

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: Mount Sinai Hospital Medical Center Renal Unit		
Street Address: 2652 West Ogden Avenue		
City and Zip Code: Chicago, Illinois 60608		
County: Cook	Health Service Area: 6	Health Planning Area: A-02

**Legislators**

State Senator Name: Patricia Van Pelt
State Representative Name: Lakesia Collins

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

Exact Legal Name: DaVita Inc.
Street Address: 2000 16 <sup>th</sup> Street
City and Zip Code: Denver, Colorado 80202
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 <sup>th</sup> Street
CEO City and Zip Code: Denver, Colorado 80202
CEO Telephone Number: 720-631-2100

**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	<input type="checkbox"/>

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

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

**Primary Contact** [Person to receive ALL correspondence or inquiries]

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

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County: Cook	Health Service Area: 6	Health Planning Area: A-02

**Legislators**

State Senator Name: Patricia Van Pelt
State Representative Name: Lakesia Collins

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

Exact Legal Name: Stoneglenn Dialysis, LLC
Street Address: 2000 16 <sup>th</sup> Street
City and Zip Code: Denver, Colorado 80202
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Javier J. Rodriguez
CEO Street Address: 2000 16 <sup>th</sup> Street
CEO City and Zip Code: Denver, Colorado 80202
CEO Telephone Number: 720-631-2100

**Type of Ownership of Applicants**

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County: Cook	Health Service Area: 6	Health Planning Area: A-02

**Legislators**

State Senator Name: Patricia Van Pelt
State Representative Name: Lakesia Collins

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

Exact Legal Name: Mount Sinai Hospital Medical Center of Chicago
Street Address: 2750 West 15 <sup>th</sup> Street
City and Zip Code: Chicago, Illinois 60608
Name of Registered Agent: Ngozi Ezike, M.D.
Registered Agent Street Address: California Avenue at 15th
Registered Agent City and Zip Code: Chicago, Illinois 60608
Name of Chief Executive Officer: Ngozi Ezike, M.D.
CEO Street Address: California Avenue at 15th
CEO City and Zip Code: Chicago, Illinois 60608
CEO Telephone Number: 773-257-2273

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
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County: Cook	Health Service Area: 6	Health Planning Area: A-02

**Legislators**

State Senator Name: Patricia Van Pelt
State Representative Name: Lakesia Collins

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

Exact Legal Name: Sinai Health System
Street Address: 2750 West 15 <sup>th</sup> Street
City and Zip Code: Chicago, Illinois 60608
Name of Registered Agent: Ngozi Ezike, M.D.
Registered Agent Street Address: 1500 South Fairfield Avenue
Registered Agent City and Zip Code: Chicago, Illinois 60608
Name of Chief Executive Officer: Ngozi Ezike, M.D.
CEO Street Address: 1500 South Fairfield Avenue
CEO City and Zip Code: Chicago, Illinois 60608
CEO Telephone Number: 773-257-2273

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E-mail Address: kfriedman@polsinelli.com
Fax Number:

**Additional Contact** [Person who is also authorized to discuss the Application]

Name: Rahul Kapoor
Title: Division Vice President
Company Name: DaVita Inc.
Address: 1301 22 <sup>nd</sup> Street, Oak Brook, Illinois 60523
Telephone Number:
E-mail Address: rahul.kapoor@davita.com
Fax Number:

Name: Elizabeth Connolly
Title: Executive Vice President, General Counsel
Company Name: Sinai Health System
Address: 2750 West 15 <sup>th</sup> Street, Chicago, Illinois 60608
Telephone Number: 773-257-2273
E-mail Address: <a href="mailto:Elizabeth.Connolly@sinai.org">Elizabeth.Connolly@sinai.org</a>
Fax Number:

**Post Exemption Contact**

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

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

**Site Ownership after the Project is Complete**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ogden Washtenaw JV LLC
Address of Site Owner: 350 West Hubbard Street, Chicago, Illinois 60654
Street Address or Legal Description of the Site: 2652 West Ogden Avenue, Chicago, Illinois 60608
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Current Operating Identity/Licensee**

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

Exact Legal Name: Mount Sinai Hospital Medical Center		
Address: 2750 West 15 <sup>th</sup> Street, Chicago, Illinois 60608		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>

**Operating Identity/Licensee after the Project is Complete**

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

Exact Legal Name: Stoneglan Dialysis, LLC	
Address: 2652 West Ogden Avenue, Chicago, Illinois 60608	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**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.
<b>APPEND DOCUMENTATION AS <u>ATTACHMENT 4</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Narrative Description**

In the space below, provide a brief narrative description of the change of ownership. 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.

DaVita, Inc., Total Renal Care, Inc., Sinai Health System, Mount Sinai Hospital and Medical Center of Chicago (collectively, the “Applicants”) seek authority from the Illinois Health Facilities and Services Review Board (the “HFSRB”) for a change of ownership of Mount Sinai Hospital Medical Center Renal Unit, which is an approved 18-station dialysis center located at 2652 West Ogden Avenue, Chicago, Illinois 60608. This center is located in a modern and newly constructed space with new equipment

In 2020, the HFSRB simultaneously approved two certificate of need applications filed by Sinai Health System and Mount Sinai Hospital and Medical Center of Chicago (collectively, “Sinai”) to relocate certain outpatient services from the hospital to a building in the Ogden Commons development, immediately to the northeast of the hospital (Proj. No. 20-031 and Proj. No. 20-032). This application pertains to Proj. No. 20-032, which resulted in the relocation of Sinai’s outpatient dialysis center (Mount Sinai Renal Unit) to the Ogden Commons development.

Sinai Health System owns 100% of Mount Sinai Hospital Medical Center Renal Unit. The Applicants propose to form Stoneglenn Dialysis, LLC as a new joint venture entity to own and operate the facility. Total Renal Care, Inc. (a wholly-owned subsidiary of DaVita) will have an 80% membership interest in Stoneglenn Dialysis, LLC and Mount Sinai Hospital Medical Center of Chicago will retain a 20% interest. This joint venture will provide services that are acutely needed in Sinai’s community and will serve as a Center of Excellence within the dialysis arena. Mount Sinai Hospital will still provide acute dialysis services to its patients.

This project is classified as non-substantive because it involves the change of ownership of a health care facility.

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

**Project Status and Completion Schedules**

**Outstanding Permits:** Does the facility have any projects for which the State Board issued a permit that is not complete? Yes X No   . If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Auburn Park Dialysis (Proj. No. 17-062)

- Approved June 5, 2018
- Financial Commitment June 5, 2018
- Project Completion March 1, 2023

**Anticipated exemption completion date** (refer to Part 1130.570): December 1, 2022 or as soon thereafter as all closing conditions have been satisfied

**State Agency Submittals**

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the Application being deemed incomplete.**



**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

Notarization:

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


Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant  
Kathy Ann Connor  
NOTARY PUBLIC

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

Signature

Samuel T. Wey

Printed Name

Delegated Official

Printed Title

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal

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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 12<sup>th</sup> day of September

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



Signature

Stephanie N. Berberich

Printed Name

Secretary, Total Renal Care, Inc., Mng. Mbr.,  
Stoneglan Dialysis, LLC

Printed Title

Notarization:

Subscribed and sworn to before me

this 13th day of September 2022


Signature of Notary

Seal

**Kathy Ann Connor**  
Notary Public  
\*Insert the EXACT NAME of the applicant

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

Signature

Samuel T. Wey

Printed Name

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

Signature

Stephanie N. Berberich

Printed Name

Secretary, Total Renal Care, Inc., Mng. Mbr.,  
Stoneglen Dialysis, LLC

Printed Title

Notarization:

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this \_\_\_\_ day of \_\_\_\_\_

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\*Insert the EXACT legal name of the applicant

Signature

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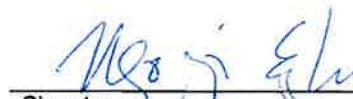
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This Application is filed on the behalf of Sinai Health System in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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  
GARY KRAWIEC  
 Printed Name  
CEO  
 Printed Title

  
 Signature  
Ngozi Ezike  
 Printed Name  
President + CEO  
 Printed Title

**Notarization:**

Subscribed and sworn to before me  
 this 19 day of October, 2022

  
 Signature of Notary

Seal

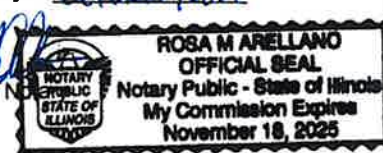
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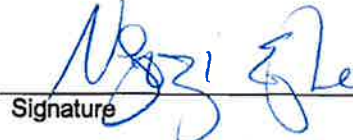
Signature

GARY KRAWIEC

Printed Name

CEO

Printed Title



Signature

Ngozi O. Ezike

Printed Name

President & CEO

Printed Title

Notarization:

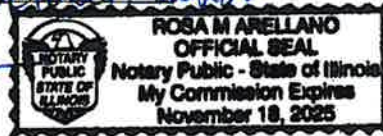
Subscribed and sworn to before me  
this 14 day of October, 2022



Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant



Notarization:

Subscribed and sworn to before me  
this 14 day of October, 2022



Signature of

Seal



**SECTION II. BACKGROUND.****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. 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. 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.
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, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.**

**SECTION III. CHANGE OF OWNERSHIP (CHOW)****Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☒ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."



**1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility**

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
<b>APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**SECTION IV.CHARITY CARE INFORMATION**

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 7.**

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT 7, 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 the Applicants are attached at Attachment – 1.

1. Mount Sinai Hospital Medical Center of Chicago is the current licensee. The Illinois certificate of good standing is attached.
2. As the person with final control over the current licensee, Sinai Health System has been named as an applicant in this Change of Ownership Application for Exemption. The Illinois certificate of good standing for Sinai Health System is attached.
3. Stoneglenn Dialysis, LLC will be the licensee after the change of ownership. The Illinois certificate of good standing is attached.
4. As the person with final control over the post-closing licensee DaVita Inc. is named as an applicant in the Change of Ownership Application for Exemption. The certificate of good standing for DaVita Inc. from its state of incorporation, Delaware, is attached.

# Delaware

Page 1

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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.*

*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# 20213870608

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

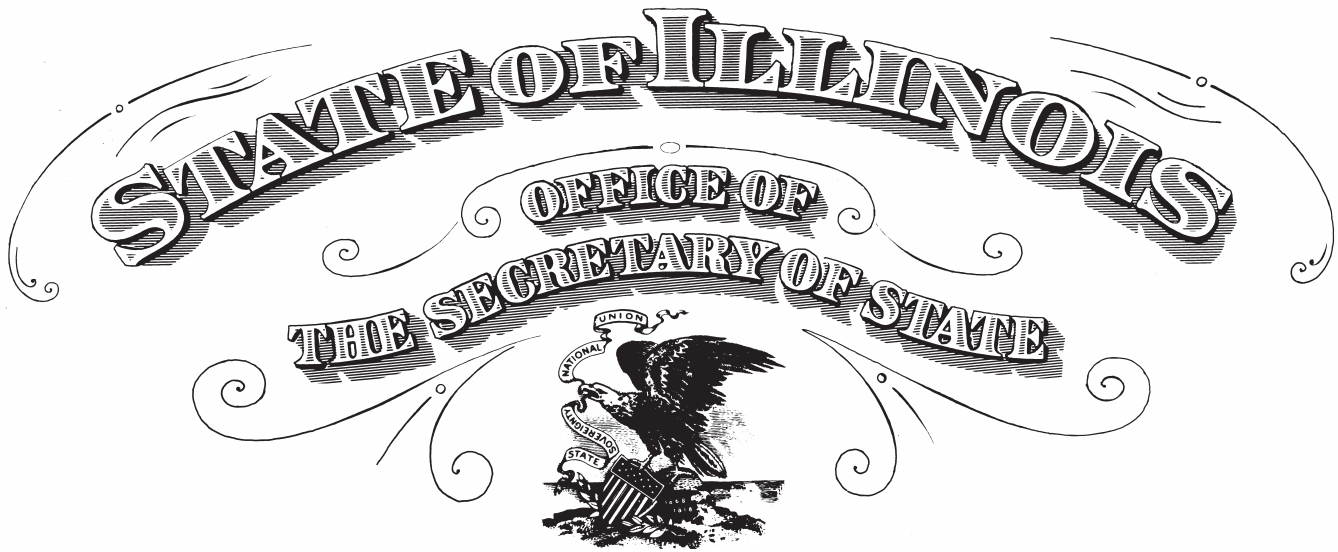
A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204763261

Date: 11-22-21

File Number

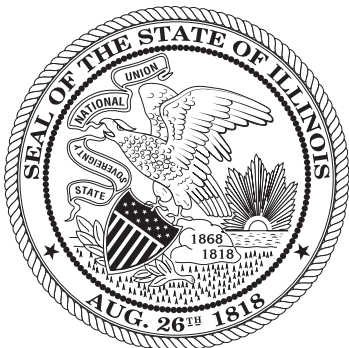
1064128-4



***To all to whom these Presents Shall Come, Greeting:***

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

STONEGLEN DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 12, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 22ND*  
*day of NOVEMBER A.D. 2021 .*

*Jesse White*

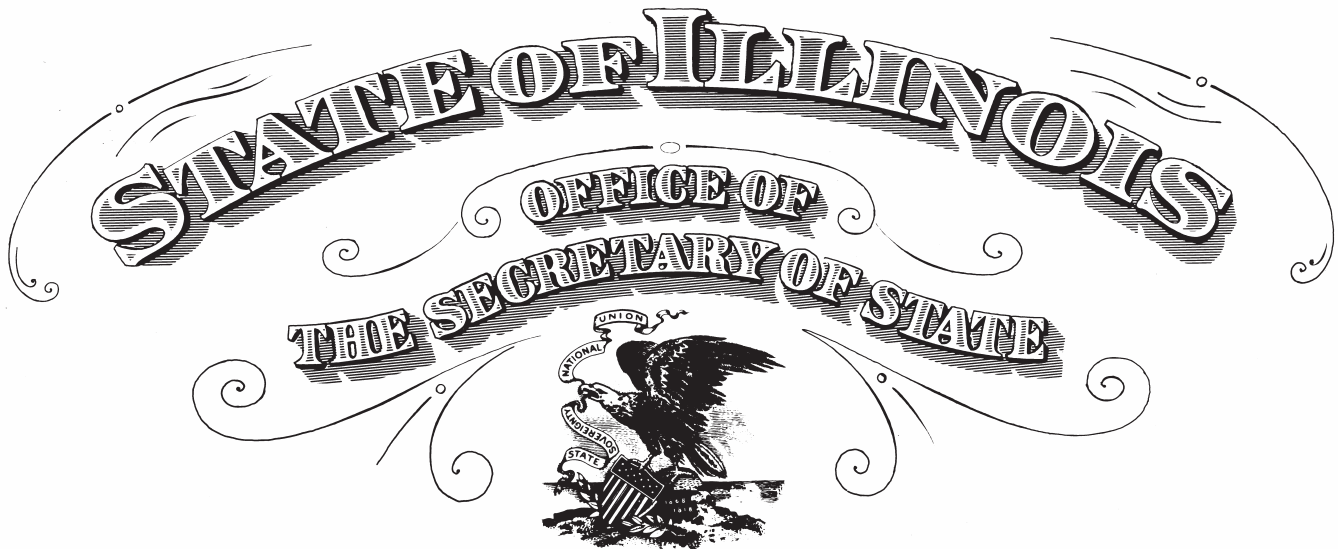
SECRETARY OF STATE

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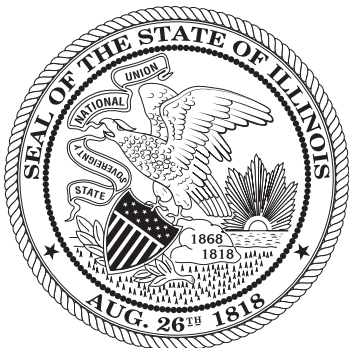
1475-644-2



***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*

MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 26, 1918, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 22ND*  
*day of NOVEMBER A.D. 2021 .*

*Jesse White*

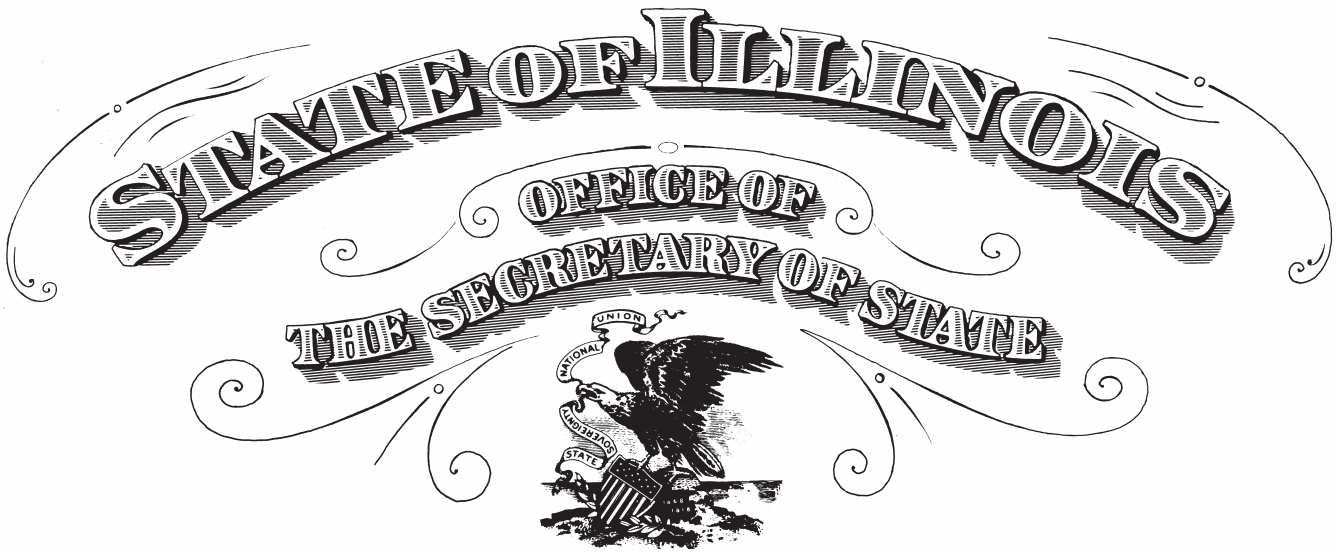
SECRETARY OF STATE

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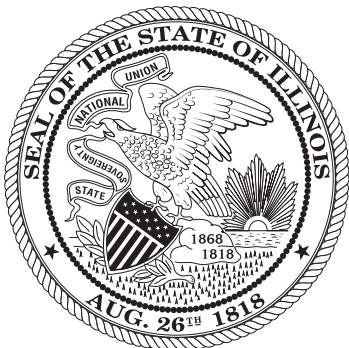
5255-749-6



***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*

SINAI HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 22ND*  
*day of NOVEMBER A.D. 2021 .*

*Jesse White*

SECRETARY OF STATE

Authentication #: 2132603480 verifiable until 11/22/2022

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

A copy of the letter of intent between Mount Sinai Hospital Medical Center of Chicago and Stoneglens Dialysis, LLC to sublet the property located at 2750 West 15<sup>th</sup> Street, Chicago, Illinois 60608 is attached at Attachment – 2.

November 17, 2021

DaVita Inc.  
Matt Lieberman, Director of Real Estate  
Via Email to Matthew.Lieberman@davita.com

**Re: Proposal to DaVita Inc. or an Affiliate – Ogden Commons, Chicago, IL**

Dear Mr. Lieberman:

On behalf of Mount Sinai Hospital Medical Center of Chicago, an Illinois not-for-profit corporation ("Sublandlord"), we are pleased to offer the following terms for a to be formed joint venture entity ("Subtenant") to be owned and operated by DaVita Inc. or its affiliate ("DaVita") and Sinai Health System or its affiliate ("Sinai") to sublease space at Ogden Commons, Chicago, IL ("Building").

<b>Building:</b>	Ogden Commons, Chicago, IL, located on the land bounded by West 13 <sup>th</sup> Place, South Talman Avenue, West Odgen Avenue and South Washtenaw Avenue, Chicago, Illinois
<b>Subtenant:</b>	A to be formed joint venture entity to be owned and operated by DaVita and Sinai
<b>Subleased Premises:</b>	The Subleased Premises shall consist of approximately 6,334 rentable square feet ("RSF"), which square footage shall be subject to remeasurements according to BOMA standards.
<b>Possession Date:</b>	The closing date of the transactions contemplated by that certain letter of intent by and between DaVita and Sinai dated September 14, 2021 as to be documented in a Contribution Agreement (the "Closing"), which closing is estimated to be on or about February 1, 2022.
<b>Sublease Commencement Date:</b>	The Sublease shall commence on the Possession Date, but shall be subject to the receipt of a change of ownership for the applicable Certificate of Need for the ICHD program to be located at the Subleased Premises as of Closing.
<b>Sublease Term:</b>	The initial term shall commence on the date of Closing and expire on June 3, 2031, subject to two (2), five (5) year options to renew.
<b>Rent:</b>	An amount mutually agreed upon by Sublandlord and Subtenant consistent with fair market value and commercial reasonableness standards taking into consideration rents for similar specialty medical space, projected to be \$32.50 psf NNN based on Closing occurring on February 1, 2022, with 2% annual escalators. In addition to such net rent, Subtenant shall pay additional rent for the cost of the interior tenant improvements estimated to be \$2,494,010.00 amortized over the first ten (10) years of the term (i.e., \$249,401.00 per year), as well as Subtenant's proportionate share of operating expenses, insurance, and taxes payable by Sublandlord under the Master Lease. Such rent, as agreed to between the parties, shall be subject to confirmation by a third party valuation

Page 2

companies selected by Sublandlord and Subtenant that such Base Rent is consistent with fair market value and commercial reasonableness standards established by federal healthcare regulatory laws such as the Stark Law and Anti-Kickback Statute.

**New Markets Tax Credit:**

In recognition that New Markets Tax Credit ("NMTC") financing is a critical element of the project financing, the Sublease shall provide that, after the Landlord delivers possession of the Subleased Premises to Subtenant after Closing, Subtenant shall agree to provide NMTC community impact reporting regarding jobs, wages, employee training/hiring, delivery of services to low-income clients, and other relevant community benefits. This information may include, but is not limited to: (i) total permanent employee count within Subtenant's space with breakdown of new and retained employees; (ii) wages, benefits, education requirements, average weekly hours and full/part time breakdowns for these employees; (iii) information on the place of residence (anonymized) of permanent employees of Subtenant; and (iv) information on Subtenant's clients/customers served (e.g. general geographic radius and estimated proportion that are Low-Income Persons, payer mix for healthcare patients, range of services provided, specific community health issues that are being addressed by the project/facility, etc.). The business of Subtenant, any sub-subtenant, or other occupant of the Subleased Premises shall not include any of the following: (i) the operation of any private or commercial golf course, country club, massage parlor, hot tub facility, suntan facility, racetrack or other facility used for gambling, or any store the principal business of which is the sale of alcoholic beverages for consumption off premises; and (ii) ) the rental of residential rental property as defined by Section 168(e)(2) of the Internal Revenue Code or the rental of real property without substantial improvements.

**December 23, 2020 Letter:**

The terms and conditions of that certain letter dated December 23, 2020 titled "Odgen Commons JV LLC" by and between Ogden Commons MSH LLC and the Habitat Company LLC, as such letter amends the Side Letter (as defined therein) shall have no impact on the Sublease terms or obligations of the parties to the Sublease and is an independent obligation of the parties to such letter.

**Disclaimer:**

This letter/proposal is intended solely as a preliminary expression of general intentions and is to be used for discussion purposes only and creates no binding rights in favor of any party. The parties intend that neither shall have any contractual obligations to the other with respect to the matters referred herein unless and until a definitive agreement has been fully executed and consented to and delivered by the parties, and then, only subject to the terms and conditions contained therein. The parties agree that this letter/proposal is not intended to create any agreement or obligation by either party to negotiate a definitive lease agreement and imposes no duty whatsoever on either party to continue negotiations, including without limitation any obligation to negotiate in good faith or in any way other than at arm's length. Prior to delivery of a definitive executed agreement, and without any liability to the other party,

Page 3

either party may propose different terms from those summarized herein  
and/or unilaterally terminate all negotiations with the other party hereto.

Sincerely,

Mount Sinai Hospital Medical Center of Chicago,  
an Illinois not-for-profit corporation

By: Name:                     Title:                     Accepted on November 17, 2021

DaVita Inc.,  
a Delaware corporation

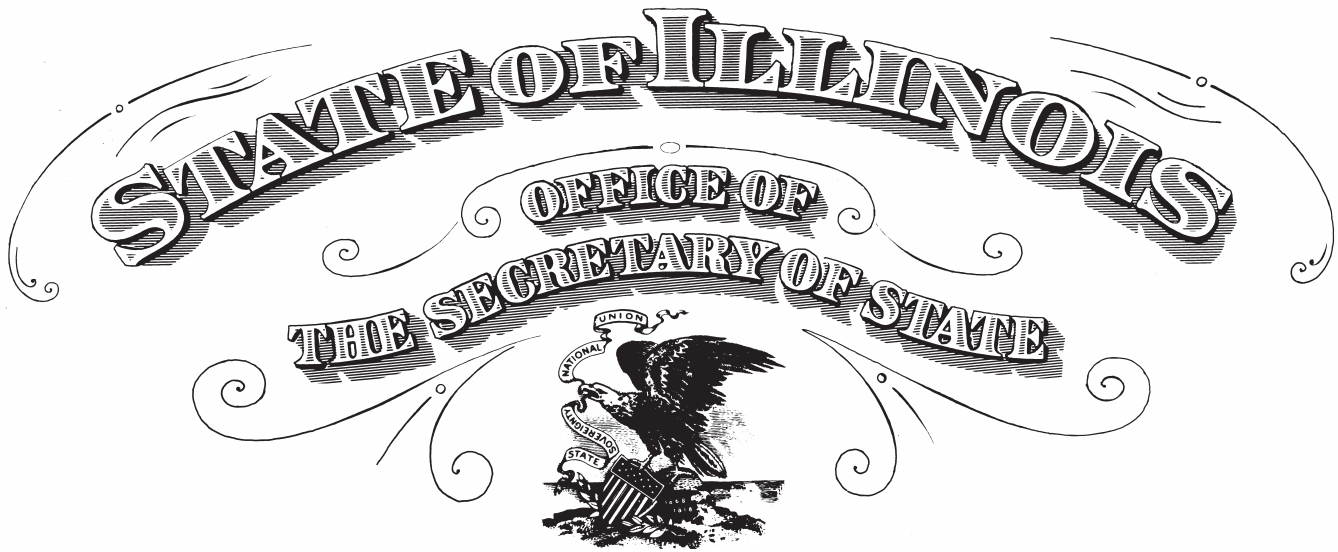
By: Name: Matthew LiebermanTitle: Director, Real Estate

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

Mount Sinai Hospital Medical Center of Chicago is currently the approved operating entity for the dialysis facility. Following the transaction, Stoneglens Dialysis, LLC will be the operating entity for the Surgery Center. A copy of the certificate of good standing for Stoneglens Dialysis is attached at Attachment – 3.

File Number

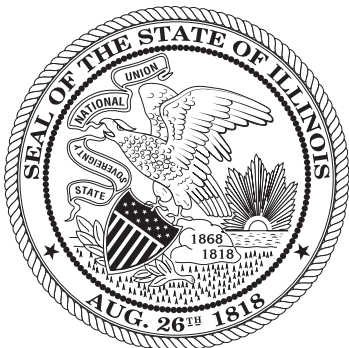
1064128-4



***To all to whom these Presents Shall Come, Greeting:***

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

STONEGLEN DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 12, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 22ND*  
*day of NOVEMBER A.D. 2021 .*

*Jesse White*

SECRETARY OF STATE

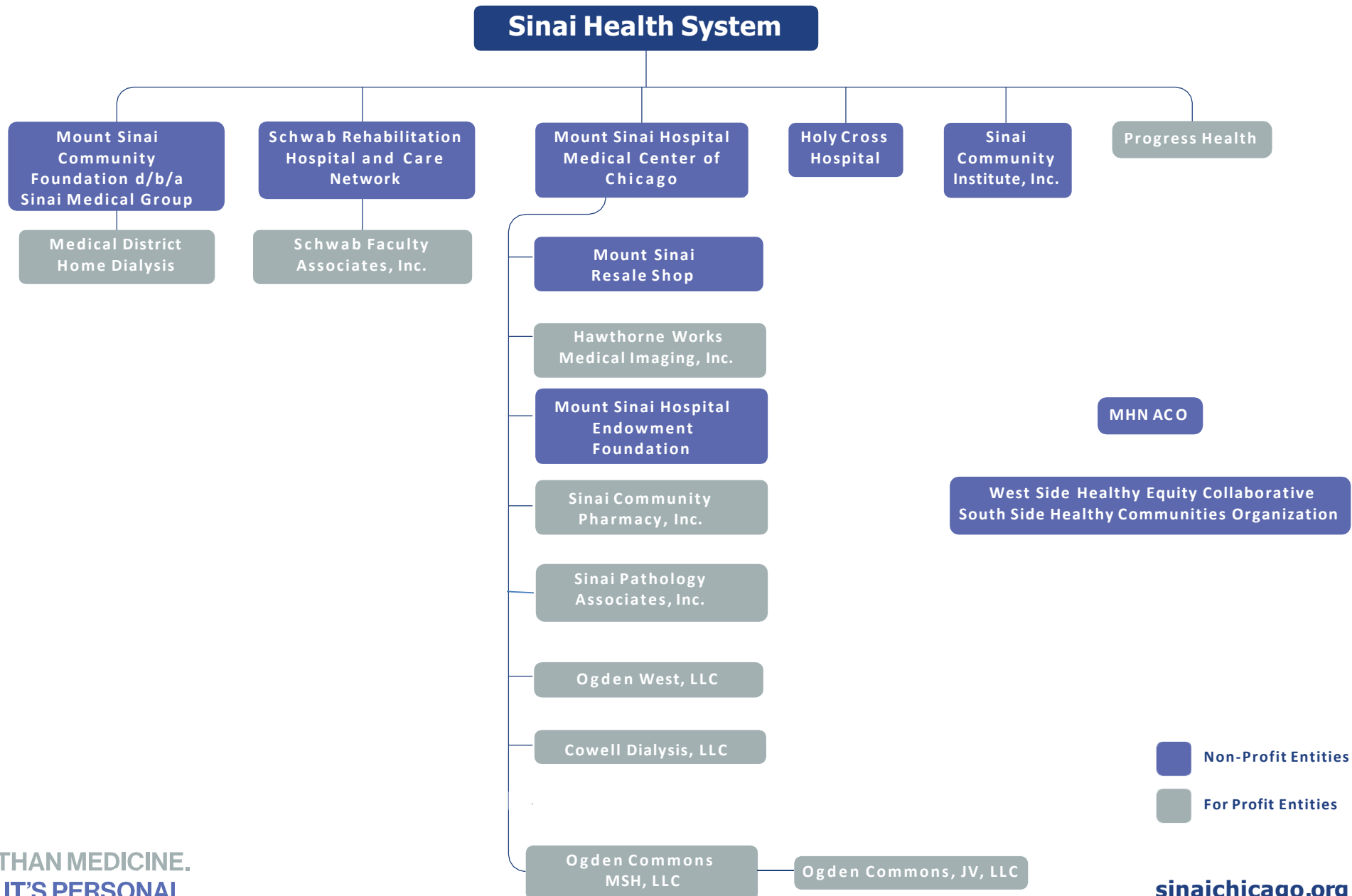
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**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

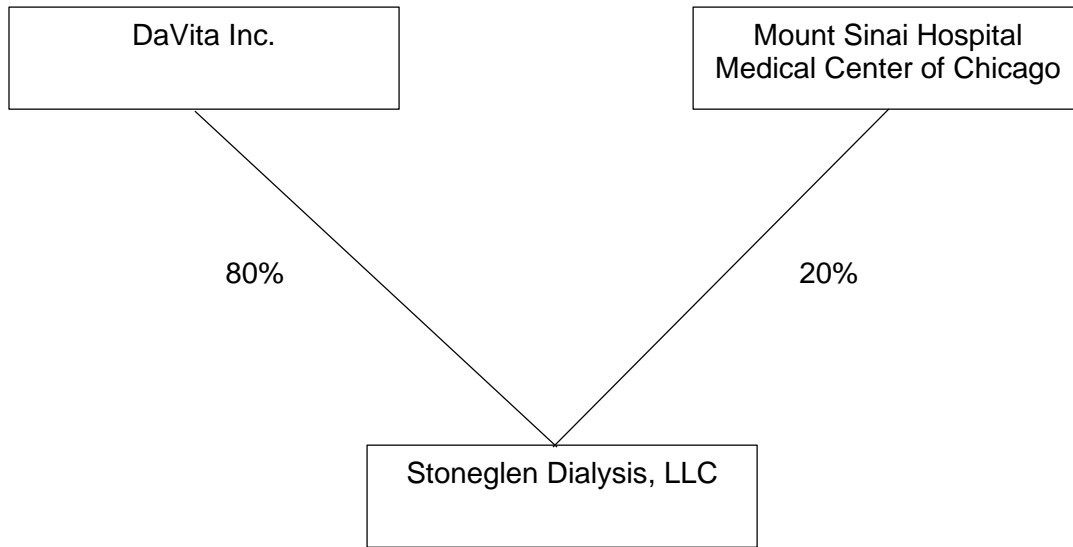
The organizational charts showing the current organizational structure along with the post-transaction ownership structure are attached at Attachment – 4.

## Corporate Entity • Organizational Chart





Post-Closing Organizational Chart



## Section II, Background

### Background

1. **A listing of all health care facilities owned and operated by the Applicants, including licensing, and certificate, if applicable.**

A list of health care facilities owned or operated by the applicants in Illinois including licensing and certification information is attached at Attachment – 5A.

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

None.

3. **A certified listing of any adverse action taken against any facility owned or operated by the Applicant(s) during the three years prior to filing of the application.**

Certifications that no adverse action that been taken against any of the applicants or any health care facility owned or operated by any applicants during the three years preceding the filing of this application is attached at Attachment – 5C.

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.**

Authorizations permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies, (ii) the licensing or certification records of other states, when applicable, and (iii) the records of nationally recognized accreditation organizations are attached at Attachment – 5C.

Sinai Health System			
Name	Address	License No.	Medicare
Mount Sinai Hospital Medical Center	California Avenue at 15 <sup>th</sup> Street, Chicago, Illinois 60608	0001644	14-0018
Holy Cross Hospital	2701 West 68 <sup>th</sup> Street Chicago, Illinois 60629	0000992	14-0133
Schwab Rehabilitation Hospital and Care Network	1401 South California Boulevard Chicago, Illinois 60608	0002147	14-3025

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	<b>4729 SOUTH CALIFORNIA AVE</b>		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
Rogers Park Dialysis	1616 West Glenlake Avenue		Chicago	Cook	IL	60660	
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Rutgers Park Dialysis	8455 WOODWARD AVENUE		WOODRIDGE	DUPAGE	IL	60517	
Salt Creek Dialysis	196 WEST NORTH AVENUE		VILLA PARK	DUPAGE	IL	60181	

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

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



← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**Illinois Department of**  
**PUBLIC HEALTH**



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Ngozi O. Ezike, M.D.**

**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022	General Hospital	0001644
Effective: 01/01/2022		

**Mt. Sinai Hospital Medical Center**  
**1500 S Fairfield Ave**  
**Chicago, IL 60608**

Exp. Date 12/31/2022  
Lic Number 0001644  
Date Printed 9/23/2021

**Mt. Sinai Hospital Medical Center**  
**1500 S Fairfield Ave**  
**Chicago, IL 60608**

FEE RECEIPT NO.

#E-070-22

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Ngozi O. Ezike, M.D.**

Issued under the authority of  
the Illinois Department of  
Public Health

**Director**

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022	General Hospital	0000992

Effective: 01/01/2022

Holy Cross Hospital  
2701 W 68th St  
Chicago, IL 60629

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493 001 10M 9/18

Exp. Date 12/31/2022

Lic Number 0000992

Date Printed 9/27/2021

Holy Cross Hospital  
2701 W 68th St  
Chicago, IL 60629

FEE RECEIPT NO.

#E-070-22



August 20, 2021

Airica Steed  
Executive Vice President/Chief Operating Officer  
Mount Sinai Hospital Medical Center  
1500 S. Fairfield  
Chicago, IL 60608

Re: # 7294  
CCN: # 140018  
Deemed Program: Hospital  
Accreditation Expiration Date: April 24, 2024

Dear Mrs. Steed:

This letter confirms that your April 20, 2021 - April 23, 2021 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on July 12, 2021 and August 18, 2021 and the successful unannounced Medicare Deficiency follow-up event conducted on June 14, 2021, the area of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of April 24, 2021. We congratulate you on your effective resolution of these deficiencies.

**§482.41 Physical Environment**

The Joint Commission is also recommending your organization for continued Medicare certification effective April 24, 2021. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Mount Sinai Hospital Medical Center  
California Ave at 15th Street, Chicago, IL, 60608

Hawthorn  
4701 W Cermak, Chicago, IL, 60623

Mount Sinai Spasticity  
1401 S. California, Chicago, IL, 60608

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court



order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services  
CMS/Regional Office 5 /Survey and Certification Staff



#E-070-22

506 North Clark Street  
Suite 301  
Chicago, IL 60654

P: 312.920.7383  
www.hfap.org

January 16, 2020

Ms. Tamara Schaeffer  
Chief Executive Officer  
Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629-1813

Dear Ms. Schaeffer:

Congratulations! The AAHHS Survey Review Group, on behalf of the Board of Directors, has reviewed the triennial survey report for your Acute Care Hospital and has granted Full Accreditation for 3 years. This decision was reached on January 7, 2020.

In reviewing your survey report, the AAHHS Survey Review Group made the observations contained on the Survey Progress Report. Two Interim Progress Report are required to be submitted by **October 15, 2020 and December 15, 2020.**

AAHHS recommends the Centers for Medicare and Medicaid Services (CMS) approve deemed status for:

Holy Cross Hospital  
2701 West 68th Street  
Chicago, IL 60629-1813

**Program:** Acute Care Hospital

**CCN #** 140133

**HFAP ID:** 161571

**Triennial Survey Dates:** 10/15/2019 – 10/17/2019

**Focused Resurvey Date(s):** 12/13/2019

**Plan(s) of Correction Received:** 12/02/2019

**Effective Date of Accreditation:** 03/28/2020 – 03/28/2023

**Condition Level Deficiencies:** ☐ None

(Use crosswalk and CFR citations, if applicable):

§482.42

§482.41

Any Condition Level Deficiency that was cited during the triennial survey was found to be in compliance at the focused resurvey.

Holy Cross Hospital does not have Swing Beds, a PPS Excluded Rehab Unit or a PPS Excluded Psych Unit and was not surveyed under those standards.

We're glad you are part of the HFAP family. As a reminder, to maintain continuous accreditation, you should plan to reapply nine months prior to your expiration date.

Sincerely,

A handwritten signature in black ink that reads "Meg Gravesmill".

Meg Gravesmill, MBA



Chief Executive Officer

MG/JC

c: CMS Central Office  
Region V, CMS

**#E-070-22**

506 North Clark Street  
Suite 301  
Chicago, IL 60654

P: 312.920.7383  
[www.hfap.org](http://www.hfap.org)





#E-070-22

August 9, 2021

Airica Steed  
Executive Vice President/Chief Operating Officer  
Schwab Rehabilitation Hospital and Care Network  
1401 S California Boulevard  
Chicago, IL 60608

Joint Commission ID #: 7300  
Program: Hospital Accreditation  
Accreditation Activity: Evidence of Standards Compliance  
Accreditation Activity Completed : 8/9/2021

Dear Mrs. Steed:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning April 16, 2021 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Please note, if your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations



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,

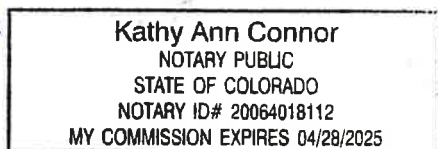
A handwritten signature in blue ink, appearing to read "Stephanie N. Berberich".

Print Name: Stephanie N. Berberich  
 Its: Assistant Secretary  
 DaVita Inc.

Subscribed and sworn to me  
 This 13<sup>th</sup> day of September, 2022

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

Notary Public







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 Stoneglenn Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,

Print Name: Stephanie N. Berberich  
Its: Secretary  
Total Renal Care, Inc., Managing Member,  
Stoneglenn Dialysis, LLC

Subscribed and sworn to me  
This 13<sup>th</sup> day of September, 2022

Notary Public

Kathy Ann Connor  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID# 20064018112  
MY COMMISSION EXPIRES 04/28/2025

P (800) 244-0680 | F (310) 536-2675 | DaVita.com

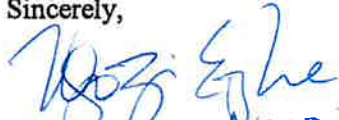
Debra Savage  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

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 Sinai Health System or Mount Sinai Hospital Medical Center of Chicago in the State of Illinois during the three year period prior to filing this application.

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

Sincerely,

  
 Print Name: Ngozi Ezike

Its: \_\_\_\_\_  
 Sinai Health System  
 Mount Sinai Hospital Medical Center of Chicago

Subscribed and sworn to me  
 This 14 day of October, 2022

  
 Notary Public



**Section III, Change of Ownership**  
**Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility**

**1. 1130.520(b)(1)(A) – Names of the Parties**

Mount Sinai Hospital Medical Center of Chicago is the current licensee.

As the person with final control over the current licensee, Sinai Health System has been named as an applicant in this Change of Ownership Application for Exemption.

Stoneglan Dialysis, LLC will be the licensee after the change of ownership.

As the person with final control over the post-closing licensee DaVita Inc. is named as an applicant in the Change of Ownership Application for Exemption.

**2. 1130.520(b)(1)(B) – Background of the Parties**

Certifications that no adverse action that been taken against any of the applicants or any health care facility owned or operated by applicants during the three years preceding the filing of this application is attached at Attachment – 5C.

Authorizations permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies, (ii) the licensing or certification records of other states, when applicable, and (iii) the records of nationally recognized accreditation organizations are attached at Attachment – 5C.

**3. 1130.520(b)(1)(C) – Structure of the Transaction**

Sinai Health System owns 100% of Mount Sinai Hospital Medical Center Renal Unit. The Applicants propose to form Stoneglan Dialysis, LLC as a new joint venture entity to own and operate the facility. Total Renal Care, Inc. (a wholly-owned subsidiary of DaVita) will have an 80% membership interest in Stoneglan Dialysis, LLC and Sinai Health System will retain a 20% interest.

**4. 1130.520(b)(1)(D) – Name of Licensed Entity After Transaction**

Stoneglan Dialysis, LLC

**5. 1130.520(b)(1)(E) – List of Ownership or Membership Interest in the Licensed Entity Prior to and After the Transaction**

An organizational chart showing the current ownership structure of the Applicants, along with the post-closing ownership structure, is included at Attachment - 4.

**6. 1130.520(b)(1)(F) – Fair Market Value of Assets to be Transferred**

\$4,245,000, subject to credits and debits associated with routine transaction agreement adjustments. Fair market value was determined through an appraisal and other methodologies

**7. 1130.520(b)(1)(G) – Purchase Price of Other Forms of Consideration to be Paid**

\$4,245,000, subject to credits and debits associated with routine transaction agreement adjustments.

**8. 1130.520(b)(2) – Affirmations**

By signing the certification page within this application, the Applicants attest that they will complete or alter all projects for which permits have been issued in accordance with the provisions of Section 1130.520 of the Health Facilities and Services Review Board's rules.

**9. 1130.520(b)(3) – If Ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction.**

Not applicable.

**10. 1130.520(b)(4) – Anticipated Benefits to the Community**

DaVita consistently differentiates itself from other kidney care companies and surpasses national averages for clinical outcomes. DaVita's proprietary patient care tools, educational resources, quality initiatives, and in-center hemodialysis operational expertise better positioned to serve the growing needs of end-stage renal disease patients in the community.

**11. 1130.520(b)(5) – Anticipated or Potential Cost Savings**

The joint venture between DaVita Inc. and Sinai Health System will create economies of scale, integrate clinical, administrative and support functions, eliminate functional redundancies and redesign patient care delivery and allow DaVita and Sinai Health System to share the resources and benefits of DaVita's infrastructure and processes and quality initiatives.

**12. 1130.520(b)(6) – Quality Improvement Program**

The Applicants intend to utilize DaVita's established quality control mechanisms.

**13. 1130.520(b)(7) – Selection Process for Governing Body**

The governing body will consist of the medical director, the facility administrator, and regional operations director.

**14. 1130.520(b)(9) – Change to Scope of Service or Levels of Care**

There will be no changes to scope of services or levels of care currently provided at the dialysis facility that are anticipated to occur within twenty-four (24) months as a result of the planned transaction.

**Section IV – Charity Care Information**

The table below provides charity care information for the most recent three years for DaVita Inc. and Sinai Health System.

<b>DaVita Inc.</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Net Patient Revenue</b>	<b>\$420,024,352</b>	<b>\$409,210,320</b>	<b>\$414,744,253</b>
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

<b>Mount Sinai Hospital</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Net Patient Revenue</b>	<b>\$292,434,000</b>	<b>\$300,877,000</b>	<b>\$305,675,000</b>
Amount of Charity Care (charges)	\$94,832,877	\$99,841,624	\$124,534,571
Cost of Charity Care	\$21,147,732	\$24,395,816	\$32,288,820

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.		PAGES	
	1	Applicant Identification including Certificate of Good Standing	20 – 24
	2	Site Ownership	25 – 28
	3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29 – 30
	4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31 – 33
	5	Background of the Applicant	34 – 50
	6	Change of Ownership	51 – 52
	7	Charity Care Information	53