



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
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Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER: 106236 - 000300

September 28, 2026

Via Federal Express

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Application for Permit – Discontinuation of Tazewell County Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Pekin Dialysis, LLC (collectively, “DaVita”) to submit the attached Application for Permit for the permanent discontinuation of the 8-station dialysis center located at 1021 Court Street, Suite A, Pekin, Illinois known as Tazewell County Dialysis (the “Project”). For your review, I have attached an original and one copy of the following documents:

1. Completed Application for Permit;
2. Legal Notice of Discontinuation published in the Pekin Daily Times;
3. Notices of Discontinuation of Tazewell County Dialysis sent to local officials and agency heads;
4. Notices of Discontinuation sent to dialysis centers within the Tazewell County Dialysis geographic service area; and
5. Check for application fee.

Mike Constantino
September 28, 2026
Page 2

Thank you for your time and consideration of the DaVita's application for permit. If you have any questions or need additional information to complete your review of the application for permit, please feel free to contact me.

Sincerely,



Anne M. Cooper

Attachment

cc: Mary J. Anderson, DaVita Inc.



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OUR FILE NUMBER: 106236 - 000300

September 28, 2026

Via Email

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

RE: Tazewell County Dialysis - Request for Expedited Review

Dear Mr. Kniery:

Aronberg Goldgehn serves as legal counsel for the enclosed application of DaVita Inc. and Pekin Dialysis, LLC. (collectively, "DaVita"). In this capacity, we are requesting expedited review of the Tazewell County Dialysis certificate of need ("CON") permit application to permanently discontinue DaVita's in-center hemodialysis center located at 1021 Court Street, Suite A, Pekin, Illinois (the "Dialysis"). As detailed in our letter dated August 27, 2026, DaVita temporarily suspended operations at Tazewell County due to low census. We request that the Illinois Health Facilities and Services Review Board (the "State Board") consider the Tazewell County Dialysis application for certificate of need permit at its December 15, 2026, meeting.

Importantly, DaVita anticipates the CON application will be fully positive. If there is no public opposition/request for hearing relating to permanent discontinuation of Tazewell County Dialysis after the CON permit application has been deemed complete, DaVita respectfully requests the application be considered by the State Board Chair for her approval.

Thank you for consideration of DaVita's request for expedited review. Please let us know if you have any questions.

Sincerely,

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

Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.

Davita. DATE: 23-Sep-26 VENDOR NAME: ILLINOIS DEPARTMENT OF NO. 10061923

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	FACILITY	DISCOUNT AMOUNT	NET AMOUNT
5411-5000.00	09/01/2026	TAZEWELL COUNTY DISCONTIN	PE	\$0.00	\$5,000.00
PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT				\$0.00	\$5,000.00

▼ DETACH CHECK ALONG PERFORATION ▼

▼ DETACH CHECK ALONG PERFORATION ▼

	P.O. Box 4328 Federal Way, WA 98063-4328	WELLS FARGO BANK NA 56-382 412	10061923						
PAY Five Thousand Dollars And Zero Cents*****		<table><tr><th>CHECK DATE</th><th>CHECK NUMBER</th><th>PAY THIS AMOUNT</th></tr><tr><td>23-Sep-26</td><td>10061923</td><td>\$5,000.00</td></tr></table>	CHECK DATE	CHECK NUMBER	PAY THIS AMOUNT	23-Sep-26	10061923	\$5,000.00	
CHECK DATE	CHECK NUMBER	PAY THIS AMOUNT							
23-Sep-26	10061923	\$5,000.00							
TO THE ORDER OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH 525 W JEFFERSON STREET SPRINGFIELD, IL 62702-5056									
DOCUMENT CONTAINS MULTI-COLORED PANTOGRAPH & MICROPRINTING. BACK HAS THERMOCHROMIC INK & A WATERMARK. HOLD AT AN ANGLE TO VIEW. VOID IF NOT PRESENT. 									

⑈0010061923⑈ ⑆041203824⑆ ⑈9643482160⑈


PO Box 4328
Federal Way, WA 98063-4328

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525 W JEFFERSON STREET
SPRINGFIELD, IL 62702-5056

enw
OVERNIGHT 

ORIGIN ID:CHIA (312) 755-3169
ANNE M. COOPER
ARONBERG GOLDBEHN DAVIS GARMIS
225 W. WASHINGTON STREET
SUITE 2800
CHICAGO, IL 60606
UNITED STATES US

SHIP DATE: 28SEP26
ACTWGT: 1.00 LB
CAD: 110944736/NET4535

BILL SENDER

TO MR. MIKE CONSTANTINO
ILLINOIS HEALTH FACILITIES AND
SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET
2ND FLOOR
SPRINGFIELD IL 62761

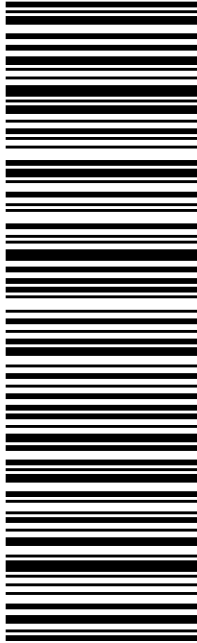
(217) 785-1557 REF: 106236-000300
INV: PO: DEPT:

58KJ61F30/484B



TRK# 8778 5075 2083
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TUE - 29 SEP 10:30A
PRIORITY OVERNIGHT

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After printing this label:
1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

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

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Tazewell County Dialysis		
Street Address: 1021 Court Street, Suite A		
City and Zip Code: Pekin, Illinois 61554		
County: Tazewell	Health Service Area: 7	Health Planning Area:

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

Exact Legal Name: DaVita Inc.
Street Address: 2000 16 th Street
City and Zip Code: Denver, Colorado 80202
Name of Registered Agent: Corporation Service Company
Registered Agent Street Address: 251 Little Falls Drive
Registered Agent City and Zip Code: Wilmington, Delaware 19808
Name of Chief Executive Officer: Javier Rodriguez
CEO Street Address: 2000 16 th Street
CEO City and Zip Code: Denver, Colorado 80202
CEO Telephone Number: 720-631-2100

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership
☒ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman/Anne Cooper
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: 312-755-3157/312-755-3169
E-mail Address: kfriedman@agdglaw.com/acooper@agdglaw.com
Fax Number:

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

Name: Mary J. Anderson
Title: Divisional Vice President
Company Name: DaVita Inc.
Address: 309 East Chamberlin Street, Dixon, Illinois 61021
Telephone Number: 815-715-4427
E-mail Address: mary.j.anderson@davita.com
Fax Number:

Facility/Project Identification

Facility Name: Tazewell County Dialysis		
Street Address: 1021 Court Street, Suite A		
City and Zip Code: Pekin, Illinois 61554		
County: Tazewell	Health Service Area: 7	Health Planning Area:

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

Exact Legal Name: Pekin Dialysis, LLC
Street Address: 2000 16 th Street
City and Zip Code: Denver, Colorado 80202
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703-4261
Name of Chief Executive Officer: Javier Rodriguez
CEO Street Address: 2000 16 th Street
CEO City and Zip Code: Denver, Colorado 80202
CEO Telephone Number: 720-631-2100

Type of Ownership of Applicants

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

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman/Anne Cooper
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: 312-755-3157/312-755-3169
E-mail Address: kfriedman@agdglaw.com/acoop@agdglaw.com
Fax Number:

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

Name: Mary J. Anderson
Title: Divisional Vice President
Company Name: DaVita Inc.
Address: 309 East Chamberlin Street, Dixon, Illinois 61021
Telephone Number: 815-715-4427
E-mail Address: mary.j.anderson@davita.com
Fax Number:

Post Permit Contact

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

Name: Kara Friedman/Anne Cooper
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: 312-755-3157/312-755-3169
E-mail Address: kfriedman@agdglaw.com/acooper@agdglaw.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: SN IL Real Estate, LLC
Address of Site Owner: 20332 Via Sansovino, Porter Ranch, California 91326
Street Address or Legal Description of the Site: 1021 Court Street, Suite A, Pekin, Illinois 61554 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: Pekin Dialysis, LLC			
Address: 2000 16 th Street, Denver, CO 80202			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
☐		☐	Other
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification :

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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

DaVita Inc. and Pekin Dialysis, LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue in its entirety, its 8-station in-center dialysis center located at 1021 Court Street, Suite A, Pekin, Illinois ("Tazewell County Dialysis").

DaVita anticipates Tazewell County Dialysis will be discontinued as soon as practicable after State Board approval and no later than December 31, 2026. Project completion will occur soon after.

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

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service ☐ Yes ☒ No If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings: ☒ None or not applicable ☐ Preliminary ☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 31, 2026, or as soon as practicable after Illinois Health Facilities and Services Review Board approval</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): NOT APPLICABLE ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies ☐ Financial Commitment will occur after permit issuance.
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable? ☐ Cancer Registry NOT APPLICABLE ☐ APORS NOT APPLICABLE ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
--

Cost Space Requirements

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

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

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

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

Facility Bed Capacity and Utilization – NOT APPLICABLE

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

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



CERTIFICATION

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

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

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

DocuSigned by:

Stephanie Berberich

27240CA00D3440C...

Signature

Stephanie N. Berberich

Printed Name

Assistant Corporate Secretary

Printed Title

Signed by:

David Maughan

05A0E00200774AC...

Signature

David P. Maughan

Printed Name

Chief Operating Officer, DaVita Kidney Care

Printed Title

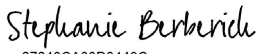


CERTIFICATION

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

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

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

DocuSigned by:

 27249CA00D3440C...
 Signature

Stephanie N. Berberich
 Printed Name

Secretary, Total Renal Care, Inc., Mng. Mbr.
 of Pekin Dialysis, LLC
 Printed Title

Signed by:

 F48FE65F0F141B6...
 Signature

Samuel T. Wey
 Printed Name

Authorized Official
 Printed Title

Certificate Of Completion

Envelope Id: BEDD2D91-E828-8C45-80A1-502A884F5E92

Status: Completed

Subject: Complete with Docusign: Tazwell County CON Certification Pages 4927-9425-2748 v.1-kab (003).docx

Envelope Document Type:

Source Envelope:

Document Pages: 4

Signatures: 6

Envelope Originator:

Certificate Pages: 5

Initials: 0

Lynn Rodrigues

AutoNav: Enabled

2000 16th Street

Envelopeld Stamping: Enabled

Denver, CO 80202

Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Lynn.Rodrigues@davita.com

IP Address: 208.127.109.245

Record Tracking

Status: Original

Holder: Lynn Rodrigues

Location: DocuSign

9/14/2026 2:53:35 PM

Lynn.Rodrigues@davita.com

Signer Events

Signature

Timestamp

David Maughan

David.Maughan@davita.com

COO

DaVita

Security Level: Email, Account Authentication
(None)

Signed by:

David Maughan
05A0E38209774AC...

Sent: 9/14/2026 3:05:58 PM

Viewed: 9/15/2026 2:11:56 PM

Signed: 9/15/2026 2:12:07 PM

Signature Adoption: Pre-selected Style

Using IP Address: 137.83.228.42

Electronic Record and Signature Disclosure:

Accepted: 9/15/2026 2:11:56 PM

ID: 1eb21a34-40c5-40ea-a9f0-4c74c885bec2

Samuel Wey

Samuel.Wey@davita.com

Vice President, L&C

Security Level: Email, Account Authentication
(None)

Signed by:

Samuel Wey
F4BFE65FCF744B8...

Sent: 9/14/2026 3:06:00 PM

Viewed: 9/14/2026 7:38:21 PM

Signed: 9/14/2026 7:38:29 PM

Signature Adoption: Pre-selected Style

Using IP Address: 208.127.109.245

Electronic Record and Signature Disclosure:

Accepted: 9/14/2026 7:38:21 PM

ID: c9265316-84fc-4201-8ccb-f30ae6bb90e2

Stephanie Berberich

Stephanie.Berberich@davita.com

Board Member and Corporate Secretary, BOL

DaVita Inc.

Security Level: Email, Account Authentication
(None)

DocuSigned by:

Stephanie Berberich
27240CA00D3440C...

Sent: 9/14/2026 3:06:01 PM

Viewed: 9/14/2026 9:53:48 PM

Signed: 9/14/2026 9:55:48 PM

Signature Adoption: Pre-selected Style

Using IP Address: 137.83.228.166

Electronic Record and Signature Disclosure:

Accepted: 9/14/2026 9:53:48 PM

ID: 0fe22531-f701-42ef-a28d-f3d428d963b3

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Anne Cooper acooper@agdgllaw.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 9/14/2026 3:06:01 PM Viewed: 9/14/2026 3:26:42 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/14/2026 3:06:01 PM
Certified Delivered	Security Checked	9/14/2026 9:53:48 PM
Signing Complete	Security Checked	9/14/2026 9:55:48 PM
Completed	Security Checked	9/15/2026 2:12:07 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

	Outpatient				
	Total				

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Pekin Dialysis, LLC (collectively, the “Applicants” or “DaVita”) are attached as Attachment – 1.

Pekin Dialysis, LLC is the operator of Tazewell County Dialysis. Tazewell County Dialysis is a trade name of Pekin Dialysis, LLC and is not separately organized.

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

Delaware

Page 1

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2026.

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

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

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



2391269 8300

SR# 20264480327

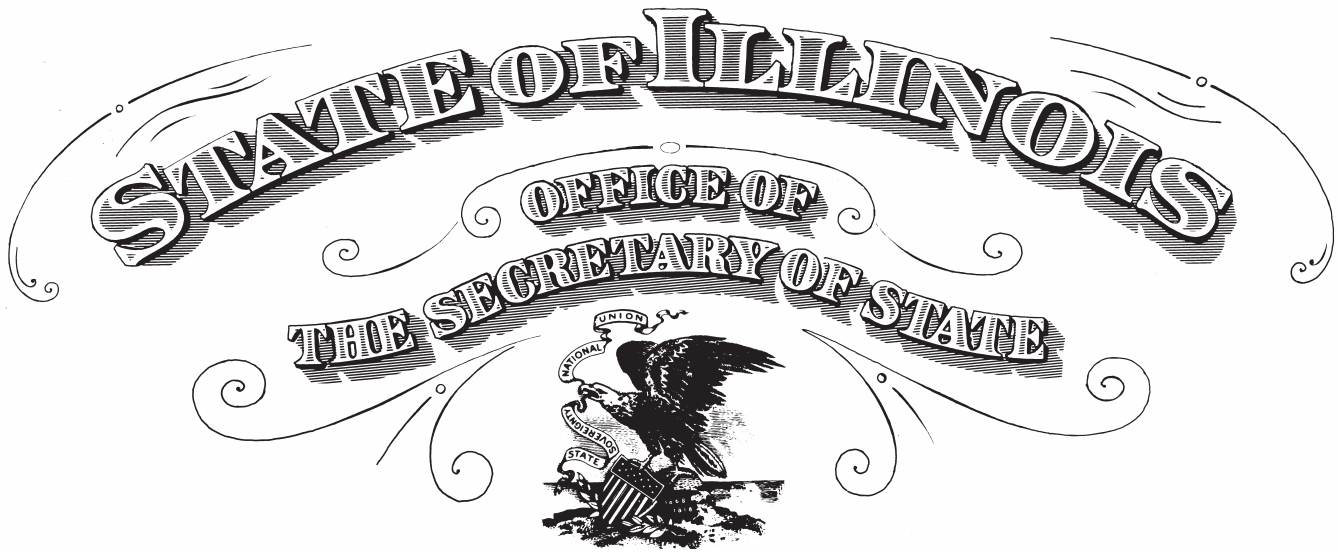
You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 205220403

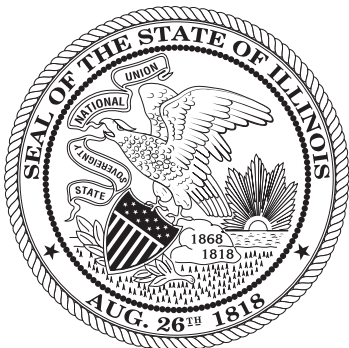
Date: 09-23-26



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

PEKIN DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 04, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of SEPTEMBER A.D. 2026 .

Authentication #: 2626602182 verifiable until 09/23/2027

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

Alexi Giannoulis

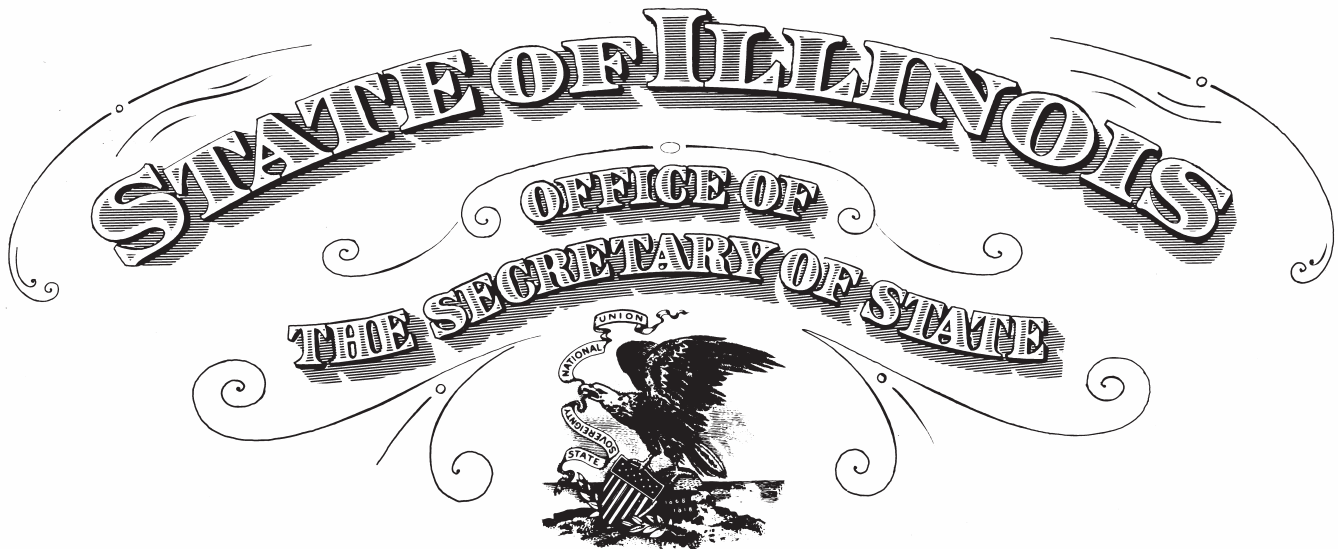
SECRETARY OF STATE

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

By signing this application for certificate of need, the Applicants attest that it is the lessee of the property located at 1021 Court Street, Suite A, Pekin, Illinois 61554.

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

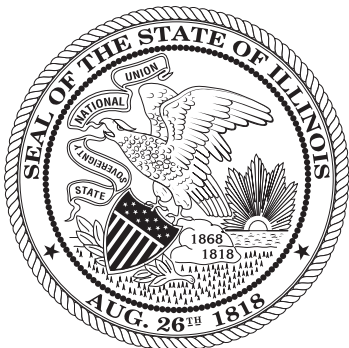
The Illinois Certificate of Good Standing for Pekin Dialysis, LLC is attached at Attachment – 3.



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

PEKIN DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 04, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of SEPTEMBER A.D. 2026 .

Authentication #: 2626602182 verifiable until 09/23/2027

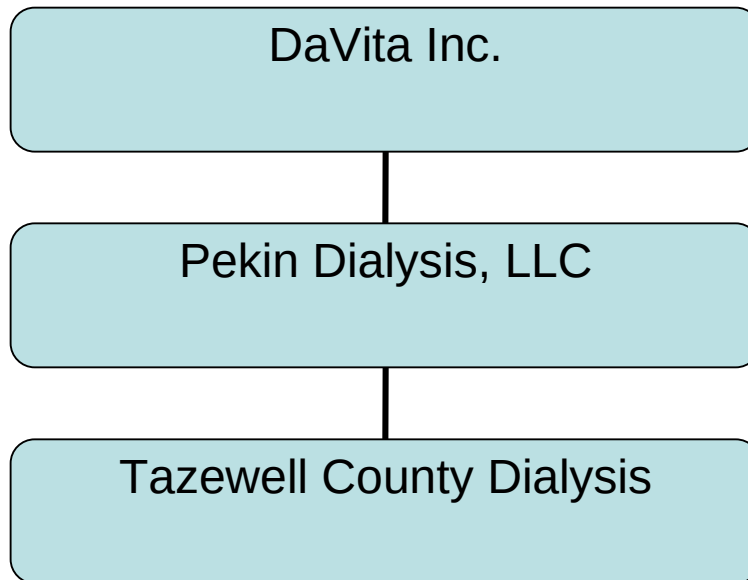
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis

SECRETARY OF STATE

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

The organizational chart for DaVita and Pekin Dialysis, LLC is provided below.



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

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

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

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

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

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

Section II, Discontinuation
Criterion 1110.290(a), General

1. DaVita will discontinue its 8-station in-center dialysis center located at 1021 Court Street, Suite A, Pekin, Illinois.
2. No other clinical services will be discontinued as a result of this project.
3. DaVita anticipates Tazewell County Dialysis will be permanently discontinued on December 31, 2026, or as soon as practicable after Illinois Health Facilities and Services Review Board approval.
4. The Applicants lease space from a third-party landlord. As a result, DaVita will have no control of the use of the physical plant after the discontinuation of Tazewell County Dialysis.
5. The medical records of Tazewell County Dialysis will be transferred to another nearby DaVita dialysis center location.
6. A copy of the notice of the discontinuation of Tazewell County Dialysis published on September 25, 2026, is attached at Attachment – 10A.
7. DaVita provided notice of its intent to file a certificate of need application to discontinue Tazewell County Dialysis to the following state and local officials: (a) Honorable Mary Burrell, Mayor, City of Pekin; (b) Illinois State Senator Neil Anderson; (c) Illinois State Representative Travis Weaver; (d) Illinois Department of Public Health Director Dr. Sameer Vohra; (e) Illinois Department of Healthcare and Family Services Director Elizabeth Whitehorn; and (f) Illinois Health Facilities and Services Review Board Administrator John Kniery. Copies of the notices are attached at Attachment – 10B.
8. By signing the certification within this application, the Applicants certify that questionnaires and data required by the State Board or Illinois Department of Public Health (e.g., annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 90 days following the date of discontinuation.

USA TODAY CO.



PO Box 631200 Cincinnati, OH 45263-1200

AFFIDAVIT OF PUBLICATION

Anne Cooper
Anne Cooper
225 W Washington ST
Suite 2800
Chicago IL 60606-2418

STATE OF ILLINOIS, COUNTY OF TAZEWELL

The Pekin Daily Times, a daily newspaper of general circulation, printed and published in Pekin, Tazewell County, Illinois; that the publication, a copy of which is attached hereto, was published in said newspaper in the issues dated:

PEK Pekin Daily Times 09/25/2026
PEK pekintimes.com 09/25/2026

That said newspaper was regularly issued and circulated on those dates and that the fees charged are legal.

Sworn to and subscribed before on 09/25/2026

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

Publication Cost:	\$26.60	
Tax Amount:	\$0.00	
Payment Cost:	\$26.60	
Order No:	12648930	# of Copies:
Customer No:	1622063	1
PO #:	LILS0600772	

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

AMY KOKOTT
Notary Public
State of Wisconsin



**Closure of Tazewell County
Dialysis**

DaVita Inc. and Pekin
Dialysis, LLC (collectively,
"DaVita") intend to perma-
nently close Tazewell County
Dialysis after approval to do
so is issued by the Illinois
Health Facilities and Servic-
es Review Board ("HFSRB").
DaVita will file the required
certificate of need applica-
tion with the HFSRB on or
about September 28, 2026.
The expected closure date
is December 31, 2026. A
copy of the application will
be available on the HFSRB
website (<https://hfsrb.illinois.gov/>) after the appli-
cation has been deemed
complete by the HFSRB.
September 25 2026
LILS0600772



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER:

August 28, 2026

Via Certified Mail

The Honorable Mary Burress
Mayor, City of Pekin
111 South Capitol Street
Pekin, Illinois 61554

RE: Tazewell County Dialysis

Dear Mayor Burress:

This office represents DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, its 8-station dialysis center known as Tazewell County Dialysis (the "Dialysis Center") located at 1021 Court Street, Suite A, Pekin, Illinois 61554 (the "Project").

The Project will result in the discontinuation of all of the Dialysis Center's authorized stations. Over the past three years, the Dialysis Center has been consistently underutilized, averaging 50% utilization. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing challenges, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will permanently close as soon as practicable after State Board approval but no later than December 31, 2026.

There are currently four dialysis centers within Tazewell County's 17-mile geographic service area. These dialysis centers operate below the State Board's target occupancy of 85% and have sufficient capacity to accommodate the Dialysis Center's patients. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the geographic service area.

Mayor Mary Burress
August 28, 2026
Page | 2

If you have any questions about DaVita's plans to discontinue Tazewell County Dialysis, please feel free to contact me.

Sincerely,



Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER:

August 28, 2026

Via Certified Mail

The Honorable Neil Anderson
Illinois State Senator, 47th District
103 North College Avenue #201
Aledo, Illinois 61231

RE: Tazewell County Dialysis

Dear Senator Anderson:

This office represents DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, its 8-station dialysis center known as Tazewell County Dialysis (the "Dialysis Center") located at 1021 Court Street, Suite A, Pekin, Illinois 61554 (the "Project").

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Senator Neil Anderson
August 28, 2026
Page | 2

If you have any questions about DaVita's plans to discontinue Tazewell County Dialysis, please feel free to contact me.

Sincerely,



Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



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www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER:

August 28, 2026

Via Certified Mail

The Honorable Travis Weaver
Illinois State Representative, 93rd District
337 Court Street
Pekin, Illinois 61554

RE: Tazewell County Dialysis

Dear Representative Weaver:

This office represents DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, its 8-station dialysis center known as Tazewell County Dialysis (the "Dialysis Center") located at 1021 Court Street, Suite A, Pekin, Illinois 61554 (the "Project").

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Representative Travis Weaver
August 28, 2026
Page | 2

If you have any questions about DaVita's plans to discontinue Tazewell County Dialysis, please feel free to contact me.

Sincerely,



Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



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Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER:

August 28, 2026

Via Certified Mail

Dr. Sameer Vohra
Director
Illinois Department of Public Health
525-535 West Jefferson Street
Springfield, Illinois 62761

RE: Tazewell County Dialysis

Dear Director Vohra:

This office represents DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, its 8-station dialysis center known as Tazewell County Dialysis (the "Dialysis Center") located at 1021 Court Street, Suite A, Pekin, Illinois 61554 (the "Project").

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Director Sameer Vohra
August 28, 2026
Page | 2

If you have any questions about DaVita's plans to discontinue Tazewell County Dialysis, please feel free to contact me.

Sincerely,



Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



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www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER:

August 28, 2026

Via Certified Mail

Elizabeth Whitehorn
Director
Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, Illinois 62763

RE: Tazewell County Dialysis

Dear Director Whitehorn:

This office represents DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, its 8-station dialysis center known as Tazewell County Dialysis (the "Dialysis Center") located at 1021 Court Street, Suite A, Pekin, Illinois 61554 (the "Project").

The Project will result in the discontinuation of all of the Dialysis Center's authorized stations. Over the past three years, the Dialysis Center has been consistently underutilized, averaging 50% utilization. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing challenges, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will permanently close as soon as practicable after State Board approval but no later than December 31, 2026.

There are currently four dialysis centers within Tazewell County's 17-mile geographic service area. These dialysis centers operate below the State Board's target occupancy of 85% and have sufficient capacity to accommodate the Dialysis Center's patients. Therefore, the discontinuation of the Dialysis Center will not affect access to hemodialysis services in the geographic service area.

Director Elizabeth Whitehorn
August 28, 2026
Page | 2

If you have any questions about DaVita's plans to discontinue Tazewell County Dialysis, please feel free to contact me.

Sincerely,



Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER:

August 28, 2026

Via Certified Mail

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

RE: Tazewell County Dialysis

Dear Mr. Kniery:

This office represents DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of DaVita to notify you that DaVita intends to file a certificate of need application with the Illinois Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety, its 8-station dialysis center known as Tazewell County Dialysis (the "Dialysis Center") located at 1021 Court Street, Suite A, Pekin, Illinois 61554 (the "Project").

The Project will result in the discontinuation of all of the Dialysis Center's authorized stations. Over the past three years, the Dialysis Center has been consistently underutilized, averaging 50% utilization. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of the low utilization and staffing challenges, DaVita decided to discontinue the Dialysis Center. DaVita anticipates the Dialysis Center will permanently close as soon as practicable after State Board approval but no later than December 31, 2026.

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Mr. John Kniery
August 28, 2026
Page | 2

If you have any questions about DaVita's plans to discontinue Tazewell County Dialysis, please feel free to contact me.

Sincerely,



Anne M. Cooper

cc: Mary J. Anderson, DaVita Inc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: The Honorable Mary Burress Mayor, City of Pekin 111 South Capital Street Pekin, IL 61554  9590 9402 9077 4122 4852 74 2. Article Number (Transfer from service label) 9589 0710 5270 3550 7972 50	A. Signature ☒ <i>Enda Hup</i> ☐ Agent B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: The Honorable Travis Weaver Illinois State Representative, 93rd District 337 Court Street Pekin, IL 61554  9590 9402 9077 4122 4852 50 2. Article Number (Transfer from service label) 9589 0710 5270 3550 7972 98	A. Signature ☒ <i>Dale Weaver</i> ☐ Agent B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>FN</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Dr. Sameer Vohra, Director Illinois Department of Public Health 525-535 West Jefferson Street Springfield, IL 62761  9590 9402 9077 4122 4852 43	D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 9589 0710 5270 3550 7972 81	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Elizabeth Whitehorn, Director Illinois Department of Healthcare And Family Services Prescott Bloom Building 201 South Grand Avenue, East Springfield, IL 62763  9590 9402 9077 4122 4852 36	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (Transfer from service label) 9589 0710 5270 3550 7972 74	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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



9590 9402 9077 4122 4852 29

2. Article Number (Transfer from service label)

9589 0710 5270 3550 7972 67

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *FN*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

Mail Restricted Delivery
00)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
Delivery

☐ Signature Confirmation™

☐ Signature Confirmation
Restricted Delivery

Domestic Return Receipt

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

DaVita seeks authority from the State Board to discontinue its 8-station in-center hemodialysis center located at 1021 Court Street, Suite A, Pekin, Illinois. Over the past three years, utilization at Tazewell County Dialysis has averaged 37.5%. Additionally, nationwide clinical staffing shortages have created challenges for DaVita to adequately staff its clinics. As a result of low utilization and staffing issues, DaVita decided to discontinue Tazewell County Dialysis.

As of September 23, 2026, HSA 2 had an excess of 13 dialysis stations. The discontinuation of Tazewell County Dialysis will reduce the stations in HSA 2 to be more in line with the State Board's calculated need.

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

The discontinuation of Tazewell County Dialysis will not affect dialysis services in HSA 2. As of December 31, 2025, there were 12 dialysis centers in HSA 2 with average utilization of 47% and no facility over the State Board's utilization standard. Accordingly, there is sufficient capacity in HSA 2 to accommodate the Tazewell County Dialysis patients.

Existing Tazewell County patients have been offered an opportunity to transition to home dialysis and have been given a list of all existing clinics in close proximity to Pekin.

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

Attached at Attachment – 10C are the notices of discontinuation sent to by all existing or approved in-center hemodialysis facilities located within the Tazewell County geographic service area.



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
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www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER: 106236-000100

September 25, 2026

Via Certified Mail

Ms. Tyrena Denney
Administrator
Carle Health Outpatient Dialysis Center
5401 North Knoxville Avenue, Suite 104
Peoria, Illinois 61614

Re: Notice of Planned Closure of Tazewell County Dialysis

Dear Ms. Denney:

I am writing on behalf of DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita") to inform you of the proposed discontinuation of Tazewell County Dialysis, an 8-station dialysis clinic located at 1021 Court Street, Suite A, Pekin, Illinois 61554.

In accordance with 77 Ill. Admin. Code, we are notifying all in-center hemodialysis centers located within 17 miles of Tazewell County Dialysis of the proposed discontinuation. You are receiving this letter because your in-center hemodialysis center is located within 17 miles of Tazewell County Dialysis.

Discontinuation will occur as soon as practicable after State Board approval but no later than December 31, 2026.

The number of patients treated at Tazewell County Dialysis in the most recent two years is provided in the table below.

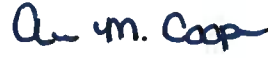
Year	Stations	Patients	Utilization	Target Utilization
2024	8	29	60%	80%
2025	8	20	42%	80%

With the discontinuation of Tazewell County Dialysis, we anticipate patients historically treated will transfer to area dialysis clinics. This discontinuation should not adversely affect care for patients in the area or any other dialysis providers.

Ms. Tyrena Denney
September 25, 2026
Page | 2

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Anne M. Cooper

September 25, 2026

Via Certified Mail

Debra Adonette-Garcia
Administrator
Fresenius Medical Care Peoria Downtown
410 W. Romeo B. Garrett Avenue
Peoria, Illinois 61605

Re: Notice of Planned Closure of Tazewell County Dialysis

Dear Ms. Adonette-Garcia:

I am writing on behalf of DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita") to inform you of the proposed discontinuation of Tazewell County Dialysis, an 8-station dialysis clinic located at 1021 Court Street, Suite A, Pekin, Illinois 61554.

In accordance with 77 Ill. Admin. Code, we are notifying all in-center hemodialysis centers located within 17 miles of Tazewell County Dialysis of the proposed discontinuation. You are receiving this letter because your in-center hemodialysis center is located within 17 miles of Tazewell County Dialysis.

Discontinuation will occur as soon as practicable after State Board approval but no later than December 31, 2026.

The number of patients treated at Tazewell County Dialysis in the most recent two years is provided in the table below.

Year	Stations	Patients	Utilization	Target Utilization
2024	8	29	60%	80%
2025	8	20	42%	80%

With the discontinuation of Tazewell County Dialysis, we anticipate patients historically treated will transfer to area dialysis clinics. This discontinuation should not adversely affect care for patients in the area or any other dialysis providers.

Ms. Debra Adonette-Garcia
September 25, 2026
Page | 2

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Anne M. Cooper



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
FAX: 312-828-9635
www.agdglaw.com

Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER: 106236-000100

September 25, 2026

Via Certified Mail

Stacy Horn
Administrator
Fresenius Medical Care East Peoria
3000 North Main Street
Peoria, Illinois 61611

Re: Notice of Planned Closure of Tazewell County Dialysis

Dear Ms. Horn:

I am writing on behalf of DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita") to inform you of the proposed discontinuation of Tazewell County Dialysis, an 8-station dialysis clinic located at 1021 Court Street, Suite A, Pekin, Illinois 61554.

In accordance with 77 Ill. Admin. Code, we are notifying all in-center hemodialysis centers located within 17 miles of Tazewell County Dialysis of the proposed discontinuation. You are receiving this letter because your in-center hemodialysis center is located within 17 miles of Tazewell County Dialysis.

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Ms. Stacy Horn
September 25, 2026
Page | 2

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Anne M. Cooper



Aronberg Goldgehn Davis & Garmisa
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Anne Cooper
DIRECT: 312-755-3169
acooper@agdglaw.com

OUR FILE NUMBER: 106236-000100

September 25, 2026

Via Certified Mail

Kathleen Heck
Administrator
Fresenius Medical Care Pekin
3521 Veterans Drive
Pekin, Illinois 61554

Re: Notice of Planned Closure of Tazewell County Dialysis

Dear Ms. Heck:

I am writing on behalf of DaVita Inc. and Pekin Dialysis, LLC (collectively, "DaVita") to inform you of the proposed discontinuation of Tazewell County Dialysis, an 8-station dialysis clinic located at 1021 Court Street, Suite A, Pekin, Illinois 61554.

In accordance with 77 Ill. Admin. Code, we are notifying all in-center hemodialysis centers located within 17 miles of Tazewell County Dialysis of the proposed discontinuation. You are receiving this letter because your in-center hemodialysis center is located within 17 miles of Tazewell County Dialysis.

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Ms. Kathleen Heck
September 25, 2026
Page | 2

Thank you for your time and attention to this matter. If you have any questions or concerns, please feel free to contact me.

Sincerely,



Anne M. Cooper

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

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.
2. A list of health care facilities owned or operated by DaVita in Illinois is attached at Attachment – 11A. Dialysis centers are currently not subject to state licensure in Illinois.
3. By signing the certification within this application, the Applicants certify no adverse action has been taken against any facility owned or operated by the Applicants in Illinois during the three years prior to filing this application.
4. By signing the certification within this application, the Applicants authorize the State Board and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to official records of IDPH or other State agencies.