

**Constantino, Mike**

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**Sent:** Tuesday, May 15, 2012 5:27 PM  
**To:** Constantino, Mike  
**Cc:** Kara Friedman; 'Kelly Ladd'  
**Subject:** Silver Cross Renal Centers (Proj. Nos. 11-117; 11-119)  
**Attachments:** Silver Cross Renal Center Revised App pp 5 & 7.pdf; Silver Cross Renal Center Revised App pp 5 & 7.pdf; Silver Cross Renal Center Morris Revised App pp 5 & 7.pdf

MAY 16 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Mike,

Attached please find the revised applications pages for the Silver Cross Renal Center CON applications (Proj. Nos. 11-117 to 11-119) to change the project completion date from June 30, 2012 to August 1, 2012.

If you need any additional information, please feel free to contact me.

Anne



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**2. Narrative Description**

Provide in the space below, 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.

The proposed project contemplates a change in ownership of Silver Cross Renal Center - Morris. Total Renal Care, Inc., a subsidiary of DaVita Inc., will acquire substantially all of the assets of Silver Cross Renal Center - Morris from Silver Cross Hospital & Medical Center. The proposed transaction includes the sale of 3 in-center hemodialysis facilities to Total Renal Care, Inc. for approximately \$30 million.

Silver Cross Renal Center - Morris is a 9 station in-center hemodialysis facility located at 1551 Creek Drive, Morris, Illinois 60450. The new operating entity will be Total Renal Care, Inc.

The acquisition is projected to be complete by August 1, 2012.

This project has been classified as non-substantive because it proposes a change of ownership, which constitutes a facility conversion under 77 Ill. Admin. Code 1110.40(b).

**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**

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): August 1, 2012

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

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

**State Agency Submittals**

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.**