

14-058

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION V 0 6 2014

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Facility/Project Identification**

Facility Name: Alton Dialysis		
Street Address: 309 Homer Adams Parkway		
City and Zip Code: Alton, Illinois 62002		
County: Madison	Health Service Area: 11	Health Planning Area: 11

**Applicant /Co-Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: DaVita HealthCare Partners Inc.
Address: 2000 16 <sup>th</sup> Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 <sup>th</sup> Street, Denver, CO 80202
Telephone Number: (303) 405-2100

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- 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.

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: Tim Tincknell
Title: Administrator, CON Projects
Company Name: DaVita HealthCare Partners Inc.
Address: 1333 North Kingsbury Street, Suite 305, Chicago, Illinois 60642
Telephone Number: 312-649-9289
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

**Additional Contact**

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

Name: Yoni Danieli
Title: Regional Operations Director
Company Name: DaVita HealthCare Partners Inc.
Address: 400 North Lindbergh Blvd, St Louis, MO 63141
Telephone Number: 618-233-9018
E-mail Address: yoni.danieli@davita.com
Fax Number: 866-586-7903

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

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

**This Section must be completed for all projects.**

**Facility/Project Identification**

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Street Address: 309 Homer Adams Parkway		
City and Zip Code: Alton, Illinois 62002		
County: Madison	Health Service Area: 11	Health Planning Area: 11

**Applicant /Co-Applicant Identification**

**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: DVA Renal Healthcare, Inc.
Address: 2000 16 <sup>th</sup> Street, Denver, CO 80202
Name of Registered Agent: Illinois Corporation Service Company
Name of Chief Executive Officer: Kent Thiry
CEO Address: 2000 16 <sup>th</sup> Street, Denver, CO 80202
Telephone Number: (303) 405-2100

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
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	<input type="checkbox"/> Other

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Telephone Number: 618-233-9018
E-mail Address: yoni.danieli@davita.com
Fax Number: 866-586-7903

**Post Permit Contact**

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

Name: Charles Sheets
Title: Attorney
Company Name: Polsinelli PC
Address: 161 North Clark Street, Suite 4200, Chicago, Illinois 60601
Telephone Number: 312-873-3605
E-mail Address: csheets@polsinelli.com
Fax Number: 312-873-3793

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Pine Tree Alton 1 LLC, c/o DTM Real Estate Services, LLC
Address of Site Owner: Receiver 1 N. Meridian Street, Suite 901, Indianapolis, IN 46204
Street Address or Legal Description of Site:  <p style="text-align: center;">Lot 1, in Alton Corners, a subdivision of part of the Northwest quarter of Section 1, Township 5 North, Range 10 West of the Third Principal Meridian, according to the plat thereof recorded in Plat Cabinet 63, page 160 as document no. 2003R63675, in Madison County, Illinois.</p> <p style="text-align: center;">Tax Parcel No.:</p> <p style="text-align: center;">23-2-07-01-05-103-035 23-2-07-01-06-102-004</p> <p>(Also see LOI for Legal Description of Site)</p>

**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: Renal Life Link, Inc.	
Address: 2000 16 <sup>th</sup> Street, Denver, CO 80202	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	

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

**Organizational Relationships**

Provide (for each co-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 #2005-5 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 #2005-5 (<http://www.hfsrb.illinois.gov>).

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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 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.

Based on operational limitations at the current site, DaVita HealthCare Partners Inc. and DVA Renal Healthcare, Inc. (the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "Board") to discontinue their existing 14-station dialysis facility at 3511 College Avenue, Alton, Illinois 62002 and establish a 14-station dialysis facility at 309 Homer Adams Parkway, Alton, Illinois 62002 (the "Replacement Facility"). The proposed dialysis facility will include approximately 7,008 gross square feet.

This project has been classified as substantive because it involves the establishment 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 equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$1,145,000		\$1,145,000
Contingencies	\$100,000		\$100,000
Architectural/Engineering Fees	\$121,000		\$121,000
Consulting and Other Fees	\$77,000		\$77,000
Movable or Other Equipment (not in construction contracts)	\$598,582		\$598,582
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$733,921		\$733,921
Other Costs To Be Capitalized (Net Book Value of Existing Equipment)	\$18,425		\$18,425
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$2,793,928</b>		<b>\$2,793,928</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$2,041,582		\$2,041,582
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$733,921		\$733,921
Governmental Appropriations			
Grants			
Other Funds and Sources (Net Book Value of Existing Equipment)	\$18,425		\$18,425
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$2,793,928</b>		<b>\$2,793,928</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 \$ 0\_\_\_\_\_.

**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 type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): July 31, 2016

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

<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
<input checked="" type="checkbox"/> Project obligation 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**

Are the following submittals up to date as applicable:

<input type="checkbox"/> Cancer Registry
<input 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**

Provide in the following format, the department/area **DGSF** or the building/area **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 department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

**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 following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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**.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>		<b>to:</b>	
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
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)					
<b>TOTALS:</b>					

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of DaVita HealthCare Partners 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.**

  
 \_\_\_\_\_  
 SIGNATURE

Arturo Sida  
 \_\_\_\_\_  
 PRINTED NAME

Assistant Corporate Secretary  
 \_\_\_\_\_  
 PRINTED TITLE

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

Signature of Notary  
 Seal

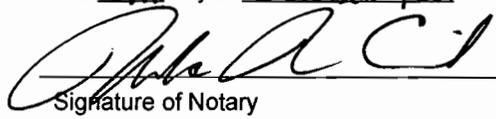
*See Attached*

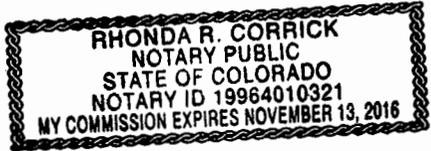
  
 \_\_\_\_\_  
 SIGNATURE

MICHAEL STAFFIERI  
 \_\_\_\_\_  
 PRINTED NAME

CHIEF OPERATING OFFICER  
 \_\_\_\_\_  
 PRINTED TITLE

STATE OF COLORADO  
 COUNTY OF DENVER  
 Notarization:  
 Subscribed and sworn to before me  
 this 27th day of OCTOBER, 2014

  
 \_\_\_\_\_  
 Signature of Notary

Seal  


\*Insert EXACT legal name of the applicant

State of California

County of Los Angeles

On October 21, 2014 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

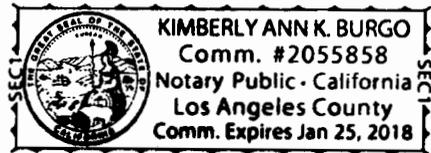
personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Kimberly Ann K. Burgo*



(Seal)

**OPTIONAL INFORMATION**

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: Secretary's Certificate

Document Date: October 21, 2014 Number of Pages: one (1)

Signer(s) if Different Than Above: No

Other Information: \_\_\_\_\_

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

Signer's Name(s): Arturo Sida

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Assistant Corporate Secretary

**SIGNER IS REPRESENTING:**

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc. / Alton Dialysis

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- 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);
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 \_\_\_\_\_  
 SIGNATURE

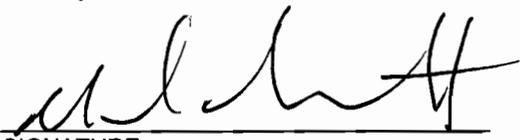
Arturo Sida  
 \_\_\_\_\_  
 PRINTED NAME

Assistant Corporate Secretary  
 \_\_\_\_\_  
 PRINTED TITLE

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

\_\_\_\_\_  
 Signature of Notary

Seal

  
 \_\_\_\_\_  
 SIGNATURE

MICHAEL STAFFIERI  
 \_\_\_\_\_  
 PRINTED NAME

CHIEF OPERATING OFFICER  
 \_\_\_\_\_  
 PRINTED TITLE  
STATE OF COLORADO  
COUNTY OF DENVER

Notarization:  
 Subscribed and sworn to before me  
 this 27TH day of OCTOBER 2014

  
 \_\_\_\_\_  
 Signature of Notary

Seal

\*Insert EXACT legal name of the applicant



State of California

County of Los Angeles

On October 21, 2014 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

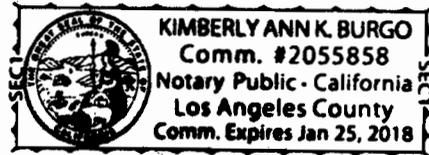
personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kimberly Ann K. Burgo



(Seal)

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Signer's Name(s): Arturo Sida

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Assistant Corporate Secretary

**SIGNER IS REPRESENTING:**

Name of Person(s) or Entity(ies): Total Renal Care, Inc. / Alton Dialysis

**SECTION II. DISCONTINUATION**

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 - 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 is to be discontinued.
2. Identify all of 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. 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 60 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility will not 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 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

**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.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. 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 the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

##### 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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 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** of 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.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS **ATTACHMENT-14**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS **ATTACHMENT-15**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**G. Criterion 1110.1430 - In-Center Hemodialysis**

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	14	14

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

**APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

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)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that 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:**

\$2,041,582		a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____		b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table 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 time table of receipts;
\$733,921 (FMV of Lease)		d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5)	For any option to lease, a copy of the option, including all terms and conditions.
_____		e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____		f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$18,425		g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$2,793,928</b>		<b>TOTAL FUNDS AVAILABLE</b>	

**IX. 1120.130 - Financial Viability**

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 of the projects 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-37, 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.

<b>Provide Data for Projects Classified as:</b>	<b>Category A or Category B (last three years)</b>			<b>Category B (Projected)</b>
<b>Enter Historical and/or Projected Years:</b>				
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.

**2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

**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 of the cash and equivalents must be retained in the balance sheet asset accounts in order 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									
<b>TOTALS</b>									

\* 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

1. The project's material impact, if any, on essential safety net services 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 a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of 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 43.**

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

Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

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

**APPEND DOCUMENTATION AS ATTACHMENT-41, 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 HealthCare Partners Inc. and DVA Renal Healthcare, Inc. (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. DVA Renal Healthcare, Inc. is the operator of Alton Dialysis. Alton Dialysis is a trade name of DVA Renal Healthcare, Inc. and is not separately organized. As the person with final control over the operator, DaVita HealthCare Partners Inc. is named as an applicant for this CON application. DaVita HealthCare Partners Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita HealthCare Partners Inc. from the state of its incorporation, Delaware, is attached.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTHCARE PARTNERS 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 FIFTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA HEALTHCARE PARTNERS 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.

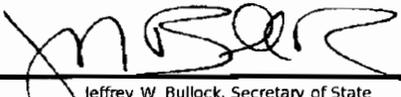
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391269 8300

140958293

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1537962

DATE: 07-15-14



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

DVA RENAL HEALTHCARE, INC., INCORPORATED IN TENNESSEE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 23, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1428601746

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of OCTOBER A.D. 2014 .***

*Jesse White*

SECRETARY OF STATE

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

The letter of intent between Pine Tree Alton 1 LLC, c/o DTM Real Estate Services, LLC and DVA Renal Healthcare, Inc. to lease the facility located at 309 Homer Adams Parkway, Alton, Illinois 62002 is attached at Attachment – 2.



1001 Highlands Plaza Drive West  
Suite 150  
St. Louis, MO 63110  
Phone: 314.621.1414  
Fax: 314.802.0802

October 15, 2014

Ezra Burdix  
DTM Real Estate  
One North Meridian Street  
Suite 901  
Indianapolis, IN 46204

RE: Request for Proposal

**PROPERTY:** *Alton Corners, 309 Home Adams Parkway, Alton, Illinois 62002*

Dear Ezra:

Balke Brown Transwestern, has been authorized by Total Renal Care, Inc – a subsidiary of DaVita Inc. to assist in securing a lease requirement. DaVita Inc. is a Fortune 500 company with more than 1,800 locations across the US and revenues of approximately \$7 billion.

- PREMISES:** 309 Homer Adams Parkway, Alton, Illinois ok
- LEGAL DESCRIPTION:** Lot 1, in Alton Corners, a subdivision of part of the Northwest quarter of Section 1, Township 5 North, Range 10 West of the Third Principal Meridian, according to the plat thereof recorded in Plat Cabinet 63, page 160 as document no. 2003R63675, in Madison County, Illinois.  
Tax Parcel No.: 23-2-07-01-05-103-035 ; 23-2-07-01-06-102-004
- TENANT:** "Total Renal Care, Inc. or related entity to be named"ok
- LANDLORD:** *Please indicate name of Landlord as it is commonly known*  
**PineTree Alton 1 LLC, c/o DTM Real Estate Services, LLC,**  
**Receiver 1 N. Meridian Street, Suite 901, Indianapolis, IN 46204.**
- SPACE REQUIREMENTS:** Requirement is for approximately 7008 SF contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards. ok  
  
*Please indicate both rentable and useable square footage for Premises.*
- PRIMARY TERM:** Ten (10) years ok
- BASE RENT:** *Please indicate the annual rate per rentable square foot.*  
Years 1-5 \$15.00  
Years 6-10 \$16.50  
  
*Please indicate the lease type. (i.e. FSG, MG, NNN) NNN*
- ADDITIONAL EXPENSES:** *Please provide an estimated annual cost per square foot for any and all additional operating expenses for which the Tenant will be responsible for paying including Taxes, Insurance and CAM. \$5.12/psf*

*Please provide Tenant's pro rata share percentage of operating expenses. 16%*

*If operating expenses are based on a Base Year, please indicate the Base Year and expense stop. NNN*

*Please indicate what, if any, utility costs Tenant will be responsible for paying that are not included in operating expenses or Base Rent. Tenant is responsible for all separately metered utilities including gas, water, sewer, electricity and cable.*

Landlord to limit the cumulative operating expense costs to \$5.12 psf in the first full lease year and no greater than 3% increases annually thereafter. Ok.

**LANDLORD'S MAINTENANCE:**

Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property. Ok.

**POSSESSION AND RENT COMMENCEMENT:**

Landlord shall deliver Possession of the Premises to the Tenant with Landlord's work complete within 90 days of the later of lease execution or CON approval. Rent Commencement shall be the earlier of seven months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

**LEASE FORM:**

Tenant's standard lease form. Ok.

**USE:**

The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose. Ok.

*Landlord to verify that the Use is permitted within the building's zoning. Building is zoned C-II general commercial, verified.*

*Please provide a copy of any CCR's or other documents that may impact tenancy. Attached.*

**PARKING:**

Tenant requested dedicated parking: one stall per 1,000 rsf and two handicapped stalls or such greater number as is required by applicable law or regulation. Ok

*Please indicate the number and location of parking spaces to be allocated to the Tenant, number of general handicap stalls, total reserved stalls, if there is a patient drop off area, and if the drop off area is covered. As requested*

**BASE BUILDING:**

Landlord shall deliver to the premises, the following improvements:

- Add six new windows along the end cap per attached preliminary floor plan
- Increase electrical service from 400 amp to 800 amps Ok
- Install opening on end cap with covered canopy @ front corner – 6'-7 ½" wide opening for aluminum storefront system with 3'-6" door. Door to have auto operator with two ADA push pads and panic exit device. See attached sample spec sheets
- Provide 10 dedicated parking spots for Davita in front of space
- 8 dedicated and 2 handicap
- Install stop signs x2 and a crosswalk for patients to cross the drive lane Ok
- Provide age, tonnage and specifications of current HVAC units – LL will provide 3 new 8.5 ton roof top units
- Provide age of roof. 2002

**TENANT IMPROVEMENTS:**

*Landlord shall provide Tenant with a Tenant Improvement Allowance equal to \$8.00/SF over and above the Base Building items listed above.*

**OPTION TO RENEW:**

Tenant desires three, five-year options to renew the lease. Option rent shall be \$ Market psf, \$ Market psf and \$ Market psf, for the first second and third options, respectively. In no event shall option rent be greater than 10% over the average rate of the previous 5 years. Ok.

**RIGHT OF FIRST OPPORTUNITY ON ADJACENT SPACE:**

Tenant shall have the on-going right of first opportunity on any adjacent space that may become available during the initial term of the lease and any extension thereof, under the same terms and conditions of Tenant's existing lease. Tenant shall be given notice and a period of 30 days to respond.

**FAILURE TO DELIVER PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed by ~~90~~ 120 days from lease execution, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive two days of rent abatement for every day of delay beyond the ~~90~~ 120 day delivery period Ok.

**HOLDING OVER:**

Tenant shall be obligated to pay 125% for the then current rate. Ok.

**TENANT SIGNAGE:**

Tenant shall have the right to install building, monument and pylon signage at the Premises, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage. Ok.

**BUILDING HOURS:** Tenant requires building hours of 24 hours a day, seven days a week. Ok.  
*Please indicate building hours for HVAC and utility services.*

**SUBLEASE/ASSIGNMENT:** Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval. Ok.

**ROOF RIGHTS:** Tenant shall have the right to place a satellite dish on the roof at no additional fee. Tenant shall be responsible for the repair of any damage incurred due to installation of any roof equipment.

**NON COMPETE:** Landlord agrees not to lease space to another dialysis provider within a five mile radius of Premise. Ok.

**HVAC:** As part of Landlord's work, Landlord shall provide 3 new 8.5 ton HVAC units

**DELIVERIES:** *Please indicate manner of deliveries to the Premises (i.e. dock-high door in rear, shared). Rear double doors open to storage area.*

**OTHER CONCESSIONS:** *Please indicate any other concessions the Landlord is willing to offer. All concessions stated*

**GOVERNMENTAL COMPLIANCE:** Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Premises, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

**BROKERAGE FEE:** Landlord recognizes Balke Brown Transwestern as the Tenant's sole representatives and shall pay a brokerage fee equal to 4% of the rental value per separate commission agreement. Tenant shall retain the right to offset rent for failure to pay the brokerage fee. Ok.

**PLANS:** *Please provide copies of site and construction plans or drawings. Provided.*

**CERTIFICATE OF NEED:** Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review

Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to January 30, 2015. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises by January 30, 2015 neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.ok.

*Please submit your response to this Request for Proposal via e-mail to:*

Kimberly S. Adkins  
[Ksadkins27@aol.com](mailto:Ksadkins27@aol.com) 314-605-7595

It should be understood that this Request for Proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. This non-binding Letter of Intent is intended to summarize key terms, which will be incorporated into a lease agreement. Further, this proposal shall not bind either party to the transaction contemplated unless and until a mutually acceptable, formal lease agreement is negotiated, executed and delivered to both parties. Both parties acknowledge that they have not yet discussed or agreed upon all terms and conditions which may part of such a lease agreement.

Agreed to by:

Tenant: Paul Elliott

Date: 10/21/14

Landlord: J.B. [Signature] as Receiver

Date: 10/17/14

EXHIBIT A

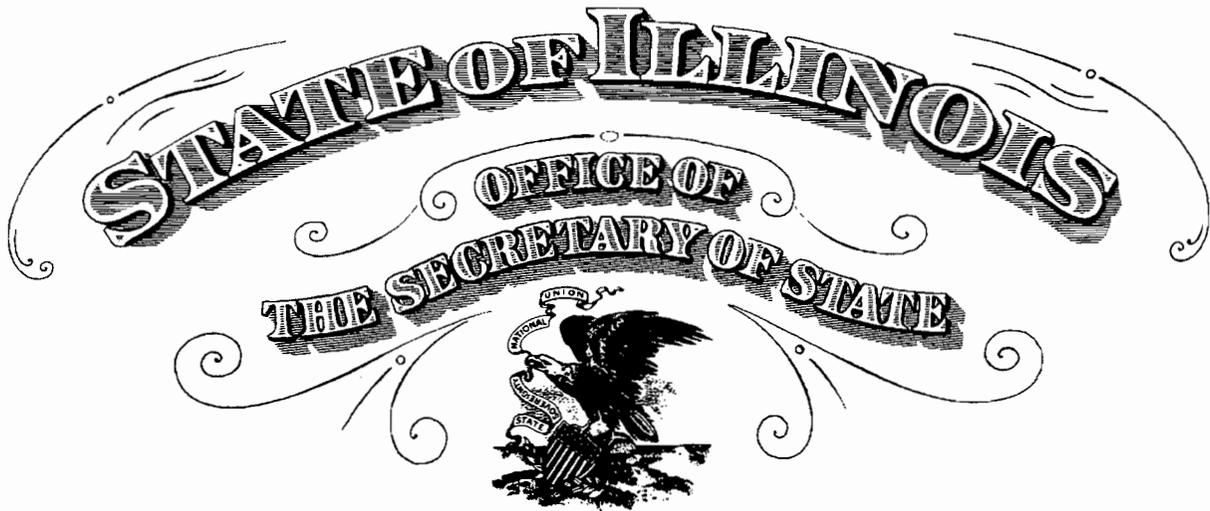
NON-BINDING NOTICE

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR USI) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR USI INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. USI IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES USI HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD



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

The Illinois Certificate of Good Standing for DVA Renal Healthcare, Inc. is attached at Attachment – 3.



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

DVA RENAL HEALTHCARE, INC., INCORPORATED IN TENNESSEE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 23, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1428601746

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 13TH*  
*day of OCTOBER A.D. 2014 .*

*Jesse White*

SECRETARY OF STATE

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

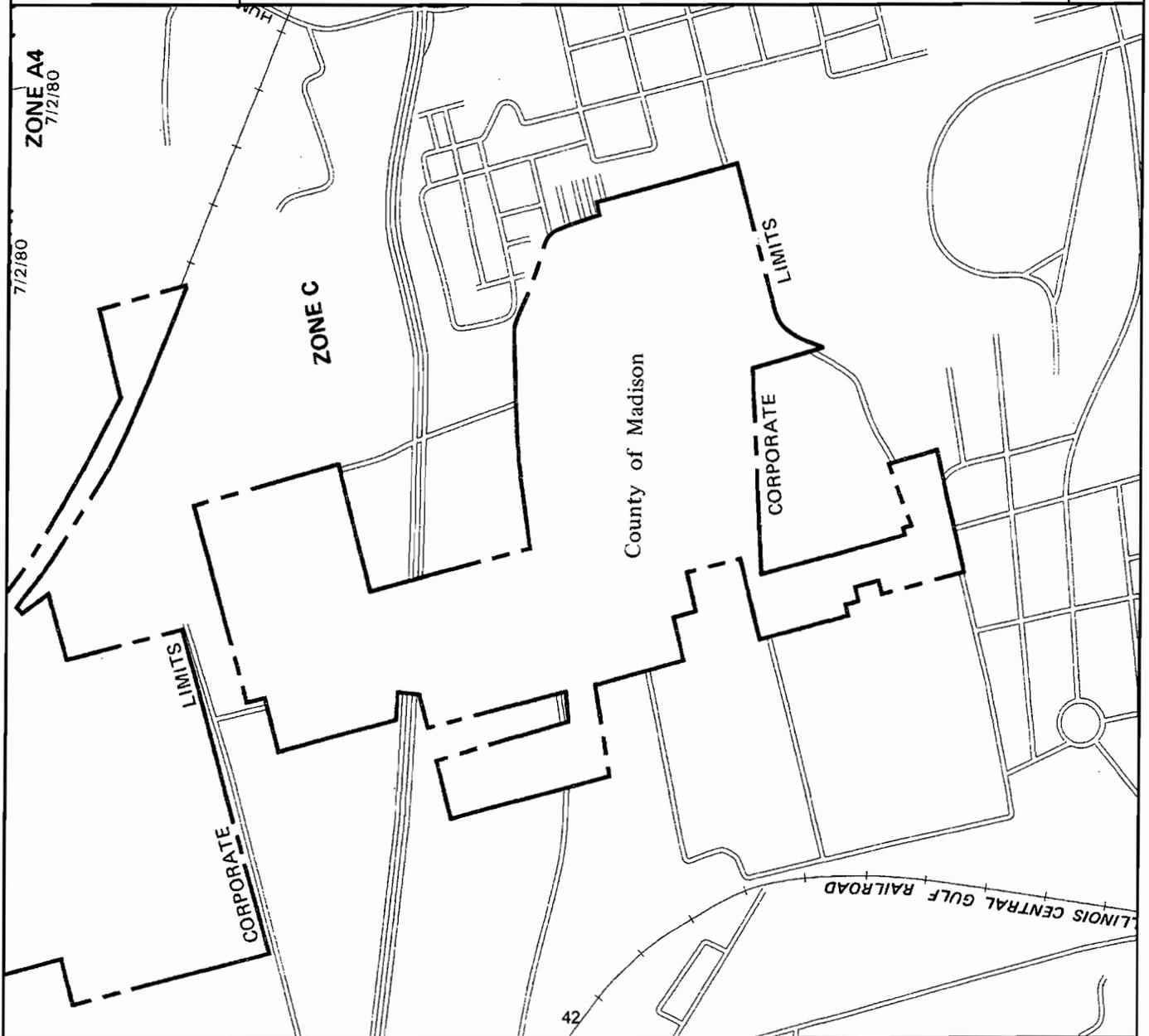
The organizational chart for DaVita HealthCare Partners Inc. and DVA Renal Healthcare, Inc. is attached at Attachment – 4.

# Alton Dialysis Organizational Chart



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

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 309 Homer Adams Parkway, Alton, Illinois 62002. As shown on the National Flood Insurance Program FIRM map attached at Attachment – 5, the site of the proposed dialysis facility site is located outside of a flood plain.



NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**  
FLOOD INSURANCE RATE MAP

CITY OF  
ALTON,  
ILLINOIS  
MADISON COUNTY

ONLY PANEL PRINTED

COMMUNITY-PANEL NUMBER  
170437 0005 C

MAP REVISED:  
MAY 1, 1984



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Ch-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The Applicants submitted a request for determination that the proposed location is compliant with the Historic Resources Preservation Act from the Illinois Historic Preservation Agency. A copy of the letter is attached at Attachment – 6.



Timothy V Tincknell, FACHE  
(312) 649-9289  
[timothy.tincknell@davita.com](mailto:timothy.tincknell@davita.com)

1333 N Kingsbury St, Ste 305  
Chicago, IL 60642  
Fax: (866) 586-3214  
[www.davita.com](http://www.davita.com)

October 10, 2014

Ms. Anne Haaker  
Deputy State Historic Preservation Officer  
Preservation Services Division  
Illinois Historic Preservation Agency  
1 Old State Capitol Plaza  
Springfield, Illinois 62701

**Re: Historic Preservation Act Determination**

Dear Ms. Haaker:

Pursuant to Section 4 of the Illinois State Agency Historic Resources Preservation Act, DaVita HealthCare Partners Inc. and DVA Renal Healthcare Inc. ("Requestors") seek a formal determination from the Illinois Historic Preservation Agency as to whether their proposed project to establish a 14-station dialysis facility at 309 Homer Adams Parkway, Alton, Illinois 62002 ("Proposed Project") affects historic resources. For reference, the legal description for this site is:

Lot 1, in Alton Corners, a subdivision of part of the Northwest quarter of Section 1, Township 5 North, Range 10 West of the Third Principal Meridian, according to the plat thereof recorded in Plat Cabinet 63, page 160 as document no. 2003R63675, in Madison County, Illinois.

Tax Parcel No.:

23-2-07-01-05-103-035  
23-2-07-01-06-102-004

**1. Project Description and Address**

The Requestors are seeking a certificate of need from the Illinois Health Facilities and Services Review Board to establish a 14-station dialysis facility at 309 Homer Adams Parkway, Alton, Illinois 62002.

**2. Topographical or Metropolitan Map**

Metropolitan maps showing the location of the Proposed Project are attached at Attachment I.



October 10, 2014

Page 2

### **3. Historic Architectural Resources Geographic Information System**

Maps from the Historic Architectural Resources Geographic Information System are attached at Attachment 2. The property is not listed on the (i) National Register, (ii) within a local historic district, or (iii) within a local landmark.

### **4. Address for Building/Structure**

The proposed project will be located at 309 Homer Adams Parkway, Alton, Illinois 62002.

Thank you for your time and consideration of our request for Historic Preservation Determination. If you have any questions or need any additional information, please feel free to contact me at 312-649-9289 or [timothy.tincknell@davita.com](mailto:timothy.tincknell@davita.com).

Sincerely,

Timothy V Tincknell  
Administrator, CON Projects

Enclosure

TVT:

DTM Real Estate Services, LLC.

Ezra Burdix — (317) 917-9905

**Retail Property For Lease**

**Alton Corners**

309 Homer Adams Parkway, Alton, IL 62002



Total Space Available: 15,500 SF  
 Rental Rate: Negotiable  
 Min. Divisible: 1,500 SF  
 Max. Contiguous: 8,000 SF  
 Property Type: Retail  
 Property Sub-type: Strip Center  
 Gross Leasable Area: 55,053 SF  
 Lot Size: 55,053 SF  
 Listing ID: 18744314  
 Last Updated: 16 days ago  
[Find Out More...](#)

**4 Spaces Available**

Display Rental Rate as Entered ▾

\* Space 1

Space Available: **8,000 SF**  
 Rental Rate: **Rental Rate Negotiable**  
 Space Type: Strip Center  
 Min. Divisible: 1,500 SF  
 Lease Type: NNN  
 Date Available: Jun 2014  
**4 spaces**

Space 2

Space Available: **4,000 SF**  
 Rental Rate: **Rental Rate Negotiable**  
 Space Type: Strip Center  
 Min. Divisible: 1,500 SF  
 Max. Contiguous: 8,000 SF  
 Lease Type: NNN  
 Date Available: Jun 2014

Space 3	Space Available:	<b>1,500 SF</b>
	Rental Rate:	<b>Rental Rate Negotiable</b>
	Space Type:	Strip Center
	Max. Contiguous:	8,000 SF
	Lease Type:	NNN
	Date Available:	Jun 2014

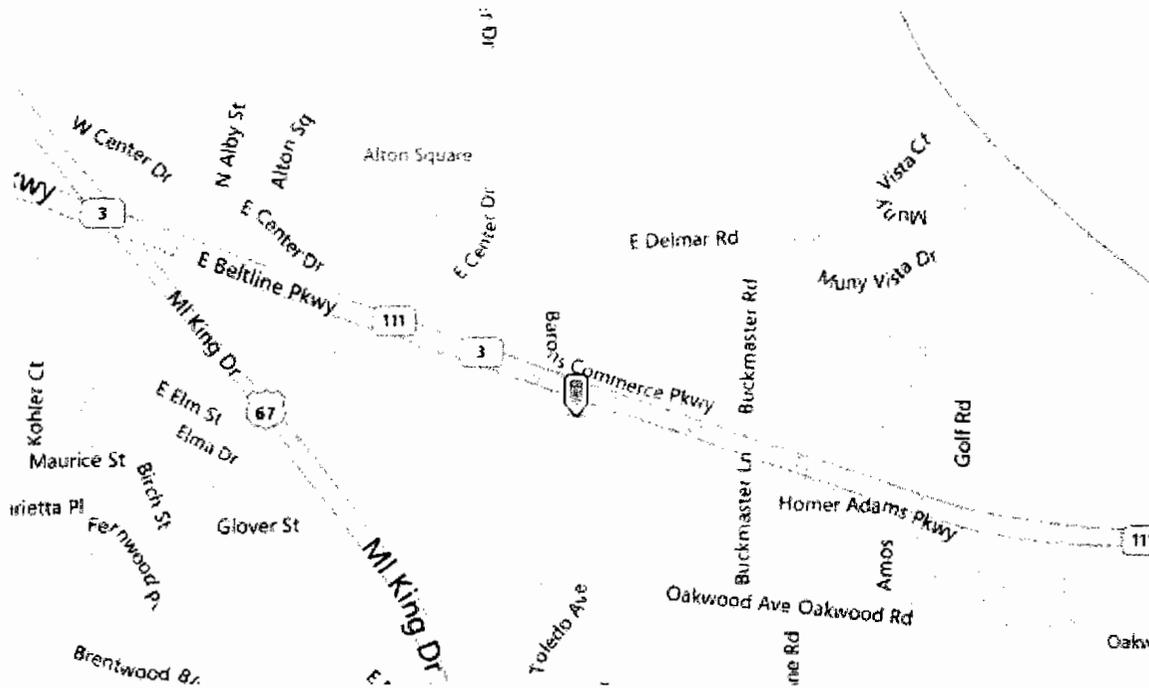
Space 4	Space Available:	<b>2,000 SF</b>
	Rental Rate:	<b>Rental Rate Negotiable</b>
	Space Type:	Strip Center
	Min. Divisible:	1,500 SF
	Max. Contiguous:	8,000 SF
	Lease Type:	NNN
	Date Available:	Jun 2014

**Description**

Prime Retail space. Highly visible and easily accessible. Signalized access with Alton Square Mall entrance and Target.

Co-located with Office Depot, Mattress Firm, PETCO, Applebee's and Lowes.

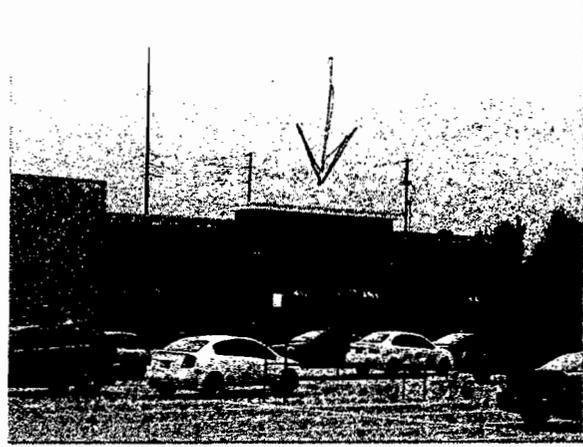
**Map** of 309 Homer Adams Parkway, Alton, IL 62002 (Madison County)



**Additional Photos**



Alton Corners



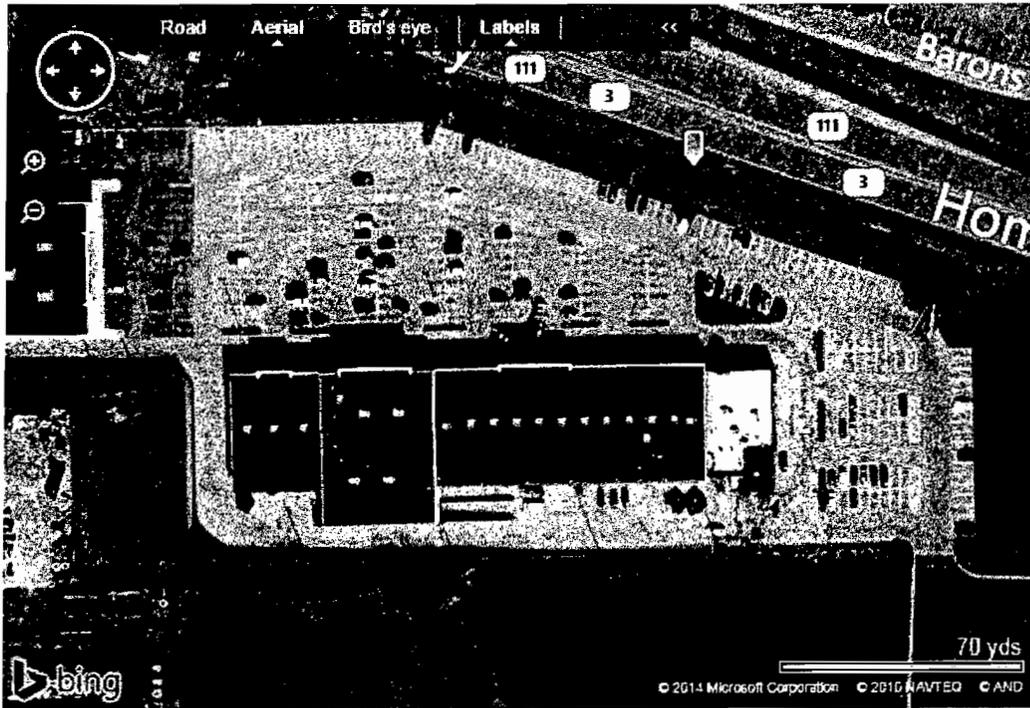
Alton Corners



Alton Corners

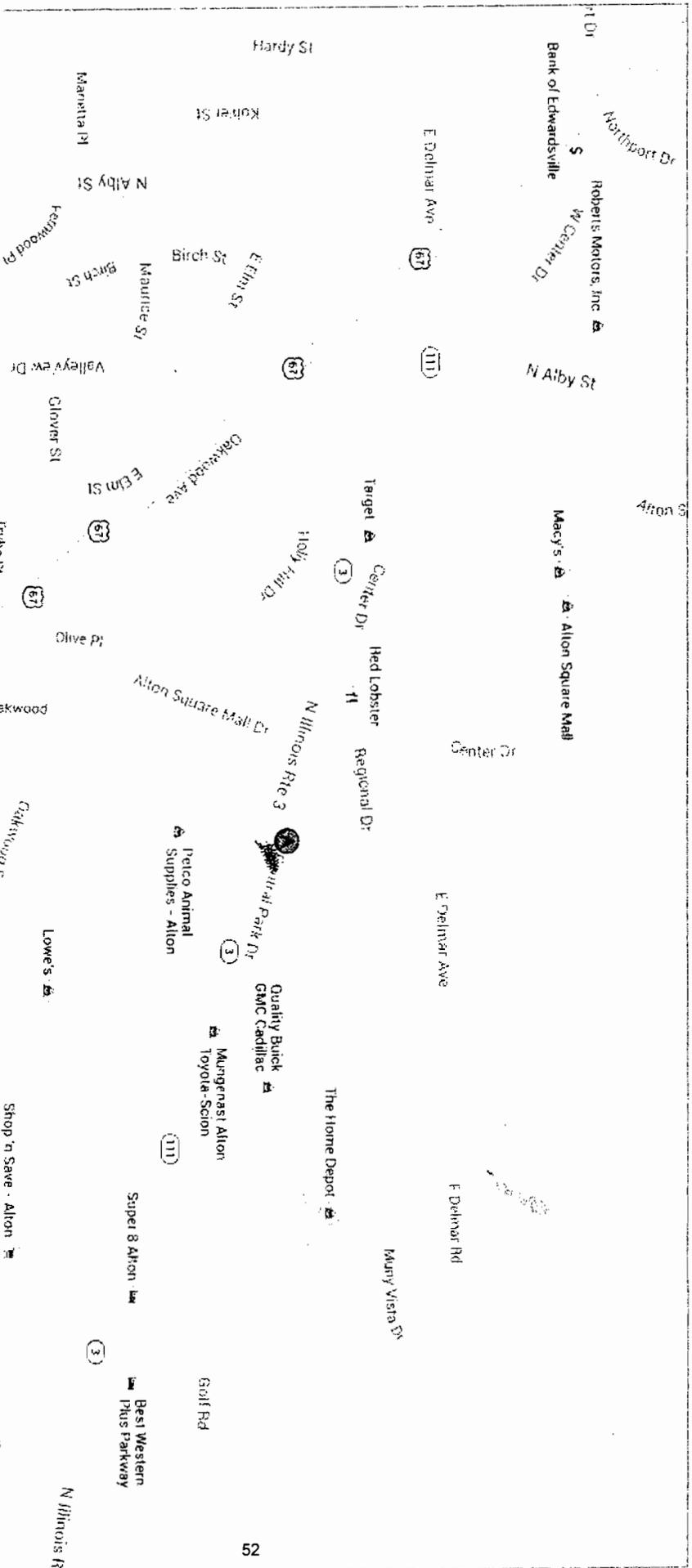








To see all the details that are visible on the screen, use the "Print" link next to the map.





To see all the details that are visible on the screen, use the "Print" link next to the map.

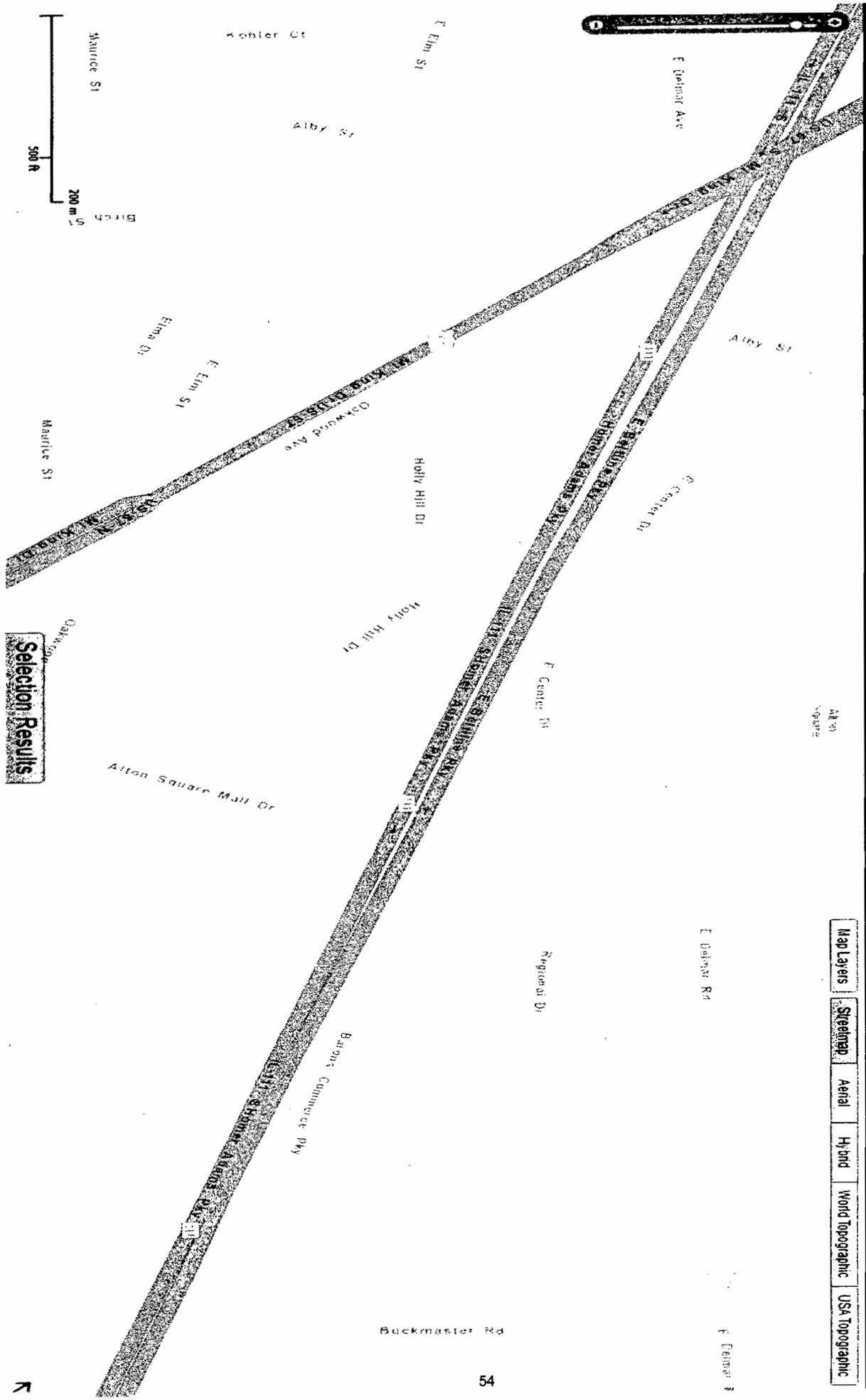




Map Layers

Streetmap  Aerial  Hybrid  World Topographic  USA Topographic

alton, Illinois





From: (312) 649-9289  
Tim Tincknell  
DaVita  
1333 N Kingsbury St  
Suite 305  
CHICAGO, IL 60642

Origin ID: GYYA

**FedEx**  
Express



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Ship Date: 13OCT14  
ActWgt: 0.5 LB  
CAD: 104010597/INET3550

Delivery Address Bar Code



SHIP TO: (217) 785-5027

BILL SENDER

**Ms Anne Haaker**  
**IL Historic Preservation Agency**  
**1 Old State Capitol Plaza**

**SPRINGFIELD, IL 62701**

Ref #  
Invoice #  
PO #  
Dept #

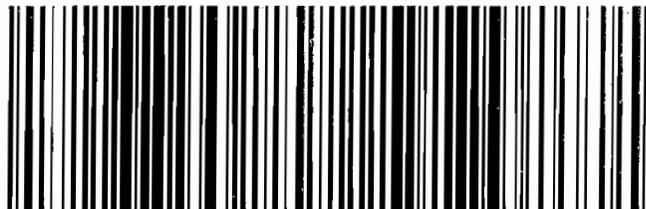
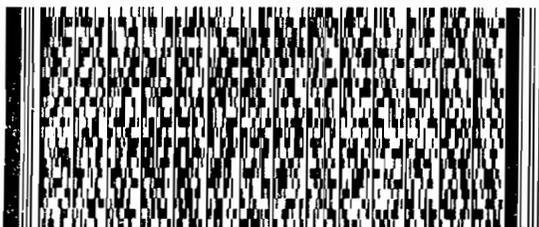
**TUE - 14 OCT 10:30A**  
**PRIORITY OVERNIGHT**

TRK# 7714 7798 3370

0201

**62701**  
IL-US  
**STL**

**NA SPIA**



522G1/DF64/8AC9

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Timothy Tincknell

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**To:** Timothy Tincknell  
**Subject:** FedEx Shipment 771477983370 Delivered

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## Your package has been delivered

Tracking # 771477983370

Ship (P/U) date:  
Monday, 10/13/14

Tim Tincknell  
DaVita  
CHICAGO, IL 60642  
US



Delivered

Delivery date:  
Tuesday, 10/14/14  
10:07 AM

Ms Anne Haaker  
IL Historic Preservation Agency  
1 Old State Capitol Plaza  
SPRINGFIELD, IL 62701  
US



### Shipment Facts

Our records indicate that the following package has been delivered.

<b>Tracking number:</b>	<u>771477983370</u>
<b>Status:</b>	Delivered: 10/14/2014 10:07 AM Signed for By: J.MILLS
<b>Signed for by:</b>	J.MILLS
<b>Delivery location:</b>	SPRINGFIELD, IL
<b>Delivered to:</b>	Receptionist/Front Desk
<b>Service type:</b>	FedEx Priority Overnight
<b>Packaging type:</b>	FedEx Envelope
<b>Number of pieces:</b>	1
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<b>Special handling/Services:</b>	Deliver Weekday

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

<b>Table 1120.110</b>			
<b>Project Cost</b>	<b>Clinical</b>	<b>Non-Clinical</b>	<b>Total</b>
Site Preparation			
New Construction Contracts			
Modernization Contracts	\$1,145,000		\$1,145,000
Contingencies	\$100,000		\$100,000
Architectural/Engineering Fees	\$121,000		\$121,000
Consulting and Other Fees	\$77,000		\$77,000
Moveable and Other Equipment			
Communications	\$121,505		\$121,505
Water Treatment	\$127,565		\$127,565
Bio-Medical Equipment	\$11,685		\$11,685
Re-Use Equipment/Fixtures	\$26,540		\$26,540
Clinical Equipment	\$222,300		\$222,300
Clinical Furniture/Fixtures	\$6,745		\$6,745
Lounge Furniture/Fixtures	\$5,065		\$5,065
Storage Furniture/Fixtures	\$7,212		\$7,212
Business Office Fixtures	\$25,265		\$25,265
General Furniture/Fixtures	\$34,500		\$34,500
Signage	\$10,200		\$10,200
Total Moveable and Other Equipment	\$598,582		\$598,582
Fair Market Value of Leased Space	\$733,921		\$733,921
Other Costs to be Capitalized			
Net Book Value of Existing Equipment	\$18,425		\$18,425
<b>Total Project Costs</b>	<b>\$2,793,928</b>		<b>\$2,793,928</b>

**Section I, Identification, General Information, and Certification**  
**Project Status and Completion Schedules**

Although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the Replacement Facility, with the intent of project obligation being contingent upon permit issuance.

**Section I, Identification, General Information, and Certification**  
**Cost Space Requirements**

<b>Cost Space Table</b>							
<b>Dept. / Area</b>	<b>Cost</b>	<b>Gross Square Feet</b>		<b>Amount of Proposed Total Gross Square Feet That Is:</b>			
		<b>Existing</b>	<b>Proposed</b>	<b>New Const.</b>	<b>Modernized</b>	<b>As Is</b>	<b>Vacated Space</b>
<b>CLINICAL</b>							
ESRD	\$2,793,928	7,008			7,008		
<b>Total Clinical</b>	<b>\$2,793,928</b>	<b>7,008</b>			<b>7,008</b>		
<b>NON CLINICAL</b>							
<b>Total Non-clinical</b>							
<b>TOTAL</b>	<b>\$2,793,928</b>	<b>7,008</b>			<b>7,008</b>		

**Section II, Discontinuation**  
**Criterion 1110.130(a), General**

1. The Applicants seek authority from the Health Facilities and Services Review Board (the "Board") to discontinue its existing 14-station dialysis facility at 3511 College Avenue, Alton, Illinois 62002 (the "Existing Facility") and establish a 14-station dialysis facility at 309 Homer Adams Parkway, Alton, Illinois 62002 (the "Replacement Facility"). The Replacement Facility will be approximately 3 miles, or 8 minutes, from the Existing Facility.
2. No other clinical services will be discontinued as a result of this project.
3. Anticipated Discontinuation Date: **July 31, 2016**
4. The Applicants lease space for the Existing Facility from 3511 College Avenue LLC. As a result, the Applicants will have no control over the use of the space after discontinuation of the Existing Facility.
5. All medical records will be transferred to the Replacement Facility.
6. This project is a relocation of the Existing Facility and not a discontinuation in its entirety. Therefore, this criterion does not apply.

**Section II, Discontinuation**  
**Criterion 1110.130(b), Reasons for Discontinuation**

The Existing Facility is suboptimal for patients and staff, and in need of repair. Multiple physical plant upgrades are needed to the plumbing and water room. The water treatment room is outdated and in need of a complete overhaul. The central water plant/reverse osmosis system is 19 years old, or two years past its typical lifespan. The manufacturer has ceased production of this particular water system, and it is often difficult and at times impossible to obtain replacement parts to repair the water system. The Illinois Department of Public Health ("IDPH") has grandfathered this water system as an existing unit; however, the Illinois State Plumbing Code prohibits this type of water system to be installed today.

There is limited space for transportation drop off and pick up as the Existing Facility shares a parking lot and driveway with a foot clinic, and an Edward Jones office. The drop off / pick up location is inconvenient for patients and those transporting them to and from their dialysis treatments. The configuration of the parking lot prohibits larger patient transport vehicles (buses/vans) from dropping patients off and picking them up at the entrance to the building. To avoid blocking the driveway for other business, drivers must park across the parking lot and push patient wheelchairs up an incline. This is especially difficult during inclement weather. On several occasions, the Alton police department has been called while the drivers escort patients to and from treatment because their vehicles block the driveway.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 14 in-center hemodialysis stations, as well as 2 HOME therapy training rooms and a storage area all combined in approximately 5,500 GSF. As a result, the treatment chairs are extremely close together, and the space is inadequate to accommodate projected growth. The facility also has no dedicated conference room and the office space presently shared by the social worker and dietitian are below DaVita standards in terms of square footage. There is no hallway between the offices and the HOME program to the storage area, and teammates must travel through the in-center hemodialysis treatment area, creating a potential infection control concern. There is also currently only one teammate restroom for 16 staff. There is no adjacent space within the building that houses the Existing Facility to expand the current footprint, and the landlord has failed to assist DaVita in making necessary updates to the Existing Facility.

The proposed site for the Replacement Facility is located approximately 3 miles from the current site, and will adequately serve Alton Dialysis's current and projected patient-base. The site of the Replacement Facility is in an end unit of a new strip mall, with its own side drop off area for patients and transportation companies. Patient safety will be enhanced, as the larger patient transport vehicles will be able to get closer to the building during drop off and pick up. Patients who drive will have more overall access to parking spaces and handicapped spaces. The increased size of the Replacement Facility will allow for a conference room, an enhanced water treatment room, as well as proper storage for all medical and office supplies. Finally, the rent at the Replacement Facility will be lower than at the Existing Facility. Thus, the Applicants decided to relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs.

**Section II, Discontinuation**  
**Criterion 1110.130(c), Impact on Access**

1. The relocation of the Existing Facility will not negatively impact access to care. To the contrary, it will improve access to life sustaining dialysis to DaVita's ESRD patient population by making it more accessible to patients and their families throughout Alton and surrounding communities. All existing patients are expected to transfer to the Replacement Facility. The Applicants seek authority from the Board to discontinue its existing 14-station dialysis facility at 3511 College Avenue, Alton, Illinois 62002 (the "Existing Facility") and establish a 14-station dialysis facility at 309 Homer Adams Parkway, Alton, Illinois 62002 (the "Replacement Facility"). The Replacement Facility will be approximately 3 miles, or 8 minutes, from the Existing Facility.
2. Documentation of the Applicant's request for an impact statement, which was sent to all in-center hemodialysis facilities within 45 minutes normal travel time of the Existing Facility is attached hereto. A list of facilities located within 45 minutes normal travel time is attached at Attachment – 10. See Appendices – 1 and 2 for documentation that DaVita sent requests for an impact statement to all in-center hemodialysis facilities within 45 minutes travel time.
3. To date, the Applicants have not received any impact statements regarding this project.

DaVita HealthCare Partners Inc. Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711		
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619		
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628		
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736		
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008			
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608		
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638		
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712		
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650		
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598		
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609		
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635		
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482			
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640		
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715		
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575		
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716		
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599		
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651		
Driftwood Dialysis	1808 SOUTH WEST AVE		FREERPORT	STEPHENSON	IL	61032-6712	14-2747		
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701		
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580		
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529		
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511		
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728		
Freeport Dialysis	1028 S KUNKLE BLVD		FREERPORT	STEPHENSON	IL	61032-6914	14-2642		
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509			
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537		
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698		
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622		
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633		
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581		
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636		

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685		
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717		
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552		
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666		
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768		
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582		
Lincoln Park Dialysis	3157 N LINCOLN AVE		CHICAGO	COOK	IL	60657-3111	14-2528		
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583		
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668		
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534		
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505		
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584		
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643		
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570		
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634		
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585		
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527		
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649		
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541		
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660		
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674		
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548		
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732		
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708		
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772		
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714		
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647		
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665		
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620		
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561		

DaVita HealthCare Partners Inc. Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654		
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753		
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740		
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741		
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742		
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544		
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586		
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590		
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733		
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615		
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661		
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718		
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639		
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587		
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767		
Timber Creek Dialysis	1001 S ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763		
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604		
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693		
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577		
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688		
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719		
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608			
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648		
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310		

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(a), Project Purpose, Background and Alternatives**

Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. The proposed project involves the discontinuation of a 14-station dialysis facility at 3511 College Avenue, Alton, Illinois 62002 and the establishment of a 14-station dialysis facility to be located at 309 Homer Adams Parkway, Alton, Illinois 62002.

DaVita HealthCare Partners Inc is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2013 Community Care report, some of which is outlined below, details DaVita's commitment to quality, patient centric focus and community outreach and was previously submitted with Proj. No. 14-024.

DaVita has taken on many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and end stage renal disease ("ESRD"). These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Information on the Kidney Smart, IMPACT and CathAway programs were previously submitted as part of the Applicants' application for Proj. No. 14-016. Seven recent press releases: "DaVita HealthCare Partners tops Denver Business Journal Healthiest Employer list," "DaVita Kidney Care Dietitians to Host Live Online Discussion on Managing Kidney – and Diabetes – friendly Diets," "500 Cyclists to Attend Eighth Annual Tour DaVita in Oregon," "DaVita Kidney Care Celebrates Thousands of Nephrology Nurses," "DaVita Kidney Care Offers Fall Cookbook," "DaVita HealthCare Partners Recognized by Congressional Black Caucus Foundation," and "DaVita Kidney Care Response Team Celebrates Decade of Success," are attached at Attachment – 11A.

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1988-1994 and 2005-2010, the overall prevalence estimate for CKD rose from 12.3 to 14.0 percent. The largest relative increase, from 25.4 to 40.8 percent, was seen in those with cardiovascular disease.<sup>1</sup>
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.<sup>2</sup>
- Nearly six times the number of new patients began treatment for ESRD in 2011 (approximately 116,000) versus 1980 (approximately 20,000).<sup>3</sup>
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 615,000 versus approximately 60,000).<sup>4</sup>
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.<sup>5</sup>
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.<sup>6</sup>
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.<sup>7</sup>

<sup>1</sup> US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 44 (2013).

<sup>2</sup> Id. at 46

<sup>3</sup> Id. at 158

<sup>4</sup> Id.

<sup>5</sup> Id. at 160

<sup>6</sup> Id.

<sup>7</sup> Id. at 161

- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-two percent of new ESRD patients in 2011, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 51 percent of those on hemodialysis began therapy with a catheter, compared to 19 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 30 percent began therapy with a fistula – five times higher than the rate among non-referred patients.<sup>8</sup>

Additionally, DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 65-75% of CKD Medicare patients have never been evaluated by a nephrologist.<sup>9</sup> Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may result in improved patient outcomes and reduce ESRD:

- Reduced GFR is an independent risk factor for morbidity and mortality,
- A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
- Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

To extend DaVita's CKD education and awareness programs to the Spanish-speaking population, DaVita launched its Spanish-language website (DaVita.com/Espanol) in November 2011. Similar to DaVita's English-language website, DaVita.com/Espanol provides easy-to-access information for Spanish-speaking kidney care patients and their families, including educational information on kidney disease, treatment options, and recipes.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. In fact, since piloting in October 2007, the program has not only shown to reduce mortality rates by 8 percent but has also resulted in improved patient outcomes.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of

<sup>8</sup> *Id.* at 216-217

<sup>9</sup> US Renal Data System, *USRDS 2011 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States*, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2011.

AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. Since the inception of the program, DaVita has achieved a 45 percent reduction in the number of "Day 90+" catheter patients. As of November 2013, DaVita's catheter use rate is at an all-time low with 13 percent of patients dialyzing at DaVita for 90 days or more with a catheter in place. DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers.

DaVita was recognized at the National Adult and Influenza Immunization Summit (NAIIS) as the national winner in the "Healthcare Personnel Campaign" category of the 2014 Immunization Excellence Awards. In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. As of March 15, DaVita achieved 100 percent compliance with its teammate immunization-or-mask directive, with more than 86 percent of teammates choosing vaccination. As of the same date, 92.2 percent of patients were vaccinated for the flu, marking the fourth consecutive year that DaVita's patient vaccination rates exceeded the U.S. Department of Health and Human Services Healthy People 2020 recommendations.

In an effort to improve patient outcomes and experience during dialysis, on May 13, 2014, DaVita announced the first delivery of hemodiafiltration in the United States. It is delivering hemodiafiltration treatments to select patients at its North Colorado Springs Clinic as part of a six-month trial program. Hemodiafiltration incorporates the standard hemodialysis process but adds an extra step to remove even larger toxin particles. It is commonly practiced in Europe but until recently there was no FDA approved device for use in the U.S. Over the next six months, DaVita clinical experts will determine whether there are improved outcomes of dialysis treatment and patient quality of life compared to hemodialysis.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities, and on May 5, 2014, DaVita's approach to integrated care was recognized with two Dorland Health "Case in Point" Platinum Awards for its Pathways Care Management and VillageHealth Integrated Care Management programs. The Dorland Health awards recognize the most successful and innovative case-management programs working to improve health care across the continuum.

Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, who specializes in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provide information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. In 2012 alone, the Patient Pathways program reduced renal-related readmission rates by more than 73 percent and saved partnering hospitals a total of 40,800 bed days and 18,500 acute dialysis treatments. Combined, these efficiencies reduced the country's 2012 health care costs by more than \$50 million. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

DaVita's transplant referral and tracking program ensures every dialysis patient is informed of transplant as a modality option and promotes access to transplantation for every patient who is interested and eligible for transplant. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204M in net savings to the American healthcare system in 2013.

DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. As of 2012, DaVita Rx patients have an 82% adherence rate, compared to those who use chain pharmacies and have a 32% adherence rate, and those who use independent pharmacies and have a 36% adherence rate. In addition, better adherence may lead to fewer hospitalizations for patients using DaVita Rx versus those patients not on this service. Hospitalizations (per member per 1000) was 1.4 for Non-DaVita Rx patients versus 1.0 for DaVita Rx patients in 2012.

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. In June 2013, DaVita received the prestigious Secretary of Defense Employer Support Freedom Award. Presented annually by the Employer Support of the Guard and Reserve ("ESGR"), an arm of the Department of Defense, the Freedom Award recognizes employers for outstanding support of employees who serve in the Guard and Reserve. It is the highest military-friendly award presented by the U.S. government. Nearly 3,000 employers were nominated for a Freedom Award in 2013. An awards committee composed of senior Department of Defense officials, business leaders and prior honorees selected just 15 companies to receive the 2013 Freedom Award. DaVita also received the 2013 award for Best Military Recruiting Program from ERE Media and was recognized this year with Top 100 Military Friendly Employer and 2013 Top 100 Military Friendly Spouse Employer awards from GI Jobs, a Most Valuable Employers award from CivilianJobs.com and a "Best for Vets" award from Military Times EDGE.

In April 2014, DaVita received three major national and local awards for its focus on its teammates: WorldBlu Most Democratic Workplaces, Top Workplaces Colorado and LearningElite Silver. For the seventh consecutive year, DaVita appeared on WorldBlu's list of most democratic work places. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the third consecutive year, WorkplaceDynamics also recognized DaVita as one of the top workplaces in Colorado, based on employee input. DaVita was named a Silver LearningElite organization for 2014 by *Chief Learning Officer* magazine for creating and implementing exemplary teammate development practices that deliver measurable business value. DaVita ranked No. 29 in a record breaking field of more than 200 companies. Finally, DaVita has been recognized as a one of *Fortune*® Magazine's Most Admired

Companies in 2014. DaVita ranked first overall among health care facilities and was the second highest-rated company in Colorado.

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Furthermore, it annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85% of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and is seeking LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease-awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees, or members of the "DaVita Village," assisted in these initiatives and have raised approximately \$5 million, thus far, through the annual Tour DaVita bicycle ride, with \$1 million coming in 2013 alone. The Kidney Rock 5K Run/Walk raised an estimated \$1 million for Bridge of Life – DaVita Medical Missions in 2011 and 2012, combined. DaVita continued its "DaVita Way of Giving" program in 2013 with teammates at clinics across DaVita's 43-state footprint selecting more than 1100 charities from Ronald McDonald House to small community-support entities in their local areas, to receive approximately \$1.2 million in contributions.

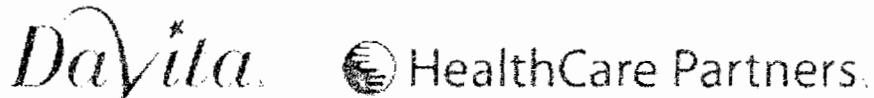
DaVita does not limit its community engagement to the U.S. alone. It founded Bridge of Life, a 501(c)(3) nonprofit organization that operates on donations to bring care to those for whom it is out of reach. In 2013, nearly 50 volunteers from Bridge of Life- DaVita Medical Missions™ worked to complete 15 missions in 11 countries, during which volunteers and partners helped to install or repair 77 dialysis machines and train more than 50 kidney care professionals, bringing treatment and quality care to an addition 420 people around the world.

1. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health 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.

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11B.

Dialysis facilities are currently not subject to State Licensure in Illinois.

2. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11C.
3. An authorization permitting the Illinois Health Facilities and Services Review Board ("HFSRB") 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; and the records of nationally recognized accreditation organizations is attached at Attachment – 11C.



## DaVita HealthCare Partners tops Denver Business Journal Healthiest Employer list

### DaVita HealthCare Partners ranks No. 1 in its category for 3rd consecutive year

DENVER, Aug. 18, 2014 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), a leading provider of kidney care and health care services, today announced it has been recognized by the *Denver Business Journal* as Metro Denver's healthiest extra-large employer. This is the third consecutive year the publication has recognized the company's commitment to teammate health and wellness with a first place rank in the Healthiest Employer award program.

The *Denver Business Journal* defines extra-large employers as those with a workforce of 950 or more. Since announcing that it would move its corporate headquarters to Denver in 2009, DaVita HealthCare Partners has added more than 1,200 jobs, and in the past two years, more than 14,000 teammates have traveled to Denver for education-related activities, generating millions of dollars for the local economy.

"We believe a healthy workplace begins with a culture of health awareness and accountability," said Cynthia Baxter, vice president of DaVita Kidney Care People Services. "In addition to health, dental and vision insurance and flexible health care spending accounts, we offer teammates an internal wellness program called Village Vitality that provides incentives for certain activities."

From fitness campaigns to reduced health care premiums to free biometric screenings, DaVita HealthCare Partners empowers teammates – and their families – to understand the implications of disease, learn their risk factors early, and take personal responsibility for their health.

For more information about DaVita HealthCare Partners' commitment to promoting healthy lifestyles, visit its [community care webpage](#).

The *Denver Business Journal's* Healthiest Employer awards are now in their fourth year. Key qualifying metrics include a tobacco-free workplace policy, health risk assessment and appraisal, incentives to modify unhealthy behaviors, and tracking absenteeism due to sickness.

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### About DaVita HealthCare Partners

DaVita HealthCare Partners Inc., a Fortune 500® company, is the parent company of DaVita and HealthCare Partners. DaVita is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of June 30, 2014, DaVita operated or provided administrative services at 2,119 outpatient dialysis centers located in the United States serving approximately 168,000 patients. The company also operated 84 outpatient dialysis centers located in 10 countries outside the United States. HealthCare Partners manages and operates medical groups and affiliated physician networks in Arizona, California, Nevada, New Mexico, and Florida in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. As of March 31, 2014, HealthCare Partners provided integrated care management for approximately 795,000 managed care patients. For more information, please visit [DaVitaHealthCarePartners.com](#).

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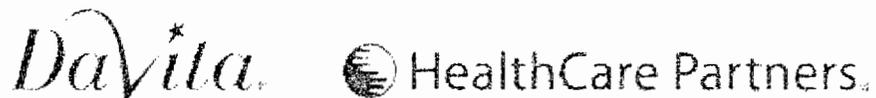
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SOURCE DaVita HealthCare Partners Inc.



## DaVita Kidney Care Dietitians to Host Live Online Discussion on Managing Kidney- and Diabetes-friendly Diets

DENVER, Sept. 4, 2014 /PRNewswire-USNewswire/ -- [DaVita Kidney Care](#), a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, will host an online Google+ Hangout on Air called "[Kidney Diet Tips: Diabetes Edition](#)" on Monday, Sept. 8 at 5:00 p.m. PT/8:00 p.m. ET. The online event will feature dietitians who specialize in kidney- and diabetes-friendly diets.

### **Kidney Diet Tips: Diabetes Edition**

Monday, Sept. 8

5:00 p.m. PT/8:00 p.m. ET

[Register and submit questions](#)

[Join the live event](#)

Diabetes causes nearly 40 percent of all cases of kidney failure and is the number one cause of chronic kidney disease (CKD).

A kidney-friendly diet typically requires restrictions around foods that contain high amounts of phosphorus, sodium and potassium. For those who also have diabetes, carbohydrate intake needs to be moderated to manage blood glucose levels and healthy fats emphasized for heart health. Because of these restrictions, managing diets can be complicated for those with both kidney disease and diabetes.

"Navigating dietary restrictions for a kidney diet alone can be difficult; if you have both kidney disease and diabetes, it's even harder," says Sara Colman, RDN, CDE, manager of nutrition at DaVita Kidney Care. "We want to provide an open forum where anyone who has kidney disease and diabetes can get their questions answered by specialized dietitians, no matter what stage of their diseases they are in."

The Google+ Hangout on Air will include a focused discussion about eating right for those with kidney disease and diabetes diets. Attendees can submit their questions about managing kidney- and diabetes-friendly diets by [pre-registering online](#), or by submitting a question live via comment during the Hangout on Air. Questions will be answered by a panel of three credentialed dietitians – Sara Colman, RDN, CDE; Megan Buckendahl RD; and Susan Zogheib, MHS, RD, LDN of DaVita Kidney Care.

This is the third diet-focused Google+ Hangout on Air hosted by DaVita Kidney Care. The last "[Kidney Diet Tips](#)" Google+ Hangout on Air was in July and was well- received by individuals impacted by chronic kidney disease.

The Google+ Hangout on Air is scheduled for 30 minutes, but any questions submitted that dietitians are unable to answer due to time constraints will be answered by a panel of DaVita Kidney Care dietitians on the [myDaVita.com Kidney Diet Tips forum](#) each Wednesday.

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### **About DaVita Kidney Care**

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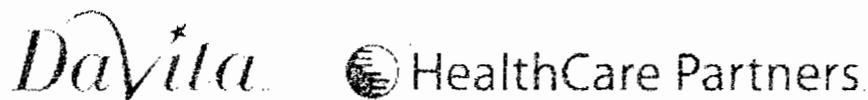
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SOURCE DaVita Kidney Care



## 500 Cyclists to Attend Eighth Annual Tour DaVita in Oregon

**Individuals Ride to Raise Awareness of Kidney Disease and Funds for Medical Missions During Three-Day Event**  
DENVER, Sept. 9, 2014 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), one of the nation's largest and most innovative health care communities, today announced that the eighth annual Tour DaVita® – a three-day, 250-mile bike ride to raise awareness of kidney disease and funds for medical missions in the United States and abroad – will kick off on September 14 at the Waterloo County Park in Lebanon, Oregon.

"For our riders, Tour DaVita has become more than just a cycling fundraiser," said Steve Priest, DaVita HealthCare Partners' chief wisdom officer and director of the event. "Every year, as it grows larger, we continue to raise awareness of kidney disease and funds for medical missions while celebrating our teammates and their commitment to caring for our patients. We are continually awed by our riders', teammates' and sponsors' dedication to this cause."

Tour DaVita 2014 will feature some of the most stunning scenery of the past seven years, with riders traveling through Oregon wine country and even taking their bikes on the Wheatland Ferry across the Willamette River during the ride. The event has the following itinerary for 2014:

Sept. 14 – Participants will ride a 73-mile loop in Lebanon and camp at Waterloo County Park in Lebanon

Sept. 15 – Participants will choose either a 71- or 100-mile route from Lebanon to Woodburn and camp in Centennial Park in Woodburn

Sept. 16 – Participants will choose either a 65- or 82-mile loop in Woodburn and camp in Centennial Park in Woodburn

Along the way, riders will pass through Foster, Sweet Home and Brownsville on day one; Waterloo, Corvallis, Crabtree, Aumsville, Silverton, Mt. Angel, Canby and Woodburn on day two; and Woodburn, Wheatland, Amity, Salem and St. Paul on day three.

This year, Tour DaVita riders include DaVita Kidney Care teammates, HealthCare Partners teammates, physicians, corporate sponsors and seven current DaVita Kidney Care dialysis patients, as well as two former DaVita Kidney Care dialysis patients who recently received kidney transplants.

To participate in Tour DaVita, riders each raise a minimum of \$750 in donations and pay their own travel expenses. Their individual fundraising combined with donations from DaVita HealthCare Partners and other corporate sponsorship is expected to contribute more than \$800,000 for the [DaVita Village Trust](#).

The DaVita Village Trust is an independent 501(c)(3) nonprofit organization founded by DaVita HealthCare Partners. Its mission is to improve kidney care and chronic kidney disease awareness while saving lives through early-detection testing, kidney care education and increased access to dialysis treatment in underserved communities around the world.

Participants also will volunteer during a Village Service Day at [Marion-Polk Food Share](#) in Salem, Oregon. Tour DaVita riders will bring nonperishable foods to donate as well as assist with food delivery to the local warehouse to support the nonprofit's mission to end hunger. The volunteer event will benefit residents in Polk and Marion counties in Oregon. DaVita HealthCare Partners hosts Village Service Days as part of its Trilogy of Care and is a way to give back to local communities. To learn more about the Trilogy of Care, visit [davita.com/csr](http://davita.com/csr).

Tour DaVita, which is organized by [Backroads](#), the "world's #1 active travel company™," has previously taken place in Tennessee/Alabama (2007), Wisconsin (2008), Michigan (2009), Washington State (2010), Connecticut/New York/Massachusetts (2011), Iowa (2012) and South Carolina (2013).

To date, Tour DaVita has helped raise more than \$5 million for nonprofits dedicated to raising awareness for kidney disease, providing kidney screenings and expanding access to dialysis care in developing countries. Participants have collectively ridden more than 533,000 miles over the course of seven years.

DaVita Kidney Care thanks [ASD Healthcare](#) for supporting Tour DaVita through its diamond sponsorship this year.

For more information about the eighth annual Tour DaVita, please visit [tourdavita.org](http://tourdavita.org) or Facebook at [facebook.com/tourdavita](https://facebook.com/tourdavita). For more information about the DaVita Village Trust, please visit [davitavillagetrust.org](http://davitavillagetrust.org). For more information on Backroads, please visit [backroads.com](http://backroads.com).

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#### **About DaVita HealthCare Partners**

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#### **About DaVita Village Trust**

DaVita Village Trust, an organization founded by DaVita HealthCare Partners, is improving kidney health and chronic kidney disease (CKD) awareness while saving lives through early-detection testing, kidney care education and increased access to dialysis treatment in underserved communities around the world. In 2014, DaVita Village Trust brought together two prominent kidney care non-profit organizations: Bridge of Life and The Kidney TRUST. The combination of these programs allows DaVita Village Trust to provide a full range of kidney care services including international medical missions that deliver dialysis treatment to patients who would otherwise not receive care and free-rapid screening programs to identify those who have signs of kidney impairment within the U.S. and abroad.

#### **Media:**

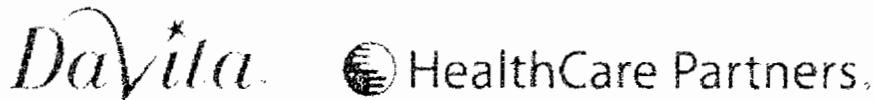
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SOURCE DaVita HealthCare Partners Inc.



## DaVita Kidney Care Celebrates Thousands of Nephrology Nurses

### Nurses Serve as the Heart of Care Delivery

DENVER, Sept. 18, 2014 /PRNewswire/ -- [DaVita Kidney Care](#), a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, recognizes its over 13,000 nephrology nurses during Nephrology Nurses Week, Sept. 14-20, 2014.

Nephrology nurses are part of a dedicated clinical team that specializes in providing life-sustaining care for patients with kidney disease or abnormal kidney function. Nephrology Nurses Week, established by the American Nephrology Nurses' Association ([ANNA](#)), was created to highlight the nurses within this specialty and the positive impact they have on their patients.

"Our nephrology nurses coordinate patients' treatments across the care continuum," said Javier Rodriguez, CEO of DaVita Kidney Care. "They strive to deliver not only the highest quality of clinical care but also genuine compassion for the patients they serve. This week we pause and recognize the good work they do every single day and express our gratitude for all they do as integral members of our team."

DaVita Kidney Care understands that having passionate and committed nephrology nurses is an important component to improving the overall quality of life for patients, as well as providing the very best outcomes. As a result, DaVita Kidney Care has improved its clinical outcomes for 14 consecutive years.

Contributing to its nurses' ongoing professional development is another way DaVita recognizes and supports its nephrology nurses in keeping up with industry best practices throughout the year. The company invests more than \$6 million each year to produce over 500,000 hours of continuing education credits for its nurses, which are accessible to DaVita Kidney Care nephrology nurses free of charge in the form of live or online courses and articles.

"Commitment to lifelong learning is part of being a great nurse. Nephrology nurses have to stay on top of new innovations and hone their practice. It's yet another reason why our nurses are so incredible; they never stop learning," said Carolyn Kibler, group vice president at DaVita HealthCare Partners Inc.

Kidney disease is the ninth-leading cause of death in the United States. In fact, more than 20 million adults age 20 or older have kidney disease and are unaware of it. Learn more about kidney disease at [www.davita.com](http://www.davita.com).

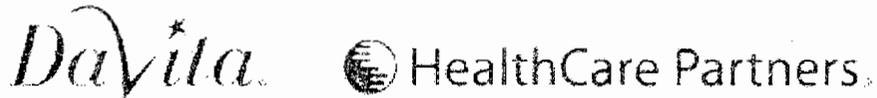
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## DaVita Kidney Care Offers Fall Cookbook

### New Kidney Friendly Recipes Available

DENVER, Oct. 6, 2014 /PRNewswire-USNewswire/ -- [DaVita Kidney Care](#), a division of DaVita HealthCare Partners (NYSE: DVA) and a leading provider of kidney care services announced the availability of its fall cookbook, a collection that incorporates recipes with fall fruit and vegetables as well as whole grains that can be included in kidney diet recipes.

"As days and evenings become chilly, cravings for warm, hearty dishes increase," said Sara Colman, RDN, CDE, manager for DaVita.com nutrition. "The change of season gives kidney patients a chance to incorporate new recipes for the season into their meal plans."

The fall recipe book is part of the DaVita Kidney Care [Health Portal](#) and [DaVita Diet Helper](#) campaign to increase awareness of these health management tools. DaVita Kidney Care patients who register for the Health Portal from September through the end of the year will receive a copy of the cookbook.

The cookbook is also free and available to download from DaVita.com on Oct. 6, 2014. Some top recipe suggestions are below.

- [Individual Frittatas](#)
- [Easy Turkey Sloppy Joes](#)
- [Turkey, Wild Rice and Mushroom Soup](#)
- [Beef Stew with Carrots and Mushrooms](#)
- [Apple Cake](#)

An estimated 20 million U.S. adults have chronic kidney disease (CKD), which can progress to end stage renal disease (ESRD). Most are unaware of their condition, as the disease is often symptomless until the kidneys fail. Groups at highest risk for ESRD include those with diabetes or hypertension, as well as older adults, African Americans, Hispanics and Native Americans.

To find out more about DaVita Kidney Care, call 1-800-400-8331 or visit [DaVita.com](#)

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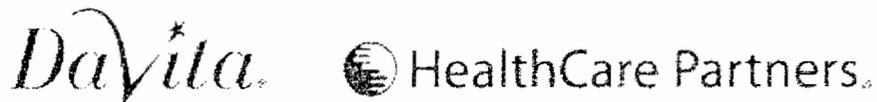
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SOURCE DaVita Kidney Care



## DaVita HealthCare Partners Recognized by Congressional Black Caucus Foundation

### Company honored for commitment to improving health for medically, financially vulnerable

WASHINGTON, Oct. 7, 2014 /PRNewswire/ -- [DaVita HealthCare Partners Inc.](#) (NYSE: DVA), one of the nation's largest and most innovative health care communities, was recently recognized by the Congressional Black Caucus (CBC) Foundation with the 2014 CBC Fall Health Braintrust Corporate Leadership Award.

In a letter to DaVita HealthCare Partners Chairman and CEO Kent Thiry from Congresswoman Donna M. Christensen, the chairwoman of the CBC Health Braintrust, she stated that the company was being recognized for its "visionary leadership and incredible commitment to helping improve the health, health care and thus life opportunities for millions of our nation's most medically and financially vulnerable residents."

"Mr. Thiry, your vision and willingness to leverage your incredible company to be a genuine and meaningful part of the health equity solution has had a direct and positive impact on the millions of racial and ethnic minority, low-income and rural Americans who need dialysis to manage their conditions and protect their wellbeing," adds Rep. Christensen.

"We are very proud of the partnership that we have had with the Congressional Black Caucus Foundation and the CBC Health Braintrust throughout the years," said Thiry. "We are honored to accept this corporate leadership award because it recognizes the commitment of nearly 60,000 teammates who have dedicated their lives to improving the quality of life to patients all over the world."

The award was presented to DaVita HealthCare Partners at the 2014 CBC Fall Health Braintrust luncheon in Washington, D.C., on September 26.

### About DaVita HealthCare Partners

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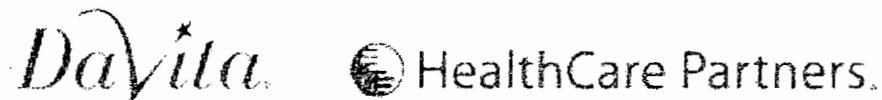
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SOURCE DaVita HealthCare Partners Inc.



## Dr. Lorne Holland Joins DaVita Labs as Chief Lab Officer

### CLO Oversees All Medical, Clinical Operations for DaVita Labs

DELAND, Fla., Oct. 13, 2014 /PRNewswire/ -- [DaVita](#) Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, today announced that [DaVita Labs](#), the diagnostic laboratory servicing both dialysis organizations and physician practices, has named Lorne L. Holland, M.D., M.B.A., as its new chief laboratory officer (CLO).

As chief lab officer, Dr. Holland will provide clinical leadership, direction and oversight of DaVita Labs' delivery of more than 47 million laboratory tests each year – a number that has grown by nearly 15 percent since the beginning of 2012. Dr. Holland will be responsible for the overall quality of the laboratory testing and will establish standards of care for clinical laboratory services and the delivery of customer care.

"At DaVita Kidney Care we are committed to improving all aspects of the patient experience, and that includes the critical behind-the-scenes work that supports all of our patients," said Mike Staffieri, chief operating officer for DaVita Kidney Care. "DaVita Labs plays an integral role in supporting patients and Dr. Holland brings an outstanding résumé of medical directorship responsibilities that have produced clinical excellence and driven operational efficiencies for multiple large-scale laboratories."

Prior to joining DaVita Labs, Dr. Holland served as a medical director for the West Region of Quest Diagnostics, which earned the prestigious Gambino Challenger Award this year in recognition of its outstanding commitment to quality. Before that, he held medical directorship positions at PathGroup, a regional reference laboratory providing clinical and anatomic pathology services, and at the University of Colorado Hospital.

"Dr. Holland brings not only medical and clinical experience, but also measurable business acumen to DaVita Labs," said Jason Cline, general manager of DaVita Labs. "As we expand our laboratory operations and increase the services we offer, Dr. Holland will be an invaluable partner in driving clinical excellence while at the same time maximizing operational efficiencies."

Dr. Holland earned a bachelor's degree in biology at Concordia College in Moorhead, Minnesota; an MBA at Amberton University in Dallas; a master's degree in pharmaceutical science from North Dakota State University; a doctorate of medicine at the University of Illinois; and is board certified in clinical pathology, transfusion medicine, and clinical chemistry.

### About DaVita Labs

DaVita Labs provides quality, on-time, accurate results to help effectively identify and manage kidney patients across the nation. As a cutting-edge chronic kidney disease (CKD) specialty laboratory, DaVita Labs features the latest in end stage renal disease-specific methodology and technology for delivering quality dialysis test results. DaVita Labs is fully accredited by the federal and state governmental agencies and the College of American Pathologists. For more information, please visit <http://www.dvalab.com/> or call (877) 200-3181.

### About DaVita Kidney Care

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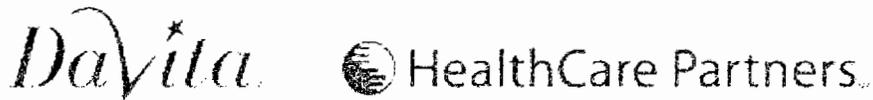
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SOURCE DaVita HealthCare Partners Inc.



## DaVita Kidney Care Response Team Celebrates Decade of Success

### DaVERT Minimizes Impact of Disasters on Kidney Care Community

DENVER, Oct. 15, 2014 /PRNewswire/ -- [DaVita](#) Kidney Care, a division of DaVita HealthCare Partners Inc. (NYSE: DVA) and a leading provider of kidney care services, is celebrating the 10-year anniversary of the DaVita Village Emergency Response Team's (DaVERT) preparation for and response to various natural and manmade disasters that have impacted kidney care patients around the country.

"While no one ever wants to think about disaster striking, the simple truth is that we are all vulnerable to becoming victims of some type of natural disaster or emergency situation, and dialysis patients are at special risk because they need life-sustaining treatments several times weekly," said Shaun Collard, vice president of clinical operations and executive director of DaVERT. "Thousands of people are affected by disasters each and every year, but DaVERT is dedicated to helping minimize the impact on the health care community."

Over the past decade, numerous natural disasters have interrupted the operation of dialysis clinics across the U.S., impacting the delivery of life-sustaining treatments to thousands of dialysis patients. In response, DaVita Kidney Care formed DaVERT, a group of clinical and operations experts from around the country, to help protect the safety and quality of life for our patients during times of emergency.

### A Decade of DaVERT Protection

Over the past 10 years, DaVERT has minimized the effect of numerous patient-impacting events that gained local, regional and even national attention, including these disruptive natural disasters, which collectively caused billions of dollars of damage to the impacted areas:

- Four Florida Hurricanes – 2004
- Hurricanes Katrina and Wilma – 2005
- Hurricane Ike – 2008
- Hurricane Sandy – 2012
- California fires – 2013
- Colorado floods – 2013
- Numerous winter snowstorms throughout the years, including Nemo in 2013 and the Gulf Coast in 2014

"When we were assessing the kidney care landscape a decade ago, there was a universal agreement that there was a gap with regard to emergency preparedness and disaster response and determined that there was a significant need to create a team to fill this gap," said Tom Bradsell, founder of DaVERT and manager of the program. "There was no legislative or regulatory mandate requiring us to create an emergency preparedness program, just an unyielding goal of lessening the impact of potentially disruptive occurrence on our patients. And as the needs of our patients have grown, DaVERT has grown with them."

DaVERT helps prepare clinical and corporate teammates; reinforce policies and procedures; and educate and notify patients prior to and during weather emergencies. The team takes inventory of the facility and its supplies, protects the integrity of the facility and biohazard storage, and prepares for on-site support of any potential operations interruptions (e.g., bringing in generators to restore power). DaVERT also practices and educates teammates on facility evacuation procedures.

### How Dialysis Patients Can Prepare Themselves

When a widespread emergency or disaster happens, patients are encouraged to begin a [three-day emergency diet](#) immediately to limit the amount of fluid and waste their body accumulates. DaVita also recommends that patients keep a copy of the diet with emergency supplies as a guide.

Visit [DaVita.com](#) to see the [full three-day emergency diet](#) and additional emergency preparedness information, including:

- [Emergency preparedness for people with kidney disease](#)

- [Preparing for the unexpected with home dialysis](#)
- [Diabetes Emergency Plan](#)

For additional questions, or for assistance during a weather-related event, call DaVita Guest Services at 1-800-400-8331.

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SOURCE DaVita

DaVita HealthCare Partners Inc.									
Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711		
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619		
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628		
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736		
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008			
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608		
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638		
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712		
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650		
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598		
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609		
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635		
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482			
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640		
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715		
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575		
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716		
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599		
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651		
Driftwood Dialysis	1808 SOUTH WEST AVE		FREERPORT	STEPHENSON	IL	61032-6712	14-2747		
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701		
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580		
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529		
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511		
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728		
Freeport Dialysis	1028 S KUNKLE BLVD		FREERPORT	STEPHENSON	IL	61032-6914	14-2642		
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509			
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537		
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698		
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622		
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633		
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581		
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636		

DaVita HealthCare Partners Inc. Illinois Facilities									
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number		
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654		
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753		
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740		
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741		
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742		
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544		
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586		
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590		
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733		
Stonycreek Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615		
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661		
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718		
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639		
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587		
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEVELL	IL	61554	14-2767		
Timber Creek Dialysis	1001 S ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763		
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604		
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693		
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577		
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688		
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719		
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608			
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648		
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310		

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

Dear Chairwoman Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita HealthCare Partners Inc. or DVA Renal Healthcare, Inc. in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,



Print Name: Arturo Sida  
Its: Vice President, Associate General Counsel and  
Assistant Corporate Secretary  
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This \_\_\_ day of \_\_\_\_\_, 2014

*See Attached*

\_\_\_\_\_  
Notary Public

State of California

County of Los Angeles

On October 21, 2014 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

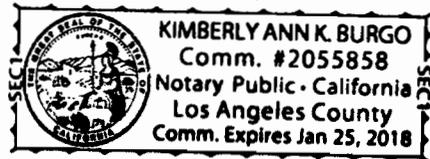
personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Kimberly Ann K. Burgo*



(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Secretary's Certificate - Ltr to K. Olson

Document Date: October 21, 2014 Number of Pages: one (1)

Signer(s) if Different Than Above: No

Other Information: \_\_\_\_\_

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): Arturo Sida

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Vice President, Associate General Counsel and Assistant Corporate Secretary

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc. / Alton Dialysis

**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(b), Project Purpose, Background and Alternatives**

Purpose of the Project

1. The Applicants propose to relocate the Existing Facility located at 3511 College Avenue, Alton, Illinois 62002 approximately 3 miles, or 8 minutes to 309 Homer Adams Parkway, Alton, Illinois 62002 (the "Replacement Facility").

The Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modern facility. The Existing Facility has physical plant issues primarily tied to the water treatment room. The water treatment room is outdated and in need of a complete overhaul. The central water plant/reverse osmosis system is 19 years old, or two years past its typical lifespan. The manufacturer has ceased production of this particular water system, and it is often difficult and at times impossible to obtain replacement parts to repair the water system. IDPH has grandfathered this water system as an existing unit; however, the Illinois State Plumbing Code prohibits this type of water system to be installed today.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 14 in-center hemodialysis stations, as well as 2 HOME therapy training rooms and a storage area all combined in approximately 5,500 GSF. As a result, the treatment chairs are extremely close together, and the space is inadequate to accommodate projected growth. The facility also has no dedicated conference room and the office space presently shared by the social worker and dietitian are below DaVita standards in terms of square footage. There is no hallway between the offices and the HOME program to the storage area, and teammates must travel through the in-center hemodialysis treatment area, creating a potential infection control concern. There is also currently only one teammate restroom for 16 staff. There is no adjacent space within the building that houses the Existing Facility to expand the current footprint, and the landlord has failed to assist DaVita in making necessary updates to the Existing Facility

There is limited space for transportation drop off and pick up as the Existing Facility shares a parking lot and driveway with a foot clinic, and an Edward Jones office. The drop off / pick up location is inconvenient for patients and those transporting them to and from their dialysis treatments. The configuration of the parking lot prohibits larger patient transport vehicles (buses/vans) from dropping patients off and picking them up at the entrance to the building. To avoid blocking the driveway for other business, drivers must park across the parking lot and push patient wheelchairs up an incline. This is especially difficult during inclement weather. On several occasions, the Alton police department has been called while the drivers escort patients to and from treatment because their vehicles block the driveway.

The site of the Replacement Facility was selected due to its proximity to the Existing Facility, the necessary space it provides for current and future expansion needs, as well as the parking availability for patients, staff, and vendors. The proposed Replacement Facility will create numerous operational and logistical efficiencies.

The Replacement Facility is needed to serve the growing demand for dialysis services in the area. Currently, the Existing Facility serves 68 in-center ESRD patients. Suresh Mathew, M.D., the Medical Director for Alton Dialysis, anticipates all 68 current patients will transfer to the Replacement Facility. The existing facility's 68 current patients represents an 81% utilization rate, which exceeds the State's 80% standard. As the facility's utilization rate exceeded the State's 80% standard continuously for greater than one year, no pre-ESRD patient data is provided with this application.

As shown in Attachment – 12A, including the Existing Facility for Alton Dialysis, there are currently 6 existing or approved dialysis facilities within 30 minutes normal travel time of the proposed location of

the Replacement Facility. As collected and reported by the Staff of the IHFSRB, the ESRD utilization for existing and approved facilities for the quarter ended June 30, 2014 is 69.6%.

2. A map of the market area for the proposed facility is attached at Attachment – 12B. The market area encompasses an approximate 15 mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 20 minutes normal travel time to Brighton, Illinois.
- Northeast approximately 30 minutes normal travel time to Bunker Hill, Illinois.
- East approximately 30 minutes normal travel time to Worden, Illinois.
- Southeast approximately 30 minutes normal travel time to Glen Carbon, Illinois.
- South approximately 30 minutes normal travel time to Granite City, Illinois.
- Southwest approximately 10 minutes normal travel time to the Mississippi River.
- West approximately 15 minutes normal travel time to the Mississippi River.
- Northwest approximately 25 minutes normal travel time to East Newbern, Illinois.

3. Source Information

The Renal Network, ZIP Code Report, September 30,2014.

U.S. Census Bureau, American FactFinder, Fact Sheet, *available* at [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en) (last visited October 7, 2014).

US Renal Data System, USRDS 2011 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2011.

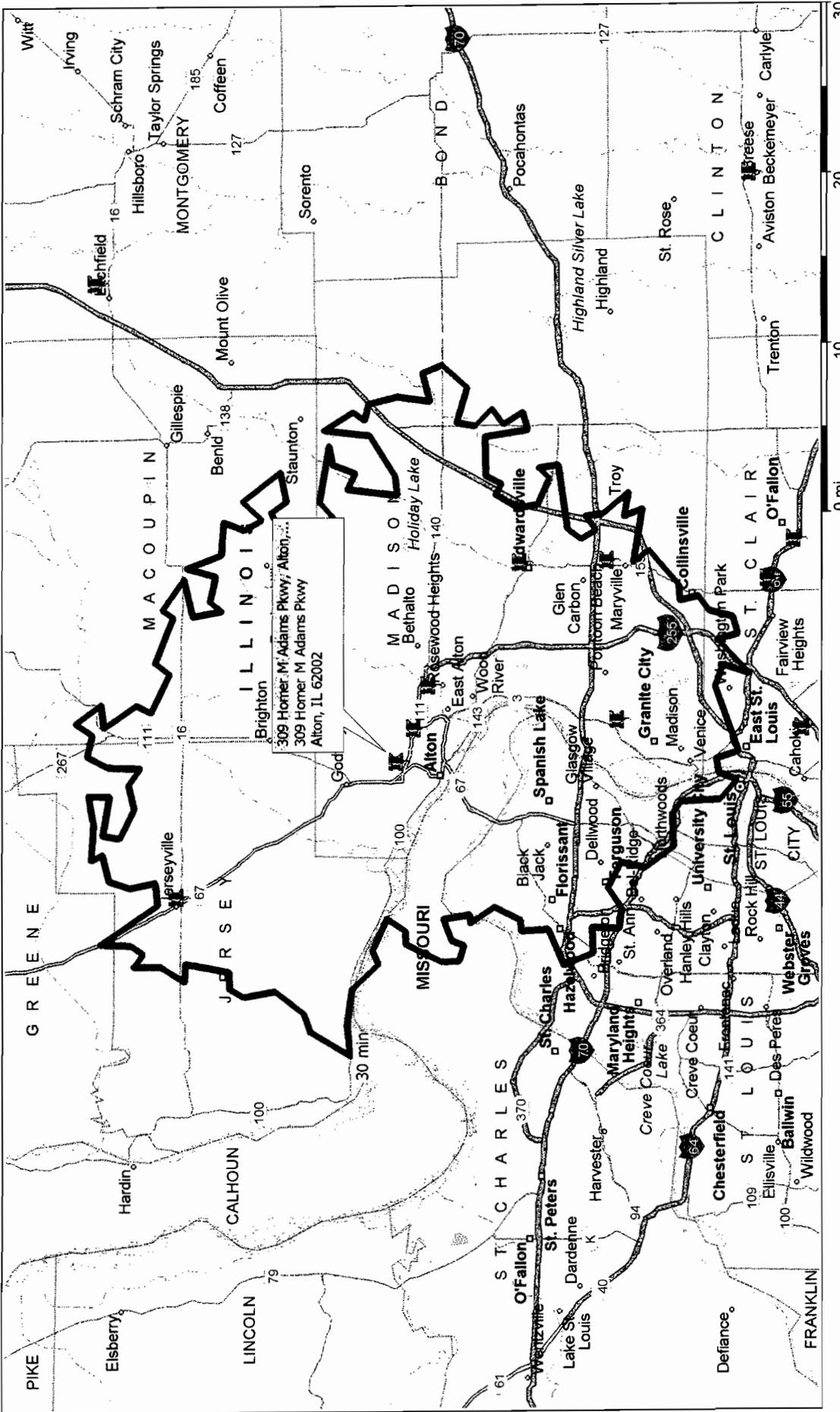
US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2013.

4. As stated above, the Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modern facility. The Replacement Facility will create numerous operational and logistical efficiencies. The increased size will allow for a conference room, an enhanced water treatment room, as well as proper storage for all medical and office supplies. The site of the Replacement Facility is in an end unit of a new strip mall, with its own side drop off area for patients and transportation companies. Patient safety will be enhanced, as the larger patient transport vehicles will be able to get closer to the building during drop off and pick up. Patients who drive will have more overall access to parking spaces and handicapped spaces. Thus, the Applicants decided to relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs.
5. The Applicants anticipate the proposed facility will have quality outcomes comparable to other DaVita facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.

Table 1110.230(b)

Facility	Address	City	State	Zip Code	Adjusted Drive Time	06-30-2014_Patients	06-30-2014 Utilization
Granite City Dialysis	9 American Village	Granite City	Illinois	62040	24.15	78	0.65
Alton	3511 College Avenue	Alton	Illinois	62002	1.15	68	0.8095
BMA - Southern Illinois Dialysis Center	Ill. Rte 3 & 143, Eastgate Plaza	East Alton	Illinois	62024	10.35	62	0.5439
Jerseyville Dialysis	917 S. State Street	Jerseyville	Illinois	62052	28.75	30	0.7143
Maryville Dialysis	2130 Vadalaberne Drive	Maryville	Illinois	62062	29.9	64	0.8889
Edwardsville Dialysis	235 South Buchanan St.	Edwardsville	Illinois	62025	23	32	0.6667

309\_Homer\_Adams\_Parkway\_Alton\_IL\_62002\_30\_Min\_GSA



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**Section III, Project Purpose, Background and Alternatives – Information Requirements**  
**Criterion 1110.230(c), Project Purpose, Background and Alternatives**

Alternatives

The Applicants explored several options prior to determining to relocate Alton Dialysis. After exploring the options below in detail, the Applicants determined to relocate the Existing Facility in order to create operational efficiencies. A review of each of the options considered and the reasons they were rejected follows.

Do Nothing

The Existing Facility is suboptimal for both patients and staff. The Existing Facility has physical plant issues primarily tied to the water treatment room. The water treatment room is outdated and in need of a complete overhaul. The central water plant/reverse osmosis system is 19 years old, or two years past its typical lifespan. The manufacturer has ceased production of this particular water system, and it is often difficult and at times impossible to obtain replacement parts to repair the water system. IDPH has grandfathered this water system as an existing unit; however, the Illinois State Plumbing Code prohibits this type of water system to be installed today.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 14 in-center hemodialysis stations, as well as 2 HOME therapy training rooms and a storage area all combined in approximately 5,500 GSF. As a result, the treatment chairs are extremely close together, and the space is inadequate to accommodate projected growth. The facility also has no dedicated conference room and the office space presently shared by the social worker and dietitian are below DaVita standards in terms of square footage. There is no hallway between the offices and the HOME program to the storage area, and teammates must travel through the in-center hemodialysis treatment area, creating a potential infection control concern. There is also currently only one teammate restroom for 16 staff. There is no adjacent space within the building that houses the Existing Facility to expand the current footprint, and the landlord has failed to assist DaVita in making necessary updates to the Existing Facility.

There is limited space for transportation drop off and pick up as the Existing Facility shares a parking lot and driveway with a foot clinic, and an Edward Jones office. The drop off / pick up location is inconvenient for patients and those transporting them to and from their dialysis treatments. The configuration of the parking lot prohibits larger patient transport vehicles (buses/vans) from dropping patients off and picking them up at the entrance to the building. To avoid blocking the driveway for other business, drivers must park across the parking lot and push patient wheelchairs up an incline. This is especially difficult during inclement weather. On several occasions, the Alton police department has been called while the drivers escort patients to and from treatment because their vehicles block the driveway.

The rent at the Existing Facility is higher than rent for the Replacement Facility and the lack of landlord assistance prevents many updates to the current location. Thus, the Applicants decided to relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs.

There is no capital cost with this alternative.

Renovate the Existing Facility

The Applicants considered renovating the Existing Facility. However, many of the issues identified cannot be addressed through renovation. The Existing Facility houses 14 in-center hemodialysis stations, as well as 2 HOME therapy training rooms and a storage area all combined in approximately 5,500 GSF. As a result, the treatment chairs are extremely close together, and the space is

inadequate to accommodate projected growth. The facility also has no dedicated conference room and the office space presently shared by the social worker and dietitian are below DaVita standards in terms of square footage. There is no hallway between the offices and the HOME program to the storage area, and teammates must travel through the in-center hemodialysis treatment area, creating a potential infection control concern. There is also currently only one teammate restroom for 16 staff. There is no adjacent space within the building that houses the Existing Facility to expand the current footprint, and the landlord has failed to assist DaVita in making necessary updates to the Existing Facility.

Further, due to the size of the facility, the Applicants cannot implement a phased renovation, which would allow ongoing operation of the Existing Facility during construction. As a result, the 68 patients would need to be transferred to other facilities in the area; however, the existing facilities in the area do not have sufficient capacity to accommodate the Existing Facility's patients.

Thus, the Applicants decided to relocate to a modern facility with an updated functional design and space to expand, to address the growing need for dialysis services in the community, to better address its patients' needs and improve access to a broader patient-base.

#### Utilize Existing Facilities

This project proposes the discontinuation of an existing 14 station dialysis facility and the establishment of a 14 station dialysis facility. The purpose of this project is to address physical plant issues that cannot be rectified at the Existing Facility and not to add capacity to the planning area. As of June 30, 2014, the Existing Facility was operating at 81% capacity, treating 68 in-center ESRD patients. Suresh Mathew, M.D., the Medical Director for Alton Dialysis, anticipates all 68 current patients will transfer to the Replacement Facility. Accordingly, the Replacement Facility can accommodate the current ESRD patient without utilizing existing facilities.

In lieu of relocating the Existing Facility, the Applicants could elect to discontinue the Existing Facility and transfer its patients to existing facilities in the geographic service area. This option is not feasible as there is insufficient capacity in the area to accommodate all of the Existing Facility's patients. As shown in Attachment – 12A, there are currently 5 existing or approved dialysis facilities, excluding the Existing Facility, within 30 minutes normal travel time of the proposed location of the Replacement Facility. As of June 30, 2014, average utilization of these facilities was 67%. Collectively, these facilities cannot accommodate all of the Existing Facilities patients.

There is no capital cost with the alternative of utilizing existing facilities. However, due to the lack of capacity to accommodate all of the Existing Facility's patients, this alternative was rejected.

#### Relocate Alton Dialysis

The Applicants determined that the most effective and efficient way to address the physical plant issues at the Existing Facility and to serve its patients is to relocate the existing facility. The proposed site for the Replacement Facility is located approximately 3 miles from the current site, and will adequately serve Alton Dialysis's patient-base. The Replacement Facility will create numerous operational and logistical efficiencies. The increased size will allow for a conference room, an enhanced water treatment room, as well as proper storage for all medical and office supplies. The site of the Replacement Facility is in an end unit of a new strip mall, with its own side drop off area for patients and transportation companies. Patient safety will be enhanced, as the larger patient transport vehicles will be able to get closer to the building during drop off and pick up. Patients who drive will have more overall access to parking spaces and handicapped spaces. Thus, the Applicants decided to relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs.

The cost associated with this option is **\$2,793,928**.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(a), Size of the Project**

The Applicants propose to relocate an existing dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard allows for a maximum of 5,040 to 7,280 gross square feet for 14 dialysis stations. The total gross square footage of the proposed dialysis facility is 7,008 gross square feet (or 500.57 GSF per station). Accordingly, the proposed Replacement Facility meets the State standard.

Table 1110.234(a) SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	7,008 GSF	5,040 - 7,280 GSF	N/A	State Standard Met

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(b), Project Services Utilization**

By the second year of operation, the proposed facility's annual utilization will meet HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week.

As of June 30, 2014, Alton Dialysis was operating at 81% utilization (or 68 patients). Suresh Mathew, M.D., the Medical Director for Alton Dialysis, anticipates all 68 current patients will transfer to the Replacement Facility. As the facility's utilization rate exceeded the State's 80% standard continuously for greater than one year, no pre-ESRD patient data is provided with this application. See Appendix – 3.

	<b>Dept./ Service</b>	<b>Historical Utilization (Treatments)</b>	<b>Projected Utilization</b>	<b>State Standard</b>	<b>Met Standard?</b>
<b>2011</b>	ESRD	9,220	N/A	10,483	No
<b>2012</b>	ESRD	9,435	N/A	10,483	No
<b>2013</b>	ESRD	9,760	N/A	10,483	No
<b>2014 Projected</b>	ESRD	N/A	9,656	10,483	No
<b>2015 Projected</b>	ESRD	N/A	10,132	10,483	No
<b>2016 Projected</b>	ESRD	N/A	10,608	10,483	Yes

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(c), Unfinished or Shell Space**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.234(d), Assurances**

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(b), Planning Area Need**

1. Planning Area Need

The Applicants propose to relocate its existing 14-station dialysis facility located at 3511 College Avenue, Alton, Illinois 62002 approximately 3 miles, or 8 minutes to 309 Homer Adams Parkway, Alton, Illinois 62002. The Existing Facility is suboptimal for both patients and staff. As the Applicant does not own the building, it has determined that it will be better able to serve the needs of its patients if the service is relocated to a modern facility. The Existing Facility has physical plant issues primarily tied to the water treatment room. The water treatment room is outdated and in need of a complete overhaul. The central water plant/reverse osmosis system is 19 years old, or two years past its typical lifespan. The manufacturer has ceased production of this particular water system, and it is often difficult and at times impossible to obtain replacement parts to repair the water system. IDPH has grandfathered this water system as an existing unit; however, the Illinois State Plumbing Code prohibits this type of water system to be installed today.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 14 in-center hemodialysis stations, as well as 2 HOME therapy training rooms and a storage area all combined in approximately 5,500 GSF. As a result, the treatment chairs are extremely close together, and the space is inadequate to accommodate projected growth. The facility also has no dedicated conference room and the office space presently shared by the social worker and dietitian are below DaVita standards in terms of square footage. There is no hallway between the offices and the HOME program to the storage area, and teammates must travel through the in-center hemodialysis treatment area, creating a potential infection control concern. There is also currently only one teammate restroom for 16 staff. There is no adjacent space within the building that houses the Existing Facility to expand the current footprint, and the landlord has failed to assist DaVita in making necessary updates to the Existing Facility.

There is limited space for transportation drop off and pick up as the Existing Facility shares a parking lot and driveway with a foot clinic, and an Edward Jones office. The drop off / pick up location is inconvenient for patients and those transporting them to and from their dialysis treatments. The configuration of the parking lot prohibits larger patient transport vehicles (buses/vans) from dropping patients off and picking them up at the entrance to the building. To avoid blocking the driveway for other business, drivers must park across the parking lot and push patient wheelchairs up an incline. This is especially difficult during inclement weather. On several occasions, the Alton police department has been called while the drivers escort patients to and from treatment because their vehicles block the driveway.

The site of the Replacement Facility was selected due to its proximity to the Existing Facility, the necessary space it provides for current and future expansion needs, as well as the parking availability for patients, staff, and vendors. The proposed Replacement Facility will create numerous operational and logistical efficiencies.

The proposed site for the Replacement Facility is located approximately 3 miles from the current site, and will adequately serve Alton Dialysis's current and projected patient-base. The Replacement Facility will create numerous operational and logistical efficiencies. The increased size will allow for a conference room, an enhanced water treatment room, as well as proper storage for all medical and office supplies. The site of the Replacement Facility is in an end unit of a new strip mall, with its own side drop off area for patients and transportation companies. Patient safety will be enhanced, as the larger patient transport vehicles will be able to get closer to the building during drop off and pick up. Patients who drive will have more overall access to parking spaces and handicapped spaces. Thus, the Applicants decided to relocate to a modern

facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs.

Currently, the Existing Facility serves 68 in-center ESRD patients. Suresh Mathew, M.D., the Medical Director for Alton Dialysis, anticipates all 68 current patients will transfer to the Replacement Facility. The existing facility's 68 current patients represents an 81% utilization rate, which exceeds the State's 80% standard. As the facility's utilization rate exceeded the State's 80% standard continuously for greater than one year, no pre-ESRD patient data is provided with this application. See Appendix – 3

The relocation of Alton Dialysis is necessary to meet the dialysis needs of these patients, and will allow for safer and more optimal treatment times for patients.

2. Service to Planning Area Residents

The primary purpose of this project is address the physical plant issues at the Existing Facility and create a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs. The Existing Facility is currently treating 68 ESRD patients. As evidenced in the physician referral letter attached at Appendix – 3, all 68 current patients are expected to transfer to the proposed facility.

3. Service Demand – Establishment of In-Center Hemodialysis Service

The Existing Facility is currently treating 68 ESRD patients (or 81% utilization). Suresh Mathew, M.D., the Medical Director for Alton Dialysis, anticipates all 68 current patients will transfer to the Replacement Facility. As the Existing Facility's utilization rate exceeded the State's 80% standard continuously for greater than one year, no pre-ESRD patient data is provided with this application. See Appendix – 3.

4. Service Accessibility

As set forth throughout this application, the primary purpose of this project is address the physical plant issues at the Existing Facility and create a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs. The Existing Facility is in need of repair and cannot adequately serve patient needs. The Replacement Facility will allow for future expansion of in-center hemodialysis stations, as well as the addition of a third training room dedicated to home hemodialysis, which will provide patients with more alternatives to conventional in-center hemodialysis.

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution**

1. Unnecessary Duplication

- a. The proposed dialysis facility will be located at 309 Homer Adams Parkway, Alton, Illinois 62002. A map of the Alton Dialysis market area is attached at Attachment – 26A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(c)(1)(A) below.

<b>Table 1110.1430(c)(1)(A)</b>		
<b>Population of Zip Codes within 30 Minutes of Proposed Facility</b>		
<b>Zip Code</b>	<b>City</b>	<b>Population</b>
62090	VENICE	1,189
62028	ELSAH	1,276
62035	GODFREY	16,494
62040	GRANITE CITY	43,735
62048	HARTFORD	1,459
62087	SOUTH ROXANA	2,087
62084	ROXANA	1,606
62002	ALTON	32,704
62095	WOOD RIVER	11,237
62024	EAST ALTON	9,775
62018	COTTAGE HILLS	3,604
62010	BETHALTO	11,186
62067	MORO	2,401
62022	DOW	1,138
62052	JERSEYVILLE	13,002
62012	BRIGHTON	6,654
62030	FIDELITY	114
62079	PIASA	256
62034	GLEN CARBON	13,819
62025	EDWARDSVILLE	33,748
62021	DORSEY	936
62046	HAMEL	713
62014	BUNKER HILL	4,122
<b>Total</b>		<b>213,255</b>

Source: U.S. Census Bureau, Census 2010, Zip Code Fact Sheet available at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> (last visited October 7, 2014).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 26B.

2. Maldistribution of Services

The Replacement Facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board’s utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the ratio of stations to population in the geographic service area is 117.4% of the State average, and the average utilization of existing dialysis facilities within the GSA is 69.6%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 117.4% of the State Average.

<b>Table 1110.1430(c)(2)(A) Ratio of Stations to Population</b>				
	<b>Population</b>	<b>Dialysis Stations</b>	<b>Stations to Population</b>	<b>Standard Met?</b>
Geographic Service Area	213,255	80	1:2,666	Yes
State	12,830,632	4,098	1:3,131	

b. Historic Utilization of Existing Facilities

The Existing Facility has operated at 80% utilization or greater since March 31, 2013. Following relocation to a more accessible modern space, Dr. Mathew anticipates that the Replacement Facility will continue to maintain target utilization up to and following 24 months of project completion. Accordingly, there is sufficient patient population to justify the need for the Replacement Facility. There will be no maldistribution of services.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to discontinue their existing 14-station facility and establish a 14-station facility. The Existing Facility treated 68 patients, as of June 30, 2014. To achieve the State Board’s 80% utilization standard for a 14-station facility, within the first two years after project completion, the Applicants would not need any additional patient referrals. (The Existing Facility already exceeds 80% utilization.) As stated in Appendix – 3, conservatively, Dr. Mathew anticipates the Replacement Facility will continue to operate at or above 80% utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the proposed geographic service area. All of the identified patients will be transfers from the Existing Facility. No patients will be transferred from other existing dialysis facilities.
- b. The proposed dialysis facility will not lower the utilization of other area providers that are operating below the occupancy standards.



Table 1110.130(c), Facilities within 45 Minutes Driving Time of Existing Facility

Facility	Address	City	State	Zip Code	HSA	Distance	Drive Time	Adjusted Drive Time
Sauget Dialysis	2061 Goose Lake Road	Sauget	Illinois	62206	11	31.05	34	39.1
Metro East Dialysis	5105 West Main Street	Belleville	Illinois	62226-4728	11	34.34	38	43.7
Granite City Dialysis	9 American Village	Granite City	Illinois	62040	11	15.25	21	24.15
Alton Dialysis	3511 College Avenue	Alton	Illinois	62002	11	0.16	1	1.15
BMA - Southern Illinois Dialysis Center	Ill. Rte 3 & 143, Eastgate Plaza	East Alton	Illinois	62024	11	4.49	9	10.35
Jerseyville Dialysis	917 S. State Street	Jerseyville	Illinois	62052	3	19.26	25	28.75
Shiloh Dialysis	1095 North Green Mount Road	Shiloh	Illinois	62269	11	34.19	36	41.4
RAI - Fairview Heights	821 Lincoln Highway	Fairview Heights	Illinois	62208	11	31.16	34	39.1
Maryville Dialysis	2130 Vadalaberne Drive	Maryville	Illinois	62062	11	21.46	26	29.9
Edwardsville Dialysis	235 South Buchanan St.	Edwardsville	Illinois	62025	11	14.15	20	23

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(e), Staffing**

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.
  - a. Medical Director: Suresh Mathew, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Mathew's curriculum vitae is attached at Attachment – 26C.
  - b. As discussed throughout this application, the Applicants seek authority to discontinue their existing 14-station dialysis facility and establish a 14-station dialysis facility. The Existing Facility is Medicare certified and fully staffed with a medical director, administrator, registered nurses, patient care technicians, social worker, and registered dietitian. Upon discontinuation of the Existing Facility, all current staff will be transferred to the Replacement Facility.
2. All staff will be trained under the direction of the facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 26D.
3. As set forth in the letter from Arturo Sida, Vice President, Associate General Counsel and Assistant Corporate Secretary of DaVita HealthCare Partners Inc., attached at Attachment – 26E, the Replacement Facility will maintain an open medical staff.

**Suresh Mathew MD**

433 Whitestone Farm Drive  
Saint Louis, MO 63017  
(H) 636-778-0257  
(Cell) 314-435-8021  
E-mail: [smathew111@gmail.com](mailto:smathew111@gmail.com)

Renal Consultants  
11125 Dunn Road  
Suite 304  
Saint Louis, MO 63136  
(office) 314- 355-1166

Staff Physician: BJC/Northeastern Christian Hospital, St. Louis, MO  
Nephrologist  
January 2010-Present

Staff Physician: North Florida Regional Medical Center  
Nephrologist  
Gainesville, FL  
June 2008-December 2009

Faculty: Instructor  
Department of Pediatrics  
Washington University Medical Center, St. Louis, MO  
August 2003 – June 2008

Research Associate  
Department of Pediatrics  
Washington University Medical Center  
August 2002 – 2003

Assistant Professor of Medicine  
Division of Nephrology  
Cooper Hospital, Camden, NJ  
July 1997-August 2002

Fellowship: Washington University School of Medicine, St. Louis, MO  
Pediatric Nephrology, July 2005-June 2006

Johns Hopkins Hospital, Baltimore, MD  
Nephrology, July 1995-June 1997

Residency: Temple University Hospital, Philadelphia, PA  
Internal Medicine, July 1993-June 1995

Internship: Temple University Hospital, Philadelphia, PA  
Internal Medicine, July 1992-June 1993

Medical School: Temple University School of Medicine, Philadelphia, PA  
M.D., May 1992

Suresh Mathew, M.D.

Page 2

Undergraduate Education: Temple University, Philadelphia, PA  
BA, May 1987  
Major: Biochemistry (Honors in Major)  
Summa cum Laude Graduate

Hospital Appointments: Medical Staff  
BJC/Northeast Christian Hospital  
Saint Louis, MO

Medical Staff  
North Florida Regional Medical Center  
Gainesville, FL

Medical Staff  
BJC/Saint Louis Children's Hospital  
Saint Louis, MO

Medical Staff  
Cooper Hospital/University Medical Center  
Camden, NJ

Licensure: Missouri-2002016480  
New Jersey -MA65569  
Pennsylvania -MD053873-L

Certification: American Board of Internal Medicine (Recertified 2006)  
Board Certified in Nephrology, (Recertified 2007)

Citizenship: USA

Professional Organizations: American College of Physicians  
American Society of Nephrology  
National Kidney Foundation

Honors and Awards Golden Apple Teaching Award for Outstanding  
Teaching in Nephrology at Cooper Hospital, 2002

Voted "Outstanding Teaching Clinical Fellow" by the Medical  
House Staff at Johns Hopkins Hospital, 1996

Graduation with Honors in Biochemistry

Charles Miller Award given for exemplary performance in  
Biochemistry

Phi Beta Kappa

Teaching Responsibilities: Supervise Nephrology Fellows at Saint Louis Children's  
Supervise Nephrology Fellows at Cooper Hospital  
Supervise Cooper Hospital Internal Medicine residents and interns  
Supervise Saint Louis Children's Hospital residents and interns

Supervise Washington University Medical students  
Supervise Robert Wood Johnson Medical students  
Give Nephrology and Internal Medicine lectures

Supervision of Clinical Nephrology Seminar Series, Johns  
Hopkins University School of Medicine, July 1996-June 1997

Instructor, Renal Pathophysiology Course, Johns Hopkins  
University School of Medicine, July 1996-June 1997

Clinical Responsibilities: Nephrology and Internal Medicine consultations  
Nephrology and Internal Medicine office practice

Care for outpatient Hemodialysis and Peritoneal patients  
Follow up care for Renal Transplant patients

Procedural Skill: Perform Kidney Biopsy under ultrasound guidance  
Insert Temporary hemodialysis Catheters  
Insert Peritoneal Dialysis Catheter using Y-TEC system and  
peritoneoscope

Employment: Merck Sharp and Dohme Pharmaceutical  
October 1987-August 1988

Blood Bank Technician  
Temple University Hospital, Philadelphia, PA  
September 1989-May 1992

**Publications - Peer Reviewed:**

1. Briggs WA, Eustace J, **Mathew S**, Gimenez LF, Choi M, Scheel PJ Jr, Burdick J: Pentoxifylline potentiates in vitro lymphocyte suppression by glucocorticoids and immunosuppressive drugs. Journal of Clinical Pharmacology 1998; 38(6):561-6.
2. Davies MR, Lund RJ, **Mathew S**, Hruska K. Low turnover osteodystrophy and vascular calcification are amenable to skeletal anabolism in an animal model of chronic kidney disease and the metabolic syndrome. J Am Soc Nephrol 2005;16:917-928.

3. Hruska KA, **Mathew S**, Saab G. Bone morphogenetic proteins in vascular calcification. *Circulation Res* 2005;97:105-114.
4. Hruska KA, **Mathew S**, Davies MR, Lund RJ: Connections between vascular calcification and progression of chronic kidney disease: Therapeutic alternatives. *Kidney Int.* 2005; 68(Suppl. 99);S142-S151.
5. Hendy GN, Hruska KA, **Mathew S**, Goltzman D: New insights into mineral and skeletal regulation by active forms of vitamin D. *Kidney Int* 2006; 68;218-233.
6. Lund RJ, Davies MR, **Mathew S**, Hruska KA: New discoveries in the pathogenesis of renal osteodystrophy. *J Bone Miner Metab* 2006;24:169-171.
7. **Mathew S**, Davies M, Lund R, Saab G, Hruska KA: Function and effect of bone morphogenetic protein-7 in kidney bone and the bone-vascular link in chronic kidney disease. *Euro J Clin Invest* 2006;36:43-50.
8. **Mathew S**, Davies M, Tustison K, Chaudhary L, Rifas L, Hruska K: The mechanism of phosphorus as a cardiovascular risk factor in chronic kidney disease. *Circulation* 2006
9. **Mathew S**, Lund R, Strebeck F, Tustison K., Geurs T, Hruska K: Reversal of adynamic bone disorder and established vascular calcification in chronic kidney disease by sevelamer carbonate therapy. *J Am Soc Neph* 2006;

**Invited Publications:**

1. Saab G, **Mathew S**, Chaudhary LR, Hruska KA: Post-Transplant Osteodystrophy in the Era of the KDOQI Guidelines. *Dialysis and Transplantation* 2003; 32(11): 651-623.
2. Tingting L, Surendran K, Zawaideh MA, **Mathew S**, Hruska KA: Bone morphogenetic protein 7: a novel treatment for chronic renal and bone disease. *Current Opinion in Nephrology and Hypertension* 2004; 13:417-422.

## PROGRAM DESCRIPTION

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### Introduction to Program

The Hemodialysis Education and Training Program is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Hemodialysis Education and Training Program is designed to provide the new teammate with the necessary theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates.

A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.

An **experienced teammate** is defined as:

- A newly hired patient care teammate with prior dialysis experience as evidenced by successful completion of a competency exam.
- A rehired patient care teammate who left and can show proof of completing their initial training.

The curriculum of the Hemodialysis Education and Training Program is modeled after the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing and the Board of Nephrology Examiners Nursing and Technology guidelines.

The program incorporates the policies, procedures, and guidelines of DaVita Inc.

The new teammate will be provided with a "StarTracker". The "StarTracker" is a tool that will help guide the training process while tracking progress. The facility administrator and preceptor will review the Star Tracker to plan and organize the training and professional development of the new teammate. The Star Tracker will guide the new teammate through the initial phase of training and then through the remainder of their first year with DaVita, thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "My Learning Plan Workbooks."

### Program Description

- The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and (2) 280 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis

workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), the administrator, or the preceptor. This training includes introduction to the dialysis machine, components of the hemodialysis system, dialysis delivery system, principles of hemodialysis, infection control, anticoagulation, medications, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used, introduction to DaVita Policies and Procedures, and introduction to the Amgen Core Curriculum.

The **didactic phase** also includes classroom training with the Clinical Services Specialist, which covers more in-depth theory on structure and functions of the kidneys. This includes ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis, components of the hemodialysis system, water treatment, dialyzer reprocessing, hemodialysis treatment (which includes machine troubleshooting and patient complications), documentation, complication case studies, heparinization and anticoagulation, vascular access (which includes vascular access workshop), patient assessment (including workshop), fluid management with calculation workshop, nutrition, laboratory, adequacy, pharmacology, patient teaching/adult learning, service excellence (which includes professionalism, ethics and communications), role of the Social Worker and conflict resolution. Additional topics are included as per specific state regulations.

A final comprehensive examination score of  $\geq 80\%$  (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, Systems/applications training on LMS, One For All orientation training in the facility or classroom, LMS Compliance training, LMS Diversity training, LMS mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

Included in the **didactic phase** for nurses is additional classroom training. The didactic phase includes:

- The role of the dialysis nurse
- Critical thinking
- Hepatitis review
- Vascular access assessment
- Pharmacology for nurses
- Outcomes management
- CKD MBD
- Anemia
- Adequacy of dialysis

- Lab results
- Village initiatives
- Fluid management
- Developing plan of care
- Survey readiness
- Patient assessment

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, a registered nurse, or the clinical services specialist (CSS). During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Inventory Checklist* will be completed to the satisfaction of the preceptor and the administrator. The clinical hemodialysis workbooks will also be utilized for this training and must be completed to the satisfaction of the preceptor and the administrator.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory LMS Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

- The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The *Procedural Skills Inventory Checklist* including verification of review of applicable policies and procedures will be completed by the preceptor, a registered nurse, and/or the clinical services specialist (CSS) and the new teammate upon demonstration of an acceptable skill-level. The new teammate will also utilize the hemodialysis training workbook and progress at their own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

The *Initial Competency Exam* will be completed; a score of  $\geq 80\%$  or higher is required prior to the new teammate receiving an independent patient-care assignment. If the new teammate receives a score of less than 80%, this teammate will receive theory instruction pertaining to the area of deficiency and a second competency exam will then be given. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-06-05, TR1-06-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

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Origination Date: 1995

Revision Date: Dec 2007, Sept 2011

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TR1-01-02

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

**Process of Program Evaluation**

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the, DaVita Prep Class Evaluation (TR1-06-08), the New Teammate Satisfaction Survey on the LMS and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

**Program Content**

The programs content for the new patient care provider teammate without previous dialysis experience incorporates content related to the following areas.

**I. DaVita 101/DaVita Way**

**A. Behavioral objectives**

1. State our mission
3. Describe our six core values
4. Describe the DaVita Way
5. List the team members in their local village

**B. Content outline**

1. DaVita Village and additional services
2. Our mission
3. Our core values
  - a. Service excellence
  - b. Integrity
  - c. Team
  - d. Continuous improvement
  - e. Accountability
  - f. Fulfillment
  - g. Fun
4. DaVita Way of Communication
  - a. Our language
  - b. VillageWeb
  - c. DaVita Village Voice
  - d. Computer systems
5. Teammate resources
6. One For All
  - a. Process review

**II. Treatment Modalities**

**A. Behavioral objectives**

1. Name four treatment options for patients with renal failure

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(f), Support Services**

Attached at Attachment – 26E is a letter from Arturo Sida, Vice President, Associate General Counsel and Assistant Corporate Secretary of DaVita HealthCare Partners Inc. attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

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

**Re: Certification of Support Services**

Dear Chairwoman Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Alton Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes an dialysis electronic data system;
- Alton Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,



Print Name: Arturo Sida  
Its: Vice President, Associate General Counsel and  
Assistant Corporate Secretary  
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This \_\_\_ day of \_\_\_\_\_, 2014

*See Attached*

\_\_\_\_\_  
Notary Public

State of California
County of Los Angeles

On October 21, 2014 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

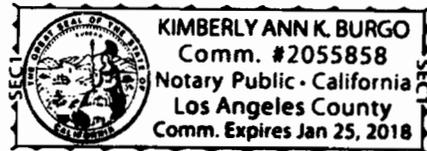
personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kimberly Ann K. Burgo



(Seal)

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Secretary's Certificate - Ltr to K. Olson re Certification of Support Services

Document Date: October 21, 2014 Number of Pages: one (1)

Signer(s) if Different Than Above: No

Other Information:

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s): Arturo Sida

- Individual
Corporate Officer

(Title(s))

- Partner
Attorney-in-Fact
Trustee
Guardian/Conservator
Other: Vice President, Associate General Counsel and Assistant Corporate Secretary

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc. / Alton Dialysis

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(g), Minimum Number of Stations**

The proposed dialysis facility will be located in the St. Louis MO-IL (Metro East) metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 14-station dialysis facility. Accordingly, this criterion is met.

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(h), Continuity of Care**

DaVita HealthCare Partners Inc. has an agreement with Christian Hospital Northeast to provide inpatient care and other hospital services. Attached at Attachment – 26F is a copy of the service agreement with this area hospital.

**PATIENT TRANSFER AGREEMENT**

THIS PATIENT TRANSFER AGREEMENT (the "Agreement") is made and entered into as of November 1, 2007 ("Effective Date"), by and between **Christian Hospital Northeast**, a Missouri non-profit public benefit corporation (hereinafter "Hospital"), and **DVA Renal Healthcare, Inc.**, a Tennessee Corporation, formerly known as Gambro Healthcare, Inc. (hereinafter "Facility").

**RECITALS:**

- A. Hospital is an acute care facility providing various specialized patient care services.
- B. Facility is a facility providing dialysis services at its Alton Dialysis #3449 located at 3511 College Avenue, Alton, Illinois 62002.
- C. Whereas, the parties agree that it is in the best interest of patient care and would promote the optimum use of patient care resources within the community for each to recognize the circumstance when and arrange for a process to effect the transfer of patients from Facility to Hospital as reflected in the Agreement.
- D. Further, the parties acknowledge that the possible circumstances for transfer include but are not limited to internal disaster; for specialty care needs as described in 19 C.S.R. 30-40.430 or 77 Ill. Adm. Code Part 515.2030-2045; for renal services related to 42 C.F.R. §405.2160; bed or service unavailability; or any other type of patient transfer when such admission is requested (collectively herein "Transfer Circumstances") and when such transfer deemed medically appropriate by the patient's attending physician.

**NOW, THEREFORE**, in order to facilitate the continuity of care and the timely transfer of patients and records to Hospital, all upon the terms and conditions contained herein, the parties agree as follows:

**1. PURPOSE AND ACCEPTANCE OF PATIENTS.** This Agreement is intended to facilitate the decision making process and transfer of patients to Hospital by Facility when a patient may benefit from a transfer due to Transfer Circumstances (as defined hereinabove and incorporated herein). Although Transfer Circumstances represent acceptable circumstances for the transfer of patients, the ultimate authority and responsibility for a decision to transfer a patient rests with a patient's attending physician and shall be made on a case-by-case basis. Hospital shall provide Facility with appropriate information about the types of services Hospital provides and the types of patients and/or health conditions that will not be accepted, together with Hospital's admission criteria; provided, however, that Hospital shall not discriminate in admitting patients on the basis of race, color, gender, national origin or ability to pay.

**2. TERM.**

A. Term. The initial term of this Agreement (“Initial Term”) shall be for a period of three (3) years, commencing on the Effective Date, unless sooner terminated as provided herein. At expiration of the Initial Term, this Agreement shall automatically renew for additional three (3) year terms (“Renewal Term”) until terminated as noted below, and shall not exceed two (2) Renewal Terms.

B. Termination. Either party may terminate this Agreement: (1) without cause upon thirty (30) days written notice to the other party; (2) upon breach by the other party of any material provision of this Agreement, provided such breach continues for fifteen (15) days after receipt by the breaching party of written notice of such breach from the non-breaching party; (3) immediately, upon the occurrence of any of the following events: (i) either party closes or discontinues its facility operation to such an extent that patient care cannot be carried out adequately; or (ii) either party loses its facility license, accreditation, or other authority to provide health services, including the conviction of a criminal offense, or is excluded or otherwise ineligible to participate in a government program. If this Agreement is terminated for any reason within one (1) year of the Effective Date, the parties shall not enter into a similar agreement with for a period of one (1) year from the Effective Date.

**3. TRANSFER OF PATIENTS.**

A. Generally. In the event that Facility determines that any of its patients requires the services of Hospital that are deemed medically appropriate by such patient’s attending physician, Facility may initiate the transfer procedures set forth herein. To initiate the transfer, Facility, through a member of its nursing staff or the patient’s attending physician, will contact the admitting office, Emergency Department or other designated department of Hospital to arrange for an appropriate transfer as contemplated herein. All transfers to Hospital shall be made in accordance with applicable federal and state laws and regulations, the applicable standards of the Joint Commission on the Accreditation of Healthcare Organizations (“JCAHO”) and any other applicable accrediting bodies, and reasonable policies and procedures of Hospital as communicated to Facility. Hospital’s responsibility for the patient’s care shall begin when the patient is admitted to Hospital

B. Responsibilities of Facility. Facility shall:

1) Provide, within its capabilities and capacity, for the medical screening and stabilizing treatment of the patient prior to transfer, including the use of appropriate personnel and equipment to assist with the coordination and transfer of the patient to Hospital.

2) Notify Hospital’s designated representative prior to transfer to obtain confirmation concerning Hospital’s availability of services and staff to provide care to the transferring patient and, if accepted, inform Hospital concerning the estimated time of the patient’s arrival at its facility.

- 3) Obtain the patient's or the patient's responsible party's consent to the transfer to the receiving facility and forward such consent with the patient, excepting all circumstances where the patient's condition precludes such consent.
- 4) Forward to Hospital a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, the patient's consent to the transfer or physician certification that the medical benefits of the transfer outweigh the risk of transfer, and essential demographic and family information as available. If all relevant medical records generally kept by Facility are not available at the time the patient is transferred, then Facility shall forward such records as soon as they become available.
- 5) Transfer the patient's personal items, including, without limitation, money and valuables and information related to those items, and retain responsibility for these items until Hospital acknowledges receipt of the patient and items.
- 6) Arrange for the transportation of a patient to be transferred to Hospital, including the selection of the mode of transportation and the appropriate health care personnel to accompany the patient..
- 7) Comply as a Covered Entity, with applicable state and federal privacy laws for maintaining the confidentiality of individually identifiable health information.

C. Responsibilities of Hospital. Hospital shall:

- 1) Comply with its admission policies regarding the care and treatment of patients.
- 2) Designate a person who has authority to represent and coordinate the transfer and receipt of patients into Hospital's facility and transmit the contact information for such person to Facility.
- 3) Provide, as promptly as possible, information to Facility of its availability of bed(s), services, and staff to treat the patient, and if capable to accept, its acceptance of the patient transfer.
- 4) Provide, within its capabilities, appropriate personnel, equipment, and services to treat the patient transferred, including the services of its on-call physicians.
- 5) Comply, as a Covered Entity, with applicable state and federal privacy laws for maintaining the confidentiality of individually identifiable health information.

6) Provide reasonable security and accountability for the transferred patient's personal items, including its acknowledgment of the receipt of such items, to Facility.

7) Promptly provide, as requested by Facility, a copy of Hospital's medical records of the patient or other communication of information necessary or useful in the care and treatment of the patient transferred to address such patient's care program or plan either at Facility, Hospital, or another facility to ensure the patient's continuity of care.

4. **BILLING.** Hospital and Facility each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Neither institution will have any liability to the other for such charges.

5. **COMPLIANCE WITH LAW.** Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency. Both facilities agree to comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320 through d-8 ("HIPAA"), and the requirements of any regulations promulgated thereunder including, without limitation, the federal privacy regulations as contained in 45 CFR Part 164, and the federal security standards as contained in 45 CFR Part 142 (collectively, the "Regulations"). Both facilities shall not use or further disclose any protected health information, as defined in 45 CFR 164.504, or individually identifiable health information, as defined in 42 U.S.C. § 1320d (collectively, the "Protected Health Information"), other than as permitted by this Agreement and the requirements of HIPAA or the Regulations. Both facilities will implement appropriate safeguards to prevent the use or disclosure of Protected Health Information other than as contemplated by this Agreement or in conformity with HIPAA. Each facility will promptly report to the other facility any use or disclosures of Protected Health Information in violation of HIPAA or the Regulations of which either facility becomes aware. In the event a facility contracts with any agents to whom such facility provides Protected Health Information, such facility shall include provisions in such agreements pursuant to which the receiving facility and its agents agree to the same restrictions and conditions that apply to the receiving facility with respect to Protected Health Information. Both facilities will make their respective internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required by law for determining compliance with HIPAA and the Regulations. No attorney-client, accountant-client, or other legal or equitable privilege shall be deemed to have been waived by either facility by virtue of this Section.

6. **INSURANCE AND INDEMNIFICATION.**

A. **Insurance.** Each party shall, during the term of this Agreement, maintain in force and effect, either through purchased insurance policy(ies) or a self-insurance program, the following coverages:

- 1) Comprehensive general liability and professional liability insurance in the minimum amount of One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate;
- 2) Workers' compensation in accordance with the requirements of law; and
- 3) Employers Liability Insurance in the minimum amount of One Million Dollars (\$1,000,000) each incident, One Million Dollars (\$1,000,000) disease policy limit and One Million Dollars (\$1,000,000) disease for each employee.

If the preceding insurance is claims-made coverage, and if it is terminated or canceled at any time, an extended reporting endorsement shall be purchased to insure continuous coverage at all times for claims arising out of the services provided during the term of this Agreement. Each party shall provide to the other party a certificate of insurance evidencing that such coverage is in effect during the term of this Agreement with not less than thirty (30) days prior written notice.

B. Indemnification. Each party shall indemnify, defend and hold harmless the other party, its affiliates and their directors, officers, employees and agents, against any liability, claim, damage, cost, fines, penalties, loss or expense (including, without limitation, reasonable attorneys' fees and defense costs), incurred by or imposed upon them in connection with any claims, suits, actions, demands or judgments arising out of the acts or omissions of the indemnifying party's employees, agents or representatives under this Agreement or the indemnifying party's acts or omissions in the performance of this Agreement; provided, however, that the indemnified party shall not be entitled to indemnification for any claims, liability, losses, or damages to the extent caused by its own acts or omissions of its directors, officers, employees, or agents. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

7. **REPRESENTATIONS.** Each party to this Agreement represents that: (A) it is not currently excluded, or threatened with exclusion, from participating in any federal or state-funded health care program, including Medicare, Medicaid, and TRICARE; (B) it has never been subject to any sanctions by any of the aforementioned programs; and (C) the individuals executing this Agreement on behalf of the facilities or corporations represent and warrant that they have been authorized to do so. Each party shall promptly notify the other of any imposed exclusions or sanctions covered by this representation, and the notified party reserves the right to terminate this Agreement upon receipt of such notice.

## 8. COMPLIANCE RELATED MATTERS.

A. Hospital acknowledges that Facility is under a Corporate Integrity Agreement with the Office of the Inspector General of the Federal Department of Health and Human Services

(the "CIA"), and that such CIA imposes various reporting and operational compliance related obligations on Facility. To the extent not otherwise set forth herein, Hospital agrees to reasonably cooperate with Facility in compliance with the requirements of such CIA, as such requirements may apply to performance of the Agreement.

B. The parties acknowledge that Hospital's compliance policies are consistent with the Office of Inspector General's Health and Human Services' compliance program to prevent, detect and correct violations of the law, rules and policies, including, but not limited to, 42 U.S.C. 1320a-7b(b) (the federal "Anti-Kickback Statute"). Facility further acknowledges that such policies are in alignment with Facility's compliance policies and programs, such that by Hospital abiding by Hospital's compliance program, Hospital is thereby complying with all obligations and requirements set forth in Facility's CIA as it pertains to the performance of this Agreement.

C. Hospital and Facility agree and certify that the Agreement is not intended to generate referrals for services or supplies for which payment may be made in whole or in part under any federal health care program.

D. Hospital certifies that it will abide by the terms of the Anti-Kickback Statute in all matters involving Facility.

**9. NONEXCLUSIVE AGREEMENT.** Nothing in this Agreement shall be construed as limiting the rights of either party to affiliate or contract with any other hospital or nursing home on either a limited or general basis during the period of this Agreement.

**10. INDEPENDENT CONTRACTORS.** Neither party is authorized or permitted to act as an agent or employee of the other party, and each party shall be responsible for only its own acts and omissions. Each party is independent from the other, and nothing in the Agreement will be construed or deemed to create a relationship of employer or employee, principal and agent or any relationship other than independent entities contracting with each other solely for the purpose of carrying out the terms and conditions of the Agreement.

**11. NO PUBLICITY.** Neither party shall use the name, trademark or logo of the other in any promotional or advertising material unless review and approval of the intended use shall first be obtained from the party whose name is to be used.

**12. ENTIRE AGREEMENT; MODIFICATION.** This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement. This Agreement shall be binding upon the successors or assigns of the parties hereto.

**13. GOVERNING LAW.** This Agreement shall be construed in accordance with the laws of the State of Missouri, and venue for any action filed pertaining to this Agreement shall be in the Missouri state court having subject matter jurisdiction of the dispute. The provisions set forth herein

shall survive expiration or other termination of this Agreement regardless of the cause of such termination.

**14. PARTIAL INVALIDITY.** If any provision of this Agreement is prohibited by law or court decree of any jurisdiction, said prohibition shall not invalidate or affect the remaining provisions of this Agreement.

**15. NOTICES.** All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to Hospital: Christian Hospital Northeast-Northwest  
11155 Dunn Road, Suite 300N  
St. Louis, MO 63136  
Attn: President

If to Facility: DVA Renal Healthcare, Inc.  
3021 B. 98th Street, Suite 140  
Indianapolis, IN 46280  
Attn: Division Vice President

with a copy to: DaVita inc.  
5200 Virginia Way  
Brentwood, TN 37027  
Attn: Group General Counsel

And to: BJC Health System, d/b/a BJC HealthCare  
Mailstop: 90-66-500  
4444 Forest Park Ave., Suite 500  
St. Louis, MO 63108-2212  
Attn: Senior Vice President and General Counsel

or to such other persons or places as either party may from time to time designate by written notice to the other.

**16. WAIVER.** A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

**17. BINDING EFFECT.** This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns. Neither this agreement nor any rights hereunder may be assigned without the consent in writing of the non-assigning party, which consent shall not be unreasonably withheld, except that either party may assign its interest or delegate the performance of its obligations to a subsidiary or affiliate of that party without the consent of the other party.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effective Date.

**HOSPITAL:**

Christian Hospital Northeast

By: *Barbara Jane Satance*  
Title: *President of Care Services*

Date: *1/3/2008*

**FACILITY:**

DVA Renal Healthcare, Inc

By: *[Signature]*  
Title: *Divisional Vice President*

Date: *1/18/07*

APPROVED AS TO FORM ONLY:

By: *[Signature]*  
Name: ~~Barbara Jane Satance~~ *Steven E. Lieb*  
Title: ~~Corporate Counsel~~ *Group General Counsel*

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(i), Relocation of Facilities**

1. Average utilization of the Existing Facility has met or exceeded State utilization standards for the latest 12 month period for which data is available.
2. The Existing Facility is suboptimal for patients and staff, and in need of repair. Multiple physical plant upgrades are needed to the plumbing and water room. The water treatment room is outdated and in need of a complete overhaul. The central water plant/reverse osmosis system is 19 years old, or two years past its typical lifespan. The manufacturer has ceased production of this particular water system, and it is often difficult and at times impossible to obtain replacement parts to repair the water system. IDPH has grandfathered this water system as an existing unit; however, the Illinois State Plumbing Code prohibits this type of water system to be installed today.

There is limited space for transportation drop off and pick up as the Existing Facility shares a parking lot and driveway with a foot clinic, and an Edward Jones office. The drop off / pick up location is inconvenient for patients and those transporting them to and from their dialysis treatments. The configuration of the parking lot prohibits larger patient transport vehicles (buses/vans) from dropping patients off and picking them up at the entrance to the building. To avoid blocking the driveway for other business, drivers must park across the parking lot and push patient wheelchairs up an incline. This is especially difficult during inclement weather. On several occasions, the Alton police department has been called while the drivers escort patients to and from treatment because their vehicles block the driveway.

The design and size of the Existing Facility creates operational and logistical inefficiencies. The Existing Facility houses 14 in-center hemodialysis stations, as well as 2 HOME therapy training rooms and a storage area all combined in approximately 5,500 GSF. As a result, the treatment chairs are extremely close together, and the space is inadequate to accommodate projected growth. The facility also has no dedicated conference room and the office space presently shared by the social worker and dietitian are below DaVita standards in terms of square footage. There is no hallway between the offices and the HOME program to the storage area, and teammates must travel through the in-center hemodialysis treatment area, creating a potential infection control concern. There is also currently only one teammate restroom for 16 staff. There is no adjacent space within the building that houses the Existing Facility to expand the current footprint, and the landlord has failed to assist DaVita in making necessary updates to the Existing Facility.

The proposed site for the Replacement Facility is located approximately 3 miles from the current site, and will adequately serve Alton Dialysis's current and projected patient-base. The site of the Replacement Facility is in an end unit of a new strip mall, with its own side drop off area for patients and transportation companies. Patient safety will be enhanced, as the larger patient transport vehicles will be able to get closer to the building during drop off and pick up. Patients who drive will have more overall access to parking spaces and handicapped spaces. The increased size of the Replacement Facility will allow for a conference room, an enhanced water treatment room, as well as proper storage for all medical and office supplies. Finally, the rent at the Replacement Facility will be lower than at the Existing Facility. Thus, the Applicants decided to relocate to a modern facility with enhanced accommodations and improved utilities to better provide for current and future ESRD patient needs.

**Section VII, Service Specific Review Criteria**  
**In-Center Hemodialysis**  
**Criterion 1110.1430(j), Assurances**

Attached at Attachment – 26G is a letter from Arturo Sida, Vice President, Associate General Counsel and Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and DVA Renal Healthcare, Inc. certifying that the proposed facility will achieve target utilization by the second year of operation

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

**Re: In-Center Hemodialysis Assurances**

Dear Chairwoman Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Alton Dialysis expects to achieve and maintain 80% target utilization; and
- Alton Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
  - $\geq 85\%$  of hemodialysis patient population achieves urea reduction ratio (URR)  $\geq 65\%$  and
  - $\geq 85\%$  of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,



Print Name: Arturo Sida  
Its: Vice President, Associate General Counsel and  
Assistant Corporate Secretary  
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This \_\_\_ day of \_\_\_\_\_, 2014

*See Attached*

\_\_\_\_\_  
Notary Public

State of California

County of Los Angeles

On October 21, 2014 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

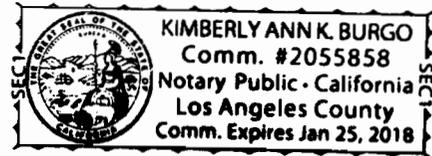
personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Kimberly Ann K. Burgo*



(Seal)

**OPTIONAL INFORMATION**

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: Secretary's Certificate - Ltr to K. Olson re In-Center Hemodialysis Assurances

Document Date: October 21, 2014 Number of Pages: one (1)

Signer(s) if Different Than Above: No

Other Information: \_\_\_\_\_

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

Signer's Name(s): Arturo Sida

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Vice President, Associate General Counsel and Assistant Corporate Secretary

**SIGNER IS REPRESENTING:**

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc./ Alton Dialysis

**Section VIII, Financial Feasibility**  
**Criterion 1120.120 Availability of Funds**

The project will be funded entirely with cash and cash equivalents and a lease with Pine Tree Alton 1 LLC, c/o DTM Real Estate Services, LLC. A copy of DaVita's 2013 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with application 14-016.

**Section IX, Financial Feasibility**  
**Criterion 1120.130 – Financial Viability Waiver**

The project will be funded entirely with cash. A copy of DaVita's 2013 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted with application 14-016.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

Attached at Attachment – 39A is a letter from Arturo Sida, Vice President, Associate General Counsel and Assistant Corporate Secretary of DaVita HealthCare Partners Inc. and DVA Renal Healthcare, Inc. attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.

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

**Re: Reasonableness of Financing Arrangements**

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,



Print Name: Arturo Sida  
Its: Vice President, Associate General Counsel and  
Assistant Corporate Secretary  
DaVita HealthCare Partners Inc.

Subscribed and sworn to me

This \_\_\_ day of \_\_\_\_\_, 2014

*See Attached*

\_\_\_\_\_  
Notary Public

State of California

County of Los Angeles

On October 21, 2014 before me, Kimberly Ann K. Burgo, Notary Public  
(here insert name and title of the officer)

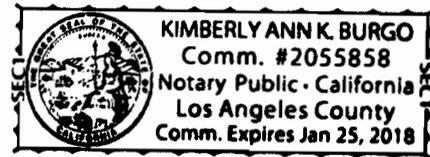
personally appeared Arturo Sida

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Kimberly Ann K. Burgo*



(Seal)

**OPTIONAL INFORMATION**

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: Secretary's Certificate - Ltr to K. Olson re Reasonableness of Financing Arrangements

Document Date: October 21, 2014 Number of Pages: one (1)

Signer(s) if Different Than Above: No

Other Information: \_\_\_\_\_

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

Signer's Name(s): Arturo Sida

- Individual
- Corporate Officer

(Title(s))

- Partner
- Attorney-in-Fact
- Trustee
- Guardian/Conservator
- Other: Vice President, Associate General Counsel and Assistant Corporate Secretary

**SIGNER IS REPRESENTING:**

Name of Person(s) or Entity(ies): DaVita HealthCare Partners Inc./ Alton Dialysis

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(b), Conditions of Debt Financing**

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.310(c), Reasonableness of Project and Related Costs**

1. The Cost and Gross Square Feet by Department is provided in the table below.

Table 1120.310(c)									
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)	
ESRD		\$163.38			7,008			\$1,145,000	\$1,145,000
Contingency		\$14.27			7,008			\$100,000	\$100,000
<b>TOTALS</b>		<b>\$177.65</b>			<b>7,008</b>			<b>\$1,245,000</b>	<b>\$1,245,000</b>

\* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
Site Preparation	\$0	5% of Construction and Contingency Costs = 5% x (\$1,145,000 + \$100,000) = 5% x \$1,245,000 = \$62,250	Below State Standard
Modernization Contracts and Contingencies	\$1,245,000	\$178.33 per gross square foot x 7,008 gross square feet = \$1,249,736	Below State Standard
Contingencies	\$100,000	10% -15% of Modernization Construction Costs = 10% -15% x \$1,145,000 = \$114,500 - \$171,750	Below State Standard
Architectural/Engineering Fees	\$121,000	6.90% - 10.36% x (Construction Costs + Contingencies) = 6.90% - 10.36% x (\$1,145,000 + 100,000) = 6.90% - 10.36% x \$1,245,000 = \$85,905 - \$128,982	Meets State Standard
Consulting and Other Fees	\$77,000	No State Standard	No State Standard
Moveable Equipment	\$598,582	\$49,127.31 per station \$49,127.31 x 14 = \$687,782	Below State Standard

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.310(d), Projected Operating Costs**

Operating Expenses: \$2,627,839

Treatments: 10,608

Operating Expense per Treatment: \$247.72

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.310(e), Total Effect of Project on Capital Costs**

Capital Costs

Depreciation:	\$269,001
Amortization:	\$0
Total Capital Costs:	\$269,001

Treatments: 10,608

Capital Costs per Treatment: \$25.36

**Section XI, Safety Net Impact Statement**

1. This criterion is required for all substantive and discontinuation projects. DaVita HealthCare Partners Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2013 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was previously submitted with Proj. No. 14-024. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and had the lowest day-90 catheter rates among large dialysis providers in 2013. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients. DaVita has improved clinical outcomes each year since 2000, generating an estimated \$204 million in net savings to the American healthcare system in 2013.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As set forth throughout this application, the Applicants propose to relocate their existing dialysis facility at 3511 College Avenue, Alton, Illinois 62002 to 309 Homer Adams Parkway, Alton, Illinois 62002. The Existing Dialysis Facility is currently treating 68 patients (or 81% utilization). Dr. Mathew anticipates all 68 current patients will transfer to the Replacement Facility. No patients will be transferred from other existing dialysis facilities.
3. The proposed project is for the relocation of Alton Dialysis just 3 miles from its current location. Patients currently treated at Alton Dialysis transfer to the new facility. As such, there will be no discontinuation of any services. Accordingly, this criterion is not applicable.

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Charity (# of patients)</b>	96	152	187
<b>Charity (cost in dollars)</b>	\$830,580	\$1,199,657	\$2,175,940
<b>MEDICAID</b>			
	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Medicaid (# of patients)</b>	729	651	679
<b>Medicaid (revenue)</b>	\$14,585,645	\$11,387,229	\$10,371,416

**Section XII, Charity Care Information**

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

<b>CHARITY CARE</b>			
	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Net Patient Revenue</b>	<b>\$219,396,657</b>	<b>\$228,403,979</b>	<b>\$244,115,132</b>
Amount of Charity Care (charges)	\$830,580	\$1,199,657	\$2,175,940
Cost of Charity Care	\$830,580	\$1,199,657	\$2,175,940

**Appendix 1 – Time & Distance Determination: Discontinuation**

Attached as Appendix I is the list of all existing facilities within 45 minutes normal travel time from the Existing Facility as determined by MapQuest.





**mapquest**

Notes

Sauget Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

31.05 miles / 34 minutes



**2061 Goose Lake Rd, Sauget, IL 62206-2822**

Download Free App



1. Start out going **northeast** on **Goose Lake Rd** toward **Grizzlie Bear Blvd.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Take the **1st right** onto **Mousette Ln.** [Map](#)

**0.3 Mi**

*If you are on S 50th St and reach Church Rd you've gone about 0.4 miles too far*

*0.8 Mi Total*



3. Merge onto **I-255 N** via the ramp on the **left** toward **Chicago.** [Map](#)

**15.3 Mi**

*If you reach Lorraine Dr you've gone about 0.3 miles too far*

*16.0 Mi Total*



4. Take **IL-255 N** toward **Alton.** [Map](#)

**10.7 Mi**

*26.7 Mi Total*



5. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto.** [Map](#)

**0.3 Mi**

*27.0 Mi Total*



6. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**

*27.0 Mi Total*



7. Turn **left** onto **E McArthur Dr / IL-111 / IL-140.** Continue to follow **IL-140.** [Map](#)

**3.9 Mi**

*30.9 Mi Total*



8. Turn **left** onto **Crossroads Ct.** [Map](#)

**0.03 Mi**

*B & D Pharmacy is on the corner*

*30.9 Mi Total*

*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*



9. Take the **1st left** onto **College Ave.** [Map](#)

**0.09 Mi**

*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

*31.0 Mi Total*



10. Take the **1st right** onto **Homer Adams Pkwy.** [Map](#)

**0.05 Mi**

*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*

*31.0 Mi Total*

*If you reach the end of Homer Adams Pkwy you've gone a little too far*



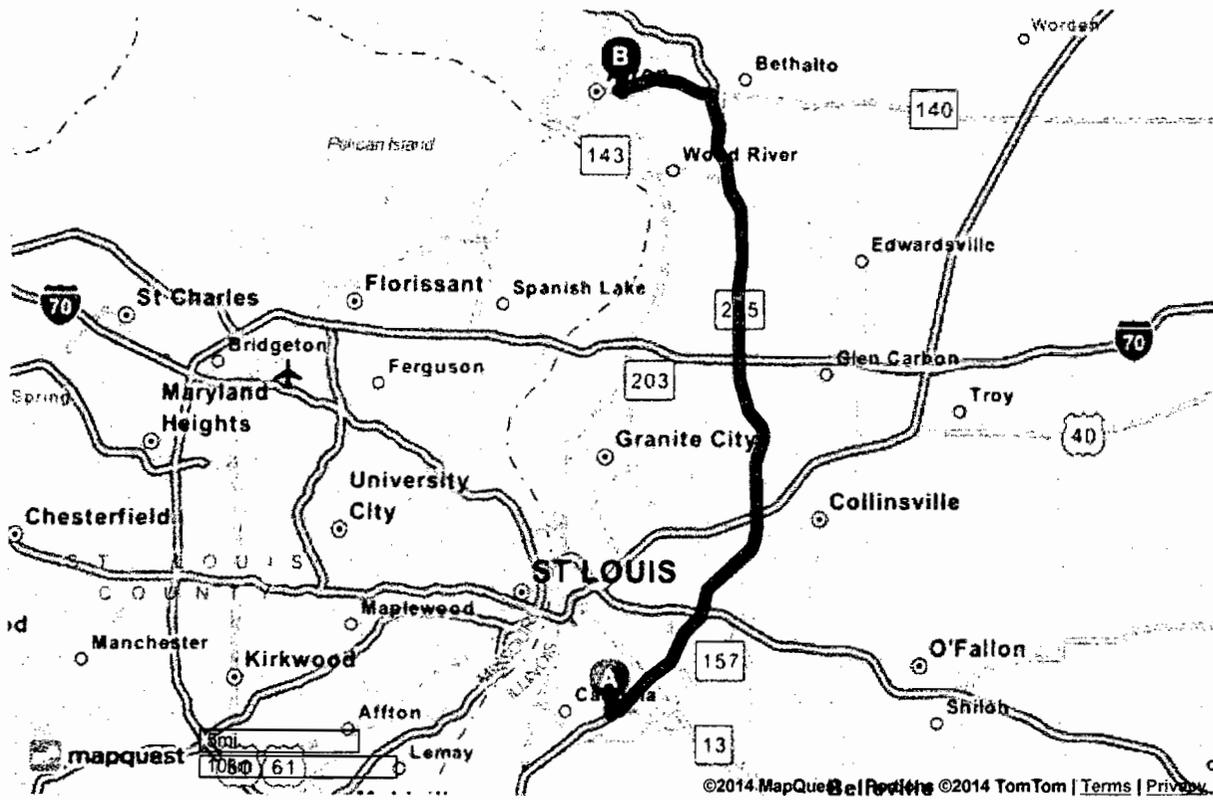
11. **[3800 - 3800] HOMER ADAMS PKWY.** [Map](#)

*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **31.05 miles - about 34 minutes**



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Notes

Metro East Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

34.34 miles / 38 minutes



**5105 W Main St, Belleville, IL 62226-4728**

Download Free App

- 1. Start out going **southeast** on **W Main St** toward **S 51st St**. [Map](#)

**0.3 Mi**  
0.3 Mi Total
- ↘

2. Take the 2nd **right** onto **N Belt W**. [Map](#)  
*N Belt W is just past N 48th St  
Regions Bank is on the right  
If you reach N 47th St you've gone a little too far*

**1.3 Mi**  
1.6 Mi Total
- ↑

3. **N Belt W** becomes **Old Saint Louis Rd / IL-13**. [Map](#)

**0.7 Mi**  
2.3 Mi Total
- ↗

4. Merge onto **IL-15 W** toward **E St Louis**. [Map](#)

**3.3 Mi**  
5.6 Mi Total
- ↗

5. Merge onto **I-255 N** toward **Chicago**. [Map](#)

**13.8 Mi**  
19.3 Mi Total
- ↑

6. Take **IL-255 N** toward **Alton**. [Map](#)

**10.7 Mi**  
30.0 Mi Total
- EXIT 10

7. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. [Map](#)

**0.3 Mi**  
30.3 Mi Total
- ↙

8. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**  
30.3 Mi Total
- ↙

9. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. [Map](#)

**3.9 Mi**  
34.2 Mi Total
- ↙

10. Turn **left** onto **Crossroads Ct**. [Map](#)  
*B & D Pharmacy is on the corner  
If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
34.2 Mi Total
- ↙

11. Take the 1st **left** onto **College Ave**. [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
34.3 Mi Total
- ↘

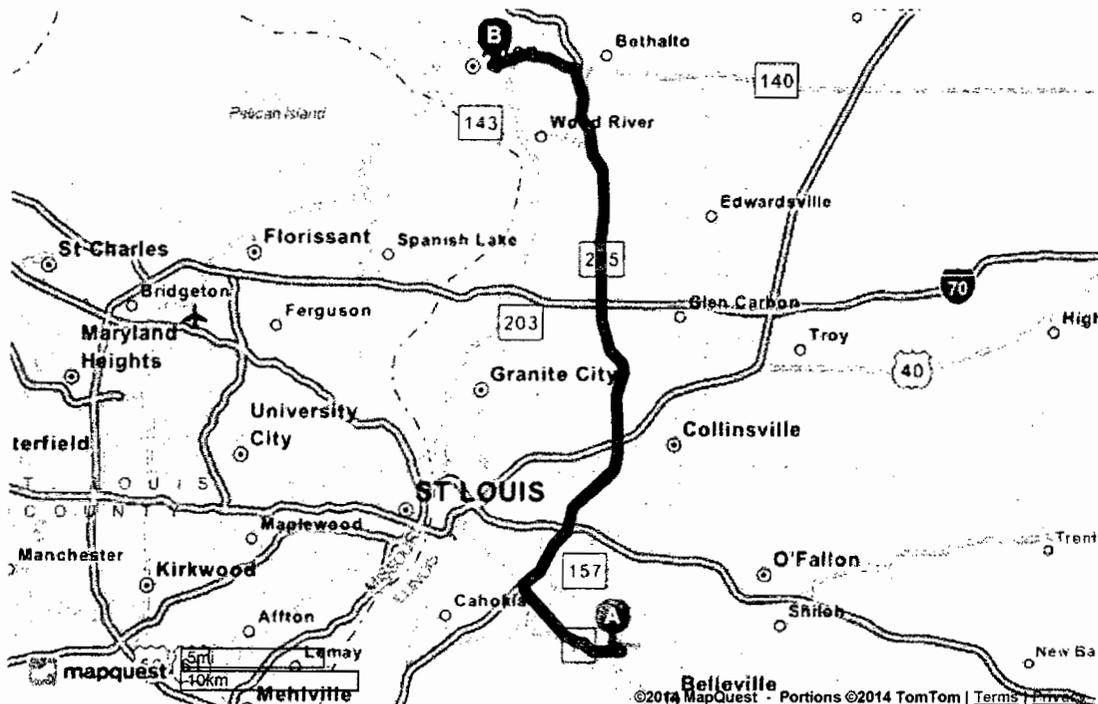
12. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
34.3 Mi Total
- 13. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: 34.34 miles - about 38 minutes



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Notes

Granite City Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

15.25 miles / 21 minutes

Download Free App

**9 American Vlg, Granite City, IL 62040-3706**

- 

1. Start out going **east** on **American Vlg** toward **Nameoki Rd / IL-203**. [Map](#) **0.08 Mi**  
0.08 Mi Total
- 

**203** 2. Turn **left** onto **Nameoki Rd / IL-203**. [Map](#) **0.7 Mi**  
0.8 Mi Total
- 

3. Turn **right** onto **North St**. [Map](#)  
*North St is just past Branding Dr*  
*If you reach Moro Ave you've gone a little too far* **0.1 Mi**  
0.9 Mi Total
- 

4. Take the 2nd **right** onto **Pontoon Rd**. [Map](#)  
*Pontoon Rd is just past Branding Dr* **0.8 Mi**  
1.7 Mi Total
- 

5. Take the 3rd **right** onto **Missouri Ave**. [Map](#)  
*Missouri Ave is 0.1 miles past Century Dr*  
*If you reach IL-3 you've gone about 0.2 miles too far* **0.3 Mi**  
2.0 Mi Total
- 

**3** 6. Turn **slight right** onto **IL-3 / Lewis and Clark Blvd**. Continue to follow **IL-3**. [Map](#) **11.0 Mi**  
13.0 Mi Total
- 

**3** 7. Turn **slight left** onto **W Saint Louis Ave / IL-3**. Continue to follow **IL-3**. [Map](#)  
*IL-3 is just past W Saint Louis Ave*  
*QuikTrip is on the corner* **1.5 Mi**  
14.5 Mi Total
- 

8. Turn **slight right** onto **ramp**. [Map](#) **0.3 Mi**  
14.8 Mi Total
- 

9. Keep **left** at the fork in the ramp. [Map](#) **0.02 Mi**  
14.8 Mi Total
- 

**140** 10. Turn **left** onto **IL-140 / College Ave**. [Map](#) **0.2 Mi**  
15.1 Mi Total
- 

11. Turn **left** onto **Crossroads Ct**. [Map](#)  
*Crossroads Ct is 0.1 miles past IL-111*  
*B & D Pharmacy is on the corner*  
*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far* **0.03 Mi**  
15.1 Mi Total
- 

12. Take the 1st **left** onto **College Ave**. [Map](#) **0.09 Mi**  
15.2 Mi Total



13. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*  
*If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
**15.3 Mi Total**

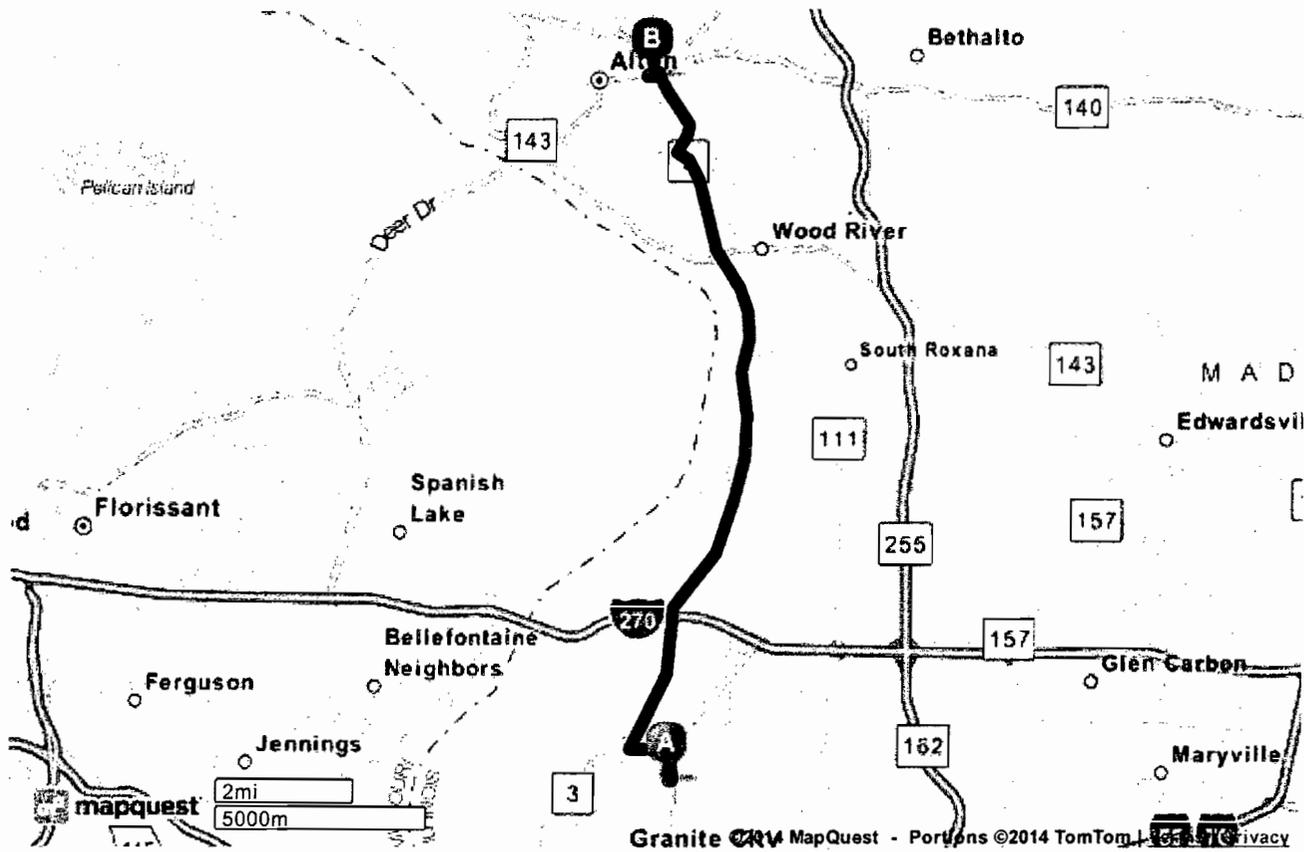


14. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about*  
*0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: 15.25 miles - about 21 minutes



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Notes

Alton Dialysis current site to proposed relocation site of facility

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

0.16 miles /



**3511 College Ave, Alton, IL 62002-5009**

Download  
Free App



1. Start out going **east** on **College Ave** toward **Crossroads Ct**. [Map](#)

**0.1 Mi**  
*0.1 Mi Total*



2. Take the 2nd **right** onto **Homer Adams Pkwy**. [Map](#)  
*Homer Adams Pkwy is just past Crossroads Ct  
Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
*0.2 Mi Total*

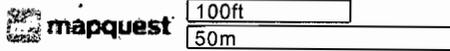
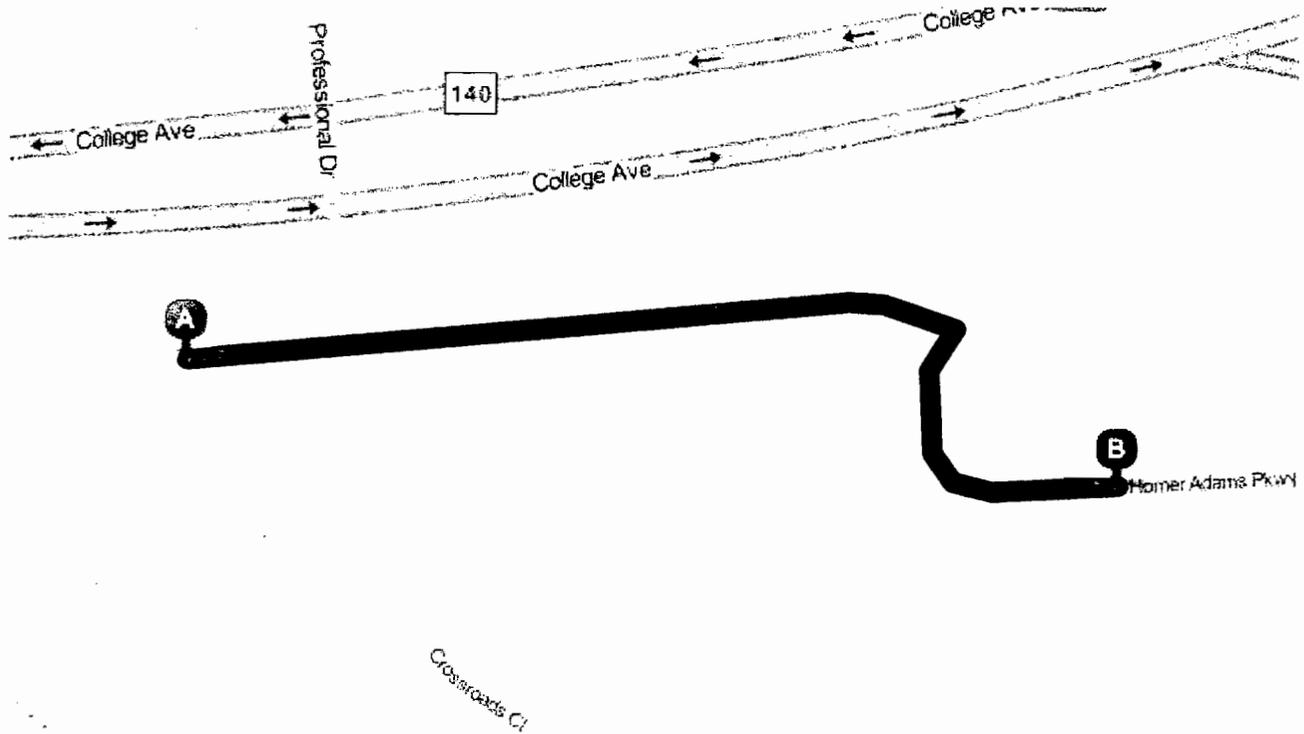


3. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about  
0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **0.16 miles - about**



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Notes

FMC - BMA - Southern Illinois Dialysis Center to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

4.49 miles / 9 minutes



**East Alton, IL 62024**

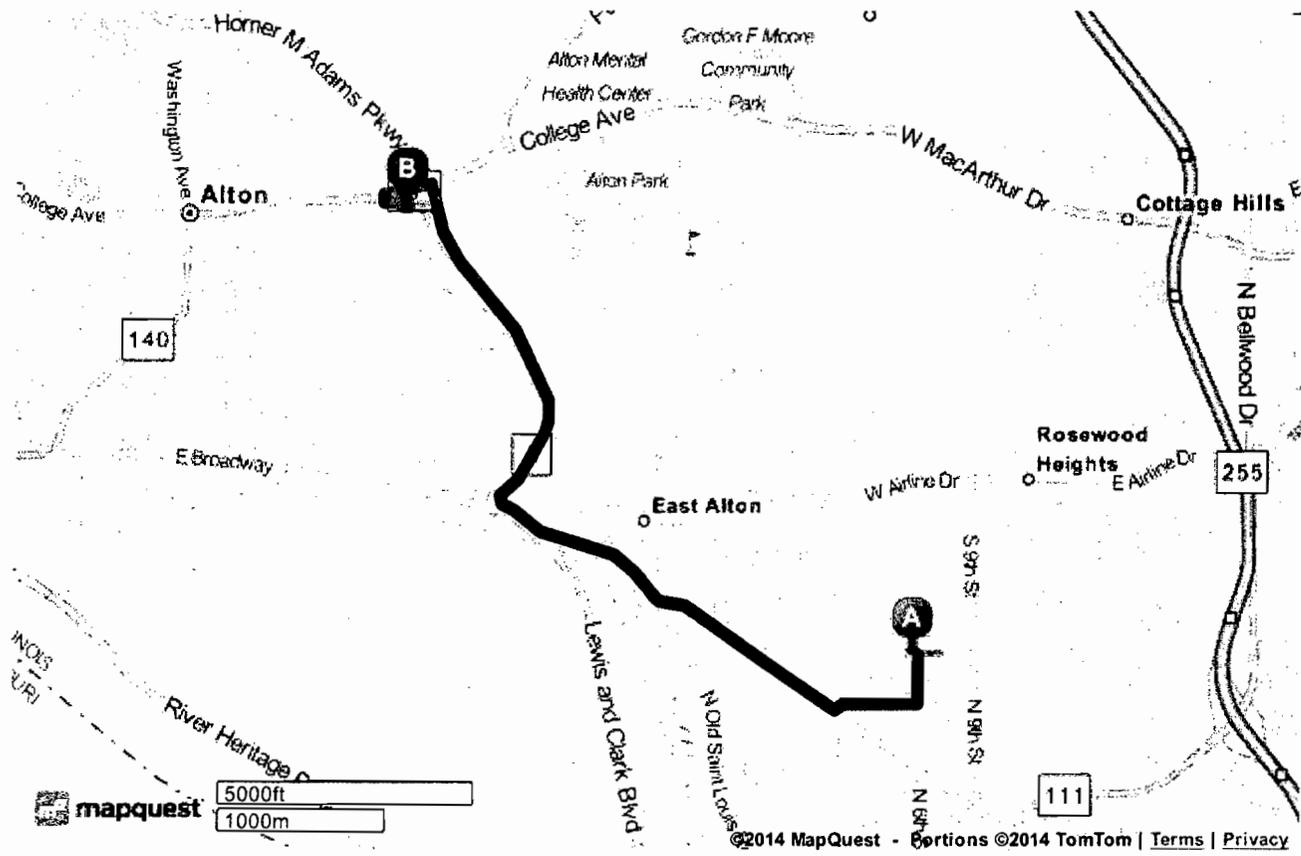
Download  
Free App

- |   |   |                         |
|---|---|-------------------------|
| ●   | 1. Start out going <b>south</b> on <b>N 6th St</b> toward <b>Roosevelt Ave.</b> <a href="#">Map</a>   | 0.2 Mi<br>0.2 Mi Total  |
| ↘   | 2. Turn <b>right</b> onto <b>Park Ln.</b> <a href="#">Map</a><br><i>Park Ln is just past Wilson Ave<br/>If you reach Mildred Ave you've gone a little too far</i>   | 0.4 Mi<br>0.6 Mi Total  |
| ↘   | 3. Turn <b>right</b> onto <b>E Edwardsville Rd.</b> <a href="#">Map</a>   | 0.4 Mi<br>1.0 Mi Total  |
| ↑   | 4. <b>E Edwardsville Rd</b> becomes <b>E Saint Louis Ave.</b> <a href="#">Map</a>   | 1.4 Mi<br>2.4 Mi Total  |
| ↑ <span style="border: 1px solid black; padding: 2px;">3</span>   | 5. <b>E Saint Louis Ave</b> becomes <b>IL-3.</b> <a href="#">Map</a>  | 1.4 Mi<br>3.7 Mi Total  |
| ↗   | 6. Turn <b>slight right</b> onto <b>ramp.</b> <a href="#">Map</a>   | 0.3 Mi<br>4.1 Mi Total  |
| ↙   | 7. Keep <b>left</b> at the fork in the ramp. <a href="#">Map</a>  | 0.02 Mi<br>4.1 Mi Total |
| ↙ <span style="border: 1px solid black; padding: 2px;">140</span> | 8. Turn <b>left</b> onto <b>IL-140 / College Ave.</b> <a href="#">Map</a>   | 0.2 Mi<br>4.3 Mi Total  |
| ↙   | 9. Turn <b>left</b> onto <b>Crossroads Ct.</b> <a href="#">Map</a><br><i>Crossroads Ct is 0.1 miles past IL-111<br/>B &amp; D Pharmacy is on the corner<br/>If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far</i> | 0.03 Mi<br>4.3 Mi Total |
| ↙   | 10. Take the 1st <b>left</b> onto <b>College Ave.</b> <a href="#">Map</a><br><i>If you reach the end of Crossroads Ct you've gone about 0.2 miles too far</i>   | 0.09 Mi<br>4.4 Mi Total |
| ↘   | 11. Take the 1st <b>right</b> onto <b>Homer Adams Pkwy.</b> <a href="#">Map</a><br><i>Holiday Inn ALTON (LEWIS&amp;CLARK TRAIL SITE) is on the corner<br/>If you reach the end of Homer Adams Pkwy you've gone a little too far</i>           | 0.05 Mi<br>4.5 Mi Total |
| ■   | 12. <b>[3800 - 3800] HOMER ADAMS PKWY.</b> <a href="#">Map</a><br><i>If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far</i>  |                         |



# [3800 - 3800] Homer Adams Pkwy, Alton, IL 62002

Total Travel Estimate: **4.49 miles - about 9 minutes**



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Notes

Jerseyville Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

19.26 miles / 25 minutes



**917 S State St, Jerseyville, IL 62052-2344**

Download  
Free App



1. Start out going **south** on **S State St / US-67 S**. Continue to follow **US-67 S**. [Map](#)

**11.6 Mi**  
11.6 Mi Total



2. **US-67 S** becomes **IL-255 S**. [Map](#)

**3.7 Mi**  
15.2 Mi Total



3. Take the **Seminary Rd** exit, **EXIT 16**. [Map](#)

**0.3 Mi**  
15.5 Mi Total



4. Turn **slight right** onto **Seminary Rd**. [Map](#)

**0.7 Mi**  
16.2 Mi Total



5. **Seminary Rd** becomes **Seminary St**. [Map](#)

**1.6 Mi**  
17.8 Mi Total



**3**

6. Turn **left** onto **Homer M Adams Pkwy / IL-3 / IL-111**. [Map](#)  
*Homer M Adams Pkwy is 0.1 miles past Agnes Blvd  
If you reach Claire Ave you've gone a little too far*

**0.8 Mi**  
18.6 Mi Total



7. Turn **slight right** onto **ramp**. [Map](#)

**0.4 Mi**  
19.0 Mi Total



**140**

8. Turn **slight right** onto **College Ave / IL-140**. [Map](#)

**0.1 Mi**  
19.1 Mi Total



9. Take the 1st **left** onto **Crossroads Ct**. [Map](#)  
*B & D Pharmacy is on the corner  
If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
19.1 Mi Total



10. Take the 1st **left** onto **College Ave**. [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
19.2 Mi Total



11. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
19.3 Mi Total

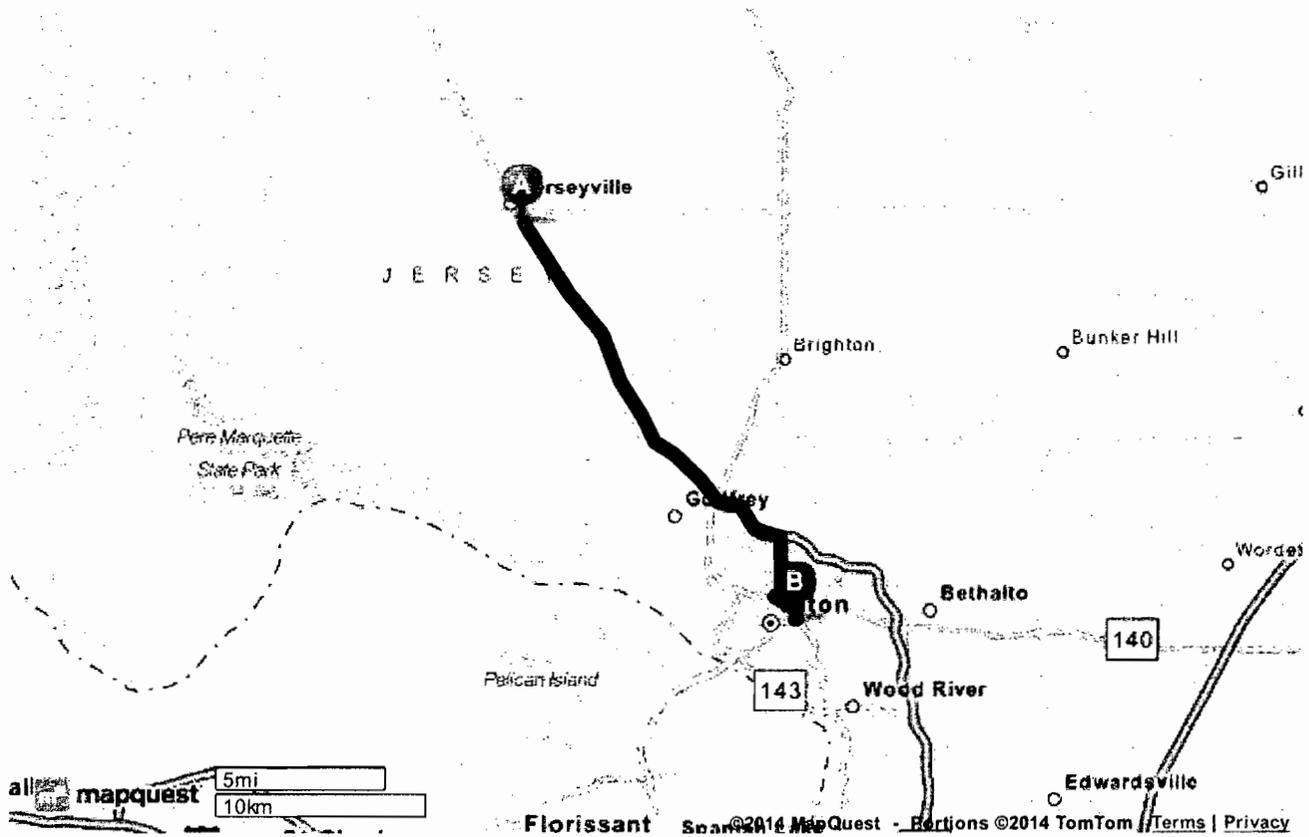


12. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



## **[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **19.26 miles - about 25 minutes**



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Notes

Shiloh Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

34.19 miles / 36 minutes



**1095 N Green Mount Rd, Belleville, IL 62221-3303**

Download Free App

- 1. Start out going **north** on **N Green Mount Rd / County Hwy-R18** toward **Frank Scott Pkwy E.** [Map](#)

**0.7 Mi**  
*0.7 Mi Total*
- 2. Merge onto **I-64 W / US-50 W** via the ramp on the **left** toward **East St Louis.** [Map](#)

**7.8 Mi**  
*8.5 Mi Total*
- 3. Merge onto **I-255 N** via **EXIT 7** toward **Chicago.** [Map](#)

**10.6 Mi**  
*19.2 Mi Total*
- 4. Take **IL-255 N** toward **Alton.** [Map](#)

**10.7 Mi**  
*29.9 Mi Total*
- 5. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto.** [Map](#)

**0.3 Mi**  
*30.1 Mi Total*
- 6. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**  
*30.2 Mi Total*
- 7. Turn **left** onto **E McArthur Dr / IL-111 / IL-140.** Continue to follow **IL-140.** [Map](#)

**3.9 Mi**  
*34.0 Mi Total*
- 8. Turn **left** onto **Crossroads Ct.** [Map](#)  
*B & D Pharmacy is on the corner*  
*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
*34.0 Mi Total*
- 9. Take the 1st **left** onto **College Ave.** [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

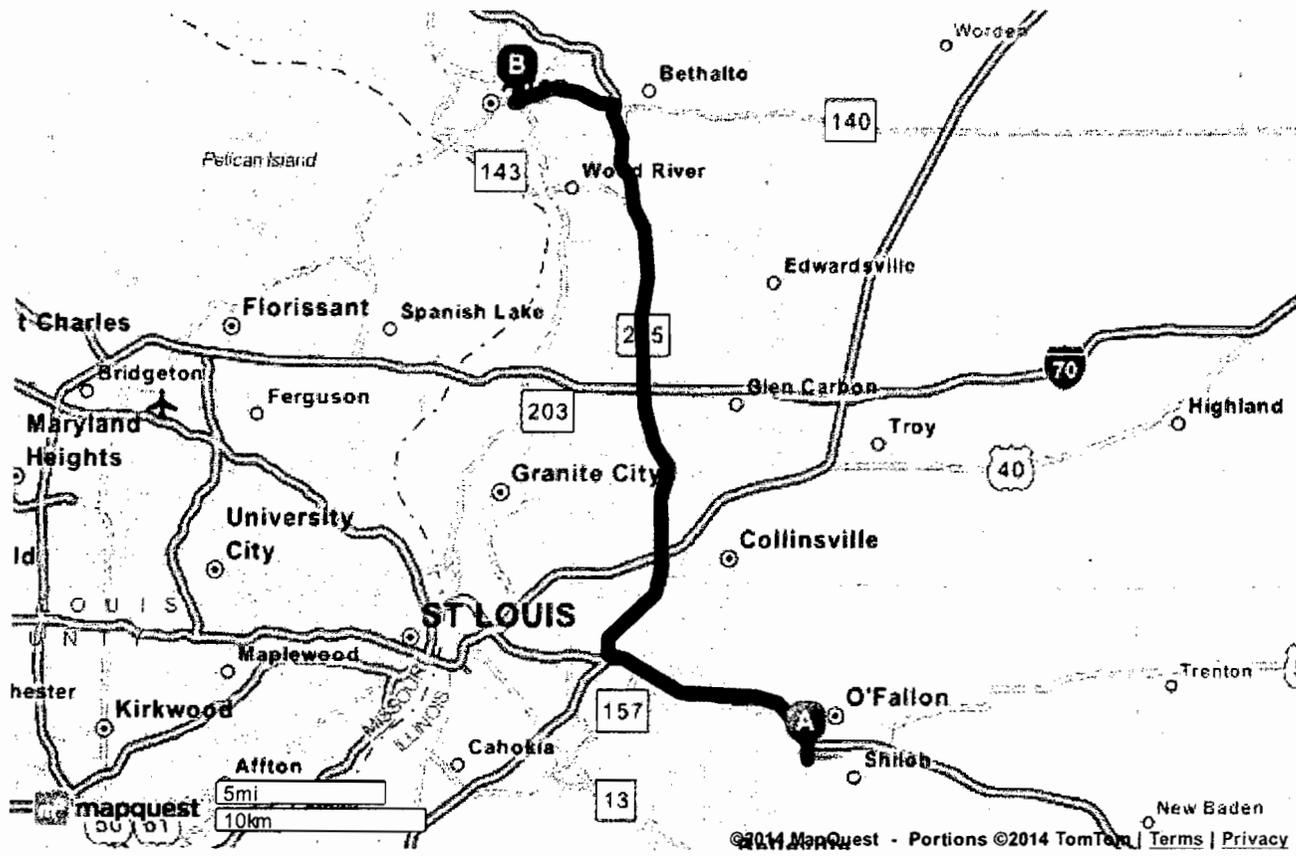
**0.09 Mi**  
*34.1 Mi Total*
- 10. Take the 1st **right** onto **Homer Adams Pkwy.** [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*  
*If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
*34.2 Mi Total*
- 11. **[3800 - 3800] HOMER ADAMS PKWY.** [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **34.19 miles - about 36 minutes**



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**mapquest**

Notes

FMC - RAI - Fairview Heights to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

31.16 miles / 34 minutes



**821 Lincoln Hwy, Fairview Heights, IL 62208-2216**

Download Free App

- 1. Start out going **west** on **Lincoln Hwy** toward **Aubuchon Dr.** [Map](#)

**0.7 Mi**  
0.7 Mi Total
- 159

2. Turn **right** onto **N Illinois St / IL-159.** [Map](#)  
*N Illinois St is just past Saint Clair Sq  
Red Robin is on the corner*

**0.5 Mi**  
1.1 Mi Total
- WEST  
64

3. Merge onto **I-64 W / US-50 W** toward **St Louis.** [Map](#)

**4.4 Mi**  
5.5 Mi Total
- 7  
EXIT  
NORTH  
255

4. Merge onto **I-255 N** via **EXIT 7** toward **Chicago.** [Map](#)

**10.6 Mi**  
16.2 Mi Total
- NORTH  
255

5. Take **IL-255 N** toward **Alton.** [Map](#)

**10.7 Mi**  
26.8 Mi Total
- 10  
EXIT

6. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto.** [Map](#)

**0.3 Mi**  
27.1 Mi Total
- 7. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**  
27.1 Mi Total
- 140

8. Turn **left** onto **E McArthur Dr / IL-111 / IL-140.** Continue to follow **IL-140.** [Map](#)

**3.9 Mi**  
31.0 Mi Total
- 9. Turn **left** onto **Crossroads Ct.** [Map](#)  
*B & D Pharmacy is on the corner  
If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
31.0 Mi Total
- 10. Take the 1st **left** onto **College Ave.** [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
31.1 Mi Total
- 11. Take the 1st **right** onto **Homer Adams Pkwy.** [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
31.2 Mi Total
- 12. **[3800 - 3800] HOMER ADAMS PKWY.** [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about*

*0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **31.16 miles - about 34 minutes**



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**mapquest**

Notes

Maryville Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

21.46 miles / 26 minutes



**Maryville, IL 62062**

Download  
Free App

- 1. Start out going **east** on **Drost St** toward **Nepute St**. [Map](#)

**0.06 Mi**  
*0.06 Mi Total*
- 2. Take the 1st **right** onto **Nepute St**. [Map](#)

**0.1 Mi**  
*0.2 Mi Total*
- 3. Take the 1st **left** onto **W Division St**. [Map](#)  
*If you reach Maryknoll Dr you've gone a little too far*

**0.2 Mi**  
*0.4 Mi Total*
- 159

4. Turn **left** onto **N Center St / IL-159**. Continue to follow **IL-159**. [Map](#)  
*Maryville Village Police Department is on the corner*

**2.1 Mi**  
*2.5 Mi Total*
- WEST  
270

5. Merge onto **I-270 W** via the ramp on the **left** toward **St Charles**. [Map](#)

**4.3 Mi**  
*6.8 Mi Total*
- 7B  
EXIT  
NORTH  
255

6. Merge onto **IL-255 N** via **EXIT 7B** toward **Alton**. [Map](#)

**10.3 Mi**  
*17.1 Mi Total*
- 10  
EXIT

7. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. [Map](#)

**0.3 Mi**  
*17.4 Mi Total*
- 8. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**  
*17.4 Mi Total*
- 140

9. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. [Map](#)

**3.9 Mi**  
*21.3 Mi Total*
- 10. Turn **left** onto **Crossroads Ct**. [Map](#)  
*B & D Pharmacy is on the corner*  
*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
*21.3 Mi Total*
- 11. Take the 1st **left** onto **College Ave**. [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
*21.4 Mi Total*
- 12. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*  
*If you reach the end of Homer Adams Pkwy you've gone a little too far*

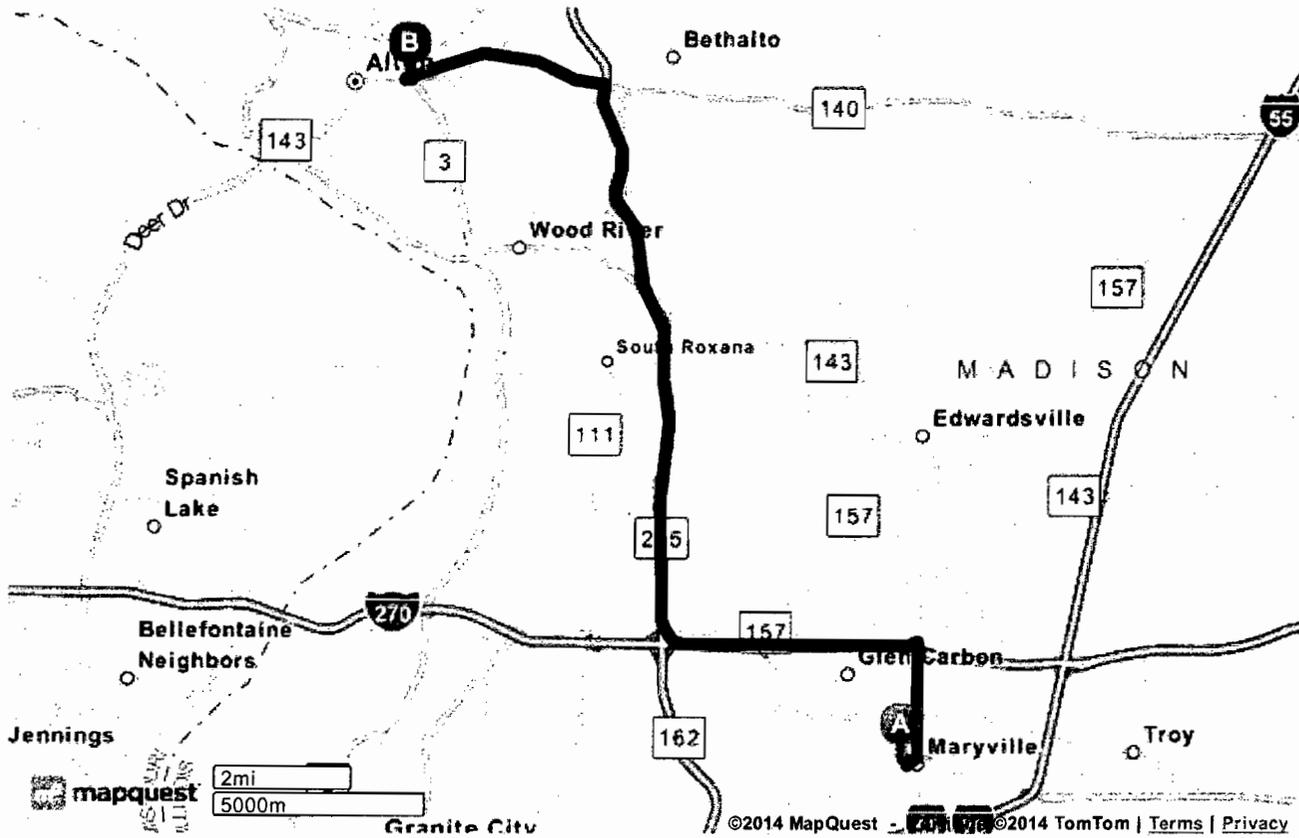
**0.05 Mi**  
*21.5 Mi Total*
- 13. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about*

*0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: 21.46 miles - about 26 minutes



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mapquest

Notes

Edwardsville Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

14.15 miles / 20 minutes



**235 S Buchanan St, Edwardsville, IL 62025-2108**

Download Free App



1. Start out going **north** on **S Buchanan St** toward **E Park St**. [Map](#)

**0.1 Mi**

*0.1 Mi Total*



**157**

2. Take the 2nd **left** onto **E Vandalia St / IL-157 / IL-143**. [Map](#)

**0.1 Mi**

*E Vandalia St is just past E Park St*

*Wasabi is on the right*

*If you are on N Buchanan St and reach Hillsboro Ave you've gone about*

*0.1 miles too far*

*0.3 Mi Total*



**143**

3. Take the 3rd **right** onto **N Main St / IL-159 / IL-143**. Continue to follow **IL-143**. [Map](#)

**5.9 Mi**

*IL-143 is just past Plaza Ct*

*Erato Wine Bar and Shoppe is on the right*

*If you are on W Vandalia St and reach Johnson St you've gone about 0.1*

*miles too far*

*6.1 Mi Total*



**NORTH 255**

4. Merge onto **IL-255 N** toward **Alton**. [Map](#)

**3.7 Mi**

*9.8 Mi Total*



5. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. [Map](#)

**0.3 Mi**

*10.1 Mi Total*



6. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**

*10.1 Mi Total*



**140**

7. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. [Map](#)

**3.9 Mi**

*14.0 Mi Total*



8. Turn **left** onto **Crossroads Ct**. [Map](#)

**0.03 Mi**

*B & D Pharmacy is on the corner*

*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles*

*too far*

*14.0 Mi Total*



9. Take the 1st **left** onto **College Ave**. [Map](#)

**0.09 Mi**

*If you reach the end of Crossroads Ct you've gone about 0.2 miles too*

*far*

*14.1 Mi Total*



10. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)

**0.05 Mi**

*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*

*If you reach the end of Homer Adams Pkwy you've gone a little too far*

*14.1 Mi Total*

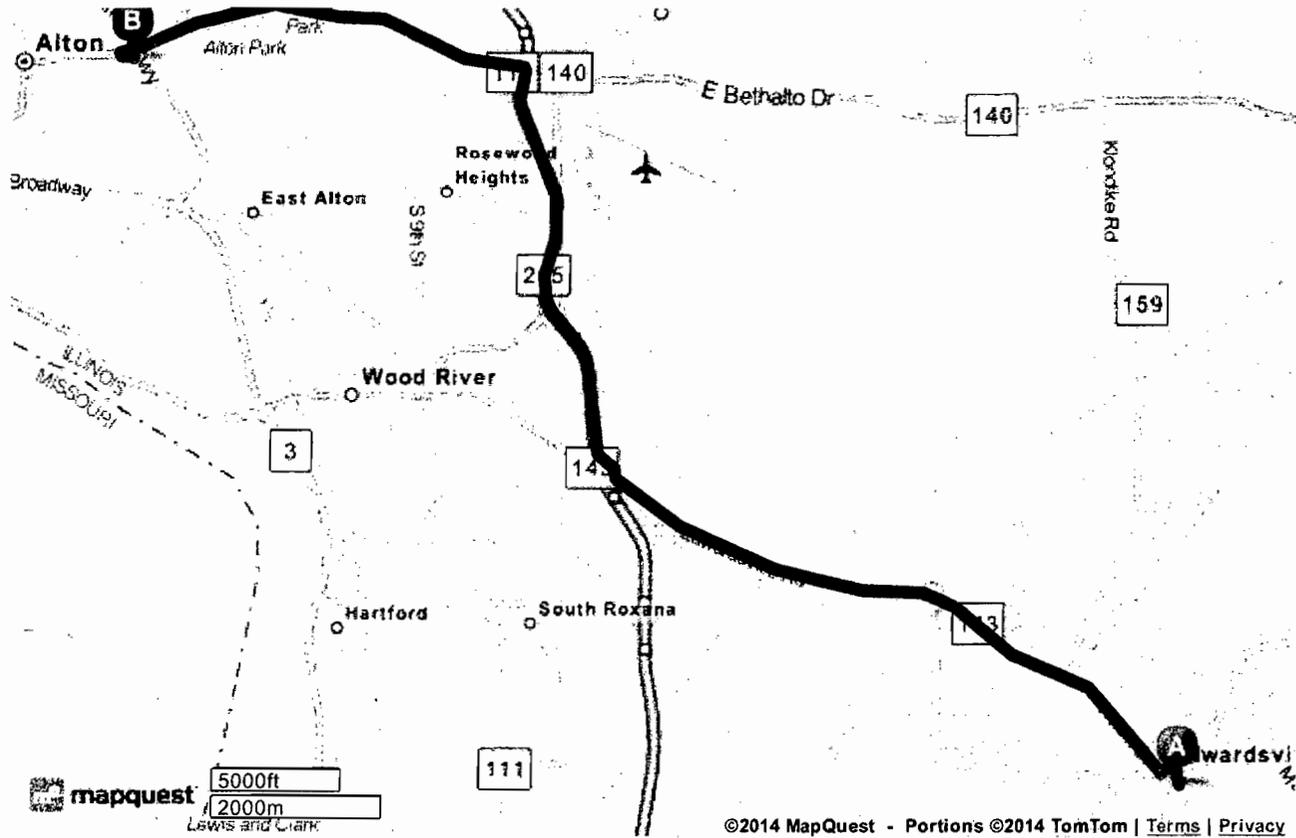
11. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)

*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: 14.15 miles - about 20 minutes



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**Appendix 2 – Discontinuation Impact Letters**

Attached as Appendix II is documentation that Letters of Impact of Discontinuation and Relocation were sent to all existing dialysis within 45 minutes normal driving distance, as determined by MapQuest.

Alton Dialysis  
3511 College Avenue  
Alton, Illinois 62002

October 27, 2014

**FEDERAL EXPRESS**

BMA - Southern Illinois Dialysis Center  
Ill. Rte 3 & 143, Eastgate Plaza  
East Alton, IL 62024

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and DVA Renal Healthcare Inc. to inform you of the proposed relocation of Alton Dialysis, a 14-station dialysis facility located at 3511 College Avenue, Alton, Illinois 62002 (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is approximately July 31, 2016.

Over the past two years, the facility has served between 62 and 72 end-stage renal disease patients at any given time and the census at the end of June 2014 was 68. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

While we do not anticipate the project will impact access to care for residents of the area or area health care facilities because we will accommodate the Alton Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners Inc., 1333 North Kingsbury Street, Suite 305, Chicago, Illinois 60642. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact me at [timothy.tincknell@davita.com](mailto:timothy.tincknell@davita.com) or 312-649-9289.

Sincerely,

A handwritten signature in black ink, appearing to read 'TIM TINCKNELL' in a stylized, cursive font.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.  
DVA Renal Healthcare Inc.

From: (312) 649-9289  
Tim Tincknell  
DaVita  
1333 N Kingsbury St  
Suite 305  
CHICAGO, IL 60642

Origin ID: GYYA



J142214092303uv

Ship Date: 27OCT14  
ActWgt: 0.5 LB  
CAD: 104010597/INET3550

Delivery Address Bar Code



SHIP TO: (312) 649-9289

BILL SENDER

**Facility Administrator**  
**BMA - Southern IL Dialysis Center**  
**IL Route 43 & 143, Eastgate Plaza**

**East Alton, IL 62024**

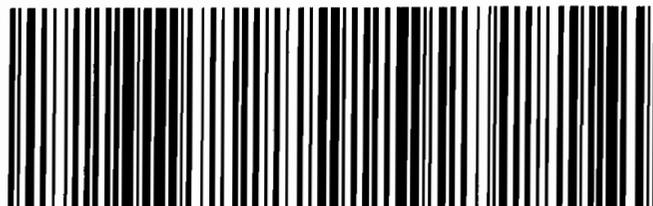
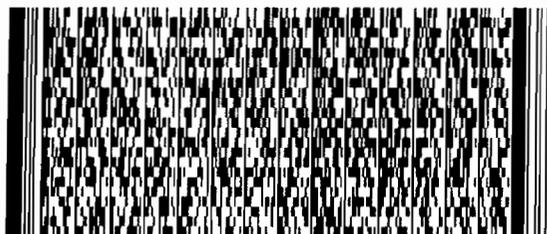
Ref #  
Invoice #  
PO #  
Dept #

**TUE - 28 OCT 10:30A**  
**PRIORITY OVERNIGHT**

TRK# 7716 4115 0922  
0201

**62024**  
IL-US  
**STL**

**NA BLVA**



522G1JDF64BAC9

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## Timothy Tincknell

---

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**To:** Timothy Tincknell  
**Subject:** FedEx Shipment 771641150922 Delivered

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Tracking # 771641150922

Ship (P/U) date:  
Monday, 10/27/14

Tim Tincknell  
DaVita  
CHICAGO, IL 60642  
US

Delivery date:  
Wednesday, 10/29/14  
9:38 AM

Facility Administrator  
BMA - Southern IL Dialysis  
Center  
IL Route 43 & 143, Eastgate  
Plaza  
East Alton, IL 62024  
US



Delivered



### Shipment Facts

Our records indicate that the following package has been delivered.

<b>Tracking number:</b>	<u>771641150922</u>
<b>Status:</b>	Delivered: 10/29/2014 09:38 AM Signed for By: M.ELLIOTT
<b>Signed for by:</b>	M.ELLIOTT
<b>Delivery location:</b>	East Alton, IL
<b>Delivered to:</b>	Receptionist/Front Desk
<b>Service type:</b>	FedEx Priority Overnight
<b>Packaging type:</b>	FedEx Envelope
<b>Number of pieces:</b>	1
<b>Weight:</b>	0.50 lb.
<b>Special handling/Services:</b>	Deliver Weekday

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Alton Dialysis  
3511 College Avenue  
Alton, Illinois 62002

October 27, 2014

**FEDERAL EXPRESS**

RAI - Fairview Heights  
821 Lincoln Highway  
Fairview Heights, IL 62208

To Whom It May Concern:

I am writing on behalf of DaVita HealthCare Partners Inc. and DVA Renal Healthcare Inc. to inform you of the proposed relocation of Alton Dialysis, a 14-station dialysis facility located at 3511 College Avenue, Alton, Illinois 62002 (the "Existing Facility"). DaVita plans to relocate the Existing Facility to a nearby location. Your facility is within 45 minutes travel time of the Existing Facility.

The estimated date of discontinuation and relocation is approximately July 31, 2016.

Over the past two years, the facility has served between 62 and 72 end-stage renal disease patients at any given time and the census at the end of June 2014 was 68. We expect all existing patients of the Existing Facility will be transferred to the replacement facility.

While we do not anticipate the project will impact access to care for residents of the area or area health care facilities because we will accommodate the Alton Dialysis patient base at another nearby location, the Illinois Health Facilities and Services Review Board requires us to inform you of these plans to provide you an option to provide an impact statement from your facility.

If you choose to provide such a response, please detail whether your facility's admissions policies place any restrictions or limitations on providing service to residents of the market area and your capacity by shift. Please send any such response within fifteen days of receipt of this letter to Tim Tincknell, DaVita HealthCare Partners Inc., 1333 North Kingsbury Street, Suite 305, Chicago, Illinois 60642. If we do not receive a response from you within fifteen days, it will be assumed that you agree that the relocation of the Existing Facility will not affect your facility.

If you have any questions about DaVita's plans to relocate the facility, please feel free to contact me at [timothy.tincknell@davita.com](mailto:timothy.tincknell@davita.com) or 312-649-9289.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Tincknell', with a stylized flourish at the end.

Tim Tincknell

On behalf of

DaVita HealthCare Partners Inc.  
DVA Renal Healthcare Inc.

From: (312) 649-9289  
Tim Tincknell  
DaVita  
1333 N Kingsbury St  
Suite 305  
CHICAGO, IL 60642

Origin ID: GYYA



J142214092303uv

Ship Date: 27OCT14  
ActWgt: 0.5 LB  
CAD: 104010597/INET3550

Delivery Address Bar Code



SHIP TO: (312) 649-9289

BILL SENDER

Facility Administrator  
RAI - Fairview Heights  
821 Lincoln Highway

FAIRVIEW HEIGHTS, IL 62208

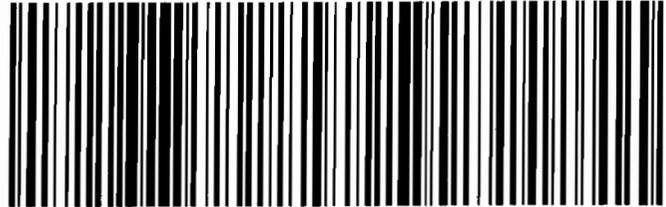
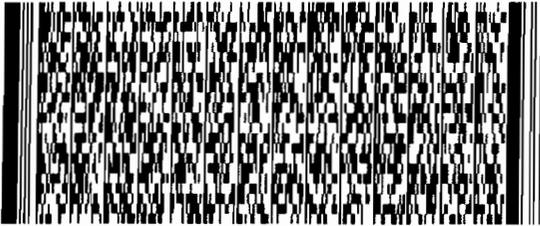
Ref #  
Invoice #  
PO #  
Dept #

TUE - 28 OCT 10:30A  
PRIORITY OVERNIGHT

TRK# 7716 4129 2840  
0201

NA CPSA

62208  
IL-US  
STL



522G1/DF648AC9

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**Timothy Tincknell**

---

**From:** trackingupdates@fedex.com  
**Sent:** Tuesday, October 28, 2014 2:36 PM  
**To:** Timothy Tincknell  
**Subject:** FedEx Shipment 771641292840 Delivered

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## Your package has been delivered

Tracking # 771641292840

Ship (P/U) date:  
Monday, 10/27/14

Tim Tincknell  
DaVita  
CHICAGO, IL 60642  
US



Delivered

Delivery date:  
Tuesday, 10/28/14 2:33  
PM

Facility Administrator  
RAI - Fairview Heights  
821 Lincoln Highway  
FAIRVIEW HEIGHTS, IL 62208  
US



### Shipment Facts

Our records indicate that the following package has been delivered.

<b>Tracking number:</b>	<u>771641292840</u>
<b>Status:</b>	Delivered: 10/28/2014 2:33 PM Signed for By: C.HERRIN
<b>Signed for by:</b>	C.HERRIN
<b>Delivery location:</b>	FAIRVIEW HEIGHTS, IL
<b>Delivered to:</b>	Receptionist/Front Desk
<b>Service type:</b>	FedEx Priority Overnight
<b>Packaging type:</b>	FedEx Envelope
<b>Number of pieces:</b>	1
<b>Weight:</b>	0.50 lb.
<b>Special handling/Services:</b>	Deliver Weekday

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All weights are estimated.

**Appendix 3 – Physician Referral Letter**

Attached as Appendix 3 is the physician referral letter from Dr. Suresh Mathew confirming all 68 current ESRD patients will transfer to the Replacement Facility.

Suresh Mathew, M.D.  
Renal Consultants  
11125 Dunn Road, Suite 304  
St. Louis, MO 63136

Kathryn J. Olson  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Chair Olson:

I am a nephrologist in practice with Renal Consultants and will be the medical director for Alton Dialysis. I am writing on behalf of Renal Consultants in support of DaVita HealthCare Partners Inc.'s ("DaVita") proposed relocation of Alton Dialysis. Specifically, DaVita proposes to relocate its existing dialysis facility approximately 3 miles to 309 Homer Adams Parkway, Alton, Illinois 62002 in order to address physical plant issues at the existing dialysis facility.

The age and design of the facility puts it at risk for Medicare deficiencies. Further, the costs to maintain the facility have continued to increase over the past 4 ½ years due primarily to ongoing repairs to the 19 year old central water plant/reverse osmosis (RO) system. Additionally, the existing facility is small and cannot accommodate future expansion or additional modalities. The existing facility houses 14 in-center hemodialysis stations, 2 HOME training rooms for peritoneal dialysis and a storage area in approximately 5,500 GSF. The replacement facility will allow for future expansion of in-center hemodialysis stations, as well as the addition of a third training room dedicated to home hemodialysis, which will provide patients with an additional alternative to conventional in-center hemodialysis.

Alton Dialysis is currently treating 68 in-center ESRD patients, as of June 30, 2014. All of the patients at the existing facility are expected to transfer to the new facility. A list of my practice's patients who have received care at Alton Dialysis over the past three and a half years is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis in the most recent year is provided at Attachment - 2.

I attest to the best of my belief that all of the information in this letter is true and correct and that no patient referrals to Alton Dialysis have been used to support another pending or approved CON application.

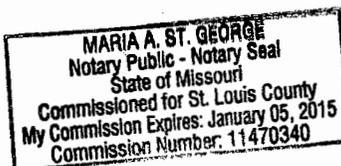
I support the proposed relocation of Alton Dialysis.

Sincerely,

  
Suresh Mathew, M.D.  
Nephrologist  
Renal Consultants  
11125 Dunn Road, Suite 304  
St. Louis, MO 63136

Subscribed and sworn to me  
This 30 day of October, 2014

  
Notary Public MARIA A. ST. GEORGE



**Attachment 1**  
**Historical Patient Utilization**

Alton Dialysis							
2011		2012		2013		2014 YTD 6/30	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
40	62002	37	62002	38	62002	40	62002
3	62010	2	62010	4	62010	3	62010
1	62012	6	62012	6	62012	5	62012
3	62018	4	62018	3	62018	4	62018
1	62024	1	62022	3	62024	1	62024
2	62025	1	62025	1	62025	7	62035
6	62035	4	62035	9	62035	1	62036
1	62036	1	62036	1	62048	1	62067
1	62067	1	62067	2	62067	1	62084
5	62095	5	62095	1	62084	1	62087
1	63115	1	62234	4	62095	4	62095

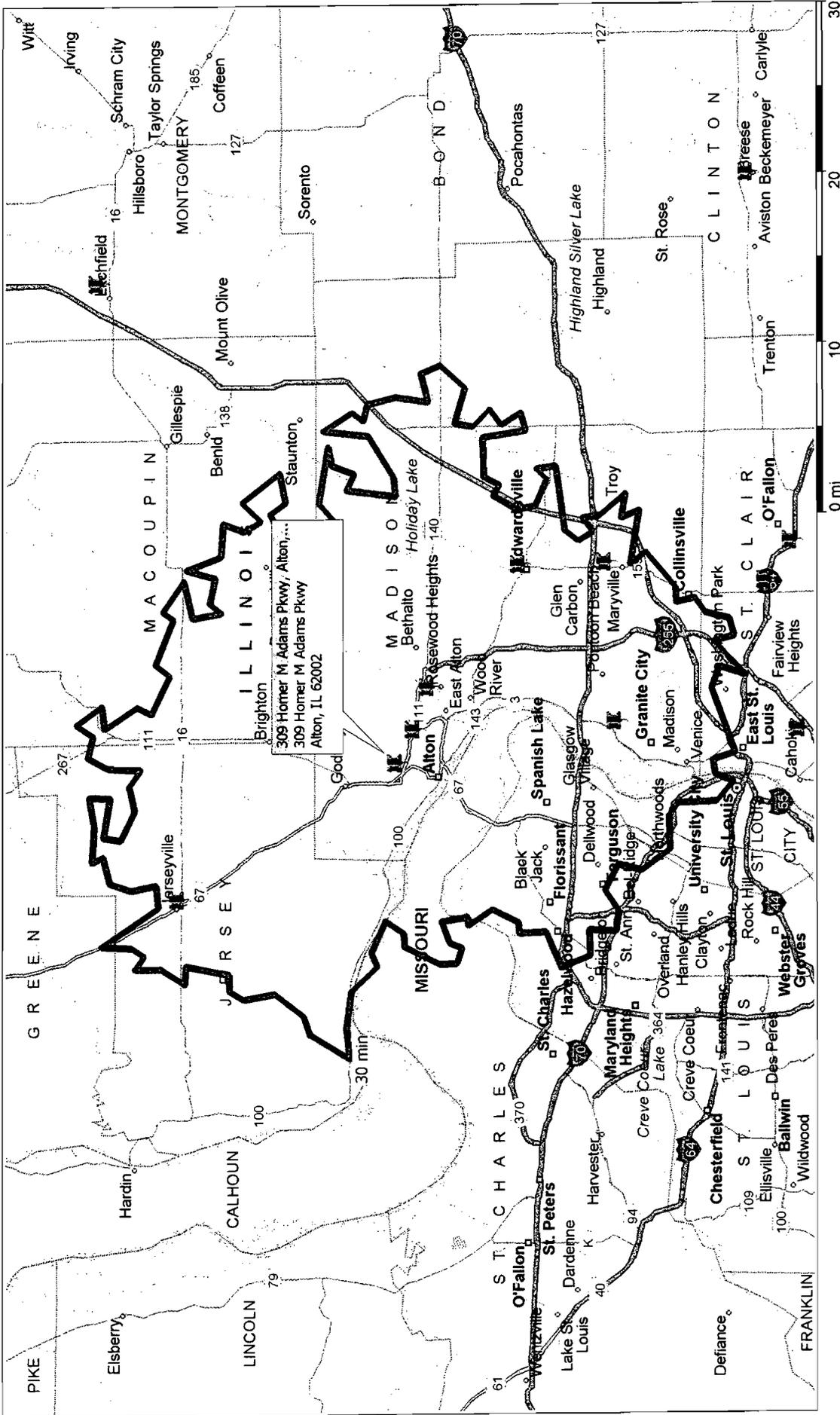
**Attachment 2**  
**New Patients**

<b>Alton Dialysis</b>			
<b>2013</b>		<b>2014 YTD 6/30</b>	
<b>Pt Count</b>	<b>Zip Code</b>	<b>Pt Count</b>	<b>Zip Code</b>
19	62002	6	62002
3	62010	1	62012
6	62012	1	62018
2	62024	2	62035
7	62035	1	62087
1	62048	1	62095
1	62067		
1	62084		

**Appendix 4 – Time & Distance Determination: Replacement Facility**

Attached as Appendix 4 are the distance and normal travel time from the proposed facility to all existing dialysis facilities within 30 minutes normal travel time as determined by MapQuest.

309\_Homer\_Adams\_Parkway\_Alton\_IL\_62002\_30\_Min\_GSA



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Notes

Granite City Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

15.25 miles / 21 minutes



**9 American Vlg, Granite City, IL 62040-3706**

Download  
Free App

- 1. Start out going **east** on **American Vlg** toward **Nameoki Rd / IL-203**. [Map](#)

**0.08 Mi**  
0.08 Mi Total
- 203

2. Turn **left** onto **Nameoki Rd / IL-203**. [Map](#)

**0.7 Mi**  
0.8 Mi Total
- 3. Turn **right** onto **North St**. [Map](#)  
*North St is just past Branding Dr  
If you reach Moro Ave you've gone a little too far*

**0.1 Mi**  
0.9 Mi Total
- 4. Take the 2nd **right** onto **Pontoon Rd**. [Map](#)  
*Pontoon Rd is just past Branding Dr*

**0.8 Mi**  
1.7 Mi Total
- 5. Take the 3rd **right** onto **Missouri Ave**. [Map](#)  
*Missouri Ave is 0.1 miles past Century Dr  
If you reach IL-3 you've gone about 0.2 miles too far*

**0.3 Mi**  
2.0 Mi Total
- 3

6. Turn **slight right** onto **IL-3 / Lewis and Clark Blvd**. Continue to follow **IL-3**. [Map](#)

**11.0 Mi**  
13.0 Mi Total
- 3

7. Turn **slight left** onto **W Saint Louis Ave / IL-3**. Continue to follow **IL-3**. [Map](#)  
*IL-3 is just past W Saint Louis Ave  
QuikTrip is on the corner*

**1.5 Mi**  
14.5 Mi Total
- 8. Turn **slight right** onto **ramp**. [Map](#)

**0.3 Mi**  
14.8 Mi Total
- 9. Keep **left** at the fork in the ramp. [Map](#)

**0.02 Mi**  
14.8 Mi Total
- 140

10. Turn **left** onto **IL-140 / College Ave**. [Map](#)

**0.2 Mi**  
15.1 Mi Total
- 11. Turn **left** onto **Crossroads Ct**. [Map](#)  
*Crossroads Ct is 0.1 miles past IL-111  
B & D Pharmacy is on the corner  
If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
15.1 Mi Total
- 12. Take the 1st **left** onto **College Ave**. [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too*

**0.09 Mi**  
15.2 Mi Total



13. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*  
*If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
**15.3 Mi Total**

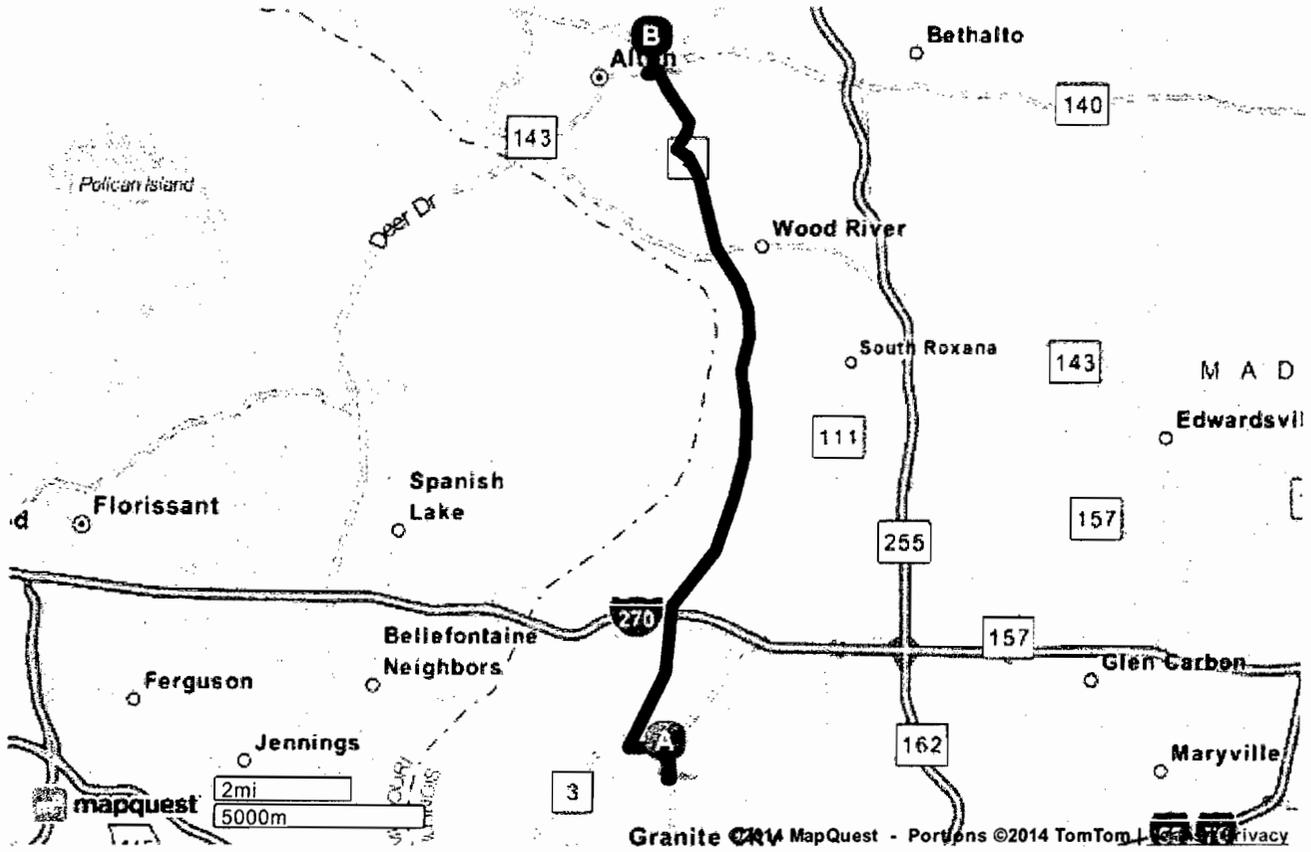


14. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about*  
*0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: 15.25 miles - about 21 minutes



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Notes

Alton Dialysis current site to proposed relocation site of facility

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

0.16 miles /



**3511 College Ave, Alton, IL 62002-5009**

Download  
Free App



1. Start out going **east** on **College Ave** toward **Crossroads Ct.** [Map](#)

**0.1 Mi**  
*0.1 Mi Total*



2. Take the 2nd **right** onto **Homer Adams Pkwy.** [Map](#)  
*Homer Adams Pkwy is just past Crossroads Ct  
Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
*0.2 Mi Total*

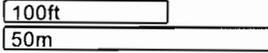
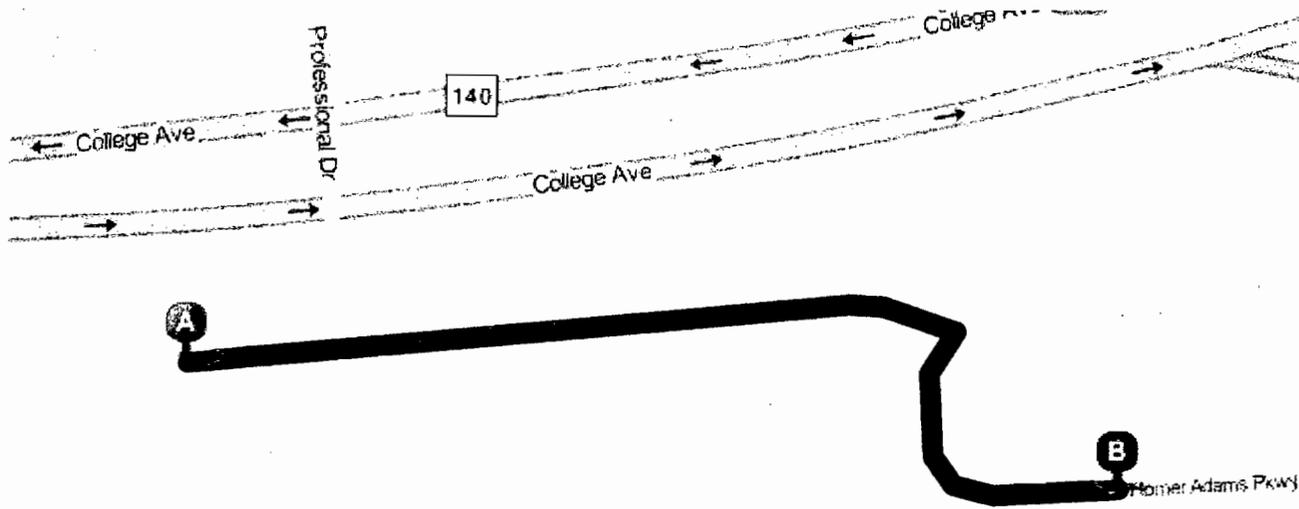


3. **[3800 - 3800] HOMER ADAMS PKWY.** [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about  
0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **0.16 miles - about**



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**mapquest**

Notes

FMC - BMA - Southern Illinois Dialysis Center to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

4.49 miles / 9 minutes



**East Alton, IL 62024**

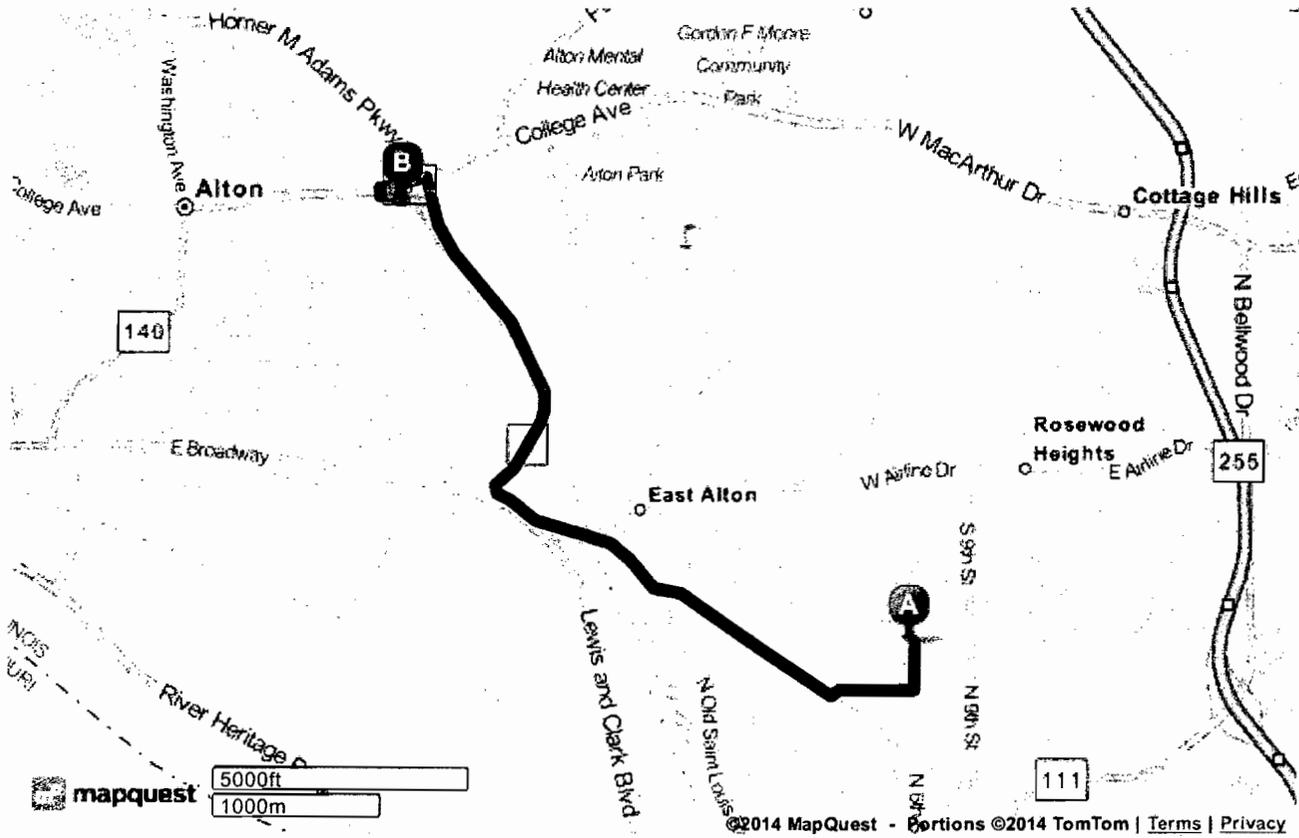
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- |   |   |                         |
|---|---|-------------------------|
| ●   | 1. Start out going <b>south</b> on <b>N 6th St</b> toward <b>Roosevelt Ave.</b> <a href="#">Map</a>   | 0.2 Mi<br>0.2 Mi Total  |
| ↘   | 2. Turn <b>right</b> onto <b>Park Ln.</b> <a href="#">Map</a><br><i>Park Ln is just past Wilson Ave<br/>If you reach Mildred Ave you've gone a little too far</i>   | 0.4 Mi<br>0.6 Mi Total  |
| ↘   | 3. Turn <b>right</b> onto <b>E Edwardsville Rd.</b> <a href="#">Map</a>   | 0.4 Mi<br>1.0 Mi Total  |
| ↑   | 4. <b>E Edwardsville Rd</b> becomes <b>E Saint Louis Ave.</b> <a href="#">Map</a>   | 1.4 Mi<br>2.4 Mi Total  |
| ↑ <span style="border: 1px solid black; padding: 2px;">3</span>   | 5. <b>E Saint Louis Ave</b> becomes <b>IL-3.</b> <a href="#">Map</a>  | 1.4 Mi<br>3.7 Mi Total  |
| ↗   | 6. Turn <b>slight right</b> onto <b>ramp.</b> <a href="#">Map</a>   | 0.3 Mi<br>4.1 Mi Total  |
| ↖   | 7. Keep <b>left</b> at the fork in the ramp. <a href="#">Map</a>  | 0.02 Mi<br>4.1 Mi Total |
| ↖ <span style="border: 1px solid black; padding: 2px;">140</span> | 8. Turn <b>left</b> onto <b>IL-140 / College Ave.</b> <a href="#">Map</a>   | 0.2 Mi<br>4.3 Mi Total  |
| ↖   | 9. Turn <b>left</b> onto <b>Crossroads Ct.</b> <a href="#">Map</a><br><i>Crossroads Ct is 0.1 miles past IL-111<br/>B &amp; D Pharmacy is on the corner<br/>If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far</i> | 0.03 Mi<br>4.3 Mi Total |
| ↖   | 10. Take the 1st <b>left</b> onto <b>College Ave.</b> <a href="#">Map</a><br><i>If you reach the end of Crossroads Ct you've gone about 0.2 miles too far</i>   | 0.09 Mi<br>4.4 Mi Total |
| ↘   | 11. Take the 1st <b>right</b> onto <b>Homer Adams Pkwy.</b> <a href="#">Map</a><br><i>Holiday Inn ALTON (LEWIS&amp;CLARK TRAIL SITE) is on the corner<br/>If you reach the end of Homer Adams Pkwy you've gone a little too far</i>           | 0.05 Mi<br>4.5 Mi Total |
| ■   | 12. <b>[3800 - 3800] HOMER ADAMS PKWY.</b> <a href="#">Map</a><br><i>If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far</i>  |                         |



# [3800 - 3800] Homer Adams Pkwy, Alton, IL 62002

Total Travel Estimate: **4.49 miles - about 9 minutes**



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Notes

Jerseyville Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

19.26 miles / 25 minutes



**917 S State St, Jerseyville, IL 62052-2344**

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1. Start out going **south** on **S State St / US-67 S**. Continue to follow **US-67 S**. [Map](#)

**11.6 Mi**  
11.6 Mi Total



2. **US-67 S** becomes **IL-255 S**. [Map](#)

**3.7 Mi**  
15.2 Mi Total



3. Take the **Seminary Rd** exit, **EXIT 16**. [Map](#)

**0.3 Mi**  
15.5 Mi Total



4. Turn **slight right** onto **Seminary Rd**. [Map](#)

**0.7 Mi**  
16.2 Mi Total



5. **Seminary Rd** becomes **Seminary St**. [Map](#)

**1.6 Mi**  
17.8 Mi Total



6. Turn **left** onto **Homer M Adams Pkwy / IL-3 / IL-111**. [Map](#)  
*Homer M Adams Pkwy is 0.1 miles past Agnes Blvd  
If you reach Claire Ave you've gone a little too far*

**0.8 Mi**  
18.6 Mi Total



7. Turn **slight right** onto **ramp**. [Map](#)

**0.4 Mi**  
19.0 Mi Total



8. Turn **slight right** onto **College Ave / IL-140**. [Map](#)

**0.1 Mi**  
19.1 Mi Total



9. Take the 1st **left** onto **Crossroads Ct**. [Map](#)

*B & D Pharmacy is on the corner  
If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
19.1 Mi Total



10. Take the 1st **left** onto **College Ave**. [Map](#)

*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
19.2 Mi Total



11. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)

*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
19.3 Mi Total



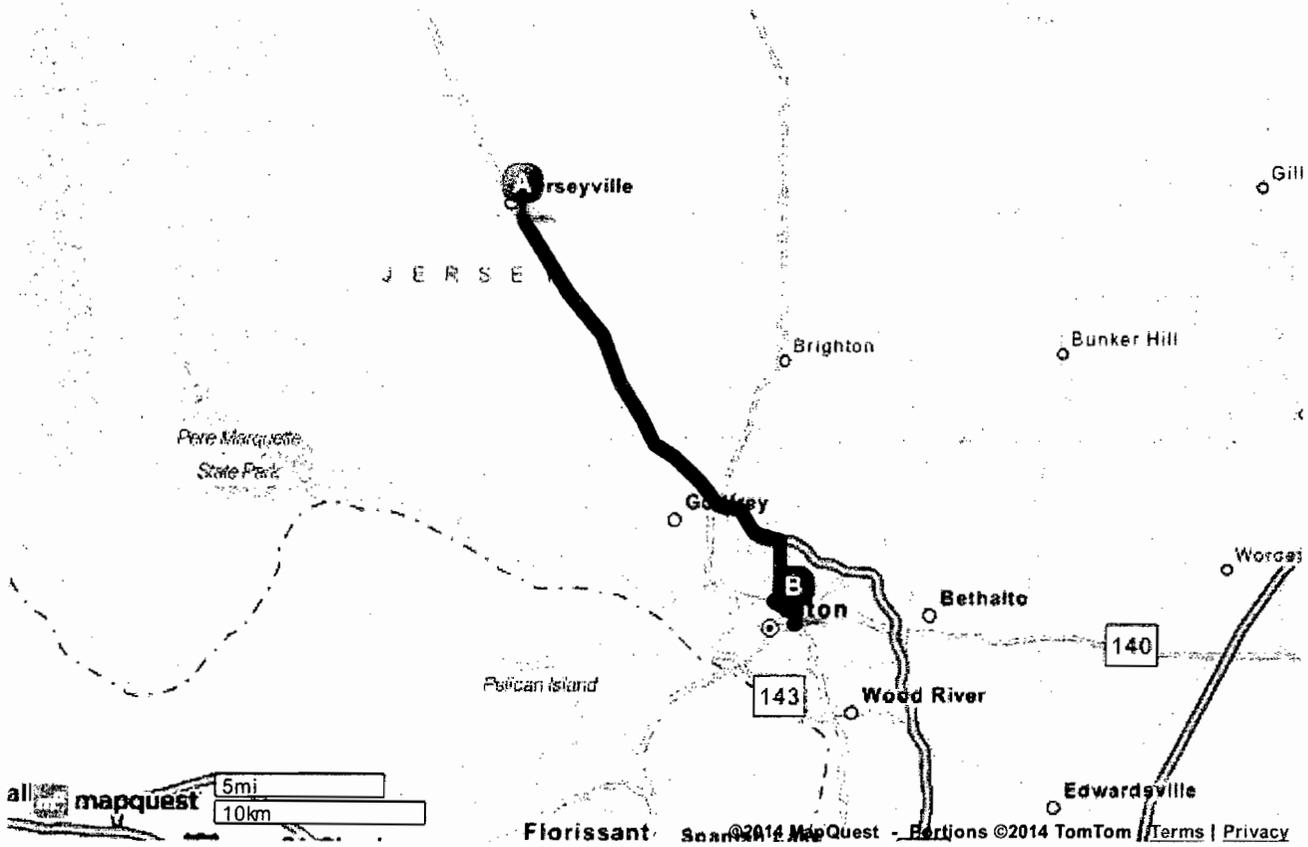
12. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)

*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



# [3800 - 3800] Homer Adams Pkwy, Alton, IL 62002

Total Travel Estimate: **19.26 miles - about 25 minutes**



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Notes

Maryville Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

21.46 miles / 26 minutes



**Maryville, IL 62062**

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Free App

- 1. Start out going **east** on **Drost St** toward **Nepute St**. [Map](#)

**0.06 Mi**  
*0.06 Mi Total*
- 2. Take the 1st **right** onto **Nepute St**. [Map](#)

**0.1 Mi**  
*0.2 Mi Total*
- 3. Take the 1st **left** onto **W Division St**. [Map](#)  
*If you reach Maryknoll Dr you've gone a little too far*

**0.2 Mi**  
*0.4 Mi Total*
- 159

4. Turn **left** onto **N Center St / IL-159**. Continue to follow **IL-159**. [Map](#)  
*Maryville Village Police Department is on the corner*

**2.1 Mi**  
*2.5 Mi Total*
- WEST  
270

5. Merge onto **I-270 W** via the ramp on the **left** toward **St Charles**. [Map](#)

**4.3 Mi**  
*6.8 Mi Total*
- 78  
EXIT  
NORTH  
255

6. Merge onto **IL-255 N** via **EXIT 7B** toward **Alton**. [Map](#)

**10.3 Mi**  
*17.1 Mi Total*
- 10  
EXIT

7. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. [Map](#)

**0.3 Mi**  
*17.4 Mi Total*
- 8. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**  
*17.4 Mi Total*
- 140

9. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. [Map](#)

**3.9 Mi**  
*21.3 Mi Total*
- 10. Turn **left** onto **Crossroads Ct**. [Map](#)  
*B & D Pharmacy is on the corner*  
*If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
*21.3 Mi Total*
- 11. Take the 1st **left** onto **College Ave**. [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
*21.4 Mi Total*
- 12. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner*  
*If you reach the end of Homer Adams Pkwy you've gone a little too far*

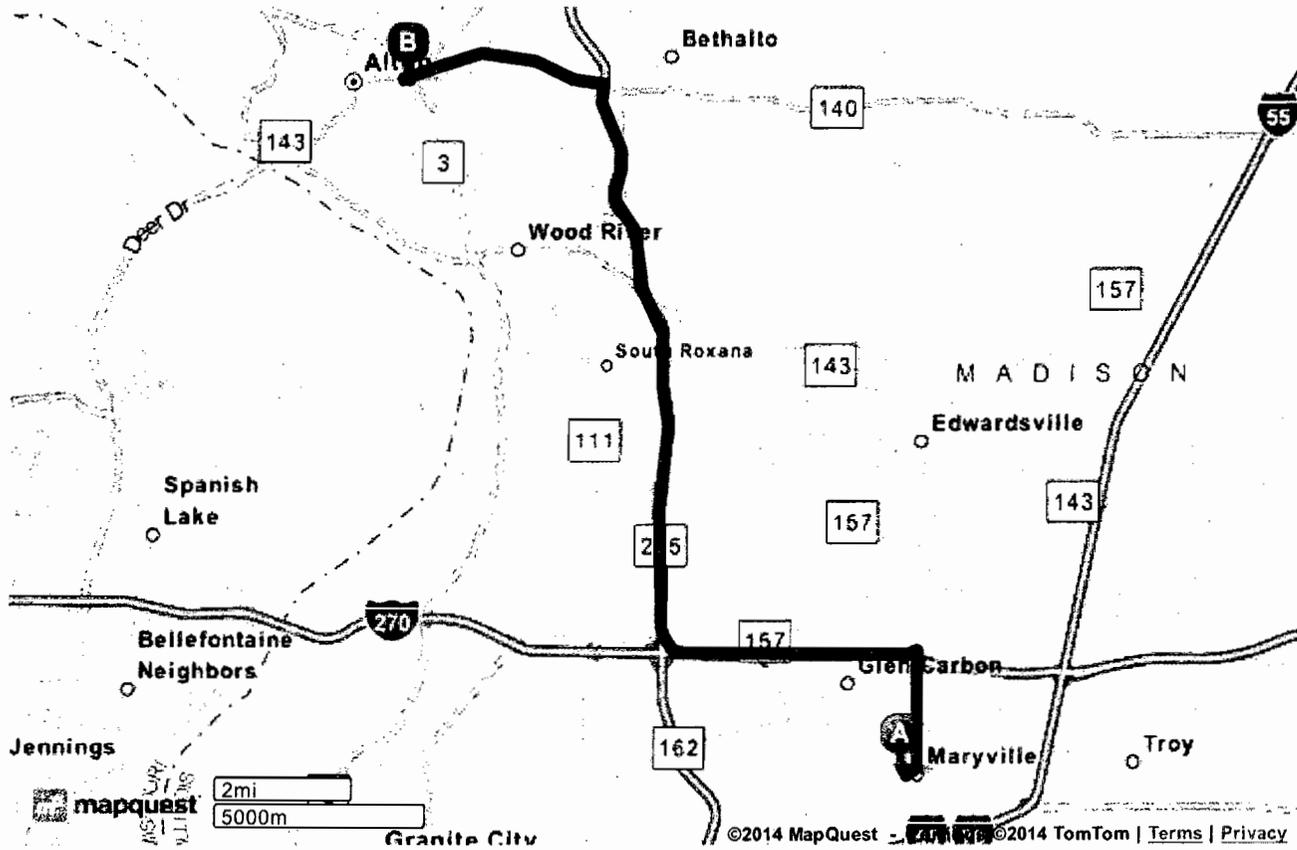
**0.05 Mi**  
*21.5 Mi Total*
- 13. **[3800 - 3800] HOMER ADAMS PKWY**. [Map](#)  
*If you are on College Ave and reach Crossroads Ct you've gone about*

*0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: **21.46 miles - about 26 minutes**



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Notes

Edwardsville Dialysis to proposed location for Alton Dialysis

Trip to:

**[3800 - 3800] Homer Adams Pkwy**

Alton, IL 62002

14.15 miles / 20 minutes



**235 S Buchanan St, Edwardsville, IL 62025-2108**

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- 1. Start out going **north** on **S Buchanan St** toward **E Park St**. [Map](#)

**0.1 Mi**  
0.1 Mi Total
- 157

2. Take the 2nd **left** onto **E Vandalia St / IL-157 / IL-143**. [Map](#)  
*E Vandalia St is just past E Park St  
 Wasabi is on the right  
 If you are on N Buchanan St and reach Hillsboro Ave you've gone about 0.1 miles too far*

**0.1 Mi**  
0.3 Mi Total
- 143

3. Take the 3rd **right** onto **N Main St / IL-159 / IL-143**. Continue to follow **IL-143**. [Map](#)  
*IL-143 is just past Plaza Ct  
 Erato Wine Bar and Shoppe is on the right  
 If you are on W Vandalia St and reach Johnson St you've gone about 0.1 miles too far*

**5.9 Mi**  
6.1 Mi Total
- NORTH  
255

4. Merge onto **IL-255 N** toward **Alton**. [Map](#)

**3.7 Mi**  
9.8 Mi Total
- 5. Take the **IL-140** exit, **EXIT 10**, toward **IL-111 / Alton / Bethalto**. [Map](#)

**0.3 Mi**  
10.1 Mi Total
- 6. Keep **left** at the fork in the ramp. [Map](#)

**0.03 Mi**  
10.1 Mi Total
- 140

7. Turn **left** onto **E McArthur Dr / IL-111 / IL-140**. Continue to follow **IL-140**. [Map](#)

**3.9 Mi**  
14.0 Mi Total
- 8. Turn **left** onto **Crossroads Ct**. [Map](#)  
*B & D Pharmacy is on the corner  
 If you are on IL-140 and reach Kendall St you've gone about 0.2 miles too far*

**0.03 Mi**  
14.0 Mi Total
- 9. Take the 1st **left** onto **College Ave**. [Map](#)  
*If you reach the end of Crossroads Ct you've gone about 0.2 miles too far*

**0.09 Mi**  
14.1 Mi Total
- 10. Take the 1st **right** onto **Homer Adams Pkwy**. [Map](#)  
*Holiday Inn ALTON (LEWIS&CLARK TRAIL SITE) is on the corner  
 If you reach the end of Homer Adams Pkwy you've gone a little too far*

**0.05 Mi**  
14.1 Mi Total

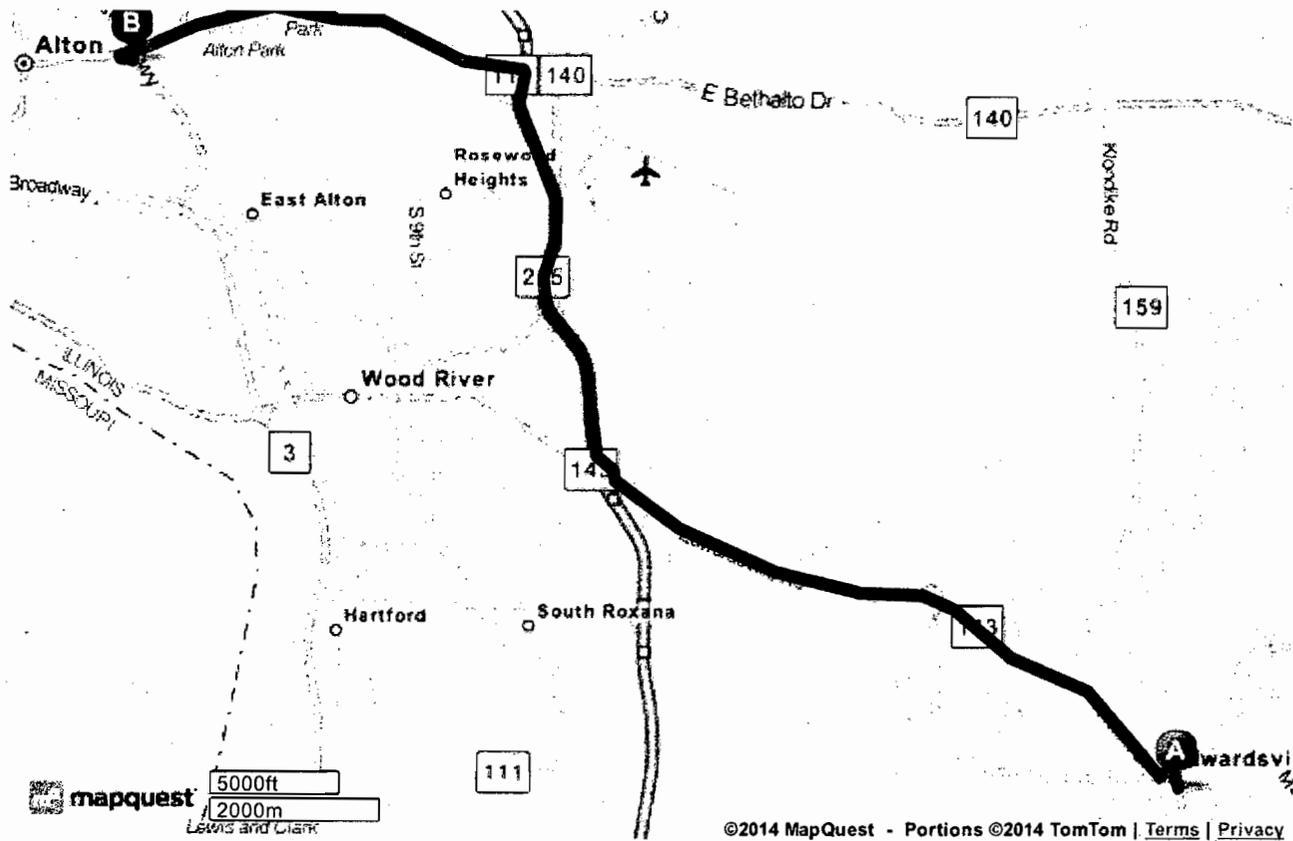
11. **[3800 - 3800] HOMER ADAMS PKWY.** [Map](#)

*If you are on College Ave and reach Crossroads Ct you've gone about 0.1 miles too far*



**[3800 - 3800] Homer Adams Pkwy, Alton, IL 62002**

Total Travel Estimate: 14.15 miles - about 20 minutes



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