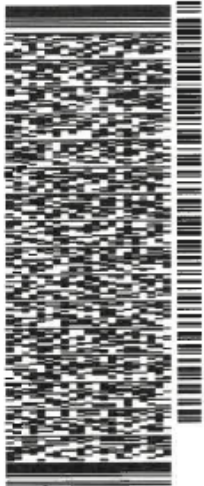
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Impact on Access Notification Letter FedEx Mail Receipts

1/15/2021

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TO: DR. EDWIN COOK DAVITA OLYMPIA FIELDS DIALYSIS 4557 LINCOLN HIGHWAY MATTESON IL 60443 (708) 645-1000 REF:		
PO: DEPT:		
		
		
TRK# 7826 6494 9480 0201	TUE - 19 JAN 10:30A MORNING 2DAY	60443 ORD IL-US
		
79 JOTA		

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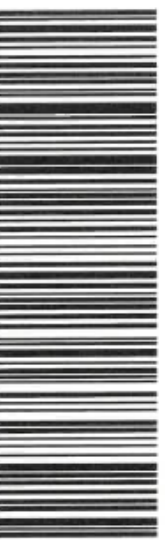
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Impact on Access Notification Letter FedEx Mail Receipts

1/15/2021

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TO DR. HASHMI DIALYSIS CARE CENTER HAZEL CREST 18325 PULASKI RD.		
HAZEL CREST IL 60429 (708) 645-1000 REF: INV/ PO: DEPT:		
		
		
56BU1113GB796		
TRK# 7826 6466 0947 0201 79 JOTA IL-US 60429 ORD	TUE - 19 JAN 10:30A MORNING 2DAY	
		

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TO: DR. DANIEL YOHAY DAVITA HAZEL CREST DIALYSIS 3470 W. 183RD. STREET HAZEL CREST IL 60429 (708) 645-1000 REF:		
DEPT: PO:		
		
TRK# 7826 6436 7380 0201		
TUE - 19 JAN 10:30A MORNING 2DAY		
79 JOTA IL-US 60429 ORD		
		

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3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

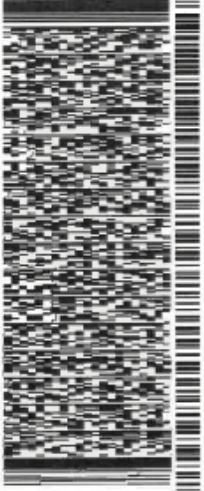
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

ATTACHMENT 10

Impact on Access Notification Letter FedEx Mail Receipts

1/15/2021

FedEx Ship Manager - Print Your Label(s)

ORIGIN DEST (708) 737-7748 ASHA SHAZAD DIALYSIS CARE CENTER 15801 S. BELL RD. HOMER GLEN IL 60401 UNITED STATES		SHIP DATE 15JAN21 ACT WGT CD 113823008/NET4280 BILL SENDER
TO DR. VIJAYKUMAR RAO FRESENIUS KIDNEY CARE HAZEL CREST 17527 W. CARRIAGEWAY DRIVE HAZEL CREST IL 60429 (708) 945-1000 REF: PO: DEPT:		
		
		
TRK# 7826 6395 4439 (0201)	TUE - 19 JAN 10:30A MORNING 2DAY	79 JOTA IL-US 60429 ORD
		

56BJ1/1136/9765

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2016**Ownership, Management and General Information**

Name:	Concerto Dialysis LLC	Legal Entity Operator:	Concerto Dialysis LLC
Address:	14255 Cicero Avenue	Legal Entity Owner:	
City:	Crestwood	Ownership Type:	Limited Liability Company
County:	Cook	Property Owner:	Eclipse Kensington Properties LLC
HSA:	7	Other Ownership:	
Medicare ID:	14-2655	Medical Director Name:	Suresh Samson
		Provides Incenter Nocturnal Dialysis:	☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2016:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	3
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0.2
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	9	Social Worker:	0.2
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	0	15	0	15	0	15
Number of Patients Treated	0	0	20	0	19	0	18

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2016: (Beginning patients)	21	In-Center Treatments in calendar year:	3,114
Patients treated as of 12/31/2016: (Ending patients)	19	Number of Missed Treatments:	270
Total Unduplicated patients treated in calendar year:	29	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	7	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	37%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	40%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	39%
Total:	7	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	35%
		Patients deceased:	0		
		Total:	10		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	86.2%	6.9%	6.9%	0.0%	0.0%	100.0%	0.0%
Patients	25	2	2	0	0	29	0
1/1/2016 to 12/31/2016	77.2%	8.9%	13.9%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$696,828	\$80,686	\$125,653	\$0	\$0	\$903,167	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL	Asian Patients:	0	Hispanic Latino Patients:	0
<15 yrs	0	0	0	Native American/ Indian:	0	Non-Hispanic Latino Patient	29
15-44 yr	2	2	4	Black/ African American :	22	Unknown Ethnicity Patients	0
45-64 yr	5	4	9	Hawaiian /Pacific Islande	0	TOTAL:	29
65-74 yr	4	4	8	White:	7		
75 < yrs	6	2	8	Unknown :	0		
Total	17	12	29	TOTAL:	29		

Source: Data based on 2016 Annual ESRD Questionnaire administered on behalf of Illinois Department of Public Health, Health Systems Development.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2017**Ownership, Management and General Information**

Name: Concerto Dialysis, LLC
 Address: 14255 Cicero Ave
 City: Crestwood
 County: Cook
 HSA: 7
 Medicare ID: 14-2655

Legal Entity Operator: Concerto Dialysis, LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Symphony of Crestwood
 Other Ownership:
 Medical Director Name: Suresh Samson, MD
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2017:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)		Social Worker:	0
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	0	14	5	14	5	14	5
Number of Patients Treated	0	13	0	13	1	16	1

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2017: (Beginning patients)	14	In-Center Treatments in calendar year:	2,814
Patients treated as of 12/31/2017: (Ending patients)	18	Number of Missed Treatments:	246
Total Unduplicated patients treated in calendar year:	30	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	32	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	0	Patients transferred out:	22	Use Rate (including Missed Treatments):	36%
Post-Transplant Patient	0	Patients voluntarily discontinued:	1	Use Rate (Beginning patients treated):	26%
Total:	32	Patients lost to follow up:	1	Use Rate (Year end Patients/Stations*6):	33%
		Patients deceased:	1		
		Total:	25		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	70.0%	3.3%	26.7%	0.0%	0.0%	100.0%	0.0%
Patients	21	1	8	0	0	30	0
1/1/2017 to 12/31/2017	72.4%	5.0%	22.1%	0.6%	0.0%	100.0%	0.0%
Net Revenue	\$564,036	\$38,729	\$172,282	\$4,323	\$0	\$779,370	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	1
15-44 yr	2	2	4	Native American/ Indian:	0	Non-Hispanic Latino Patient	29
45-64 yr	3	6	9	Black/ African American :	19	Unknown Ethnicity Patients	0
65-74 yr	7	3	10	Hawaiian /Pacific Islander	0	TOTAL:	30
75 < yrs	3	4	7	White:	8		
Total	15	15	30	Unknown :	3		
				TOTAL:	30		

Source: Data based on 2017 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2018**Ownership, Management and General Information**

Name: Concerto Dialysis LLC
 Address: 14255 Cicero Ave.
 City: Crestwood
 County: Cook
 HSA: 7
 Medicare ID: 14-2655

Legal Entity Operator: Concerto Dialysis LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Symphony of Crestwood
 Other Ownership:
 Medical Director Name: Suresh Samson, M.D.
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2018:	9	Full-Time Work Week:	40
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	0.2
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	0.2
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2017

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	14	0	14	0	14	0	0
Number of Patients Treated	16	0	19	0	20	0	0

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2018: (Beginning patients)	12	In-Center Treatments in calendar year:	2,755
Patients treated as of 12/31/2018: (Ending patients)	20	Number of Missed Treatments:	737
Total Unduplicated patients treated in calendar year:	28	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	16	Recovered patients:	3	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	0	Transplant Recipients:	1	Use Rate (Treatments/Treatment capacity):	33%
Patients Re-Started:	0	Patients transferred out:	10	Use Rate (including Missed Treatments):	41%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	22%
Total:	16	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	37%
		Patients deceased:	4		
		Total:	18		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
	85.3%	11.8%	2.9%	0.0%	0.0%	100.0%	0.0%
Patients	29	4	1	0	0	34	0
1/1/2018 to 12/31/2018	89.5%	9.7%	0.7%	0.0%	0.0%	100.0%	0.0%
Net Revenue	\$736,136	\$80,012	\$5,896	\$0	\$0	\$822,044	\$0

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	0
15-44 yr	4	1	5	Native American/ Indian:	0	Non-Hispanic Latino Patient	30
45-64 yr	4	4	8	Black/ African American :	27	Unknown Ethnicity Patients	4
65-74 yr	7	9	16	Hawaiian /Pacific Islande	0	TOTAL:	34
75 < yrs	4	1	5	White:	3		
Total	19	15	34	Unknown :	4		
				TOTAL:	34		

Source: Data based on 2018 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.

END STAGE RENAL DIALYSIS - FACILITY PROFILE 2019**Ownership, Management and General Information**

Name: Concerto Dialysis LLC
 Address: 14255 S. Cicero Ave.
 City: Crestwood
 County: Cook
 HSA: 7
 Medicare ID: 14-2655

Legal Entity Operator: Concerto Dialysis LLC
 Legal Entity Owner:
 Ownership Type: Limited Liability Company
 Property Owner: Symphony of Crestwood
 Other Ownership:
 Medical Director Name: Suresh Samson, M.D.
 Provides Incenter Nocturnal Dialysis: ☐

<u>STATION INFORMATION</u>		<u>FACILITY STAFFING - FULL TIME EQUIVALENTS</u>	
Authorized Stations as of 12/31/2019:	9	Full-Time Work Week:	36
Certified Stations by CMS:	9	Registered Nurse :	1
Peak Authorized Stations Operated:	9	Dialysis Technician :	2
Authorized Stations Setup and Staffed in Oct 1-7:	9	Dietician :	1
Isolation Stations Set up in Oct 1-7: (subset of authorized stations)	0	Social Worker:	1
Number of Shifts Operated per day		LPN :	0
		Other Health :	0
		Other Non-Health:	0

Dialysis Station Utilization for the Week of Oct 1 - 7, 2019

Date of Operation	Oct 1	Oct 2	Oct 3	Oct 4	Oct 5	Oct 6	Oct 7
Hours operated	12	12	12	12	12	12	0
Number of Patients Treated	10	19	8	19	6	0	19

Facility Utilization Information

<u>Facility Reported Patient Information</u>		<u>Facility Reported Treatment Information</u>	
Patients treated as of 1/1/2019: (Beginning patients)	20	In-Center Treatments in calendar year:	2,719
Patients treated as of 12/31/2019: (Ending patients)	17	Number of Missed Treatments:	354
Total Unduplicated patients treated in calendar year:	43	Average Daily Treatments:	0.0
		Average Treatment Time (min):	210.0

<u>PATIENT ADDITIONS</u>		<u>PATIENT LOSSES</u>		<u>USE RATE for the FACILITY</u>	
New Patients:	27	Recovered patients:	0	Treatment Capacity/year (based on Stations):	8,424
Transient Patients:	11	Transplant Recipients:	0	Use Rate (Treatments/Treatment capacity):	32%
Patients Re-Started:	0	Patients transferred out:	27	Use Rate (including Missed Treatments):	36%
Post-Transplant Patient	0	Patients voluntarily discontinued:	0	Use Rate (Beginning patients treated):	37%
Total:	38	Patients lost to follow up:	0	Use Rate (Year end Patients/Stations*6):	31%
		Patients deceased:	3		
		Total:	30		

Patients and Net Revenue by Payor Source

	Medicare	Medicaid	Private Insurance	Private Pay	Other Public	TOTAL	Charity Care
Patients	34	7					2
1/1/2019to 12/31/2019							
Net Revenue	\$719,684	\$124,182					\$600

<u>Patients by Age and Sex</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
AGE GROUPS	MALE	FEMALE	TOTAL				
<15 yrs	0	0	0	Asian Patients:	0	Hispanic Latino Patients:	4
15-44 yr	3	1	4	Native American/ Indian:	0	Non-Hispanic Latino Patient	39
45-64 yr	10	7	17	Black/ African American :	31	Unknown Ethnicity Patients:	0
65-74 yr	3	7	10	Hawaiian /Pacific Islander	0	TOTAL:	43
75 < yrs	7	5	12	White:	12		
Total	23	20	43	Unknown :	0		
				TOTAL:	43		

* On the bottom of page 4, in Section 1, we responded that during CY 2019 we ran 3 shifts on Monday, Wednesday, and Friday, and none the other days of the week. However, when asked to report the hours and number of patients during a specific week in early October, you will note that we did run shifts and treated patients on most of the days that week, including Tuesday, Thursday, and Saturday. Please note that this discrepancy was caused by our taking on patients from another program for only that week and the following week, as this other program was not able to service its patients due to construction. Aside from this exception, during the first 2 weeks of October, we did not otherwise service patients aside from MWF.

Source: Data based on 2019 Annual ESRD Questionnaire administered by the Illinois Department of Public Health.



December 28, 2020

Ngozi O. Ezike, M.D.
Director
Illinois Department of Public Health
535 W Jefferson Street
Springfield, IL 62761

Re: Dialysis Care Center Vollmer, LLC- Discontinuation and Relocation

Dear Director Ezike:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the 9 existing station at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the relocated site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

Please contact me if you have any questions. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Asim M. Shazzad'.

Asim M. Shazzad
Chief Operating Officer
Dialysis Care Center Vollmer, LLC



December 28, 2020

Ngozi O. Ezike, M.D.
Director
Illinois Department of Public Health
535 W Jefferson Street
Springfield, IL 62761

Re: Dialysis Care Center Vollmer, LLC- Discontinuation and Relocation

Dear Director Ezike:

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the 9 existing station at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the relocated site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

Please contact me if you have any questions. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Asim M. Shazzad'.

Asim M. Shazzad
Chief Operating Officer
Dialysis Care Center Vollmer, LLC



December 28, 2020

Hon. Emil Jones, III
State Senator, 40th District
Illinois General Assembly
507 West 111th Street
Chicago, IL 60628

Re: Dialysis Care Center Vollmer, LLC- Discontinuation and Relocation

Dear Senator Jones

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the 9 existing station at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the relocated site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

Please contact me if you have any questions. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Asim M. Shazzad', is written over a horizontal line.

Asim M. Shazzad
Chief Operating Officer
Dialysis Care Center Vollmer, LLC



December 28, 2020

Hon. Robert Rita
State Representative 14th District
Illinois General Assembly
2355 West York Street, Suite 1
Blue Island, IL 60406

Re: Dialysis Care Center Vollmer, LLC- Discontinuation and Relocation

Dear Senator Jones

Dialysis Care Center Vollmer located at 14255 South Cicero Avenue, Crestwood, Illinois 60418, is filing a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board regarding the facility's proposed discontinuation and relocation of the ESRD facility. The discontinuation relates to the 9 existing station at the facility and the facility will be discontinued and relocation will occur upon completion of a modernization of the relocated site within HSA 7 at 222 Vollmer Road, First Floor, Chicago Heights, Illinois 60411.

Please contact me if you have any questions. Thank you for your attention to this matter.

Sincerely,

Asim M. Shazzad
Chief Operating Officer
Dialysis Care Center Vollmer, LLC



January 21, 2021

Courtney Avery
Board Administrator
Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Dialysis Care Center Vollmer, LLC

Dear Ms. Avery:

As representative of Dialysis Care Center Vollmer, LLC, I Asim M. Shazzad, affirm that all questionnaires and data required by the Health Facilities and Services Review Board and the Illinois Department of Public Health will be provided through the date of the discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

A handwritten signature in black ink, appearing to read 'Asim M. Shazzad', is written over a horizontal line.

Asim M. Shazzad
Chief Operating Officer
Dialysis Care Center Vollmer, LLC

ATTACHMENT 11
Background of the Applicant

Dialysis Care Center Vollmer, LLC

The discontinuation project is brought by Dialysis Care Center Vollmer, LLC a wholly owned subsidiary of Dialysis Care Center Holdings, LLC. The ownership of Dialysis Care Center Vollmer, LLC is reflected in Attachment 4.

Dialysis Care Center Vollmer, LLC does not directly have an ownership interest in any other health care facility. However, Dialysis Care Center Holdings, LLC which is owned 100% by physician owners does maintain ownership in excess of 5% in multiple other healthcare facilities described in the enclosed certification. The applicants certify that there have been no adverse actions taken during the three (3) years prior to the filing of this Application. A letter certifying to the above information is included with this Attachment.

Dialysis Care Center Holdings, LLC has an interest in multiple Illinois health care facilities currently operating, none of these facilities are licensed by the Illinois Department of Public Health. The facilities include:

Dialysis Care Center Beverly
10801 S. Western Ave., Ste 100
Chicago, IL 60643

Dialysis Care Center Rockford
6940 Villagreen View
Rockford, IL 61107

Dialysis Care Center of Oak Lawn
9115 S. Cicero Ave., Ste 300
Oak Lawn, IL 60453

Dialysis Care Center of Olympia Fields
3322 Vollmer Rd., Ste A
Olympia Fields, IL 60461

Dialysis Care Center of Hazel Crest
18325 Pulaski Road
Hazel Crest, IL 60429

Dialysis Care Center of Evergreen Park
9834 South Kedzie Avenue
Evergreen Park, IL 60805

Dialysis Care Center of Elgin
995 North Randall Road
Elgin, IL 60124

Dialysis Care Center of McHenry
McHenry 612 State Route 31, Ste A
McHenry, IL 60050

ATTACHMENT 11
Background of the Applicant

Dialysis Care Center Holdings, LLC affiliated Illinois health care facilities currently under construction include:

Dialysis Care Center Evergreen Park- Project #18-019
9834 S Kedzie Avenue, First Floor
Evergreen Park, Illinois 60805

Dialysis Care Center Rockford- Project 19-044
1007 Riverside Boulevard
Rockford, Illinois 61103

ATTACHMENT 11
Certification and Authorization Letter



January 7, 2021

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

Dear Ms. Avery:

As representative of Dialysis Care Center Holdings, LLC, and Dialysis Care Center Vollmer, LLC, I, Morufu O. Alausa, MD, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I verify that, Dialysis Care Center Vollmer, LLC, owns no other healthcare facilities and has had no adverse action in the past three (3) years.

I further verify that, Dialysis Care Center Holdings, LLC, owns multiple other healthcare facilities, including:

Dialysis Care Center Beverly
Dialysis Care Center Rockford
Dialysis Care Center of Oak Lawn
Dialysis Care Center of Olympia Fields
Dialysis Care Center Hazel Crest
Dialysis Care Center Evergreen Park
Dialysis Care Center Elgin
Dialysis Care Center McHenry

None of the facilities listed above have had an adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Morufu O. Alausa, MD
Chief Executive Officer and President
Dialysis Care Center Holdings, LLC
Dialysis Care Center Vollmer, LLC

15801 S. Bell Road, Homer Glen, IL 60491 | P 708-645-1000 | F 708-645-1001
www.dccdialysis.com

ATTACHMENT 12

Purpose of the 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.

This project will have no effect on the station inventory of the HSA as it involves the relocation of the facility within the same HSA.

2. Define the planning area or market area, or other relevant area, per the applicant's definition.

Dialysis Care Center Vollmer, LLC is located in Health Service Area ("HSA") 7 in Chicago Heights, Illinois. Under 77 Illinois Admin. Code Section 1100.510(d)(1) the market area is 10 miles surrounding the facility. Within the market area, the following ESRD facilities operate:

Utilization by Year of Hospitals in Market Area and HSA 1

Facility Name	Stations	2016	2017	2018	2019
DaVita Chicago Heights	16	N/A	89%	84%	77%
Fresenius Kidney Care Chicago Heights	12	N/A	4%	49%	69%
Dialysis Care Center of Olympia Fields	12	N/A	N/A	95%	61%
Fresenius Kidney Care South Suburban	27	81%	70%	70%	61%
DaVita Olympia Fields Dialysis Center	24	69%	68%	60%	54%
Fresenius Kidney Care Hazel Crest	16	92%	80%	73%	75%
DaVita Hazel Crest	20	N/A	87%	83%	67%
Dialysis Care Center Hazel Crest*	12	N/A	N/A	N/A	18%

3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.

The existing facility is an underutilized site like and this application is being filed in conjunction with a relocation of the facility within the HSA.

4. Cite the sources of the documentation.

HFSRB Facility Inventory Reports.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

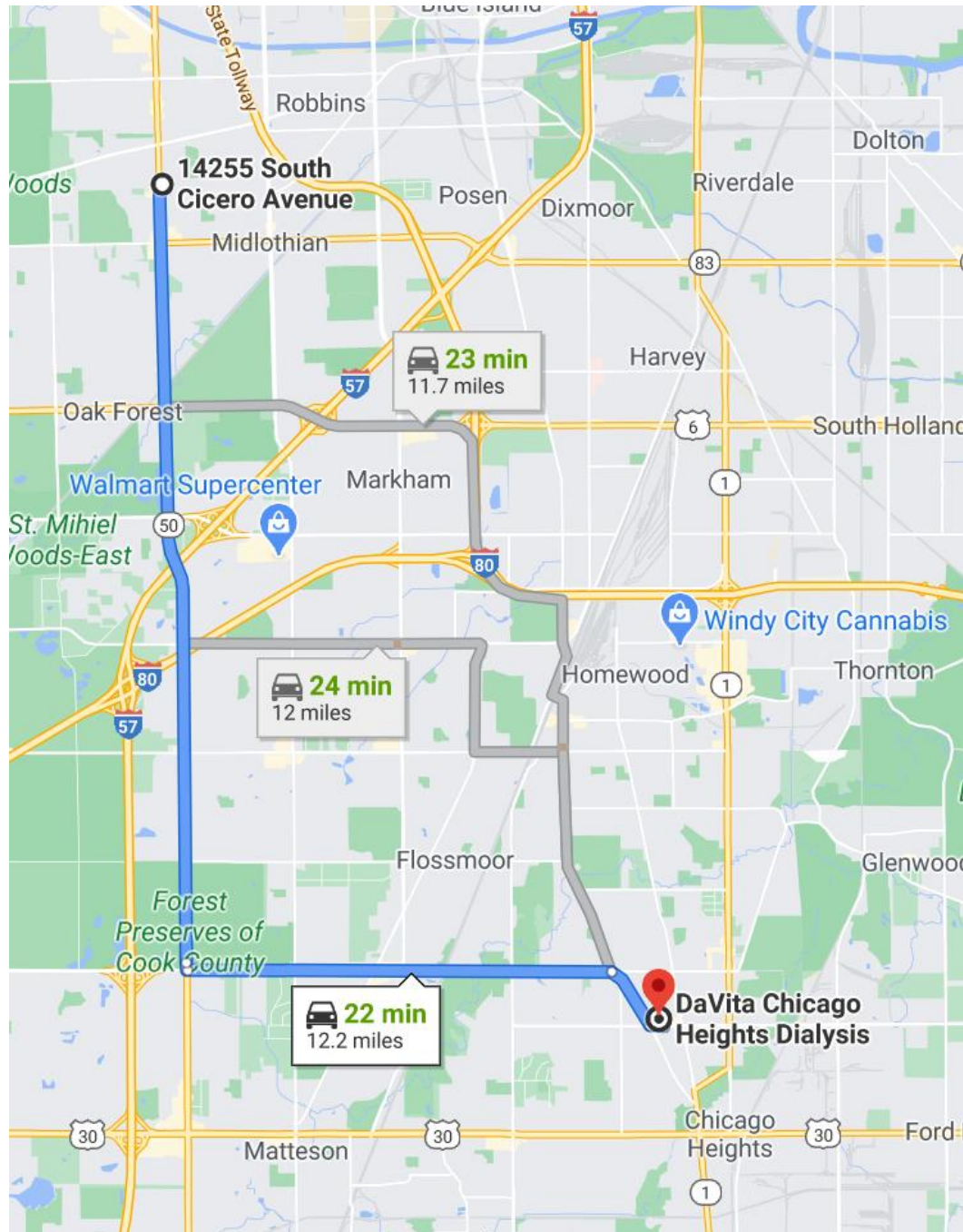
Given the existence of an available underutilized site like this facility located within the Health Service Area and the ability for Dialysis Care Center Vollmer, LLC to better utilize these stations to the benefit of the healthcare community, this project makes sense from a healthcare delivery perspective and will, ultimately, improve access to care within the community by providing additional stability to existing ESRD facilities.

6. *Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.*

The goal of this project is to allow for the orderly transition of patients to the relocated facility within the HSA. The latest date that this transition will be achieved is by the completion date described in this application.

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

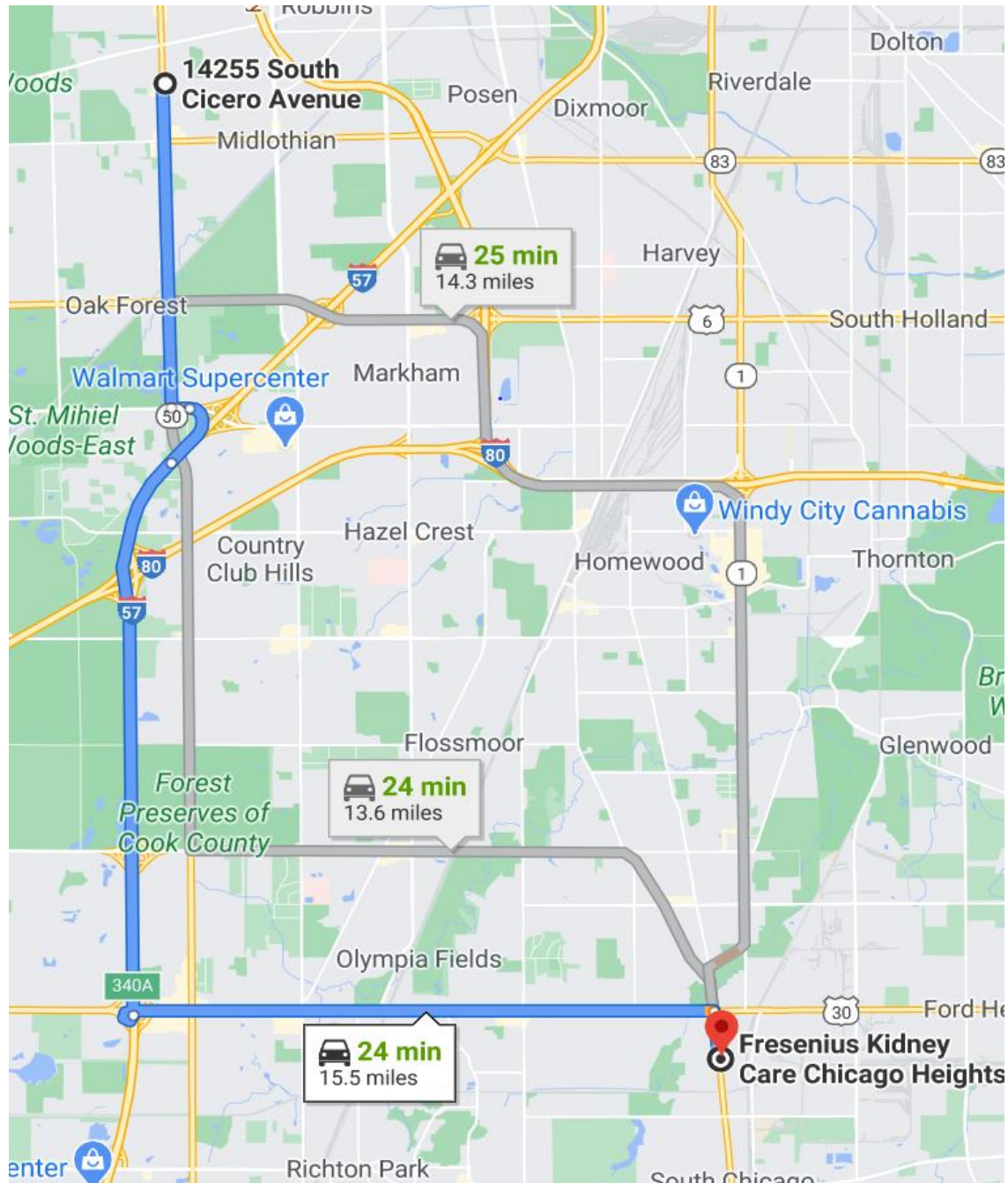
Chicago Heights DaVita Dialysis



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

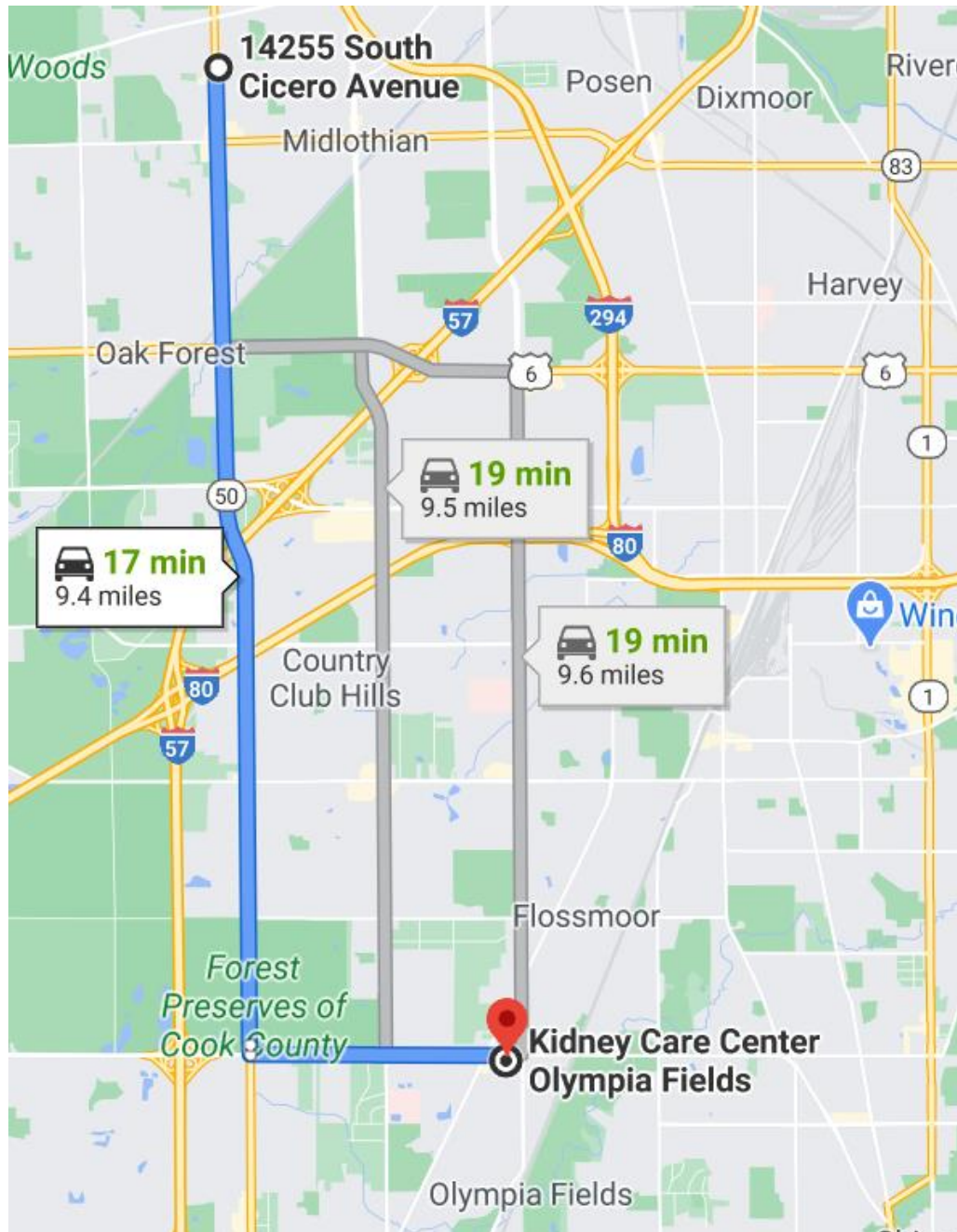
Fresenius Kidney Care Chicago Heights



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

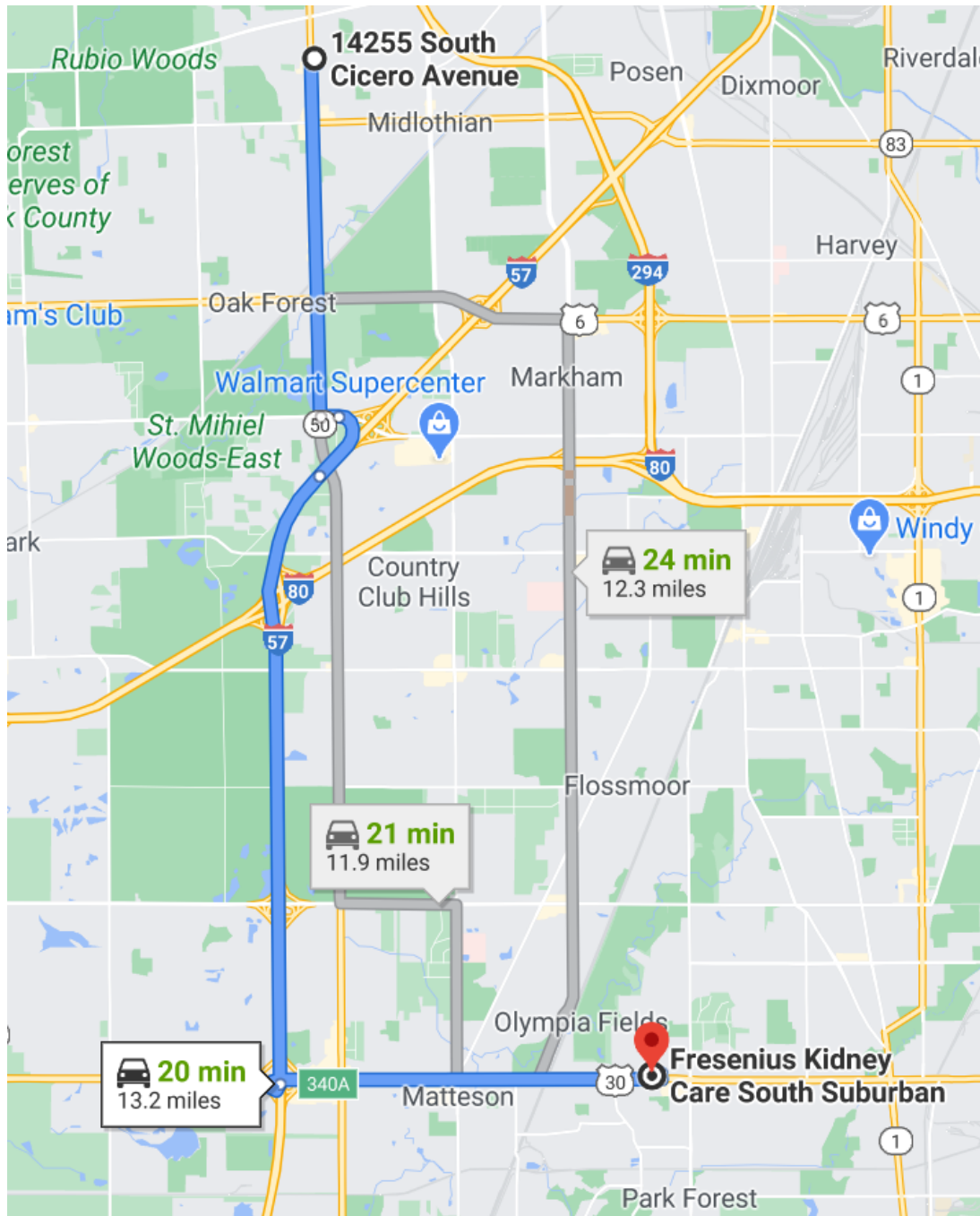
Dialysis Care Center - Olympia Fields



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

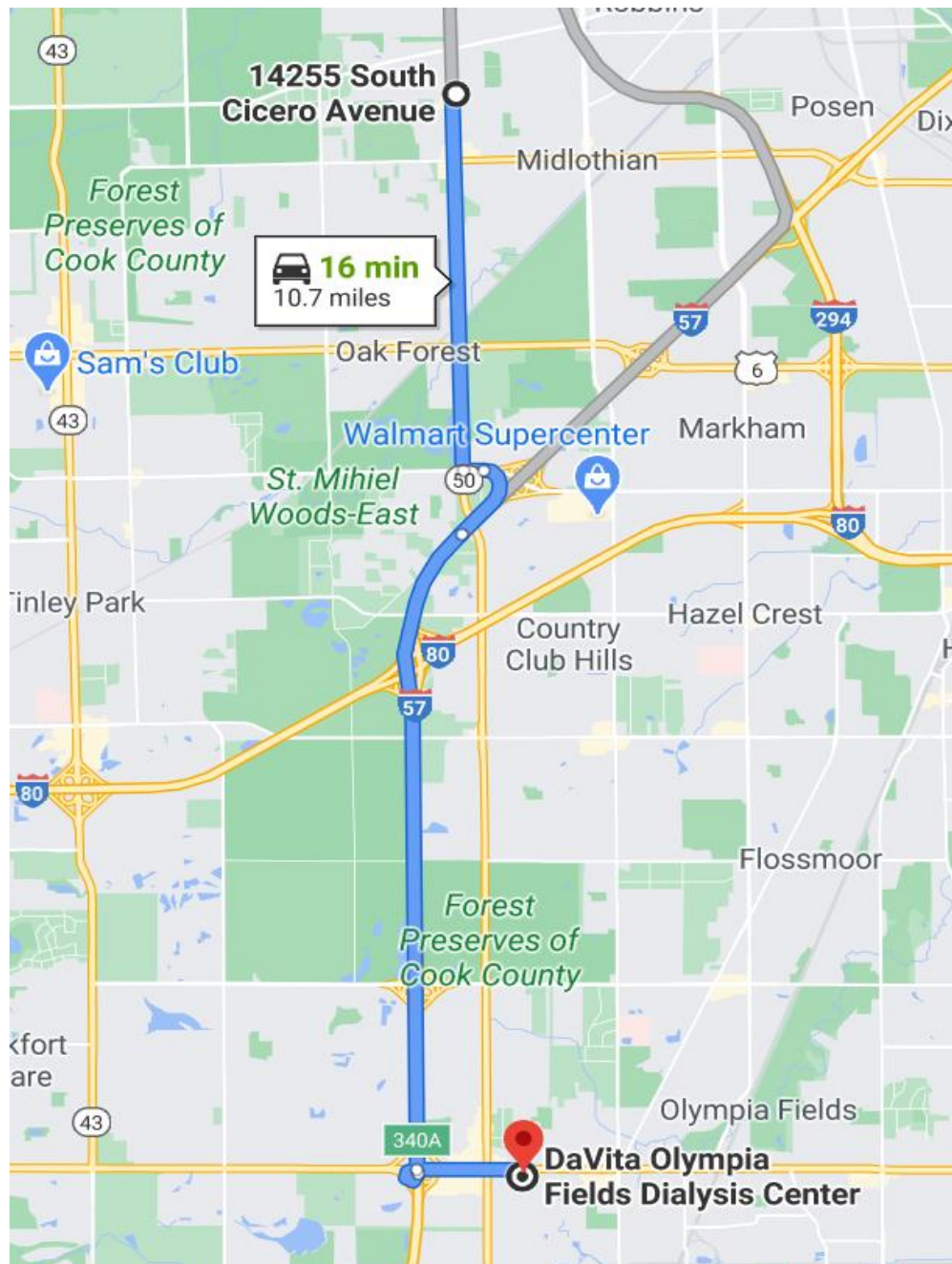
Fresenius Kidney Care South Suburban



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

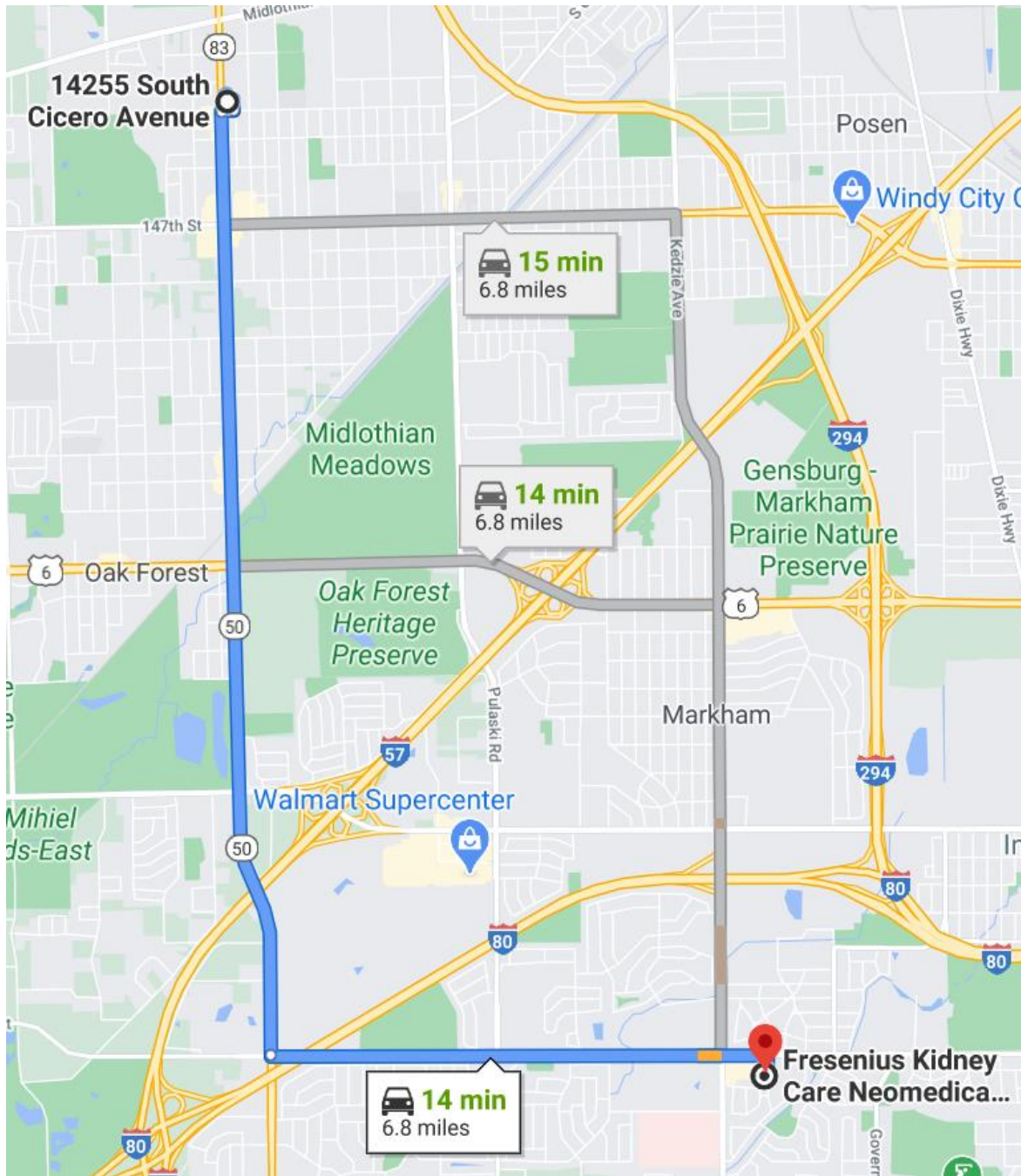
DaVita Olympia Fields Dialysis



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

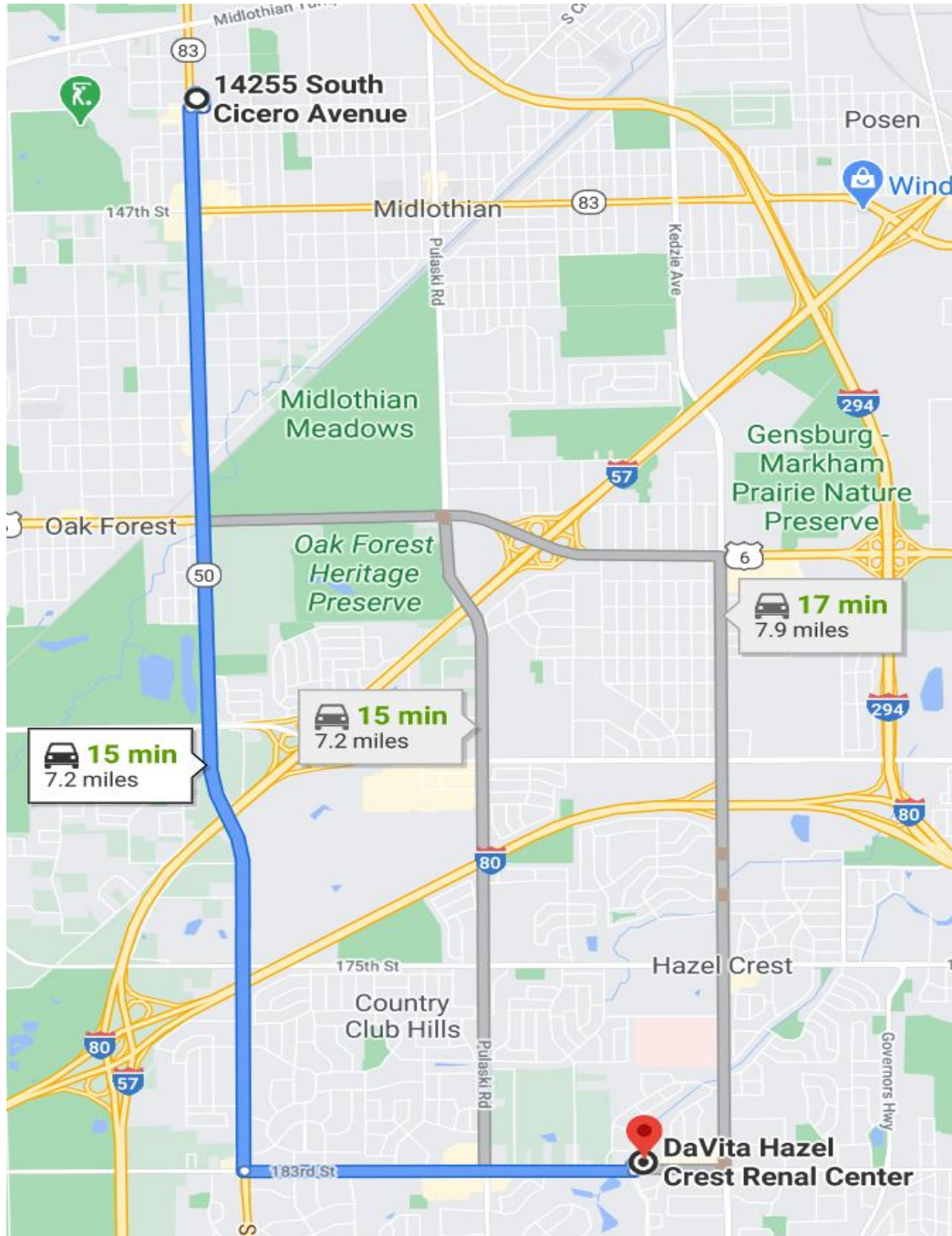
Fresenius Kidney Care Hazel Crest



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

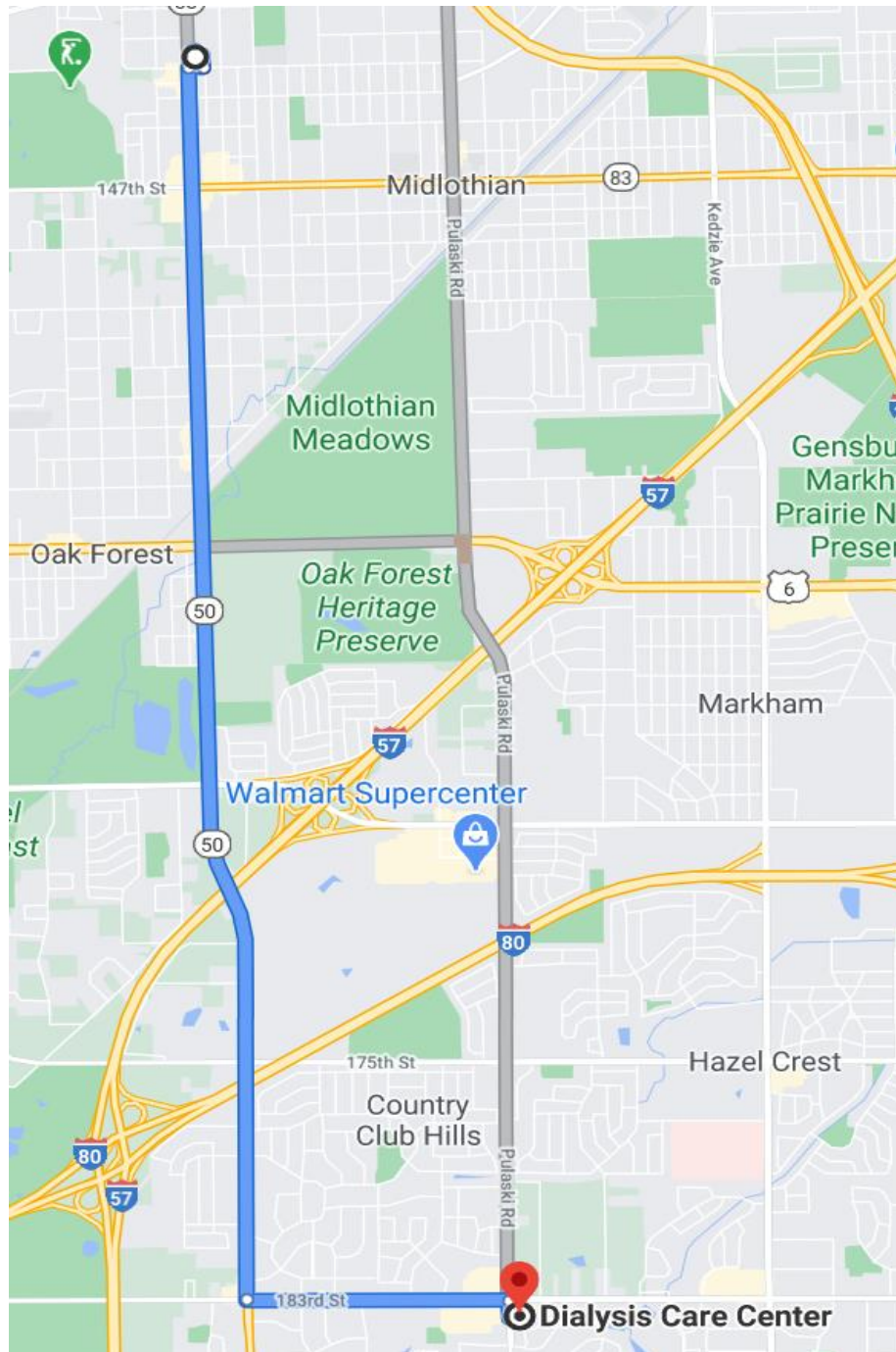
DaVita Care Hazel Crest Dialysis



Source: Google Maps

ATTACHMENT 12
Map Reflecting Distance of Providers with
Hospital Based Skilled Nursing Units
in the HSA and Market Area

Dialysis Care Center - Hazel Crest



Source: Google Maps

ATTACHMENT 37
Safety Net Impact Statement

In accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/5.4), the applicant provides the following safety net impact statement addressing the following questions presented in the Certificate of Exemption application.

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.

This proposed modification will have little, if any, impact on the essential safety net services in the community. The project is being filed as part of the relocation of the facility and this relocation will not result in any beds being added or subtracted from the HSA's current station inventory.

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.

The mission of the HFSRB is to promote effective and efficient utilization of existing facilities as a means to improve overall healthcare delivery. The proposed discontinuation and relocation of the facility address challenges faced by the applicant, both with regards to patient census and could improve the overall ability of other providers to provide care.

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

Dialysis Care Center Vollmer's discontinuation will not have any impact on safety net services in HSA 7 or the surrounding Chicago Heights community. Outpatient dialysis facilities services provide a necessary service for patients in need of life sustaining dialysis care. This care is not viewed as a safety net service in the same way that primary care services are. We would also note that the newly relocated Dialysis Care Center Vollmer will be operated as an open staff facility, which means that any nephrologist will be able to refer their patients and apply for privileges to provide services at the facility, if they desire.

ATTACHMENT 37 Safety Net Impact

** The historical data for this section of the application is from Concerto Dialysis LLC the previous operator of the facility.*

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	N/A	N/A	N/A
Outpatient	0	0	2
Total	0	0	2
Charity (cost in dollars)			
Inpatient	N/A	N/A	N/A
Outpatient	N/A	N/A	\$600
Total	N/A	N/A	\$600
MEDICAID			
Medicaid (# of patients)	2017	2018	2019
Inpatient	N/A	N/A	N/A
Outpatient	1	4	7
Total	1	4	7
Medicaid (revenue)			
Inpatient	N/A	N/A	N/A
Outpatient	\$38,729	\$80,012	\$124,182
Total	\$38,729	\$80,012	\$124,182

ATTACHMENT 38
Charity Care

** The historical data for this section of the application is from Concerto Dialysis LLC the previous operator of the facility.*

CHARITY CARE			
Charity (# of patients)	2017	2018	2019
Inpatient	N/A	N/A	N/A
Outpatient	0	0	2
Total	0	0	2
Charity (cost in dollars)			
Inpatient	N/A	N/A	N/A
Outpatient	N/A	N/A	\$600
Total	N/A	N/A	\$600
Net Patient Revenue	\$779,370	\$822,044	\$4,465,139
Charity Care as % of Net Revenue	0.0	0.0	0.0

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
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2	Site Ownership	27 - 29	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30 - 31	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32 - 33	
5	Flood Plain Requirements	N/A	
6	Historic Preservation Act Requirements	N/A	
7	Project and Sources of Funds Itemization	N/A	
8	Financial Commitment Document if required	N/A	
9	Cost Space Requirements	N/A	
10	Discontinuation	34 - 92	
11	Background of the Applicant	93 - 95	
12	Purpose of the Project	96 - 105	
13	Alternatives to the Project	N/A	
14	Size of the Project	N/A	
15	Project Service Utilization	N/A	
16	Unfinished or Shell Space	N/A	
17	Assurances for Unfinished/Shell Space	N/A	
Service Specific:			
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A	
19	Comprehensive Physical Rehabilitation	N/A	
20	Acute Mental Illness	N/A	
21	Open Heart Surgery	N/A	
22	Cardiac Catheterization	N/A	
23	In-Center Hemodialysis	N/A	
24	Non-Hospital Based Ambulatory Surgery	N/A	
25	Selected Organ Transplantation	N/A	
26	Kidney Transplantation	N/A	
27	Subacute Care Hospital Model	N/A	
28	Community-Based Residential Rehabilitation Center	N/A	
29	Long Term Acute Care Hospital	N/A	
30	Clinical Service Areas Other than Categories of Service	N/A	
31	Freestanding Emergency Center Medical Services	N/A	
32	Birth Center	N/A	
Financial and Economic Feasibility:			
33	Availability of Funds	N/A	
34	Financial Waiver	N/A	
35	Financial Viability	N/A	
36	Economic Feasibility	N/A	
37	Safety Net Impact Statement	106 - 107	
38	Charity Care Information	108	