

**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: Pittsfield Dialysis		
Street Address: 640 West Washington Street		
City and Zip Code: Pittsfield, Illinois 62363		
County: Pike	Health Service Area: 3	Health Planning Area:

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

Exact Legal Name: DaVita Inc.
Street Address: 2000 16 th Street
City and Zip Code: Denver, Colorado 80201
Name of Registered Agent: Corporation Service Company
Registered Agent Street Address: 251 Little Falls Drive
Registered Agent City and Zip Code: Wilmington, Delaware 19808
Name of Chief Executive Officer: Javier J. Rodriguez
CEO Street Address: 2000 16 th Street
CEO City and Zip Code: Denver, Colorado 80201
CEO Telephone Number: 303-405-2100

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 		
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

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

Name: Mary J. Anderson
Title: Divisional Vice President
Company Name: DaVita Inc.
Address: 309 East Chamberlin Street, Dixon, Illinois 61021
Telephone Number: 815-594-1131
E-mail Address: mary.j.anderson@davita.com
Fax Number:

Facility/Project Identification

Facility Name: Pittsfield Dialysis		
Street Address: 640 West Washington Street		
City and Zip Code: Pittsfield, Illinois 62363		
County: Pike	Health Service Area: 3	Health Planning Area:

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

Exact Legal Name: Total Renal Care, Inc.
Street Address: 2000 16 th Street
City and Zip Code: Denver, Colorado 80201
Name of Registered Agent: Illinois Corporation Services Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Javier J. Rodriguez
CEO Street Address: 2000 16 th Street
CEO City and Zip Code: Denver, Colorado 80201
CEO Telephone Number: 303-405-2100

Type of Ownership of Applicants

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

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

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Name: Mary J. Anderson
Title: Divisional Vice President
Company Name: DaVita Inc.
Address: 309 East Chamberlin Street, Dixon, Illinois 61021
Telephone Number: 815-594-1131
E-mail Address: mary.j.anderson@davita.com
Fax Number:

Post Permit Contact

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

Name: Kara Friedman/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000
Telephone Number: 312-873-3639/312-873-3606
E-mail Address: kfriedman@polsinelli.com/acooper@polsinelli.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Blessingcare Corporation d/b/a Illini Community Hospital
Address of Site Owner: 640 West Washington Street, Pittsfield, Illinois 62363
Street Address or Legal Description of the Site: 640 West Washington Street, Pittsfield, Illinois 62363 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Total Renal Care, Inc. d/b/a Pittsfield Dialysis			
Address: 2000 16 th Street, Denver, Colorado 80201			
<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive
- ☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DaVita Inc. and Total Renal Care, Inc. (collectively, the “Applicants” or “DaVita”) seek authority from the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue its 5 station in-center hemodialysis center located at 640 West Washington Street, Pittsfield, Illinois (“Pittsfield Dialysis”).

DaVita anticipates Pittsfield Dialysis will be discontinued as soon as practicable after State Board approval but no later than December 31, 2022. Project completion will occur soon after.

The project constitutes a substantive project because it proposes the discontinuation of a health care facility.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
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	\$0	\$0	\$0
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	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
<p>Indicate the stage of the project's architectural drawings:</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input type="checkbox"/> Schematics <input type="checkbox"/> Final Working </p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2022</u></p>
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): NOT APPLICABLE</p> <p> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input type="checkbox"/> Financial Commitment will occur after permit issuance. </p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals [Section 1130.620(c)]

<p>Are the following submittals up to date as applicable?</p> <p> <input type="checkbox"/> Cancer Registry NOT APPLICABLE <input type="checkbox"/> APORS NOT APPLICABLE <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits </p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
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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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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

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

Facility Bed Capacity and Utilization – NOT APPLICABLE

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

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

CERTIFICATION

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

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

This Application is filed on the behalf of *DaVita Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Stephanie N. Berberich

Printed Name

Assistant Secretary

Printed Title

Signature

Samuel T. Wey

Printed Name

Delegated Official

Printed Title

Notarization:

Subscribed and sworn to before me
this 19th day of September 2022


Signature of Notary

Seal

Kathy Ann Connor
*Insert the EXACT legal name of the applicant

STATE OF COLORADO
NOTARY ID# 20064018112
MY COMMISSION EXPIRES 04/28/2025

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

CERTIFICATION

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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 *DaVita Inc. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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

Stephanie N. Berberich

Printed Name

Assistant Secretary

Printed Title

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Signature

Samuel T. Wey

Printed Name

Delegated Official

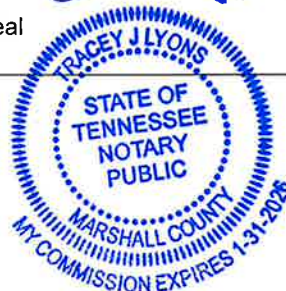
Printed Title

Notarization:

Subscribed and sworn to before me
this 13th day of September

Signature of Notary

Seal



CERTIFICATION

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This Application is filed on the behalf of Total Renal Care, Inc. d/b/a Pittsfield Dialysis * 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

Stephanie N. Berberich

Printed Name

Secretary

Printed Title

Signature

Samuel T. Wey

Printed Name

Delegated Official

Printed Title

Notarization:

Subscribed and sworn to before me
this 13th day of September 2022

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Signature of Notary

Seal

Kathy Ann Connor

Seal

*Insert the EXACT legal name of the applicant

NOTARY PUBLIC
STATE OF COLORADO

NOTARY ID# 20064018112

MY COMMISSION EXPIRES 04/28/2025

CERTIFICATION

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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Signature

Stephanie N. Berberich

Printed Name

Secretary

Printed Title

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Signature

Samuel T. Wey

Printed Name

Delegated Official

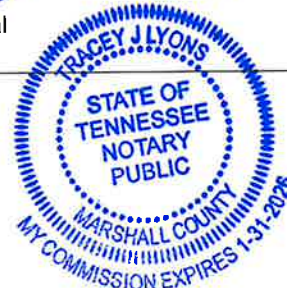
Printed Title

Notarization:

Subscribed and sworn to before me
this 12th day of September

Signature of Notary

Seal



SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the 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 Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

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 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 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**.

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 can 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.

SECTION X. SAFETY NET IMPACT STATEMENT

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

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

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

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

Safety Net Impact Statements shall also include all the following:

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

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

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

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

	Outpatient				
	Total				

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

SECTION X. CHARITY CARE INFORMATION

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Total Renal Care, Inc. (collectively, the “Applicants” or “DaVita”) are attached at Attachment – 1.

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

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

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



2391269 8300

SR# 20223483981

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

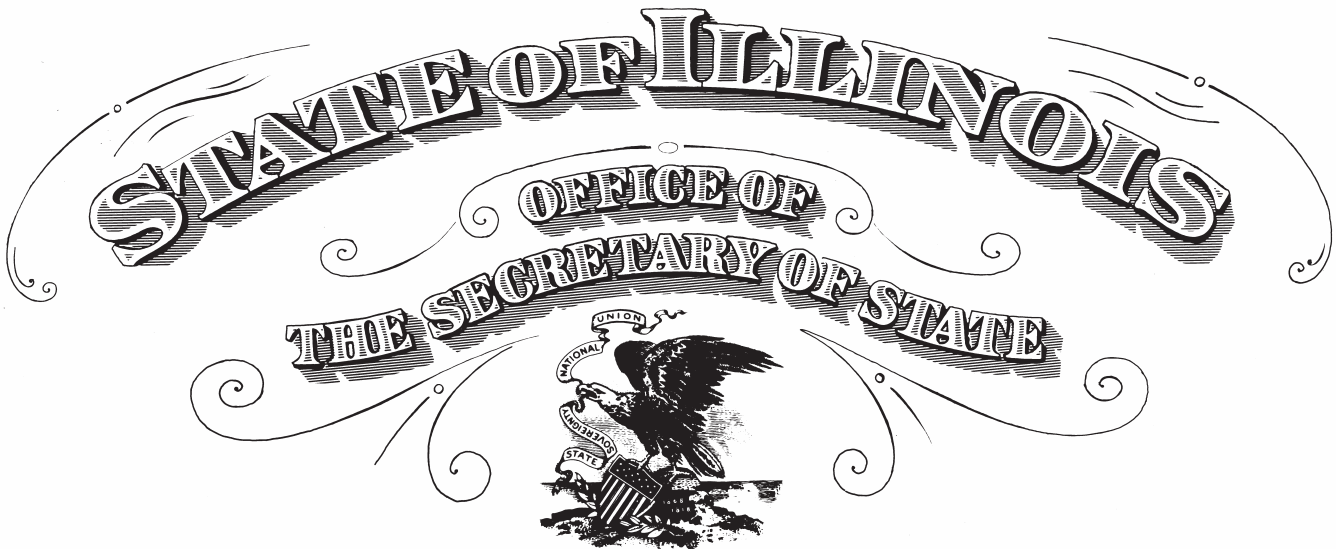
A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204354660

Date: 09-09-22

File Number

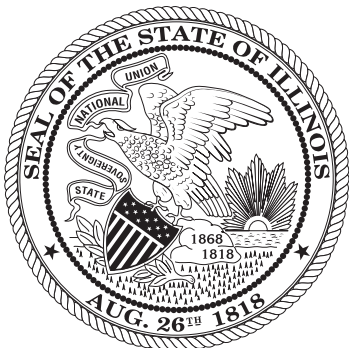
5823-002-2



To all to whom these Presents Shall Come, Greeting:

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

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



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of SEPTEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2225202374 verifiable until 09/09/2023

Authenticate at: <https://www.ilsos.gov>

Section I, Identification, General Information, and Certification

Site Ownership

The lease between Blessingcare Corporation d/b/a Illini Community Hospital and Total Renal Care, Inc. to lease the property located at 640 West Washington Street, Pittsfield, Illinois 62363 is attached at Attachment – 2.

**FIRST AMENDMENT TO AMENDED AND RESTATED
RENAL DIALYSIS LEASE**

This FIRST AMENDMENT TO AMENDED AND RESTATED RENAL DIALYSIS LEASE (this “First Amendment”) is made and entered into as of _____ (“Effective Date”), by and between **Blessingcare Corporation, dba Illini Community Hospital** (“Lessor”), and **Total Renal Care, Inc.**, a California corporation (“Lessee”).

RECITALS:

WHEREAS, Lessor and Lessee are parties to the Amended and Restated Renal Dialysis Lease dated October 1, 2009 (the “Lease”), concerning the lease of certain premises consisting of 1,760 rentable square feet of space (the “Premises”) located in the building at 640 W. Washington St., Pittsfield, Illinois 62363 as more particularly described on Exhibit A attached to this First Amendment; and

WHEREAS, the Term of the Lease is set to expire on September 30, 2019, and the parties wish to extend the Lease through September 30, 2024, and otherwise to amend the Lease in accordance with the terms below.

AMENDMENT:

NOW THEREFORE, upon the Effective Date, for and in consideration of the mutual covenants contained in this First Amendment and other good and valuable consideration exchanged by each of the parties to this First Amendment, the receipt and sufficiency of which are hereby acknowledged, the Lease is hereby amended and the parties agree as follows:

1. **Extended Term.** The Term is extended for five (5) years, commencing on October 1, 2019 and expiring on September 30, 2024 (the “Extended Term”).
2. **Premises.** Exhibit B of the Lease is deleted and replaced with Exhibit A attached to this Amendment. The parties agree that the Premises consists of 1,760 rentable square feet (the “Premises Rentable Area”) and Rent for the Extended Term will be calculated based on the Premises Rentable Area set forth in this Amendment. Notwithstanding the foregoing, Lessor and Lessee each waive any claims they have or may have against the other for any payments due under the initial term of the Lease which were calculated based on the rentable area of the Premises.
3. **Rent.** Lessee will pay Rent for the first Lease Year of the Extended Term in the amount of \$7,233.60, payable in advance in twelve (12) equal monthly installments of \$602.80 each commencing on October 1, 2019 and continuing on the first day of each month thereafter through such Lease Year. Rent for subsequent Lease Years will increase as set forth in Section 3 of the Lease and shall be payable at the same time and in the same manner as paid during the first Lease Year of the Extended Term.

4. **Renewals.** Lessee retains its option to renew the Lease for one additional period of five years, as set forth in Section 4 of the Lease, as this First Amendment implements the first of the two five (5) year extensions provided for therein.
5. **Lessee's Termination Right.** Lessee may terminate the Lease, as amended, by providing Lessor with at least six months' prior written notice, but the termination date may not occur before September 30, 2022.
6. **Regulatory Compliance.** Section 40 of the Lease is deleted and replaced with the following:

40. **Regulatory Compliance.** Lessor represents and warrants that: (i) it is not currently excluded from participation in any federal health care program, as defined under 42 U.S.C. Section 1320a-7b; (ii) it is not currently excluded, debarred, suspended or otherwise ineligible to participate in Federal procurement or non-procurement programs; and (iii) it has not been convicted of a criminal offense that falls within the scope of 42 U.S.C. Section 1320a-7(a) (each of (i), (ii) and (iii), an "Exclusion"). Lessor will notify Lessee within two business days (being a day other than a Saturday, Sunday or legal holiday) of learning of any Exclusion or any basis that may give rise to an Exclusion. In the event of an Exclusion, Lessee may immediately terminate this Lease without further liability. Lessee may screen Lessor against applicable Exclusion databases on an annual basis.

40.1 **Lease Unrelated to Referrals.** It is not the purpose of this Lease to exert any influence over the reason or judgment of any party with respect to the referral of patients or other business between Lessor and Lessee. Rather, any referrals made between the parties will be based solely upon the medical judgment and discretion of the patient's physician. Lessor and Lessee further agree and acknowledge that: (a) Rent is (i) set forth in advance; (ii) consistent with fair market value in an arms-length transaction; (iii) does not take into account the volume or value of any referrals or other business generated between the parties; and (iv) would be reasonable even if no referrals were made between the parties; (b) Lessee's proportionate share does not exceed Lessee's pro-rata share of expenses; and (c) the rentable area of the Premises does not exceed the reasonable square footage needed for the legitimate business plans of Lessee.

40.2 **Compliance with Law.** The parties enter into this Lease with the intent of conducting their relationship in full compliance with applicable laws, including the Anti-Kickback Statute, and agree and certify that neither party will violate the Anti-Kickback Statute in performing under this Lease. Notwithstanding any unanticipated effect of any provisions of this Lease, neither party will intentionally conduct itself under the terms of this Lease in a manner that violates any such law. Lessor agrees not to request an advisory opinion related to the legality of this Lease

without the approval of Lessee. If a change in applicable health care laws or reimbursement systems affects the legality of this Lease, Lessee may terminate this Lease, effective as of the date of such illegality, by giving Lessor notice thereof, which notice shall include an explanation as to the basis for termination and the cause for the illegality of the Lease or a material term hereof. Lessor shall notify Lessee of, and cooperate with, any request from a duly authorized government representative (e.g., Secretary of HHS, Comptroller General) for access to books, documents and records related to this Lease. Lessor will indemnify Lessee from any liability arising out of Lessor's refusal to cooperate. Lessor and Lessee further agree that, notwithstanding anything in the Lease to the contrary, any renewals or extensions of this Lease shall be within fair market value as determined by an third party evaluation, including a broker opinion of value or similar market evaluation tool.

40.3 Covered Person; Additional Requirements. A

"Covered Person" means any: (i) individual or entity who (a) provides patient care items or services on behalf of DaVita Dialysis, or (b) performs billing or coding functions on behalf of DaVita Dialysis; (ii) DaVita Dialysis domestic dialysis joint venture partner; or (iii) medical director for any domestic DaVita Dialysis clinic. If Lessor, its members, partners, shareholders or trustees is or becomes a Covered Person during the Term, the following provisions will apply:

(a) Lessee shall provide the Covered Person a copy of, or access to, Lessee's applicable code of conduct (the "Code of Conduct") and relevant policies and procedures (the "Policies and Procedures") designed to ensure compliance with this Section 40.3 and relevant Federal health care program requirements.

(b) Upon notification by Lessee, the Covered Person shall: (i) participate in all Lessee-required compliance training, including online general compliance training, on an annual basis; (ii) complete all training within the timeframes required by Lessee; (iii) comply with the Policies and Procedures and Code of Conduct; and (iv) certify in writing or electronic form that the Covered Person read, understood and shall abide by the Code of Conduct and return the certification to Lessee within 30 days after receiving notice.

(c) The Covered Person shall report immediately to Lessee any suspected or known violations of Lessee's policies and procedures or of any violation of applicable federal healthcare program laws and regulations.

7. **Brokers.** Section 19 of the Lease is deleted and replaced with the following:

19. **Brokers.** Lessor and Lessee each represent to the other that it has had no dealings with any real estate broker or agent in connection with the negotiation of the Lease or the First Amendment thereto, except for Cushman & Wakefield, Inc., representing Lessee ("Lessee's Broker") in regard to the First Amendment. With respect thereto, Lessee shall pay Lessee's Broker a brokerage commission pursuant to a separate agreement.

8. **Notices.** Section 27 of the Lease is deleted and replaced with the following:

27. **Notices.** All notices, demands and requests which may be or are required to be given by either party to the other shall be in writing and shall be either (i) sent by registered or certified mail, return receipt requested, postage prepaid or (ii) delivered, by hand, or (iii) sent by overnight courier such as Federal Express. All notices to Lessor should be addressed to Lessor at Blessing Hospital, Broadway at 11th, Quincy, Illinois 62301, Attention: President; Telephone: (217) 223-8400; Facsimile: (217) 223-6891 with a copy to Schmiedeskamp Robertson Neu & Mitchell LLP, 525 Jersey Street, Quincy, Illinois 62301; Attention: Harold B. Oakley; Telephone: (217) 223-3030; Facsimile: (217) 223-1005; e-mail: hoakley@srnm.com; or at such other place as Lessor may from time to time designate in written notice to Lessee. All notices to Lessee shall be addressed to Lessee c/o DaVita Inc., 2000 16th Street, Denver, Colorado 80202; Attention: Real Estate - Legal; with a copy to relegal@davita.com, Subject: 5520 Pittsfield, Illinois, or to any such other place as Lessee may from time to time designate in written notice to Lessor. All notices, demands and requests which shall be served upon Lessor and Lessee in the manner aforesaid shall be deemed sufficiently served or given for all purposes hereunder.

Notwithstanding anything contained in the Lease to the contrary, any written notice by either Lessor or Lessee to the other party may be transmitted by electronic transmission, and that the electronic copies of such party's signature shall have the same effect as if it were an original signature, provided that Lessor or Lessee shall execute and deliver to the other party an original copy of the notice via one of the methods provided herein. Lessor may access additional information regarding contact information for Lessee at <https://www.davita.com/about/Landlord-support>."

9. **Miscellaneous.**

- 9.1 **Counterparts.** This First Amendment may be executed in any number of counterparts via facsimile or electronic transmission or otherwise, each of which shall be deemed an original, but all of which, taken together, shall constitute one and the same instrument.

- 9.2 Entire Agreement. The Lease, as amended by this First Amendment, sets forth the entire agreement between the parties with respect to the matters set forth herein. There have been no additional oral or written representations or agreements.
- 9.3 Authority. Lessor and Lessee represent that the parties signing below on behalf of them have the authority and power to bind their respective party.
- 9.4 Terms. Capitalized terms not otherwise defined in this First Amendment shall have the same meanings as are set forth in the Lease.
- 9.5 Consents. Lessor hereby represents and warrants to Lessee that all consents required, if any, from lenders, mortgagees, and ground owners, and any other holders of liens or encumbrances on, against, or affecting the Premises and/or the real property on which the Premises are located, have been obtained for execution and performance of this First Amendment. Lessor agrees to indemnify, defend and hold Lessee harmless from and against any liability, claim, loss, cost, damage or expense arising from or based upon Lessor's failure to obtain all such required consents.
- 9.6 Conflicts. Except to the extent expressly stated, modified or amended by this First Amendment, all terms and conditions of the Lease are ratified and confirmed and shall remain in effect as originally written. The parties agree that in the event of any conflict between the terms of the Lease and this First Amendment, the provisions of this First Amendment shall control. No reference to this First Amendment needs to be made in any instrument or other document making reference to the Lease, as any reference thereto shall be deemed to be a reference to the Lease, as amended hereby.
- 9.7 Parties Bound. This First Amendment shall be binding upon and inure to the benefit of the parties to this First Amendment and their respective successors and assigns.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties to this First Amendment, through their duly authorized representatives, have on the dates set forth below executed this First Amendment to be effective as of the Effective Date.

LESSOR:

Blessingcare Corporation,
dba Illini Community Hospital

By: _____
Name: _____
Title: _____
Date: _____

LESSEE:

Total Renal Care, Inc.,
a California corporation

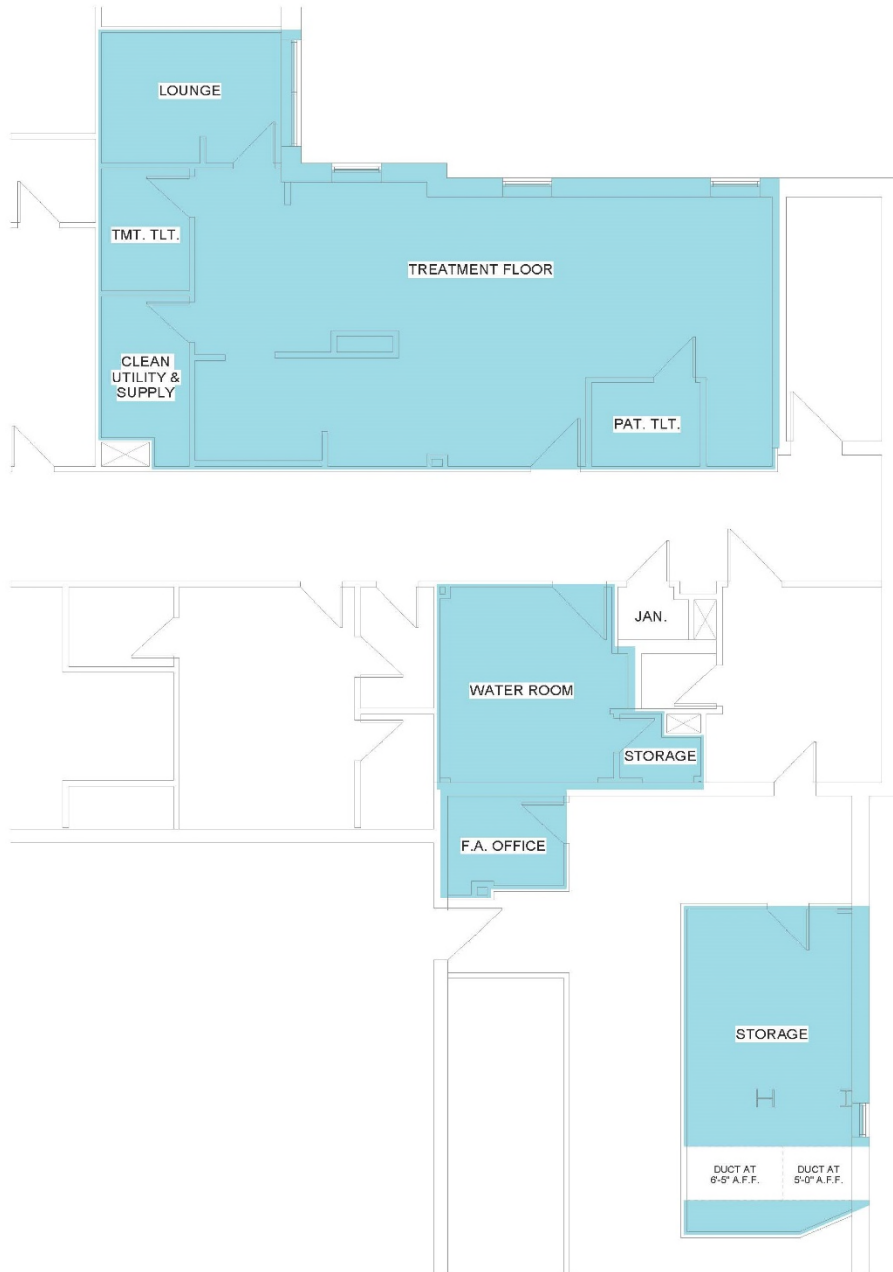
By: _____
Name: Mary Anderson
Title: Division Vice President
Date: _____

FOR LESSEE'S INTERNAL PURPOSES ONLY:

APPROVAL AS TO FORM ONLY:

By: _____
Name: Jeff Pretty
Title: Associate General Counsel

EXHIBIT A
FLOOR PLAN



DaVita Pittsfield Dialysis
640 W. Washington St.
Pittsfield, IL 62363



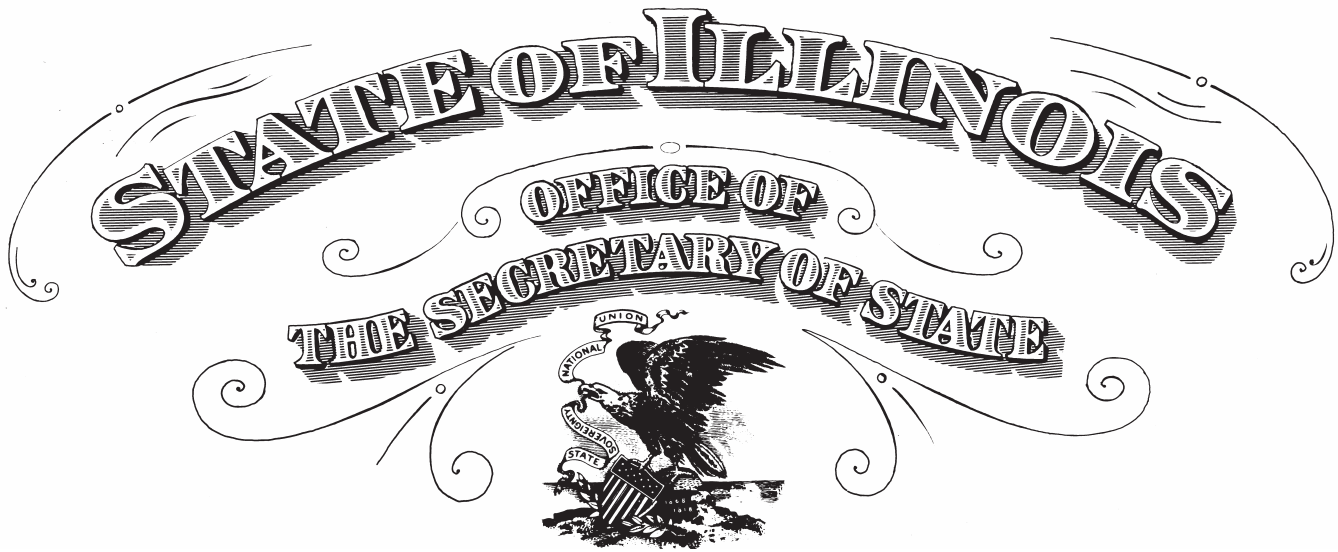
FLOOR PLAN - N.T.S.
Area in blue = 1,760 SF

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

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

File Number

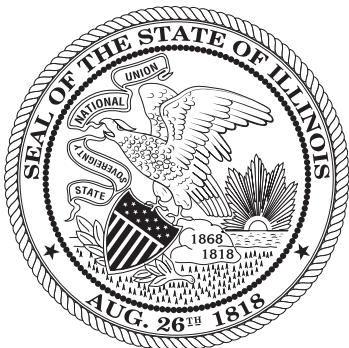
5823-002-2



To all to whom these Presents Shall Come, Greeting:

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

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



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of SEPTEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

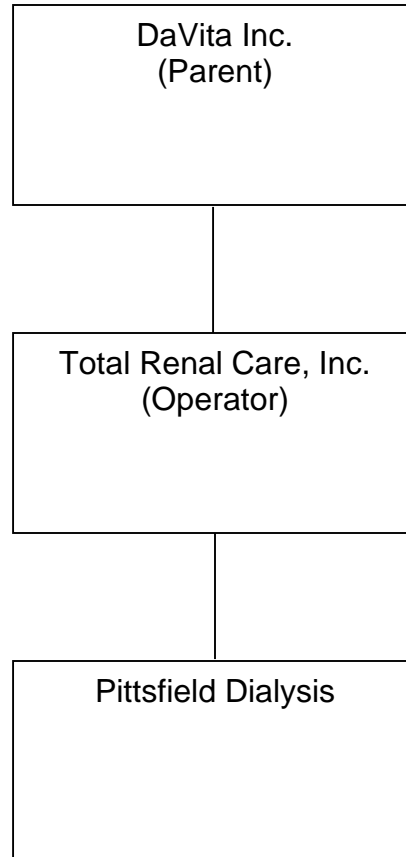
Authentication #: 2225202374 verifiable until 09/09/2023

Authenticate at: <https://www.ilsos.gov>

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

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

Pittsfield Dialysis Organization Chart



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

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

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

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

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

This project involves no costs. Accordingly, this criterion is not applicable.

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

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
17-062	Auburn Park Dialysis	Establishment	03/01/2023

Section II, Discontinuation
Criterion 1110.290(a), General

1. DaVita will discontinue its 5-station in-center hemodialysis center located at 640 West Washington Street, Pittsfield, Illinois.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: December 31, 2022 though DaVita reserves the right to extend such date based on coordination of services with other clinics.
4. The Applicants lease space from a third-party landlord. As a result, DaVita will have no control over the use of the space after discontinuation of Pittsfield Dialysis.
5. The medical records of Pittsfield Dialysis will be transferred to another nearby DaVita dialysis center location.
6. A copy of the notice of the discontinuation of Pittsfield Dialysis published on November 9, 2022 is attached at Attachment – 10A1.
7. DaVita provided notice of its intent to file a certificate of need application to discontinue Pittsfield Dialysis to the following state and local officials: (a) Honorable Gary Mendenhall, Mayor, City of Pittsfield; (b) Illinois State Senator Steve McClure; (c) Illinois State Representative Darin LaHood; (d) Director Sameer Vohra, M.D., J.D, M.A., Illinois Department of Public Health; (e) Director Theresa Eagleson, Illinois Department of Healthcare and Family Services; and (f) John Kniery, Administrator, Illinois Health Facilities and Services Review Board. Copies of the notices are attached at Attachment – 10A2.
8. Attached at Attachment – 10A3 is the certification by Stephanie Berberich, Assistant Secretary of DaVita that all questionnaires and data required by HFSRB or IDPH (e.g., annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 90 days following the date of discontinuation.

Public Notice

ACCEPTING BIDS

Pittsfield Save A Lot is accepting bids for salt & snow removal on the lot for Save A Lot & Dollar General and the sidewalk between the stores.

You must be insured.

Email bids to pittsfieldsavealot@gmail.com

Or mail them to PO Box 126, Pittsfield, IL. 62363

PUBLICATION NOTICE

Assumed Name Business

Public Notice is hereby given that on October 19, 2022, a certificate was filed in the office of County Clerk of Pike County, Illinois, setting forth names and post-office addresses of all the persons owning, conducting and transacting the business known as

E-Z Street Taxes & Bookkeeping

located at 1106 N. Jackson Street, Pittsfield, IL 62363

Dated this 19th day of October, 2022

Natalie Roseberry
Pike County Clerk

CLOSURE OF PITTSFIELD DIALYSIS

DaVita Inc. and Total Renal Care, Inc. (collectively, "DaVita") intend to discontinue Pittsfield Dialysis after approval to do so is issued by the Illinois Health Facilities and Services Review Board ("HFSRB"). DaVita will file the required Certificate of Need application with the HFSRB on or about November 9, 2022. The expected closure date will be December 31, 2022.

A copy of the application will be available on the HFSRB website (<https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx>) after the application has been deemed complete by the HFSRB.

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT OF ILLINOIS, PIKE COUNTY

AttAtt

IN THE MATTER OF THE ESTATE)
OF) NO. 2022PR40

WILLIAM DANIEL KENDRICK, deceased)

CLAIM NOTICE

Notice is given of the death of William Daniel Kendrick of New Canton, Illinois.

Letters of Office as Representative of the Estate were issued on the 26th day of October, 2022 to Scott Daniel Kendrick of 25989 225th Street, New Canton, Illinois 62356 and Lance William Kendrick of 1196 Mortimer Street, Barry, Illinois 62312, whose attorney is Lowry & Hoskin, LLC, 130 S. Madison, PO Box 167, Pittsfield, Illinois 62363.

Claims against the Estate may be filed in the Office of the Clerk of the Court in the Pike County Courthouse, Pittsfield, Illinois on or before the 2nd day of May, 2023 and any claim not filed within that period is barred. Copies of the claim filed with the Clerk of the Court must be mailed or delivered to the Representative and to the attorney within ten (10) days after it has been filed.

/s/ Scott Daniel Kendrick & Lance William Kendrick
Legal Representatives

Lowry & Hoskin, LLC
Attorney for Co-Executors
130 S. Madison
P.O. Box 167
Pittsfield, IL. 62363

Education

PHS announces honor rolls

HIGH HONOR ROLL – 4.5 OR BETTER GPA IN ALL ACADEMIC SUBJECTS – NO D's

SENIORS: Caden Anstedt, Kaitlyn Apps, Stormie Bergman, Madison Chaplin, Chloe Chastain, Willow Claus, Julia Colver, Carlee Constable, Ella Constable, Nolan Daniel, Lauren Dunham, Laykin Ebbing, Kennedy Frasier-Higgins, Kaitlyn Freesmeyer, Kaylin Gerard, Katelyn Graham, Jaynee Heafner, Chloe Heightman, Jeremiah Jackson, Tayleigh Lacey, Shiloh Lemons, Eli Leonard, Weston McAllister, Jason McKee, Jaedyn Miller, Caleb Motley, Adam Musgrave, Katelyn Musgrove, Chloe Opitz, Soren Pine, Dalphna Rainbolt, Raven South, Kim Stecker, Ellianna Ten Eyck, Adi Terpstra, Ethan Thompson, Brayden Veile, Ian Wallace, Tori Waters, Abe Welbourne, Lauren Williams and Lane Yelliot.

JUNIORS: Konner Allen, Alexis Ator, Preston Bonds, Liam Bonnett, Kyle Bradshaw, Cecelia Bullock, Madison Burdick, Charlie Cooley, Liesel Davidmeyer, Harlee DeCamp, Kevlynn DeJaynes, Quinn Franklin, Emma Gay, Wesley Gengler, Ethan Gratten, Sophie Gresham, Racanna Grimes, Alexis Hammit, Leather Hill, Marley Hoover, Bradley Kruzan, Lainie Marable, Wyatt McClintock, Anika McCoy, Hunter McEuen, Eli Mendenhall, Meg Musgrove, Rebecca Neupauer, Lucas Nichols, Vinny Olson, Javan Petty, Makinley Poor, Quentin Pope, Isabella Rennecker, Grace Smith, Rhett Springer, Allison

Stambaugh, Keagen Stamper, Joseph Thomas, Brennan Tomhave, Jackson Veile, Sadie Weir, Cassidy Weyant, Kayleigh White and Aislyn Wyatt.

SOPHOMORES: Lucas Archer, Mia Arredondo, Brett Ator, Dreico Beach, Wyatt Capps, Abigail Chamberlain, Lanie

Constable, Lainey Cooley, Ethan Darnell, Seren Davenport, Michelle DeJays, Ava Douglas, Mariah Dunham, Braxton Forshey, Carter Frazier, Madison Frieden, Molly Gerard, Natilee Grimes, Alyvia Groom, Ian Guthrie, Andrew Heffington, Emma

Henry, Grace Henry, Abigail Hoots, Tim Hull, Isabella Inson, Westin Leonard, Abri Little, Alex Lowry, Grant McCartney, Daelyn McDonald, Josey Moore, Tegan Morrow, Emma Moss, Rylee Myers, Daxton Nutter, Abigail Opitz, Taylor Peebles, Rynleigh Priest, Draven Puterbaugh, Lindsey Ramsey, Clayton

Reinhardt, Addison Rhodes, Luke Saxe, Adriana Schmidt, Owen Shaw, Brynna Smith, Isabel Smith, Olivia Smith, Sylvia Smith, Molly Springer, Dillon Stout, Connor Sweeting, McKinley Walston, Hannah Williams and Jordan Wittman.

FRESHMAN: Anna Allen, Caidyn Ballinger, Maxwell Bonnett, Jane Bradshaw, BreeAnn Chenoweth, Jesse Chestnutt, Lani Cleveland, Molly Daniels, Emma Dippel, Dominick Eigenman, Kaden Ferguson, Toni Foster, Kelsey Freesmeyer, Kenley Gerard, Taylor Graham, Hayden Gratten, Loran Ham, Bobby Harris, William Henry, Adam

Mitchell, Josephine Moyer, Grady Reed, Matthew Sturtevant, Ian Brewster, Chadym Rennecker, Jacob Schwanke and Aaden Surratt.

Honor Roll GPA of 3.499-3.00

Seniors: Max Koeller, Hazel Bowen, Alyssa Koeller and Reese Briscoe.

Juniors: Jaelyn Batchelor, Faith Lynch, Bazel Wilks, Addison

Freshmen: Celeste Noguez, Damien Orr, Darcee Richardson, Madison Richardson, Briley Westfall, Kaiden Cravens, Shevi McCoy, Kandice Skirvin, Allison Woods, Miley Flowers, Abigail Heistand, Kaleb

Seniors: Max Koeller, Hazel Bowen, Alyssa Koeller and Reese Briscoe.

Juniors: Jaelyn Batchelor, Faith Lynch, Bazel Wilks, Addison

Hoover, Jacob Jackson, Maggie Johnson, Claire Kearns, Jordan Le, Bodine Marable, Reece Miller, Kenneth Motley, Jake Oitker, Jaylee Ostrander, Karlie Patterson, Shelby Patterson, Kamryn Riley, Bryar Root, Gabe Simmons, Christopher Smith, Faith Smith, Lyla Spann, Victoria Stambaugh, Karleigh Starman, Robert Stecker, Ulton Storey, Zacory Swan, Mason Veile, Avery Wyatt and Kelsey Yelliot.

HONOR ROLL – 4.0 – 4.5 IN ALL ACADEMIC SUBJECTS – NO D's

SENIORS: Caleb Hoover, Levi Kindle, Jameson Noble, Aidan Poor and Evan Robinson.

JUNIORS: Aiden Baxter, Kaden Daniels, Natalie Frazer, Caleb Hammit, Skyler Harvey-Gwartney, Isaac Helms, Ryan Henry, Karlee McAllister, McKelvey Mohr, Justin Pennock, Alayna Sargent and Jonah Thomas.

SOPHOMORES: Jordyn Apps, Anthony Bova, Jonathon Coffey, Tucker Cook, Teya Cox-Pargin, Sophia Freesen, Bailey Grieves, Isabella Irving, Nate McAllister, Cordell McKee, Xaviera Salter, Levi Shinn, Katelyn Toelke, Vanessa Villalobos and Andrew Westmeyer.

FRESHMEN: Austin Adrain, Jonas Anderson, Izabella Bernard, Riggs Bonds, Presley Brown, Evan Darnell, Hayden Franklin, Izack Haskins, Wyatt Hull, Gracie Johnson, Milez Johnson, Gavyn McDonald, Mia Moore, Sayden Rhode, Lydia Shinn and Eric Smith.

PERFECT ATTENDANCE – 1st QUARTER

SENIORS: Laykin Ebbing, Kaitlyn Freesmeyer, Katelyn Graham, Chole Heightman, Ashton Inson, Eli Leonard, Jaedyn Miller, Caleb Motley, Katelyn Musgrove, Aidan Poor, Kim Stecker, Ethan Thompson, Brayden Veile, Ian Wallace, Tori Waters, Lauren Williams and Lane Yelliot.

JUNIORS: Konner Allen, Preston Bonds, Kyle Bradshaw, Kaden Daniels, Ethan Gratten, Marley Hoover, Bradley Kruzan, Lainie Marable, Wyatt McClintock, Eli Mendenhall, McKelvey Mohr, Meg Musgrove, Vinny Olson, Makinley Poor, Jonah Thomas, Brennan Tomhave, Jackson Veile and Aislyn Wyatt.

SOPHOMORES: Tucker Cook, Ethan Darnell, Michelle DeJaynes, Braxton Forshey, Sophia Freesen, Natilee Grimes, Andrew Heffington, Tim Hull, Alex Lowry, Grant McCartney, Rylee Myers, Wyatt Neese, Abigail Opitz, Tristin Ruzich, Luke Saxe, Trey Schlieper, Dillon Stout, Connor Sweeting and McKinley Walston.

FRESHMEN: Anna Allen, Jonas Anderson, Riggs Bonds, Jesse Chestnut, Molly Daniels, Dominick Eigenman, Kaden Ferguson, Toni Foster, Taylor Graham, Hayden Gratten, Kale Hill, Adam Hoover, Amiya Howland, Jordan Le, Bodine Marable, Kenneth Motley, Faith Smith, Karleigh Starman, Robert Stecker, Zacory Swan and Avery Wyatt.

Western announces honor rolls

High Honor Roll GPA of 3.5 & Up

Seniors: Reagan Smith, Jaylee Bryant, Brenlee McKinnon, Blane Miller, Madison Phillips, Peyton Robbins, J.T. Walston, Ryder Neese, Natalie Harris, Andrew Wilson, Lillian Winningham, Riley Lawson, Zachary Rucker, Kodi Nelson, Jaxen White, Skylar Bainter and Paige Wombles.

Freshmen: Ella Konkright, Casey Bridgewater, Brynlee McQuay, Chantelle Sneed, Loryn White,

Harrison, Emma Oitker, Seth Vincent, Jonathan Grammer, Matthew Martin and Kaydee Rennecker.

Sophomores: Hannah Hodges, Rachel McMullen, Alex Peters, Kara Puffenberger, Dylan Ross, Layne Wood and Brayden Rennecker.

Juniors: Aemilia Ashel, Emily Danks, Layla

Mitchell, Josephine Moyer, Grady Reed, Matthew Sturtevant, Ian Brewster, Chadym Rennecker, Jacob Schwanke and Aaden Surratt.

Honor Roll GPA of 3.499-3.00

Seniors: Max Koeller, Hazel Bowen, Alyssa Koeller and Reese Briscoe.

Juniors: Jaelyn Batchelor, Faith Lynch, Bazel Wilks, Addison

Sophomores: Dayleigh Coultas, Isaac Coventon, Mason Smith, Erica Greenwood, Nicholas Moyer and Brianna Wombles.

Freshmen: Celeste Noguez, Damien Orr, Darcee Richardson, Madison Richardson, Briley Westfall, Kaiden Cravens, Shevi McCoy, Kandice Skirvin, Allison Woods, Miley Flowers, Abigail Heistand, Kaleb



150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

October 10, 2022

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Certified Mail

The Honorable Greg Mendenhall
Mayor
City of Pittsfield
215 North Monroe
Pittsfield, Illinois 62363

Re: DaVita Pittsfield Dialysis

Dear Mayor Mendenhall:

This office represents DaVita Inc. and Total Renal Care, Inc. d/b/a Pittsfield Dialysis (collectively, “DaVita”). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue, in its entirety, its 5-station dialysis center known as DaVita Pittsfield Dialysis (the “Dialysis Center”) located at 640 West Washington Street, Pittsfield, Illinois (the “Project”).

The Project will result in the discontinuation of all of the Dialysis Center’s authorized stations. As of June 30, 2022, only 13 patients dialyzed at the Dialysis Center. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will close as soon as practicable after State Board approval but no later than December 31, 2022.

DaVita operates 10 dialysis centers in the health service area. Nine of the ten centers operate below the State Board’s target occupancy of 80% and have sufficient capacity to accommodate the Dialysis Center’s patients. All patients will be transferred to another DaVita dialysis center prior to discontinuation of the Dialysis Center. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the health service area.

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Phoenix St. Louis San Francisco Seattle Silicon Valley Washington, D.C. Wilmington

Polsinelli PC, Polsinelli LLP in California



October 10, 2022

Page 2

If you have any questions about DaVita's plans to discontinue DaVita Pittsfield Dialysis, please feel free to contact Mary Anderson at 815-594-1131.

Sincerely,

A handwritten signature in black ink that reads "Anne M. Cooper".

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

October 10, 2022

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Certified Mail

The Honorable Steve McClure
Illinois State Senator, 50th District
229 South Main, Suite B
Jacksonville, Illinois 62650

Re: DaVita Pittsfield Dialysis

Dear Senator McClure:

This office represents DaVita Inc. and Total Renal Care, Inc. d/b/a Pittsfield Dialysis (collectively, “DaVita”). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue, in its entirety, its 5-station dialysis center known as DaVita Pittsfield Dialysis (the “Dialysis Center”) located at 640 West Washington Street, Pittsfield, Illinois (the “Project”).

The Project will result in the discontinuation of all of the Dialysis Center’s authorized stations. As of June 30, 2022, only 13 patients dialyzed at the Dialysis Center. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will close as soon as practicable after State Board approval but no later than December 31, 2022.

DaVita operates 10 dialysis centers in the health service area. Nine of the ten centers operate below the State Board’s target occupancy of 80% and have sufficient capacity to accommodate the Dialysis Center’s patients. All patients will be transferred to another DaVita dialysis center prior to discontinuation of the Dialysis Center. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the health service area.

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October 10, 2022

Page 2

If you have any questions about DaVita's plans to discontinue DaVita Pittsfield Dialysis, please feel free to contact Mary Anderson at 815-594-1131.

Sincerely,

A handwritten signature in black ink that reads "Anne M. Cooper".

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

October 10, 2022

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Certified Mail

The Honorable C.D. Davidsmeyer
Illinois State Representation, 100th District
325 West State Street, Suite 102
P.O. Box 160
Jacksonville, Illinois 62650

Re: DaVita Pittsfield Dialysis

Dear Representative Davidsmeyer:

This office represents DaVita Inc. and Total Renal Care, Inc. d/b/a Pittsfield Dialysis (collectively, “DaVita”). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue, in its entirety, its 5-station dialysis center known as DaVita Pittsfield Dialysis (the “Dialysis Center”) located at 640 West Washington Street, Pittsfield, Illinois (the “Project”).

The Project will result in the discontinuation of all of the Dialysis Center’s authorized stations. As of June 30, 2022, only 13 patients dialyzed at the Dialysis Center. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will close as soon as practicable after State Board approval but no later than December 31, 2022.

DaVita operates 10 dialysis centers in the health service area. Nine of the ten centers operate below the State Board’s target occupancy of 80% and have sufficient capacity to accommodate the Dialysis Center’s patients. All patients will be transferred to another DaVita dialysis center prior to discontinuation of the Dialysis Center. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the health service area.

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October 10, 2022

Page 2

If you have any questions about DaVita's plans to discontinue DaVita Pittsfield Dialysis, please feel free to contact Mary Anderson at 815-594-1131.

Sincerely,

A handwritten signature in black ink that reads "Anne M. Cooper".

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

October 10, 2022

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Certified Mail

Director Sameer Vohra, M.D., J.D, M.A.
Illinois Department of Public Health
122 South Michigan Avenue, 7th Floor
Chicago, Illinois 60603

Re: DaVita Pittsfield Dialysis

Dear Dr. Vohra:

This office represents DaVita Inc. and Total Renal Care, Inc. d/b/a Pittsfield Dialysis (collectively, “DaVita”). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue, in its entirety, its 5-station dialysis center known as DaVita Pittsfield Dialysis (the “Dialysis Center”) located at 640 West Washington Street, Pittsfield, Illinois (the “Project”).

The Project will result in the discontinuation of all of the Dialysis Center’s authorized stations. As of June 30, 2022, only 13 patients dialyzed at the Dialysis Center. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will close as soon as practicable after State Board approval but no later than December 31, 2022.

DaVita operates 10 dialysis centers in the health service area. Nine of the ten centers operate below the State Board’s target occupancy of 80% and have sufficient capacity to accommodate the Dialysis Center’s patients. All patients will be transferred to another DaVita dialysis center prior to discontinuation of the Dialysis Center. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the health service area.

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October 10, 2022

Page 2

If you have any questions about DaVita's plans to discontinue DaVita Pittsfield Dialysis, please feel free to contact Mary Anderson at 815-594-1131.

Sincerely,

A handwritten signature in dark ink that reads 'Anne M. Cooper'.

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

October 10, 2022

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Certified Mail

Director Theresa Eagleson
Illinois Department of Healthcare and Family
Services
401 South Clinton Street
Chicago, Illinois 60607

Re: DaVita Pittsfield Dialysis

Dear Director Eagleson:

This office represents DaVita Inc. and Total Renal Care, Inc. d/b/a Pittsfield Dialysis (collectively, “DaVita”). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue, in its entirety, its 5-station dialysis center known as DaVita Pittsfield Dialysis (the “Dialysis Center”) located at 640 West Washington Street, Pittsfield, Illinois (the “Project”).

The Project will result in the discontinuation of all of the Dialysis Center’s authorized stations. As of June 30, 2022, only 13 patients dialyzed at the Dialysis Center. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will close as soon as practicable after State Board approval but no later than December 31, 2022.

DaVita operates 10 dialysis centers in the health service area. Nine of the ten centers operate below the State Board’s target occupancy of 80% and have sufficient capacity to accommodate the Dialysis Center’s patients. All patients will be transferred to another DaVita dialysis center prior to discontinuation of the Dialysis Center. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the health service area.

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October 10, 2022

Page 2

If you have any questions about DaVita's plans to discontinue DaVita Pittsfield Dialysis, please feel free to contact Mary Anderson at 815-594-1131.

Sincerely,

A handwritten signature in black ink that reads "Anne M. Cooper".

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

October 10, 2022

Anne M. Cooper
312.873.3606
312.276.4317 Fax
acooper@polsinelli.com

Via Certified Mail

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

Re: DaVita Pittsfield Dialysis

Dear Mr. Kniery:

This office represents DaVita Inc. and Total Renal Care, Inc. d/b/a Pittsfield Dialysis (collectively, “DaVita”). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the “State Board”) to discontinue, in its entirety, its 5-station dialysis center known as DaVita Pittsfield Dialysis (the “Dialysis Center”) located at 640 West Washington Street, Pittsfield, Illinois (the “Project”).

The Project will result in the discontinuation of all of the Dialysis Center’s authorized stations. As of June 30, 2022, only 13 patients dialyzed at the Dialysis Center. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will close as soon as practicable after State Board approval but no later than December 31, 2022.

DaVita operates three dialysis centers in the area that have sufficient capacity to accommodate the Dialysis Center’s patients. All patients will be given the option to transfer to DaVita’s other dialysis centers in the area prior to discontinuation of the Dialysis Center. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the health service area.

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Polsinelli PC, Polsinelli LLP in California



October 10, 2022

Page 2


If you have any questions about DaVita's plans to discontinue DaVita Pittsfield Dialysis, please feel free to contact Mary Anderson at 815-594-1131.

Sincerely,



A handwritten signature in dark ink that reads "Anne M. Cooper".

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.

U.S. Postal Service® CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		
USPS® ARTICLE NUMBER		
9414 7266 9904 2204 2297 70		
Certified Mail Fee	\$	\$3.25
Return Receipt (Hardcopy)	\$	\$2.75
Return Receipt (Electronic)	\$	\$0.00
Certified Mail Restricted Delivery	\$	\$0.00
Postage	\$	
Total Postage and Fees	\$	\$6.00
		
Sent to: The Honorable Greg Mendenhall Mayor City of Pittsfield 215 North Monroe Pittsfield, Illinois 62363		

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 9590 9266 9904 2204 2297 73	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	1. Article Addressed to: The Honorable Greg Mendenhall Mayor City of Pittsfield 215 North Monroe Pittsfield, Illinois 62363	
2. Certified Mail (Form 3800) Article Number 9414 7266 9904 2204 2297 70		Reference Information

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Return Receipt (Electronic)	\$	\$0.00
Certified Mail Restricted Delivery	\$	\$0.00
Postage	\$	
Total Postage and Fees	\$	\$6.00
<p>The Honorable Steve McClure Illinois State Senator, 50th District 229 South Main, Suite B Jacksonville, Illinois 62650</p>		

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 9590 9266 9904 2204 2297 66	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Janet Hamm</u></p> <p>C. Date of Delivery <u>10/17</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>The Honorable Steve McClure Illinois State Senator, 50th District 229 South Main, Suite B Jacksonville, Illinois 62650</p>	<p>Reference Information</p>
<p>2. Certified Mail (Form 3800) Article Number</p> <p>9414 7266 9904 2204 2297 63</p>	


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Return Receipt (Electronic)	\$	\$0.00
Certified Mail Restricted Delivery	\$	\$0.00
Postage	\$	
Total Postage and Fees	\$	\$6.00
<p>Sent to:</p> <p>The Honorable C.D. Davidsmeyer Illinois State Representation, 100th District 325 West State Street, Suite 102 P.O. Box 160 Jacksonville, Illinois 62650</p>		


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Certified Mail Fee	\$ \$3.25
Return Receipt (Hardcopy)	\$ \$2.75
Return Receipt (Electronic)	\$ \$0.00
Certified Mail Restricted Delivery	\$ \$0.00
Postage	\$
Total Postage and Fees	\$ \$6.00
	
Sent to: Director Sameer Vohra, M.D., J.D, M.A. Illinois Department of Public Health 122 South Michigan Avenue, 7 th Floor Chicago, Illinois 60603	
PS Form 3800, Facsimile, July 2015	


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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Director Sameer Vohra, M.D., J.D, M.A. Illinois Department of Public Health 122 South Michigan Avenue, 7th Floor Chicago, Illinois 60603	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	pe: ail <u>Reference Information</u>	
2. Certified Mail (Form 3800) Article Number 9414 7266 9904 2204 2297 87		
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USPS® ARTICLE NUMBER		
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Certified Mail Fee	\$	\$3.25
Return Receipt (Hardcopy)	\$	\$2.75
Return Receipt (Electronic)	\$	\$0.00
Certified Mail Restricted Delivery	\$	\$0.00
Postage	\$	
Total Postage and Fees	\$	\$6.00
<div style="text-align: center;">  Postmark Here </div>		
Sent to: Director Theresa Eagleson Illinois Department of Healthcare and Family Services 401 South Clinton Street Chicago, Illinois 60607		
PS Form 3800, Facsimile, July 2015		

Return Receipt (Form 3811) Barcode		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2204 2297 97		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x KW 703</i>	
1. Article Addressed to: Director Theresa Eagleson Illinois Department of Healthcare and Family Services 401 South Clinton Street Chicago, Illinois 60607		B. Received by (Printed Name) <i>19</i> C. Date of Delivery <i>10/14/22</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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Certified Mail Fee	\$	\$3.25
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Return Receipt (Electronic)	\$	\$0.00
Certified Mail Restricted Delivery	\$	\$0.00
Postage	\$	
Total Postage and Fees	\$	\$6.00



**Postmark
Here**

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

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Return Receipt (Form 3811) Barcode		COMPLETE THIS SECTION ON DELIVERY	
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		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: John Kniery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2 nd Floor Springfield, Illinois 62761		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Certified Mail (Form 3800) Article Number 9414 7266 9904 2204 2297 56		Reference Information	

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

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, and pursuant to 77 Ill. Admin Code § 1110.290(a)(6) that DaVita Inc. and Total Renal Care, Inc. (collectively, "DaVita") will complete all questionnaires and data required by the Illinois Health Facilities and Services Review Board or the Illinois Department of Public Health (IDPH) (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 60 days following the date of discontinuation.

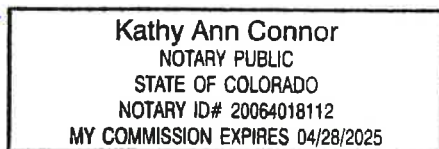
Sincerely,

A handwritten signature in blue ink, appearing to read "Stephanie N. Berberich".

Print Name: Stephanie N. Berberich
Its: Assistant Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This 13th day of September, 2022

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

Notary Public

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

DaVita seeks authority from the State Board to discontinue its 5-station in-center hemodialysis center located at 640 West Washington Street, Pittsfield, Illinois. As of September 30, 2022, only 13 patients were dialyzing at Pittsfield Dialysis. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing issues, DaVita decided to discontinue Pittsfield Dialysis effective December 31, 2022.

As of September 15, 2022, HSA 3 had an excess of 17 dialysis stations. The discontinuation of Pittsfield Dialysis will reduce the station excess in HSA 3.

Section II, Discontinuation
Criterion 1110.290(c), Impact on Access

The discontinuation of Pittsfield Dialysis will not affect access to dialysis services in HSA 3. As of September 30, 2022, there were 14 dialysis centers in HSA 3 with average utilization of 51 percent, and only one dialysis center operated at the State Board's utilization standard. Accordingly, there is sufficient capacity in HSA 3 to accommodate the Pittsfield Dialysis patients.

Existing Pittsfield patients have been offered the opportunity to transition to home dialysis and have been given a list of all existing clinics in close proximity to Pittsfield.

Section II, Discontinuation
Criterion 1110.290(d), Notice to Other Providers

There are no non-DaVita dialysis providers within the Pittsfield Dialysis 19-mile geographic service area.

Section III, Background and Purpose of the Project
Criterion 1110.110(a), Background of the Applicant

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care clinics owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application
2. A list of all health care facilities owned or operated by DaVita in Illinois is attached at Attachment – 11A. Dialysis centers are currently not subject to state licensure in Illinois.
3. Certification that no adverse action has been taken against either of the Applicants or against any health care clinics owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11B.
4. An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

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

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Ford City Dialysis	8159 S CICERO AVENUE		CHICAGO	COOK	IL	60652	
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Glenview Dialysis	2601 Compass Road	Suite 145	Glenview	Cook	IL	60026	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Geneva Crossing Dialysis	540 South Schmale Road		Carol Stream	DuPage	IL	60188	
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Hickory Creek Dialysis	214 COLLINS STREET		JOLIET	WILL	IL	60432	
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marshall Square Dialysis	2950-3010 West 26th Street		Chicago	COOK	IL	60623	
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Melrose Village	1985 North Mannheim Road		Melrose Park	Cook	IL	60160	
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	14-2813
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
North Dunes Dialysis	3113 North Lewis Avenue		Waukegan	Lake	IL	60087	
Northgrove Dialysis	2491 INDUSTRIAL DRIVE		HIGHLAND	MADISON	IL	62249	
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	14-2818
Oak Meadows Dialysis	5020 West 95th Street		OAK LAWN	Cook	IL	60453	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Rutgers Park Dialysis	8455 WOODWARD AVENUE		WOODRIDGE	DUPAGE	IL	60517	
Salt Creek Dialysis	196 WEST NORTH AVENUE		VILLA PARK	DUPAGE	IL	60181	
Sauganash Dialysis	4054 WEST PETERSON AVENUE		CHICAGO	COOK	IL	60646	

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	14-2810
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	14-2812
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310



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

Dear Chair Savage:

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

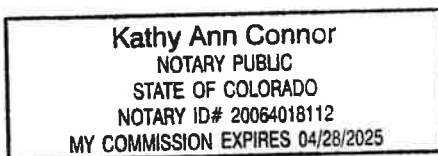
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit.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

Sincerely,

A handwritten signature in blue ink, appearing to read "Stephanie N. Berberich".

Print Name: Stephanie N. Berberich
Its: Assistant Secretary, DaVita Inc.
Secretary, Total Renal Care, Inc.

Subscribed and sworn to me
This 13th day of September, 2022

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

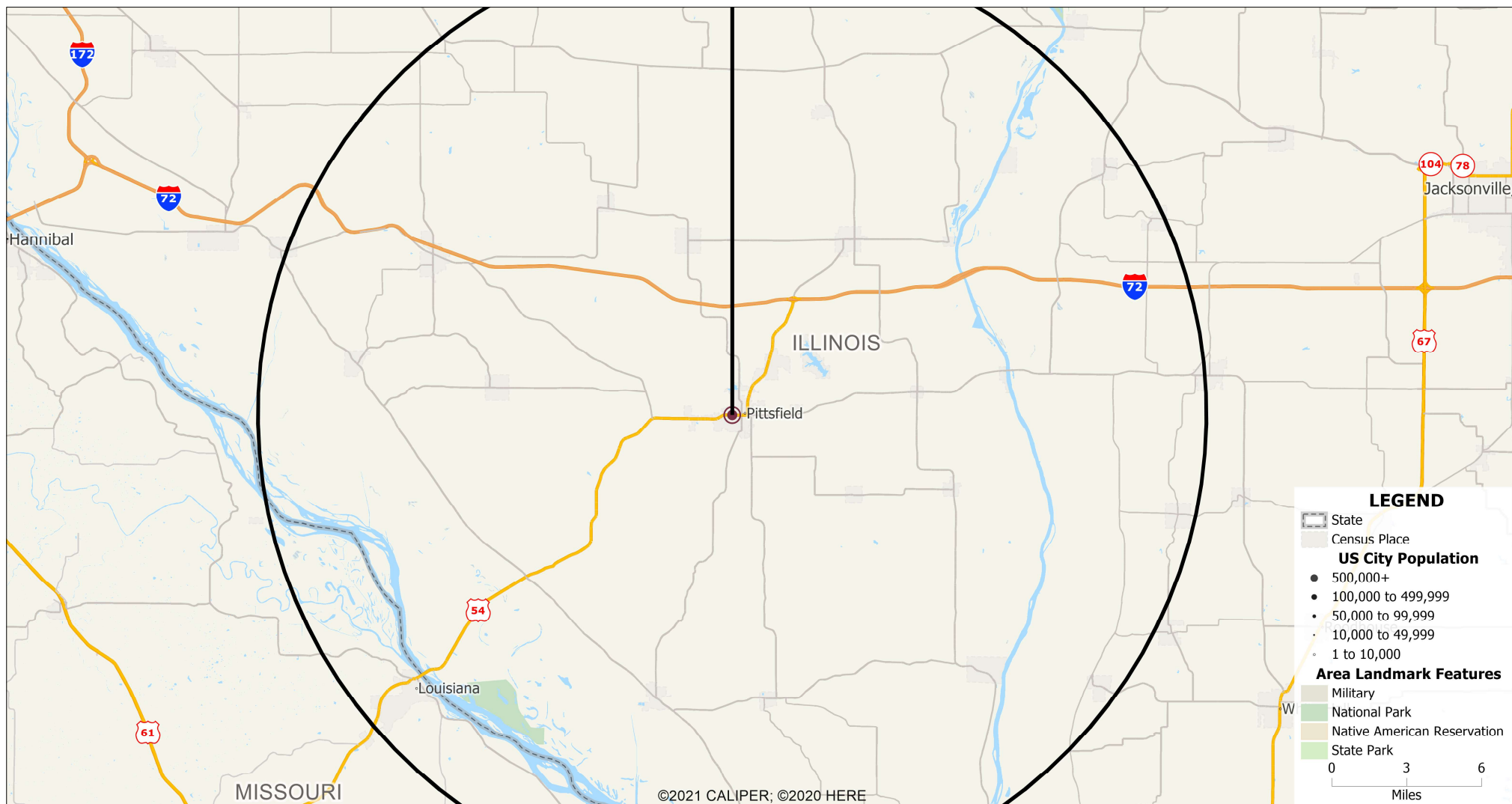
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Section III, Project Purpose and Background – Information Requirements
Criterion 1110.110(b), Project Purpose

1. DaVita seeks authority from the State Board to discontinue its 5-station in-center hemodialysis center located at 640 West Washington Street, Pittsfield, Illinois 62363. As of June 30, 2022, only 13 patients dialyzed at Pittsfield Dialysis. This decrease is due in part to the COVID-19 pandemic and more patients electing home modalities. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the declining utilization and staffing issues, DaVita decided to discontinue Pittsfield Dialysis effective December 31, 2022.

The discontinuation of Pittsfield Dialysis will reduce the excess stations in HSA 3.

2. A map of the geographic service area of Pittsfield Dialysis is attached at Attachment – 12. The geographic service area encompasses a 19-mile radius around the dialysis center. The boundaries of Pittsfield Dialysis' geographic service area are as follows:
 - North approximately 19 miles to Buckhorn
 - Northwest approximately 19 miles to Kinderhook
 - West approximately 19 miles to Mississippi River
 - Southwest approximately 18 miles to Mississippi River
 - South approximately 19 miles to Mississippi River
 - Southeast approximately 19 miles to Hillview
 - East approximately 19 miles to Winchester
 - Northeast approximately 19 miles to Meredosia
3. As of September 30, 2022, only 13 patients dialyzed at Pittsfield Dialysis. This decrease is due in part to the COVID-19 pandemic and more patients electing home modalities. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the declining utilization and staffing issues, DaVita decided to discontinue Pittsfield Dialysis effective December 31, 2022.
4. Given the low utilization at Pittsfield Dialysis coupled with clinical staffing shortages, the discontinuation of Pittsfield Dialysis will allow DaVita to better allocate clinical staffing resources to other DaVita clinics without effecting patient care.
5. DaVita plans to transition existing Pittsfield Dialysis patients either to home modalities or to other in-center hemodialysis clinics and transfer current staff at Pittsfield Dialysis to other centers no later than December 31, 2022.



Section X, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2021 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach is attached at Attachment – 38. As referenced in the report, DaVita led the industry in quality, with 96% of DaVita facilities scoring 3, 4, or 5 stars in CMS' Five Star Quality Rating System.

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

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

2. The discontinuation of Pittsfield Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. All patients of Pittsfield Dialysis will either transition to home dialysis or transfer to other DaVita facilities.
3. The discontinuation of Pittsfield Dialysis will not impact will not impact the remaining safety net providers in the community. All patients of Pittsfield Dialysis will either transition to home dialysis or transfer to other DaVita facilities.
4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2019	2020	2021
Charity (# of patients)	149	106	75
Charity (cost in dollars)	\$3,509,730	\$2,635,936	\$1,247,774
MEDICAID			
	2019	2020	2021
Medicaid (# of patients)	277	258	231
Medicaid (revenue)	\$6,613,469	\$6,093,849	\$5,385,982

THE DAVITA® VISION FOR
GLOBAL CITIZENSHIP

Community Care 2021



Introduction

Our focus on corporate citizenship and environmental, social and governance (ESG) issues has long been a differentiator for DaVita. For more than 16 years, our Trilogy of Care—Caring for Our Patients, Caring for Each Other, and Caring for Our World—has been at the heart of who we are and what we do. As the COVID-19 pandemic continued in 2021, this trilogy was more important than ever.

Caring for Our Patients

DaVita is a comprehensive kidney care provider focused on transforming care delivery to improve quality of life for patients globally. We are one of the largest providers of kidney care services in the U.S. and have been a leader in clinical quality and innovation for more than 20 years. We work to help increase equitable access to care for patients at every stage and setting along their kidney health journey—from helping slow the progression of kidney disease to supporting transplantation, and from acute hospital care to dialysis at home.

Caring for Each Other

Our teammates are at the heart of the care for our patients. Therefore, supporting our teammates and delivering what matters most to them is critical. We use a holistic approach to invest in our teammates across six key pillars: financial health; physical and emotional health; job flexibility; growth; connection and belonging; and purpose.

Caring for Our World

We are committed to doing our part to support our local communities and to minimize our impact on our changing climate. Our science-based targets and 100% renewable energy goal are some of the ways we are bringing that commitment to life. Additionally, we want to give back to the communities where our teammates and patients live and work. Through our strategic giving focus areas, we have supported health equity initiatives through the American Diabetes Association as well as the National Kidney Foundation's THE BIG ASK: THE BIG GIVE® program to promote living kidney transplantation.

Unless otherwise indicated, data in this report is as of December 31, 2021.
View important information about our forward-looking statements [here](#).

240K

patients

69K

teammates

3.1K

dialysis centers

11

countries

1global
community

About This Report

As part of our commitment to corporate citizenship, in 2021, we announced a set of goals for 2025, organized around our key focus areas and inspired by our Trilogy of Care. We are continuing to build upon this ambitious foundation, to further our impact and increase our transparency in reporting our progress.

This report will cover our overall approach to ESG, governance, strategy, metrics and targets for how we measure our progress, including the Sustainability Accounting Standards Board (SASB) metrics and the Taskforce on Climate-Related Financial Disclosures (TCFD) framework.

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Toward our
2025 Goals

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ESG Data
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Metrics and
TCFD Report

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Our ESG Governance and Strategy

We strive to be a community first and a company second, which is underscored by our deep rooted commitment to our ESG practices. Our ESG focus areas include how we care for our patients; how we support our teammates to grow and thrive in a workplace where everyone feels like they belong; and how we engage with our local communities and promote environmental stewardship.

ESG Governance

The governance of ESG starts with the Board, and the responsibility permeates throughout the organization. The Nominating and Governance Committee of DaVita's Board of Directors (the "Board") oversees DaVita's activities, policies and programs related to corporate environmental and social responsibility:

- Our management ESG Steering Committee regularly reports to the Nominating and Governance Committee and gives the full Board an ESG update on no less than an annual basis
- The management ESG Steering Committee provides guidance on strategy and disclosures for our ESG initiatives
- The committee is comprised of leaders from across the business who represent various perspectives and stakeholders, and its objective is to align ESG strategy across the Company

ESG Strategy

Based on feedback from key stakeholders and the SASB recommended metrics for health care service providers, we have identified our key ESG issues and focus areas:



Patient Care

- Quality of Care
- Patient Experience
- Patient Education
- Health Equity



Teammate Engagement

- Diversity & Belonging
- Teammate Development
- The DaVita Way



Environmental Stewardship

- Carbon Emissions Reduction
- Water & Waste Reduction



Healthy Communities

- Charitable Giving
- Volunteerism



Leading with Integrity & Accountability

- Compliance, Ethics & Governance
- Data Privacy
- Supply Chain








2025 ESG Goals

In 2021, we announced our goals in each of our five ESG focus areas for 2025, many of which are aspirational. The goals represent our ongoing commitment to meaningfully advancing corporate citizenship initiatives. In the process of setting these goals, we worked with key stakeholders across the company to determine objective metrics, leveraging external reporting frameworks, such as SASB, and science-based goals when possible. While we recognize that it may be difficult to achieve some of these aspirational goals during the timeframe, we believe there is value in striving for these goals. Please see below for a full update on our progress towards our ambitious goals.

Alignment with Science Based Targets Initiative

We have received verification from the Science Based Targets initiative (SBTi) that our climate targets are in line with the scale of reductions required to keep global warming from rising more than 1.5 degrees Celsius from pre-industrial levels.

2021 Highlights

 <p>Patient Care</p>	<ul style="list-style-type: none"> • ~217,000 COVID-19 vaccines and boosters administered to the dialysis community • ~15% of DaVita patients received convenient home dialysis treatments¹ • 7,500+ DaVita patients received a kidney transplant • 30,000+ people participated in a Kidney Smart® class, a record-setting year of engagement for our kidney disease education program
 <p>Teammate Engagement²</p>	<ul style="list-style-type: none"> • 84% of teammates are engaged based on our 2021 survey • 78% of U.S. teammates are women; 55% are people of color • 84% of teammates feel a sense of belonging within the DaVita community • 12,500+ teammates participated in a DaVita University professional development course
 <p>Environmental Stewardship</p>	<ul style="list-style-type: none"> • Our 2025 climate targets were approved by the Science Based Targets initiative • 100% of our U.S. operations are now powered by renewable energy via our virtual power purchase agreements • 750+ clinics received energy-efficient upgrades with LED lighting or building management systems
 <p>Healthy Communities</p>	<ul style="list-style-type: none"> • We launched a year-long pilot with the National Kidney Foundation's THE BIG ASK: THE BIG GIVE® platform to help improve health equity in transplantation • 37,000+ adults participated in Type 2 diabetes education through our support for the American Diabetes Association • \$15 million was deposited to HOPE Credit Union, which provides banking services and loans to underserved communities • More than \$910,000 was raised by Tour DaVita to benefit Bridge of Life, a nonprofit founded by DaVita with international programs supporting the prevention and treatment of chronic diseases
 <p>Leading with Integrity & Accountability</p>	<ul style="list-style-type: none"> • We are one of 8% of companies in the S&P 500 to have a woman serving as the independent Board Chair, and 100% of our Board committees were led by women or people of color³ • 99.7% of U.S. teammates and directors completed annual compliance training in 2021

1. As of December 31, 2021 2. Teammate Engagement section data applies to US teammates as of December 31, 2021 3. As of December 31, 2021

2021 ESG Initiatives: Patient Care

Patient Care

In 2021 and throughout the COVID-19 pandemic, DaVita continued its focus on delivering safe, high-quality care in an equitable way to all patients. We support patients across their entire kidney care journey, including: prevention, transition, treatment and transplant.

Quality of Care

DaVita remained a clinical leader in the government's two key performance programs, the Centers for Medicare & Medicaid Services' (CMS) Five-Star Quality Rating System and the Quality Incentive Program (QIP) in 2021. To learn more about the ways DaVita provides quality care, visit **DaVita Better Care** today.

Patient Experience

In addition to providing high-quality care, it is critical that patients feel cared about. One way to measure patient experience is through the Net Promoter Score (NPS), which measures a patient's likelihood to recommend DaVita to others. Our most recent NPS of 57 for our dialysis patients demonstrates the care and support our patients feel and how that translates to advocacy. We strive to maintain an NPS above 50, which indicates excellence across industries.¹

Integrated Kidney Care

Through DaVita® Integrated Kidney Care (DaVita IKC), patients receive comprehensive care that goes beyond kidney care to cover comorbidities and overall health, from the early stages of chronic kidney disease (CKD) to end stage kidney disease (ESKD). Learn more about **DaVita IKC**.

As of December 31, 2021, DaVita IKC provided integrated care and disease management services to approximately **16,000** patients in risk-based integrated care arrangements and to an additional **7,000** patients in other integrated care arrangements.

96%

of facilities scored 3, 4, or 5 stars in CMS's Five Star Quality Rating System.*

Home Dialysis

Dialyzing at home rather than in a dialysis clinic can be the optimal modality for many patients. In 2021, approximately 15% of our patients dialyzed at home.

DaVita expanded its home dialysis care program to include new technologies to enhance patient and physician experience, which is another important step forward to enable more patients to choose to treat their kidney failure at home and stay at home for as long as clinically possible.²

Read more about the benefits of home dialysis.

* According to October 2020 data (for 2019 year) from the Centers for Medicare & Medicaid Services' Five-Star Quality Rating System.

1. <https://www.qualtrics.com/experience-management/customer/good-net-promoter-score/>
2. Statistics are as of December 31, 2021, and are for U.S.-based patients only. Modality selections and decisions related to a patient's care are always made by the attending nephrologist and patient, and provided pursuant to a physician's order.

~15%

of DaVita patients
dialyzed at home

Patient Education

Kidney Smart is a no-cost, comprehensive kidney education program offered online, over the phone, or in-person and open to anyone in the community. The program offers kidney health education and lifestyle recommendations to help at-risk individuals understand aspects of kidney disease and strategies to prevent progression of their kidney disease.

[Learn more.](#)

DaVita educated more than 30,000 new people in 2021 as part of our five-year goal to achieve 100,000 Kidney Smart participants.

Kidney Transplantation

DaVita and the National Kidney Foundation (NKF) launched an innovative, yearlong pilot aimed at improving health equity in kidney transplantation with a newly-developed program within NKF's THE BIG ASK: THE BIG GIVE® platform.

DaVita's transplant education and support programs include Transplant Smart, a multi-media kidney transplant-specific education program about the transplant process and what to expect. DaVita also acquired MedSleuth, a transplant software company, to help improve the transplant experience.

7,500+

DaVita patients
received a kidney
transplant
in 2021

Health Equity

We strive to support equity at every step of the kidney care journey. CKD disproportionately affects communities of color and the disparity continues as patients advance through ESKD, consistent across the kidney care community. We are proud that our patients largely achieve equitable outcomes across key clinical metrics, including hospitalizations and infections, among others. Our goal is to reduce or eliminate health disparities, including within Home and Transplant.

[Learn more.](#)



Closed the COVID-19 vaccination gap for our Hispanic patients and improved the vaccination gap for our Black patients from 30% to 5% lower than vaccination rates for our White patients from March 2021 to January 2022. Our efforts focused on eliminating access barriers and a dedicated campaign addressing higher hesitancy for underrepresented groups.



Acquired MedSleuth. Its software helps to remove barriers to access, provides strong care coordination and supports patients through the transplant journey.



Launched a local partnership pilot to deliver culturally tailored education at a community level.



2021 ESG Initiatives: Teammate Engagement

Teammate Engagement

To achieve our mission of being the Employer of Choice, we strive to:



Meet our teammates' basic needs to provide for themselves and their families. This means offering competitive compensation and benefits while also supporting teammates' physical and mental well-being and making work "work" for teammates.



Create an environment where teammates can thrive. This means creating opportunities for personal and career growth; it also means having relationships with managers and peers to help teammates feel like they belong.



Live our purpose: to give life.



Diversity & Belonging ("D&B")

To realize our vision of "a diverse Village where everyone feels like they belong," we take a collaborative, leader-led and teammate-driven approach to building our D&B program. Four pillars comprise our strategy: Diversity, Belonging, Economic Mobility and Health Equity. Below is how we bring these to life.

For more information, visit www.davitaadiversityreport.com.

Diversity

We strive to have strong representation of women and people of color in our Village by meeting or exceeding EEO-1 benchmarks for all levels. As of Dec. 31, 2021:

Our overall teammate population in the U.S. is comprised of:	Leaders with profit and loss responsibility are:	Operational managers who lead our dialysis centers are:	Our board of directors is comprised of:
78% women and 55% people of color	54% women and 25% people of color	78% women and 36% people of color	44% women and 33% people of color

Diversity

With respect to Board leadership positions, as of December 31, 2021, we were one of 8% of companies in the S&P 500 to have a woman serving as the independent Board Chair, and 100% of our Board committees were led by women or people of color. To continue to strengthen representation, we:



Strive to have a diverse candidate slate and interview panel whenever possible for leadership (i.e., director or above) roles



Launched a new education series for managers on how to recognize and mitigate bias in hiring and performance review processes



Offer a wide range of development opportunities specific to women and people of color

Belonging

We aspire to create a sense of belonging for all teammates, patients, physicians and care partners regardless of gender, race/ethnicity or any other factor. Last year we:



Maintained our best ever scores on belonging with 84% of teammates saying they feel like they belong



Launched our second Week of Belonging, engaging 69,000 global teammates in activities and education designed to further enhance a feeling of belonging



Introduced teammate resource groups, starting first with groups for Black, Asian and Pacific Islander and working-parent teammates

Economic Mobility

We are committed to supporting teammates to increase their earnings potential through career development and educational opportunities. Last year, we:



Launched a new scholarship to support teammates of color to pursue their first undergraduate degree



Continued funding and academic support for teammates to get their nursing degree through our Bridge to Your Dreams program



Won a grant along with external higher education institutions to build out a seamless education-to-employment pathway for Colorado students

Teammate Development

Many people join our Village as one of our more than 19,000 patient care technicians (PCTs) or 16,000 registered nurses (RNs). To help ensure that teammates have the support needed to succeed in their current roles, and grow their careers, we have invested in an end-to-end career development platform. It offers programs and initiatives that provide financial, academic and social support to our clinical and operations teammates to help achieve their higher education and leadership goals.

Beginning with programs that cover certification fees for PCTs; to coaching and tuition programs that help guide PCTs to becoming RNs; to programs that help develop high potential nurses, clinical coordinators and clinic nurse managers into operational managers; and ultimately to programs that prepare and coach operational managers for potential regional operations roles; our goal is to make resources available to teammates at each step of a possible career path.

Clinical Ladders

In 2021, we launched our Clinical Ladders program, which sets clear competencies and milestones for teammates to achieve in each of the five clinical levels. This visibility empowers teammates to be in the driver's seat of their career and growth, providing the structure and transparency to grow their careers in our Village. Currently, one-third of our Village has fully adopted Clinical Ladders. We plan to bring Clinical Ladders to every PCT, licensed vocational nurse (LVN), licensed practical nurse (LPN), RN and Clinical Coordinator (CC) in the Village in 2022.

Career Development

We also provide opportunities for teammates to grow their skills by enrolling in one of our many career development programs. These programs are designed to grow PCTs to RNs, RNs to operational managers, and operational managers to operational directors. For example, since the program launched, we have had more than 900 teammates enrolled in our Bridge to Your Dreams program, which supports high-performing teammates in their dream to pursue an associate's degree in nursing and become a DaVita nurse.

Additionally, in 2021, DaVita invested \$4.4M in tuition reimbursement, impacting approximately 1,800 teammates.



~64%

of Facility Administrators
and managers have been
promoted internally, as of
December 31, 2021

Personal and Professional Development

Through DaVita University (DVU), we offer personal and professional development programs for a variety of roles and teammate levels. All teammates have access to our proprietary suite of educational resources to explore various topics to further their learning and education. More than 12,500 teammates participated in personal and professional development in 2021, totaling 19,000+ DVU course completions.

The DaVita Way

The DaVita Way is the foundation of our culture. It means that we care for each other with the same intensity with which we care for our patients. We believe that by caring for each other we can improve health care, grow leaders and make a real difference in the communities we serve.

One of the ways we measure teammates' experience with our culture is through our teammate engagement survey. In 2021, our teammate engagement score was 84%, which is consistent with our 2025 goal.

Health and Wellness



In 2021, we doubled the number of We Are Well Award recipients. As part of this program, we invite our teammates to share their physical, emotional and financial wellbeing stories.



Teammates have free access to the Headspace application for digital meditation and mindfulness.



Project Reignite provides wellness activities for teammates relating to mindfulness, movement, nutrition and sleep.

Support for our Teammates and Their Families



Throughout the pandemic, provided a variety of support programs for teammates, including emergency financial support, PTO policy updates and mental well-being resources.



Bright Horizons Care Advantage Family Care programs include backup childcare, access to college coaching, and support for parents of children with special needs.



DaVita Village Network (DVN) provides teammates financial assistance during times of hardship.



Additional Support: milk-delivery service for nursing moms, and a financial gift or additional paid leave for eligible parents upon the birth or adoption of a child.



2021 ESG Initiatives: Environmental Stewardship

Commitment to 100% Renewable Energy

We reached a big milestone in 2021 when the Prospero II solar farm became operational, helping us achieve our 100% renewable energy goal for our U.S. locations. With this virtual power purchase agreement, our agreements to purchase energy from wind and solar farms now create as much clean energy annually as the amount of electricity we use in our U.S. operations.

Energy Reduction

DaVita continued its progress on reducing emissions by completing 1100+ energy efficiency projects in 2021. These projects included LED lighting retrofits and installing Building Management Systems (BMS) and HVAC and water heater upgrades.

Energy Efficiency Project Highlights

2,200+

centers with LED lighting to date,
with 630 centers completed in 2021

2,300+

centers with BMS to date, with
143 centers completed in 2021

Water Reduction

DaVita maintained its focus on water reductions throughout our operations, including through a water optimization and Top Water Users targeted reduction program. DaVita saved more than 85 million gallons of water in 2021.¹

1. Calculated based on gallons per treatment savings from clinics with water efficiency projects implemented

Task Force on Climate-Related Financial Disclosures (TCFD)

We have prepared an inaugural TCFD report to disclose our actions around climate governance, strategy, risk management, and metrics and targets in-line with the recommendations of the TCFD.

TCFD Executive Summary

DaVita recognizes our responsibility to be an active contributor to global climate efforts, including deep decarbonization and investments in the resiliency of our facilities and communities. We have prepared this TCFD report as part of a company-wide initiative to proactively assess, identify and manage climate-related risks and identify and pursue opportunities to improve operational resiliency.

Governance	<p>The Nominating and Governance Committee of DaVita's Board of Directors (the "Board") is responsible for oversight of ESG, including climate-related activities. The Board receives reports at least annually on the company's ESG strategy activities. In addition, the Audit Committee of the Board reviews significant risk areas for DaVita, which may include climate-related risks to the extent material. Within management, the ESG Steering Committee oversees all climate-related activities underway within the Energy and Sustainability Department. DaVita's Business Continuity (BC), Emergency Management (EM), and Facilities teams are responsible for the management of physical risks.</p>						
Strategy	<p>DaVita believes it is well positioned to manage through the energy transition necessary to meet global climate goals given that it has adopted approved science-based targets for its Scope 1, 2, and 3 Greenhouse Gas (GHG) emissions. Our emissions targets are in line with global commitments that are intended to help the world limit global warming to 1.5 degrees Celsius or less. Through a third party analysis, DaVita has identified important risks for management based on a portfolio risk assessment of our more than 2,800 U.S. and 300 international outpatient dialysis centers (as of 12/31/21) and key supply chain partners:</p> <table data-bbox="480 1037 1481 1247"> <tr> <th data-bbox="480 1037 753 1087">Time Horizon</th><th data-bbox="753 1037 1481 1087">Most Important Physical Risks for Active Management</th></tr> <tr> <td data-bbox="480 1087 753 1163">Short Term (0-2 years)</td><td data-bbox="753 1087 1481 1163">Flooding from extreme rain, coastal floods, and hurricanes; wildfires and air quality issues</td></tr> <tr> <td data-bbox="480 1163 753 1247">Medium (2-10) and Long Term (10-30 years)</td><td data-bbox="753 1163 1481 1247">Acute: Extreme weather (e.g., wildfires) Chronic: Sea level rise/coastal flooding and heat waves</td></tr> </table>	Time Horizon	Most Important Physical Risks for Active Management	Short Term (0-2 years)	Flooding from extreme rain, coastal floods, and hurricanes; wildfires and air quality issues	Medium (2-10) and Long Term (10-30 years)	Acute: Extreme weather (e.g., wildfires) Chronic: Sea level rise/coastal flooding and heat waves
Time Horizon	Most Important Physical Risks for Active Management						
Short Term (0-2 years)	Flooding from extreme rain, coastal floods, and hurricanes; wildfires and air quality issues						
Medium (2-10) and Long Term (10-30 years)	Acute: Extreme weather (e.g., wildfires) Chronic: Sea level rise/coastal flooding and heat waves						
Management	<p>DaVita has been proactively managing and measuring GHG emissions for several years, and has management strategies and plans in place to help achieve our emissions reduction targets. Similarly, several years ago EM identified climate-related factors as emerging risks for management to monitor. EM works proactively on issues in the context of climate change, including mitigation of the impact of future emergencies such as water shortages, power outages, and high water events that may be increased in severity by climate change.</p> <p>DaVita uses findings of its climate-related risk assessments to help support active management of climate-related risks. For example, flooding from extreme rain, coastal floods, and hurricanes represents a short-term potential risk. Accordingly we plan to explore flood resilient design options for treatment centers, as well as lower cost interventions such as backflow prevention devices, to determine the effectiveness of these and other strategies. Proactive and comprehensive flood risk management can help reduce missed treatments during severe weather events and help to support continued care for our patients.</p>						
Metrics and Targets	<p>DaVita tracks several climate-related metrics and targets, including approved science-based targets. More detail is available in the metrics and targets section of this report.</p>						

See our SASB and TCFD data below for more information on our sustainability initiatives and data.

¹ <https://sciencebasedtargets.org/how-it-works>

2021 ESG Initiatives: Healthy Communities

DaVita Giving Foundation

DaVita launched a new foundation in support of our ESG goals. DaVita Giving Foundation is a national, impact driven foundation focused in the areas of health care, social determinants of health, and kidney disease. The Foundation's giving will reinforce and align with DaVita's Core Values and ESG goals, driving the company's mission of being the Provider, Partner and Employer of Choice.

DaVita Way of Giving

This charitable giving program directs donations to local nonprofits across the country, selected by our teammates. In 2021, DaVita Way of Giving made the following impact:

37,000+

adults were educated on how to thrive with Type 2 diabetes through the American Diabetes Association

75

students were supported in their post-secondary education efforts to become mental health professionals by The Quell Foundation

550+

children were supported with five years of evidence-based early literacy intervention through Reach Out and Read

Bridge of Life

Bridge of Life (BOL), an independent 501(c)(3) public charity founded by DaVita Inc., is an international nonprofit organization working to strengthen health care globally through sustainable programs that prevent and treat chronic disease. They strive to empower local staff, community health workers and patients through training and education to make sustainable changes to health care.

Tour DaVita, our annual fundraising event, raised more than \$910,000 in 2021 to support Bridge of Life® initiatives.

In 2021, Bridge of Life:

1. Improved dialysis treatment and care for more than **690** dialysis patients, including **19** children in Guatemala who received AV fistula surgeries resulting in a better quality of life.
2. Trained more than **100** community health workers in five countries to support, treat and educate more than **1,000** people identified with hypertension and/or diabetes.
3. Increased the capacity of more than **300** clinicians and community health workers through comprehensive virtual trainings on kidney care, renal nutrition and COVID-19 prevention.
4. Equipped organizations around the world with clinical supplies, dialysis equipment and personal protective equipment (PPE) to help improve health services and outcomes.

Minority Lending Initiative

In 2021, DaVita made a **\$15 million** Transformational Deposit (TD) into **HOPE Credit Union (HOPE)**, which provides banking services and loans to underserved communities. The investment will support home and small business ownership opportunities for thousands of residents historically lacking financial service access in the southeastern United States.

Through the TD Program, companies, organizations and individuals make very low-cost deposits in HOPE. HOPE, in turn, uses the deposits to advance small business and home ownership among people and communities of color and places facing economic distress. DaVita will donate the interest earned on the deposit back to HOPE to further support its impact lending.

Volunteerism

Through our work with the American Diabetes Association (ADA), DaVita dietitians volunteered to review kidney-friendly recipes to share with ADA's online community. Teammates also have supported efforts to bend the curve in the fight to stop diabetes and kidney disease through awareness, prevention and management activities.

2021 ESG Initiatives: Leading with Integrity and Accountability

Leading with Integrity and Accountability

We are committed to doing the right thing and conducting our business activities in compliance with our policies and applicable laws and regulations. DaVita's compliance program follows our commitment to uphold our Mission and Core Values every day, in everything we do.

One key component of our compliance program is training. All teammates, guest teammates, medical directors, joint venture partners, select vendors and other third parties, as required by contractual obligation, must complete DaVita's compliance training every year. This training is a critical part of the foundation of our compliance program.

Additionally, in 2021 we surveyed our teammates to gather insight on their perceptions of our compliance program, culture and climate at DaVita. The results from this survey are being used to inform our actions moving forward and how we continuously strive toward creating a culture of compliance.

[Learn more about our code of conduct and commitment to compliance.](#)

83,000+

hours of compliance
related trainings
completed by teammates
in 2021





External Recognition in 2021

DJSI: DaVita was recognized by the Dow Jones Sustainability World Index for its corporate responsibility initiatives and performance in regards to ESG practices. DaVita's score was in the top 5% in the Health Care Providers and Services category.

CDP: DaVita discloses its Climate Change and Water Security impact(s) through CDP, formerly known as the Carbon Disclosure Project, a global non-profit that runs the world's leading environmental disclosure platform. DaVita's climate change score of "B" is above average for the health care services industry and for all sectors.

Black EOE Journal: The Black EOE Journal (BEOEJ) included DaVita in their list of 2021 Top Diversity Employers. BEOEJ is one of the nation's fastest-growing magazines, promoting the advancement of African Americans in all aspects of business and employment to ensure equal opportunity.



MLT Black Equity at Work Certification: Management Leadership for Tomorrow's (MLT) Black Equity at Work Certification provides the roadmap and the recognition necessary to enable and encourage employers across America to pursue Black equity with the same rigor and results orientation as their pursuit of earnings and other key priorities. DaVita achieved "Plan Approved" status in 2021, becoming eligible to receive certification in late 2022.

HRC Corporate Equality Index: The Human Rights Campaign Foundation's Corporate Equality Index is the national benchmarking tool on corporate policies, practices and benefits pertinent to lesbian, gay, bisexual, transgender and queer employees. DaVita scored 85/100 points, acknowledging practices and policies to support belonging for LGBTQ teammates.

Healthiest Workplaces in America: DaVita was awarded the Healthiest 100 Workplaces in America award for the 2021 nomination period, signaling our commitment to employee health and wellbeing.


Our Performance

Progress Toward our 2025 Goals



Category	2025 Goal	2021 Progress
 <p>Patient Care</p> <p>Provide industry-leading care so that our patients can live their best lives</p>	Lead the industry in external quality ratings	96% of DaVita facilities were rated a 3-, 4-, or 5-Star clinic ¹
	25% of patients choose to dialyze at home ²	~15% of patients are dialyzing at home as of December 31, 2021
	Achieve greater health equity for our patients	Meaningfully narrowed the COVID-19 vaccination gap; invested in understanding and reducing other disparities
	Patient Net Promoter score (NPS) of 50 or higher	NPS score of 57 from dialysis patients
	Educate more than 100,000 patients in a Kidney Smart class	30,000+ people attended a Kidney Smart class in 2021
<p>1. According to October 2020 data (for 2019 year), the most currently available data, from the Centers for Medicare & Medicaid Services' Five-Star Quality Rating System 2. Modality selections and decisions related to a patient's care are always made by the attending nephrologist and patient, and provided pursuant to a physician's order.</p>		
 <p>Teammate Engagement</p> <p>Be recognized as a best-in-class employer of choice</p>	Teammate engagement score of 84% or higher	Our 2021 teammate engagement score was 84%
	Sustain equal pay for equal work	We continue to implement our policies and practices for assessing teammate performance and pay, and benchmarking appropriate compensation
	Meet or exceed EEO-1 benchmarks for all levels	We meet or exceed 64% of EEO-1 benchmarks ¹
<p>1. Data is aggregated and reported out to align with our organizational structure, where we create differentiation between managers and directors. We hold each of those populations to the same EEO-1 benchmark standard.</p>		

Category	2025 Goal	2021 Progress
 <p>Teammate Engagement</p> <p>Be recognized as a best-in-class employer of choice</p>	Provide learning and development programs to more than 95% of teammates each year	More than 95% of teammates attended a learning and development program through our online suite of courses
	Increase participation to 50% of teammates participating in health and well-being programming ²	Approximately 20% of teammates participated in a health and well-being program in 2021
	Maintain focus and leadership on belonging	Our 2021 Belonging score was 84%, based on our 2021 teammate survey. Week of Belonging was held in November 2021

2. Goal adjusted from "double" to "increase" due to changes in how vendor data is reported. Our goal of 50% of teammates participating remains the same. Note: Data from Teammate Engagement section above includes U.S. teammates only

 <p>Environmental Stewardship</p> <p>Reduce our carbon footprint in alignment with Science-Based Targets</p>	100% powered by renewable energy globally ¹	54% powered by renewable energy globally for the full 2021 year. As of June 2021, the U.S. is 100% powered by renewable energy.
	Reduce carbon emissions by 50% ²	45% reduction of scope 1 and 2 emissions, as of December 31, 2021
	Save 240 million gallons of water	More than 85 million gallons of water saved in 2021 ³
	Implement recycling at 100% of U.S. facilities ⁴	Recycling is implemented at more than 46% of our U.S. facilities ⁵
	Vendors representing 70% of supply chain emissions set climate change goals	Vendors representing 2.3% of our scope 3 emissions have set a science-based targets
	Teammates to complete 70,000 Green Actions	5,000+ Green Actions were completed in 2021 ⁶

1. Via on-site renewable energy and/or virtual Power Purchase Agreements
 2. As compared to 2018 baseline
 3. Calculated based on gallons per treatment savings from clinics with water efficiency projects implemented
 4. Where local recycling is available and permitted at our premises
 5. Includes domestic kidney care centers with confirmed recycling services
 6. A Green Action is complete when any global teammate does something to improve the environment, reduce environmental impact, and/or learn something new or educate others about sustainability. 1 volunteer hour equates to 1 Green Action.

Category	2025 Goal	2021 Progress
 <p>Healthy Communities</p> <p>Spread ripples of citizen leadership throughout our local communities</p>	125,000 hours of volunteerism	8,900+ volunteer hours were completed in 2021
	Enhance our impact through strategic giving focus areas	DaVita Giving Foundation established to support strategic giving. The Foundation is a national, impact driven foundation focused in the areas of health care, social determinants of health and kidney disease.
 <p>Leading with Integrity and Accountability</p> <p>Do the right thing by operating from a foundation of compliance and ethics</p>	Ensure that compliance remains an enterprise priority by maintaining a strong culture of compliance ¹	We obtained external input to help ensure that our compliance program continues to evolve consistently with industry best practices, and conducted an enterprise-wide survey of our teammates about our culture of compliance. We continued robust communications, using more than 32 communications channels to reach our teammates regularly.
	Continue to ensure that TMs and directors complete compliance training and review code of conduct annually.	99.7 % of teammates and directors completed annual compliance training in 2021. 99.7% of teammates reviewed the code of conduct at least annually.
	Continue to ensure that new TMs complete compliance training and review code of conduct within 60 days of hire.	98.8% of new teammates completed compliance training within 60 days of hire. 99.0% of new teammates reviewed the code of conduct within 60 days of hire.
	Continue to ensure that all medical directors and joint venture partners receive annual compliance training.	96% of medical directors and joint venture partners completed annual compliance training.
1. New addition to 2025 goal list		

The Sustainable Development Goals (SDGs) are a call for action by all countries to promote prosperity while protecting the planet. In 2015, all United Nations Member States adopted 17 goals as part of the 2030 Agenda for Sustainable Development, which sets out a 15-year plan to achieve the SDGs. As a global citizen, DaVita is committed to helping reach these goals. Our 2025 goals align with several of the SDGs, including Goal 3: Good Health and Well-Being, Goal 8: Decent Work and Economic Growth and Goal 13: Climate Action.

ESG Data Tables—SASB Metrics and TCFD Report

SASB Health Care Activity Metrics

DaVita (NYSE: DVA) is a comprehensive kidney care provider focused on transforming care to improve the quality of life for patients globally. The company is one of the largest providers of kidney care services in the U.S. and has been a leader in clinical quality and innovation for more than 20 years. DaVita is working to help increase equitable access to care for patients at every stage and setting along their kidney health journey—from slowing progression of kidney disease to streamlining the transplant process, from acute hospital care to dialysis at home. As of December 31, 2021, DaVita served approximately 203,100 patients at 2,815 outpatient dialysis centers in the U.S. The company operated an additional 339 outpatient dialysis centers in ten countries worldwide. DaVita has reduced hospitalizations, improved mortality and worked collaboratively to propel the kidney care community to adopt an equitable, high-quality standard of care for all patients, everywhere. To learn more, visit [DaVita.com/About](https://www.davita.com/about).

About This Report

In addition to providing wide-ranging disclosure on our website regarding our approach to environmental, social and governance factors, we are providing the following disclosures, which are aligned with the SASB Health Care Delivery industry standard.

Unless otherwise indicated, the data included in this report is presented as of December 31, 2021 and refers to our U.S. operations. We undertake no obligation to update this information. More data can be found at [davitacommunitycare.com](https://www.davita.com/communitycare.com).

Caring for Our Patients

Quality of Care and Patient Satisfaction	2021 Data	SASB Code
Average Hospital Value-Based Purchasing Total Performance Score and domain score, across all facilities	Not applicable – DaVita provides dialysis and lab services, and is not a hospital	HC-DY-250a.1
Number of Serious Reportable Events (SREs) as defined by the National Quality Forum (NQF)	Not applicable – DaVita provides dialysis and lab services, and is not a hospital	HC-DY-250a.2
Hospital-Acquired Condition (HAC) Score per hospital	Not applicable – DaVita provides dialysis and lab services, and is not a hospital	HC-DY-250a.3
Excess readmission ration per hospital	Not applicable – DaVita provides dialysis and lab services, and is not a hospital	HC-DY-250a.4
Magnitude of readmissions payment adjustment as part of the Hospital Readmissions Reduction Program (HRRP)	Not applicable – DaVita provides dialysis and lab services, and is not a hospital	HC-DY-250a.5

DaVita remained a clinical leader in the government's two key performance programs, the Centers for Medicare & Medicaid Services' (CMS) Five-Star Quality Rating System and the Quality Incentive Program (QIP) in 2021.

Five-Star Quality Rating System: The Five-Star Quality Rating System is a mechanism created by CMS to give consumers access to clinical quality information and to help them make informed and educated decisions about where to receive dialysis care. These ratings are made up of two scores: the Quality of Patient Care Star Rating and the Patient Experience Rating.

Quality of Patient Care Star Rating: DaVita remains a clinical leader in quality of patient care.* To learn more about the CMS' Five-Star Quality Rating System, refer to these [frequently asked questions](#).

Patient Experience Rating: The Patient Experience Rating reflects patient experience scores from the CMS In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems survey. The optional survey is given twice a year to eligible dialysis patients (patients who received in-center hemodialysis at the center for at least 3 consecutive months, are at least 18 years old, and are not living in a skilled nursing facility or other long-term facility such as a jail or prison). For a center to receive a Patient Experience Rating, at least 30 patients had to complete the survey over the course of the year. Only about half of the centers across the industry met the eligibility requirements to receive this rating.

96% of DaVita facilities scored 3, 4 or 5 stars in CMS's Five Star Quality Rating System.*

Quality Incentive Program: QIP is a pay-for-performance rating system also developed by CMS to encourage dialysis centers to meet or exceed certain performance standards. Centers that do not meet these standards are penalized between 0.5 percent and 2 percent on their Medicare reimbursement. DaVita centers outperform the industry in the top clinical performance tier.

We are an industry leader in the Quality Incentive Program (QIP), which promotes high quality services in outpatient dialysis facilities treating patients with ESRD.

To learn more about the ways DaVita provides quality care visit [DaVita Better Care](#) today.

* According to October 2020 data (for 2019 year), the most recent available data, from the Centers for Medicare & Medicaid Services' Five-Star Quality Rating System.

Access for Low Income Patients	2021 Data	SASB Code
Discussion of strategy to manage the mix of patient insurance status	See description below	HC-DY-240a.1
Amount of Medicare Disproportionate Share Hospital (DSH) adjustment payments received	Not applicable – DaVita provides dialysis and lab services, and is not a hospital	HC-DY-240a.2

DaVita aims to empower patients to make the insurance choice patients deem to be right for themselves by providing objective and fact-based education on available insurance options. While DaVita teammates do not make insurance recommendations to patients, DaVita social workers and insurance educators do provide patients with information, tools and resources to enable patients to conduct their own research and make well-informed insurance decisions.

Providing care for uninsured patients: Each year, thousands of individuals without health insurance receive dialysis care from DaVita. As a DaVita patient, these individuals receive in-depth information from DaVita social workers and insurance educators regarding all potentially available insurance options. Over 75% of these patients are able to subsequently secure health insurance coverage during their course of treatment at DaVita.

Providing charity/indigent care programs: Using consistent and well-established patient financial criteria, DaVita provides low-cost or no-cost care to patients who are unable to afford copays, coinsurance, or other insurance cost-sharing elements. Through DaVita's "Patient Financial Evaluation" program, DaVita establishes affordable and consistent payment plans for patients.

Helping connect patients with government and non-profit resources: DaVita social workers and insurance educators help educate and connect patients with local, state, and national programs aimed at providing insurance education and support. These include organizations such as State Health Insurance Assistance Programs, the Social Security Administration, state Medicaid programs, insurance marketplaces, and charitable organizations. By doing so, patients are empowered to perform their own research into insurance plans and support programs that patients determine best meet their individual needs and preferences.

Educating patients on available insurance options: Depending on individual patient circumstances, patients may gain or lose eligibility for certain forms of insurance while receiving care at DaVita. For instance, most patients who do not already have Medicare become eligible for Medicare as dialysis patients. At times, patients may lose access to Medicaid or employment-based commercial insurance coverage. DaVita social workers and insurance educators follow consistent processes to ensure patients who gain or lose access to insurance during their course of treatment at DaVita receive timely information on available insurance options and actions to take if patients choose to enroll in new insurance.

Patient Privacy & Electronic Health Records	2021 Data	SASB Code
Percentage of patient records that are Electronic Health Records that meet "meaningful use" requirements	Not applicable for our dialysis services	HC-DY-230a.1
Description of policies and practices to secure customers' protected health information (PHI) records and other personally identifiable information (PII)	DaVita has an overarching principles-based (see next section below) global enterprise privacy policy that governs DaVita's collection, use, and sharing of employee, customer, and patient PII and PHI. DaVita also has privacy policies and procedures in place that flow from the enterprise privacy policy. These policies and procedures inform employees and contractors how to access, manage, and secure PII and PHI in compliance with DaVita's standards and applicable laws. See below for more information	HC-DY-230a.2
1) Number of data breaches, (2) percentage involving (a) personally identifiable information (PII) only and (b) protected health information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI	DaVita reports information regarding privacy or cybersecurity incidents to individuals and to state, federal and international data protection regulators as required by applicable laws	HC-DY-230a.3
Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	DaVita reports information regarding privacy or cybersecurity incidents to state, federal, and international data protection regulators as required by applicable laws.	HC-DY-230a.4

DaVita Privacy Principles

This Enterprise Privacy Policy sets the minimum standards for the handling of Personal Information (as defined therein) under DaVita's custody or control. DaVita has adopted the following privacy principles that guide our policies, procedures and practices:

Accountability: We define, document, communicate, and assign responsibility for our privacy and data protection policies and procedures. We provide regular training and education for our employees on relevant state and federal regulations including, but not limited to, HIPAA, GDPR, and CCPA.

Notice: We provide notice regarding our privacy practices and we identify the purposes for which Personal Information is collected, used, retained and disclosed.

Choice and Consent: We provide individuals with the opportunity to reasonably determine whether and how we use Personal Information, and with whom it can be disclosed. We describe the choices available to the individual, and where appropriate, we obtain implicit or explicit consent with respect to the collection, use and disclosure of Personal Information.

Collection, Use & Disclosure: We limit the collection, use and disclosure of Personal Information to that which is relevant for the purpose(s) provided.

Data Retention and Disposal: We retain Personal Information in accordance with DaVita's Records Retention Policy and Schedule. Personal Information is thereafter appropriately disposed of in accordance with our secure disposal procedures.

Access & Correction: We provide individuals with access to Personal Information about them for review, correction, or deletion, if inaccurate.

Transfer & Disclosure to Third Parties: We apply the Privacy Principles wherever Personal Information is transferred to, including across national borders, to third parties who support our business, and to partners with whom we do business.

Security for Privacy: We protect Personal Information against loss, misuse, or unauthorized access, use, disclosure, alteration, or destruction by using reasonable and appropriate technical, physical and administrative safeguards.

Data Integrity: We strive to ensure that Personal Information is accurate, complete and relevant for the purpose for which it is to be used.

Monitoring and Enforcement: We monitor, test, and remediate evidence of non-compliance with our privacy policies and procedures, and we follow documented procedures to address privacy- and security-related incidents, complaints and disputes.

Additional Privacy & Data Security Information

Information Security Policies and Systems Audit: External independent audits are conducted at least once every two years.

Governance: One of the primary responsibilities of the **Audit Committee** is to oversee our policies and programs with respect to enterprise risk assessment and enterprise risk management, including the risks related to privacy and data security (including, for the avoidance of doubt, cybersecurity). Other cross-functional internal groups and committees assist and oversee in the governance of privacy and security practices at DaVita, such as DaVita's Enterprise Governance Committee (EGC), which is a cross-departmental forum that includes the Privacy, Information Security, Information Governance, and Enterprise Risk (Audit) functions. The EGC is focused on enterprise policies and governance, that helps manage risk by cascading new policies, among other things.

Training: All teammates (employees), including contractors, receive annual training on data security and privacy-related risks and procedures. All teammates are required to take an annual training on HIPAA best practices that tests their knowledge on safeguarding PHI in addition to other important aspects of the HIPAA Privacy and Security Rules. In addition, some teammates are required to participate in further trainings that cover general privacy awareness and principles. Training is mandatory for all new hires, and for teammates thereafter on an annual basis. Training completion is monitored and tracked for each teammate, and appropriate corrective action is taken if not completed.

Management of Controlled Substances	2021 Data	SASB Code
Description of policies and practices to manage the number of prescriptions issued for controlled substances	Not applicable – DaVita does not have controlled substances	HC-DY-260a.1
Percentage of controlled substance prescriptions written for which a prescription drug monitoring program (PDMP) database was queried	Not applicable – DaVita does not have controlled substances	HC-DY-260a.2
Pricing & Billing Transparency	2021 Data	SASB Code
Description of policies or initiatives to ensure that patients are adequately informed about price before undergoing a procedure	Billing and Insurance FAQs	HC-DY-270a.1
Discussion of how pricing information for services is made publicly available	Billing and Insurance FAQs	HC-DY-270a.2
Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent	Not applicable	HC-DY-270a.3
Fraud & Unnecessary Procedures	2021 Data	SASB Code
Total amount of monetary losses as a result of legal proceedings associated with Medicare and Medicaid Fraud under the False Claims Act	DaVita discloses all material settlements in its periodic and/or current reports, as applicable, which are required to be filed with the U.S. Securities and Exchange Commission under applicable rules and regulations. For the reporting period, DaVita did not incur material monetary losses as a result of legal proceedings associated with Medicare and Medicaid Fraud under the False Claims Act.	HC-DY-510a.1

Caring for Each Other

Employee Health and Safety	2021 Data		SASB Code
(1) Total recordable incident rate (TRIR) and (2) days away, restricted, or transferred (DART) rate	DaVita is not publicly reporting this information at this time		HC-DY-0320a.1
Employee Health and Safety	2020 Data	2021 Data	SASB Code
(1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non-physician health care practitioners, and (c.) all other employees	DaVita is not publicly reporting this information at this time		HC-DY-330a.1
Description of talent recruitment and retention efforts for health care practitioners	See our 10-K Human Capital Management section and our Community Care site “Caring for Each Other” page for more information, and metrics below.	See our 10-K Human Capital Management section and the Teammate Engagement section above and metrics below.	HC-DY-330a.2
Employee engagement scores	86% data coverage: 73% of U.S. teammates	84% data coverage: 71% of U.S. teammates	
Number of teammates who participated in a DaVita University development program	11,916	12,663	
Average training hours per employee	16.7 hours	24.7 hours	
Number of new employee hires	13,800	17,900	
Diversity and Belonging	2021 Data		SASB Code
EEO-1 Report	Link		

Learn more information about our commitment to Diversity and Belonging [here](#).

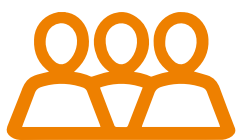
Teammate Benefits and Wellness Programs

To help our teammates reach their full potential, we offer a total rewards package. More than just pay, our comprehensive compensation package connects teammates to robust health care coverage, resources for retirement planning and savings, opportunities for career development, and well-being resources for every stage of life.

To support our teammates in maintaining strong physical and mental health, we offer a variety of physical and mental health benefits programs, including, among other things:

- **Teammate Assistance Program** that offers counseling sessions annually to all teammates and their household members, along with work/life resources and tools that include telephonic or face-to-face legal consultation and expert financial planning/consultation and referrals on everyday issues such as dependent care, auto repair, pet care and home improvement.
- Free access to **Headspace** application for digital meditation and mindfulness.
- **Vitality Points**, a voluntary wellness incentive program that allows participating teammates and spouses/domestic partners to earn credits toward their medical premium for getting a biometric screening and engaging in healthy actions should they not meet certain health targets.
- **Short & Long term disability** for full time and part time teammates and Life/AD&D coverage at both the basic and supplemental levels.
- Our **DaVita Village Network**, which provides teammate-funded financial support to eligible teammates experiencing a specific tragedy or hardship and helps cover additional costs that local fundraising and insurance do not fully cover.
- Dependent upon position and at the discretion of the supervisor, we may offer flexible work schedules and telecommuting options among others.

To support our teammates and their families, we also offer a variety of other benefits, including:



Family support programs that include family care programs for back-up child and elder care through our partnership with Bright Horizons. Teammates can use one of our contracted network providers and are offered 10 days of back-up care, per family, in a calendar year. The back-up care program includes using Bright Horizons centers or having a caregiver come to a teammate's home. DaVita also offers ongoing care discounts of 10%-20% at selected providers.



Parental leave programs: In addition to FMLA, teammates can receive six weeks paid leave at 60% (up to \$1000 a week) or benefits eligible teammates can choose to receive a \$2,500 cash gift instead of taking leave. The leave can be taken intermittently in one week increments if the manager approves and teammates can choose to supplement PTO up to 100% of pay.



Additional family support programs include: access to educational and financial advising for teammates' children heading to college through College Coach, support for parents to assist them with a range of educational, developmental and social challenges, and Milk Stork, a milk-delivery service for nursing moms who travel for work.

Caring for Our World

Energy Management	2020 Data	2021 Data	SASB Code
Total Energy Consumed (MWh)	923,293	955,204 Data coverage: 72% of global operations	HC-DY-130a.1
MWh from non-renewable sources	783,091	623,118	
MWh from fuel	309,588	341,700	
MWh from purchased or acquired electricity	612,962	612,761	
Percentage of total energy from renewable sources	15%	35%	
Percentage grid electricity	66%	64%	
Waste Management	2020 Data	2021 Data	SASB Code
Total amount of medical waste	71,395,201 lbs.	68,897,371 lbs.	HC-DY-150a.1
% medical waste incinerated	4%	4%	
% medical waste recycled or treated	0%	0%	
% medical waste landfilled	96%	96%	
Total amount of hazardous pharmaceutical waste	397 lbs.	82 lbs.	HC-DY-150a.2
Total amount of non-hazardous pharmaceutical waste	5,363 lbs.	2,741 lbs.	
% pharmaceutical waste incinerated	100%	100%	
% pharmaceutical waste recycled/treated	0%	0%	
% pharmaceutical waste landfilled	0%	0%	
Total waste output*	110,052 short tons *Data coverage: 60% of U.S. operations	111,637 short tons *Data coverage: 74% of U.S. operations	
Water Management	2020 Data	2021 Data	SASB Code
Total water withdrawals (megaliters)	4,976,152,751 gal 22,622 megaliters	4,745,052,455 gal 17,960 megaliters	

Greenhouse Gas Emissions	2020 Data	2021 Data	SASB Code
Scope 1 emissions (metric tons of CO2 equivalents)	60,753	66,959	HC-DY-130a.1
Scope 2 emissions (metric tons of CO2 equivalents)	Location-based: 229,252 Market-based: 161,076	Location-based: 217, 975 Market-based: 110, 687	
Scope 3 emissions (metric tons of CO2 equivalents)	1,316,324	1,303, 046	
Climate Change Impacts on Human Health & Infrastructure	2020-2021 Data		SASB Code
Description of policies and practices to address: (1) the physical risks due to an increased frequency and intensity of extreme weather events and (2) changes in the morbidity and mortality rates of illnesses and diseases, associated with climate change	See description below and our CDP response for more information.		HC-DY-450a.1
Percentage of health care facilities that comply with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rules	100%*		HC-DY-450a.2

DaVita Emergency Management assists with emergency preparedness and emergency response for the enterprise. DaVita Emergency Management works with facilities and employees to develop and test emergency plans, and provide support, as needed, during an emergency event. DaVita Emergency Management works to ensure that DaVita's facilities and employees are prepared to operate in a number of situations and takes an all hazards approach. Maintaining continuity of care for the patients is vital.

Many of DaVita's services are essential, including dialysis, which is a life-sustaining treatment for patients experiencing ESKD. As such, DaVita works to mitigate risks that may cause a disruption or delay in this treatment. As the climate changes and community tensions and unrest become more prolific, DaVita Emergency Management will continue to work to improve DaVita's vulnerability and response to hazards.

DaVita Emergency Management's primary objectives include:

- Emergency planning by identifying and mitigating our vulnerability to hazards
- Preparedness through comprehensive policy and procedures, training, and tools
- Providing integrated and coordinated response to emergency and disaster situations maintaining continuity of care for our patients
- Long-term recovery of services by working to restore normalcy and addressing the needs of our teammates, patients and community

*Based on 2020 data

DaVita Emergency Management authors and manages policies and procedures around hazards that are environmental, technological, and human-made. These include events that may create a disruption in dialysis treatment services, such as severe weather, wildfires, civil unrest, public health emergencies, utility shutdowns, and community infrastructure failure.

DaVita Emergency Management utilizes an integrated response to events and carefully coordinates patient care when significant events occur. In addition to event response, DaVita Emergency Management works to test and train DaVita's care providers. This includes:

- Developing training programs that result in demonstrated knowledge of emergency procedures
- Implementing drills and exercises to test emergency plans. These are facility specific as well as multi-agency, multijurisdictional, and multidisciplinary exercises.

Description of Selected Policies and Internal Resources:

Facility Emergency Management Plan (EMP): This plan outlines the governing mechanisms required to establish and maintain a facility specific emergency management plan designed to manage the consequences of emergencies and disasters, including extreme weather events that may disrupt the facility's ability to provide care.

Facility Hazard Vulnerability Analysis Tool: This tool is a needs assessment that identifies any potential hazards that may affect the operation of the facility and surrounding community, including extreme weather events. The tool is reviewed and updated annually by a location's facility administrator.

Scenario Exercise Templates: These exercises assess the effectiveness of the facility EMP conducted as a full-scale exercise with local emergency management agency that is community-based. Exercise scenarios include extreme weather events.

Facility Emergency Preparedness Checklist: Step-by-step guide to help facilities align practices with the CMS Emergency Preparedness Rules. Includes an overview of available policies and resources for centers.

Facility Incident Management Tool: This tool is a compendium of role specific checklists for multiple hazards, including severe weather related events. It includes copies of various health and safety policies and procedures, emergency response flowcharts, and plans to address the treatment of patients in an emergency.

More details on our environmental disclosures can be found in our public [CDP response](#).

TCFD Report

About This Report

DaVita has prepared this report to disclose its actions around climate governance, strategy, risk management, and metrics and targets in line with the recommendations of the Task Force on Climate-related Financial Disclosures (TCFD). This inaugural TCFD report includes results of DaVita's geographic risk screening exercise against physical and transition risks to our global outpatient dialysis centers and key suppliers. DaVita has approved science-based targets to ensure that our GHG emissions reductions targets are in line with global commitments to help the world's efforts to limit global warming to 1.5 degrees Celsius or less.

Governance

Disclose the organization's governance around climate-related risks and opportunities.

A. Describe the Board's oversight of climate-related risks and opportunities.

DaVita is committed to elevating the health and quality of life of patients around the world. Many of DaVita's services are essential, including dialysis, which is a life-sustaining treatment for patients experiencing End Stage Kidney Disease (ESKD). As such, DaVita works to mitigate risks that may cause a disruption or delay in this treatment. The Nominating and Governance Committee of the Board reviews and oversees DaVita's activities, policies and programs related to environmental sustainability and governance matters, including climate-related risks and opportunities. In addition, the Audit Committee of the Board reviews significant risk areas for DaVita, which may include climate-related risks to the extent material. The management Environmental, Social and Governance (ESG) Steering Committee regularly reports to the Nominating and Governance Committee and gives the full Board an ESG update at least annually. Management also reports on enterprise risks to the Audit Committee on a quarterly basis, and to the full Board annually. Management periodically updates the Audit Committee on the process for ESG-related public reporting, including reporting controls.

B. Describe management's role in assessing and managing climate-related risks and opportunities.

The management ESG Steering Committee provides guidance on strategies and disclosures for our ESG initiatives. The committee is comprised of leaders across the business to represent various perspectives and stakeholders, and aligns strategies across the company.

DaVita's energy and sustainability department oversees DaVita's environmental goals and the strategies and initiatives implemented in conjunction with many other teams, including Facilities, Biomedical, Construction and Design and others. This includes management of climate-related risks and opportunities. We have established two key performance indicators for 2025 that are verified science-based targets, in addition to a goal to be 100% powered by renewable energy, including through the use of virtual power purchase agreements. Progress against these targets, along with full accounting of Scope 1, 2, and 3 emissions, is reported within our ESG report and to the Carbon Disclosure Project (CDP) annually. Members of our energy and sustainability department prepare and provide project updates, goal progress measurement, and other relevant information to be reviewed by the Board. The Executive Sponsor of the ESG Steering Committee presents information gathered by the energy and sustainability department to the Board.

DaVita's Business Continuity (BC), Emergency Management (EM), and Facilities teams are responsible for the management of physical risks across DaVita's outpatient centers.

Strategy

Disclose the actual and potential impacts of climate-related risks and opportunities on the organization's businesses, strategy, and financial planning.

A. Describe the climate-related risks and opportunities the organization has identified over the short, medium, and long term.

The DaVita management teams described above have identified several climate-related risks and opportunities for the company, including through the third party analysis and assessment described herein. Climate and weather-related physical stresses on facilities and infrastructure are growing as the world continues to exhibit the growing impact of climate change; if not properly managed, these stresses may impact DaVita's ability to consistently deliver quality patient care. Further, heat-related illnesses may impact DaVita's patients in the long term. Finally, we recognize the risk of social unrest and disruption as a potential impact of climate change that may affect business operations and work to develop emergency management plans for such events.

DaVita believes that the energy transition necessary to achieve global climate goals represents an opportunity for the business. We have set a goal to transition our facilities to 100% renewable energy by 2025 and already completed said transition for facilities located in the United States ("U.S.") in 2021. In 2021 DaVita U.S. reached its goal to be 100% powered by renewable energy. Through a virtual power purchase agreement, our agreements to purchase energy from wind and solar farms now create as much clean energy annually as the amount of electricity we use in our U.S. operations. DaVita aims to accomplish 100% renewable energy procurement at all facilities worldwide by 2025.

For the purposes of this TCFD assessment, DaVita defines the short term as the next 24 months; medium term as 2-10 years from now; and long-term as 10-30 years from now. Business planning horizons beyond 10 years are more challenging to forecast for DaVita given the difficulty of planning for unknown market, health, and regulatory environments. As such, we focused our first assessment of risks and opportunities on targeted geographic screening of assets and supply chain against physical and transition risks, knowing that the existing trajectory of physical climate impacts is largely locked in for the next 20-30 years regardless of global emissions scenarios.

Over the short term, DaVita's most important climate-related risks include, among others:

1. Acute physical risks: flood impacts from extreme rain, coastal flooding, and hurricanes may impact the operations of or access to our centers, the operations of our clinical laboratory or the operations of our central business offices. Wildfires and the resulting air quality issues may also impact our operations. The potential consequence associated with impacts from these risks is expected to grow over time.
2. Regulatory transition risks: almost half of our U.S. locations are located in a state or city with local GHG reduction or renewable energy goals; and over half of international locations are in countries with ambitious national GHG reduction targets. Therefore, our portfolio is highly exposed to existing and future GHG regulations, which we expect will increase costs on businesses without stated and effective GHG management programs.

In the medium and long term, DaVita's most important climate-related risks for active management include, among others:

1. Acute physical risks: as the effects of climate change continue to grow, DaVita's exposure to the acute physical risks described in the short term will expand across its locations. The cumulative impact of repetitive damage may start to influence patient behavior and demographics (through climate-related migration and other factors) and may impact our ability to deliver services effectively. The growing prevalence of extreme weather events will likely place additional strain on electric power grids and physical infrastructure, disrupting the delivery of

power, water, and sanitation to our locations. We expect that weather events such as hurricanes and wildfires will manifest in locations where risk to these hazards was historically low and there may not be sufficient capabilities or infrastructure to withstand the impact of such hazards.

2. Chronic physical risks: While we consider acute physical risks to be the “shocks” of anticipated extreme weather, chronic physical risks represent stressors to the system over time. In particular, extreme heat and sea level rise represent important chronic physical risks to DaVita. According to the National Institutes of Health, extreme heat may accelerate patient comorbidities due to the effects of heat stress, which may be a particular concern for dialysis patients. While DaVita’s locations are largely unexposed to coastal flood hazards today, expected sea level rise will change this picture in the future. Daily tidal flooding in coastal areas will likely reduce the ability for patients to reach DaVita locations, even in DaVita’s physical locations that are less exposed to this risk.

DaVita’s climate-related opportunities align with our long-standing commitment to our Trilogy of Care: caring for our patients, each other and the world, and represent an area of strength for the company. DaVita has identified two areas of climate-related opportunity, among others:

1. Emissions Reduction Activities: Reduce GHG emissions consistent with approved science-based targets; specifically, reducing 50% of operational emissions and ensuring that supply chain partners representing 70% of Scope 3 emissions set climate change goals by 2025. These commitments could help the world limit warming to 1.5 degrees Celsius.

2. Facility Resilience: Through ongoing evaluation of climate-related risks to our facilities, DaVita is positioned to improve continuity of care through better informed emergency and risk management and investments in resiliency. In the past year, DaVita has experienced impacts to our facilities primarily driven by extreme rain events, which overwhelm local stormwater systems and cause flooding within facilities. Using the results of the facility climate risk assessment, EM and DaVita will determine how best to align operational protocols and facility capital improvements in order to help mitigate identified vulnerabilities.

B. Describe the impact of climate-related risks and opportunities on the organization’s businesses, strategy, and financial planning.

To date, acute physical risks such as flooding from extreme rain have resulted in facility damage and business interruption costs for DaVita. When extreme rain events or hurricanes damage and flood our facilities, resulting facility downtime may impact the ability for patients to receive treatments. If there is limited ability to accommodate patients at other facilities or through home dialysis programs, the increased frequency of flood events could result in diminished health outcomes for patients and adverse financial impacts for DaVita. Based on current estimates, we do not expect the costs of potential facility damage and missed treatments resulting from flooding from extreme rain events and hurricanes to have a material adverse effect on DaVita’s business, financial condition, results of operation or cash flows over the next five years.

We see opportunities in addressing transition risks and reducing our global emissions footprint. GHG emissions reduction projects reduce the organization’s exposure to fluctuations in the costs and availability of fossil fuels. Further, there are opportunities to enhance our operational resiliency as we help to ensure that supply chain partners are managing their own risk exposure to help prevent future supply chain disruptions. These and other risks associated with delivery of essential medical supplies are considered in our procurement strategy: our procurement team evaluates a vendor’s ability to provide medical supplies in a range of situations with climate-related risks, including pandemics exacerbated by climate change and severe weather events. Our procurement team works closely with EM to help ensure that supplies are available for centers effected by severe weather events including flooding, fires, and severe storms.

We have evaluated climate-related impacts for key suppliers to determine where we may need to build additional redundancy in our supply chain going forward. The COVID-19 pandemic has caused unprecedented challenges to supply chains. While many global supply chain challenges can be linked to the COVID-19 pandemic, others result from acute or chronic physical impacts such as winter storms, extreme rain and flood events, and tornadoes, among other things. We are assessing ways to build redundancy in our supply chain to help prepare for extreme weather events. In addition, we are working towards having suppliers representing 70% of our scope 3 emissions have also set GHG emissions targets. This goal is part of our approved science-based target and represents an opportunity for DaVita and its suppliers to be market leaders and help ensure that our strategy is resilient against future regulations and evolving market expectations.

We believe that other identified potential financial impacts resulting from climate change are of lesser magnitude at this point in time, but include, among others:

- Increasing water costs due to water stress and drought; and
- Increased supplier costs due to carbon taxes such as the EU carbon border tax on incoming supplies.

Managing Climate Change Risk

Disclose how the organization identifies, assesses, and manages climate-related risks.

A. Describe the organization's processes for identifying and assessing climate-related risks.

DaVita engaged a third party to conduct a risk assessment of over 2,800 U.S. and 300 international outpatient dialysis centers and key supply chain partners. The third party assessed each DaVita asset against existing physical risks, including water stress, riverine/inland flooding, coastal flooding, and other extreme weather events such as heat and cold waves. The third party also analyzed all locations for regulatory transition risks related to GHG reduction commitments (including local net-zero targets) as well as carbon pricing regimes. Finally, DaVita evaluated the relative importance of the risk findings by assessing past consequences from various risks and forecasted the potential financial impacts of physical and transition risks on our enterprise.

A summary of our estimated short term exposure to physical risks is below, as a percentage of patient treatment centers exposed to each risk:

Risk	US sites exposed	Intl sites exposed
Tornadoes	33%	N/A (not in scope)
Heat Waves	18%	
Riverine and Inland Flooding	13%	3%
Coastal Floods and Hurricanes	9%	1%
Cold Waves	7%	N/A (not in scope)
Wildfires	2%	
Drought/Water Stress	1%	10%

While we believe that it is important for our facilities to be aware of their individual physical risk exposure and plan accordingly, we assign relative importance to each risk based on known past facility impacts, which is how we determined the most important potential risks for active management, detailed below.

Time Horizon	US sites exposed
Short Term	Flooding from extreme rain, coastal floods, and hurricanes; wildfires and air quality issues
Medium and Long Term	Acute: Extreme weather (e.g., wildfires) Chronic: Sea level rise/coastal flooding and heat waves

In addition to the geographic risk screening, DaVita conducted a qualitative assessment of three climate scenarios based on the Intergovernmental Panel on Climate Change's (IPCC) Fifth Assessment Report:

1. (IPCC) Representative Concentration Pathway (RCP) 2.6: in this scenario, countries and organizations deliver on ambitious emissions reduction commitments to keep global warming well below 2 degrees Celsius by 2100. We believe that we are well-positioned for this scenario given our robust, science-based GHG reduction goals that are consistent with this global outcome. However, the physical risks that we face today will continue to increase even under the most ambitious IPCC scenario and we expect that we will need to continue to invest in risk mitigation measures for our outpatient facilities.
2. IPCC RCP 4.5: in this scenario, a transition to a lower-carbon economy is delayed and global warming is limited to between 2 and 3 degrees Celsius by 2100. DaVita's GHG targets position us as a "first mover" in this scenario. In this scenario, physical risks significantly increase over time for DaVita, with more locations becoming susceptible to the impacts of heat waves, cold waves, and hurricanes. We believe that we will need to increase resiliency investments in this scenario, particularly in flood prevention and the installation of backup power.
3. IPCC RCP 8.5: in this scenario, a "hot house world" is realized as countries and organizations continue the status quo; emission reduction targets are not realized and global warming reaches 4-5 degrees Celsius by 2100. According to the IPCC, this level of warming will have disastrous consequences for sea level rise and severely impact agricultural productivity, water availability, wildfires, and flooding. In this scenario, it is possible that we will need to consider human migration patterns and ultimately divest the riskiest assets that sustain repeated damage. In this high-emissions world, we expect that companies that have reduced their emissions will continue to reap reputational benefits from emissions reduction activities, even if those benefits are not matched by changes in the regulatory landscape. In this scenario, the physical risk consequences play out.

B. Describe the organization's processes for managing climate-related risks.

We believe that it is important to leverage existing programs and new strategies to manage our most important climate-related risks.

Transition risks: We believe that our existing emissions reduction strategies and approved science-based targets position us well to manage transition risks across our physical asset portfolio and our supplier base. We expect that our investments in renewable energy, building efficiency, and process improvements will help us achieve our targets, and our robust supplier engagement programs will help our partners establish and achieve their emissions reduction targets.

Physical risks: DaVita's Business Continuity (BC), Emergency Management (EM), and Facilities teams are responsible for the management of physical risks across DaVita's outpatient centers. These teams' deep engagement across our facilities has helped DaVita mitigate physical risks at treatment centers and provide continuity of care for years. BC considers climate-related vulnerabilities at each facility and has robust community partnerships in place with local

Emergency Operations Centers (EOCs) to prepare for acute and chronic physical risks. The BC Steering Committee, led by the BC team and comprised of senior leaders, including the GVP of Real Estate, Development and Facilities, reviews risk assessments and incorporates the findings into operational plans as appropriate.

We expect that our existing programs to mitigate climate-related risks will continue to evolve. Informed by our risk assessment, we are evaluating potential areas for engagement between 2022 and 2025. We believe that potential facility damage and disruption from flooding and other extreme weather events is one of DaVita's most important physical risks in the short term. We plan to explore the effectiveness of potential mitigation measures at facilities identified as having higher risk exposure from extreme weather. The primary goal of physical risk mitigation will be to reduce facility downtime and increase the resiliency of our treatment centers.

C. Describe how processes for identifying, assessing and managing climate-related risks are integrated into the organization's overall risk management.

A review conducted by the Centers for Disease Control and Prevention (CDC) in 2020 concluded that climate-related events such as loss of electricity and clean water, blocked roads, and mass evacuations could lead to the closure of dialysis centers and missed dialysis sessions. Studies cited by the CDC noted that missed or delayed dialysis sessions have been linked to increased hospitalizations and mortality for dialysis patients. As a result, climate-related risks are part of our broader risk management strategy.

BC is aligned with our Enterprise Risk Services (ERS) team on assessing supply chain risk and business continuity plans for various departments. Additionally, BC provides periodic updates to the Audit Committee of the Board on Business Continuity no less than once annually.

To help mitigate physical climate risks, BC assists with emergency preparedness and emergency response for the enterprise. We work with every facility to develop and test emergency plans and provide support as needed during a real event. We develop an integrated response to potential hazards and carefully coordinate patient care when significant events occur. In addition to event response, DaVita BC works to test and train DaVita's care providers. This includes: developing training programs that result in demonstrated knowledge of emergency procedures and implementing drills and exercises to test emergency plans. Risks related to climate and weather are identified and assessed before developing and stress testing these plans and procedures.

BC works proactively on issues in the context of climate change, working to mitigate the impact of potential future emergencies such as water shortages, power outages, and high water events that may be increased in severity by climate change. We also engage local emergency operations centers (EOC's) and public health agencies across the United States with the goal of creating a more resilient healthcare community and being proactive in identifying disasters risks across the U.S.

Leadership in BC and the ESG Steering Committee also coordinate with DaVita's Enterprise Risk Management (ERM) and management Disclosure Committee to incorporate ESG related issues, including climate change, into DaVita's broader ERM and corporate disclosure processes, respectively.

Metrics and Targets

Disclose the metrics and targets used to assess and manage relevant climate-related risks and opportunities.

A. Disclose the metrics used by the organization to assess climate-related risks and opportunities in line with its strategy and risk management process.

DaVita produces an annual ESG report which details the climate-related metrics in use by the organization. DaVita finds the following metrics to be the most useful in driving meaningful organizational climate-related action:

Indicator	Metrics Tracked	2021 KPIs
GHG Emissions	Absolute Scope 1, 2, and 3 emissions	Detailed in (b) below
Transition Risks	Facilities in jurisdictions with carbon taxes proposed or in place, national or local GHG reduction targets, and jurisdictions with other GHG regulations in place.	<ul style="list-style-type: none"> • 38% of US locations in city or state with net-zero emissions target or 100% clean electricity target • 55% of international locations in countries with existing or expected GHG regulations
Physical Risks	<ul style="list-style-type: none"> • % of facilities exposed to: water stress, extreme weather, coastal flooding, and inland flooding (for international locations); drought, coastal flooding, inland flooding, hurricanes, tornadoes, cold waves, heat waves, and wildfires (US locations) • Most important risks to operations - which risks DaVita will actively manage. 	Results summarized in “managing climate risk”
Remuneration	Climate-related factors that contribute to the Short Term Incentive pay structure for Named Executive Officers	DaVita’s Named Executive Officers, Group Vice President of Real Estate, Development and Facilities, and Senior Director of Energy and Sustainability are incentivized financially, and through recognition, to meet or exceed certain environmental KPIs and targets. Depending on the executive, this can include the enterprise’s 2025 environmental goals, progress towards our science-based targets, and/or various projects that target resource use and waste output reduction, for example.

Indicator	Metrics Tracked	2021 KPIs
Climate-Related Opportunities	<p>Percentage of renewable electricity across its operations in service of its 100% renewable 2025 goal.</p> <p>Reduce carbon emissions by 50% through initiatives such as:</p> <ul style="list-style-type: none"> • Onsite renewable energy projects • Install electric vehicle charging stations at business offices • Pursue LEED certification for offices where possible 	<p>DaVita's U.S. locations are now powered by 100% renewable energy, through the use of virtual power purchase agreements, among other things.</p> <p>Energy Efficiency Project Highlights in 2021</p> <ul style="list-style-type: none"> • 615 clinics with LED upgrades • 128 clinics with Building Management Systems (BMS) • 15 clinics with both upgrades

B. Disclose Scope 1, Scope 2 and, if appropriate, Scope 3 greenhouse gas (GHG) emissions and the related risks.

Greenhouse Gas Emissions (metric tons of CO ₂ equivalents)	2020 Data	2021 Data	% Change
Scope 1 emissions	60,753	66,959	+10%
Scope 2 emissions	Location-based: 229,252 Market-based: 161,076	Location-based: 217,975 Market-based: 110,687	-5% -31%
Scope 3 emissions	1,316,324	1,303,046	-1%
Scope 1+2: Emissions per treatment	0.009	0.008 mtCO ₂ e/tx (LB) 0.005 mtCO ₂ e/tx (MB)	-11% -44%

Discussion of the opportunities and risks associated with our GHG emissions is included in the Strategy and Management sections of this disclosure.

C. Describe the targets used by the organization to manage climate-related risks and opportunities and performance against targets.

DaVita has approved science-based targets to help reduce organizational emissions 50% by 2025 and to help ensure that suppliers representing 70% of scope 3 emissions have also set targets.

2025 Goal	2021 Progress
Save 240 million gallons of water	More than 85 million gallons of water saved in 2021
100% powered by renewable energy globally	U.S. is now 100% powered by renewable energy, including through use of virtual power purchase agreements; 54% renewable globally
Teammates to complete 70,000 green actions*	<p>5,000+ Green Actions were completed in 2021</p> <p>*A Green Action is complete when any global teammate does something to improve the environment, reduce environmental impact, and/or learn something new or educate others about sustainability. 1 volunteer hour equates to 1 Green Action.</p>
Implement recycling at 100% of U.S. facilities*	<p>Recycling is implemented at more than 46% of our U.S. facilities</p> <p>*where local recycling is available and permitted at our premises</p>

Our Vision

To build the greatest health care community the world has ever seen

Our Mission

To be the provider, partner and employer of choice

Our Core Values

Service Excellence
Integrity
Team
Continuous Improvement
Accountability
Fulfillment
Fun

Our Caring Behaviors (WE CARE)

Welcome
Empathize

Connect
Actively Listen
Respect
Encourage

Our Trilogy of Care

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

The DaVita Way

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

DaVita.com/CommunityCare

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PINTEREST: /DAVITAPINS
LINKEDIN: DAVITA INC.

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Section XI, Charity Care Information

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

CHARITY CARE			
	2019	2020	2021
Net Patient Revenue	\$420,024,352	\$409,210,320	\$414,744,253
Amount of Charity Care (charges)	\$3,509,730	\$2,635,936	\$1,247,774
Cost of Charity Care	\$3,509,730	\$2,635,936	\$1,247,774

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

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