

25-004

RECEIVED

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

FEB 03 2025

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Facility/Project Identification

| | | |
|---|------------------------|-----------------------|
| Facility Name: Maple Avenue Kidney Center | | |
| Street Address: 610 S. Maple Ave., Suite 4100 | | |
| City and Zip Code: Oak Park 60304 | | |
| County: Cook | Health Service Area: 7 | Health Planning Area: |

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

| | | |
|--|--|--|
| Exact Legal Name: Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC | | |
| Street Address: 610 S. Maple Ave., Suite 4100 | | |
| City and Zip Code: Oak Park 60304 | | |
| Name of Registered Agent: Hamid Humayun, M.D. | | |
| Registered Agent Street Address: 610 S. Maple Ave., Suite 4100 | | |
| Registered Agent City and Zip Code: Oak Park 60304 | | |
| Name of Chief Executive Officer: Hamid Humayun, M.D. | | |
| CEO Street Address: 610 S. Maple Ave, Suite 4100 | | |
| CEO City and Zip Code: Oak Park 60304 | | |
| CEO Telephone Number: 630-697-1414 | | |

Type of Ownership of Applicants

| | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> 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 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, IL 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: Hamid Humayun, M.D. | |
| Title: Managing Member | |
| Company Name: Maple Avenue Kidney Center | |
| Address: 1111 Superior Street, Suite 204, Melrose Park, IL 60160 | |
| Telephone Number: 855-766-2729 | |
| E-mail Address: humayuncorp@gmail.com | |
| Fax Number: N/A | |

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: Hamid Humayun, M.D. |
| Title: Managing Member |
| Company Name: Maple Avenue Kidney Center |
| Address: 1111 Superior Street, Suite 204, Melrose Park, IL 60160 |
| Telephone Number: 855-766-2729 |
| E-mail Address: humayuncorp@gmail.com |
| Fax Number: N/A |

Site Ownership [Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: Healthcare Realty Services, LLC |
| Address of Site Owner: 3310 West End Avenue, Suite 700, Nashville, TN 37203 |
| Street Address or Legal Description of the Site: 1111 Superior Street, Suite 204, Melrose Park, IL 60160 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: Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC |
| Address: 610 S. Maple Ave., Suite 4100, Oak Park, IL 60304 |
| <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which 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.

Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, an In-Center Hemodialysis Center, seeks to discontinue its facility at 610 S. Maple Ave., Suite 4100, Oak Park, IL 60304. The facility is approved for 18 stations at the current location.

The discontinuation of this facility is being proposed in conjunction with the relocation of the facility less than five (5) miles away. The Applicant is concurrently filing a corresponding application to relocate its operations to a new address (1111 Superior Street, Suite 204, Melrose Park, IL 60160).

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 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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: | |
| <input checked="" type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |
| Anticipated project completion date (refer to Part 1130.140): Upon certification of the new stations located in the relocated facility or December 31, 2025 (which is later) | |
| Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): NOT APPLICABLE | |
| <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. | |
| <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies | |
| <input type="checkbox"/> Financial Commitment will occur after permit issuance. | |
| 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? |
| <input checked="" type="checkbox"/> Cancer Registry |
| <input checked="" type="checkbox"/> APORS |
| <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted |
| <input checked="" type="checkbox"/> All reports regarding outstanding permits |
| 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) | 18 | 101 | 11,232 | - | - |
| TOTALS: | 18 | 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 Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center, 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.

Hamid Humayun 12/30/24
SIGNATURE

Hamid Humayun, M.D.
PRINTED NAME

Manager Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of December 2024

Tiffany L Logan
Signature of Notary

Seal

TIFFANIE L LOGAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 21, 2026

*Insert the EXACT legal name of the applicant

V. Qureshi 12.30.24
SIGNATURE

Vaseem Qureshi, M.D.
PRINTED NAME

Managing Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of December 2024

Tiffany L Logan
Signature of Notary

Seal

TIFFANIE L LOGAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 21, 2026

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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 | Total Cost (G + H) |
| | Cost/Square Foot New Mod. | | Gross Sq. Ft. New Circ.* | | Gross Sq. Ft. Mod. Circ.* | | Const. \$ (A x C) | Mod. \$ (B x E) | |
| | | | | | | | | | |
| Contingency | | | | | | | | | |
| TOTALS | | | | | | | | | |

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 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) | 2020 | 2021 | 2022 |
| Inpatient | - | - | - |
| Outpatient | 1 | 0 | 0 |
| Total | 1 | 0 | 0 |
| Charity (cost in dollars) | | | |
| Inpatient | - | - | - |
| Outpatient | \$0 | \$31,800 | \$37,200 |
| Total | \$0 | \$31,800 | \$37,200 |
| MEDICAID | | | |
| Medicaid (# of patients) | 2020 | 2021 | 2022 |
| Inpatient | - | - | - |
| Outpatient | 5 | 10 | 9 |
| Total | 5 | 10 | 9 |
| Medicaid (revenue) | | | |
| Inpatient | - | - | - |
| Outpatient | \$63,239 | \$184,568 | \$116,112 |
| Total | \$63,239 | \$184,568 | \$116,112 |

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 | 19-20 |
| 2 | Site Ownership | 21-22 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 23-24 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 25 |
| 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 | 26-58 |
| 11 | Background of the Applicant | 59-61 |
| 12 | Purpose of the Project | 62 |
| 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 | 63-64 |
| 39 | Charity Care Information | 65 |
| 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, Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC.

ATTACHMENT 1
Certificate of Good Standing
Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC

File Number 0063237-6



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

OAK PARK KIDNEY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON
NOVEMBER 30, 2001, AND HAVING ADOPTED THE ASSUMED NAME OF MAPLE
AVENUE KIDNEY CENTER, LLC ON OCTOBER 25, 2022, APPEARS TO HAVE COMPLIED
WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE,
AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY
COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 20TH
day of NOVEMBER A.D. 2024 .

Authentication #: 2432502822 verifiable until 11/20/2025
Authenticate at: <https://www.ilsos.gov>


ALEXI GIANNOULIS
SECRETARY OF STATE

ATTACHMENT 2 Site Ownership

The current owner of the building is Healthcare Realty Services, LLC. A copy of the property tax bill is enclosed as evidence of control over the site.

ATTACHMENT 3

Operating Entity/Licensee

Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center, 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.

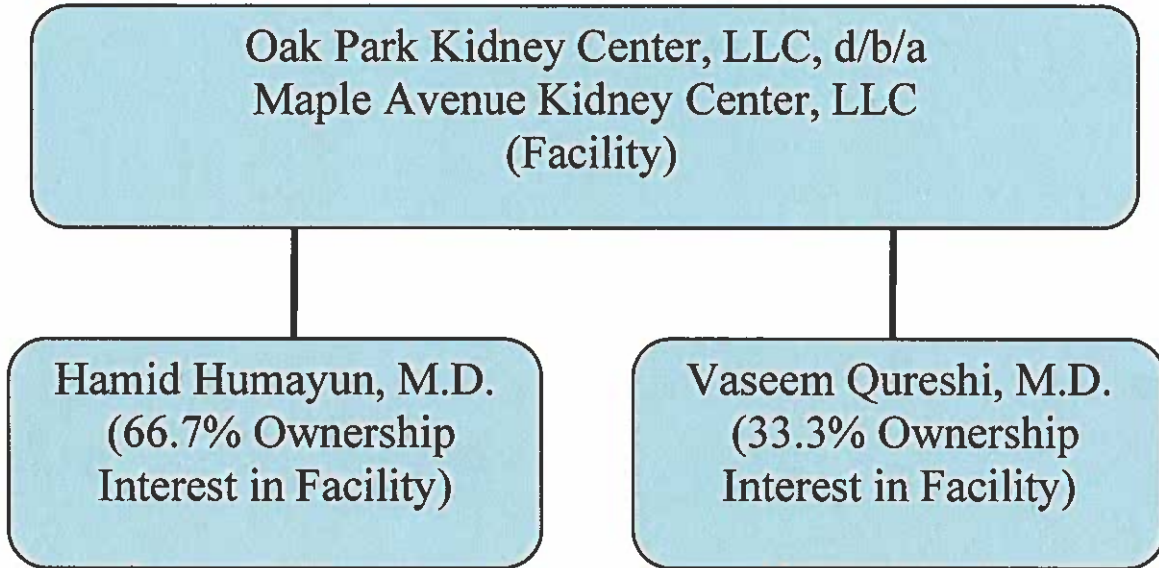


Authentication #: 2331402918 verifiable until 11/10/2024
Authenticate at: <https://www.isos.gov>

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 .


ALEXI GIANNOULAS
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 eighteen (18) 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 Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center 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 Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center 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 the condition of the building where the facility located and the inability of the facility to reach terms on a new long-term lease at the current location. The current location has physical space limitations, and expansion of hemodialysis stations to meet existing patient would require relocation in the future. Continued operation of the facility at the present location is not feasible.

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. The Applicant is also filing a CON application to relocate the facility; if approved the Applicant will relocate the facility less than five miles 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 27, 2025. 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.

“Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC 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 610 S. Maple Ave., Suite 4100, in Oak Park, Illinois 60304 in the second quarter of 2025. The facility proposes to relocate to 1111 Superior Street, Suite 204, Melrose Park, IL 60160. 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 Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, and have questions about accessing your medical records, please call 708-660-4100.”

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

January 12, 2025

Illinois Department of Public Health Director Sameer Vohra, M.D.
122 S. Michigan Ave., 20th Floor
Chicago, IL 60603

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

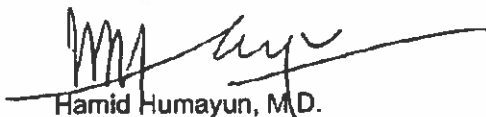
To Whom It May Concern:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), this letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

Pursuant to the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, in whose district the facility is located, the Mayor of Oak Park, the Director of the Department of Public Health and the Director of the Department of Healthcare and Family Services.

Sincerely,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

January 12, 2025

Illinois Department of Human Services Secretary Dulce Quintero
401 S. Clinton St., 7th Floor
Chicago, IL 60607

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

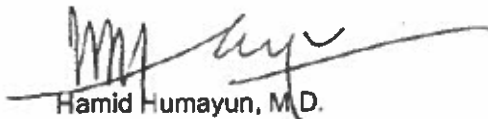
To Whom It May Concern:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), this letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

Pursuant to the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, in whose district the facility is located, the Mayor of Oak Park, the Director of the Department of Public Health and the Director of the Department of Healthcare and Family Services.

Sincerely,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

January 12, 2025

Oak Park Village President Vicki Scaman
123 Madison St.
Oak Park, IL 60302

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

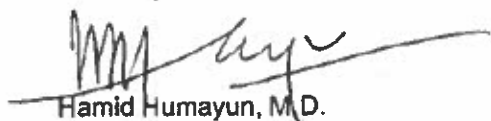
To Whom It May Concern:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), this letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

Pursuant to the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, in whose district the facility is located, the Mayor of Oak Park, the Director of the Department of Public Health and the Director of the Department of Healthcare and Family Services.

Sincerely,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

January 12, 2025

Illinois Senate President Don Harmon
6941 W. North Ave.
Oak Park, IL 60302

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

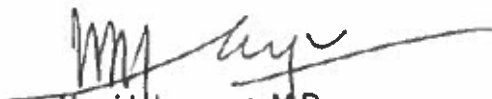
To Whom It May Concern:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), this letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

Pursuant to the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, in whose district the facility is located, the Mayor of Oak Park, the Director of the Department of Public Health and the Director of the Department of Healthcare and Family Services.

Sincerely,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10
Discontinuation
Notices to Elected Officials and Agency Heads

January 12, 2025

Illinois State Representative Camille Lilly
6937 W. North Ave.
Oak Park, IL 60302

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

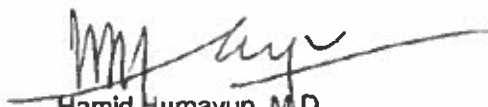
To Whom It May Concern:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), this letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

Pursuant to the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, in whose district the facility is located, the Mayor of Oak Park, the Director of the Department of Public Health and the Director of the Department of Healthcare and Family Services.

Sincerely,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notices to Elected Officials and Agency Heads

9589 0710 5270 0629 0306 69

**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 | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | <p style="font-size: large; font-weight: bold;">779622</p> <p style="text-align: center;">Postmark Here <i>Mailed 01/21/2025</i></p> |
| Postage | |
| Total Postage | |
| Sent To | Illinois State Representative Camille Lilly 6937 W. North Ave. Oak Park, IL 60302 |
| Street and A/C | |
| City, State, Z | |

PS Form 3800, January 2023 PSN 753-02-000-9047 See Reverse for Instructions

9589 0710 5270 0629 0306 52

**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 | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | <p style="font-size: large; font-weight: bold;">779622</p> <p style="text-align: center;">Postmark Here <i>Mailed 01/22/2025</i></p> |
| Postage | |
| Total Postage | |
| Sent To | Oak Park Village President Vicki Scaman 123 Madison St. Oak Park, IL 60302 |
| Street and A/C | |
| City, State, Z | |

PS Form 3800, January 2023 PSN 753-02-000-9047 See Reverse for Instructions

9589 0710 5270 0629 0306 90

**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 | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | <p style="font-size: large; font-weight: bold;">779622</p> <p style="text-align: center;">Postmark Here <i>Mailed 01/24/2025</i></p> |
| Postage | |
| Total Postage | |
| Sent To | Illinois Department of Public Health Director Sameer Vohra, M.D. 122 S. Michigan Ave., 20th Floor Chicago, IL 60603 |
| Street and A/C | |
| City, State, Z | |

PS Form 3800, January 2023 PSN 753-02-000-9047 See Reverse for Instructions

9589 0710 5270 0629 0342 09

**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 | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | <p style="font-size: large; font-weight: bold;">779622</p> <p style="text-align: center;">Postmark Here <i>Mailed 01/23/2025</i></p> |
| Postage | |
| Total Postage | |
| Sent To | Illinois Department of Human Services Secretary Dulce Quintero 401 S. Clinton St., 7th Floor Chicago, IL 60607 |
| Street and A/C | |
| City, State, Z | |

PS Form 3800, January 2023 PSN 753-02-000-9047 See Reverse for Instructions

9589 0710 5270 0629 0341 86

**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 | |
| <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | <p style="font-size: large; font-weight: bold;">779622</p> <p style="text-align: center;">Postmark Here <i>Mailed 01/28/2025</i></p> |
| Postage | |
| Total Postage | |
| Sent To | Illinois Senate President Don Harmon 6941 W. North Ave. Oak Park, IL 60302 |
| Street and A/C | |
| City, State, Z | |

PS Form 3800, January 2023 PSN 753-02-000-9047 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 610 S. Maple Ave., Suite 4100, Oak Park, IL 60304



**ATTACHMENT 10
Discontinuation
Notice to Area Facilities**

| Facility Name | Facility Address |
|---|--|
| DaVita Brickyard Dialysis | 2640 N. Narragansett Avenue, Suite D8 Chicago, IL 60639 |
| DaVita Ogden Dialysis | 6001 W. Ogden Avenue Cicero, IL 60804 |
| Fresenius Kidney Care Austin | 4800 W. Chicago Avenue, Suite 2A Chicago, IL 60651 |
| Fresenius Kidney Care Berwyn | 2601 S. Harlem Avenue Berwyn, IL 60402 |
| Fresenius Kidney Care Melrose Park | 6 N. 9 th Avenue Melrose Park, IL 60160 |
| Fresenius Kidney Care North Avenue | 911 W. North Avenue Melrose Park, IL 60160 |
| Fresenius Kidney Care Oak Park | 733 Madison Street Oak Park, IL 60302 |
| Fresenius Kidney Care River Forest | 103 Forest Avenue River Forest, IL 60305 |
| Fresenius Kidney Care West Suburban | 518 N. Austin Boulevard, 5 th Floor Oak Park, IL 60302 |
| Loyola Center for Dialysis on Roosevelt | 1201 W. Roosevelt Road Maywood, IL 60608 |
| Montclare Dialysis Center | 7009 W. Belmont Avenue Chicago, IL 60634 |

ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Montclare Dialysis Center
7009 West Belmont Ave
Chicago, IL 60634

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

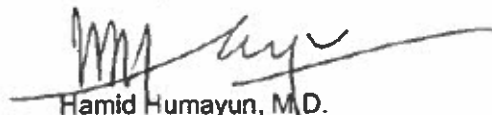
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,



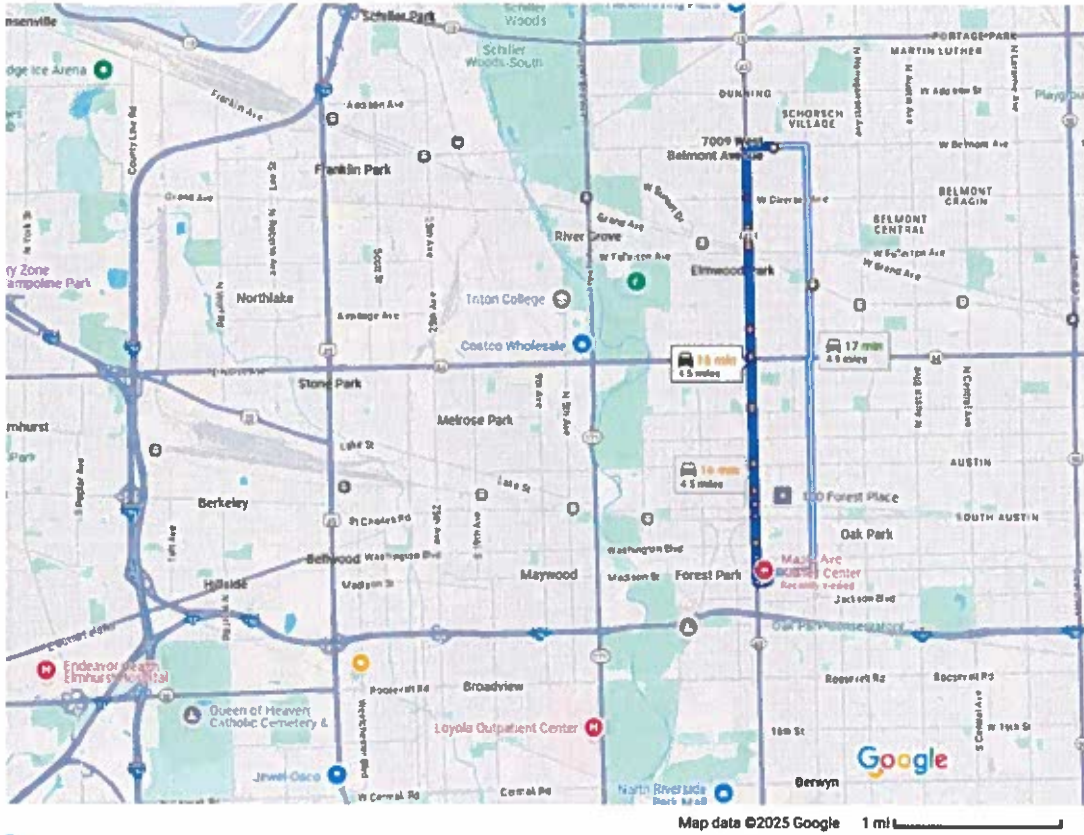
Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



7009 W Belmont Ave, Chicago, IL 60634 to
610 S Maple Ave, Oak Park, IL 60304

Drive 4.5 miles, 16 min



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Loyola Center for Dialysis on Roosevelt
1201 W. Roosevelt Rd.
Maywood, IL 60608

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

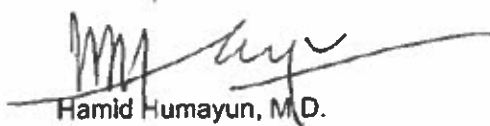
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,



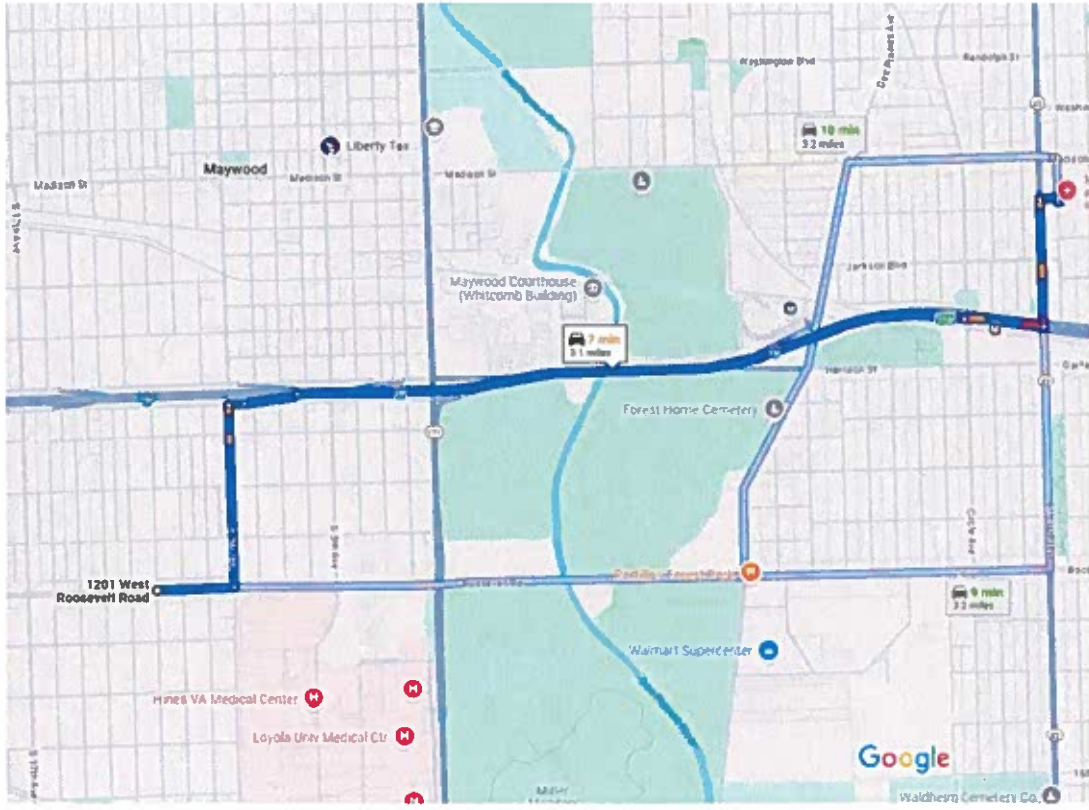
Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



1201 W Roosevelt Rd, Maywood, IL 60155 to
610 S Maple Ave, Oak Park, IL 60304

Drive 3.1 miles, 7 min



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care West Suburban
518 N. Austin Blvd., 5th Floor
Oak Park, IL 60302

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

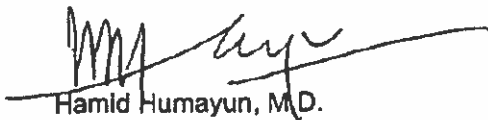
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



518 N Austin Blvd 5th Floor to 610 S Maple
Ave, Oak Park, IL 60304

Drive 2.3 miles, 8 min



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care River Forest
103 Forest Avenue
River Forest, IL 60305

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

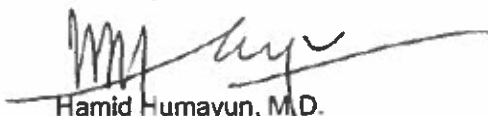
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,



Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



103 Forest Ave, River Forest, IL 60305 to 610 S Drive 1.4 miles, 6 min
Maple Ave, Oak Park, IL 60304



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care Oak Park
733 Madison Street
Oak Park, IL 60302

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

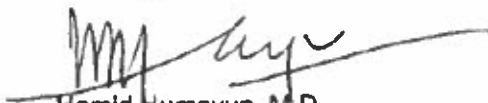
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,



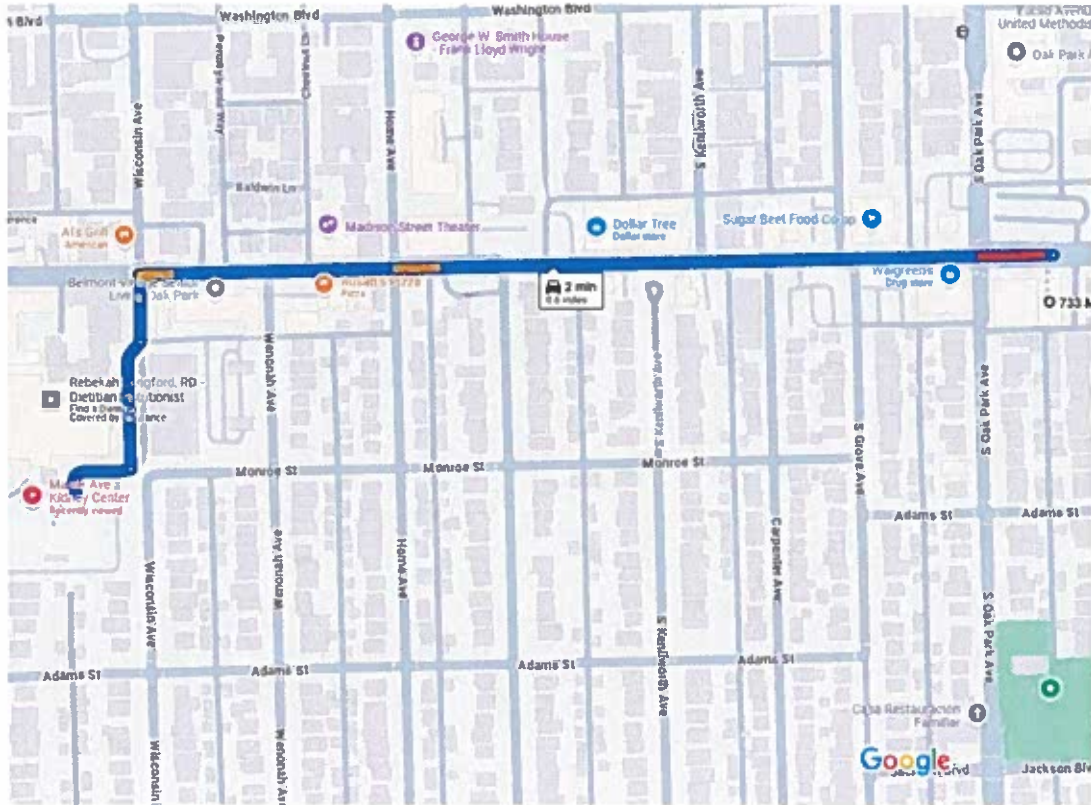
Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities

Google Maps

733 Madison St, Oak Park, IL 60302 to 610 S
Maple Ave, Oak Park, IL 60304

Drive 0.6 mile, 2 min



Map data ©2025 Google 200 ft

ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care North Avenue
911 W. North Avenue
Melrose Park, IL 60160

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

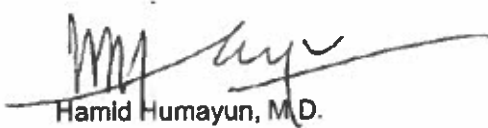
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,

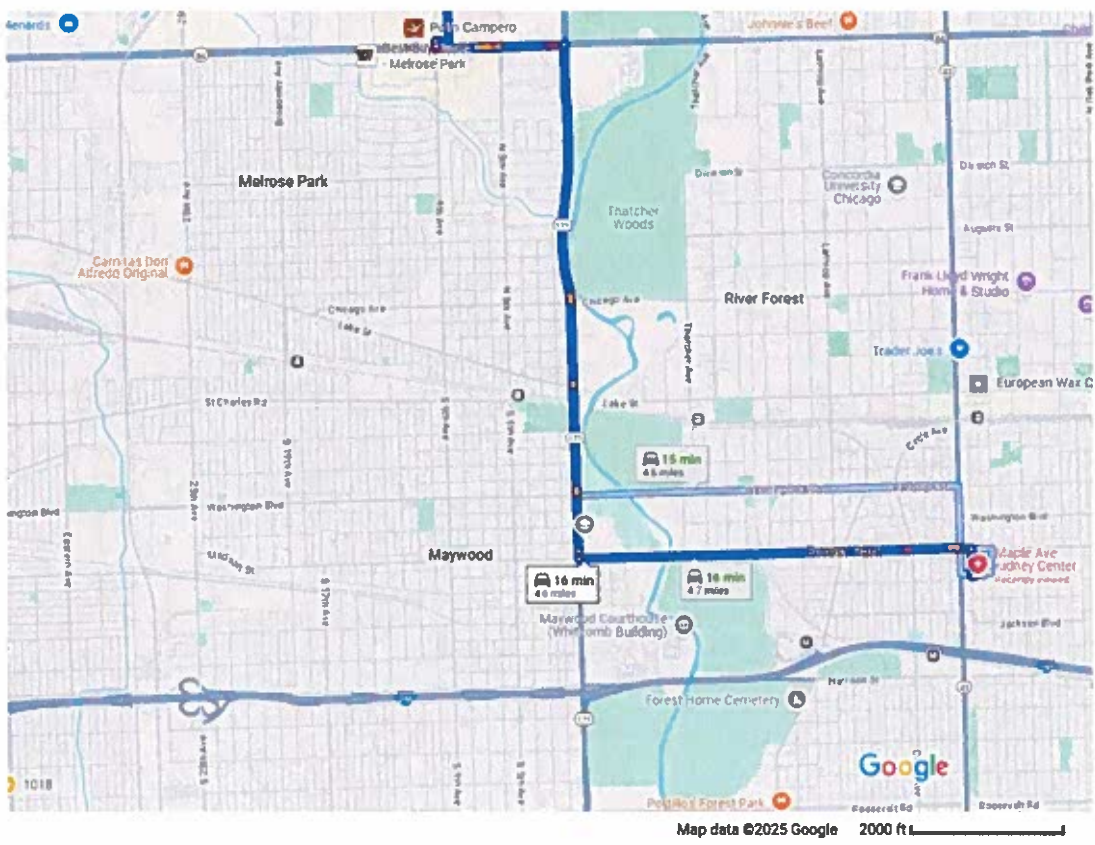


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities

Google Maps

911 W North Ave, Melrose Park, IL 60160 to 610 S Maple Ave, Oak Park, IL 60304 Drive 4.6 miles, 16 min



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care Melrose Park
6 N. 9th Ave.
Melrose Park, IL 60160

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

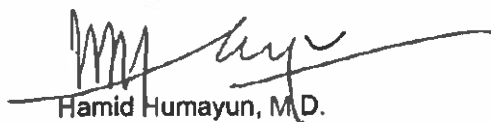
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,

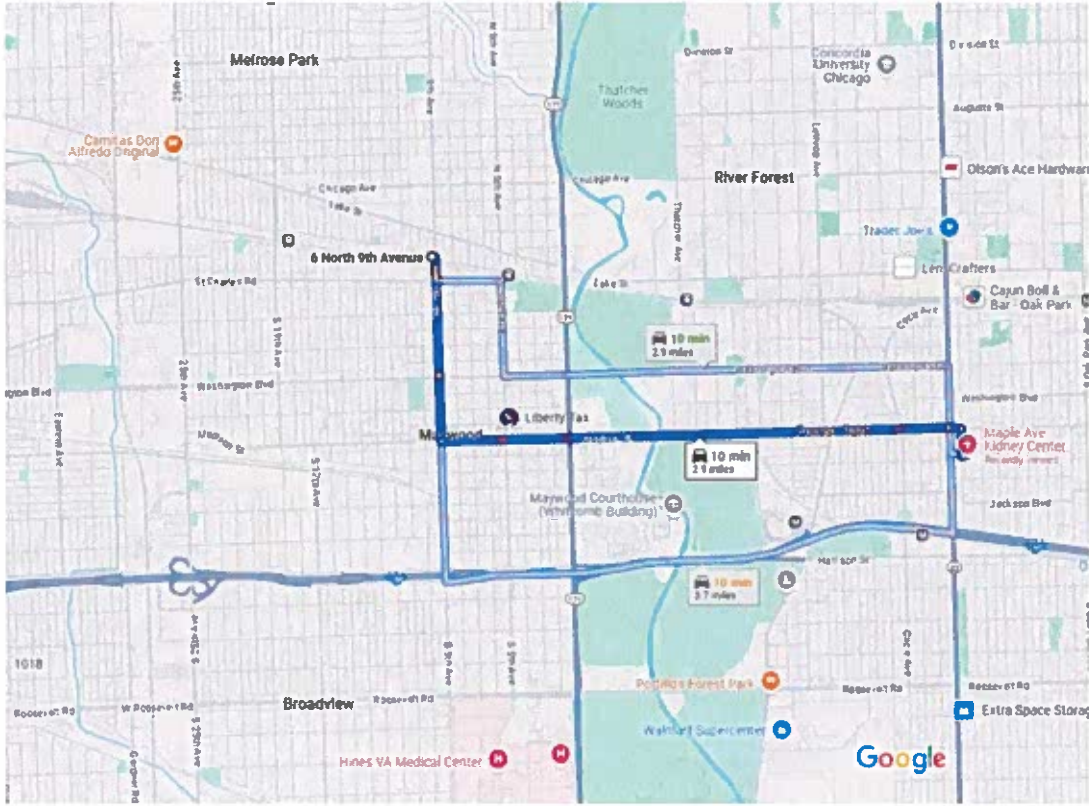


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



6 N 9th Ave, Melrose Park, IL 60160 to 610 S Drive 2.9 miles, 10 min
Maple Ave, Oak Park, IL 60304



Map data ©2025 Google 2000 ft

ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care Berwyn
2601 S. Harlem Ave.
Berwyn, IL 60402

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

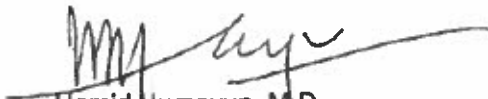
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,

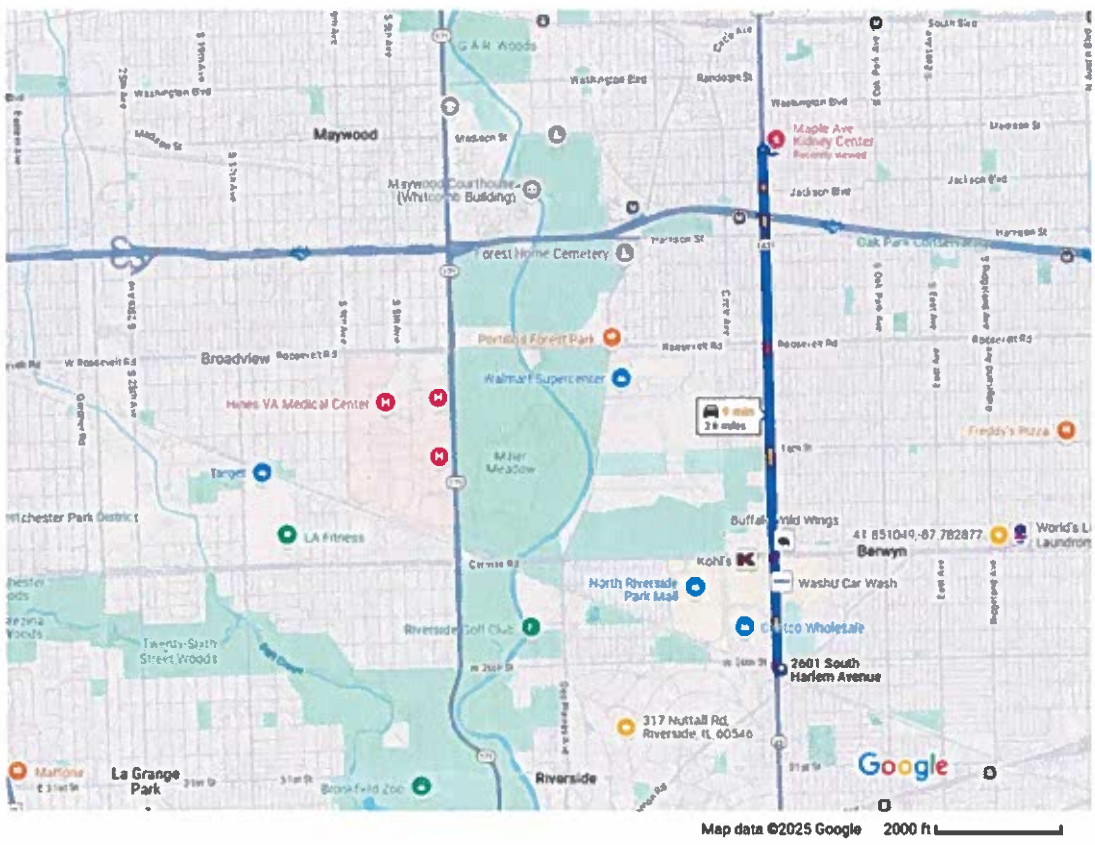


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



2601 S Harlem Ave, Berwyn, IL 60402 to 610 S Drive 2.6 miles, 9 min
Maple Ave, Oak Park, IL 60304



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
Fresenius Kidney Care Austin
4800 W. Chicago Ave, Suite 2A
Chicago, IL 60651

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

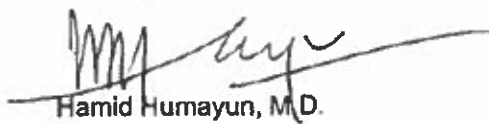
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,

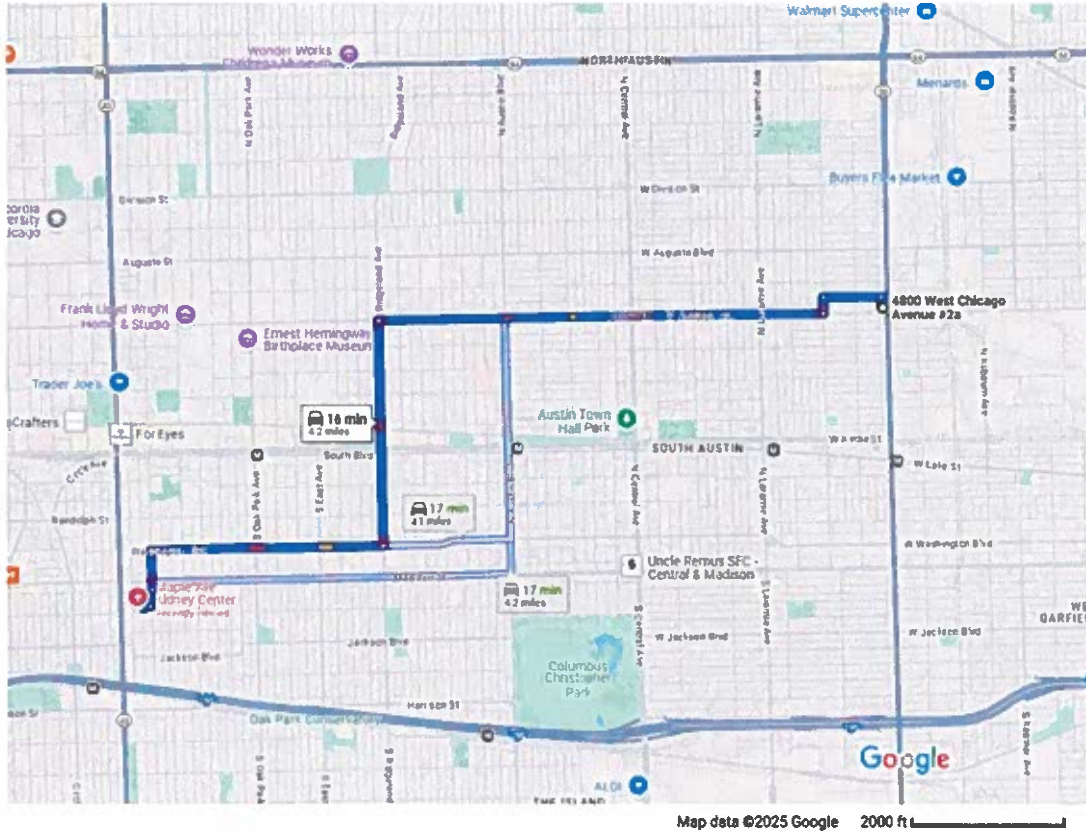


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



4800 W Chicago Ave #2a to 610 S Maple Ave, Drive 4.2 miles, 16 min
Oak Park, IL 60304



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

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

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,

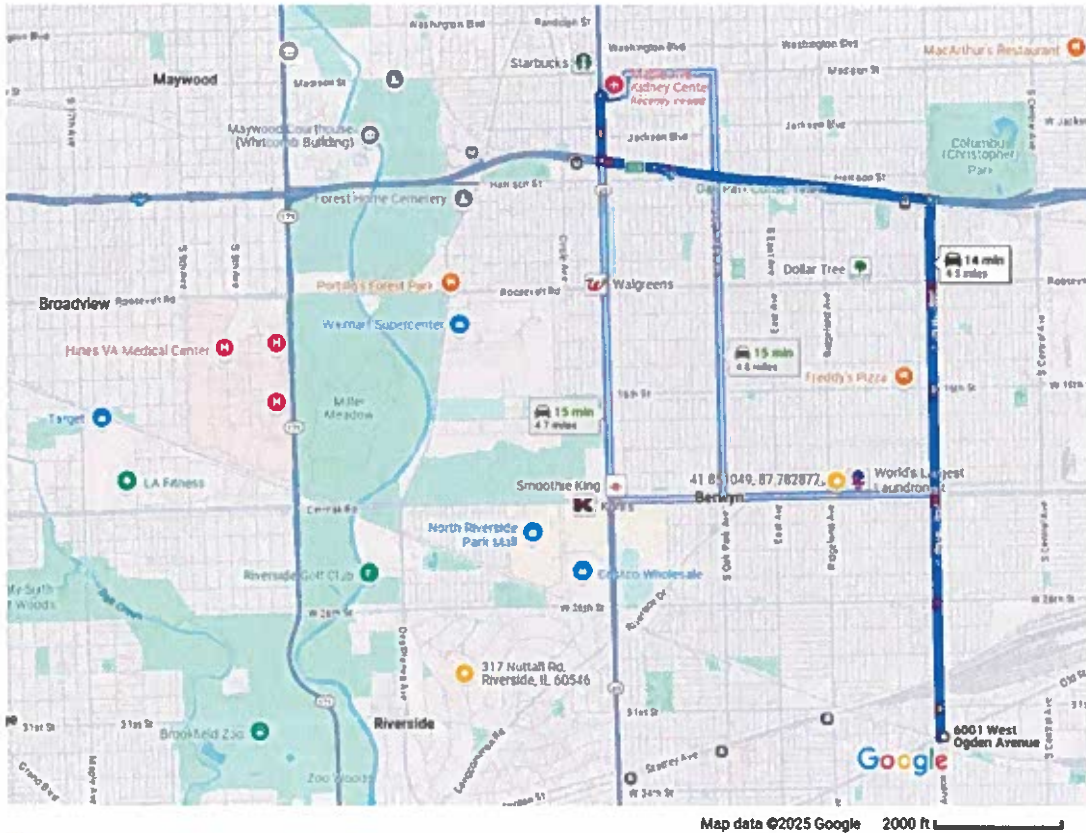


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



6001 W Ogden Ave, Cicero, IL 60804 to 610 S Drive 4.5 miles, 14 min
Maple Ave, Oak Park, IL 60304



ATTACHMENT 10
Discontinuation
Notice to Area Facilities

January 12, 2025

Administrator
DaVita Brickyard Dialysis
2640 N. Narragansett Ave, Suite D8
Chicago, IL 60639

Re: Notice of Discontinuation of In-Center Hemodialysis Center – Oak Park Kidney Center, LLC, d/b/a/ Maple Avenue Kidney Center, LLC

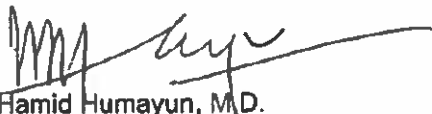
To Whom It May Concern:

This letter is to notify you that Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC, located at 610 S. Maple Ave, Suite 4100, Oak Park, IL 60304, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of services. The discontinuation is anticipated to occur upon issuance of a license of a replacement facility to be located at 1111 Superior Street, Suite 204, Melrose Park, IL 60160. The replacement facility is expected to be completed by December 31, 2025.

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 and we anticipate the referrals from Dr. Humayun to continue to fill available hemodialysis stations at the proposed new facility less than 5 miles away in Melrose Park.

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,

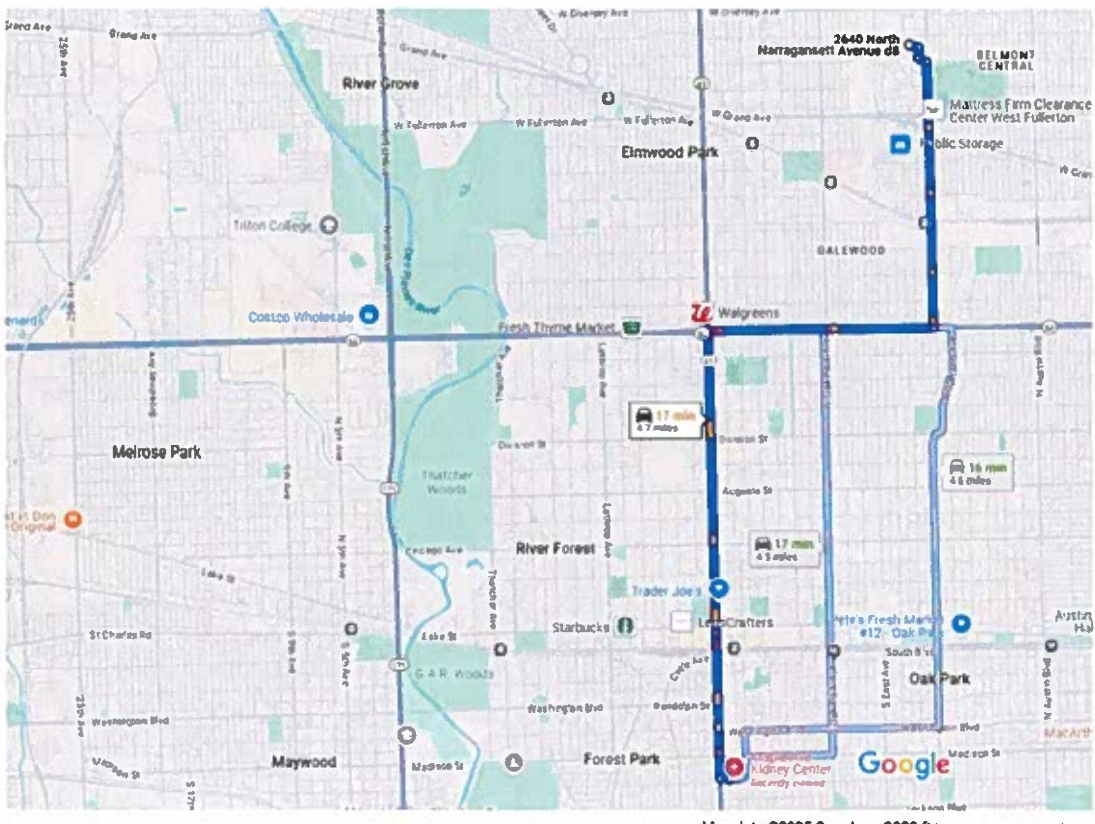


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

ATTACHMENT 10 Discontinuation Notice to Area Facilities



2640 N Narragansett Ave d8 to 610 S Maple Drive 4.7 miles, 17 min
Ave, Oak Park, IL 60304



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 has no ownership in other in-patient hemodialysis centers.

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 Applicant has no ownership in other in-patient hemodialysis centers.

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.

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.

ATTACHMENT 11

Background of the Applicants

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.

Not Applicable.

ATTACHMENT 11
Background of the Applicants

December 27, 2024

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

Re: Maple Avenue Kidney Center- Certification and Authorization Letter

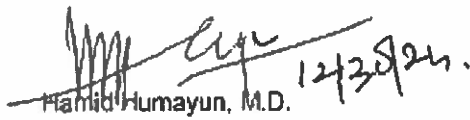
Dear Mr. Kniery:

As representative Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center, I, Hamid Humayun, M.D., I, 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 Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center owns one other existing facility, and that facility has had no adverse actions in the past three (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,


Hamid Humayun, M.D.
Managing Member
Oak Park Kidney Center, LLC d/b/a Maple Avenue Kidney Center

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 and not economically feasible given the condition of the building where the facility located and the inability of the facility to reach terms on a new long-term lease at the current location. The current location has physical space limitations, and expansion of hemodialysis stations to meet existing patients would require relocation in the future. Continued operation of the facility at the present location is not feasible.

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 five miles away.

Attachment 38 Safety Net Impact Statement

| Safety Net Information per PA 96-0031 | | | |
|---------------------------------------|-----------------|------------------|------------------|
| CHARITY CARE | | | |
| Charity (# of patients) | 2020 | 2021 | 2022 |
| Inpatient | - | - | - |
| Outpatient | 1 | 0 | 0 |
| Total | 1 | 0 | 0 |
| Charity (cost in dollars) | | | |
| Inpatient | - | - | - |
| Outpatient | \$0 | \$31,800 | \$37,200 |
| Total | \$0 | \$0 | \$0 |
| MEDICAID | | | |
| Medicaid (# of patients) | 2020 | 2021 | 2022 |
| Inpatient | - | - | - |
| Outpatient | 5 | 10 | 9 |
| Total | 5 | 10 | 9 |
| Medicaid (revenue) | | | |
| Inpatient | - | - | - |
| Outpatient | \$63,239 | \$184,568 | \$166,112 |
| Total | \$63,239 | \$184,568 | \$166,112 |

Attachment 39
Charity Care Information

| Oak Park Kidney Center, LLC, d/b/a Maple Avenue Kidney Center, LLC – Charity Care | | | |
|--|--------------------|--------------------|--------------------|
| | 2020 | 2021 | 2022 |
| Net Patient Revenue | \$2,040,413 | \$3,376,284 | \$3,492,232 |
| Amount of Charity Care (charges) | \$0 | \$53,000 | \$62,000 |
| Cost of Charity Care | \$0 | \$31,800 | \$37,200 |

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 | 19-20 |
| 2 | Site Ownership | 21-22 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 23-24 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 25 |
| 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 | 26-58 |
| 11 | Background of the Applicant | 59-61 |
| 12 | Purpose of the Project | 62 |
| 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 | 63-64 |
| 39 | Charity Care Information | 65 |
| 40 | Flood Plain Information | n/a |