

24-003

RECEIVED

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

FEB 01 2024

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name: Dialysis Care Center Oak Lawn		
Street Address: 9115 S. Cicero Avenue, Suite 300		
City and Zip Code: Oak Lawn 60453		
County: Cook	Health Service Area: 7	Health Planning Area: 7

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

Exact Legal Name: Dialysis Care Center Oak Lawn, LLC		
Street Address: 15786 S. Bell Rd.		
City and Zip Code: Homer Glen 60491		
Name of Registered Agent: Harvard Business Services, Inc.		
Registered Agent Street Address: 333 N. Michigan Avenue, Suite 1815		
Registered Agent City and Zip Code: Chicago 60601		
Name of Chief Executive Officer: Morufu O. Alausa, M.D.		
CEO Street Address: 15786 S. Bell Road		
CEO City and Zip Code: Homer Glen 60491		
CEO Telephone Number: (630) 697-1414		

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr. and Mark J. Silberman
Title: CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff, LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago, Illinois 60606
Telephone Number: (312) -212-4967 and (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9192

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

Name: Babajide A. Salako, M.D.
Title: CEO
Company Name: Dialysis Care Center
Address: 15786 S. Bell Road, Homer Glen, Illinois 60491
Telephone Number: (630) 697-1414
E-mail Address: bsalako@dccdialysis.com
Fax Number: (708) 645-1001

**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

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City and Zip Code: Oak Lawn 60453		
County: Cook	Health Service Area: 7	Health Planning Area: 7

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

Exact Legal Name: Dialysis Care Center Holdings, LLC
Street Address: 15786 S. Bell Road
City and Zip Code: Homer Glen 60491
Name of Registered Agent: Harvard Business Services, Inc.
Registered Agent Street Address: 333 N. Michigan Avenue, Suite 1815
Registered Agent City and Zip Code: Chicago 60601
Name of Chief Executive Officer: Babajide A. Salako, M.D.
CEO Street Address: 15786 S. Bell Road
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E-mail Address: bsalako@dccdialysis.com
Fax Number: (708) 645-1001

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: Asim Shazzad

Title: Administrator

Company Name: Dialysis Care Center

Address: 15786 S. Bell Rd., Homer Glen, IL 60491

Telephone Number: 630-965-9007

E-mail Address: shazzad@kidneycares.com

Fax Number: 708-645-1001

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ali Kotum as Trustee of trust #16701

Address of Site Owner: c/o Network Property Management, 7820 Graphics Drive, Tinley Park, Illinois 60477

Street Address or Legal Description of the Site: 9115 S. Cicero Avenue, Suite 300, Oak Lawn, Illinois 60453

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

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

Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Dialysis Care Center Oak Lawn, LLC

Address: 15786 S. Bell Road, Homer Glen, Illinois 60491

☐ Non-profit Corporation

☐ Partnership

☐ For-profit Corporation

☐ Governmental

☒ Limited Liability Company

☐ Sole Proprietorship

☐ Other

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

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

Organizational Relationships

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

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

Flood Plain Requirements [Refer to application instructions.]

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

Dialysis Care Center Oak Lawn, LLC ("DCC Oak Lawn"), an In-Center Hemodialysis Center, seeks to discontinue its facility at 9115 S. Cicero, Suite 300 in Oak Lawn, Illinois 60453. DCC Oak Lawn is approved for 14 stations at the current location.

The discontinuation of this facility is being proposed in conjunction with the relocation of the facility less than one (1) mile away. The Applicant is concurrently filed a corresponding application to relocate its operations to a new address (4425 Southwest Highway in Oak Lawn, Illinois 60453).

This project is classified as substantive, in that it involves a discontinuation of a health care facility per 77 Ill. Admin. Code. 1110.20(b).

There will be no cost associated with discontinuing operations at this location.

Project Costs and Sources of Funds – NOT APPLICABLE

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price:	Not Applicable	
Fair Market Value:	Not Applicable	
The project involves the establishment of a new facility or a new category of service		
☐ Yes ☒ No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is Not applicable .		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings:
☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): Upon approval and completion of the new facility or December 31, 2024
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): NOT APPLICABLE
☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance.
APPEND DOCUMENTATION AS ATTACHMENT 8 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

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

Cost Space Requirements – 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

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

FACILITY NAME: Dialysis Care Center Oak Lawn			CITY: Oak Lawn		
REPORTING PERIOD DATES:		From: January 2022		To: December 2022	
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 (Dialysis Stations)	12	101	11,232	-	-
TOTALS:	12	101	11,232	-	-

CERTIFICATION

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

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

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



SIGNATURE

SIGNATURE

Babjiide A. Salako, M.D.
PRINTED NAME

~~Mohammad S. Shafi, M.D.~~
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

~~Vice President~~
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18th day of January, 2024

Notarization:

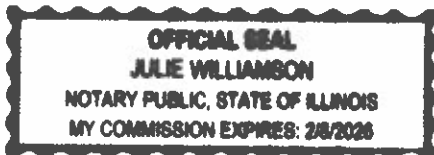
Subscribed and sworn to before me
this _____ day of _____



Signature of Notary

Signature of Notary

Seal



Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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- in the case of 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
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SIGNATURE

Morufu O. Alausa, M.D.

PRINTED NAME

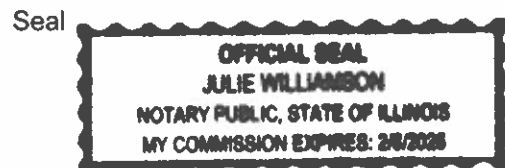
President

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18th day of January, 2024



Signature of Notary



*Insert the EXACT legal name of the applicant

SIGNATURE

~~Mohammad S. Shafi, M.D.~~

PRINTED NAME

~~Vice President~~

PRINTED TITLE

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

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.

ALTERNATIVES

1. Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
 3. The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

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

SECTION VII. 1120.120 - AVAILABILITY OF FUNDS – NOT APPLICABLE

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

	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
	d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.
	5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY – NOT APPLICABLE

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY – NOT APPLICABLE

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

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	21-23
2	Site Ownership	24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	25-26
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	27
5	Flood Plain Requirements	n/a
6	Historic Preservation Act Requirements	n/a
7	Project and Sources of Funds Itemization	n/a
8	Financial Commitment Document if required	n/a
9	Cost Space Requirements	n/a
10	Discontinuation	28-64
11	Background of the Applicant	65-67
12	Purpose of the Project	68
13	Alternatives to the Project	n/a
14	Size of the Project	n/a
15	Project Service Utilization	n/a
16	Unfinished or Shell Space	n/a
17	Assurances for Unfinished/Shell Space	n/a
Service Specific:		
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
31	Freestanding Emergency Center Medical Services	n/a
32	Birth Center	n/a
Financial and Economic Feasibility:		
34	Availability of Funds	n/a
35	Financial Waiver	n/a
36	Financial Viability	n/a
37	Economic Feasibility	n/a
38	Safety Net Impact Statement	69-70
39	Charity Care Information	71
40	Flood Plain Information	n/a

ATTACHMENT 1

Type of Ownership of Applicant

Included with this attachment are:

1. The Certificate of Good Standing for the Applicant, Dialysis Care Center Oak Lawn, LLC.
2. The Certificate of Good Standing for the Applicant, Dialysis Care Center Holdings, LLC.

ATTACHMENT 1
Certificate of Good Standing
Dialysis Care Center Oak Lawn, LLC

File Number

0578229-5



To all to whom these Presents Shall Come, Greeting:

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

DIALYSIS CARE CENTER OAK LAWN LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 04, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2331402918 verifiable until 11/10/2024
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of NOVEMBER A.D. 2023 .


SECRETARY OF STATE

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

File Number

0578210-4



To all to whom these Presents Shall Come, Greeting:

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

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



Authentication #: 2338103764 verifiable until 12/27/2024
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of DECEMBER A.D. 2023 .


SECRETARY OF STATE

ATTACHMENT 2 Site Ownership

The current owner of the building is Ali Kotum as Trustee of Trust #16701. A copy of the property tax bill is enclosed as evidence of control over the site.

TOTAL PAYMENT DUE		2022 Second Installment Property Tax Bill - Cook County Electronic Bill						
\$34,365.61		Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
By 12/01/2023		24-03-300-014-0000	237	39021	2022	(2023)	WORTH	5-02
IF PAYING LATE, PLEASE PAY		12/02/2023-01/01/2024 \$34,861.69	01/02/2024-02/01/2024 \$35,396.67	02/02/2024-03/01/2024 \$35,912.65	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW			
TAXING DISTRICT BREAKDOWN								
Taxing Districts	2022 Tax	2022 Rate	2022 %	Penalty	2021 Tax			
MISCELLANEOUS TAXES								
South Cook Mosquito Abatement Harvey	120.56	0.021	0.10%		112.01			
Metro Water Reclamation Dist of Chicago	2,146.86	0.374	2.89%	223.87	2,262.04			
Oak Lawn Park District	3,455.65	0.602	4.65%	86.10	3,301.41			
Miscellaneous Taxes Total	6,723.06	0.997	7.78%		6,465.46			
SCHOOL TAXES								
Moraine Valley College 524 Palos Hills	2,439.62	0.425	3.28%		2,322.78			
Oak Lawn Community HS District 229	18,941.73	3.474	26.81%	518.62	18,747.31			
Oak Lawn-Hometown School District 123	32,627.75	5.684	43.67%	706.05	32,205.48			
School Taxes Total	65,009.10	9.583	73.94%		63,276.56			
MUNICIPALITY/TOWNSHIP TAXES								
Oak Lawn Library Fund	2,784.04	0.485	3.74%		2,784.93			
Village of Oak Lawn	7,175.35	1.250	9.65%	2,571.64	7,257.21			
Road & Bridge Worth	208.65	0.036	0.28%		194.55			
General Assistance Worth	103.33	0.018	0.14%		94.33			
Town of Worth	430.52	0.075	0.58%		400.89			
Municipality/Township Taxes Total	10,699.89	1.864	14.38%		10,711.91			
COOK COUNTY TAXES								
Cook County Forest Preserve District	464.96	0.081	0.63%	11.48	341.83			
Consolidated Elections	0.00	0.000	0.00%		112.01			
County of Cook	1,423.59	0.248	1.91%	430.52	1,432.58			
Cook County Public Safety	606.47	0.106	0.82%		772.29			
Cook County Health Facilities	442.00	0.077	0.59%		424.47			
Cook County Taxes Total	2,936.92	0.512	3.96%		3,083.28			
(Do not pay these totals)		74,371.67	12.968	100.00%	72,737.20			
TAX CALCULATOR		IMPORTANT MESSAGES						
2021 Assessed Value	196,336							
2022 Total Tax Before Exemptions								
74,371.67								
Homeowner's Exemption .00								
Senior Citizen Exemption .00								
2022 Assessed Value	196,336							
2022 State Equalizer								
X 2.8237								
2022 Equalized Assessed Value (EAV)								
674,628								
2022 Local Tax Rate	X 12.968%							
2022 Total Tax Before Exemptions								
74,371.67								
First Installment								
Second Installment +								
Total 2022 Tax (Payable in 2023)								
74,371.67								
Total 2022 Tax (Payable in 2023)								
74,371.67								
PROPERTY LOCATION		MAILING ADDRESS						
9115 S CICERO AVE OAK LAWN IL 60453 1895		ALI KOTUM 9115 S CICERO AVE OAK LAWN IL 60453-1895						

*** Please see 2022 Second Installment Payment Coupon next page ***

ATTACHMENT 3

Operating Entity/Licensee

Dialysis Care Center Oak Lawn, LLC, is not licensed by the Illinois Department of Public Health but is certified with the Centers for Medicare and Medicaid Services. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

ATTACHMENT 3
Operating Entity
Certificate of Good Standing - Dialysis Care Center Oak Lawn, LLC

File Number

0578229-5



To all to whom these Presents Shall Come, Greeting:

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

DIALYSIS CARE CENTER OAK LAWN LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 04, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

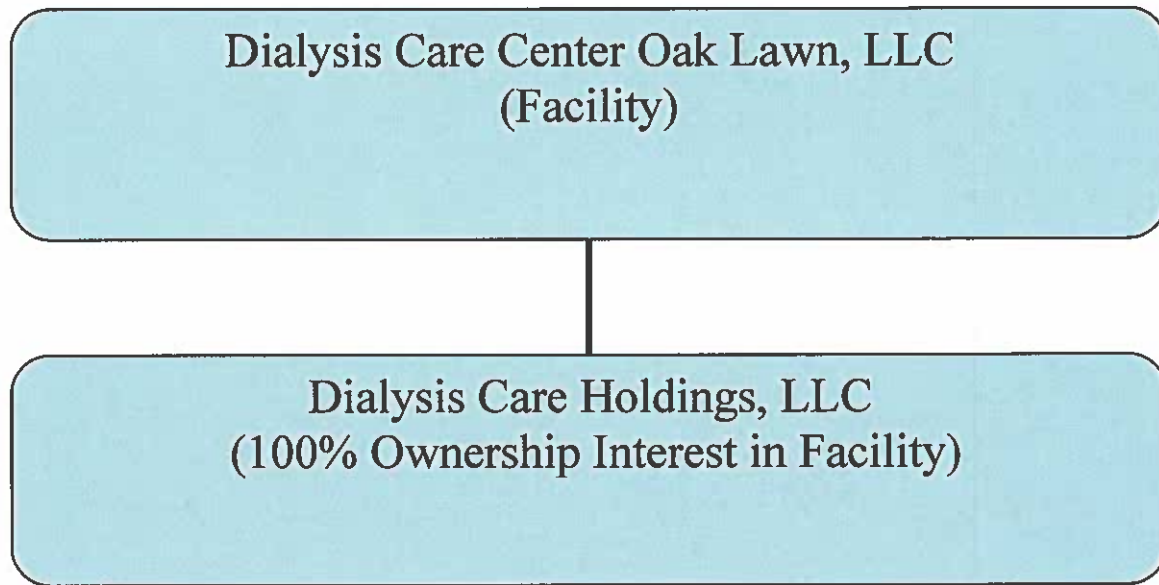


Authentication #: 2331402918 verifiable until 11/10/2024
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of NOVEMBER A.D. 2023 .


SECRETARY OF STATE

ATTACHMENT 4
Organizational Chart



ATTACHMENT 10

Discontinuation

General:

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

The facility is approved for fourteen (14) hemodialysis stations at the In-Center Hemodialysis Center that will be discontinued.

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

The category of services currently offered at the facility include In-Center Hemodialysis, which will be discontinued upon approval of the application.

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

The Applicant proposes to permanently discontinue the service upon approval of licensure of replacement facility.

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

The anticipated use of the physical plant has not been determined as the licensee does not own the structure. Certain usable medical equipment will be transferred to the relocated Dialysis Care Center Oak Lawn if the new project is approved.

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

The medical records will be maintained by Dialysis Care Center Oak Lawn for a period of 10 years.

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

Included in Attachment 10 is a copy of the Notice provided to the local media that would routinely be notified about the facilities 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.

Included in Attachment 10 are 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 the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services.

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

Included in Attachment 10 is a certification from the Applicant that all required data will be submitted no later than 90 days following the date of discontinuation.

ATTACHMENT 10

Discontinuation

Reasons For Discontinuation

The reasons for discontinuation are that the provision of service at the current location is not practicable and not economically feasible given size restraints with the existing site. The Applicant has reached and exceeded capacity for the current location, and patient volumes require additional hemodialysis for the growing patient base. The current location has physical space limitations, and expansion of hemodialysis stations to meet existing patient need requires relocation. Continued operation of the facility at the present location would fail to meet patient demand.

Impact of 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.**

The discontinuation will not have an adverse effect upon access of care for residents of the facility's market area. DCC Oak Lawn is also filing a CON application to relocate the facility; if approved DCC Oak Lawn will relocate the facility less than one mile away from the current location, thus limiting any potential for discontinuation of service. It is intended that the existing facility will continue to operate while the new facility is constructed in an effort to limit any disruption in patient care.

- 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.**

Included in Attachment 10 are copies of the notification letter and request for an impact statement sent to area facilities within the geographic service area and maps indicating the distance and drive times to the facilities.

ATTACHMENT 10

Discontinuation Media Notice

The Applicants will publish the notice below in the Chicago Tribune, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on January 30, 2024. The Chicago Tribune has a print circulation of 439,731, and an online presence. The Chicago Tribune is a newspaper of general circulation throughout the Cook and DuPage County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

"Dialysis Care Center Oak Lawn has filed a Certificate of Need application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue their In-Center Hemodialysis Center located at 9115 S. Cicero, Suite 300 in Oak Lawn, Illinois 60453 in the fourth quarter of 2024. The facility proposes to relocate to 4425 Southwest Highway in Oak Lawn, Illinois 60453. After submission of the application to discontinue the facility to the HFSRB, the application for the proposed discontinuation may be found on the HFSRB website at <https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx>. If you are or have been a patient at Dialysis Care Center Oak Lawn and have questions about accessing your medical records, please call 708-907-3066."

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

October 24, 2023

Hon. Kelly Burke
State Representative, District 36
5144 W. 95th St.
Oak Lawn, IL 60453

Re: Notice of Discontinuation of In-Center Hemodialysis Center- Dialysis Care Center- Oak Lawn

Dear Representative Burke:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the in-center hemodialysis center, Dialysis Care Center- Oak Lawn located at 9115 S Cicero Ave, Oak Lawn, IL 60453.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application to relocate the facility to the corner of South Kilbourn Avenue and Southwest Highway.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Oak Lawn, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,



Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

October 24, 2023

Hon. Bill Cunningham
State Senate, District 18
10400 South Western Avenue
Chicago, IL 60643

Re: Notice of Discontinuation of In-Center Hemodialysis Center- Dialysis Care Center- Oak Lawn

Dear Senator Cunningham:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the in-center hemodialysis center, Dialysis Care Center- Oak Lawn located at 9115 S Cicero Ave, Oak Lawn, IL 60453.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application to relocate the facility to the corner of South Kilbourn Avenue and Southwest Highway.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Oak Lawn, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,



Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

October 24, 2023

Hon. Terry Vorderer
Mayor of Oak Lawn
9446 S. Raymond Avenue
Oak Lawn, IL 60453

Re: Notice of Discontinuation of In-Center Hemodialysis Center- Dialysis Care Center- Oak Lawn

Dear Mayor Vorderer:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the in-center hemodialysis center, Dialysis Care Center- Oak Lawn located at 9115 S Cicero Ave, Oak Lawn, IL 60453.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application to relocate the facility to the corner of South Kilbourn Avenue and Southwest Highway.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Oak Lawn, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,



Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

October 24, 2023

Sameer Vohra, MD, JD, MA
Director
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761

Re: Notice of Discontinuation of In-Center Hemodialysis Center- Dialysis Care Center- Oak Lawn

Dear Director Vohra:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the in-center hemodialysis center, Dialysis Care Center- Oak Lawn located at 9115 S Cicero Ave, Oak Lawn, IL 60453.

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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Oak Lawn, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,


Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

October 24, 2023

Theresa Eagleson
Director
Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

**Re: Notice of Discontinuation of In-Center Hemodialysis Center- Dialysis Care Center-
Oak Lawn**

Dear Director Eagleson:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the in-center hemodialysis center, Dialysis Care Center- Oak Lawn located at 9115 S Cicero Ave, Oak Lawn, IL 60453.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have submitted a CON Application to relocate the facility to the corner of South Kilbourn Avenue and Southwest Highway.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Mayor of Oak Lawn, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,



Dr. Sushant Taksande
Medical Director

ATTACHMENT 10

Discontinuation

Notices to Elected Officials and Agency Heads

7022 1670 0001 5472 8677

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Sameer Vohra, MD, JD, MA
Director
Illinois Dept of Public Health
535 W. Jefferson Street
Springfield, Illinois 62761

740893
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Hon. Kelly Burke
State Representative, District 36
5144 W. 95th Street
Oak Lawn, Illinois 60453

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Theresa Eagleson, Director
Dept of Healthcare & Family
Services
201 S. Grand Avenue, East
Springfield, Illinois 62763

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7022 1670 0001 5472 8650

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☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
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Total Postage and Fees
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Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Hon. Bill Cunningham
State Senate, District 18
10400 S. Western Avenue
Chicago, Illinois 60643

740893
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 1670 0001 5472 8639

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☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
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Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

Hon. Terry Vorderer
Mayor of Oak Lawn
9446 S. Raymond Avenue
Oak Lawn, Illinois 60453

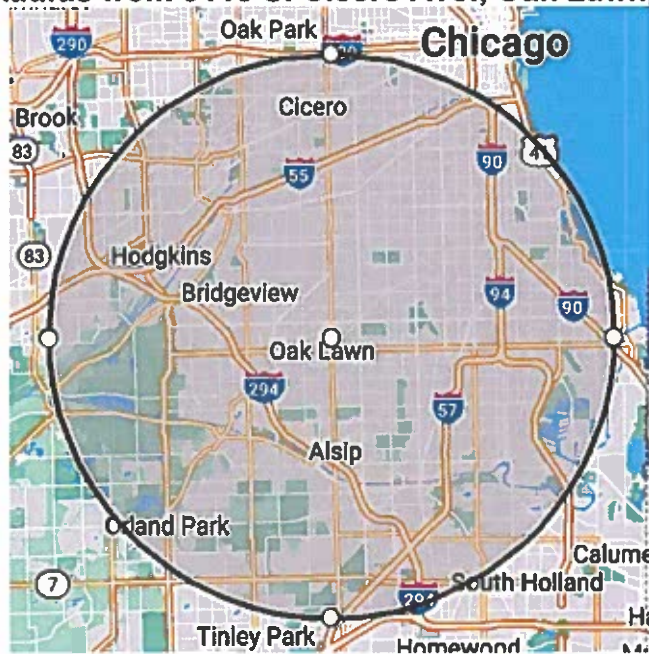
740893
Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

ATTACHMENT 10 Discontinuation Notice to Area Facilities

The following notification letters were sent to area facilities within the geographic service area as determined by the distance and drive times to the facilities. Also listed on the following pages in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip code areas that are located within a 10-mile radius of the proposed site of the ASTC. The zip codes and areas within a 10-mile radius of the proposed facility are listed below. We have included a map of the multi-directional travel radii of the proposed ASTC site.

10 Mile Radius from 9115 S. Cicero Ave., Oak Lawn, IL 60456



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

Facility Name	Facility Address
Alsip Dialysis Center (d/b/a Fresenius Kidney Care Alsip)	12250 S. Cicero Avenue, Suite 105 Alsip, IL 60803
DaVita Chicago Ridge Dialysis	10511 S. Harlem Avenue Chicago Ridge, IL 60415
DaVita Cicero Dialysis	6001 W. Ogden Avenue Cicero, IL 60804
DaVita Oak Meadows Dialysis	5020 W. 95 th Street Oak Lawn, IL 60453
Dialysis Care Center Evergreen Park	9834 S. Kedzie Avenue Evergreen Park, IL 60805
FMC Merrionette Park	11630 S. Kedzie Avenue Merrionette Park, IL 60803
Fresenius Medical Care Crestwood	4815 W. Midlothian Turnpike Crestwood, IL 60445
Fresenius Medical Care Burbank	4811 W. 77 th Street Burbank, IL 60459
Fresenius Medical Care Cicero	3000 S. Cicero Avenue Cicero, IL 60804
Fresenius Medical Care Evergreen Park	8901 S. Kedzie Avenue Evergreen Park, IL 60805
Fresenius Medical Care Summit	7320 W. Archer Avenue Summit, IL 60501
Stony Creek Dialysis (DaVita)	6246 W. 95 th Street Oak Lawn, IL 60453
US Renal Care Hickory Hills	9640 S. Roberts Road, Suite b-3a Hickory Hills, IL 60457



LEADING WITH CARE

January 10, 2024

Alsip Dialysis Center (d/b/a Fresenius Kidney Care Alsip)
12250 S. Cicero Avenue, Suite 105
Alsip, IL 60803

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

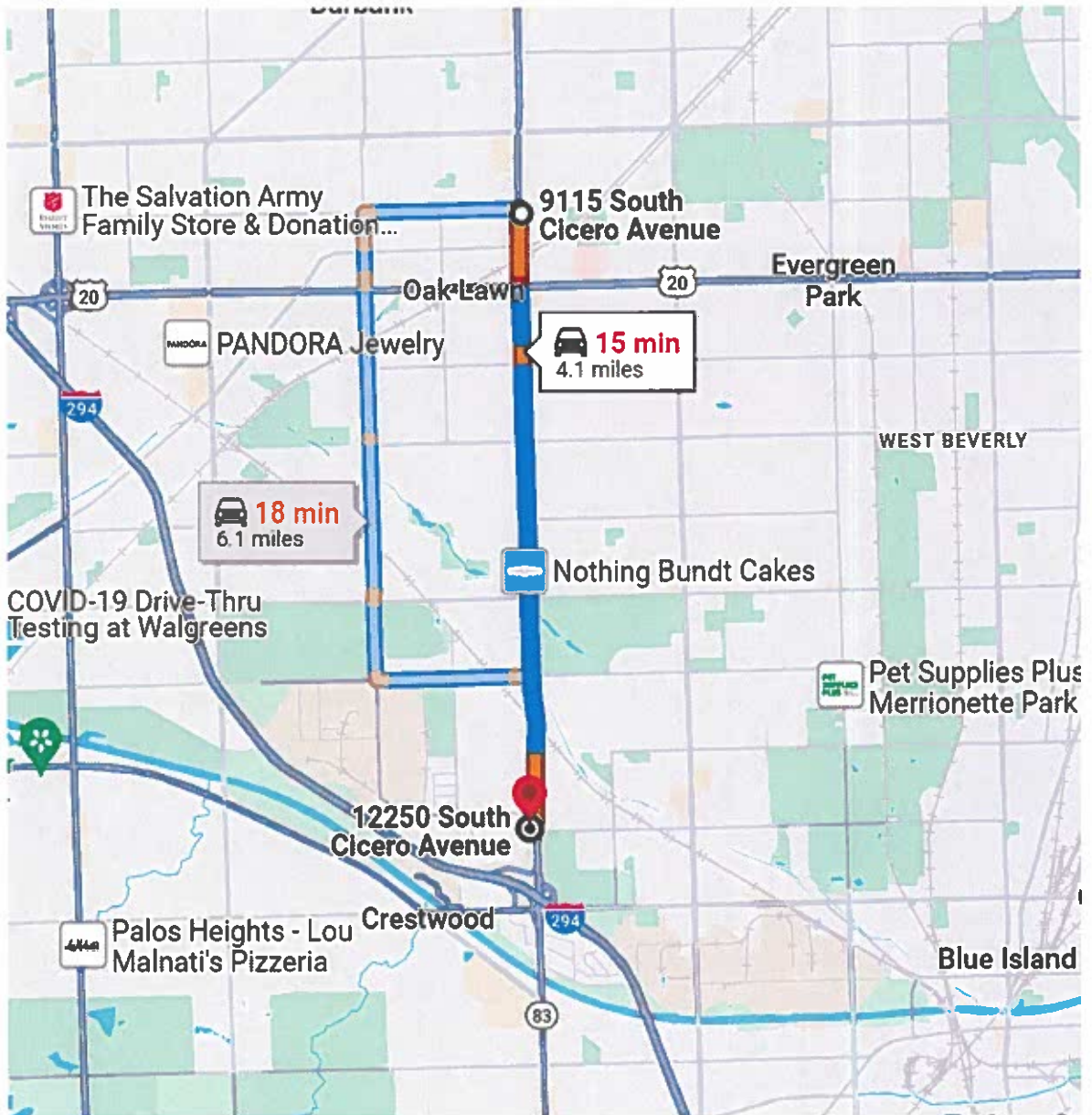
We are not aware of any adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we anticipate the referrals from Dr. Sushant Taksande to continue to fill available hemodialysis stations at the proposed new facility less than 1 mile away in Oak Lawn.

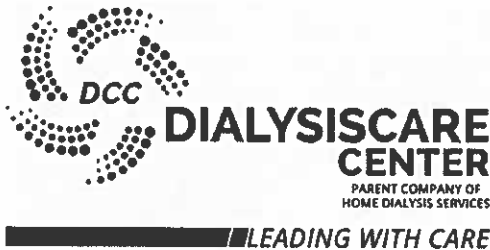
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,


Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notice to Area Facilities





January 10, 2024

DaVita Chicago Ridge Dialysis
10511 S. Harlem Avenue
Chicago Ridge, IL 60415

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

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

Dr. Sushant Taksande
Medical Director

The map displays a route starting at 10511 South Harlem Avenue and ending at 9115 South Cicero Avenue. The route is marked with a blue line and an orange line. Key landmarks and locations along the route include:

- 10511 South Harlem Avenue** (Starting point)
- Walmart** (Near 103rd St)
- Five Below** (Near 103rd St)
- Ed Napleton Honda** (Near 103rd St)
- Oak Lawn Park District** (Near 103rd St)
- Stony Creek Golf Course Complex** (Near 103rd St)
- Chicago Ridge** (Area near 103rd St)
- 9115 South Cicero Avenue** (Ending point)

The map also shows other nearby locations such as **The Salvation Army Family Store & Donation...**, **Advocate Christ Medical Ctr**, **Thrive Pet Healthcare**, and **Huck Finn**. The route is labeled with a total distance of **14 miles** and a time of **14 min**.



LEADING WITH CARE

January 10, 2024

DaVita Cicero Dialysis
6001 W. Ogden Avenue
Cicero, IL 60804

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility has treated 101 patients.

We are not aware of any adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we anticipate the referrals from Dr. Sushant Taksande to continue to fill available hemodialysis stations at the proposed new facility less than 1 mile away in Oak Lawn.

Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

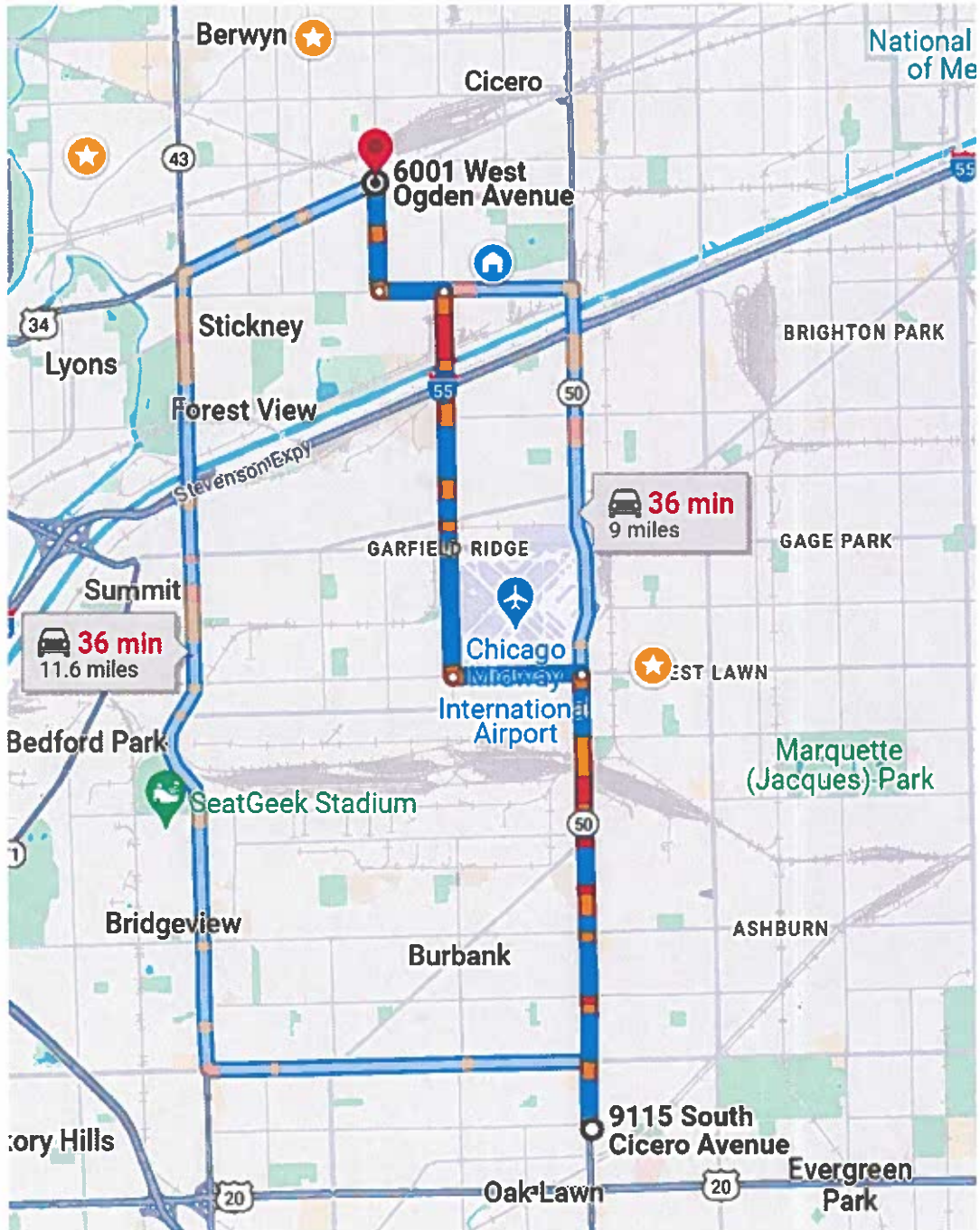
Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10

Discontinuation

Notice to Area Facilities





January 10, 2024

DaVita Oak Meadows Dialysis
5020 W. 95th Street
Oak Lawn, IL 60453

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

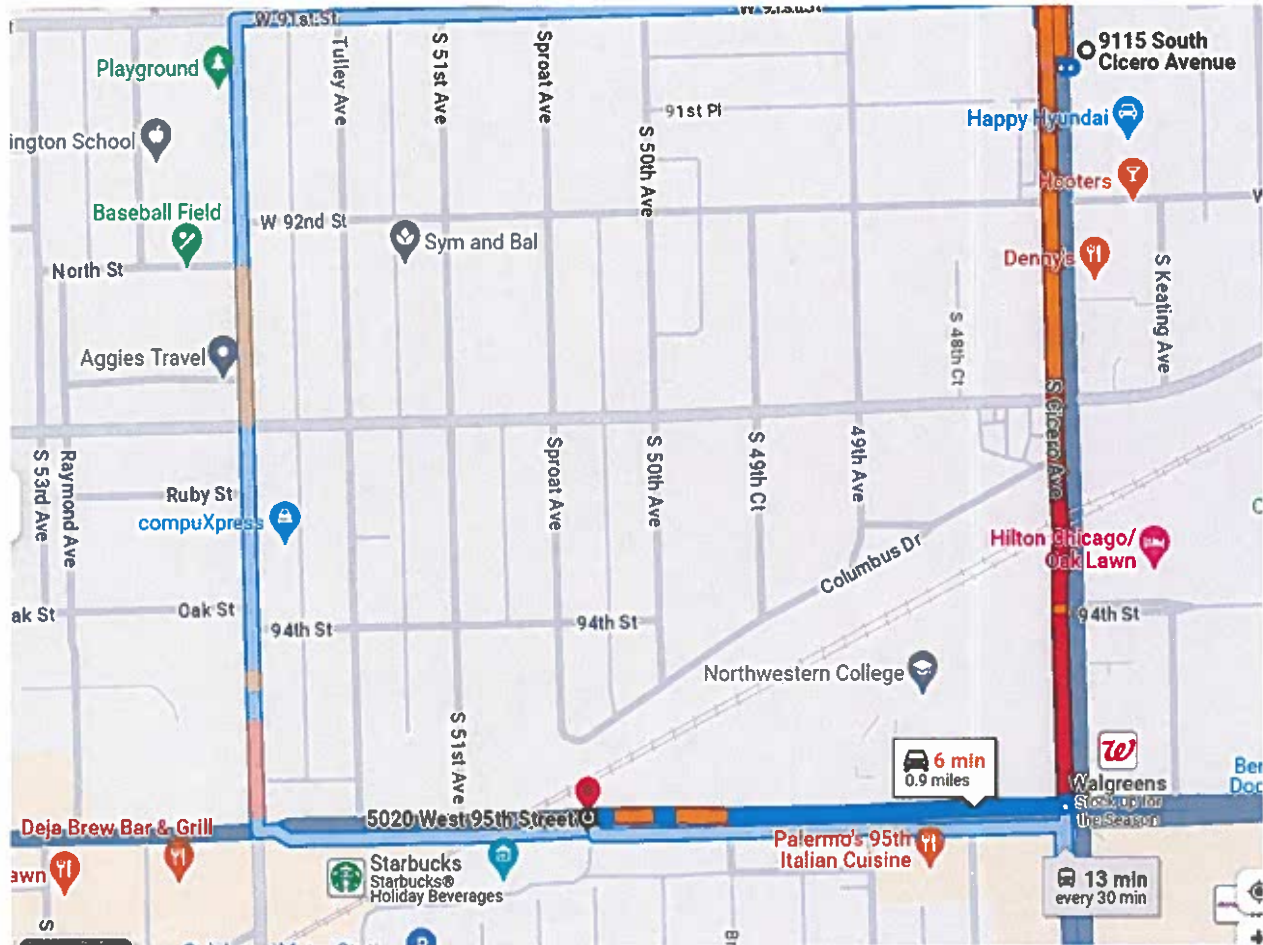
Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10

Discontinuation

Notice to Area Facilities





LEADING WITH CARE

January 10, 2024

Dialysis Care Center Evergreen Park
9834 S. Kedzie Avenue
Evergreen Park, IL 60805

Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center Oak Lawn

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

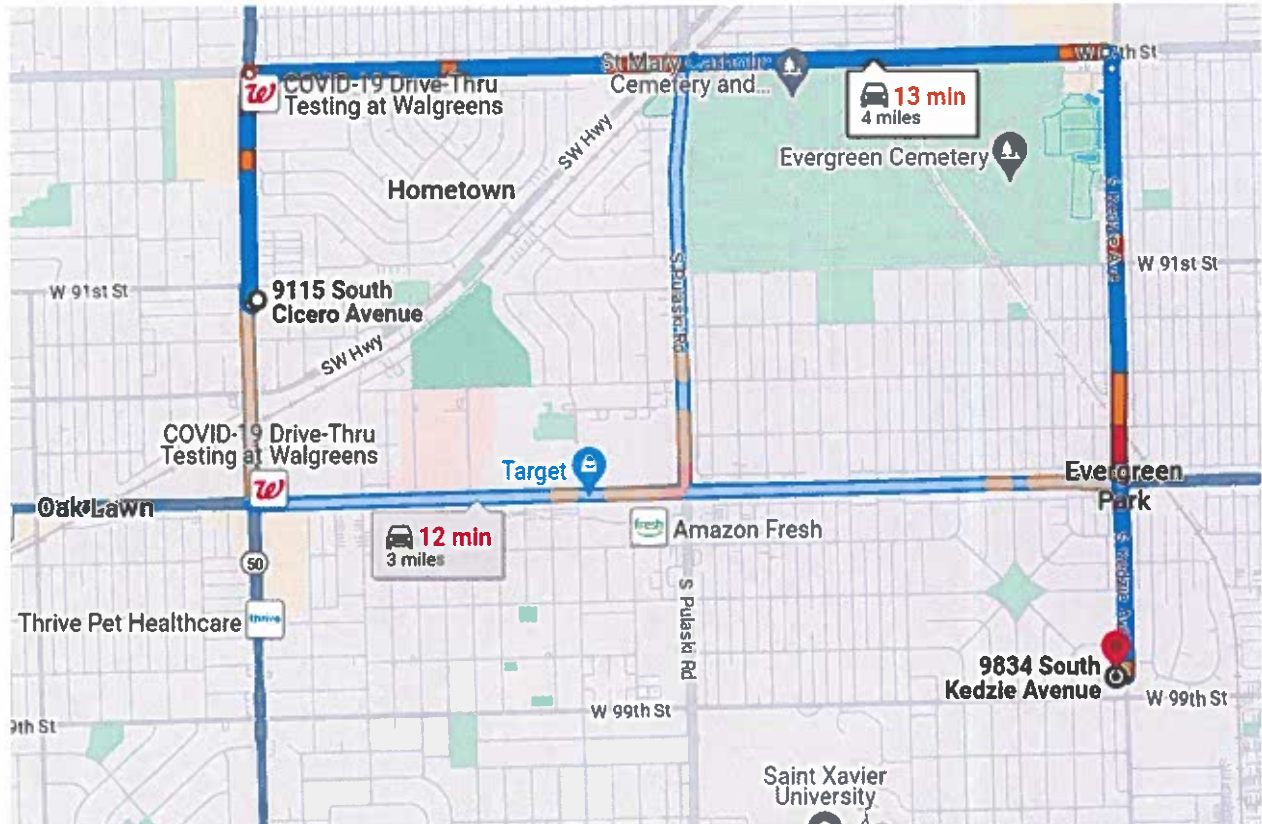
We are not aware of any adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we anticipate the referrals from Dr. Sushant Taksande to continue to fill available hemodialysis stations at the proposed new facility less than 1 mile away in Oak Lawn.

Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10 Discontinuation Notice to Area Facilities





LEADING WITH CARE

January 10, 2024

FMC Merrionette Park
11630 S. Kedzie Avenue
Merrionette Park, IL 60803

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

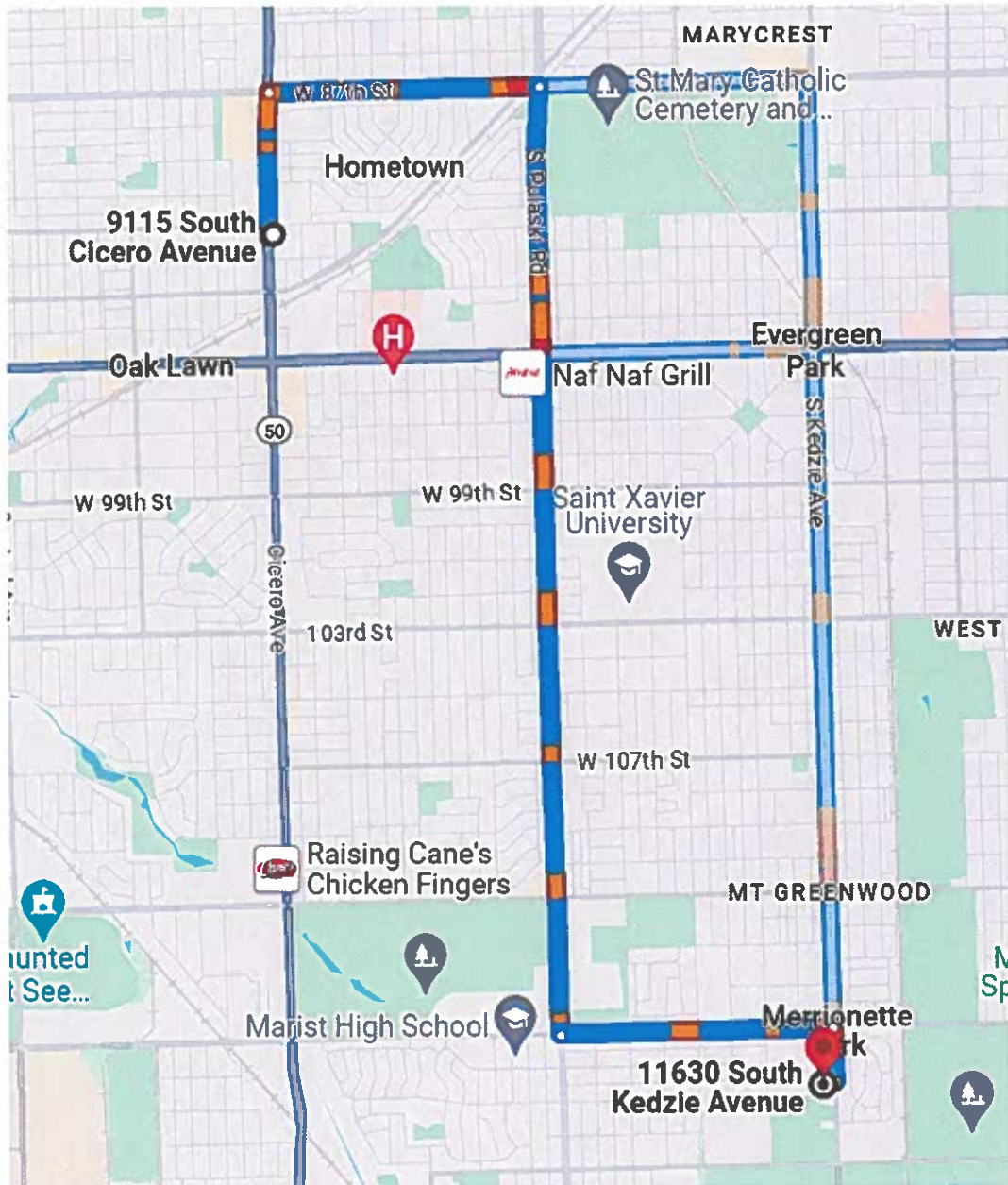
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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notice to Area Facilities





January 10, 2024

Fresenius Medical Care Crestwood
4815 W. Midlothian Turnpike
Crestwood, IL 60445

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

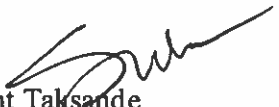
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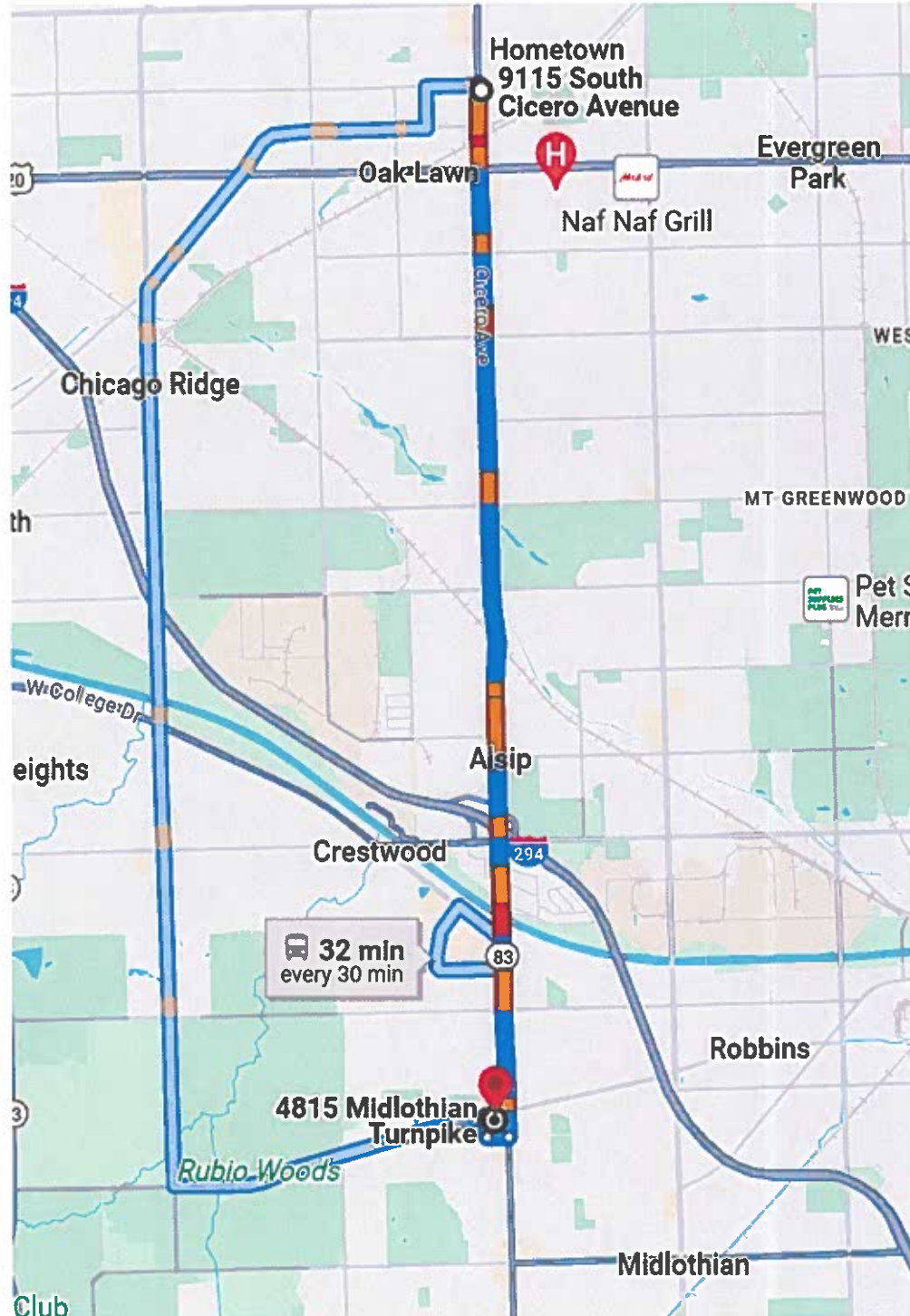
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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,


Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notice to Area Facilities





LEADING WITH CARE

January 10, 2024

Fresenius Medical Care Burbank
4811 W. 77th Street
Burbank, IL 60459

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

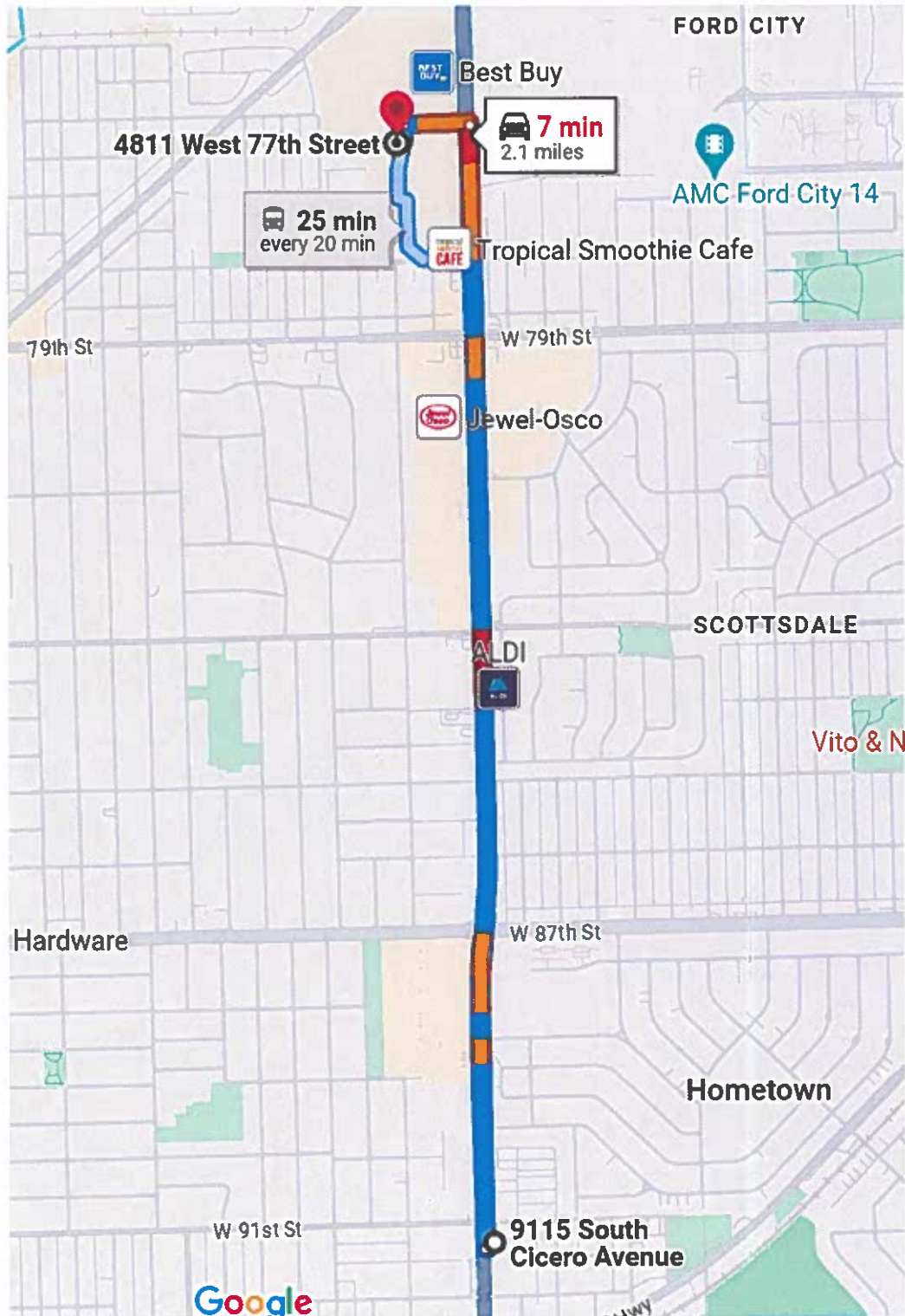
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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notice to Area Facilities





LEADING WITH CARE

January 10, 2024

Fresenius Medical Care Cicero
3000 S. Cicero Avenue
Cicero, IL 60804

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

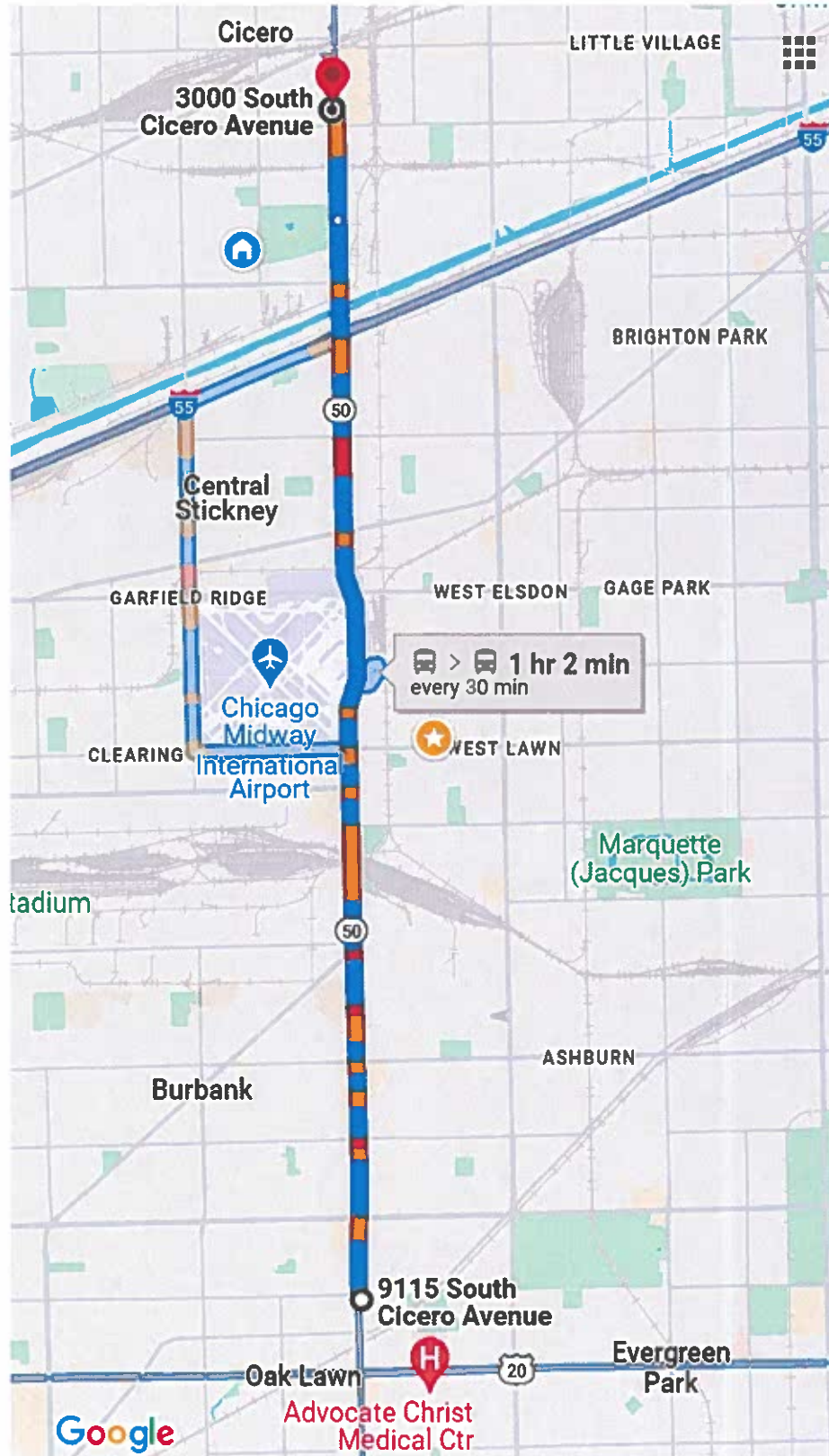
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Sincerely,


Dr. Sushant Taksande
Medical Director

ATTACHMENT 10
Discontinuation
Notice to Area Facilities





LEADING WITH CARE

January 10, 2024

Fresenius Medical Care Evergreen Park
8901 S. Kedzie Avenue
Evergreen Park, IL 60805

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

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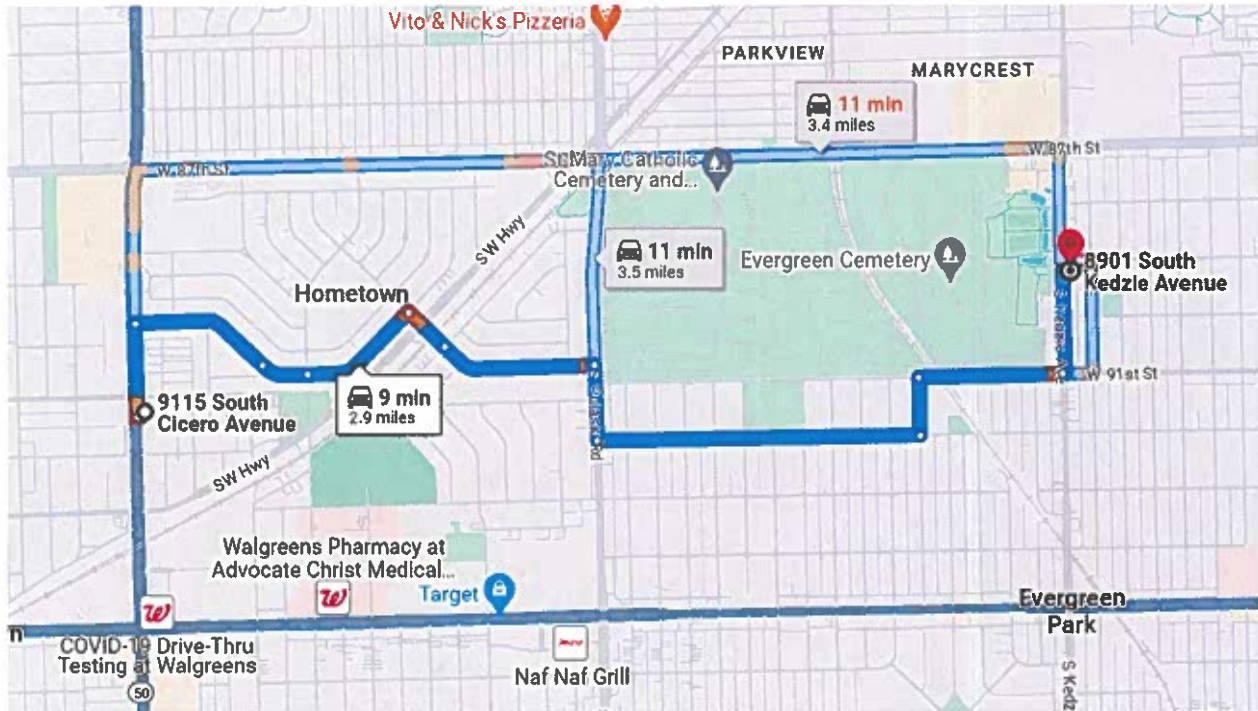
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Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10 Discontinuation Notice to Area Facilities





LEADING WITH CARE

January 10, 2024

Fresenius Medical Care Summit
7320 W. Archer Avenue
Summit, IL 60501

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

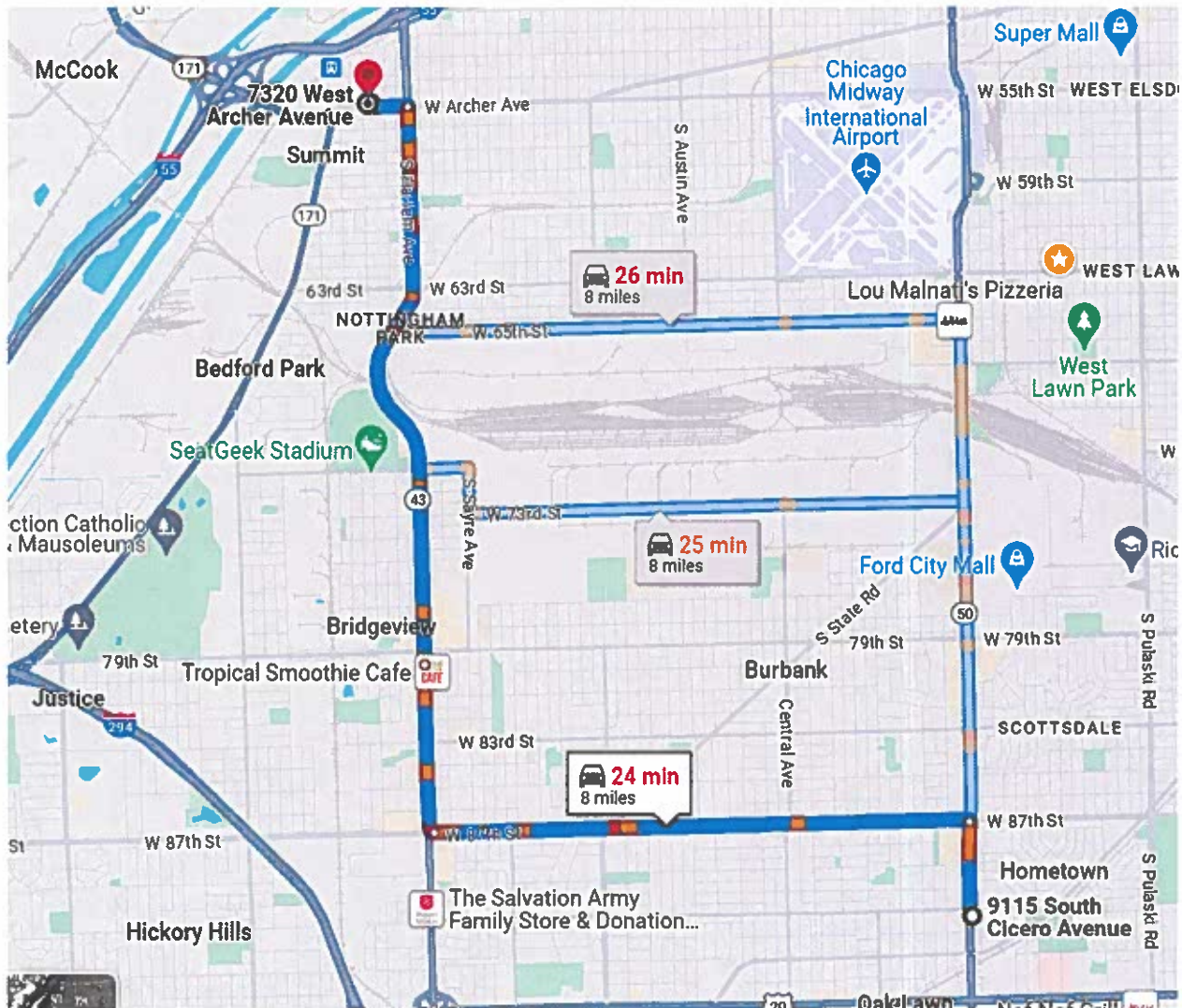
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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,


Dr. Sushant Taksande
Medical Director

ATTACHMENT 10 Discontinuation Notice to Area Facilities





January 10, 2024

Stony Creek Dialysis (DaVita)
6246 W. 95th Street
Oak Lawn, IL 60453

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

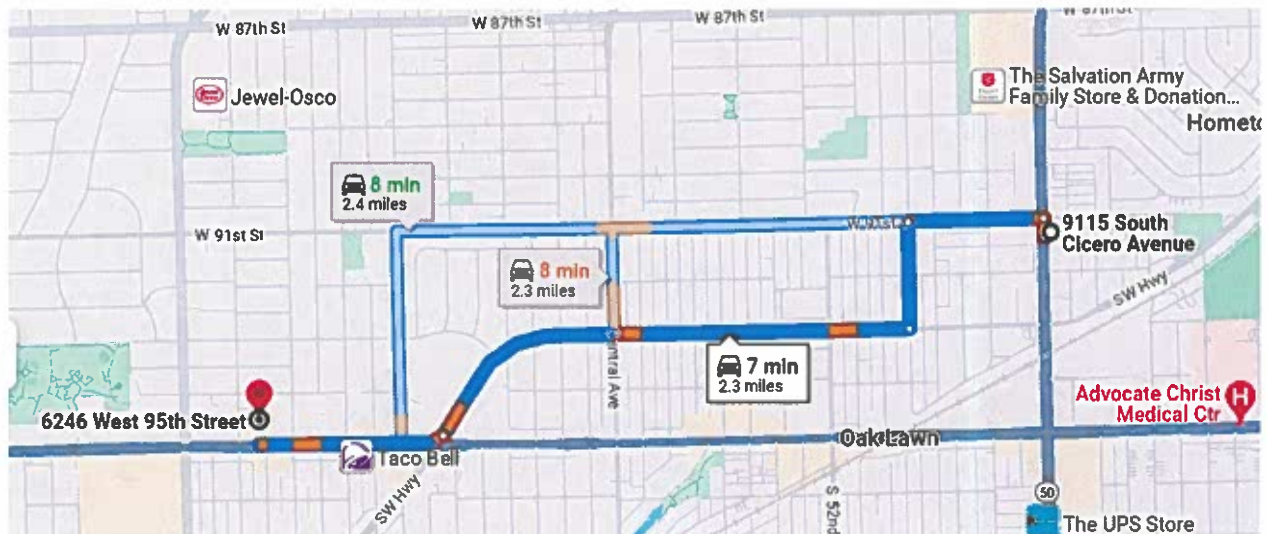
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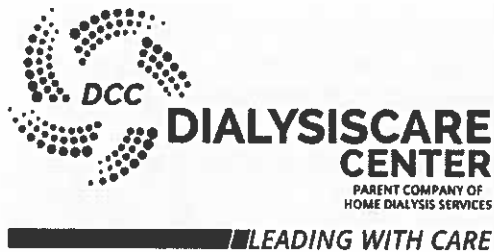
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Sincerely,


Dr. Sushant Taksande
Medical Director

ATTACHMENT 10 Discontinuation Notice to Area Facilities





January 10, 2024

US Renal Care Hickory Hills
9640 S. Roberts Road, Suite b-3a
Hickory Hills, IL 60457

**Re: Notice of Discontinuation of In-Center Hemodialysis Center - Dialysis Care Center
Oak Lawn**

To Whom It May Concern:

This letter is to notify you that Dialysis Care Center Oak Lawn, located at 9115 S. Cicero Ave., Oak Lawn, IL 60456 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur upon issuance of license of replacement facility to be located at 4457 Southwest Highway, Oak Lawn, IL 60453. The replacement facility is expected to be completed by December 31, 2024. In 2022 the facility treated 101 patients.

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Sincerely,

Dr. Sushant Taksande
Medical Director

ATTACHMENT 10 Discontinuation Notice to Area Facilities



ATTACHMENT 11

Background of the Applicants

The following information is provided to illustrate the qualifications, background, and character of the Applicants, and to assure the Review Board that the proposed discontinuation of services will provide a proper standard of health care services for the community.

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

The Applicant owns, in addition to Dialysis Care Center Oak Lawn, other in-patient hemodialysis centers, including:

- Dialysis Care Center Beverly
- Dialysis Care Center Elgin
- Dialysis Care Center Evergreen Park
- Dialysis Care Center Hazel Crest
- Dialysis Care Center McHenry
- Dialysis Care Center Olympia Fields
- Dialysis Care Center Vollmer

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.

The corporate officers own, in addition to Dialysis Care Center Oak Lawn, other in-patient hemodialysis centers, including:

- Dialysis Care Center Beverly
- Dialysis Care Center Elgin
- Dialysis Care Center Evergreen Park
- Dialysis Care Center Hazel Crest
- Dialysis Care Center McHenry
- Dialysis Care Center Olympia Fields
- Dialysis Care Center Vollmer

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.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that there have been no adverse actions taken against any facility owned and/or operated by the Applicant during the three years prior to 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.

ATTACHMENT 11

Background of the Applicants

Pursuant to the certification executed with the submission of this application, the Applicant certifies that there have been no individuals 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.

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

Pursuant to the certification executed with the submission of this application, the Applicant certifies that no person has been 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.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that they do not have any unsatisfied judgments 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.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that they do not have any Applicants who are 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.

The Applicant permits the 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.

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.

a. Not Applicable.



January 10, 2024

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL 62761

Re: Dialysis Care Center Oak Lawn, LLC- Certification and Authorization Letter

Dear Mr. Kniery:

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

I verify that Dialysis Care Center Oak Lawn, LLC owns one other existing facility that is slated for discontinuation and has had no adverse actions in the past three (3) years.

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

- Dialysis Care Center Beverly
- Dialysis Care Center Rockford
- Dialysis Care Center Olympia Fields
- Dialysis Care Center Hazel Crest
- Dialysis Care Center Evergreen Park
- Dialysis Care Center Elgin
- Dialysis Care Center McHenry
- Dialysis Care Center Vollmer

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

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

Sincerely,

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

ATTACHMENT 12

Purpose of Project

Reasons For Discontinuation

The reasons for discontinuation are that the provision of service at the current location is not practicable nor economically feasible. The Applicant has reached and exceeded capacity for the current location, and in order to meet the existing need, based on patient volumes, additional hemodialysis stations will be required. The current location of the facility has physical space limitations, and future expansion of hemodialysis stations requires relocation. Continued operation of the facility at the present location would fail to meet patient demand.

ATTACHMENT 38

Safety Net Impact Statement

1. The project will not have a material impact, 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.

The Applicant facility will cease operations upon approval of a replacement facility and thus there will be no adverse material impact on the essential safety net services that it provides. Additionally, the discontinuation of its facility will not impact existing providers.

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

The project should not have any impact on the ability of another provider or health care system to cross subsidize safety net services.

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.

The discontinuation of the facility will not impact remaining safety net providers as the licensee proposes to relocate less than a mile away.

Attachment 38 Safety Net Impact Statement

Safety Net Information per PA 95-0031			
CHARITY CARE			
Charity (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
Charity (cost in dollars)			
Inpatient	\$-	\$-	\$-
Outpatient	\$-	\$-	\$-
Total	\$-	\$-	\$-
MEDICAID			
Medicaid (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	12	18	12
Total	12	18	12
Medicaid (revenue)			
Inpatient	\$-	\$-	\$-
Outpatient	\$240,398	\$381,756	\$335,947
Total	\$240,398	\$381,756	\$335,947

Attachment 39 Charity Care Information

Dialysis Care Center Oak Lawn - CHARITY CARE			
	2020	2021	2022
Net Patient Revenue	\$3,266,336	\$3,466,740	\$3,629,975
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO		PAGES
1	Applicant Identification including Certificate of Good Standing	21-23
2	Site Ownership	24
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	2-26
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	27
5	Flood Plain Requirements	n/a
6	Historic Preservation Act Requirements	n/a
7	Project and Sources of Funds Itemization	n/a
8	Financial Commitment Document if required	n/a
9	Cost Space Requirements	n/a
10	Discontinuation	28-64
11	Background of the Applicant	65-67
12	Purpose of the Project	68
13	Alternatives to the Project	n/a
14	Size of the Project	n/a
15	Project Service Utilization	n/a
16	Unfinished or Shell Space	n/a
17	Assurances for Unfinished/Shell Space	n/a
Service Specific:		
18	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
19	Comprehensive Physical Rehabilitation	n/a
20	Acute Mental Illness	n/a
21	Open Heart Surgery	n/a
22	Cardiac Catheterization	n/a
23	In-Center Hemodialysis	n/a
24	Non-Hospital Based Ambulatory Surgery	n/a
25	Selected Organ Transplantation	n/a
26	Kidney Transplantation	n/a
27	Subacute Care Hospital Model	n/a
28	Community-Based Residential Rehabilitation Center	n/a
29	Long Term Acute Care Hospital	n/a
30	Clinical Service Areas Other than Categories of Service	n/a
31	Freestanding Emergency Center Medical Services	n/a
32	Birth Center	n/a
Financial and Economic Feasibility:		
34	Availability of Funds	n/a
35	Financial Waiver	n/a
36	Financial Viability	n/a
37	Economic Feasibility	n/a
38	Safety Net Impact Statement	69-70
39	Charity Care Information	71
40	Flood Plain Information	n/a